



COVID-19 Healthcare Provider Briefing
Middlesex and London Region
April 5, 2022

Welcome

Presenter:

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Middlesex-London Health Unit

 @alexsummers4

Surveillance Report

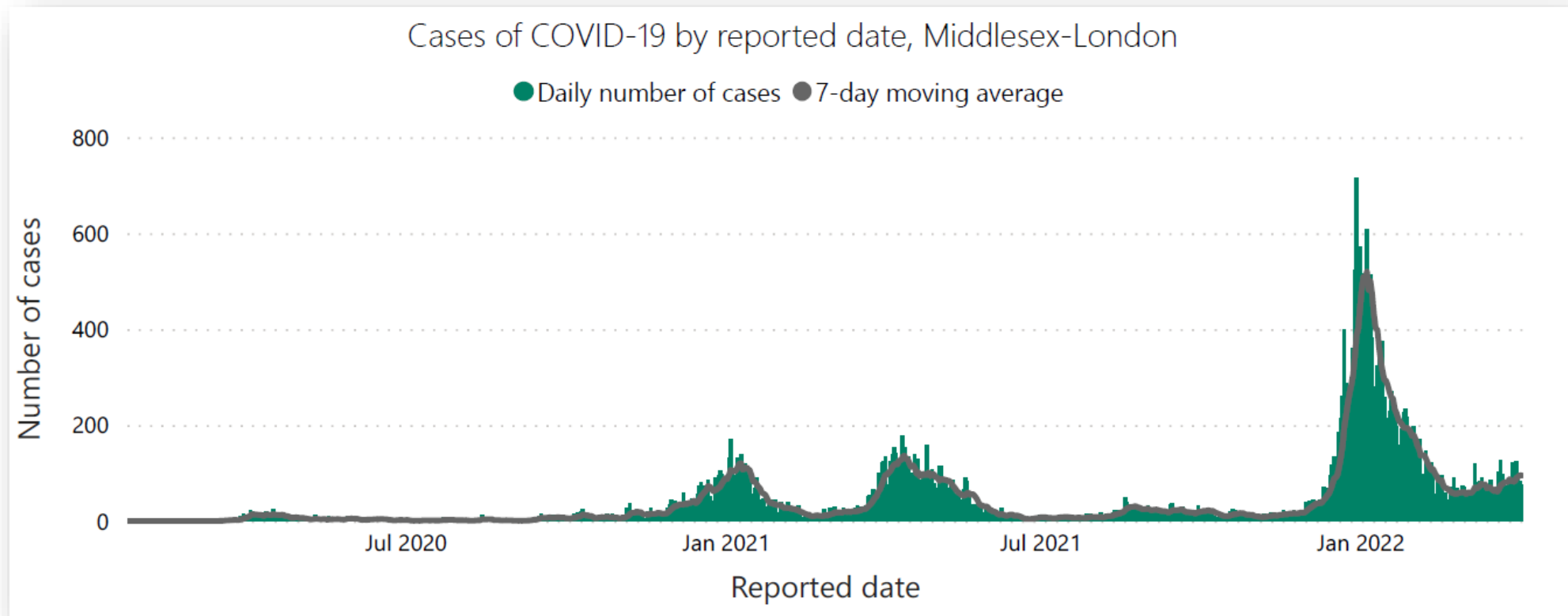
As of April 4th:

- Worldwide:
 - Over 480.1 million COVID-19 cases and over 6 million deaths have been reported
 - Over 11 billion vaccine doses administered worldwide
- In Ontario:
 - 1.15 million cases of this illness confirmed, including 12,405 deaths
- Locally:

| | | |
|---------------------------------|------------------------------|-------------------------------|
| 34,493 | 75 | 1 |
| Total number of confirmed cases | New cases since previous day | New deaths since previous day |
| 364 | 895 | 33,234 |
| Total deaths | Total active cases | Total resolved cases |

Data source: Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution (CCM)*, extracted 2022-04-05. Data current as of the end of day 2022-04-04.

Cases by Reported Date



Data source: Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution* (CCM), extracted 2022-04-05. Data current as of the end of day 2022-04-04.

Canadian Public Health Week 2022

- This year marks Canada's first-ever '*Public Health Week*' running April 4th to 8th, 2022.
- The pandemic has made public health more visible and its efforts more appreciated.
- Canadian Public Health Week is a time to recognize the contributions of public health and highlight issues that are important to improving the health and well-being of our communities.

