



Message from
Dr. Verna Yiu &
Dr. Laura McDougall

*AHS Update: Active cases down provincewide,
hospitalizations hit all-time high, Edmonton
pandemic response unit opens, collective
agreement struck with UNA*

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

Today's Update

- Stress, Mental Health Supports Available
- COVID-19 Cases in Alberta
- Kaye Edmonton Clinic Pandemic Response Unit Opens to Patients
- AHS, UNA Ratify New Collective Agreement
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We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

Supports When You Need Them

Stress, Mental Health Supports Available

As we continue to navigate the pandemic, your needs and the supports you'll require can change.

Get to know the supports available to you by [watching this video](#) about [EFAP](#). You'll learn about services you can access for your mental health and wellness, and the concerns EFAP can help with; all services that are available to you and your immediate family.

If you feel overwhelmed about any issue, call the intake line any time at 1-877-273-3134. This service is confidential and available 24/7/365.

Physicians can contact the [AMA Physician and Family Support Program](#), also a confidential 24/7 support line at 1-877-SOS-4MDS for options and support.

There are many ways we can support you through these challenging times no matter what your situation. See the [Resilience, Wellness and Mental Health Resource Guide](#) for a comprehensive list of health and wellness supports. You can also download [Headversity](#), the resilience app, to learn skills to proactively build your mental health. Questions? Contact wellness@ahs.ca.

COVID-19 Status

ICU Update

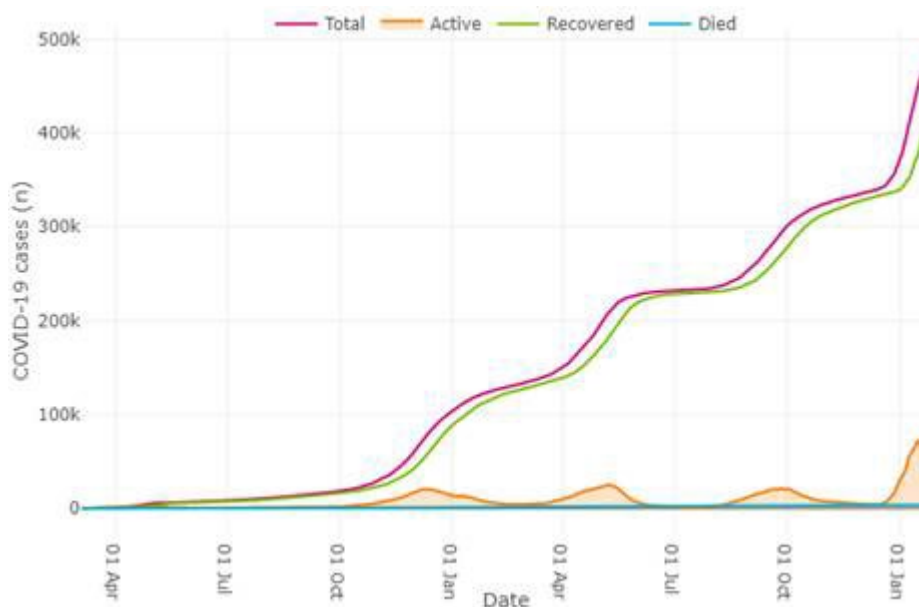
AHS currently has 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 189 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 78 per cent. Without the additional surge spaces, provincial ICU capacity would be at 109 per cent.

New and Active Cases

As of Jan. 26, there are 44,301 active cases in Alberta, a 31.3 per cent decrease compared to Jan.19. All five zones reported a decrease in active cases compared to the last report, as you can see in the table below.

