

Changing the Way We Work Community of Practice for Ontario Family Physicians

March 21, 2025

**Dr. Gerald Evans
Dr. Juthika Thakur**



Infectious Disease & Dermatology Treatments



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease & Dermatology Treatments

Moderator:

- Dr. Ali Damji, Division Head, Primary Care, Trillium Health Partners and Family Physician, Credit Valley Family Health Team, Mississauga, ON

Panelists:

- Dr. Gerald Evans, Kingston, ON
- Dr. Juthika Thakur, Toronto, ON

Host:

- Dr. Jobin Varughese, Brampton, ON

The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Please note that due to changes to the Cert+ platform, there will be delays in credits being applied to your account.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

Changing the way we work

A community of practice for family physicians

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Gerald Evans – Panelist

Infectious Disease Specialist and Professor of Medicine (Infectious Diseases), Queen's University



Dr. Juthika Thakur – Panelist

Dermatologist, Canadian Dermatology Centre

Speaker Disclosure

- Faculty Name: **Dr. Gerald Evans**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Membership on advisory boards: Reformulary Inc.
 - Others: N/A

- Faculty Name: **Dr. Juthika Thakur**
- Relationships with financial sponsors:
 - Grants/Research Support: Sanofi (Phase 4 study)
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, DermInsight Symposium, Sun Pharma, Abbvie, Sanofi, Bioderma
 - Membership on advisory boards: Amgen, Abbvie, Arcutis, Sanofi, Galderma, Sun Pharma, Pfizer, Novartis, Boehringer Ingelheim, Janssen, Bristol Myers Squibb, L'Oreal, Kenvue
 - Others: AIPLabs, Skinopathy

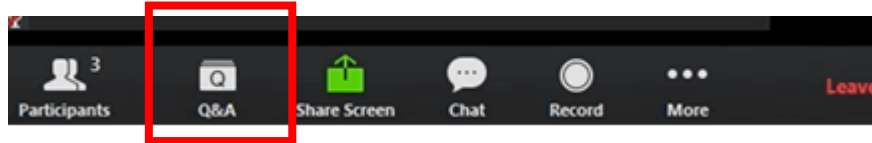
Speaker Disclosure

- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)

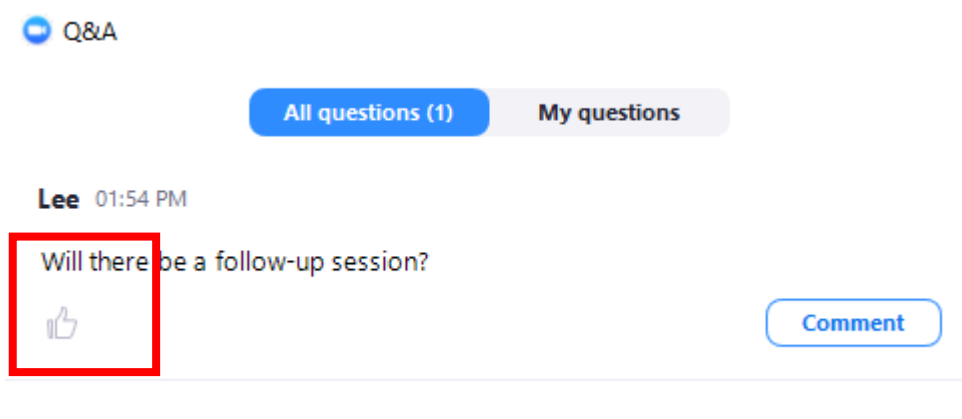
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association Section of General & Family Practice, Trillium Health Partners, Canadian Mental Health Association Peel Dufferin, Center for Effective Practice, GSK
 - Advisory boards: Medical Post Advisory Board, Foundation for Advancing Family Medicine, Center for Effective Practice
 - Others: N/A

How to Participate

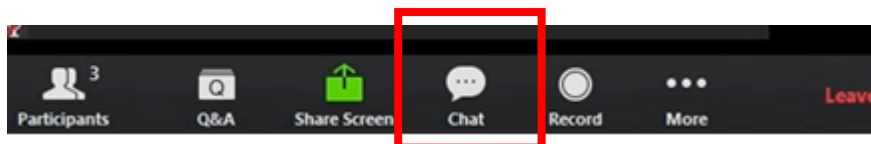
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Gerald Evans – Panelist

Infectious Disease Specialist and Professor of Medicine (Infectious Diseases), Queen's University



