



**Healthcare Provider Webinar**  
Middlesex and London Region  
September 6, 2022

# Welcome

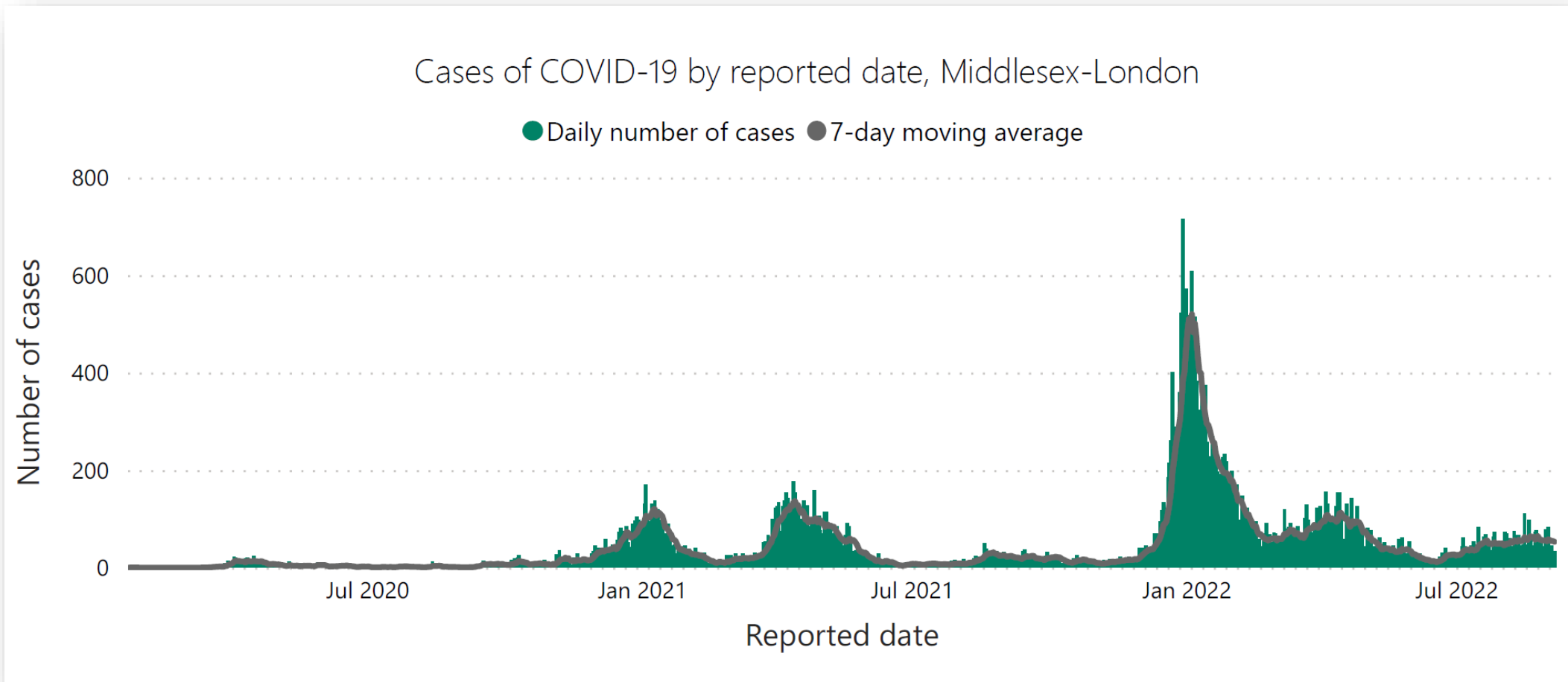
Presenter:

**Dr. Alex Summers**

Medical Officer of Health  
Middlesex-London Health Unit

 @alexsummers4

# Cases by Reported Date



**Data source:** Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution (CCM)*, extracted 2022-09-06. Data current as of the end of day 2022-09-05.