	Active Cases (as of Jan. 26)	Active Cases (as of Jan. 19)	Per cent Change
Calgary	20,779	31,226	-33.5%
Edmonton	14,219	22,659	-37.3%
North	2,560	2,969	-13.8%
Central	3,675	4,104	-10.5%
South	2,563	2,937	-12.7%
Unknown	505	624	-19.1%
Overall	44,301	64,519	-31.3%

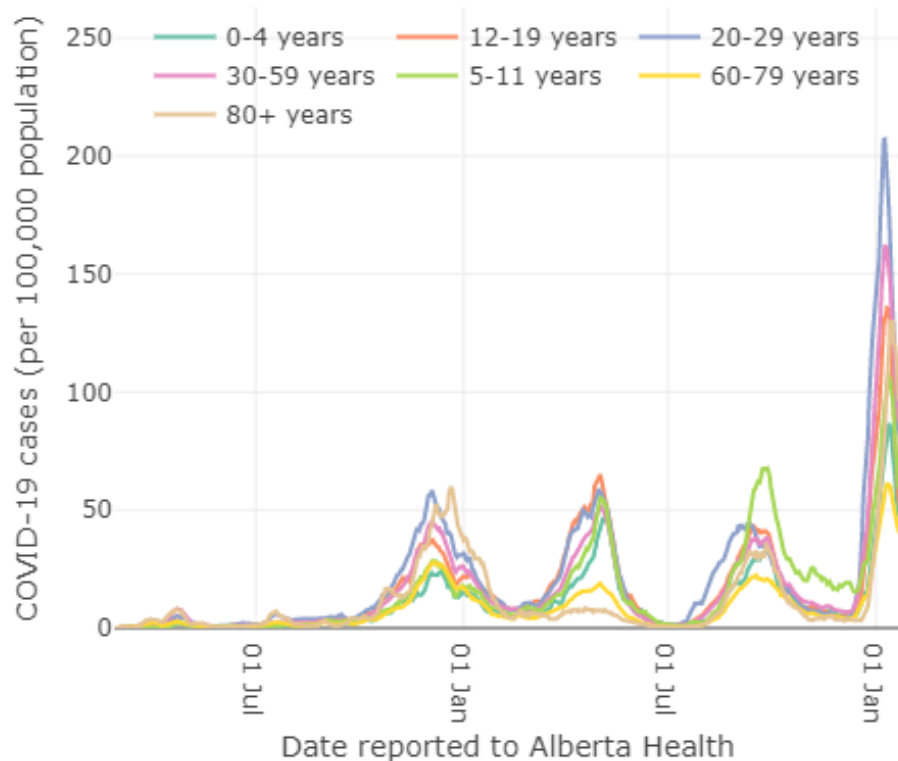
For the seven-day period ending on Jan. 26, there was an average of 3,117 new cases of COVID-19 per day, compared to 4,718 the previous reporting period (Jan. 13-19), a 33.9 per cent decrease. The Calgary Zone reported the highest total number of new cases with 9,564 (an average of 1,366 new cases per day).



Please note: We know these data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week.