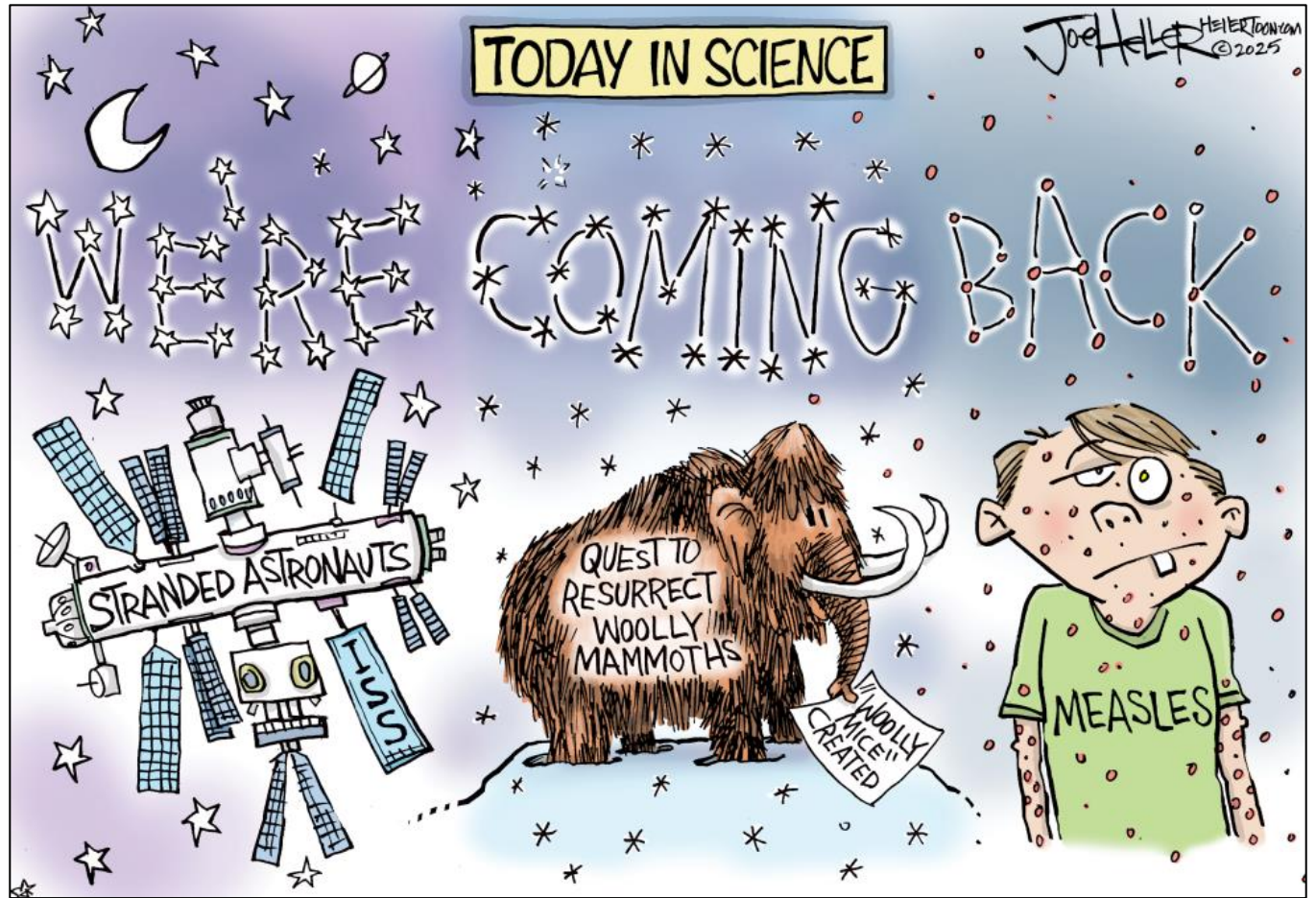
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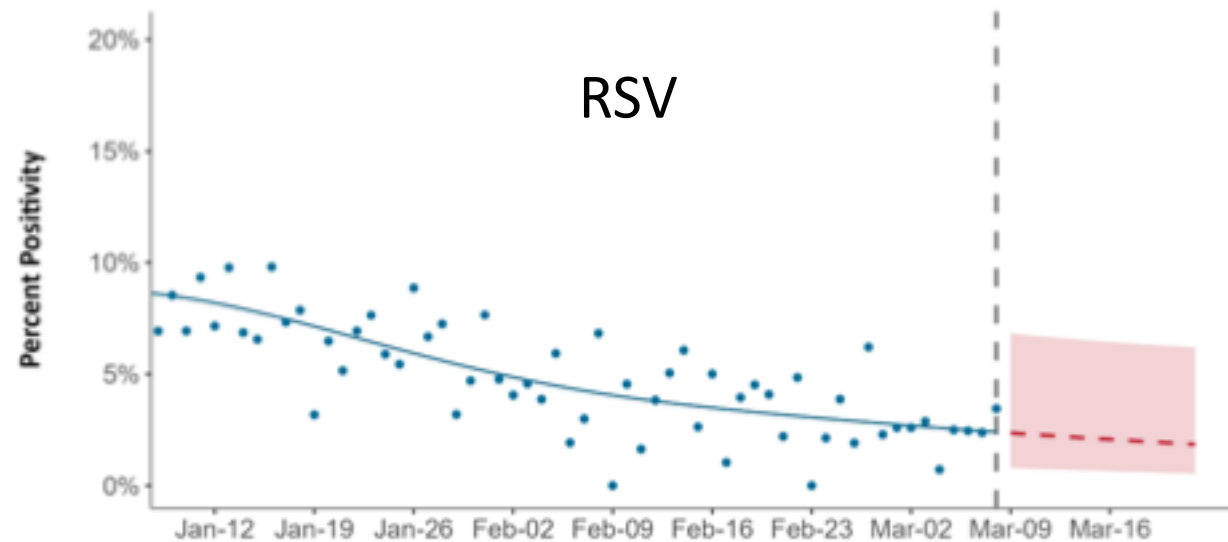
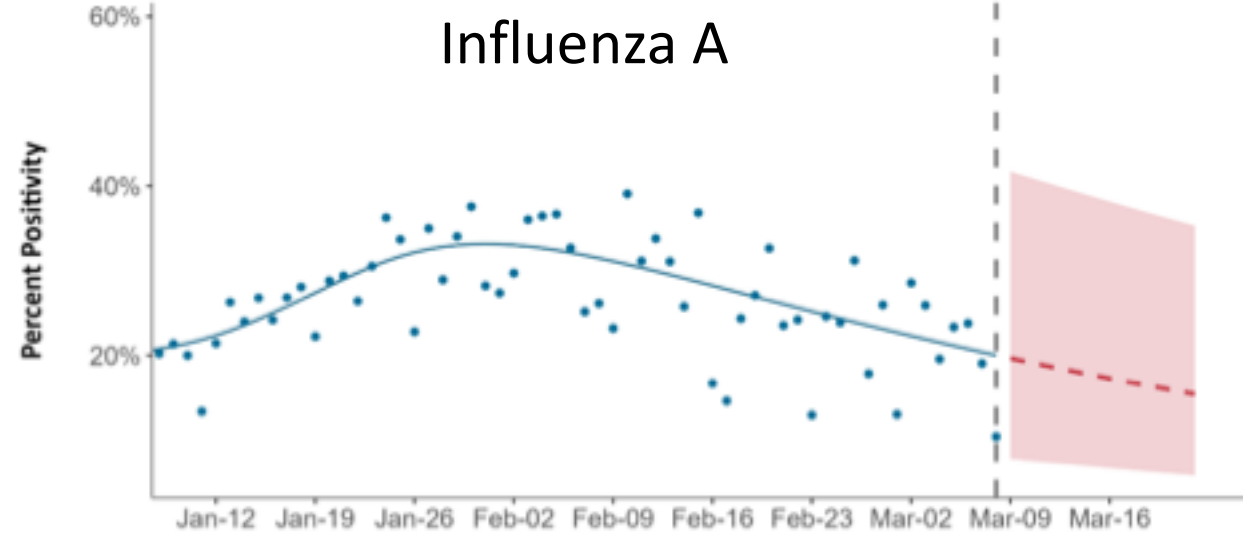
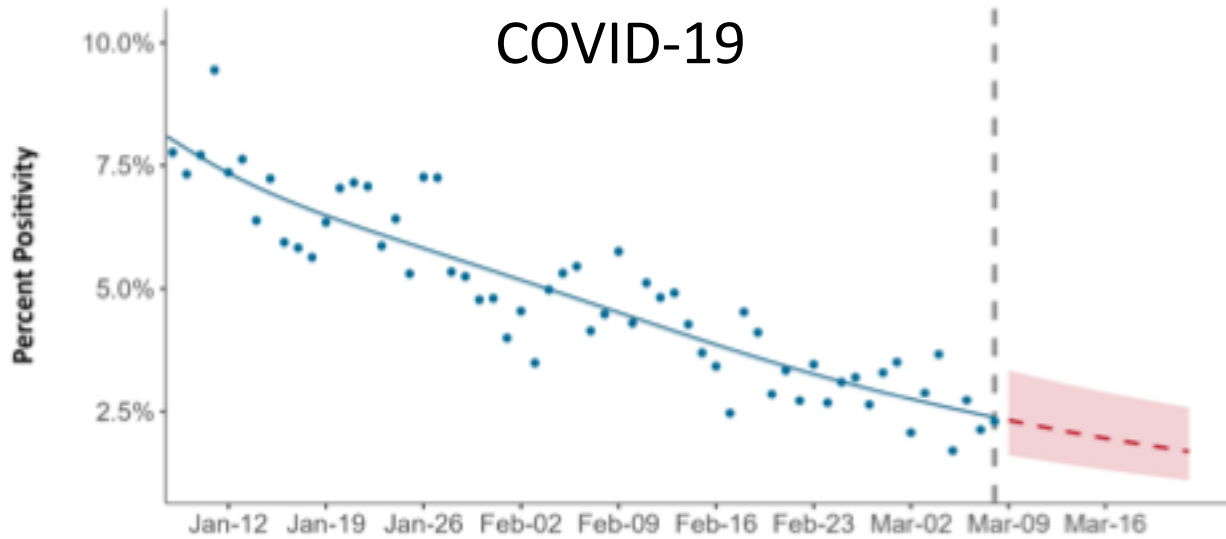


Infectious Diseases Update

March 21, 2025



Respiratory Virus Activity Projections for Ontario



Severe Respiratory Virus Risk Projections for Ontario

Figure 4b: Estimated Level of Daily Severe Viral Respiratory Disease Risk in the Ontario Pediatric (<18 Years) Population, Using Nowcast Model up to March 22, 2025*