Canadian Public Health Week 2022

- This year's Inaugural *Canadian Public Health Week*'s theme is: **Public Health Matters.**
- This week will feature a series of free webinars focusing on the following topics:
 - 1) Our Planet, Our Health, Our Public Health Responsibility
 - 2) The Impact of COVID-19 On Public Health: Comparing experiences and sharing recommendations for the future
 - 3) Advocacy for Income as a Social Determinant of Health: Lessons learned from the Basic Income and Decent Work Movements
- **You can register to participate in these free webinars here:**
<https://cpha.ca/cphw>

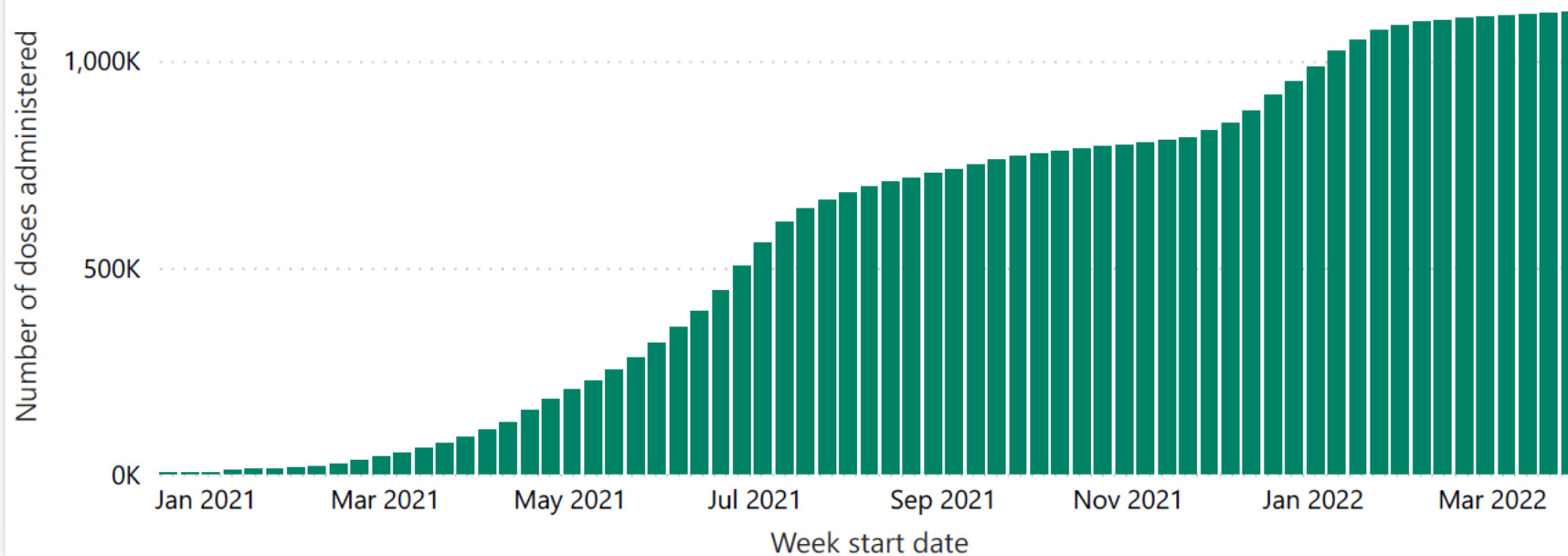
COVID-19 Vaccine Update

Total doses administered in the Middlesex-London region

1,118,428

As of end of day April 2, 2022

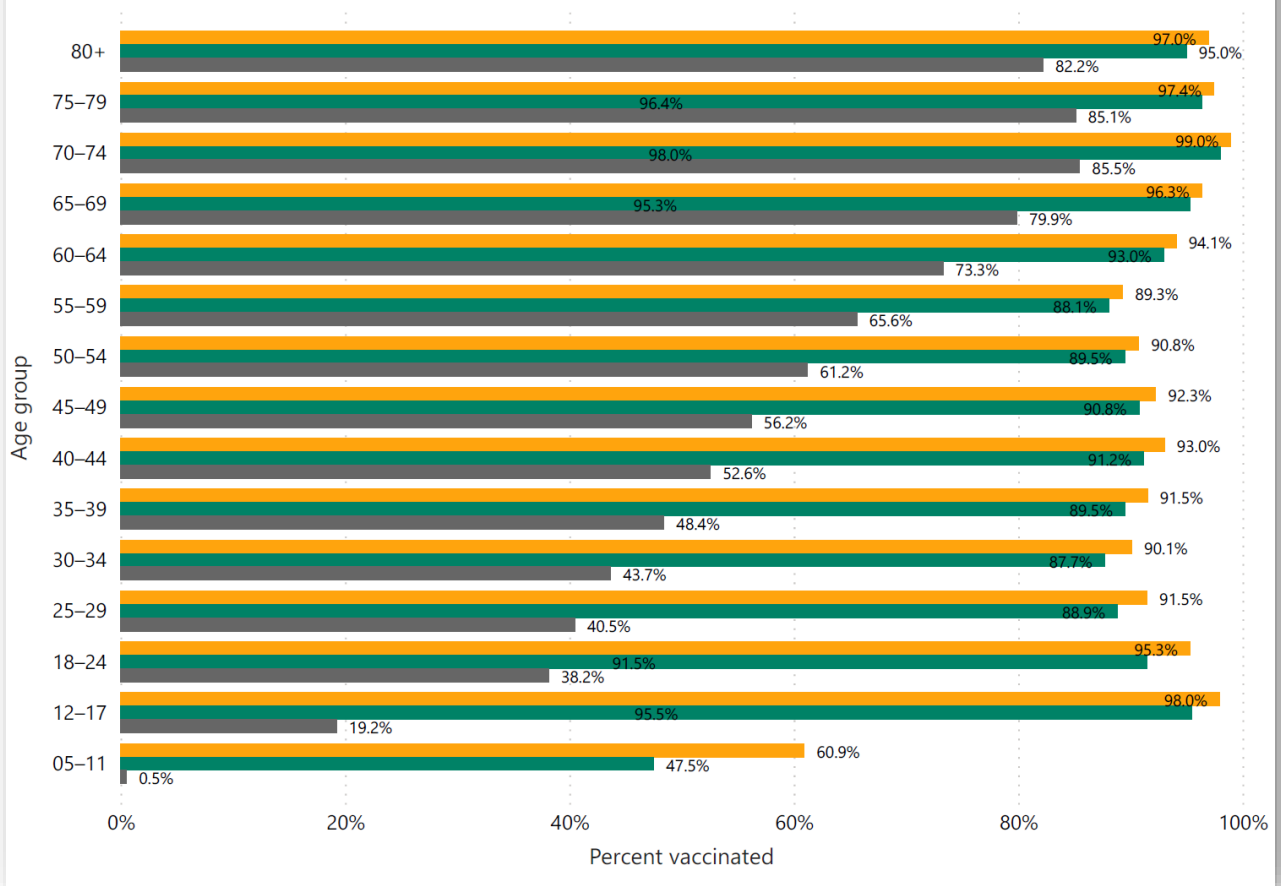
Cumulative doses administered in the MLHU region by week



COVID-19 Vaccine Coverage by age group

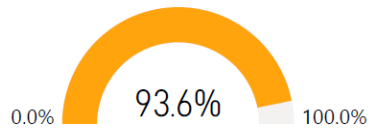
Percent of MLHU residents vaccinated by age group

● At least one dose ● Complete primary series ● Dose 3

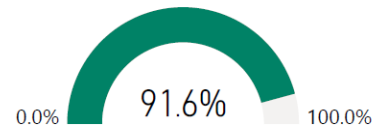


Overall status as of end of day April 2, 2022

MLHU population age 12 and older who have received at least 1 dose



MLHU population age 12 and older who have a complete primary series



Ministry of Health COVID-19 Vaccine Update

- The Ministry has come out with new guidance around [Staying Up to Date with COVID-19 Vaccines: Recommended Doses](#)
- This document is now available on the ministry website and replaces the document *COVID-19 Fully Vaccinated Status in Ontario*.
- In summary, this reflects a shift from using the term 'fully vaccinated' to using the term 'up to date'.
- ***Up to date*** means that a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible.

