

## Changing the Way We Work

April 5, 2024: Infectious Disease and Updates to Osteoporosis Canada Guidelines

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Moderator: Dr. Eleanor Colledge

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*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.*

**Should we still be providing patients who are concerned about measles and were born before 1970 with an MMR vaccine? Are patients in their 80's and 90's, considered high risk?**

Patients born before 1970 in Canada are very likely to have had measles infection as children and to have lifelong immunity, even if they do not specifically remember having had the infection. Patients born outside of Canada are even more likely to have had the infection. Older adults are not considered high-risk and I would reassure them of this. If they remain significantly concerned, they would still be eligible for a single dose of MMR if they have no documentation of receiving the vaccine, but it's unlikely to be of benefit. Unimmunized children are the high- risk group.

**Has COVID-19 influenced the resurgence of all these communicable diseases? Is there any literature looking at this?**

Immunity debt from lack of exposure to other circulating pathogens during the pandemic is part of the resurgence. There is emerging literature on this issue.

**Is it recommended to receive a COVID-19 vaccine now, if a patient has never had COVID-19, but are considered high risk?**

In my opinion, yes.

### **For children under six months who will be travelling, should we vaccinate them with MMR?**

The MMR vaccine is only authorized for use by Health Canada in individuals aged six months and older. For infants under six months, it would be off-label administration and not recommended. If they are traveling, their family/traveling partners should be vaccinated and they should be educated on the risks of MMR, avoiding high-risk and the symptoms to watch for.

### **How does one test for syphilis in a clinic/office?**

It needs special microscopy, so you could send the patient to a Sexual Health Clinic or talk to your local infectious disease doctor. Specific treponemal tests become positive earlier in primary syphilis.

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

- If a pregnancy patient's partner receives the MMR vaccine, does this put the patient at any kind of risk?
- Can we do a BMD during menopause as a baseline? A lot of my patients at that point have "Low Bone Mass but Low Fracture Risk"—what do you do with that?
- What do you think about applying the precautionary principle to COVID-19—meaning prevent infection/re-infection as much as possible because we don't know the long-term effects COVID-19 infections could have on patients 10-20 years from now?
- Who should start a drug holiday for OP? Do we do serial BMD tests during that time to help decide if it was a good decision?
- Will you please explain why when the number of influenza cases increases, the number of COVID-19 cases declines?
- I have never had COVID-19 despite treating many patients with COVID-19 and having household family members with it. Should I continue to get vaccinated regularly?
- The public health recommendations identify that we should continue to vaccinate patients over 65 with the COVID-19 vaccine. It does not emphasize those at higher risk. Should we be vaccinating all patients over 65, or wait until the fall?

- Parents of a 10 month old asked if it's best to avoid contact with her one year old friend for the first two weeks after the friend's MMR vaccine, just in case the friend gets a weak measles infection. What do you think?
- Can patients on methotrexate for psoriasis receive the MMR vaccine?
- Can we give oral calcium supplements to patients with significant vascular calcifications?
- Regarding bone density testing, every X-ray report I see from my radiology department says "osteopenia - suggest BMD to r/o osteoporosis". Should I be ordering a bone density?
- Why don't the committees coordinate? Why are there two different osteoporosis guidelines released in 2023, one that we are talking about, and one by the Canadian task force?  
<https://canadiantaskforce.ca/guidelines/published-guidelines/fragility-fractures/>
- Can you discuss why BMI <18 is a risk, please?
- What is the treatment for compression fractures?
- Using the FRAX (fracture risk assessment tool) tool, can be tricky. I never know what type of BMD X-ray machine was used, because the report does not clearly identify this. Which machine type should be clicked on the online Frax tool?
- Why do the radiologist recommendations frequently not agree with FRAX recommendations, specifically on the follow up interval? It can make our decision a bit difficult.
- Can treatment for osteoporosis begin with denosumab or is it best to always start with bisphosphonates?
- Can you talk about using magnesium, vitamin K2 and protein for prevention of Osteoporosis?
- Most patients need 3000 IU of vitamin D to get blood levels to >100. Is 600-1000IU really enough?
- Is it normal to have discordance between CAROX and FRAX?
- Prolia, can it ever be stopped? Can you describe a few situations in which stopping it will be appropriate?
- In the past, we have been advised never to stop the anti-osteoporotic medications for high-risk patients. The 2023 guideline seems to suggest that medications can be stopped even in high-risk patients if re-evaluation of their condition shows that they have moved from the high-risk category to the moderate-risk category. Is my understanding correct or am I overinterpreting the new guideline? If we indeed stop a patient's medication, how soon should we repeat their BMD study?
- Should patients on bisphosphonates be put on a drug holiday before going for dental work up? Or should the dentist be making that decision/recommendation?

- What criteria defines a reason to restart bisphosphonates after a three-year holiday considering variability in BMD measurements for detection of small change?
- For patients with bilateral hip replacements, what screening tool do you recommend? And would you start bisphosphonates based on other studies besides BMD?
- What's the downside of starting Prolia as a first-line treatment?
- For an 80-year-old patient with chronic kidney disease (CKD) and a new diagnosis of severe osteoporosis, is Prolia the safest treatment option?