



## Message from Dr. Verna Yiu & Dr. Laura McDougall

*AHS Update: New and active cases drop again, ICU numbers stable although surge capacity still needed*

*Please print and share with your teams as needed*

**Dear staff, physicians and volunteers,**

### **Today's Update**

- **Find Mental Health Supports Online**
- **COVID-19 Cases in Alberta**
- **Sotrovimab, Paxlovid Criteria Expand**
- **Designated Support Person, Visitor Screening Updated**
- **AGMP Guidance Updated**
- **Continuous Masking at All AHS, APL and Covenant Sites**
- **Be on Alert for 'Notice of Liability', 'Cease and Desist' Letters**
- **COVID-19 Testing for Healthcare Workers — The Latest Numbers**
- **COVID-19 Immunization Update**
- **AHS Experiencing Temporary Shortage of Blood Test Supplies**
- **Verna's Weekly Video Message — Pink Shirt Day and Respectful Workplaces**
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- **International Recognition for AHS Pandemic Response**
- **Supports Available to Keep you Safe from Harassment, Violence**
- **Gratitude from Albertans**
- **Wrapping Up**

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

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### Find Mental Health Supports Online

To access online supports for your mental health and well-being, sign up for [Homeweb](#). By creating a profile, you will have access to personalized content and resource recommendations, including e-courses, articles, counselling and expert support, any time you want. Sign up with your email and select the company name (AHS or APL). Homeweb and other [Employee and Family Assistance Program](#) (EFAP) supports are available to you and your immediate family.

If you feel overwhelmed about any issue, call the [Employee and Family Assistance Program](#) (EFAP) 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 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](mailto:wellness@ahs.ca).

## COVID-19 Status

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### 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. As of 12:30 p.m. today (Feb. 18), there were 193 patients in ICU. Provincially, ICU capacity (including additional surge beds) is at 80 per cent. Without the additional surge spaces,

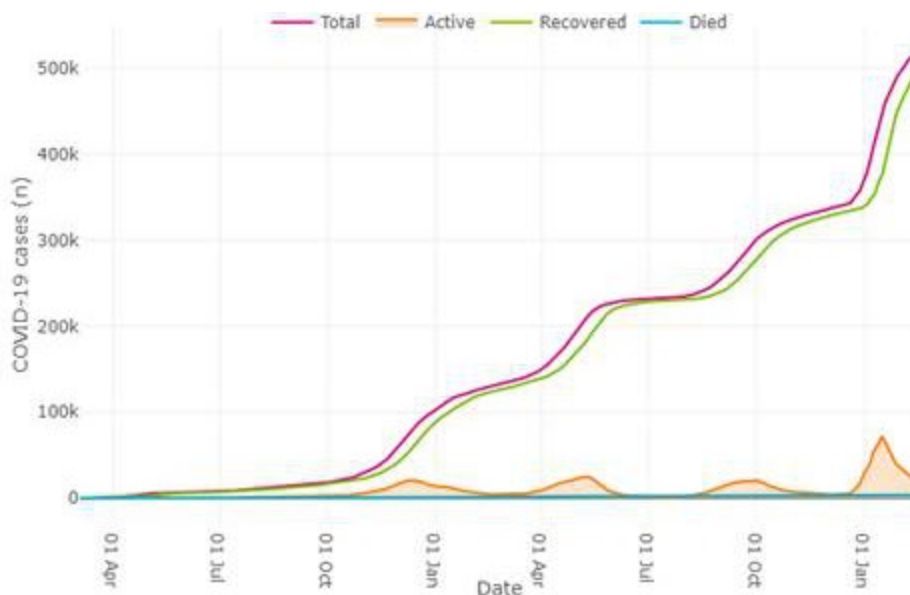
provincial ICU capacity would be at 112 per cent, virtually unchanged from one week ago.