MLHU Re-opening White Oaks Mall Vaccination Clinic

- After hosting a successful clinic at White Oaks Mall in September 2021, MLHU is set to re-open its walk-in COVID-19 vaccination clinic
- Re-opening the clinic at White Oaks Mall aligns with the Health Unit's strategy of offering the vaccine in easy and convenient ways that reduce barriers for people
- Set up next to Tim Hortons (near food court) and will be open Thursdays through Saturdays from 1pm-7pm, starting Thursday April 7th
- Currently scheduled to operate until Saturday, April 30th

Prescribing Paxlovid: Information for Healthcare Providers

- The Carling Assessment Centre has been seeing an increase in clients seeking treatment for COVID-19 and have been maxing out daily appointments
- Healthcare providers **can prescribe Paxlovid to eligible patients**
 - Confirmed COVID-19 positive patient within three days of symptom onset who meets eligibility criteria can be prescribed treatment
- Eligibility criteria includes immunocompromised status, age, vaccination status and risk factors (all listed on Paxlovid prescription form)
- Paxlovid Prescription form is available online (link below), as well as through this week's newsletter
- Referrals can be made to Carling if unable to do PCR testing in-office and can't see the patient in a timely manner
- For more information, please visit: <https://covidtestinglm.ca/for-providers/>

Alert: Update to Ontario Science Table: *Therapeutic Management of Adult Patients with COVID-19*

- Update to link shared in today's newsletter, under the *Prescribing Paxlovid* section
 - Changes from the February 2022 version, recently updated April 1st
- We will send out an alert today with the updated link for the OST Guidance- stay tuned!
- Available at: <https://covid19-sciencetable.ca>

