October 21, 2022

1. ***Flu shots have arrived - Flu Clinics TBD***
2. ***Office updates: Online Appointment Booking***
3. ***Viral Infections 2022***
4. ***COVID updates: Bivalent boosters***

Dear Patients,

We hope this letter finds you well. Please take the time to review this newsletter carefully!

FLU SHOTS

We are pleased to report that **Generations has received our first partial shipment of flu shots** this week, including both Standard and High-Dose (seniors) flu shots. As in past years, the initial shipment is only a portion of the total number of shots we will require, so we are not yet “fully stocked”-- but we are ready to begin providing flu shots where appropriate, and are planning for our regular Flu Shot Clinics once again.

For the past two years we have put considerable time and effort into ensuring that our Flu Shot Clinics could still be run safely, while still ensuring appropriate physical distancing and infection control protocols; without a doubt, we will certainly be doing the same again this year.

Once our clinic is adequately stocked with vaccine supply, we will announce times/dates for Flu Shot Clinics in our office. Our expectation is that our Flu Clinics will likely occur in late October or (more likely) early November, as we have typically done in the past. In the interim, flu shots are once again also widely available at many pharmacies.

As our office is quite busy right now, we ask that at present patients do NOT schedule appointments for the primary purpose of getting a flu shot.

If you do receive a flu shot somewhere other than our office, we strongly encourage you to let us know so we can update your chart accordingly!

OFFICE UPDATES

As announced in our last email update, **Online Appointment Booking** (OAB) is now available at GFHC:

OAB: https://ocean.cognisantmd.com/online-booking/e888e030-3f51-4639-b421-0a0a6b1858f2

The OAB link is also available on our website (generations.ourmd.ca). Please note that not all appointment types are available through OAB, including same-day appointments. Should you have more urgent or time-sensitive concerns, or you simply prefer to speak to our staff when scheduling an appointment, it remains best to contact the office.

VIRAL INFECTIONS 2022

With cough & cold season already well under way, we thought it would be helpful to share some information and tips on ways to safely manage common respiratory infections and influenza-like illnesses at home.

Viral Infections:

- Common Cold or Flu: lasts 7-14 days
- Acute Pharyngitis (sore throat): lasts 3-7 days
- Acute bronchitis (chest cold): lasts 7-21 days
- Acute sinusitis (sinus infection): lasts 7-14 days
- COVID-19: lasts 5-14 days

When you have a viral infection you should:

- Rest as much as possible
- Drink plenty of fluids
- Wash your hands frequently and stay home
- Take over-the-counter medication such as acetaminophen (Tylenol) or ibuprofen (Advil) for fever, aches or sore throat

If you have access to a COVID-19 rapid test (RAT), please follow the instructions below to test yourself:

1. Insert the swab tip between inner cheek and lower gum and turn the swab a few times. Repeat on the other side.
2. Then, rub the swab tip on your tongue and as far back in your throat as is comfortable.
3. Tilt your head back and using the same swab, fully insert the swab straight back into your nose until you hit resistance. Rotate several times and let it sit for a few seconds. Repeat on the other side.
4. Remove and place swab into the test tube following the kit instructions.

*If you have COVID-19 and are 70 or older or are immunocompromised please call our office within the first few days of symptoms to discuss possible treatment with Paxlovid.

Antibiotics are not effective in treating viral infections. Antibiotics can cause side effects (e.g. diarrhea, yeast infections) and may cause harms such as severe diarrhea, allergic reactions, kidney or liver injury.

Please contact our office for an appointment if:

- Symptoms are not improving in the above expected time or worsening at any time
- You have a child with a fever for 4 or more days, or at any time with a child 6 months or younger
- You have emphysema or chronic bronchitis, asthma or other underlying medical issues that put you more at risk

At any time if you are having shortness of breath or chest pain, you should go to your nearest Emergency Room.

We encourage everyone to make sure they are up to date with their COVID-19 boosters and to get the flu shot when available.

*** With thanks to Dr. Jodi Sonshine and our colleagues at the NYGH Department of Community & Family Medicine*

COVID UPDATES

The following was recently provided to health care providers by Toronto Public Health (Oct. 14, 2022). It provides an excellent overview of the current COVID-19 situation and an approach to thinking about the currently available COVID booster shots.

