

Changing the Way We Work

May 13, 2022: More on COVID treatment and prevention

Panelists: Dr. Kim McIntosh, Dr. Zain Chagla & Ms. Kristen Watt

Co-hosts: Dr. Liz Muggah & Dr. David Kaplan

Moderator: Dr. Tara Kiran

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

PAXLOVID | OTHER TREATMENTS

- **Does Luvox have a role in treatment anymore?**

Fluvoxamine is an option per SAT guidance but anecdotally, we're not hearing about much use given other available options – the substantial dosing and 10 to 15-day duration for fluvox also is a deterrent.

[Science Advisory Table guidelines: https://COVID19-sciencetable.ca/wp-content/uploads/2022/04/Clinical-Practice-Guidelines_Update_20220401.pdf]

- **How about role of dexamethasone now?**

Still not recommended outside of patients on oxygen. In the recovery trial there was a trend towards higher mortality in individuals who got it without oxygen. Definitely needed for oxygenated patients.

- **Is the monoclonal antibody still in use? How do you decide which is preferred if both are available?**

Unfortunately, no therapeutic monoclonals are available given the loss of efficacy to BA2 for sotrovimab.

- **If people have received Evusheld, does this change whether or not they should be treated with Paxlovid if positive later? I realize that there is likely no evidence, but we will face this.**

Given these are very high-risk patients and it's not clear what the reduction of hospitalization will be; patients should be treated the same with a breakthrough (i.e. offered therapeutics).

- **When will Evusheld be available to patients on TNF (tumour necrosis factor) blockers?**

[Rheumatology patients are not eligible to receive Evusheld at this time. See Ontario Health information for healthcare providers, with tiered priority for malignant hematology and solid organ transplant patients: <https://www.ontariohealth.ca/sites/ontariohealth/files/2022-05/Information%20for%20health%20care%20providers%20-%20Evusheld.pdf>]

- **How can I find out what pharmacies in GTA carry Paxlovid?**

[MOH list of pharmacies dispensing Paxlovid, updated regularly] <https://COVID-19.ontario.ca/COVID-19-treatments>

- **Would you please let me know the doses of Paxlovid?**

It's 300mg/100mg BID x 5 days for GFR > 60, or 150mg/100mg BID x 5 days (First drug is nirmetrelavir, second drug is ritonavir). Lower dose for GFR 30-60.

– Science Advisory Table recommendations: <https://COVID19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-2-0/>

– Ontario Renal Network guidance:
https://www.ontariohealth.ca/sites/ontariohealth/files/2022-04/PaxlovidClinicalGuide.pdf?utm_source=link.cep.health&utm_medium=urlshortener&utm_campaign=COVID-

- **Many patients eligible for Paxlovid have chosen a wait and see approach if they have mild disease. Thoughts?**

I think with discussion with their PCP, informed patient-focused decision-making, patient awareness of 5 days from symptom onset timeline and a guaranteed way for the patient to follow up immediately if feeling unwell – seems very appropriate.

- **For your 63 Paxlovid Rxs, did they all meet the ON SAT criteria or the less evidence-based provincial criteria?**

That is total Rx count from the initial rollout (from 1 pharmacy) up to April 12th when more pharmacies became included – so both “sets” of criteria used - assume with provincial eligibility opening up when I revised the form to include a line of provider discretion that at that point – so presumably after that some Rxs would be based on provincial criteria. I could get the number. Good question!

- **Is there any evidence that Paxlovid will reduce symptoms of COVID-19? In a previous session it was discussed that it would not reduce symptoms of COVID but would reduce severe illness that would require hospitalization. Some news sites in USA are saying that Paxlovid will reduce symptoms and they have more liberal availability. What is true?**

The trial evidence is NOT about symptoms resolution – only hospitalization.

- **Are there good alternatives for when Paxlovid cannot be used? i.e., on amiodarone, also methotrexate.**

Yes, 3-day daily therapy of IV Remdesivir is an option, however not readily available for outpatient use (for the mildly ill who may get sicker who can't take Paxlovid) in most of Ontario

– folks can't drive 3 days in a row down the highway. Remdesivir needs broader availability through HCCSS for home care Rx...