Ontario COVID-19 Drugs and Biologics Clinical Practice Guidelines Working Group Therapeutic Management of Adult Patients with COVID-19

Recommendations apply to patients >18 years of age. Recommendations are based on the best available data and may change as additional data becomes available. Science Briefs can be found on the [Ontario COVID-19 Science Advisory Table](https://covid19-sciencetable.ca) website.



| SEVERITY OF ILLNESS | RECOMMENDATIONS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Critically Ill Patients Patients requiring ventilatory and/or circulatory support, including high-flow nasal oxygen, non-invasive ventilation, invasive mechanical ventilation, or ECMO | <ul style="list-style-type: none"> ● Dexamethasone 6 mg PO/IV daily for 10 days (or until discharge if sooner) is recommended. ● Tocilizumab is recommended for patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) AND are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if the infection was nosocomially acquired). ● Baricitinib 4 mg PO/NG daily for 14 days (or until discharge if sooner) is recommended in patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence. ▲ Dexamethasone 12 mg PO/IV daily for 10 days (or until discharge if sooner) may be considered in patients who are unable to receive IL-6 inhibitors (tocilizumab, sarilumab) or baricitinib. This recommendation is based on very low certainty evidence of reduction in days alive without life support, and the need for inpatient treatment options with a reasonable safety profile during an anticipated spike in COVID-19 cases due to the Omicron variant and widespread shortages of IL-6 inhibitors and baricitinib. <div> RECOMMENDATIONS FOR DRUG SHORTAGE SITUATIONS <ul style="list-style-type: none"> ● In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient. </div> |
| Moderately Ill Patients Patients newly requiring low-flow supplemental oxygen | <ul style="list-style-type: none"> ● Dexamethasone 6 mg PO/IV daily for 10 days (or until discharge if sooner) is recommended. ▲ If patients are discharged with home-based oxygen therapy, dexamethasone 6 mg PO daily until oxygen is no longer required (for a maximum of 10 days) may be considered. ● Remdesivir 200 mg IV on day 1, then 100 mg IV daily for 4 days is recommended. ▲ Therapeutic dose anticoagulation may be considered over prophylactic dose anticoagulation in patients who are felt to be at low risk of bleeding. ● All other patients should receive prophylactic dose anticoagulation. ■ SARS-CoV-2 neutralizing antibodies are not recommended. ■ Nirmatrelvir/ritonavir (Paxlovid) is not recommended. |
| Mildly Ill Patients | <ul style="list-style-type: none"> ● Dexamethasone 6 mg PO/IV daily for 10 days (or until discharge if sooner) is recommended. ▲ These patients should not receive therapeutic dose anticoagulation unless they have a separate indication for this treatment. ■ Remdesivir is not recommended for patients receiving mechanical ventilation. ▲ Remdesivir 200 mg IV on day 1, then 100 mg IV daily for 4 days may be considered in patients requiring high-flow oxygen (i.e., oxygen by mask, oxygen by high-flow nasal cannula, or non-invasive mechanical ventilation). ■ SARS-CoV-2 neutralizing antibodies are not recommended. ■ Nirmatrelvir/ritonavir (Paxlovid) is not recommended. ■ Bacterial co-infection is uncommon in COVID-19 pneumonia at presentation. Do not add empiric antibiotics for bacterial pneumonia unless bacterial infection is strongly suspected. Continue empiric antibiotics for no more than 5 days, and de-escalate on the basis of microbiology results and clinical judgment. <div> RECOMMENDATIONS FOR DRUG SHORTAGE SITUATIONS <ul style="list-style-type: none"> ● In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient. ● Baricitinib 4 mg PO/NG daily for 14 days (or until discharge if sooner) is recommended in patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence. </div> |

CURRENTLY NOT RECOMMENDED*

There is insufficient evidence to support the use of the following therapies in the treatment of COVID-19 outside of clinical trials or where other indications would justify its use:

- ◆ Colchicine
- ◆ Interferon (with or without lopinavir-ritonavir and ribavirin)
- ◆ Vitamin D

RECOMMENDED AGAINST*

The following therapies are not recommended for treatment of COVID-19 due to lack of benefit, potential harm, and system implications of overuse:

- Antibiotics (azithromycin)
- Casirivimab-imdevimab due to lack of neutralizing activity against the Omicron variant
- Hydroxychloroquine or chloroquine
- Ivermectin
- Lopinavir/ritonavir
- Sotrovimab due to reduced neutralizing activity against Omicron BA.2 subvariant

* Applies to patients with any severity of illness

► Go to page 2 for recommendations in mildly ill patients

Questions?

- Ask using chat function now, or after the webinar at:
healthcareproviders@mlhu.on.ca
- For urgent matters please call the Health Unit's
main line at 519-663-5317
- For more information
www.healthunit.com/healthcare-providers