ASK AN EXPERT: What advice should health care providers be giving patients about COVID-19 boosters?

TPH is pleased to have Dr. Allison McGeer share her knowledge in answering this question.
Dr. Allison McGeer is a Microbiologist & Infectious Disease Consultant Sinai Health System. She is also the Principal Investigator of The Toronto Invasive Bacterial Diseases Network, and a Professor of Laboratory Medicine at the University of Toronto.

What is happening to COVID-19 activity now?

For the 6-8 weeks until the first week of October, cases, hospitalizations and deaths have been holding steady or declining slightly.[1] There are, however, two important caveats to being complacent about this. The first is that, if nothing changes, about 2600 Ontarians will die of COVID-19 in the next 12 months,[1] a death rate about twice that of regular influenza season,[2] and making COVID-19 the 7th leading cause of death.[3] While there is no question this is a major improvement in the pandemic (COVID-19 was the third leading cause of death in Canada in 2020 despite the lockdowns), there is still very good reason to continue to advocate strongly for booster doses of vaccine, our most effective way to mitigate this on-going impact. The second is that, as expected with colder weather, return to work and school, waning immunity from previous infection and vaccine doses, and low booster uptake to date, the waste-water signals may be starting to increase in Ontario,[4] and this week, outbreaks in long-term care in Toronto have increased.[5] Increasing hospitalizations are being seen across many jurisdictions in North America and Northern Europe.[6] While we can reasonably hope that the wave will not be too large, it appears likely that another wave of activity is starting. Getting booster doses of vaccine into arms now will prevent a significant amount of serious illness and death.[7]

Who should be getting boosters?

NACI recommends that anyone who is 65 years of age and over, or is 12-64 years old and has a underlying chronic condition or situation predisposing to severe COVID-19 should get a booster dose this fall.[8] Children aged 5 years and under are not recommended for a booster. For everyone else – including most 12-64 year olds, a booster dose is a choice - similar to the choice about getting an influenza vaccine. For these children and adults, the risk of hospitalization and death is present, but now very low. So the decision about getting the vaccine is about balancing the risks of COVID-19 against the risk associated with vaccines. Thinking about the risk of COVID-19 includes assessing the risk of infection or re-infection (for instance, regular or anticipated exposure to international travel, which substantially increases the risk of exposure; or work in healthcare or a service industry that requires exposure to many people in indoor environments), the consequences of infection (if you need to take 3-5 days off for illness, how much does this matter?), and the risk that you might expose others who are more vulnerable (e.g. older family members, colleagues or friends with immunocompromising conditions or cancer). Balanced against these risks of COVID-19, are the time it takes to get a vaccine, and the short term "reactogenicity" – the fever and feeling unwell for a few days that may accompany vaccination.

Which booster should people get?

Two bivalent (meaning, containing 2 different strains of SARS-CoV-2) boosters are now authorized and available in Canada: a Moderna vaccine that has the original strain and a BA.1/2 strain, and a Pfizer vaccine that has the original strain and a BA.4/5 strain.[8] As most infections are now due to BA.4 or BA.5 strains, there is a tendency to think that the Pfizer bivalent vaccine is preferred. In fact, however, the evidence is that there is very little difference in the protection against COVID-19 afforded by these two vaccines. Moderna has a higher concentration of antigen than Pfizer, and is a significantly more efficacious vaccine than Pfizer.[9-11] Thus, the Moderna BA1.2 vaccine is likely to be as or almost as efficacious against BA4.5 as the lower concentration Pfizer vaccine. The data we have so far suggests that any difference in vaccine efficacy against severe disease would be less than 1% and any difference between any symptomatic infection would be less than 5% (e.g. 65% vs. 60%).[12] In the slightly longer term, we don't know what new variant is going to dominate. If it is a BA.4/5 variant then the BA.4/5 variant vaccines may be marginally better; if it is a BA/1.2 then the BA.1/2 variant vaccines may be marginally better; if it is a recombinant virus, they may be equally effective. NACI recommends that anyone getting a booster this fall should get one of these bivalent vaccines.[8]

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