

## Changing the Way We Work

Oct 6, 2023: Update on COVID-19, influenza and RSV vaccines

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*Curated answers from CoP guests, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time.*

### COVID-19 Vaccines

**When should I get my next COVID-19 vaccine if I was previously sick, but not tested for COVID-19?**

Depending on when you were infected (most acute respiratory infections in early summer were COVID-19, but more recently could be rhinovirus, COVID-19 or parainfluenza). If you're at high risk for severe illness, you should consider getting vaccinated sooner rather than later. If you're low risk, you can choose whether to wait.

**A colleague received the bivalent vaccine in June and just had horrendous case of COVID-19. Is this as well as the vaccines will work if not perfectly matched to the current circulating variant of COVID-19?**

The BA4.5 vaccines may not be as matched to the current XBB variant. However, the current XBB vaccine does seem matched to current circulating variants.

**When the new vaccine that targets the XBB variant was initially announced, the recommended interval between vaccines was removed as this was considered to be a new vaccine. Why has the interval continued to be recommended? Some patients were vaccinated in August and now must wait until February to get the new XBB vaccine.**

The benefits are limited if vaccinating too early post infection. It is likely similar with vaccine.



**Can you please comment on menstrual irregularities after the COVID-19 vaccination? If we are asked by patients, what should we tell them?**

It has a minor impact on menstrual length (a COVID-19 infection could as well), but there are no lasting/serious impacts on fertility or menstruation.

There is some good information here related to pregnancy and menstruation with the COVID-19 vaccine:

[https://sogc.org/common/Uploaded%20files/Covid%20Information/FAQ\\_Myth-Fact\\_17Sept2021.pdf](https://sogc.org/common/Uploaded%20files/Covid%20Information/FAQ_Myth-Fact_17Sept2021.pdf)

**Will Canada receive the Novavax vaccine? Novavax representatives said they will ship vaccines between November and December and will not require COVAX.**

The Novavax vaccine has not been approved by Health Canada, however, it was recently approved in the US. Not sure if they can determine if COVAX is needed though as that's provincially regulated.

**Any news on the updated Novavax vaccine?**

It has been submitted for Health Canada approval and has now been approved in the US.

**On one slide it defines a "primary series" as one shot in people age 12 and older, is this only for Moderna? However, for people 12 to 29, Pfizer is recommended. Does that still have a "primary series" of two shots?**

For those under five, a primary series is two shots (Moderna) and three shots (Pfizer). For everyone over five, it is a single dose, based on likely prior infection in those populations.

**When will I no longer need to do the survey to note vaccination status for Public Health Ontario?**

I don't have that news but thanks for calling this out. We've passed on this feedback consistently about the COVAX on. I agree that streamlined/aligned processes for fall respiratory vaccines is key to enable family doctors to provide vaccinations.

## **Respiratory Syncytial Virus (RSV) Vaccines**

### **Is the RSV vaccine free? Can pharmacists give it with the other childhood shots?**

The RSV vaccine is only free for those 60 and over who live in a long-term care homes, Elder Care Lodges or in some retirement homes. Otherwise, you must pay. There is also RSV prophylaxis for infants who are under two and at high-risk for severe illness.

### **Patients are asking about the RSV vaccine. Are we to write a prescription for it and have them bring it to us for administration? Can they just get it at their pharmacy, without our prescription?**

My understanding is that as with other private purchase vaccines, a prescription will be needed.

### **Is the RSV vaccine covered for health-care providers?**

No, it is not. It is only covered for people over the age of 60 who live in long-term care homes, Elder Care Lodges and some retirement homes.

### **If RSV is such a significant cost to the system, why is it not going to be publicly funded for the general population (over 65)?**

For a vaccination to be publicly funded, it often needs a NACI recommendation and pharmacoeconomic data on cost savings (outside of perhaps COVID-19). I think this is the ongoing issue and creates a significant equity challenge.

### **Does RSV change, like COVID-19 and flu on a yearly basis? If so, what impact might vaccines have on that?**

RSV is relatively stable. Current data suggests two doses are no different than one dose, so no boosters are needed yet.

### **Can the RSV vaccine be given with other vaccines at the same time?**

Technically there is data for RSV/flu co-vaccination (clinical trial). The Ontario Immunization Advisory Committee has suggested two weeks between other vaccines in order to monitor for adverse effects.