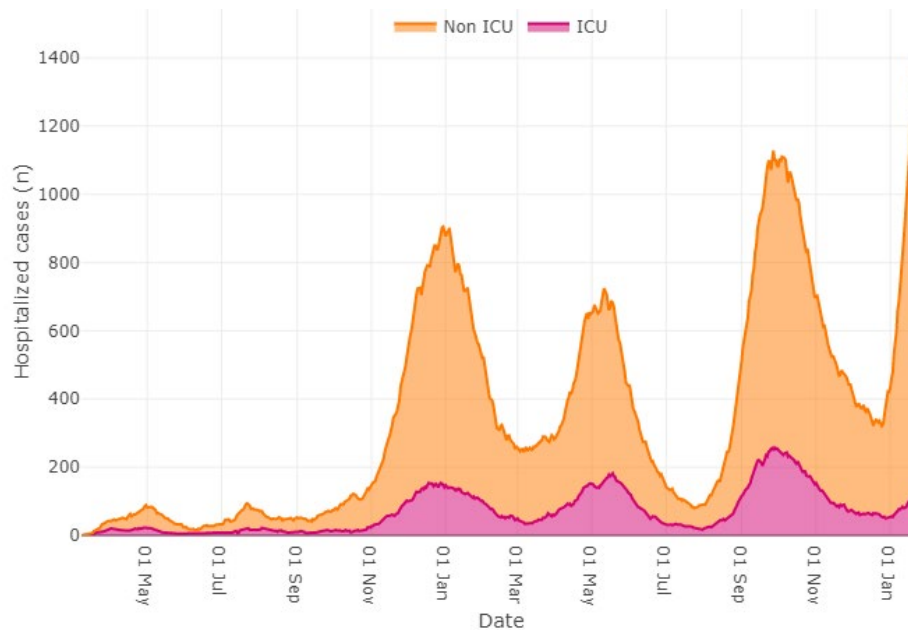
Cases by Age Group

As of Jan. 23, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 104.0 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 86.29, followed by those aged 20 to 29 with 79.86. Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are in the figure below:



Hospitalization

A total of 1,363 individuals were in non-ICU hospital beds for COVID-19 on Jan. 26 — the most during the pandemic — compared to 1,106 individuals in non-ICU hospital beds on Jan. 19, a 23.2 per cent increase.



Variants of Concern

From Jan. 18-24, an average of 46 per cent of positive samples were strain-typed. Of those, the rolling average was 96.2 per cent Omicron variant, 0.3 per cent Delta variant, and 3.5 per cent wild type or presumptive variant. Strain-typing takes a number of days and these numbers might change as lab data becomes available.

Other notable COVID-19-related information:

- [Alberta Health](#) is providing the proportion of new hospital admissions that are due to COVID-19, as compared to admissions because of other causes, online at alberta.ca/covid. Data from the last seven days indicate about 40 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, about 18 per cent had COVID-19 as a contributing cause and about 42 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 56 per cent; about 19 per cent had COVID-19 as a contributing cause and about 25 per cent were incidental infections or unclear.
- As of Jan. 26, 484,400 cases of COVID-19 have been detected in Alberta and 18,183 individuals have been hospitalized, which amounts to 3.8 individuals for every 100 cases. In all, 436,581 Albertans have recovered from COVID-19, meaning they are no longer considered contagious. The number of Albertans who have recovered from COVID-19 does not reflect the recovery time associated with a COVID-19 infection that could last beyond the time in which people are contagious.
- As of Jan. 26, 3,518 individuals have passed away from COVID-19, including 97 deaths since the last report. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- From Jan. 20 to Jan. 26, 58,807 COVID-19 tests were completed, a seven-day average of 8,401 tests per day. During this period, the daily positivity ranged from 33.9 per cent to 43.0 per cent. As of Jan. 26, a total of 6.71 million tests have been conducted and 2.70 million individuals have been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- The R value was not updated this week.

Things You Need to Know

Kaye Edmonton Clinic Pandemic Response Unit Opens to Patients

In response to the ongoing pressures on our healthcare system, AHS has made the decision to open the Pandemic Response Unit (PRU) at the Kaye Edmonton Clinic (KEC).

The first patients arrived on the unit yesterday (Jan. 27). The number of patients fluctuates throughout the day, and day to day.

Over the next few days, additional patients will be admitted to the PRU and the unit currently has staffing to support 18 beds. If needed, additional beds could be opened in the future.

This decision to open the KEC PRU was made due to capacity volumes at Edmonton hospitals during the fifth wave of the pandemic. This activation is a temporary measure and one of several initiatives that will ensure our healthcare system can meet the increased demand caused by COVID-19.

Patients moved to the PRU could be patients recovering from COVID-19 who are no longer infectious, or patients with less complex healthcare needs than those being cared for in traditional inpatient spaces.

The beds will remain open for as long as they are needed to support capacity within the zone. This will be assessed on an ongoing basis.

In Calgary, the South Health Campus (SHC) PRU could be activated in the coming weeks. Right now, hospitals in the greater Calgary area are managing. Teams are closely monitoring hospital capacity and are ready to open beds in the PRU should they be needed.

We would like to thank everyone who's been redeployed and is assisting with the KEC PRU's operation.