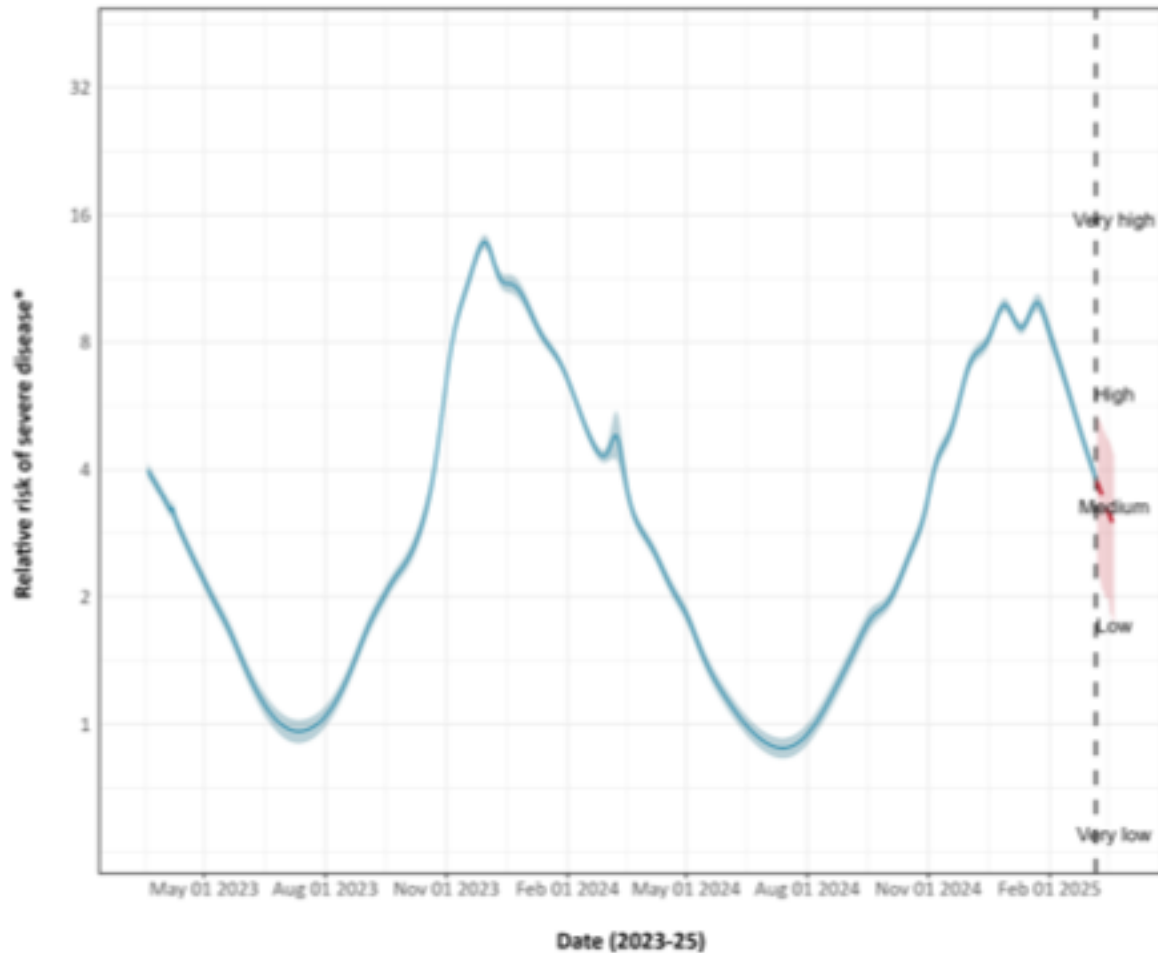
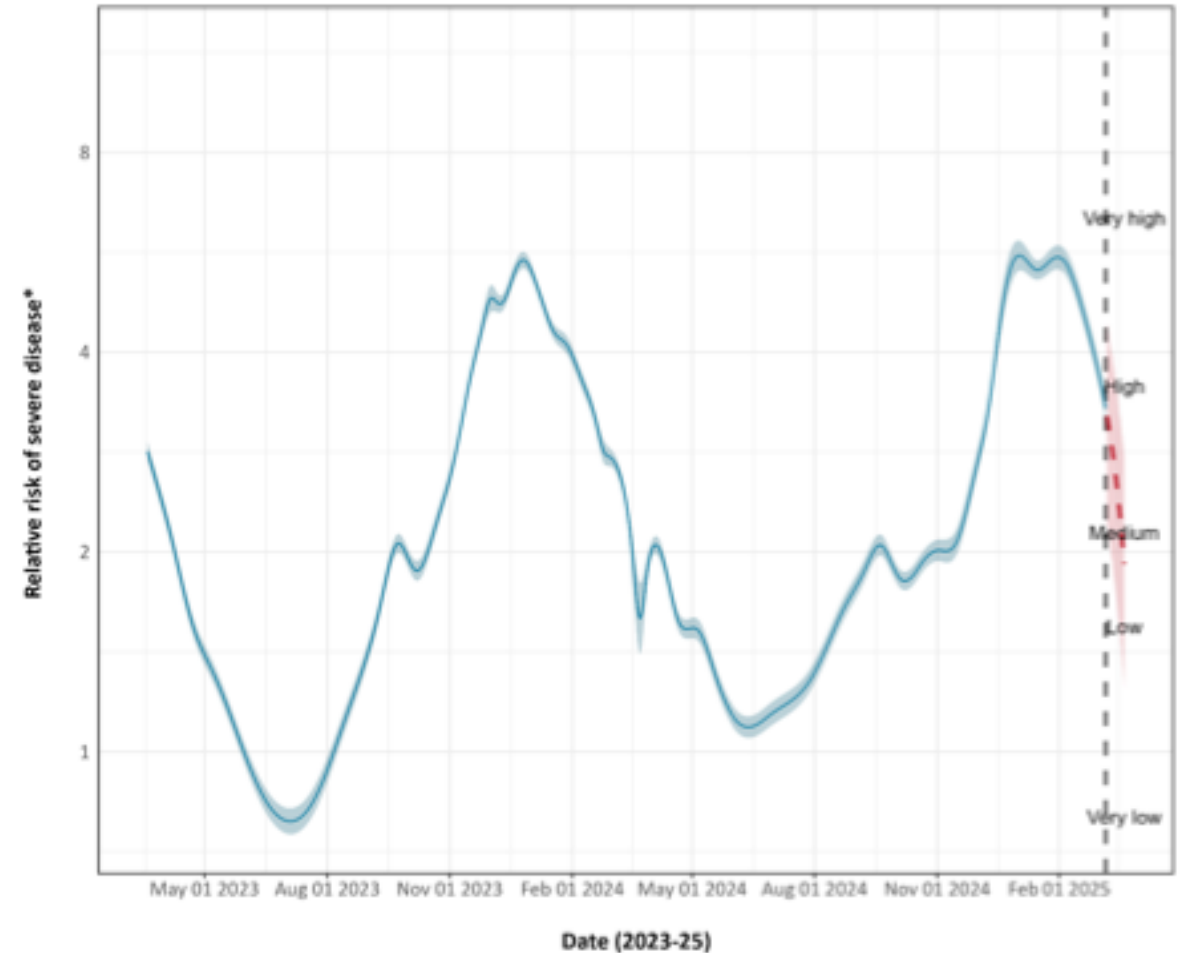
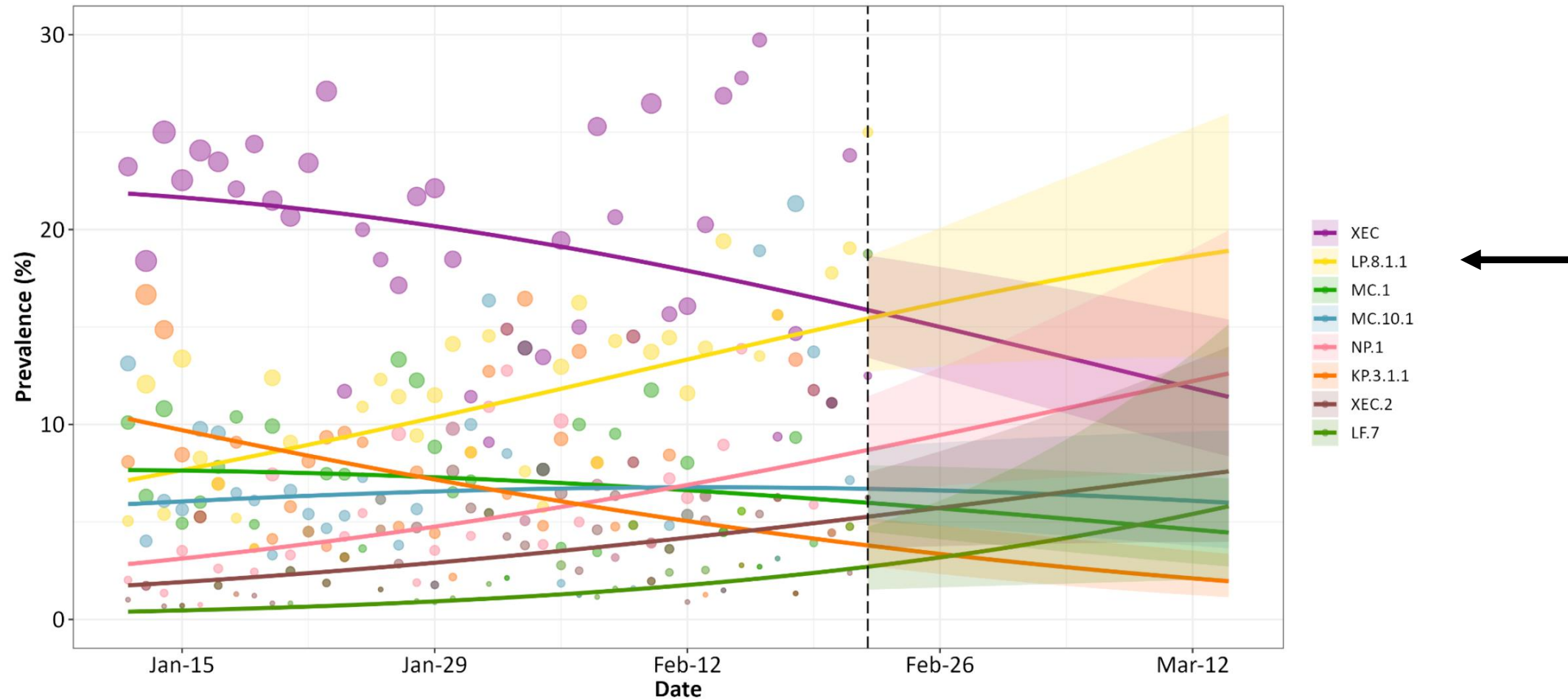