# Aconitine Poisoning

- On Sunday, August 28<sup>th</sup>, 11 people required emergency medical care in York Region after consuming a chicken meal that was seasoned with a sand ginger product contaminated with aconite (Mr. Right brand Keampferia Galanga Powder).
  - 5 people were admitted to ICU
- Aconite is a plant (aka monkshood, wolf's bane, aconitum) who's roots are used in traditional Chinese medicine & must be processed prior to use to neutralize the toxin.
- **Symptoms can include (onset can be within minutes to an hour):**
  - Numbness/tingling in face, extremities
  - Diarrhea, abdominal pain
  - Nausea/vomiting
  - Headache
  - Arrhythmia & heart related complications
- Please be aware of patients who may present with these symptoms consistent with aconitine poisoning.

# Aconitine Poisoning

- If an individual presents with these signs/symptoms:
  - Take a thorough food history in your clinical assessments specifically inquiring about spice consumption
  - Collect blood and urine samples should clinical presentation and clinical history be consistent with this toxidrome
  - Notify the Health Unit for further investigation
  - Contact Poison Control for toxicological assessment and exposure management at: **1-800-268-9017**
- **An alert will be sent later today with this information**

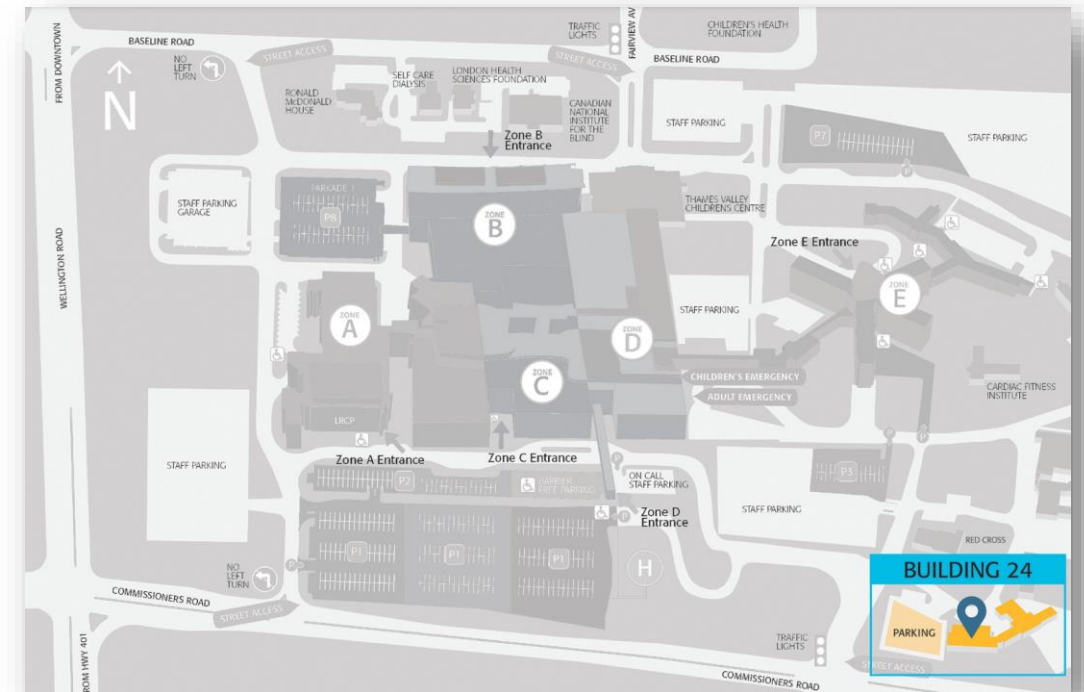
# Additional Healthcare Provider Webinar being held Tuesday, September 20<sup>th</sup>

- Considering anticipated challenges and COVID-19 vaccination efforts, we will be increasing the frequency of our Healthcare Provider webinars from monthly to **bi-weekly**, starting today.
- The next HCP webinar will be on Tuesday, September 20<sup>th</sup>
- We've appreciated the support and engagement you've provided through our webinars, and we look forward to your continued participation!