### New and Active Cases

As of Feb. 16, there were 16,551 active cases in Alberta, a 34.7 per cent decrease compared to Feb. 9. 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 Feb. 16)	Active Cases (as of Feb. 9)	Per cent Change
Calgary	6,094	9,930	-38.6%
Edmonton	4,809	7,298	-34.1%
North	1,948	2,594	-24.9%
Central	2,045	2,979	-31.4%
South	1,542	2,269	-32.0%
Unknown	113	269	-58.0%
Overall	16,551	25,339	-34.7%

For the seven-day period ending on Feb. 16, there was an average of 996 new cases of COVID-19 per day, compared to 1,658 cases per day the previous reporting period (Feb. 3-9), almost a 40 per cent decrease. The Calgary Zone reported the highest total number of new cases with 2,526 (an average of 361 new cases per day).

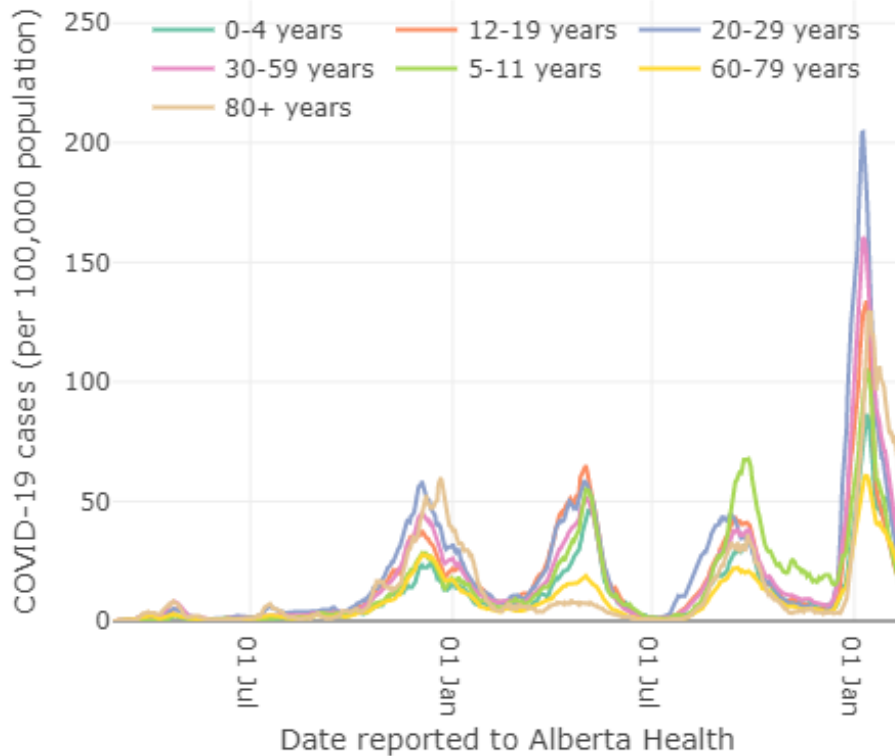


Please note: We know these data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week.

