

Changing the Way We Work

June 6, 2025: Infectious Disease and Management of STIs Part 2

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How many of the measles cases are in unimmunized patients?

Ninety-four per cent of cases have been either unimmunized or unknown status (which often means unimmunized but no records). Total numbers that's 1787 unimmunized and 107 unknown. Being unimmunized is absolutely the risk and we are seeing the transmission amongst unimmunized individuals.

Are there rash presentations following a tick bite other than erythema migrans that would warrant antibiotics?

Its possible to see atypical EM rashes that aren't classic target lesions. Sometimes they can present with vesicles, purpura, or look like bruising. Particularly for individuals with darker skin colour it can be hard to tell. If they meet other criteria and its a localized rash around the area then I would still consider it. A more generalized full body rash would not be consistent though.

Best way to remove tick when patient can see it attached?

The best is to clean the area first, either soap and water or an alcohol-based sanitizer, and then using fine point tweezers or forceps grasp the tick head as close to the skin as possible and pull straight out. Do not try to twist it out or squeeze, just pull it straight out.

Would you please review treatment for Lyme if the tick was attached for an unknown period of time and patient has no symptoms?

The HQO algorithm is still fantastic and I would use that:

<https://www.hqontario.ca/Portals/0/documents/evidence/qs-lyme-disease-clinical-guidance-2023-en.pdf>.

If a tick was attached for an unknown period of time and just being removed now, then prophylaxis would be appropriate. If its more remote and the tick was removed more than 72 hours prior, monitor for signs and symptoms.

What to do if there's active herpes lesions during labour?

This would be an indication for C-section.

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

- Are Influenza A and RSV no longer circulating?
- What metrics are now good to follow to track COVID-19 activity locally? Hospitalizations? Wastewater?
- Can you please explain how to use type-specific testing for HSV?
- Are two doses of Gardasil-9 equivalent to three doses or is it just a cost saving measure?
- If someone did not get the flu or COVID-19 vaccine this winter, should they? Or should they wait until fall?
- Can you talk a little about wildfire smoke risks and what we should tell our patients?
- If a patient requires MMR immunity for school/work and they are non-immune after primary series, do you recommend one or two doses of the booster?
- Is there any evidence that the measles outbreak is causing any shift in attitude towards vaccination, especially among those who have been infected?
- In a pregnant woman with a history of recurrent genital herpes, should she have a C-section to prevent infection of the baby during vaginal delivery, in case of asymptomatic viral shedding?
- Would suppressive antiviral therapy be safe to take throughout pregnancy and be sufficient to eliminate the risk of infecting the baby during vaginal delivery?
- For patients who don't know if they've received the MMR vaccine should you provide one or two doses?
- For the person who does not have records of measles vaccination, but born in this country after 1970, should we administer one vaccine? If the person was born outside of Canada, do we administer two vaccines?
- Are ticks common in grassy areas in downtown Toronto?
- How early can I give the second dose of MMR after the first dose (given at 12 months), if child is exposed to measles?
- Can herpes be transmitted when there's no symptoms?
- What swab and what form do you do for herpes testing?
- Since HSV can be an asymptomatic infection, how long after sexual contact can someone be relatively confident they haven't contracted HSV?
- Type specific serology is not recommended to be used as a screening tool. What about use after known exposure prior to onset of symptoms?
- For suppressive treatment for herpes, how long do you continue treatment? Are there any negative effects for long term use?
- Can you develop resistance to Valtrex?
- How long do you continue suppressive antiviral for recurrent HSV?
- For patients on suppressive therapy for HSV, are there guidelines on when to consider stopping therapy? My understanding is that over time outbreaks may become less frequent in some patients.



- For pregnant patients with genital HSV-1, is there no need for suppression? Only needed for HSV-2?
- HSV-1 in genital area, do you treat with as HSV1 or HSV2 in terms of duration and dosing of medication?
- What swab do we use for trichomonas?
- I would love some guidance on Ureaplasma vaginitis. Do partners require treatment?
- For trichomonas testing, does the sample have to reach the lab within a certain time period (e.g., within four hours for improved detection of infection)?
- Not STI related, but can you comment on bacterial vaginosis (BV)? When doing a vaginal culture for post-menopausal women, I often get a report back reporting presence or absence of yeast, but says 'not testing for BV.' Why is that?
- My understanding was that if patients receive dose two of MMR early (before age four) they will still require the dose after age four to meet the public health 'rules for school.' Is this true?
- Do we treat the male partner of a female patient who has BV? If so, what treatment do we prescribe?
- Swab report said BV testing apparently 'not validated' on swabs for post-menopausal woman. It's unclear why.