# COVID-19 Clinical Assessment Centre moved to Victoria Hospital

- As of Monday, August 22<sup>nd</sup>, the COVID-19 Clinical Assessment Centre moved from Carling Heights Optimist Community Centre to Victoria Hospital
  - Building 24, open seven days a week from 9:20am- 6:40pm
- Appointments must be booked online at: <https://covidtestinglm.ca/>



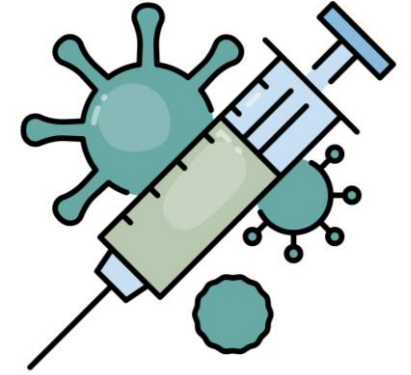
# COVID-19 Vaccine booster doses now available for children five to 11 years old

- It is recommended that children in this age group receive their booster dose six months after they completed their primary two-dose series.
- However, it may be administered as early as three months from their second dose.
- MLHU will have it available at various locations.
- **Families are encouraged to book an appointment online.**

BOOSTER  
DOSES  
Available!



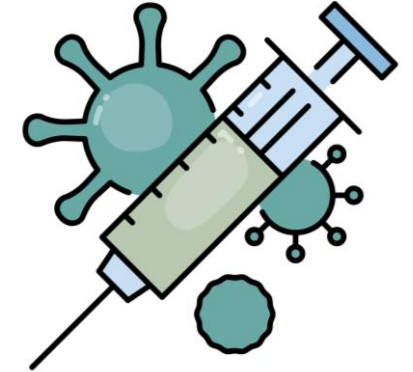
## Health Canada Approves Bivalent Vaccine



On September 1, 2022 Health Canada approved Moderna's bivalent vaccine: Moderna Spikevax<sup>®</sup> Bivalent COVID-19 vaccine (Original and Omicron B.1.1.529 (BA.1))

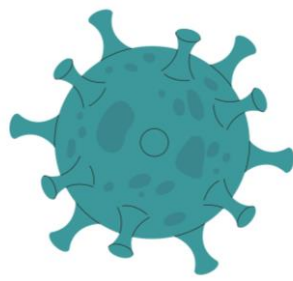
Officially approved as a booster dose in individuals aged 18 years and older.

Timeline for the distribution of the bivalent vaccine in Ontario is imminent. Eligibility will likely be limited to the most vulnerable to start, such as LTCH/RHs and older individuals.



## NACI's recommendations

- All older adults (65 years of age and older), and also individuals 12 to 64 years of age who are at increased risk of severe illness, **should** be offered a fall COVID-19 vaccine booster dose regardless of the number of booster doses previously received.
- All other individuals 12 to 64 years of age **may** also be offered a fall COVID-19 vaccine booster dose regardless of the number of booster doses previously received.
- For adults 18 years of age and older who are recommended to receive a fall booster dose, NACI recommends that the authorized dose of a bivalent Omicron-containing mRNA COVID-19 vaccine should be offered.
- For adolescents 12-17 years of age with moderately to severely immunocompromising conditions and/or who have biological or social risk factors that place them at high risk of severe outcomes from COVID-19, NACI recommends that the authorized dose of a bivalent Omicron-containing mRNA COVID-19 vaccine may be offered off-label.



# Updated COVID-19 Guidance

- **Stay home when you are sick**, until you have no fever and your symptoms are improving for at least 24 hours (or 48 hours if you have gastro-intestinal symptoms).
  - The minimum 5-day isolation period no longer applies.
- After isolating, **wear a mask** when out in public for 10 days from when your symptoms started.
  - Follow this advice whether you have tested for COVID-19 or not, and whether your test is positive or not.
- **Immunocompromised individuals are still recommended to isolate for 10 days** from symptom-onset or positive test date.

# Updated COVID-19 Guidance

- **Individuals who test positive but are asymptomatic** no longer have to isolate but **should mask and avoid vulnerable individuals and settings for 10 days** from test date.
- **Close contacts who remain asymptomatic** no longer have **quarantine recommendations** based on vaccination status. They are **advised to mask and avoid vulnerable individuals and highest risk settings for 10 days** from last exposure.

