



Clinical Updates for Family Physicians: Fall 2024

New and updated prevention programs are in place to address seasonal respiratory and other illnesses affecting Ontarians. The following summary highlights the key changes and provides links to tools and in-depth resources for family physicians.

OCTOBER 22, 2024

Key Highlights and Changes

Respiratory Syncytial Virus (RSV)

- The infant RSV prevention program has expanded to all infants (previously was solely for high-risk infants) and has transitioned from Synagis® to Beyfortus® – both are preventive antibody medications.
- Eligible infants and where they will be immunized:
 - ✓ Born in 2024 prior to the RSV season; offered in primary care and local public health units.
 - ✓ Born during the 2024-25 RSV season (typically late October to the end of March); offered soon after birth (before hospital discharge) or if born outside of hospital, offered in primary care or local public health units.
 - ✓ Infants older than above (up to 24 months of age) who are at high risk from RSV disease; offered in primary care and hospital clinics.
- Beyfortus® is highly effective and is the first-line product recommended by NACI for preventing serious RSV infection in children. The Abrysvo™ vaccine may be offered to any pregnant patient who, after discussion, declines Beyfortus® for their baby.
- Older adults for the publicly funded program (aged 60+ and high risk) include retirement home residents. Eligible older adults may receive the Abrysvo™ or Arexvy vaccine.

More Information:

- [OCFP summary of Ontario's RSV prevention program](#)
- [RSV resources](#) (Centre for Effective Practice)
- [Older Adult High-Risk Respiratory Syncytial Virus \(RSV\) Vaccine Program Fact Sheet – Vaccine Recipients](#) (MOH, August 2024)
- [Provider factsheet: Protecting Infants and High-Risk Children during RSV Season](#) (Provincial Council for Maternal and Child Health, 2024)



Key Highlights and Changes

COVID-19

- Vaccine for fall includes the KP.2 formulation and replaces the XBB vaccines. XBB vaccines were withdrawn on Sept. 1, 2024. The Novavax vaccine may not be available in Ontario this season due to supply issues.
- Updated COVID-19 vaccines available starting in October, first for priority and high-risk groups, then to the general public.
- Testing is intended for individuals who would be eligible for treatment, i.e., at high risk for severe outcomes from COVID-19 infection (65 years of age or older; 18 years of age or older and immunocompromised); living in certain high-risk or congregate settings; belonging to certain high-risk populations.
 - ✓ Continue to order RATs via the PPE Supply Portal (must be registered for the Provincial Antigen Testing Program).
 - ✓ Continue to request PCR testing as needed for eligible patients using the PHO requisition form.
 - ✓ Patients may also access testing via participating pharmacies and local public health units – find COVID-19 testing locations here.
- Treatment with Paxlovid (first-line therapy when safe and feasible) or remdesivir should be considered for patients who have symptoms, test positive for COVID-19, are age 65 years or older and/or at high risk for more severe COVID-19 outcomes, and meet the clinical criteria as specified on the Ontario Drug Benefit Formulary. A patient with a prescription may obtain Paxlovid from an Ontario pharmacy. Remdesivir is administered intravenously through Ontario Health atHome and in certain other settings.

More Information:

- OCFP – COVID-19 Summary Information for Family Physicians, October 2024
- Ontario COVID-19 testing locations
- COVID-19 vaccine – pharmacy locator
- Ontario Health – COVID-19 clinical guidance webpage
- Ontario Health – Access to Antiviral Therapy for COVID-19 in the Community, July 2024

Invasive Pneumococcal Disease

- Pneu-C-15 (Vaxneuvance®) and Pneu-C-20
- No changes to eligibility and dosing schedule; individuals with completed vaccine series are not part of the product transition.

More Information:

- OCFP summary of vaccines with timing and age cohorts, August 2024

Key Highlights and Changes

Influenza

- Any age-appropriate quadrivalent or trivalent influenza vaccine should be used for individuals six months of age and older who do not have contraindications or precautions.
- For children, no preference for quadrivalent over trivalent flu vaccine formulations (new NACI recommendation).
- Children six months to nine years old who have not received a seasonal flu vaccine previously should receive two doses, at least four weeks apart.
- Adults aged 65+ should get an enhanced flu vaccine, either high-dose or adjuvanted — they are considered equivalent in the most recent NACI recommendations. If not available, offer any of the available age-appropriate influenza vaccines.

More Information:

- [2024-25 Universal Influenza Immunization Program \(MOH\)](#)
- [Health Care Provider Fact Sheet: Influenza Immunization for Individuals 6 months to 64 years of age \(MOH, September 2024\)](#)
- [Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age \(MOH, September 2024\)](#)
- [Antiviral Medications for Seasonal Influenza in 2024-25: Public Health Considerations \(PHO, September 2024\)](#)

Pertussis

- Tdap doses at:
 - ✓ Two, four and six months
 - ✓ Four years and 14 years
 - ✓ One dose during **every** pregnancy, ideally between 27-32 weeks of gestation

More Information:

- DFCM-OCFP Community of Practice: [Preparing for Fall and Practice Management, September 6, 2024 \(starts at 36:34\)](#)
- DFCM-OCFP Community of Practice: [Managing Respiratory Illness in Kids & COPD, September 20, 2024 \(starts at 46:47\)](#)
- [Publicly Funded Immunization Schedules for Ontario, June 2022](#)

Key Highlights and Changes

Mpox

- As prophylaxis, Imvamune® vaccine is available to eligible groups: two doses given 28 days apart provide the best protection; booster doses are not currently recommended.
- As a post-exposure vaccination, one dose as soon as possible, preferably within four days of last exposure, but can be considered up to 14 days from last exposure — NACI recommendation is for “individuals who have had high-risk exposure(s) to a probable or confirmed case of mpox, or within a setting where transmission is happening, if they have not received both doses of the pre-exposure vaccination.” If eligible, patients should get Imvamune® whether or not they received a smallpox vaccine.
- Antiviral Tecovirimat (TPoxx®) may be requested for eligible patients based on your clinical judgement for treating severe mpox infections. Note that TPoxx® does not have an approved indication for the treatment of mpox in Canada.
- Toronto Public Health hosts [mpox vaccination clinics](#) with appointments. Clients do not need to have an Ontario Health Card or health insurance.

More Information:

- [NACI Interim guidance on the use of Imvamune® in the context of a routine immunization program](#)
- Ministry of Health: [Mpox guidance](#) (June 2024) | [Mpox resources for health care professionals](#)
- Toronto Public Health: [Mpox information](#)