Figure 5b: Estimated Level of Daily Severe Viral Respiratory Disease Risk in the Ontario General Adult (18-64 Years) Population, Using Nowcast Model up to March 22, 2025*



Ontario SARS-CoV2 Variant Projection – March 10, 2025

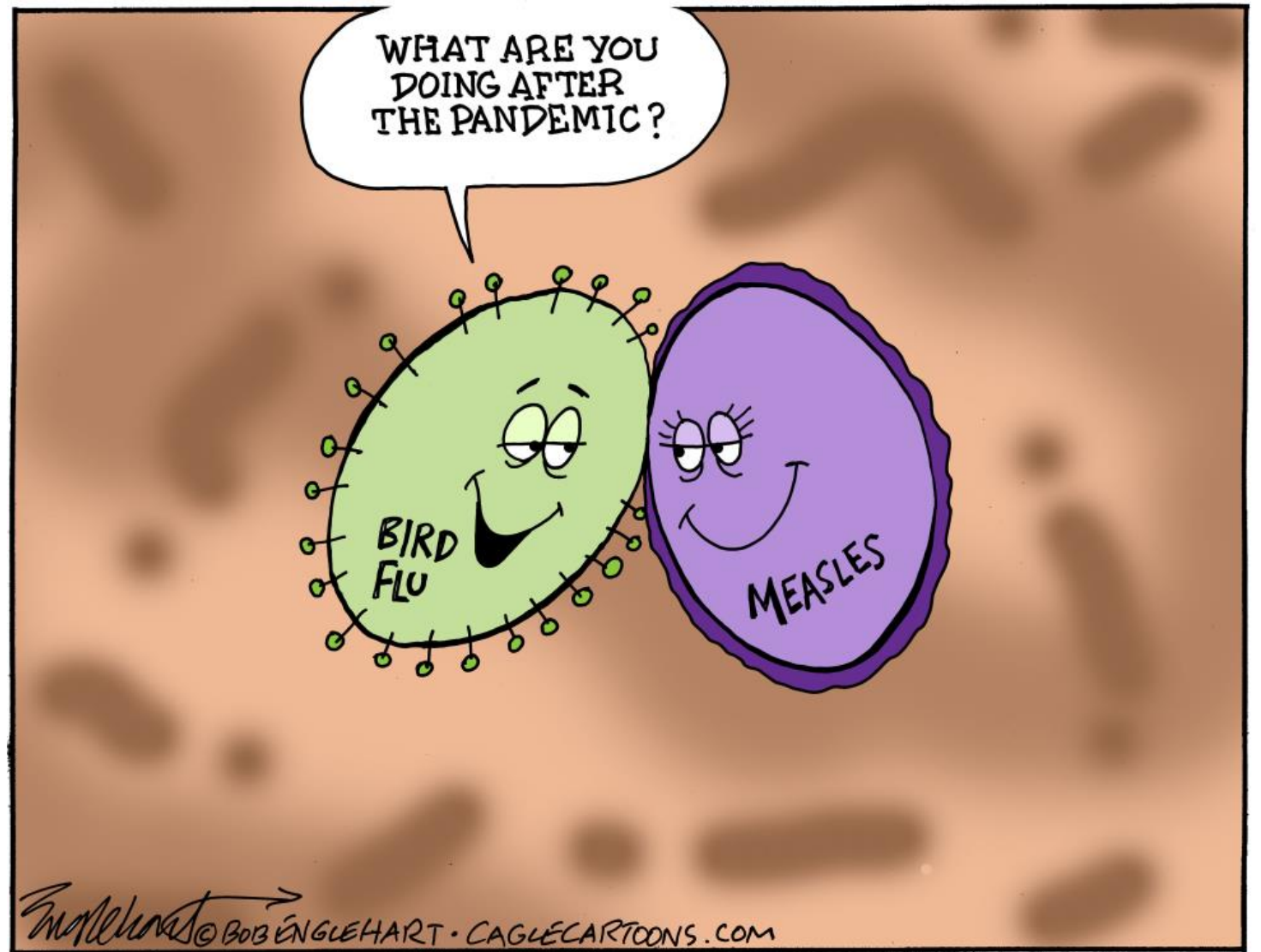
Figure 2: Estimated daily SARS-CoV-2 prevalence (%) by Pango lineage, using Nowcast model, Ontario, January 12 to March 15, 2025



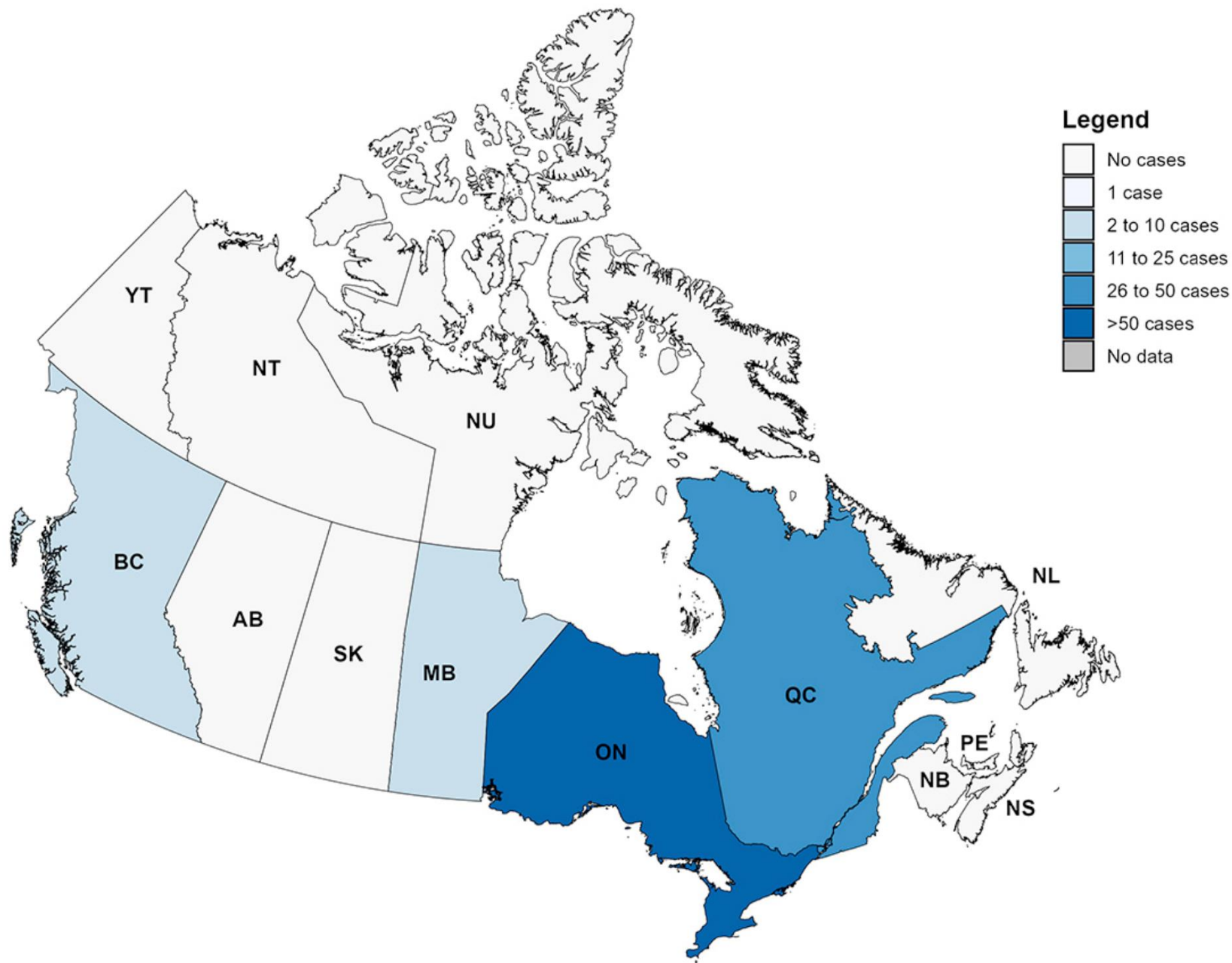
New Subvariants of SARS-CoV-2 (2025)

- **LP.8.1 is the more concerning** with a combination of mutations such as R190S and H445R, it exhibits both immune evasion AND enhanced ACE2 receptor engagement
- LF.7.2.1 carries the A475V mutation first identified in Qatar, has spread across the Middle East and Europe
- NP.1 carries the S446N mutation in its receptor-binding domain, enhancing its immune evasion