AHS, UNA Ratify New Collective Agreement

We'd like to express gratitude to the AHS and United Nurses of Alberta negotiating teams who worked tirelessly over the past several months to reach a new four-year collective agreement, which was announced yesterday (Jan. 27).

This agreement, which runs until March 31, 2024, sets out the terms and conditions for the more than 30,000 registered nurses and registered psychiatric nurses who play a critical role in our healthcare system and our pandemic response.

Our hope is this agreement provides some positivity and stability for our teams when they need it most.

AHS continues to negotiate collective agreements with Health Sciences Association of Alberta, AUPE General Support Services and AUPE Auxiliary Nursing.

Testing Eligibility Expanded to Include Children Under Two

Following Alberta Health's change to its testing policy, all symptomatic children under two years of age are now eligible for COVID-19 testing at AHS swabbing sites. Rapid antigen testing is not recommended for this age group.

Effective Jan. 27, molecular testing at AHS swabbing sites is available for:

- Children with symptoms under two years of age.
- People with symptoms who may be eligible for [Sotrovimab](#) (monoclonal antibody treatment).

- People with symptoms who are [household contacts](#) of a person who works in continuing care or acute care.
- People with symptoms who are pregnant.
- People with symptoms who live or work in isolated and remote First Nation, Inuit, and Métis communities.
- Returning international travellers who become symptomatic within 14 days after their return to Canada.

The [COVID-19 Assessment & Testing tool](#) has been updated to allow all groups listed above to book a test with AHS.

Testing at AHS swabbing sites continues to be available for healthcare workers and workers in specific high-risk settings, including those in group homes, disability support and shelter workers, correctional facility staff in provincial / federal facilities, and individuals who provide services in a clinical care setting, including hospitals and seniors congregate care facilities. People in these settings can use the [COVID-19 Assessment & Testing tool](#) for healthcare workers and workers in specific high-risk settings.

Visitor Screening Updated at Continuing Care Sites

Earlier this week, access requirements to continuing care sites were updated under the guidance of [CMOH Order 03-2022](#).

Fully immunized visitors experiencing COVID-19 symptoms (fever, cough, shortness of breath, runny nose, sore throat, loss of sense of taste or smell) will be restricted from continuing care sites for five days. Visitors experiencing COVID-19 symptoms who are not fully immunized will continue to be restricted from sites for 10 days. To enter a site, any symptoms must have resolved for at least 24 hours before entry and the isolation period must have passed.

This change reflects the updated isolation requirements outlined in [CMOH Order 02-2022](#), which account for a shorter infectious period in fully immunized individuals.

Please review the screening questionnaires to ensure you are using the latest version: [Visitors to continuing care](#)

More information on designated support and visitor access is available at www.ahs.ca/visitation.

AHS to Begin Issuing Paxlovid Prescriptions to Eligible Albertans Monday

On Monday (Jan. 31), AHS will begin issuing prescriptions for the anti-viral oral medication, Paxlovid that was recently approved by Health Canada to treat at-risk patients with mild to moderate COVID-19 infection.

Paxlovid is a new medication that was developed by Pfizer to treat eligible, high-risk patients with COVID-19 within the first five days of symptoms.

There are now two outpatient treatments available to at-risk patient groups. Paxlovid will be offered to patients who are most likely to develop severe COVID-19 illness and are at a greater risk of adverse outcomes, including hospitalization and death. The eligibility criteria are as follows:

- People who have not received any doses of a COVID-19 vaccine and are:
 - 65 years of age and older, regardless of other health conditions.
 - 18 years of age and older with a co-morbidity:
 - diabetes (taking medication for treatment).
 - obesity (BMI >30).
 - chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m² of body-surface area).
 - congestive heart failure (New York Heart Association class II, III, or IV).
 - chronic obstructive pulmonary disease, and moderate-to-severe asthma.
- Pregnancy (Paxlovid may be used in pregnancy if potential benefits outweigh the potential risks to the fetus.)
- Regardless of their COVID-19 vaccine status, immunocompromised patients, including:
 - Transplant patients (solid organ or stem cell).
 - Oncology patients who have received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020.
 - Patients with inflammatory conditions (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) who have received a dose of any systemic immunosuppressive treatment since December 2020.