### Cases by Age Group

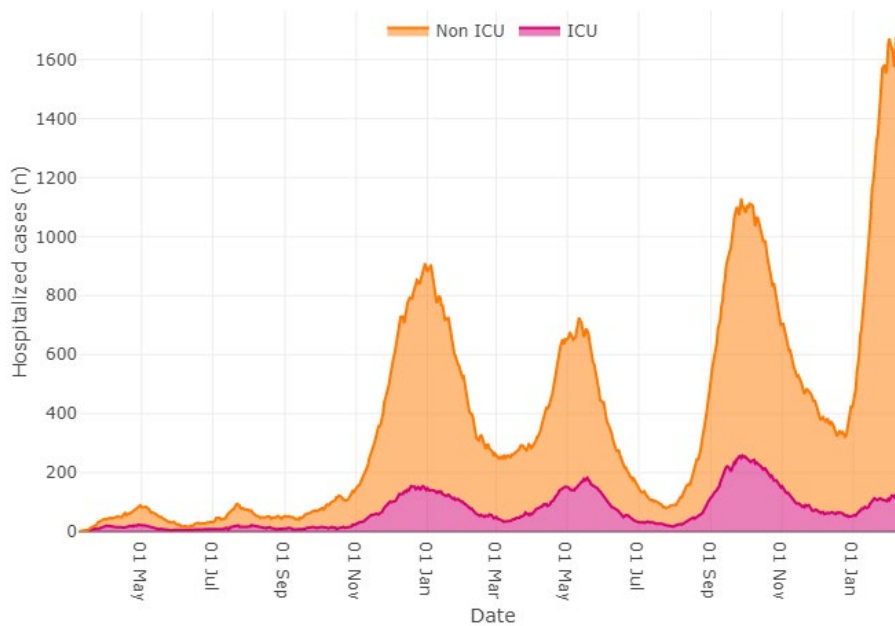
As of Feb. 13, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 54.0 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 26.3, followed by those aged 20-29 with 21.1.

Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are in the figure below:



### Hospitalizations

A total of 1,375 individuals were in non-ICU hospital beds with COVID-19 on Feb. 16 compared to 1,511 on Feb. 9, a 9.0 per cent decrease.



### Variants of Concern

From Feb. 8-14, an average of 69 per cent of positive samples were strain-typed for variants of concern. Of those strain-typed, the rolling average was 92.1 per cent Omicron, 0.1 per cent Delta, and 7.8 per cent wild type or presumptive variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

**Other notable COVID-19-related information:**

- Data from the last seven days indicate 41.4 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 28.3 per cent had COVID-19 as a contributing cause, and 30.3 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 58.0 per cent; 28.0 per cent had COVID-19 as a contributing cause, and about 14.0 per cent were incidental infections or unclear. Alberta Health provides the proportion of new hospital admissions that are due to COVID-19, as compared to admissions because of other causes, at [alberta.ca/covid](https://alberta.ca/covid).
- As of Feb. 16, 3,822 individuals have passed away from COVID-19, including 104 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.
- As of Feb. 16, 519,351 cases of COVID-19 have been detected in Alberta and 20,507 individuals have been hospitalized, which amounts to 3.9 individuals for every 100 cases. In all, 498,978 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 from a COVID-19 infection that could last beyond the time in which people are contagious.
- From Feb. 10-16, 25,718 COVID-19 tests were completed, a seven-day average of 3,674 tests per day. During this period, the daily positivity ranged from 23.39 per cent to 34.40 per cent. As of Feb. 16, 6.82 million tests have been conducted and 2.72 million individuals have been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.

## Things You Need to Know

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**Sotrovimab, Paxlovid Criteria Expand**

Criteria to receive either Sotrovimab or Paxlovid have expanded to include patients who are either unvaccinated, or have only received one dose of COVID-19 vaccine. Paxlovid will now be available to patients who are aged 55 and older, the same as Sotrovimab. For a complete list of eligibility criteria, please visit [ahs.ca/covidopt](https://ahs.ca/covidopt).

Both medications are offered to outpatients who are at the highest risk of

developing severe COVID-19 disease that could lead to hospitalization, ICU care or death.

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 Paxlovid or Sotrovimab.

Patients will be asked a series of questions by the dedicated Health Link staff before being referred to a physician with the AHS COVID-19 Outpatient Treatment Program 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.

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

### **Designated Support Person, Visitor Screening Updated**

Updates have been made to designated support person and visitor screening forms for acute care, ambulatory care, emergency, urgent care and continuing care.

All designated support persons and visitors who are close contacts of a case of COVID-19 can now access AHS sites 10 days since their last exposure. Previous screening required 14 days since last exposure.