Measles & Avian Influenza: A Quick Update



Measles in Canada as of March 1, 2025



Measles in Ontario up to March 12, 2025

Figure 1: Number of Measles Outbreak Cases by Week of Rash Onset and Case Classification: Ontario, October 28, 2024 – March 12, 2025

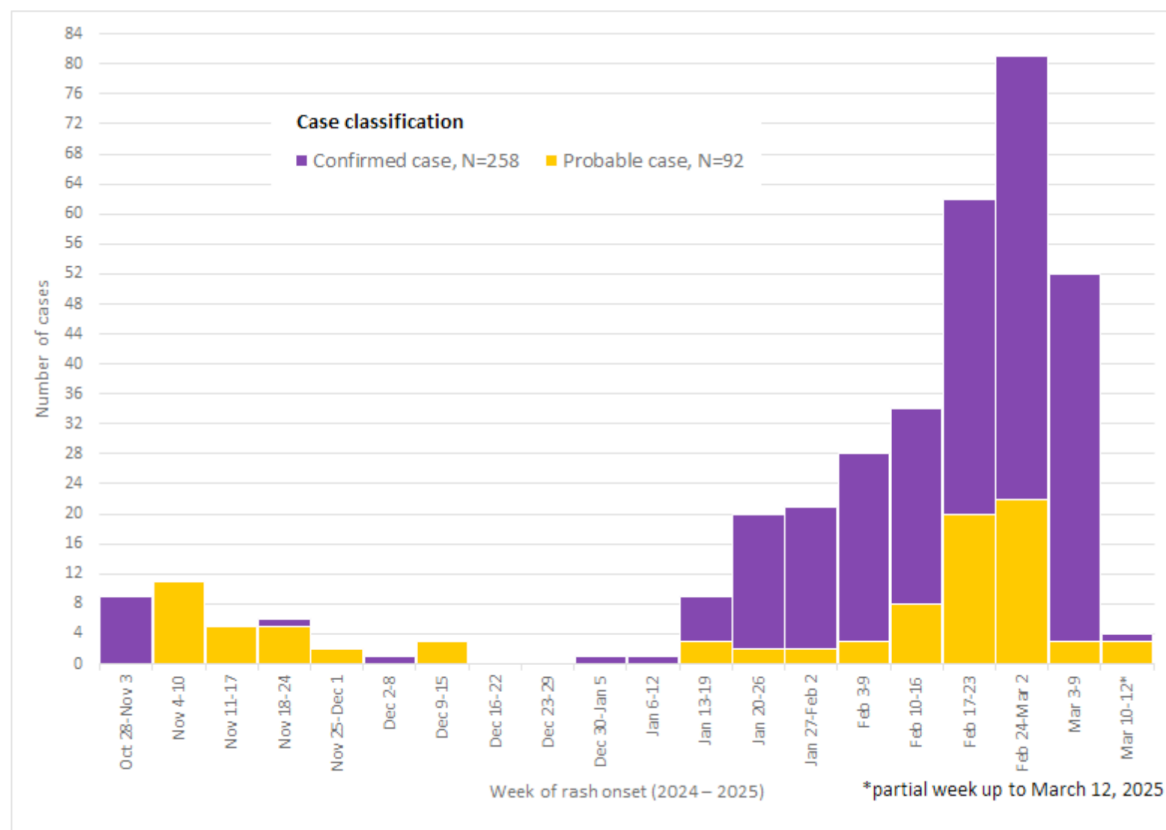
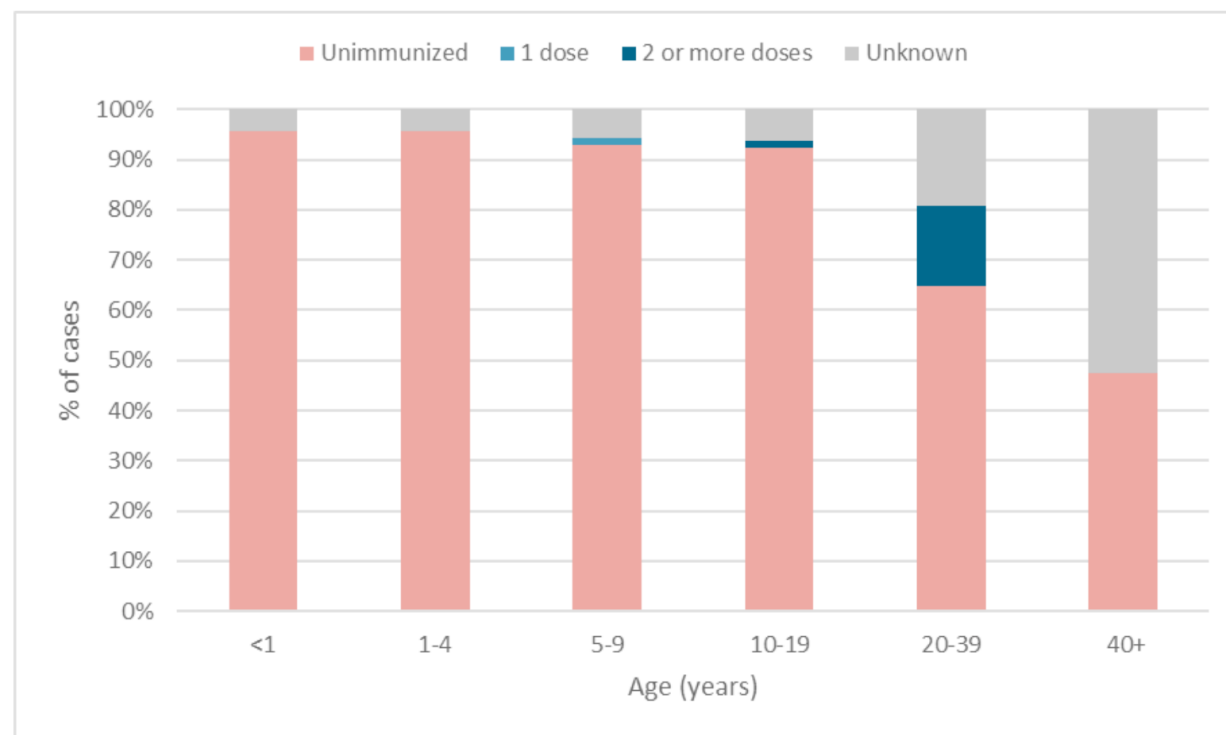
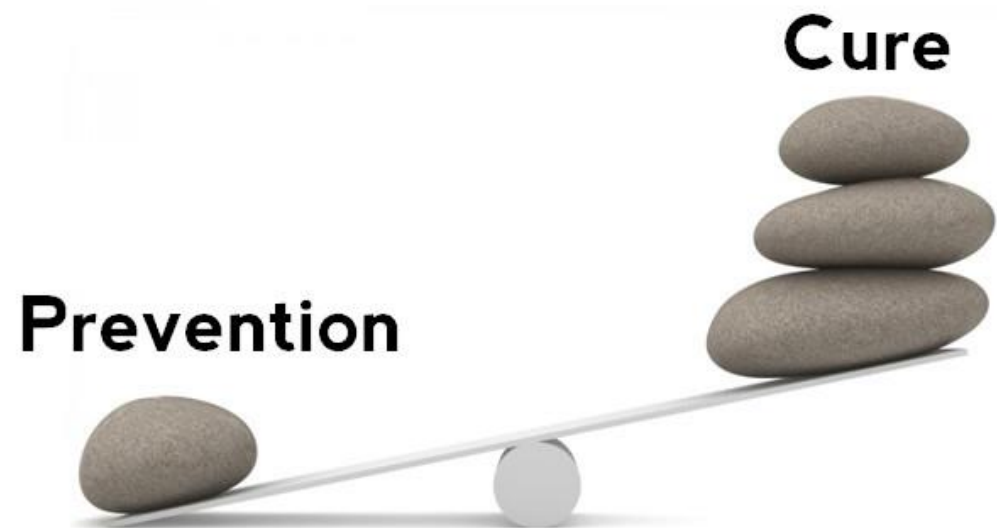
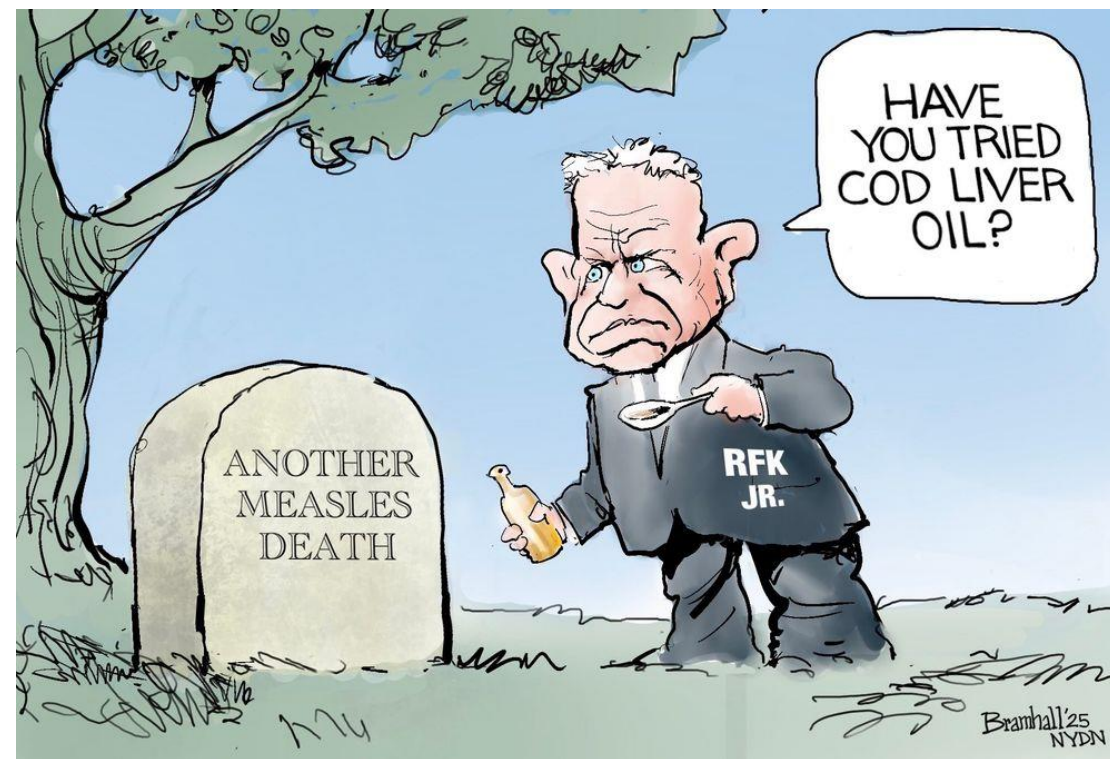