Patients who have tested positive for COVID-19 and whose symptoms began less than five days ago can call the dedicated Health Link line at 1-844-343-0971 to find out if they qualify to receive treatment and whether Paxlovid or the monoclonal antibody, Sotrovimab, is preferred.

Patients will be asked a series of questions by the dedicated Health Link staff before being referred to a physician who will determine the best course of treatment. Once eligibility is confirmed, the physician will either issue a prescription for Paxlovid, or book an appointment for a Sotrovimab infusion.

Alberta Health has provided Paxlovid to a limited number of community pharmacies in all geographic locations, and more locations will be added when more supply becomes available.

These treatments are not replacements for COVID-19 vaccination. Albertans are strongly encouraged to get fully vaccinated against COVID-19.

For more information about outpatient treatments, please visit ahs.ca/covidopt.

COVID-19 Testing for Healthcare Workers — The Latest Numbers

We continue to update the testing data for healthcare workers. These statistics provide the total number of AHS and Alberta Precision Laboratories (APL)

employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace. The testing data does not include rapid antigen test results for healthcare workers.

As of Jan. 25:

- 91,708 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 17,592 (or 19.2 per cent) have tested positive.
- Of the 7,636 employees who have tested positive and whose source of infection has been determined, 713 (or 9.3 per cent) acquired their infection through a workplace exposure. An additional 10,054 employees who have tested positive are still under investigation as to the source of infection.
- 6,378 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 772 (or 12.1 per cent) have tested positive.
- Of the 314 physicians who have tested positive and whose source of infection has been determined, 26 (or 8.3 per cent) acquired their infection through a workplace exposure. An additional 461 physicians who have tested positive are still under investigation as to the source of infection.

For more information, see the [AHS Healthcare Worker COVID-19 Testing infographic](#).

Verna's Weekly Video Message — Supporting the Mental Health of Albertans

The past two years haven't been easy, and we know the stress of COVID-19 affects everyone across the province. We see it in the patients we care for, in each other, and on the news and social media.

We also know this stress adds up over time. Taking care of mental health is just as important as taking care of physical health.

Joining me (Verna) to discuss the [impact COVID-19 is having on the mental health of Albertans and how AHS supports them through their challenges](#) are:

- Kerry Bales, Senior Program Officer, Provincial Addiction and Mental Health.
- Dr. Nick Mitchell, Provincial Medical Director, Addiction and Mental Health.



AHS Responds to Inaccuracies in Newspaper Column

We wanted to share these two letters to the editor with you. They appear in the Calgary Herald this morning (Jan. 28) and are a response to inaccurate information about the role of healthcare leaders and management. Please know we are grateful for all that you do.

- <https://calgaryherald.com/opinion/letters/your-letters-for-jan-28-2022>
- <https://calgaryherald.com/opinion/columnists/opinion-now-is-not-the-time-to-demoralize-health-care-workers-and-their-leaders>

Upcoming Book Captures AHS Pandemic Response in Photos

Throughout the past two years, Alberta Health Services (AHS) staff photographer Leah Hennel has been documenting our province's front-line workers and the COVID-19 patients they care for, showcasing the lives of the Albertans who refused to give up in the face of adversity.

Her photographs show how Albertans have adapted and found safe new ways to celebrate special occasions and accomplishments both major and minor. They also show how Albertans have dealt with the tragedies that the pandemic has brought.

This spring, her second book, *Alone Together: A Pandemic Photo Essay* (Rocky Mountain Books), a collection of photos taken while working at AHS as well as during her own personal time, will be released. All proceeds from the book's sale will go to the foundations supporting the work of Alberta Health Services.

Leah is an award-winning photographer whose work continues to appear in print and online publications around the world.



