

Changing the Way We Work

May 26, 2023: Covid updates and ChatGPT

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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.

IPAC and Masking Best Practices

Does the COVID-19 XBB.1.16 (Arcturus) variant have potential to spread via aerosols landing on conjunctiva versus past variants? If we are at an indoor gathering and wearing an N95 mask, would you recommend adding eye protection?

All COVID-19 variants have had the potential to infect the conjunctiva (this is why we recommend eye protection for direct care of patients with suspected or confirmed COVID-19 and other respiratory infections). This variant seems to simply manifest this way more frequently than others. The real question is this, are patients infected by mucosal exposure or have they inoculated their eyes after infection (and hand hygiene is a more important intervention)?

Our medical building follows the masking rules that the local hospitals use (i.e., everyone in patient or common areas wears a mask). Are there any plans to relax masking guidelines for out-patient areas in GTA hospitals?

All of this under discussion as we speak. It is possible that some outpatient areas will be able to make masking non-mandatory (but remain mask-friendly), based upon patient risk and the impacts of masking on provision of care. However, nothing has been determined yet for the Toronto Region. Other Ontario Health Regions may have different plans and timelines. Unfortunately, we are not as coordinated across different Ontario regions as we were before.

Is it good practice to wear a yellow disposable gown during the day when seeing patients (in addition to an N95 mask and eye protection) if we are not changing clothes before going home to our families or out in public?

I would recommend changing your clothes when you arrive home. Regular laundering will take care of respiratory viruses and antibiotic-resistant organisms if you happen to get fomites on your clothes. We usually reserve yellow gown use for additional precautions, in which case you don and doff after completing the individual encounter. It is not necessary for routine practices if you are cleaning hands (the most frequent mode of transmitting organisms) and wearing respiratory and eye protection as required.

In hospitals when people are not masking in general areas, does this not ignore the aerosol nature of transmission?

Masking policies don't necessarily make a statement on how we believe COVID-19 is transmitted. They consider how it is transmitted, the overall estimated impact of a population-based measure like universal masking, transmission risk, feasibility, and potential negative impacts of a policy. There is a growing inconsistency in that many of our patients spend plenty of time in crowded, unmasked areas outside of hospitals. What overall impact does wearing a mask for their brief health-care visit have on their overall risk? This is a good question, with no clear answers. We are balancing questions like this by trying to be vigilant in protecting our most vulnerable patients when we put forward recommendations around universal masking.

COVID-19 Guidance and Vaccination

I am 70 years old and have had four doses of an mRNA vaccine. I've just received a reminder to get a fifth dose. Any additional updates based on my age?

For people who are 65 and older, it is recommended that they receive a booster dose during spring 2023, if at least six months has passed since their last dose or a confirmed COVID-19 infection.

What is our current advice regarding isolation and vaccine boosters?

Isolation depends on the risk status of the individual. For those who are not high risk, isolation may end when symptoms have been improving for 24 hours (48 hours for gastrointestinal symptoms) and they do not have a fever. This information is outlined on pages 12-14 of the link below:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

Where are we with a self-administered COVID-19 nasal spray vaccine?

Still in clinical trials - McMaster is running one. No updates on my end, unfortunately.

COVID-19 Testing and Surveillance

How much surveillance is happening to look for new variants given that almost no one is being tested for COVID-19 now? How is the surveillance being done?

It's an important point that we are not doing as much PCR testing as previously. Globally, with the lifting of the Public Health Emergency of International Concern, we can expect fewer countries to do any testing/genomic surveillance.

Here in Ontario, there remains a commitment to continue genomic surveillance. PHOL sequences most of the positive isolates they receive. There is a lag in getting the information as the sequencing and analysis takes time, but at least we will have that. Over time, the strategy for which isolates get sequenced may change to targeting higher risk situations (e.g., outbreak-related COVID-19 isolates and travel-related cases, etc.). The more concerning thing is closing out of surveillance efforts in other countries.