Figure 2: Immunization Status of Measles Outbreak Cases by Age Group: Ontario, October 28, 2024 – March 12, 2025





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VIEWPOINT

Revising US MMR Vaccine Recommendations Amid Changing Domestic Risks

Benjamin Rader, PhD, MPH; Rochelle P. Walensky, MD, MPH; Wesley S. Rogers, MD; John S. Brownstein, PhD

- The US should update its current MMR early 3rd dose recommendation for infants aged 6-11 months to adopt a more flexible risk-based perspective
- MMR recommendations should account for the shifting epidemiologic landscape and for clusters that may appear domestically
- Modernizing MMR vaccination recommendations to reflect evidence-based risk calculations will better protect at-risk communities and the most vulnerable population—infants—against measles

First Case of Avian Flu Reported by Canadian visiting Florida



Flocks in Canada by Province where avian influenza has been detected

Province	Number of infected premises (current IPs)	Number of previously infected premises (released IPs)	Estimated number of birds impacted (as of 2025-02-21)
Alberta	1	85	2,019,000
British Columbia	13	226	8,735,000
Manitoba	0	24	408,000
New Brunswick	0	2	Under 100
Newfoundland and Labrador	1	2	400
Nova Scotia	1	8	12,000
Ontario	10	49	1,107,000
Prince Edward Island	0	0	0
Quebec	1	58	1,465,500
Saskatchewan	0	46	751,000
Total	27	500	14,498,000

Of note: The HPAI virus (genotype B3.13) found in U.S. dairy cattle has NOT been detected in birds, cattle or any other animals in Canada

RESEARCH LETTER

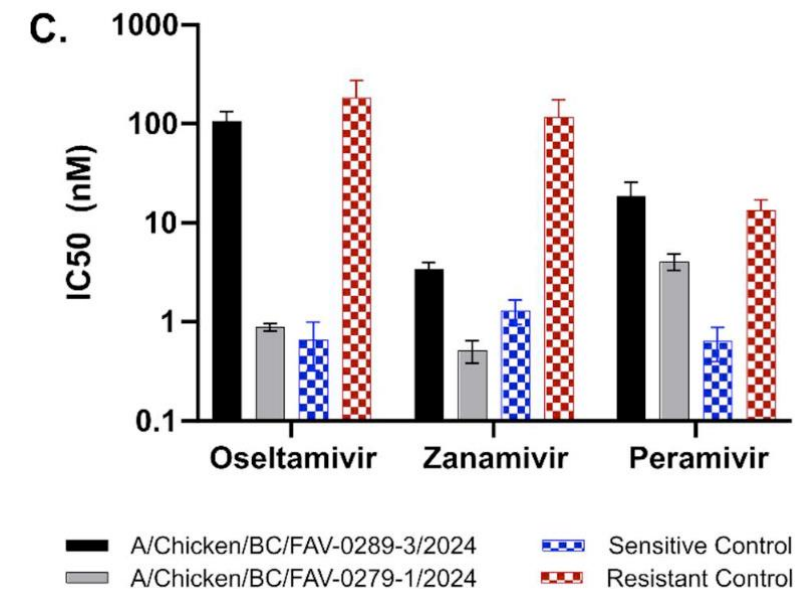
OPEN ACCESS



Neuraminidase reassortment and oseltamivir resistance in clade 2.3.4.4b A(H5N1) viruses circulating among Canadian poultry, 2024

Anthony V. Signore^a, Tomy Joseph^b, Charlene Ranadheera^c, Cassidy N. G. Erdelyan^a, Tamiru N. Alkie^a, Sugandha Raj^a, Lemarie Pama^a, Ifeoluwa Ayilara^a, Tamiko Hisanaga^a, Oliver Lung^a, Nathalie Bastien^c and Yohannes Berhane^{a,d,e,f}

- Detection of a clade 2.3.4.4b A(H5N1) virus with a H275Y mutation in the neuraminidase protein conferring OST resistance
- This virus caused a widespread and ongoing outbreak across 45 poultry farms in **British Columbia**



AMMI Canada Antiviral recommendations for HPAI in humans

A. Treatment recommendations for HPAI infection in adults:

Oseltamivir 75 mg orally twice daily for 5 days

B. Chemoprophylaxis recommendations after exposure* to HPAI virus:

- Exposure* to a person infected with HPAI virus or a discrete time-limited exposure to poultry or other zoonotic source of HPAI virus:

Oseltamivir 75 mg orally twice daily x 10 days

- Chemoprophylaxis should be limited to discrete exposure events to confirmed cases; prolonged long-term use is not advised at this time.

Classic Illnesses: **Telltale Signs**

All of which are vaccine-preventable

Measles



Rash that starts on the face, red eyes and a bad cough

Mumps



Swelling above the jaw; plus aches, fever and other flu-like symptoms

Rubella



Rash on face lasting for 2-3 days

Chickenpox



Itchy red bumps that appear in clusters, plus flu-like symptoms

Pertussis



Intense coughing, with a distinctive 'whoop' sound

Prevention:

MMR Vaccine

MMR Vaccine

MMR Vaccine

Varicella Vaccine

DTaP/ Tdap Vaccine



New (ish) Topicals in Dermatology

Dr. Juthika Thakur,
MD, FRCPC (Dermatology), FAAD
Canadian Dermatology Centre

Agenda

1. Topical Agents in Acne
2. Topical Agents in Atopic Dermatitis
3. Topical Agents in Psoriasis and Seborrheic Dermatitis
4. Topical Agents in Vitiligo

Spot On: Targeting Acne with New Topicals

Winlevi (Clascaterone 1% cream)

Cabtreeo (1.2% clindamycin phosphate, 0.15% adapalene, and 3.1% benzoyl peroxide)

