

## Changing the Way We Work

May 5, 2023: Vaccine preventable diseases and e-consults

**Panelists:** Dr. Sarah Wilson, Dr. Daniel Warshafsky, Dr. Marilyn Crabtree  
**Co-hosts:** Dr. Mekalai Kumanan  
**Moderator:** Dr. Ali Damji

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

### MMR Vaccine

**Should we be offering MMR vaccine to all infants travelling internationally before 12 months of age?**

As Dr. Wilson mentioned yes, that is the current recommendation based on the global increase in measles that we have seen post-pandemic.

**Patients with previously normal measles and mumps titre has subsequent suboptimal titres, and had received 2 doses of mmr vaccine, do we do a third vaccine, especially for patients planning pregnancy?**

No need for a 3rd dose of MMR if they have two documented doses of MMR vaccine.

**If a child gets the second dose at 3 yrs, do they need another dose at 4-6 years? Why vaccinate rather than serology?**

No, they don't need another dose at 4-6 years.  
Vaccination other serology ensures people get a dose that they might miss if they don't return to clinic and is a pragmatic strategy to ensure people are protected before travel.

**If an adult knows they had measles do they need an MMR? The last time I had one I had a zero negative arthritis that lasted ~ 6 weeks.**

Part of the issue is in confirming they had measles. Particularly if it was as a child there may be confusion about whether it was truly measles or something else. Given the risk from receiving MMR is exceedingly low and the benefits are clear, it is better to give a dose to ensure that individual (and any potential higher risk contacts) are protected. If you are able to confirm previous infection (with clinical records, for example) then additional doses would not be needed.

## Prevna Vaccines

### **What is the magnitude of benefit of giving prevnar 20 after prevnar 13?**

As Sarah showed, the PCV20 covers those 7 strains that are making up an increasing proportion of invasive pneumococcal disease, now almost 20% of what we are seeing in Ontario. So there is benefit but, of course, given the cost right now it is a difficult area to counsel.

### **What is the marginal benefit of giving prevnar 20 after prevnar 13?**

Hi Allan. Great question. From the perspective of NACI, NACI has only recommended PCV13 for publicly funded programs for use in immunocompromised adults. So in this very high risk group, the additional 7 serotypes covered in PCV20 would be important to cover. In the figure I presented for IPD serotypes in 65+, the additional 7 STs represent about 20% of IPD isolates in recent years.

### **I thought we were previously supposed to give prevnar 13 followed by pneumovax 23 two months later, not the reverse?**

Hi Jenny. Thanks for catching this error on my slide. I noticed it this morning but it was too late to fix. You are exactly correct. Prevnar 13 first, followed by Pneumovax23. If someone gives Pneumovax23 first, the recommendation for Prevnar 13 is to give it one year later after the dose of PPV23.

### **What if patient has had pneumo 23 followed by Prevnar 13. Do we still offer Prevnar 20 and when?**

NACI recommends that if someone has received both PCV13 and PPV23, that Prevnar 20 could be offered at least 5 years after the last pneumococcal vaccine dose.

### **Would you please clarify what the recommendations are for Pneumo-23 vaccine and Prevnar-13 if we are using Prevnar-20 now? Is Prevnar-20 avail in Ontario yet?**

PCV20 is only available for private purchase right now.

### **Do we still need to follow the Prevnar-8 week interval-Pneumovax and Pneumovax-one year-Prevnar recommendation for administration? It's quite inconvenient and makes the explanation to the pt confusing.**

Yes, those intervals are still recommended. I agree, they are challenging. . If there is a future PCV20 program, it would have the advantage of a single dose without these intervals (no need for both polysaccharide and conjugate vaccines).

## COVID-19 Vaccine

### **In someone 65+ is eligible for a COVID-19 booster now should they wait until the fall or get it now? (Low risk factors)**

For a patient who is 65+, it is recommended to receive a booster dose during spring 2023 if at least six months has passed since their last dose or confirmed COVID-19 infection.

**Please remind us how long after COVID-19 infection a COVID-19 vaccine can be given.**

For individuals who are eligible for a booster, they may receive a vaccine dose 6-months (168 days) after confirmed COVID-19 infection (characterized by positive test or after having symptoms post contact with someone who had a positive test).

More info here on page 16:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_vaccine\\_administration.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf)

**Dr. Warshafsky/Dr. Wilson: “risk” are we worried with Long COVID (not just hospitalizations) even with high level of immunity/vaccinations?**

Great question. We continue to learn a lot about long COVID. The highest risk is still in unvaccinated individuals, those with severe disease/hospitalization and who had infection with non-Omicron strains (Delta being the highest for long COVID). Rates for those who are up to date with their immunizations and have infection now with Omicron strains and mild disease are quite low. There is also huge variability in severity of long COVID, with the vast majority of patients having mild symptoms that don't cause disability. So overall the risk is low, with the chance for severe long-COVID being quite small to the population as a whole. Sorry, its a complicated area!

**Can age>70 + frail be given a booster 3 months after bivalent given mid-Feb 2023?**

The Pfizer booster can be given at a minimum interval of 3 months and Moderna booster at a minimum of 4 months. Generally speaking most individuals aren't recommended it that soon but for exceptionally high risk individuals it can be considered at those minimum intervals

**Pneumococcal Vaccines**

**Dan and Sarah, obviously the issue is coverage - can you comment?**

Yes, coverage for pneumococcal vaccines is definitely sub-optimal. PHAC estimates this using a coverage survey (which has other challenges as it is based on patient memory of what they have received). The last survey (2022), only 55% of adults 65+ said they had received a pneumococcal vaccine. Thanks for raising this!