# Monkeypox Vaccine Eligibility Updates

As per the  
Ministry's  
*Monkeypox  
Vaccine  
(Imvamune®)  
Guidance for  
Health Care  
Providers*  
document, **PrEP**  
eligibility criteria  
now includes:

- a) Two-spirited, non-binary, trans- or cis-gender individuals who self-identify or have sexual partners who self-identify as belonging to the gay, bisexual and other men who have sex with men (gbMSM) community AND at least one of the following:
  - Have received a diagnosis of bacterial STI (i.e., chlamydia, gonorrhea, syphilis) in the past 2 months;
  - Have had 2 or more sexual partners recently or may be planning to;
  - Have attended venues for sexual contact (i.e., bath houses, sex clubs) recently or may be planning to, or who work/volunteer in these settings; or
  - Have had anonymous sex (e.g., using hookup apps) recently or may be planning to; and/or
  - Are a sexual contact of an individual who engages in sex work.
- ★ b) Any individual who engages in sex work or may be planning to.
- ★ Household and/or sexual contacts of those identified for PrEP eligibility in parts (a) and (b) above AND are moderately to severely immunocompromised (see Appendix A) or pregnant may be at higher risk for severe illness from a monkeypox infection may be considered for PrEP and should contact their healthcare provider (or their local public health unit) for more information. Also see relevant sections under ["Special Populations"](#) for additional considerations.

# HIV Pre-Exposure Prophylaxis (PrEP)

Dr. Rochelle Johnstone

# Objectives

- What is PrEP?
- Why prescribe PrEP?
- Who should be offered PrEP?
- Who can prescribe PrEP?
- What screening is needed at initiation?
- What follow up is needed?
- Question time and Resources

# What is PrEP?

- Pre-Exposure Prophylaxis for HIV
  - Contrast with post-exposure prophylaxis or treatment-as-prophylaxis
- Anti-retroviral treatment with medication less intense than required to treat HIV infection
- In Canada, two regimens available (3 in the US)
  - All three described here, but only one recommended!

