



Primary Care Update

A monthly newsletter for healthcare practitioners in Grey-Bruce

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COVID-19 and influenza vaccine guidance for fall respiratory season

- Influenza and COVID-19 vaccines for the 2025-26 respiratory illness season will be available to the general public starting Oct. 27, 2025. Both vaccines will be available to anyone aged 6 months and older who lives, works, or attends school in Ontario.
- Flu and COVID-19 vaccines may be administered to high-risk and priority populations as soon as they are received by your office. In order to facilitate co-administration and vaccine uptake, all individuals in the COVID-19 and influenza high-risk and priority groups are eligible for both vaccines as soon as possible.
- Fact sheets from the Ministry of Health are included in the “Resources for Primary Care Professionals” section, below.

Tick-borne Rocky Mountain Spotted Fever reported in Ontario

- A cluster of Rocky Mountain Spotted Fever (RMSF) has been reported in Ontario, with exposure at Long Point Provincial Park, signalling the emergence of RMSF in Ontario.
- Two human cases of the potentially life-threatening illness, which is transmitted by the American dog tick, have been confirmed, according to a Sept. 15, 2025, Ministry of Health memo. Both individuals had exposures at Long Point, Ont. Multiple dogs with a history of travel to the Long Point area were also diagnosed with RMSF this summer.
- Although ticks are primarily active in spring and summer, they can be found any time of year when the temperature is above freezing. Healthcare providers are asked to maintain a high index of suspicion for RMSF in patients presenting with compatible signs and symptoms and recent travel or exposure to Long Point or surrounding areas, and/or a history of a tick bite.
- Prompt recognition and treatment are critical to preventing severe outcomes for RMSF. Diagnosis is primarily clinical, and treatment with doxycycline should not be delayed while awaiting lab results. Information on testing is available on the [Public Health Ontario website](#).
- Though RMSF is not currently designated as a reportable Disease of Public Health Significance, healthcare providers are encouraged to report all cases to public health to support surveillance efforts.

Update to PHO’s Respiratory Virus Testing Algorithm

- Effective Oct. 2, 2025, Public Health Ontario Laboratory Services (PHOL) has updated the eligibility criteria for molecular respiratory virus testing. The new eligibility criteria can be found on the PHOL website: [Respiratory Viruses \(including influenza\)](#).
- Respiratory virus requests (including for COVID-19) should be submitted using [PHO’s General Test Requisition Form](#), with patient setting and symptoms clearly indicated.
- Specimens from asymptomatic persons, or those without symptoms indicated on the requisition will not be tested.

Primary Care Providers can play key role in early detection, treatment of high-risk drinking

- [Canada’s Guidance on Alcohol and Health \(2023\): The Canadian Centre on Substance Use and Addiction](#) states that any reduction in alcohol consumption has health benefits. An [infographic](#) is available for communicating the continuum of risks to patients.
- [Ontario’s Balancing Act Report \(2023\)](#): Fewer than 2% of Canadians with an alcohol use disorder receive anti-craving medication, and even fewer have access to therapies such as CBT, DBT, or trauma-focused care—highlighting major treatment gaps.
- Action for Healthcare Providers: Screening, brief interventions, and referrals are key strategies. Visit [Healthcare Providers – Rethink Your Drinking](#) for practical tools and resources.
- If you would like to receive print materials related to alcohol and health to share with patients and/or post in your clinic space, please email J.Weppler@publichealthgrey-bruce.on.ca.

REMINDER: Changes to preferred treatment for uncomplicated gonorrhea infections

- In line with federal guidance, the preferred treatment for all uncomplicated gonococcal infections is now mono-therapy of 500mg of ceftriaxone IM as a single dose, which is a change from the previous preferred treatment of combined therapy of 250mg of ceftriaxone IM + 1g of azithromycin PO. Note that each vial of Ceftriaxone contains 250mg.
- A Test of Cure should be conducted in all cases and especially when regimens other than ceftriaxone 500mg IM are used. Repeat screening continues to be recommended six months post-treatment.
- GBPH’s website contains a [quick reference STI Treatment Guide and STI Medication Order form](#).

Resources for Primary Care Professionals

Reference Documents

- PHO has released an updated [Adverse Events Following Immunization \(AEFI\) reporting form and fact sheet](#) for healthcare providers.
 - Healthcare providers are required by law to report AEFIs to their local public health unit.
- The Ministry of Health has issued the following resources related to the 2025/2026 COVID-19 vaccine program and Universal Influenza Immunization Program (UIIP):
 - [Health Care Provider Fact Sheet: 2025/2026 COVID-19 Vaccine Program](#)
 - [COVID-19: Vaccine Storage and Handling Guidance](#)
 - [Health Care Provider Fact Sheet: Influenza Immunization for Individuals 6 months to 64 years of age](#)
 - [Health Care Provider Fact Sheet: Influenza Immunization for Individuals ≥65 years of age](#)

Webinars

- Oct 9, 2025: [PHO Rounds: Respiratory Season 2025–26, Part 2: Overview of Seasonal Respiratory Virus Immunizations](#)