Changing the Way We Work

June 21, 2024: Infectious Disease Updates, Managing Alcohol Use & Practical Tips for a Restful Summer

Panelists: Dr. Daniel Warshafsky, Dr. Jennifer Wyman, Dr. Joan Chan
Moderator: Dr. Ali Damji

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

If we vaccinate high-risk patients now, then when can they get the new COVID-19 vaccine in the fall?

NACI has indicated that the minimum interval between COVID-19 vaccines is three months, although six months is recommended for optimal response. Receiving a dose of a COVID-19 vaccine now would still be enough time for someone to get a dose in September.

How can we be certain that a patient does not have the avian flu if they have symptoms of a respiratory infection? Should we begin to wear N95 masks?

At this time we haven’t seen any cases of avian influenza in Canada, nor has it been identified in cattle in Canada (that being the current concern in the US). If someone has particular risk factors for avian influenza (they are a poultry farmer, veterinarian or spend a lot of time with birds), then it is reasonable to test for avian influenza. But there is no indication at this time of increased risk to the general population. For providers seeing any patients with respiratory symptoms, masking is certainly recommended.

I’ve heard that the UK and Spain are seeing a big increase in the number of pertussis cases, with some cases in fully vaccinated individuals. Can you comment on this?

Pertussis vaccine efficacy is estimated to be approximately between 85 and 90 per cent following booster immunization. So, we do still regularly see cases in immunized individuals if there are outbreaks. Many cases in the UK and Spain are in the unvaccinated (or incompletely vaccinated), similar to the measles outbreaks that are occurring globally.
Most of my patients that drink heavily tell me they use it for their depression and anxiety. Would you focus on naltrexone over SSRIs in this group?

I would start with naltrexone. Reducing alcohol intake is strongly associated with improvements in mood and anxiety, and some of the anxiety can be the result of withdrawal. Having said that, I have a lot of patients on both naltrexone and SSRI/SNRIs because we need to treat both. Please remember that bupropion is contraindicated in people at risk of seizures, so it is not a good choice for people at risk of severe withdrawal.

Do doctors get summer vacations?

Only when we take them for ourselves! A system change is certainly needed so that these become the funded norm instead of an expense to be planned for.

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

- If we no longer have access to RATs, how do we diagnose COVID-19 in the community as family doctors or even as patients at home?
- Where to get free RATs for patients?
- Will the Novavax COVID-19 vaccine be available in the fall?
- Will COVID-19 wastewater testing continue in Ontario?
- What do we know about the long-term effects of multiple COVID-19 infections?
- What is the turnaround time for pertussis testing? In the past, I have found that the results don't come back quickly enough to change my treatment plan.
- If a patient is missing the adult booster dose of the pertussis vaccine, how susceptible are they to the illness? If you’ve had the adult booster, are you protected for life or do you need a booster when you are elderly?
- Should we vaccinate fathers and caregivers of newborns with Tdap?
- Why is only one Tdap booster recommended for adults? Is the same for healthcare providers?
- How do we test for pertussis?
- How do you manage having a patient with alcohol use disorder fast for 12 hours before bloodwork or a colonoscopy without having them go into withdrawal?
- What is the dose of naltrexone should I use for the Sinclair Method?
- Can a patient take camprosate if they are still drinking?