This change reflects Alberta Health's current recommended symptom monitoring for close contacts of COVID-19 cases. The resources below have been updated to reflect this change:

- [Designated Support Person and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care Facilities](#)
- [Designated Support Person and Visitor Screening Questionnaire for Continuing Care Facilities](#)
- [The AHS Close Contacts web page](#)

More information is available at [ahs.ca/visitation](https://ahs.ca/visitation).

### **AGMP Guidance Updated**

The AHS Provincial Guidance has been updated to align with current masking requirements for designated support person access for suspected or confirmed COVID-19 patients undergoing a continuous aerosol-generating medical procedure (AGMP) in acute and continuing care settings.

Designated support persons and visitors who will be with a patient or resident undergoing an AGMP are now required to wear an N95 mask in acute care and a KN95 or N95 mask in continuing care settings. The updated guidance is [available here](#).

### **Continuous Masking at All AHS, APL and Covenant Sites**

A reminder: all staff, physicians, volunteers and designated support persons both in patient care areas, as well as common spaces (including cafeterias and waiting areas), are still required to wear a mask while attending an AHS, Alberta Precision Laboratories (APL) or Covenant Health facility.

Patients seeking or receiving care are more vulnerable than the general population, and outbreaks in these settings have a serious impact on patient outcomes and our ability to deliver services. Masking is an additional safeguard to protect both patients and healthcare workers.

Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincewide.

In addition to masking, all AHS and Covenant sites will continue to require visitors to perform hand hygiene, physical distancing and health screening upon entry.

For more information, see [AHS Guidelines for Continuous Masking](#). There are no changes at this time to [existing PPE policies](#).

### **Be on Alert for 'Notice of Liability', 'Cease and Desist' Letters**

AHS leadership is aware of several incidents involving individuals expressing anti-vaccine sentiments occurring across all zones over the past months. In most cases, individuals present to an AHS facility and deliver a "Notice of Liability" or a "Cease and Desist" letter to staff.

Contents of these letters do not carry any legal bearing and can be disregarded.

These letters are directed at those involved in supporting the COVID-19 pandemic response, including those caring for patients, administering vaccines, or implementing our Immunization or Testing of Workers for COVID-19 policy.

While the risk to our staff appears low at this time, it is important for staff and leaders throughout the organization to be aware of these incidents, the potential of them occurring at our sites, and how to ensure staff feel prepared and safe.

All letters received by staff should be collected by leadership of the unit or area, and provided to Protective Services at your site, who can help liaise with law enforcement if and when appropriate.

Support is available to any staff feeling unsafe or threatened by these incidents, or any other. If any of your staff feel threatened or harassed by the presentation of one of these letters, please contact Protective Services directly and report the incident in MySafetyNet (MSN). Members of the medical and midwifery staff, students and

volunteers should report using this [process](#). Any site can request support from Protective Services through onsite personnel or by calling the Protective Services Communication Centre at 1-888-999-3770.

We would like to reiterate that the threat from these incidents so far is low.

If you feel there is an immediate threat, please [take action](#) and contact local law enforcement by calling 911, if needed. You can report any incident to Protective Services when it is safe to do so.

### **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 are confirmed to have been exposed in the workplace. The testing data does not include rapid antigen test results for healthcare workers.

As of Feb. 15:

- 93,016 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 21,840 (or 23.5 per cent) have tested positive.
- Of the 8,291 employees who have tested positive and whose source of infection has been determined, 724 (or 8.7 per cent) acquired their infection through a workplace exposure. An additional 13,800 employees who have tested positive are still under investigation as to the source of infection.
- 6,468 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 994 (or 15.4 per cent) have tested positive.
- Of the 333 physicians who have tested positive and whose source of infection has been determined, 27 (or 8.1 per cent) acquired their infection through a workplace exposure. An additional 671 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](#).

### **COVID-19 Immunization Update**

#### *Federal travel changes*

The Government of Canada announced this week a series of adjustments to the current border measures, representing the beginning of a phased easing of travel restrictions.