**Will the RSV vaccine be available for children? If so, for what age groups? Previously, the RSV vaccine was only available for high-risk children under 8 months.**

Unfortunately, there have not been any positive clinical trials for these age groups. The only progress may be vaccinating pregnant individuals, although the Pfizer vaccine was not approved by Health Canada. However, here is also a new monoclonal antibody (nirsevimab) that has been approved for newborns, although I'm not clear on if it will be publicly funded or available this season.

**Are the side-effects of the RSV vaccine similar to those of Shingrix?**

Yes - injection site pain, swelling, fever, etc. It is very similar to Shingrix.

**A lot of patients are asking for the RSV vaccine now, but we still don't have recommendations from NACI. Would you recommend we prescribe it now?**

Yes, particularly for those over 60 at high-risk of severe illness. NACI recommendations will likely not come this year as they are very busy with on-going work.

**Can the RSV vaccine be given to elderly on immunotherapy?**

Yes, there is no contraindication.

## **Paxlovid**

**Should Paxlovid still be given for 10 days?**

The best data supports five days. Clinical trials are ongoing to compare five, ten and 15 days of treatment, so more data is coming.

**With regards to rebounds after Paxlovid, are there worse outcomes for those who test positive for COVID-19 for longer? I had a positive RAT for 21 days after taking Paxlovid. However, the test was negative on day seven and eight.**

Paxlovid will lower viral load earlier (like you said day 7 negative, but rebound may be like initial infection in terms of viral load). So, overall viral shedding may be longer. However, it is still important to access Paxlovid to reduce the risk of hospitalization.

## **Advocacy**

### **Great work on this new CPSO guideline, now can we advocate to keep the family medicine residency from becoming a three-year program in 2027?**

The OCFP is not responsible for the planning or implementation of changes to family medicine programs. This is work underway by the national college and our knowledge of the program is limited. The OCFP is laser-focused on addressing the issues that family doctors are facing today and making sure they have the support they need now so that they can continue to provide the quality of care that patients in Ontario need and deserve.

### **Will the CPSO guidance be shared with us via email?**

This CPSO updates were sent out by CPSO and the OCFP on Thursday, September 28 via email and you can also find the updates in the latest eDialogue.

### **Can we advocate to have Paxlovid dispensed at a doctor's discretion (i.e., for high-risk patients prior to travel)?**

The OCFP has been and will continue to advocate for this option in order to ensure timely access to Paxlovid. We're hoping we'll see this change, particularly for our high-risk patients.

## **Rapid Antigen Tests (RATs)**

### **Is there value in completing a RAT, after treating COVID-19?**

I think most appropriate would be using it up to day 10, and negatives are helpful to end isolation practice. That being it said, it might be simpler to say mask and avoid high-risk settings for 10 days.

## **Health811**

### **Does Health811 affect our billing?**

No, it doesn't.

## COVID, Cold and Flu Care Clinics (CCFCC)

### Is there any funding available for CCFCCs this fall?

Only some COVID-19 assessment centres (mostly testing) are still open. Many are located in Northern Ontario.

*These additional questions and comments were answered live during the session. To view responses, please refer to the session recording.*

- Do RAT tests work to detect the latest variant of COVID-19 circulating in Ontario?
- When will the new COVID-19 vaccines be available across Ontario?
- Why is the RSV vaccine not available for everyone over 60?
- What is the recommend order of importance and interval between the following vaccines for a patient over 65? RSV, COVID-19, flu and Pevnar-20.
- I've noted that some patients experience a COVID-19 rebound after a five-day treatment of Paxlovid. Is there any need for a second course of Paxlovid once the patient rebounds? Any evidence that a 10-day course prevents rebound?
- Should we reserve Paxlovid therapy for immunocompromised patients and not on otherwise low-risk older adults?
- What would you recommend for indoor gatherings for group psychotherapy in terms of masking and distancing? Is it safe enough to gather indoors without masks?
- I understand that Paxlovid treatment has some benefit in decreasing chances of developing Long COVID by up to 40 per cent, regardless of age or comorbidities? Is this correct?
- Does Paxlovid help prevent long COVID?
- Any word on Pevnar 20 coverage?