[They may be eligible for Remdesivir IV. Please refer to a [clinical assessment centre](#).]

- **When will we know if Paxlovid actually had an impact on preventing Ontario hospitalizations and whether it was a cost-effective endeavor?**

We [currently] estimate that 300 hospitalizations have been avoided in Ontario.

- **So, Zain [Dr. Chagla], you mean dexamethasone only for hospitalized patient who is on oxygen?**

Yes.

- **Patient fully vaccinated but immune-compromised (on xeljanz) travelling to Australia ... should she take Paxlovid with her (pill in pocket)...is this possible?**

You cannot get Paxlovid in Ontario without a positive test. Therefore, a “pill in the pocket” is not possible.

VACCINATION

- **Any idea when immune-suppressed patients over 50 will be able to get (second) next booster? ... currently at age 60 and over for second booster.**

Some adults, including those who are immunocompromised, are eligible for a second booster even if younger than 60 [First Nation, Inuit or Metis adults and their non-Indigenous household members age 18+; residents of long-term care homes, retirement homes, Elder Care Lodges and older adults living in other congregate settings providing assisted-living and health services.]

- MOH recommendations: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf
- Confused About Covid resource on boosters: <https://rebrand.ly/3rd-dose>

- **What is the current recommendation re: post infection, how long to wait for booster?**

90 days

– Ministry guidance on vaccine administration, updated April 29, includes intervals – https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf. For individuals eligible for a booster, “3 months after symptom onset or positive test (if asymptomatic). If they are 12 to 17 years old, as per the recommended interval for the booster dose, at least 6 months (168 days) should have passed after completing the primary series before receiving their booster dose.”

– Confused About Covid resource on boosters: <https://rebrand.ly/3rd-dose>



- **Should a healthy 9-year-old child postpone the second shot vaccine to protect in fall and winter – since third dose vaccine for children is not available now and the child is indoors less in summer and exposure is lower?**

In my opinion, we're not quite there yet. They would benefit from that second dose while still in school, potentially unmasked etc.

- **Any word on 4th vaccinations for healthcare workers?**

Not yet, unless you fall into the other eligibility criteria. We are keeping an eye on this.

- **Some patients who are currently unvaccinated are waiting for Medicago (plant-based vaccine) or Novavax. How do we/they access this?**

RE: Novavax – for patients age 18+ contact your PHU. Medicago not yet available.

- **Can you comment on the blood test for checking immunity from vaccination?**

Still only recommended for very specific cases in large part b/c still hard to interpret what it means. i.e., children with multi-system inflammatory disease or severe illness but PCR negative. Not recommended for immunity testing. See here, Public Health Ontario guidance on when to use: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/lab-testing-ontario/COVID-19-serology-testing>

- **Dr. Chagla, why do vaccinated patients occupy [represent] a significantly larger percentage of hospitalized patients compared to unvaccinated ones?**

I believe this is due to the denominator. The highest-risk people GOT vaccinated. They still remain at risk, just lower.

[Commenters have pointed out that there is a much larger vaccinated population than unvaccinated, and population size should be considered:

<https://www.ctvnews.ca/health/coronavirus/making-sense-of-the-numbers-greater-proportion-of-unvaccinated-are-being-hospitalized-1.5770226>]

OTHER

- **Should we still be doing active screening for all patients entering the office, or is passive screening sufficient?**

Active screening is still recommended, glad you ask b/c we just updated our OCFP IPAC guidance here (on our website too) <https://www.ontariofamilyphysicians.ca/tools-resources/COVID-19-resources/clinical-care-office-readiness/ipac-summary.pdf>

- **I have been requested a letter for people travelling who have had COVID 19 in the last 3 months but not PCR tested, that test could be still positive. Is travel Canada accepting or even requesting a letter from the physician?**

Another alternative is for the patient to pay for a PCR test (we do these at the pharmacy) as confirmation to use as proof of previous infection and presumed recovery.

