

Changing the Way We Work

September 20, 2024: Managing Respiratory Illnesses in Kids and COPD

Panelists: Dr. Ronald Grossman, Dr. Tasha Stoltz

Moderator: Dr. Ali Damji

What do we know about the long-term effects of multiple bouts of COVID-19 infection?

We are still learning a lot. For people who get more severe infections, we see increased risk of multiple diseases, such as diabetes, coronary artery disease, and stroke. Individuals with more severe illness have a more pronounced inflammatory and pro-thrombotic response. For individuals with repeated episodes of mild/asymptomatic illness, the picture is much less clear on whether there is an increased risk for long-term outcomes. Certainly, we can say that post-covid condition is significantly less likely in that population, and again it seems this is probably due to there being much less of a systemic inflammatory response. So, there is a risk of repeated severe episodes, but whether there is a risk from multiple episodes of mild illness is hard to say at this time.

Additionally, post-infection fatigue, lack of energy and brain fog is very common after any respiratory illnesses, whether viral or bacterial. There is a lot of focus on COVID-19, but it can happen as a result of any respiratory pathogen

Is there any difference in the RSV vaccines available for adults, or are they both equally effective?

Arexvy and Abrysvo seem to be similarly effective in preventing medically attended RSV infection, in the range of 70 to 80 per cent. The efficacy is about 85 per cent effective in preventing hospitalization associated with RSV infection. This is based on the trial data, and we are still getting more real-world effectiveness data at this time.

Can you comment on the RSV vaccine for pregnant individuals?

The RSV vaccine for pregnant individuals is Abrysvo, and it is publicly funded this year. However, I really need to emphasize that this is a second line defense in terms of prevention of RSV infection in infants. The effectiveness of Beyfortus is about 30 per cent higher in preventing medically attended RSV infection in infants, so NACI has made the recommendation to use Beyfortus as the preferred product.

Abrysvo should only be offered to pregnant individuals who are refusing Beyfortus for their infants.

Is there stepwise approach to prescribing for mild vs. severe COPD, or do you recommend starting newly diagnosed patients with triple therapy?

For the right patient, yes. A patient with significant airflow obstruction and a history of exacerbations can be started on triple therapy.

Is a salbutamol nebulizer solution preferred over a Ventolin inhaler for a one to two-year-old with asthma?

No, metered-dose inhalers (MDIs) and nebulizers are equivalent, and in the outpatient setting we would typically use MDIs for ease of use, and to save on costs.

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

- What would you give to a patient experiencing acute exacerbation of COPD? Please include the doses and duration for inhalers, prednisone and antibiotics.
- If a patient's COPD exacerbation is mild, can we avoid using prednisone?
- What is the impact of climate change (i.e., wildfires, air pollutions and heat) on COPD exacerbations?
- Can you please comment on the situations where using beta blockers would be useful for patients with COPD?
- Can you please provide some examples of mucolytic agents?
- What puffers/doses/duration should we use for acute exacerbations of COPD?
- Is there an increased risk of developing pneumonia if using inhaled corticosteroids (ICS)?
- Can you comment on usefulness of blood eosinophils in adding ICS therapy?
- What triple therapies are covered under Ontario Drug Benefit?
- Can you comment on how you choose what triple inhaler to prescribe? Are they similar in terms of effectiveness?
- Do you prefer tapered steroids for COPD exacerbations?
- Do ICS contribute to the 2g/lifetime risk of steroids?
- What should we write on the prescription for triple therapy inhalers? Please provide doses and durations of antibiotics for mild and severe cases.
- Would you consider inhaled corticosteroids as systemic?
- Please comment on what would lead you to test for pertussis. I find it's not uncommon for kids to cough until they gag so I'm trying to figure out to preform the swab.

- Can croup present in a seven-year-old?
- How long does dexamethasone work for croup? Do you ever give two doses in case they need a repeat dose in 24-48h (dependent on which day they present in office)?
- I believe that dexamethasone is not covered by Ontario Drug Benefit. Is there an alternative that is covered?
- For kids, what is the max. amoxicillin dose despite weight for 90mg/kg dose three times a day?
- Do you recommend children presenting to your practice with these infections stay at home? If so, for how long?
- Should we prescribe .6mg Dexamethasone for one day, even for mild cases of croup?
- What dose of honey should we recommend for coughs?
- Are kids not supposed to get the new COVID-19 vaccine?
- Aren't post-covid conditions in kids more related to earlier strains of COVID-19?