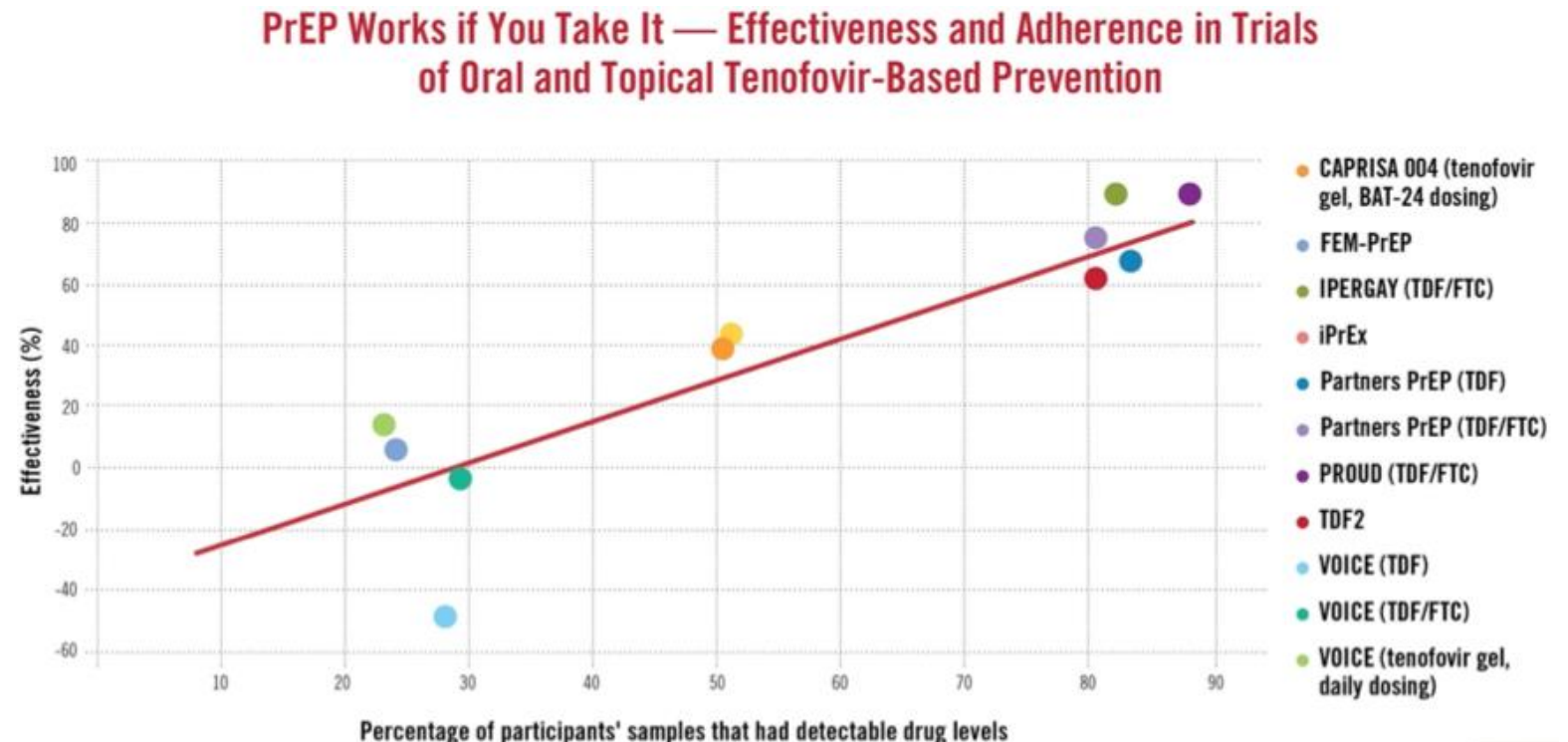


# PrEP medications

- Recommended:
  - Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC)  
300 mg/200 mg (Truvada) – available as generic equivalent
  - On label indication for once daily administration
  - Sometimes prescribed off-label “on demand” PrEP for men or transgender women who have sex with men (MSM/TWSM)
- Also available:
  - Tenofovir alafenamide/emtricitabine (TAF/FTC)  
25 mg/200 mg (Descovy)
  - Not approved for patients assigned female at birth – insufficient evidence for protection for receptive vaginal intercourse
- Available in the US but not in Canada
  - Cabotegravir injected q. 8 weeks

# Why PrEP?

- Highly effective in preventing HIV acquisition
  - Proven in many large studies in multiple continents
  - Efficacy most strongly correlates with **adherence**
- Low side effect burden



# PrEP for whom?

- Primarily gay, bisexual, and other men who have sex with men (MSM) or transgender women who have sex with men (TWSM) who have **condomless anal sex** outside of a stable closed relationship with an HIV-negative partner
- Also indicated for:
  - The **HIV-negative partner** in a heterosexual relationship with a person living with HIV who has a (high) risk of transmissible HIV (high or non-negligible likelihood of unsuppressed viral load)
  - **People who inject drugs** who share paraphernalia with a person with a non-negligible risk of HIV (i.e. essentially any PWID who share paraphernalia)

# PrEP for whom?

- Independent indications for MSM/TWSM to be on PrEP:
  - New diagnosis of syphilis
  - New diagnosis of rectal STI (chlamydia/gonorrhea)
  - Use of post-exposure prophylaxis more than once
  - Known HIV+ partner with unreliable HIV viral suppression
- Not validated, but correlated with risk, good reasons to start the conversation:
  - 6 or more male partners in last 6 months
  - Use of stimulants (cocaine, meth, amyl nitrate “poppers”)
  - Known HIV+ partner with unknown HIV viral suppression

# PrEP for whom?

- MSM/TWSM who ask for PrEP
- Reasonable to consider **anyone** who asks for PrEP
  - Discuss their risk factors, their own risk assessment
- Reasonable to consider anyone with risky sexual behaviour
  - Diagnosis with multiple STIs
  - Concerns regarding sexual violence

# Who can prescribe PrEP?

- **Any** physician or nurse practitioner with a prescribing license can prescribe PrEP
  - No requirement for Facilitated Access to HIV/AIDS Drug Products for drug coverage
  - Does **not** need to be an Infectious Diseases physician
- So long as they are “informed and current regarding indication in the monograph”
  - Thank you for joining this information session
  - If concerned about edge cases, can always refer to STI clinic or to Infectious Diseases physician