COVID-19 Immunization Update

Fourth doses for eligible immunocompromised Albertans 18+

Fourth doses of the COVID-19 vaccine are available for people who are [severely immunocompromised](#) 18 years of age and older. A fourth dose is recommended a minimum of five months after the third dose. Fourth doses have not been approved for immunocompromised youth ages 12 to 17, but these youth continue to be eligible for third doses.

Get immunized – take the first mRNA vaccine available for your third dose

Please take the first mRNA vaccine available for a third dose rather than waiting for your preferred brand to be available. Both the Moderna and Pfizer vaccines offer a high level of protection against severe outcomes from COVID-19.

Moderna and Pfizer are both in good supply at this time. The Moderna vaccine is recommended for people ages 30 and up.

The Pfizer vaccine is recommended for people 12 to 29 years of age, as a cautionary measure. While there is a slightly increased risk of myocarditis in younger people related to Moderna, especially in males, individuals are much more likely to experience myocarditis from COVID-19 infection than the vaccine.

Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago should book a third dose as soon as possible.

Book appointments for third doses [online](#), by calling or walking into your local pharmacy, or calling Health Link at 811. In addition, there are some family physicians offering vaccines in their clinics.

Vaccine rollout to ages 5-11 continues

As of Jan. 25, 44.2 per cent of children aged five to 11 have received one dose of the COVID-19 vaccine and 9.9 per cent have received two doses.

Children aged five to 11 who received their first COVID-19 dose eight weeks ago are eligible for a second dose. Book second dose appointments [online](#) or by calling Health Link at 811.

Evening and weekend appointments are available at clinics to accommodate family schedules. Please check ahs.ca/vaccine for more information.

We strongly urge all parents/guardians to book their child in for whichever dose they are eligible for, as soon as possible.

Emerging evidence suggests longer intervals between the first and second dose result in a more robust immune response and higher vaccine effectiveness. However, parents/guardians can book a second-dose appointment before the recommended eight weeks if their child is immunocompromised or if a second dose is required for travel. The absolute minimum spacing between doses is 21 days.

More information is available at [COVID-19 Immunization for Children Under 12 – FAQ](#) and at ahs.ca/vaccinekids.

If you have any questions or concerns, please discuss with your immunizer.

Get immunized after COVID-19 infection

There is no mandatory waiting period between having COVID-19 disease and being immunized; however, if you've had COVID-19, you must wait until you have completed your required [isolation period](#) and are feeling better before getting the vaccine, or your next dose.

Some medicines can affect the way your immune system responds to vaccines. People who take medicines that affect their immune system, or had medicine to treat their COVID-19 infection, should check with their doctor about when to get immunized.

For an overview of current evidence, general recommendations and clinical considerations, see [Information on Immunization after COVID-19 Infection](#) from Alberta's Chief Medical Officer of Health.

Influenza Immunization Update

As of Jan. 22, 1.17 million doses of influenza vaccine have been administered, which is approximately 26.6 per cent of the population. No new influenza cases were confirmed in the past week. The total cases so far this season remains at 39.

Interactive aggregate data is available online at [Alberta influenza statistics](#). For more information on influenza, visit ahs.ca/influenza.

Influenza Immunization information for staff, physicians and volunteers

Staff, physicians and volunteers can choose to be immunized at a pharmacy, doctor's office or public health clinic (for children under five years of age and their family and household members). Staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the staff immunization campaign.

APL Monitoring Omicron Lineage

Alberta's COVID-19 testing program has been actively monitoring the genetic code of SARS-CoV-2 in Alberta since the beginning of the pandemic to understand how the virus is evolving in our population and to detect the arrival of variant strains from outside the province.

Since its detection in late November, Omicron has rapidly replaced Delta as the dominant variant circulating in Alberta. Currently about 96 per cent of all screened viruses are Omicron, which currently consists of three main lineages: BA.1, BA.2 and BA.3.

BA.1 is the dominant Omicron lineage in Alberta; however, surveillance has detected 33 BA.2 (four from travel), with an additional 146 presumptive BA.2 (five from travel). BA.2 has been increasing in Denmark, the U.K. and Germany, and is thought to be the dominant lineage in India.