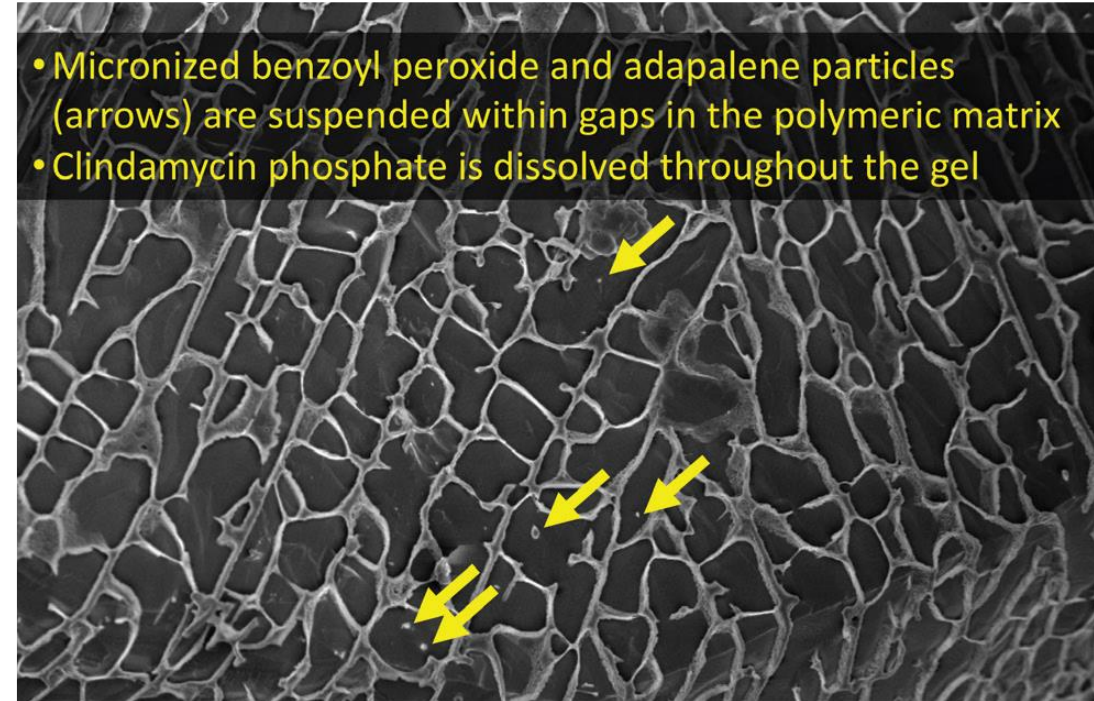
Winlevi

- Clascoterone 1% cream aaa bid
- androgen receptor inhibitor that may reduce sebaceous gland activity
- How I prescribe it (off-label)
 - Option A for the retinoid experienced:
 - Retinoid qPM (e.g. Retin-A 0.025% gel, Arazlo qPM)
 - Winlevi qAM
 - Option B for the retinoid inexperienced:
 - Retinoid Mon, Wed, Sat qPM
 - Winlevi BID Tues, Thurs, Sun and qAM Mon, Wed, Sat

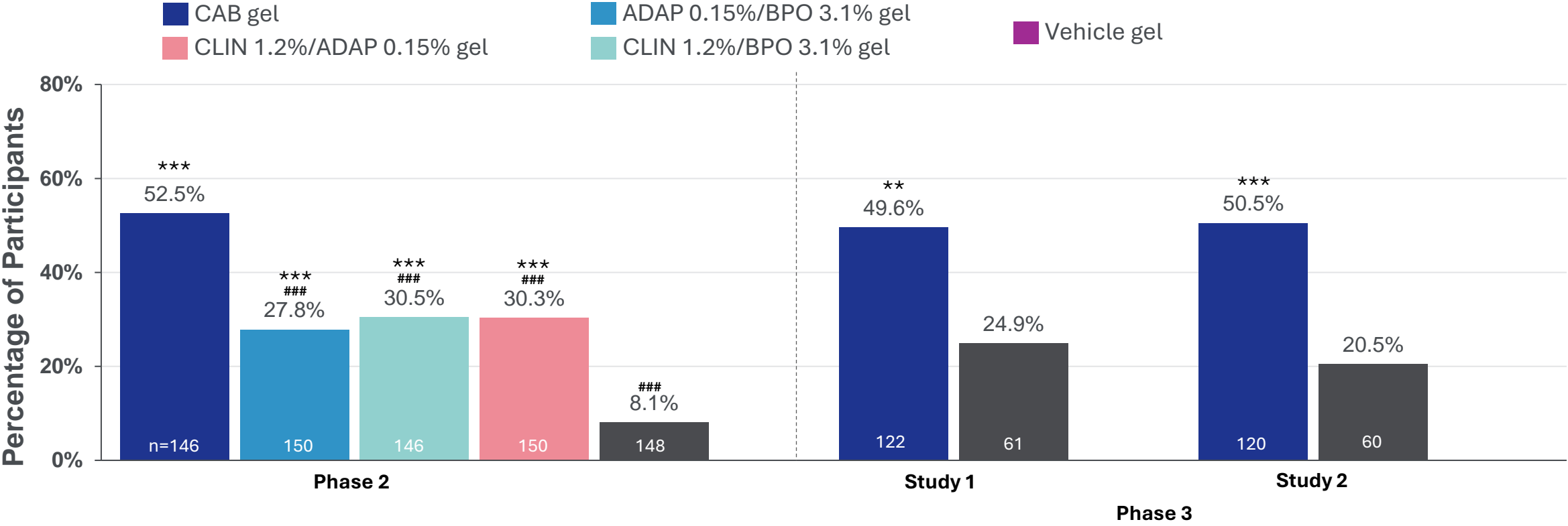


Cabtreo

- 1.2% clindamycin phosphate, 0.15% adapalene, and 3.1% benzoyl peroxide
- Triple ingredient formula = severe acne
- Tips:
 - remember to titrate up frequency to improve tolerability
 - BPO component bleaches clothes/towels.



Treatment Success^a at Week 12 Across Studies



In all three studies, ~50% of CAB-treated participants achieved treatment success, significantly greater than vehicle or any dyad combination

** $P < 0.01$; *** $P \leq 0.001$ vs vehicle. ### $P \leq 0.001$ vs CAB gel.

^aDefined as percentage of participants achieving ≥ 2 -grade reduction from baseline in Evaluator's Global Severity Score and a score of 0 (clear) or 1 (almost clear). ADAP, adapalene; BPO, benzoyl peroxide; CAB, clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% gel; CLIN, clindamycin phosphate.

IDP-126 Participant Photographs

18-Year-Old Female – White

Baseline: EGSS 3



Week 8: EGSS 2
IL: -85%; NIL: -65%



Week 12: EGSS 1
IL: -93%; NIL: -87%



EGSS, Evaluator's Global Severity Score; IL, inflammatory lesions; NIL, noninflammatory lesions.

Age directed approved acne vulgaris treatments

9 y.o.

- Adapalene 0.1% & BPO gel 2.5%¹⁵

10 y.o.

- Tazarotene 0.045% lotion (*age 10-12: face only*) without other oxidizing agents³

12 y.o.

- Adapalene 0.1% or 0.3% gel¹⁶
- Adapalene 0.3% & benzoyl peroxide 2.5% gel¹⁵
- Benzoyl peroxide 3% or 5% & clindamycin 1% gel¹⁷
- Clascoterone 1% cream or solution¹⁸
- Clindamycin 1.2% & tretinoin 0.025% gel¹⁹
- Clindamycin 1.2%/adapalene 0.15%/benzoyl peroxide 3.1%⁷
- Dapsone 5% gel²⁰
- Tretinoin 0.01%/0.025% gel or 0.01%/0.025%/0.05%/0.1% cream²¹
- Trifarotene 50 mcg/g cream (*facial or truncal acne*)¹
- PO cyproterone acetate & ethinyl estradiol (*after menarche*)²²
- PO isotretinoin (micronized, non-micronized)¹⁴

14 y.o.

- PO drospirenone & ethinyl estradiol²³
- PO levonorgestrel & ethinyl estradiol²⁴

15 y.o.