COVID-19 Data

How confident are you that testing is both comprehensive, vigilant, and accurate enough to be confident of data like hospitalizations due to COVID-19?

I have confidence in the hospitalization COVID-19 data because we are still testing a lot (dare I say most?) patients being admitted. We have moved away from universal asymptomatic admission testing in most hospitals across Ontario, but it is very easy for patients to “fail” symptom screening and therefore get a “symptomatic” test ordered.

Have hospitalization rates and case counts gone down to the pre-Omicron period (pre-Jan. 2022)?

If you look at this time of year in 2021 and 2020, no, we are not as low as we were then. I don't think we will ever achieve those nadirs again. Not with Omicron around.

What we don't have is the specific data for “with vs due to” COVID-19. Earlier Omicron-based estimates suggested that one-third of hospitalizations are due to COVID-19, but this may shift over time.

ChatGPT

How do we download ChatGPT?

For the free research preview (that most people use), you would create a login at chat.openai.com and use it in your browser.

Can it be used on our website to generate patient and office information that our secretaries provide?

In its current form, I don't believe so. However, I think in the near future we may start to see LLM-based technology that's built so that it can be trained in a specific context (for instance, you would put in all your pertinent office information), so that the answers it generates come from a very specific pool of information that you identify and control.

Can chat GPT help with drug interactions?

It may be able to provide some foundational information, but given the high-risk potential for that scenario, verification would be vital.

By using the analogy of a “very smart medical student” - do you see AI going through “medical training” and improving its “skills”? AI can manage significantly more experiences than a human student, will that improve its ability to become an experienced physician?

It's interesting. There are some thoughts that ChatGPT does well in exams like MCAT or LSAT because the examples are “textbook” examples - even if they're complex textbook examples. But if a person can learn to take a test, a machine can also learn to take a test. Where things get a lot more complicated is out in practice, in real life!

I was reading this week of ChatGPT failing a gastrointestinal self-assessment exam because it was lacking information that would have been found behind a paywall of a journal. Please comment.

That would not surprise me to hear. When GPT was trained, it was trained on much of the internet, but not all. As it wasn't developed to be an academically rigorous tool, I wouldn't be surprised if they didn't train it on information that wasn't widely accessible. It begs the question about newspaper paywalls as well.

Past COP Sessions

Are slides and/or archives of sessions available for future viewing?

Yes! Past sessions can be found here, along with slides and additional resources:
<https://www.dfcu.utoronto.ca/past-covid-19-community-practice-sessions>

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

- Is it true that estimates suggest there were between 177,000-245,000 COVID-19 infections this week in Ontario (May 21-26). One in 41 Ontarians? (Dr. Tara Moriarty U of T Faculty Lab Med reported this on Twitter and does monthly updates).
- When is it safe to be maskless indoors now?
- What about masking in elementary schools?
- What is effectiveness of the vaccine at three months and six months out against infection and severe disease?
- Are we still recommending COVID-19 vaccines for children under five? What are the recommendations for boosters for those with less than 3 doses?
- What are studies saying about repeated COVID-19 infections? Heightened risk of long COVID aside, are we seeing any other notable outcomes?
- Do you anticipate any changes to mandatory masking recommendations for LTC homes?
- Do you recommend mandatory masking in family physician offices and waiting rooms?
- I'm seeing significantly more patients with positive strep throat. Any data or explanation?
- The National Advisory Committee on Immunization recommendations appear to be based on risk of hospitalizations and deaths. However, there is no consideration of boosters to prevent post-acute COVID-19 syndrome, or to prevent the well-described significant increased risk for MI, VTE, DM, autoimmune disease, and renal failure, etc. in year following COVID-19. Comment?
- It takes a huge amount of data to train ChatGPT, and it seems to me there is copyright infringement as the software programs search all over the internet for data and use it without specific permission. I think there are concerns about original medical research being used without permission, and further erosion in trust of data.