The test currently used at APL ProVLab for the detection of Omicron can identify both the BA.1 and BA.2 variants, and 1,500 tests are run per day. All samples that are presumptive BA.2 undergo full genome sequencing for confirmation as BA.2, which is performed on 800 to 1,000 viruses per week.

To date, there is no evidence BA.2 has different biological characteristics compared to other Omicron lineages; however, there is some speculation that it may be more transmissible than BA.1.

Be Well - Be Kind

February is Black History Month

In recognition of Black History Month, and in collaboration with the AHS Diversity & Inclusion Team and the Diversity and Racial Equity (DaRE) Workforce Resource Group, the following activities have been planned to celebrate Black History Month at AHS this year.

Join us for Black History Month webinars in February including Health and Black Communities in Canada, as well as a forum for people to discuss racism. See full listing and registration details in the schedule of events [poster](#).

Learn more with these resources:

- [Standing Together Against Anti-Black Racism and Intolerance](#)
- [Best Practice Guide – Being an Ally](#)

- [Anti-Racism Position Statement](#)
- [Recommendations of the Anti-Racism Advisory Group Report](#)

Let's build a safer, more welcoming work environment where we can all feel safe and supported to stand up for each other and speak out against intolerance. For more, see previous webinars on Insite.

If you have questions, email diversityandinclusion@ahs.ca.

Radiothons Raise Funds for Children's Hospitals

COVID-19 has significantly impacted the way we deliver healthcare to Albertans, including our youngest patients and their families. We are grateful to our healthcare providers across the province who continue to support these children and their loved ones during this challenging time.

Next week, dozens of families will share how much they appreciate the care they have received as part of the Alberta Children's Hospital Foundation's 19th annual Country 105 Caring for Kids Radiothon. Taking place Feb. 2-4, you can tune in to Country 105 to hear directly from the kids and families whose lives have been changed thanks to the compassion, dedication and expertise shown by our healthcare providers. The [dollars raised](#) will support life-saving and life-changing care and research at the Alberta Children's Hospital and Research Institute.

Meanwhile, families across northern Alberta are also showing their gratitude and sharing their stories as part of the Stollery Children's Hospital Foundation's 23rd annual Corus Radiothon. The two-day event began yesterday and has featured stories from many Albertans who are grateful for the care their families have received at the Stollery Children's Hospital. [Funds raised](#) will support programs, research, training and equipment at the Stollery.

Heartfelt thanks to our healthcare providers who continue to care for kids with complex medical needs. We hope you are inspired by the stories shared during these events, and that you feel the appreciation many Albertans share for the work that you do.

Gratitude from Albertans

Everything you and your colleagues do every day to provide safe quality care to all Albertans is being noticed. Messages of gratitude keep coming in from across the province and beyond, during the COVID-19 pandemic. We want to share a recent message of gratitude with you — and you can see others on our [Sharing the Love webpage](#) on Insite.

I am writing to say thank you to every single person who works in our healthcare system. Not only have you continued to do your jobs day after day through COVID-19, but you have done them at personal cost to yourselves and your families.... I know I am far from the only one who feels the profound gratitude I feel towards you, but I had to write and say thank you. You are true professionals and you are the real heroes in all of this.

— Barbara Jenkins

Wrapping Up

Bell Let's Talk Day was held earlier this week, encouraging Canadians to talk openly about their mental health. Perhaps many of you took this opportunity to open up to the people you trust most to talk about struggles you may be having. Just remember: being aware of our mental wellness, and seeking support and help when needed, is something we all need to do each and every day. You have all shown incredible strength and resilience throughout this pandemic, and please know that asking for help is a sign of strength and how we build resiliency. See the Supports When You Need Them item at the top of his email for supports available to you every day, at any time.

By asking for help, and by supporting one another, we'll get through this together. Thank you for everything you do.

With enduring gratitude and appreciation,

Dr. Verna Yiu

AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health



Healthy Albertans.
Healthy Communities.
Together.