Starting Feb. 28, travellers arriving to Canada from any country, who qualify as fully vaccinated, will be randomly selected for arrival testing. Fully vaccinated travellers selected will no longer be required to quarantine while awaiting their test result.

Unvaccinated travellers will be required to quarantine for 14 days upon arriving in



the country and to test on the eighth day after arrival. Unvaccinated foreign nationals will not be permitted to enter Canada unless they meet one of the exemptions.

Travellers will now have the option of using a COVID-19 rapid antigen test result (taken the day prior to their scheduled flight or arrival at the land border or marine port of entry) or a molecular test result (taken no more than 72 hours before their scheduled flight or arrival at the land border or marine port of entry) to meet pre-entry requirements. Taking a rapid antigen test at home is not sufficient to meet the pre-entry requirement. The Government of Canada has also adjusted its Travel Health Notice from a Level 3 to a Level 2. This means the government will no longer recommend that Canadians avoid travel for non-essential purposes. For more information, visit the [Government of Canada website](#).

#### *Eligibility expanded for additional doses*

More Albertans are now eligible to receive additional doses of the COVID-19 vaccine. This includes those 12 to 17 years of age with [underlying health conditions](#) or who are First Nations, Métis or Inuit. These individuals are now eligible for a booster dose at five months after the completion of their primary vaccine series. This includes a fourth dose for those recommended a three-dose primary series due to being severely immunocompromised.

Also included are children five to 11 years of age with [severe immunocompromising conditions](#) who are now recommended to have a three-dose primary series. Recommended spacing is four weeks between Doses 1 and 2, and eight weeks between Doses 2 and 3. A shorter interval between Doses 2 and 3 (no less than 28 days) may be allowed under certain circumstances.

[Appointment booking](#) for these additional groups is now available.

#### *Change in hours for Health Link vaccine booking line*

Due to a significant decrease in call volumes in the overnight hours, the Health Link Vaccine Booking Line will no longer assist with booking COVID-19 vaccine appointments from 11 p.m. to 6 a.m. This change will start at 11 p.m. today (Feb. 18).

The Health Link Vaccine Booking Line will continue to operate seven days a week, between the hours of 6 a.m. and 11 p.m. for those needing assistance with booking their vaccine appointment.

For those needing to book their vaccine between 11 p.m. and 5:59 a.m., the Alberta Vaccine Booking System will continue to be available online for COVID-19 vaccine appointment bookings 24 hours a day, seven days a week.

Only the Health Link Vaccine Booking Line will be affected by this change. Albertans

can continue to call Health Link 811 to speak to a registered nurse for health concerns 24 hours a day, seven days a week.

### **AHS Experiencing Temporary Shortage of Blood Test Supplies**

AHS is taking steps to conserve blood test supplies due to the global shortage of medical-grade plastics that has led to a temporary shortage of commonly used vials for collecting blood samples across the province.

Alberta physicians are requested to halt ordering non-urgent blood tests until further notice, and patients are encouraged to consult their physicians to determine if their blood tests can be safely delayed until further notice.

We are prioritizing our limited supplies for tests required for urgent and acute care purposes. Alberta Precision Laboratories (APL) continues to work with vendors to have shipments sent as soon as possible and we are investigating alternate supplies, but we anticipate supplies will be tight for the foreseeable future.

For more information, please see [APL's Feb. 16 bulletin](#).

Choosing Wisely Canada's guidelines for appropriate lab testing are also a helpful resource for primary care and hospital physicians to avoid ordering unnecessary tests. The guidelines can be found in a [joint statement](#) on using lab tests wisely during supply shortages issued this week by the Canadian Society of Clinical Chemists, along with Choosing Wisely Canada and the Canadian Association of Medical Biochemists.

