Changing the Way We Work

July 28, 2023: COVID-19 Updates and Addressing Physician Burnout

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

Rapid Antigen Tests (RATs)

Can you please give a list of Public Health units (PHU) in Toronto that are distributing RATs?

Here’s the link to check for RAT availability at your local PHU: https://www.ontario.ca/page/rapid-testing-home-use#section-1

Do RATs expire?

I'm sorry, I don't know. Usually, expiry dates are conservative, but I'm not aware of any work that has been done with these tests.

Why can’t we improve the rapid test to detect current variants?

It appears that there are limits to how low a concentration you can detect with protein-based tests. It will require a breakthrough.

Predictions on COVID-19 in the Fall

Any thoughts on what the severity of COVID-19 is likely to be in the fall? I have the impression that this last winter it seemed less fatal and I’m not sure if that’s due to the virus or the community?

There is no question that severity is less if you have been vaccinated and/or previously infected. The virus hasn't changed much, (Omicron was less severe than the Delta variant) but our immunity has. So yes, things should be better in the fall again.
If a patient will be travelling in the fall, should I advise them to get the current bivalent vaccine instead of waiting for the new vaccine?

It depends on who they are, where they are travelling and how they balance the risks.

Why can’t we use COVID-19 infection as the target for vaccine, instead of severe disease (especially with the risk of Long COVID for anyone regardless of their current health). So why can’t we get a vaccine every four months to protect against infection when the protection starts to wean?

The challenge here is that as things progress, the consequences of infection become less severe, and the benefit of the vaccine decreases along with the cost effectiveness. I'm happy to have been living in Ontario, where we've generally been more permissive about allowing vaccine doses. I think that as the number of doses increases, and more of us get infections, this problem will gradually go away.

What do you suggested we tell patients if they ask about the expected efficacy of the fall booster, based on the vaccine effectiveness data?

That added protection against severe illness is likely to be 60 per cent in the short term, which is imperfect, but much better than nothing.

A sixth booster was given in June due to risk/benefit analysis. Is there any risk to receiving the fall booster in three months to protect against ongoing high-risk exposure?

There are risks with any dose, but they don't increase if doses are received early. The only question is whether the government will allow people to get vaccines early - so far they generally permitted this, but it is a bit provider dependent.

A couple sessions ago, Dr. Warshafsky said there was not going to be an XBB specific fall booster, so I got the Moderna vaccine. Three weeks later, Dr. Morris told us there will be a vaccine that protects against the XBB variant. Can I get the XBB specific vaccine early in the fall or is Moderna bivalent now sufficient until I reach the six-month point in December?

It is too early to tell. If there is evidence that you should get a vaccine before six months, you will know about it and you will be able to access vaccines. Remember that Ontario has been recommending 168 days between doses, not six months. Please do not worry, you will be able to work something out.
Metformin and Paxlovid

What dosage of metformin should I prescribe?

What they used in the trial is described here:


Do we know that Paxlovid does reduce severe outcomes of COVID-19?

Yes, Paxlovid given early reduces severe outcomes. Here is a recent systematic review:


Masking Recommendations

Is there a tipping point at which you would recommend increasing mask wearing in offices (i.e., rate of positivity)?

My personal threshold might be over 10 per cent along with evidence that the rate is climbing.

In Toronto, is it currently safe to go maskless indoors?

Safe is always a relative term. It is dependent on who you are (e.g., age, underlying illness and BMI), how many infections and doses of vaccine you've had, how many people will be in the space for how long, what the ventilation is like and how crowded it will be. However, for most of us, while the risk of infection will not be zero, the risk of infection with significant consequences will be low enough that it is reasonable to consider that the benefits to your mental health and well being are greater than the risks of having COVID-19.

Long COVID

Can you please give us some resources for patients with long covid, including options for prescriptions?

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid
Illness After Travelling

I've had a few patients, who have travelled outside of Canada and within two to three days of their return they are presenting with high fever and headache (no other symptoms) What other infections cause this?

At this time of year, it is most likely to be enteroviruses (think viral meningitis typically peaking in August).

COVID-19 Data

Is Moderna 15 per cent more effective as per the Ontario Health Study?

Yes. However, the difference is small and not relevant to younger folk. With the bivalent booster, there wasn't much difference, but it is why we are only using Moderna for residents in LTC.

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

- With the discontinuation of free RATs and with hard to access PCR testing, how do we test for COVID-19 without going to the ER?
- Do you have any stats on how much protection I get from a properly worn level two to three surgical mask in a room with a patient who is maskless (as they are asymptomatic) and have COVID-19?
- The evidence for immunizing kids and teens with a booster to reduce the seriousness of COVID-19 is weak. Most of this group does fine, if infected and males who receive the vaccine are at risk of myocarditis. So, are the recommendations for this population to prevent spread to those more vulnerable?
- Do we know when the XBB vaccine will be available?
- Who’s making the monovalent fall XBB vaccine? Pfizer? Moderna? Fridge stable? Will there be a different dose for adults vs. children? Will it be a single dose? Can it be given at the same time as a flu shot?