Managing Influenza-like Illness this Fall
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Moderator: Dr. Tara Kiran
   Fidani Chair, Improvement and Innovation
   Department of Family and Community Medicine, University of Toronto

Panelists:
• Dr. Janine McCready, Toronto
• Dr. Rosemarie Lall, Toronto

Co-hosts:
• Dr. Mekalai Kumanan, OCFP President
• Dr. Liz Muggah, Senior Clinical Advisor, Primary Care, Ontario Health

The COVID-19 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.
We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize 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 respect 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.
Cree patient revealed hospital food reminded him of residential school, so the MUHC started baking bannock

It took many tries to achieve 'comfort food' Indigenous patients were looking for

Rachel Watts • CBC News • Posted: Oct 14, 2022 4:00 AM ET | Last Updated: October 14

From left to right, Julie Woodfine, Christiane Azzi, Megan Kouri, Brandon Hall, Maryse Fournier and Dr. Marie-Josée Brouillette hold bannock on a plate. The MUHC is offering bannock as a new menu item for First Nations and Inuit patients after a Cree man explained he couldn’t eat food that reminded him of his time in residential school. (Submitted by MUHC)

It was late September, 2021, when Dr. Marie-Josée Brouillette says she first consulted with a patient who would go on to be the driving force for a new menu item at the McGill University Health Centre.

George Matches, 69, was a Cree man from Chisasibi who was in hospital for cancer surgery but he was refusing to eat — making his surgical team concerned for his recovery.
Changing the way we work

A community of practice for family physicians during COVID-19

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

- Identify the current best practices for delivery of primary care within the context of COVID-19 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. Tara Kiran (DFCM), Dr. Elizabeth Muggah (OCFP); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Janine McCready – Panelist
Infectious Disease Physician, Michael Garron Hospital

Dr. Rosemarie Lall – Panelist
Family Physician, Platinum Medical FHO Lead
Dr. Liz Muggah – Co-Host
Senior Clinical Advisor, Primary Care, Ontario Health
Family Physician, Bruyère Family Health Team

Dr. Mekalai Kumanan – Co-Host
Twitter: @MKumananMD
President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON
Speaker Disclosure

• Faculty Name: **Dr. Janine McCready**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: OCFP
    • Others: N/A

• Faculty Name: **Dr. Rosemarie Lall**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: OCFP, SHN, DFCM
    • Others: N/A

• Faculty Name: **Dr. Liz Muggah**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: Ontario Health
Speaker Disclosure

• Faculty Name: **Dr. Mekalai Kumanan**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, Ontario College of Family Physicians
    • Others: N/A

• Faculty Name: **Dr. Tara Kiran**
  • Relationships with financial sponsors:
    • Grants/Research Support: St. Michael’s Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
    • Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association
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 panel’s attention.

• Please use the chat box for networking purposes only.
Dr. Janine McCready—Panelist
Infectious Disease Physician, Michael Garron Hospital

Dr. Rosemarie Lall—Panelist
Family Physician, Platinum Medical FHO Lead
Number of influenza tests performed and percent positive by surveillance week October 17, 2021 to October 15, 2022
Figure 2: Number of positive respiratory virus tests reported by participating laboratories in Canada by surveillance week.

Office IPAC

• Universal Masking
• PPE
• Hand hygiene
• Environmental cleaning
• Ventilation
• Physical distancing in waiting room if possible
• Screening
• Put those with URTI symptoms directly into a room if possible
• Stagger staff breaks to avoid outbreaks
Managing ILI

• Who to send to ED?
  • Symptoms of severe illness (Difficulty breathing, Severe chest pain, Altered LOC)
  • Infants < 3 months with fever, unwell or difficulty breathing
  • Children >3 months with fever >7 days, difficulty breathing, dehydrated, not waking up

• Who to see in clinic or refer for assessment at ILI Assessment clinic?
  • Unclear etiology (Eg. Fever NYD)
  • Higher risk (Children <2, Adults >65, Comorbidities, Immunosuppressed, pregnant)
Testing and Treatment

• TEST for COVID:
  • Anyone higher risk who would consider treatment
    • Older, co-morbidities
  • HCW
  • Caregiver/close contact for vulnerable individuals
  • If high risk get a PCR if RAT negative
  • RAT – proper technique and repeat
### Try to determine risk of disease Progression

- Higher risk (Age, vaccines, Comorbidities, Immunosuppressed, pregnant)
- Antiviral Treatments:
  - COVID – Paxlovid or Remdesivir
  - Influenza - Tamiflu