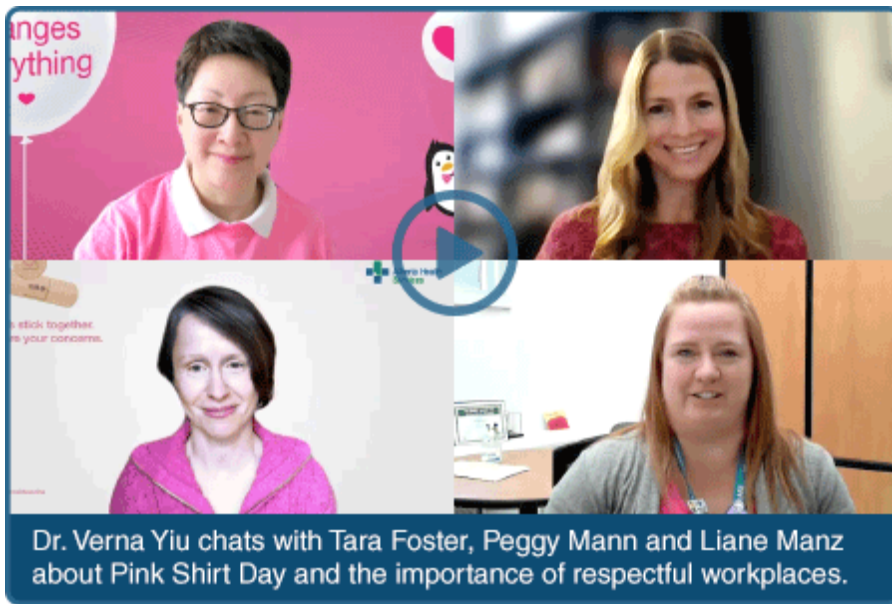
### **Verna's Weekly Video Message — Pink Shirt Day and Respectful Workplaces**

The past two years have been challenging for all of us, in different ways. Sometimes the prolonged stress we carry from the pandemic can lead to strained interactions with those who hold different views from us.

So more than ever, we need to be kind, and show compassion, respect and empathy. [Pink Shirt Day](#) is a good reminder of how important it is to practise respectful behaviour. This international anti-bullying campaign was started by students in Nova Scotia 15 years ago, and falls on Feb. 23 this year.

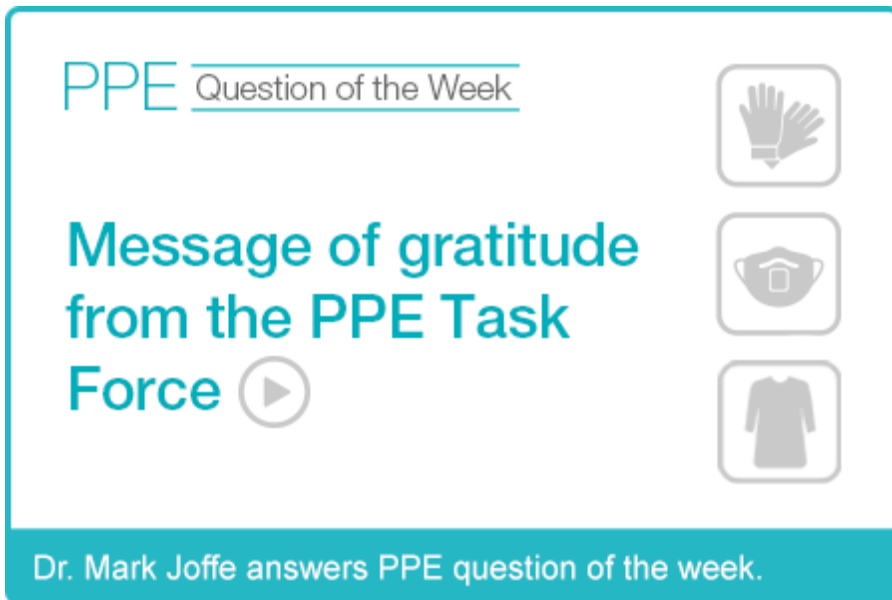
Joining me (Verna) to [talk about Pink Shirt Day](#) and the importance of promoting and reinforcing a positive and [respectful workplace](#) are:

- Tara Foster, Interim Program Manager, Respectful Workplaces.
- Peggy Mann, Director, Prevention of Workplace Violence.
- Liane Manz, Executive Director of Medicine at the Royal Alexandra Hospital.