# Prescribing PrEP

- Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) 300 mg/200 mg (**Truvada** or generic equivalent)
  - Some risk of bone and renal toxicity
  - Generally reversible at discontinuation
  - Need eGFR >60
- TAF/FTC (Descovy) available down to eGFR>30, but:
  - Not approved for patients assigned female at birth
  - \$\$\$ (~\$1,000/month if no private insurance)

# Starting PrEP: Screening

- Most important – patient **MUST** be **HIV negative**
- Patients placed on PrEP when HIV positive can develop resistance to multiple drugs, making later treatment challenging
- At time of enrollment, take sexual history, screen for signs and symptoms of acute HIV
  - Fever, weight loss, fatigue, rash, lymphadenopathy, headache, myalgias...
  - Essentially a viral, 'mono-like' illness



# Starting PrEP: Screening

- If signs/symptoms concerning for acute HIV:
  - HIV test and HIV **viral load** immediately
  - Don't start PrEP until **both** return negative
- All others:
  - Get HIV testing (4<sup>th</sup> generation antigen-antibody test)
    - This visit and again in about 2-4 weeks (routine 30 day follow up visit)
  - Can start PrEP same day
- Acute HIV: 'viral illness,' including some (or none) of: fever, fatigue, weight loss, rash, lymphadenopathy, headache, pharyngitis, myalgias, arthralgias, aseptic meningitis, oral ulcers, leukopenia

# Starting PrEP: Screening

- Hepatitis A antibody, Hep B screen (surface antigen/antibody, core antibody), Hep C antibody
  - Gonorrhea and chlamydia three-site screening with NAAT (urine, throat, rectum)
  - Syphilis serology
  - CBC, creatinine, urinalysis
- 
- If HepB or HepC positive – refer for management
  - If Hep A or HepB non-immune – vaccinate!

# PrEP Follow Up – 30 days

- HIV test (4<sup>th</sup> generation antigen-antibody)
- Creatinine
- Office visit – PrEP adherence, use of other HIV/STI prevention strategies, management of comorbidities, treatment of STIs as needed
- If HIV test positive – connect ASAP with ID physician to start full treatment ART (ensure good contact info)

# PrEP Follow Up – q. 3 month

- HIV test (4<sup>th</sup> generation antigen-antibody)
- Gonorrhea and chlamydia three-site NAAT screening
- Syphilis serology
- Creatinine
  - \*US guidelines say annually if <50 years old or CrCl  $\geq$  90 mL/min at first visit, q. 6 months if older/worse renal function
- Office visit – PrEP adherence, use of other HIV/STI prevention strategies, management of comorbidities, treatment of STIs as needed

# PrEP Follow Up – Annually

- 3 month visit (HIV test, G&C 3-site screening, syphilis, creatinine) plus:
  - Hepatitis B screen (surface antigen, surface antibody, core antibody)
  - Hepatitis C antibody
- Office visit – PrEP indication and adherence, use of other HIV/STI prevention strategies, management of comorbidities, treatment of STIs as needed

# Resources

- Canadian Guideline on HIV Pre-Exposure Prophylaxis  
<https://www.cmaj.ca/content/189/47/E1448>
- CATIE – excellent information for providers and patients  
<https://www.catie.ca/prevention-prevention-methods/hiv-pre-exposure-prophylaxis-prep>
- If you have patients who could benefit from PrEP but are unable to provide, please refer:
  - The STI Clinic at Middlesex-London Health Unit:  
<https://www.healthunit.com/sexually-transmitted-infection-clinic>
  - 519-663-5317

# Questions?

- Ask using chat function now, or after the webinar at:  
[healthcareproviders@mlhu.on.ca](mailto:healthcareproviders@mlhu.on.ca)
- For urgent matters please call the Health Unit's  
main line at **519-663-5317**
- Questions regarding STI screening and treatment,  
including PrEP, call the Health Unit and ask for the  
STI clinic.
- For more information  
[www.healthunit.com/healthcare-providers](http://www.healthunit.com/healthcare-providers)