### Table: Age, Number of Vaccine Doses, and Risk Factors

<table>
<thead>
<tr>
<th>AGE (years)</th>
<th>NUMBER OF VACCINE DOSES</th>
<th>RISK FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 ¹</td>
<td>0 dosages</td>
<td>Obesity (BMI ≥ 30 kg/m²)</td>
</tr>
<tr>
<td></td>
<td>Higher risk if ≥3 risk factors</td>
<td>Diabetes</td>
</tr>
<tr>
<td>20 to 39</td>
<td>1 or 2 doses</td>
<td>Heart disease, hypertension, congestive heart failure</td>
</tr>
<tr>
<td></td>
<td>Higher risk if ≥3 risk factors</td>
<td>Chronic respiratory disease, including cystic fibrosis</td>
</tr>
<tr>
<td>40 to 69</td>
<td>3 doses</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td></td>
<td>Higher risk if ≥3 risk factors</td>
<td>Intellectual disability</td>
</tr>
<tr>
<td>≥70</td>
<td>Standard risk</td>
<td>Glucose cell disease</td>
</tr>
<tr>
<td></td>
<td>Higher risk if ≥3 risk factors</td>
<td>Moderate or severe kidney disease (eGFR &lt; 60 mL/min)</td>
</tr>
<tr>
<td></td>
<td>Higher risk if ≥3 risk factors</td>
<td>Moderate or severe liver disease (e.g., Child Pugh Class B or C Cirrhosis)</td>
</tr>
</tbody>
</table>

1. Evidence for the safety and efficacy of oseltamivir and rimantadine/zanamivir (Paxlovid) in children <18 years of age is limited. While early evidence on risk factors for moderate and severe COVID-19 in children is emerging, the ability to reliably predict disease progression in children remains very limited, and the frequency of progression is rare. While not routinely recommended in children <18 years of age, the use of these agents may be considered in exceptional circumstances (e.g., severe immunocompromise and/or multiple risk factors, clinical progression) on a case-by-case basis. Multidisciplinary consultation with Infectious Diseases (or Pediatric Infectious Diseases) and the team primarily responsible for the child’s care is recommended to review the individual consideration of these medications.

2. Examples of immunocompromised or immunosuppressed individuals include receipt of treatment for solid tumors and hematologic malignancies (including individuals with gonadal malignancies who are being monitored without active treatment); receipt of solid-organ transplant and taking immunosuppressive therapy, receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy), moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good’s syndrome, hyper-IgM syndrome, advanced or untreated HIV infection, active treatent for lymphoma in children aged ≥12 years, and other agents and immunosuppressive agents classified as severe immunosuppressive, tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory. These individuals should have a reasonable expectation for 1-year survival prior to SARS-CoV-2 infection.

3. Therapeutics should always be recommended for pregnant individuals who have received zero vaccine doses.
Figure 1. Flow Diagram for COVID-19 Booster Vaccination – When should you get a booster dose?

For individuals aged 5 and older who have completed a primary series: Use the chart below to determine when it’s time to get your COVID-19 booster.11

START

Do any of the following apply to you?
- Aged 65 or older
- First Nations, Inuit, or Métis individual or household member aged 18 and older
- Resident of LTC, RH, or other CC setting
- Pregnant individuals
- Moderately to severely Immunocompromised aged 12 or older
- Health Care Worker aged 18 and older

Has it been at least 3 months since your last vaccine dose or since you had COVID-19?

NO

Has it been at least 6 months since your last vaccine dose or since you had COVID-19?

NO

Yes

Wait to Get Boosted
You can wait to get your booster until six months has passed since your last dose. There is emerging evidence that longer intervals between doses of COVID-19 vaccines result in a more robust and durable immune response and higher vaccine effectiveness (NACI).

Get Boosted Now
Get your booster dose now to protect yourself ahead of respiratory illness season and before cool weather leads to more time indoors. If you are 12 and older you will receive the bivalent booster.

Wait to Get Boosted
You can wait to get your booster until three months has passed since your last dose. You are at a higher risk of severe outcomes from COVID-19 and are recommended to get your booster dose at a shorter interval to protect yourself ahead of respiratory illness season and before cool weather leads to more time indoors.

YES

Get Boosted Now
You are at a higher risk of severe outcomes from COVID-19 and are strongly recommended to get your booster dose now to protect yourself ahead of respiratory illness season and before cool weather leads to more time indoors.

If you are unsure, you should talk to your health care provider about when it’s the right time for you to get your booster dose.

11 Health care workers are not at a higher risk of severe outcomes, unless they belong to another high-risk group. However, health care workers who care for high-risk patients are recommended to be vaccinated to protect their vulnerable patients and all health care workers are recommended to be vaccinated to ensure health system capacity. All vaccines available in Ontario are approved by Health Canada and are safe, effective, and are the best way to stay protected from COVID-19 and its variants.