[You could also provide a letter stating what you heard from your patient, i.e., “Patient tells me they tested positive using a home RAT on xxx date.” You may bill for these letters.

We are also aware that some businesses are offering video-monitored RAT – the test is guided by an advisor during a call and results are verified by the business, which then issues a certificate.]

- **Is the cluster of severe pediatric hepatitis cases related to COVID 19?**

Still very unclear. There are many theories but nothing that is finalized. It’s not even clear if it’s an acute infectious vs. Post infectious syndrome. If you do see patients who are suspicious see the public health Ontario guide here: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Hepatitis-of-Unknown-Origin-in-Children>

- **How to interpret faint line after 15 minutes in rapid test?**

While technically beyond the testing timing, if within a few minutes of that (i.e.: up to 15-20 minutes), you may wish to treat with caution and retest in 24 hours.

- **Interested to know what criteria family doctors are using in their office to allow positive staff to return to work, knowing they will interact with other staff and patients?**

We have used 7 days in our office (split the difference between high risk 10 day and general community 5 day) and have folks work isolated for an additional 3 days to account for 10-day contagion. And PPE is still universal use for all staff and patients regardless.

These additional questions were answered live during the session. To view responses, please refer to the [session recording](#).

- Updates on omicron subvariants BA.4 and BA.5?
- Update on vaccines for kids under 5
- Please comment on the new variant specific vaccines. Should we recommend dose 4 or wait for the newer vaccines in the fall?
- Please comment on rebound symptoms following treatment with Paxlovid.
- What’s up with COVID in Ontario right now? We see many cases coming into our hospital, but I can't seem to find anything about case estimates in the community, even wastewater estimates. Anyone seen anything?



- Pts with 3 and 4 vaccines are getting seriously ill with COVID. Is there any evidence that current vaccines are working on new variants?
- If you got infected with BA1, can you be infected with BA4 or 5?
- Is the monoclonal antibody still in use? How do you decide which is preferred if both are available.
- When I have a patient who calls me with COVID and they are in the eligible group for Paxlovid, I scramble to make the arrangements and review meds, etc to get them on Paxlovid. Meanwhile, there are many who don't call me, even though they are eligible for Paxlovid. When I talk to them after the fact, they have recovered well and had mild illness. Are we over treating with Paxlovid?
- Last webinar, Dr. Morris said "clinical trials don't establish safety". If so, how do we find a balance in our discussions with patients in trying to reassure them of the safety of COVID vaccines (or treatments) on the one hand, and caution re: long-term safety and the need for ongoing monitoring?
- Inhaled steroids for post COVID cough? What's the advice?
- Can you speak to how well people are tolerating Paxlovid? Especially more frail, fully vaccinated? I have been seeing most of my frail elders with mild COVID symptoms, but my one experience with Paxlovid has been quite a few side effects (quite weak, myalgias.). Is this common?
- Many otherwise healthy 60+ year-olds are asking my opinion as to whether they should get the 4th dose or wait until the fall for a likely updated vaccine then? Would having a 4th dose now delay getting a booster in September/October? Thoughts?
- Are most of the current admissions in unvaccinated patients?
- If a patient has COVID symptoms and test neg how many days should we continue to test neg before we give up that they don't have COVID?
- If we're still seeing lots of people admitted who are fully vaccinated, then should we be still considering the vaccines as effective at preventing this?
- Can the hospitalised statistics differentiate between those admitted for COVID vs those admitted for other reasons who incidentally test positive?
- How many times can one get reinfected? specially in children, should we start looking for other causes of low immunity, if that happens?
- Still getting a lot of questions re: <5 vaccine, any updates/info on this?
- I read somewhere the immunity with the fourth dose peaks at 6 weeks?
- Thrombotic events in seniors after a seemingly mild course of COVID?
- What is the data in Ontario on how many are hospitalized or severe illness despite Paxlovid?
- What is the cost to govt for Evusheld and Paxlovid?