- PO norgestimate & ethinyl estradiol²⁵

Figure 1. Health Canada-approved pharmacologic therapies for acne vulgaris based on age of approval; *courtesy of Nikolas MacLellan, MD, FRCPC, DABD*

The Itch Fix: Soothing Solutions for Atopic Skin

Opzelura Ruxolitinib 1.5% cream

Zoryve Roflumilast 0.15% cream – Health Canada Approved, Not yet available

Delgocitinib (Hand Dermatitis) – Not approved yet

New Topicals in Atopic Dermatitis

Topical	Mechanism of Action	Age Indicated	Approved/Available
Roflumilast 0.15% cr	PDE4 inhibitor	6 y.o +	Approved/Not available
Ruxolitinib 1.5% cream	JAK1/2 Selective	12 y.o +	
Delgocitinib cream	JAK1/2/3 “Pan JAK”	N/A	Not yet approved

Ruxolitinib 1.5%

- Not yet picked up by all insurers. Dermatologists apply for access
- Indication: mild to moderate AD, poorly controlled on topical steroids,
- Limited to 20% body surface area or less, up to 8 weeks
- On label for Atopic Dermatitis (and Vitiligo)
- Safety data: reassuring
 - Localized risk of VZV/HSV
 - Limited absorption of drug
 - Black box applied extrapolating risk of oral pan JAK inhibitors
- Pooled studies: 62.1% and 61.8% of patients using Opzelura achieved EASI-75

Roflumilast 0.15%

- Not yet available. Approved March 17, 2025
- Indicated for AD 6 y.o and up
- Daily application
- PDE4 inhibitor
- 62% of patients achieved EASI-75 by week 28
- No BSA restriction
- **Tip:** anecdotally, can sting on eyelids, but effective for hands and feet

Flake It Till You Make It: Tackling Psoriasis with Topicals

Roflumilast 0.3% cream and foam

Roflumilast 0.3% foam

Before and After ZORYVE (roflumilast) Topical Foam, 0.3%

Face



Baseline

IGA = 3



Week 2

IGA = 1



Week 8

IGA = 1

Actual clinical trial patient



Practical Tips for Psoriasis and Sebopsoriasis

- Treat both the scalp and face for seborrheic dermatitis at the same time to reduce *Malassezia* burden
- Shampoos that I recommend:
 - Dercos Vichy (Dry Hair or Oily Hair) – Selenium Sulfide, and Salicylic acid
 - Nizoral – ketoconazole 2% shampoo
 - Kelual DS (temporarily off shelves) – ciclopirox olamine
 - Sebcur shampoo – salicylic acid 4% - lifts scale
 - Sebcur T shampoo – salicylic acid + tar
- Itchy scalp too?
 - Sensinol shampoo

Melanin Makers: The Science of Recovering Pigment

Opzelura Ruxolitinib 1.5% cream

Current Landscape of Treatment

- Minimize skin trauma to lower koebnerization
- Sunprotection is a key to preventing skin cancer
 - Depigmented skin is devoid of melanocytes
 - Consider using **Heliocare supplements** (Derm Atelier sells them in office)
- Cosmetic camouflage
- Topical therapy:
 - Topical steroids
 - Topical calcineurin inhibitors
- Phototherapy
 - **Augment with heliocare**
- Oral steroids for rapidly progressing disease (often pulsed)
 - Dexamethasone 2.5–4 mg two consecutive days/week x 3-6 months
 - **Rapidly progressive vitiligo – hunt for a melanoma**
- Other immunosuppressants
 - Methotrexate, Cyclosporine

Ruxolitinib 1.5% cream bid

- Indicated for 20% or less BSA, nonsegmental vitiligo,
- Vitiligo pigment recovery on average takes 2 years or more
- Face tends to repigment faster due to higher density of follicular units
- Segmental vitiligo is resistant to treatment

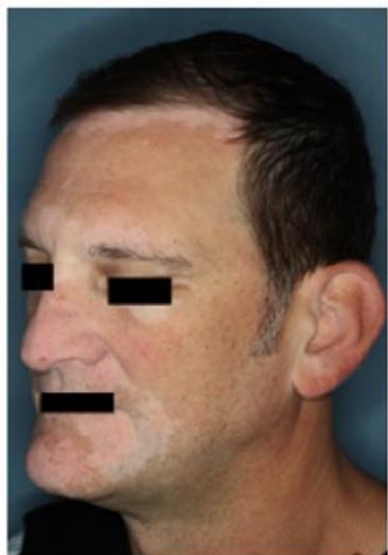
Clinical Images of a Patient Who Achieved F-VASI75 Response at Week 24

RUX 1.5% bid

46-year-old male with a vitiligo diagnosis for 1 year and Fitzpatrick skin type II

RUX 1.5% bid

Baseline



F-VASI 1.4

Week 12



F-VASI 1.16

Week 24



F-VASI 0.15
89% change in
F-VASI from baseline
(F-VASI75)

Week 52



F-VASI 0.01
99% change in
F-VASI from baseline
(F-VASI90)

Clinical Images of a Patient Who Achieved F-VASI90 Response at Week 24

RUX 1.5% bid

56-year-old male with a vitiligo diagnosis for 22 years and Fitzpatrick skin type III

RUX 1.5% bid

Baseline



F-VASI 1.62

Week 12



F-VASI 0.45

72% change in
F-VASI from baseline
(F-VASI50)

Week 24



F-VASI 0.14

91% change in
F-VASI from baseline
(F-VASI90)

Week 52



F-VASI 0.12

93% change in
F-VASI from baseline
(F-VASI90)

Clinical Images Showing F-VASI Response Through Week 104

RUX 1.5% bid to RUX 1.5% bid

62-year-old female with a vitiligo diagnosis for 21 years and Fitzpatrick skin type V

RUX 1.5% bid

Baseline



F-VASI 0.50
Baseline

Week 24



F-VASI 0.17
66% improvement in
F-VASI from baseline
(F-VASI50)

Week 52



F-VASI 0.08
84% improvement in
F-VASI from baseline
(F-VASI75)

Week 80



F-VASI 0.02
96% improvement in
F-VASI from baseline
(F-VASI90)

Week 104



F-VASI 0.05
90% improvement in
F-VASI from baseline
(F-VASI90)

Clinical Images Showing Repigmentation of Body Regions

RUX 1.5% bid

RUX 1.5% bid

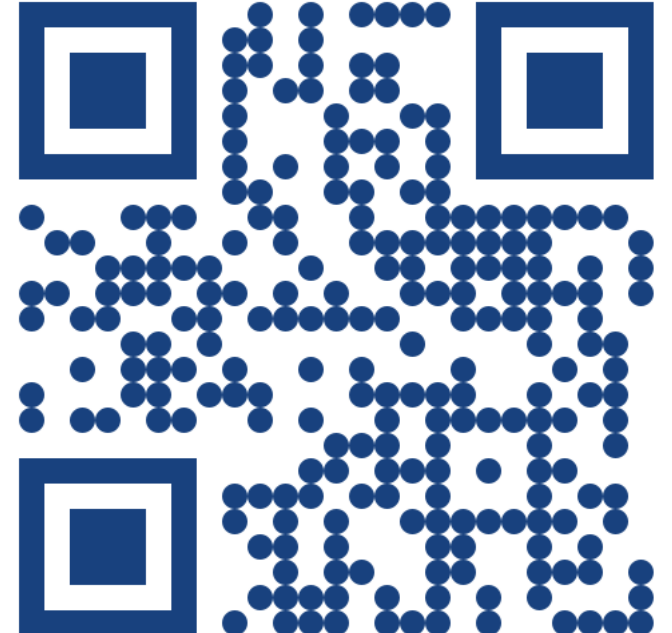
	Baseline	Week 24	Week 52	
Patient 1 Arm	 T-VASI: 8.94	 T-VASI: 6.84	 T-VASI: 3.70	58.6% improvement in T-VASI from baseline; 45.8% improvement in VASI for the upper extremities
Patient 2 Hand	 T-VASI: 8.07	 T-VASI: 5.23	 T-VASI: 3.15	60.9% improvement in T-VASI from baseline; 50.0% improvement in VASI for the hands
Patient 3 Knee	 T-VASI: 4.40	 T-VASI: 2.62	 T-VASI: 2.02	54.0% improvement in T-VASI from baseline; 86.4% improvement in VASI for the lower extremities

Wrap up

Referral Form



DermInsight Symposium



OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice

Join upcoming sessions:



[Climate Change: A Growing Concern for Patients and Physicians \(March 26\)](#)

[Indigenous cultural safety: Confronting anti-Indigenous racism and providing trauma-informed care \(April 23\)](#)

[Supporting patients with ADHD and comorbidities \(May 28\)](#)

RECENT SESSIONS

October 18	Infectious Disease & OBSP Updates	Dr. Allison McGeer Dr. Jonathan Isenberg
November 15	Infectious Disease & Diabetes Pharmacotherapy	Dr. Daniel Warshafsky Dr. Gihane Zarifa
December 6	Best of 2024 – Winter Virus Season & Menopause Revisited	Dr. Janine McCready Dr. Sue Goldstein
February 21	Infectious Disease & Navigating Ontario's Disability Support Program	Dr. Alon Vaisman Dr. Mohamed Alarakhia Norma English
March 7	Infectious Disease & HPV Cervical Screening Implementation	Dr. Daniel Warshafsky Dr. Jonathan Isenberg Dr. Rachel Kupets

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

UPCOMING SESSIONS

Month	Date
April 2025	April 4
May 2025	May 2 May 23
June 2025	June 6 June 27

SAVE THE DATE

Registration link will be emailed
to you closer to the date



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Leaders for a healthy Ontario



Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: April 4, 2025

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The Changing the Way we Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.