Bivalent Omicron-containing mRNA COVID-19 vaccines are the preferred booster products for authorized age groups (i.e. individuals 12 and older).

What else to tell patients?

• Encourage Flu shots
• Encourage boosters
• Stay home when sick
• Encourage masking in indoor public spaces
Managing ILI in offices
Rosemarie Lall MD, CCFP, FCFP
Scarborough
Oct 28, 2022
What are our colleagues doing?

**Tactics vary but overall strategies similar**

<table>
<thead>
<tr>
<th>• Respect for IPAC</th>
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</thead>
<tbody>
<tr>
<td>• COVID and influenza treated as ILI</td>
</tr>
<tr>
<td>• Universal precautions: full PPE- gown, mask (N95) and shield, gloves</td>
</tr>
<tr>
<td>• Access - allowing same day appointments in person</td>
</tr>
<tr>
<td>• Triaging on the phone</td>
</tr>
<tr>
<td>• Use of RAT test</td>
</tr>
<tr>
<td>• Just bring the patients in</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>• Focus on seeing children</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Distancing if able, creative solutions (parking lot for waiting or examining)</td>
</tr>
<tr>
<td>• “Sick room” close to the entrance</td>
</tr>
<tr>
<td>• Physically separate the sick from well</td>
</tr>
<tr>
<td>• Other tactics?</td>
</tr>
<tr>
<td>• <strong>Let’s share in the chat!</strong></td>
</tr>
</tbody>
</table>
What is happening now:

**The Good:**
- Vaccines
- RAT/PPE stock
- Treatment options
- Virtual Medicine
- Knowledge of COVID

**The Bad:**
- Increased patient and parental anxiety
- Patient masking and COVID fatigue
- Increase demand for services
- We are also tasked with post COVID recovery
- Going on 2+ years of the new way to practice and it is getting a bit wearisome

**The Ugly:**
- Start of a new wave
- Anticipated long and difficult cold & flu season
- Shortage of meds
  - for the children (acetaminophen, ibuprofen)
  - for adults
- The unknown of new variants
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Opportunities

Focus on patient re-education
Support our patients through their anxiety
Goal: “keep patients out of the ER”
Respect for IPAC
Use resources out there, e.g. ASP*

Wish:

➢ More public campaigns for patient education
➢ Funding support for extra expenses of PPE

*https://www.antimicrobialstewardship.com/treatment
RESOURCES: October 2022

• **Fall update to patients – script** (incl. flu vaccination, COVID vaccines, and when to seek care)

• **IPAC Summary for Community Practices** – updated

• **Managing patients with respiratory symptoms in office** – overview

• **My child has COVID. What should I do?** – updated (*Confused About COVID* series)
  https://rebrand.ly/Child-has-COVID

• **Frequently asked IPAC/PPE questions**
Wondering if you should get boosted this Fall?

What if I recently had Covid?
Is the booster Omicron-specific?
What about boosters for my kids?

Our doctors are here to answer your vaccine questions.

I can help. Let’s talk.

Our VaxFacts Clinic will connect you with qualified doctors who understand that you may have questions or are looking for more information about COVID-19 vaccines. They are ready to talk, listen and help you get the facts.

Schedule a one-to-one phone conversation. BOOK ONLINE OR GIVE US A CALL.
shn.ca/VaxFacts  |  416-438-2911 ext. 5738

VaxFacts for Parents

COVID-19 vaccines are now available for kids aged 6 months and up — and our VaxFacts Clinic is here to connect you with qualified doctors who understand that you may have questions or concerns, or just want to learn more.

They are ready to talk, listen and help you get the facts.

Schedule a one-to-one phone conversation so you can make an informed decision. BOOK AN APPOINTMENT ONLINE CALL TO MAKE AN APPOINTMENT
shn.ca/VaxFacts  |  416-438-2911 ext. 5738

Speak with a VaxFacts Clinic physician about more topics!

Our trusted doctors are here to talk, listen and answer your questions about more VaxFacts services:

- MONKEYPOX
  And other infectious diseases
- COVID-19 VACCINES & TREATMENTS
  Such as boosters, Evusheld and Paxlovid
- AND MORE
  Such as childhood vaccines, flu vaccines and preventative counselling

Schedule a one-to-one phone conversation. BOOK ONLINE OR GIVE US A CALL.
shn.ca/VaxFacts  |  416-438-2911 ext. 5738

https://www.shn.ca/vaxfacts/
Join the COVID-19 Community of Practice Planning Committee

Looking for members of this community to participate in the planning of these sessions who:

• represent different practice models
• practice in different regions within Ontario

ocfpcme@ocfp.on.ca
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: November 11, 2022

Contact us:  ocfpcme@ocfp.on.ca

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

The COVID-19 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.