**Tdap Vaccine**

**Does the whole family need Tdap booster?**

If the rest of the family hasn't yet had their single booster as an adult then it is a great opportunity to do so. But if they have then no, that is not recommended. The risk is specifically to the pregnant individual and the vaccine is very effective.

**Does Tdap only need to be given once? And then we just offer Td q10years?**

Tdap is recommended only once in adulthood for everyone and once in each pregnancy. outside of that year, Td is offered as a booster every 10 years

**Dr. Wilson: Is TdAP in pregnancy covered by OHIP? Is it publicly funded?**

It is covered by OHIP in pregnancy! One dose, ideally between weeks 27-32 gestation.

**Pneumovax**

**Should adults over 65 get both pneumovax or pcv 20 at this time? If they choose to pay for pcv20**

If they choose to pay for PCV20 they do not need pneumovax as well. No additional doses would be recommended after PCV20.

**For someone age 70 who had Pneumovax and Prevnar-13 > 5 years ago - can we give Prevnar 20?**

Yes, this interval is what is outlined in the NACI statement (PCV20 if last dose is  $\geq 5$  years for someone who has received both PCV13 and PPV23).

**PVC Vaccines**

**Why bother with PCV15 when PCV20 is available?**

NACI recommended that PCV20 'should be offered', but that PCV15 followed by PPV23 may be offered if PCV20 is not available, etc.

**eConsults**

**Is the econsult ohip code in-basket for FHO?**

It is out of basket for FHOs

**K738 is what FP bills or the specialist?**

K738 is billed by FP. The specialist is remunerated by the program (eCOE).

**Can you sign up for eConsult as a family doctor who has a focused practice - as a consultant?**

MD's/NP's can sign up for eConsult. Depending on the funding model (50% or more of funding from MOH) clinicians can get access to the OTNhub at no cost

**Do you need a special log in for Dermatology e-consult (with sending a picture?) Or is it just like all the other e-consults we can request?**

Same log in. You can include photos in your attachments to your case.

### **eConsult can be done via phone? Via email? Via zoom? If EMR not available or down?**

They are currently completed on the OTNhub at [www.otnhub.ca](http://www.otnhub.ca) or launched through Ocean from some EMR's (OSCAR Pro, Accuro, TELUS PS Suite).

## Bexsaro

### **I'm confused about Bexsaro – recommendations?**

NACI recommends the use of Bexsaro (MenB vaccine) for individuals at highest risk of IMD (those with medical risk factors, such asplenia, HIV, complement deficiencies). Ontario publicly funds Bexsaro but currently it only publicly funds for pediatrics (2 months to 17 years) with these medical risk factors. Public health will also provide publicly funded Bexsaro if they are a close contact of a case of MenB disease.

## Pneumonia Vaccines

### **Who gets pneumonia shots for free?**

The current pneumococcal coverage is funded as part of the routine childhood series (3 doses before 1 year) and a dose for individuals over age 65. As well there are high risk groups outlined in the schedule that are covered for additional doses of PCV13, PPV23 or both

## Dengvaxia

### **With some of my patients travelling to India, and recent dengue vaccine approval in some countries, is it available in Canada?**

Unfortunately the dengue vaccine, Dengvaxia, has not been authorized for use in Canada as of yet. It is available in some high risk countries and Dengvaxia has been approved in the USA beginning in 2022 for children and adolescents 9-16 years of age who have laboratory confirmed previous dengue infection and are living in a US territory where dengue is endemic.

## Adacel

### **Adacel for each pregnancy at 27-32 weeks every baby every pregnancy each time is what I was told is this correct?**

Yes, that's correct - NACI recommends in every pregnancy (ideally between 27-32 weeks).

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

- Could you please discuss masking? Many colleagues now have dropped the mask mandate for patients in the office.

- Also, what about when we are in large group settings - previously masking in this environment was still recommended - is that still in place?"
- Should we still be screening patients for COVID-19 symptoms/ exposure prior to them showing up in the office? Frustrating and time consuming that many patients don't complete their email COVID-19 screens prior to their office appts.
- Can you comment on when it's appropriate to test for pertussis in the community? I often find it not that clinically useful as it takes weeks for the results to come back—sometimes it's hard to differentiate from croup
- In the past I've vaccinated a 3 yo 'early' with MMRV and they had issues with public health and school entry and I had to write a letter indicating that they were fully vaccinated....any comments?
- Can you confirm that a person who has received 2 MMR vaccines that has low antibody does not need a booster? What is the explanation for low antibody after 2 vaccines?
- We are seeing a lot of non-pregnant parents and grandparents who want an additional Tdap; have noticed that OB/Gyn may be recommending? Any updates to the guidelines on this? Have to pay for additional adult dose, correct?
- Why doesn't the government fund Prevnar 20 and instead pneumovax?
- Dr. Wilson: Arcturus (XBB.1.16) are you seeing more transmission via aerosols on conjunctiva causing conjunctivitis? Would you recommend eye protection while seeing all patients in clinic or when indoor spaces in general.
- Is Pneumovax needed after the new Prevnar20 vaccination?
- Why use pcv20 when we have pcv23?
- Why is PCV20 being promoted over PCV23?
- What about an adult who has had Prevnar 13 and pneumovax 23 already
- If we know immunity wanes for COVID-19 vaccines after 6 months, why is there no guideline for post 6m but after Sep 1?
- When can we expect Prevnar20 to be provided by Public health?
- So why are we boosting women for rubella if not immune pre-pregnancy?
- Can I do e-commerce as a FFS Walk-in urgent care doc?
- Do you need a special log in for Dermatology e-consult (with sending a picture?) Or is it just like all the other e-consults we can request?
- What about the dinosaur older docs who still have paper charts and no EMR?