### **PPE Question of the Week — A Message of Gratitude**

Since the start of the pandemic, there have been countless stories of dedication, hard work and personal sacrifices from staff and physicians across the province. Every day, what each and every AHS employee does truly matters, and makes a difference in ways both big and small. This week's [video is a heartfelt thank you from Dr. Mark Joffe, AHS VP and Medical Director](#).



### **Registration Open for Next President's Speaker Series Event**

You're invited to join an online discussion on the harms of misinformation at the next [President's Speaker Series](#) event on Feb. 28 from 10 a.m. to 11 a.m.

The spread of misinformation seems to intensify with each passing week, and research tells us misinformation is doing tangible harm to public health, public

discourse and public trust. This is especially true during the COVID-19 pandemic. So how did we get here and what can we do about it?

Our keynote speaker presenting on this topic is professor [Tim Caulfield](#), a Canada Research Chair in Health Law and Policy, a Professor in the Faculty of Law at the School of Public Health, and Research Director of the Health Law Institute at the University of Alberta.

[Register here](#). Questions? Email [pss@ahs.ca](mailto:pss@ahs.ca).

### **International Recognition for AHS Pandemic Response**

AHS' pandemic response has been recognized internationally in the Journal of Business Continuity & Emergency Planning.

Authors Eric Bone and Jeffrey Tochkin, both with AHS Emergency / Disaster Management, outlined how our pandemic response had its roots in how we have dealt with other challenging events. Emergencies such as the Fort McMurray wildfire, the southern Alberta floods and the fentanyl crisis have all created learning opportunities and helped AHS strengthen its response capabilities.

The paper, "The benefits of lessons learned: The COVID-19 experience in the Canadian province of Alberta," considers adaptations and improvements from 2009 to March 2020 that have contributed to "greater organizational healthcare resiliency at AHS."

## **Be Well - Be Kind**

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### **Supports Available to Keep you Safe from Harassment, Violence**

We know this is a stressful time for our staff and understand that emotions may be running high during these challenging times. Patients, clients, families and visitors may feel stressed or frustrated when they visit or access our sites, and you may feel disrespected or unsafe as a result.

Harassment is never OK and will not be accepted. There are several resources to prevent, address and respond to harassment and violence. Please see the harassment and violence section in the [COVID-19 Staff FAQ](#) for supports and resources. If you have any questions or have other safety concerns, please reach out to your leader.

### **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. If you need some encouragement, please take a moment to read the messages of gratitude on our

[Sharing the Love webpage.](#)

Yesterday (Feb. 17) was international Random Acts of Kindness Day and the creative pupils at Calgary Arts Academy (CAA) used it as an opportunity to share their talent and generosity with their neighbours — the hard-working staff and physicians at Richmond Road Diagnostic & Treatment Centre (RRDTC). Students at CAA created a 60- ft. paper banner adorned with drawings, paintings and messages of gratitude for healthcare workers and the community as a part of their school-wide “Love and Kindness Week.”

The banner is proudly on display in the main hallway at RRDTC for staff, physicians, patients and visitors to enjoy. A big thanks to the students at Calgary Arts Academy for this wonderful gesture of kindness.



### **Wrapping Up**

We’ve talked a lot about gratitude and kindness this week. During a time when there’s a lot of anger being expressed in society and on social media, let us do our best to always live our AHS values and approach life with compassion, grace and thankfulness. And with that, we thank you for everything you do, every day, for patients, families and each other.

With enduring gratitude and appreciation,

**Dr. Verna Yiu**

AHS President & CEO

**Dr. Laura McDougall**

Senior Medical Officer of Health



Healthy Albertans.  
Healthy Communities.  
**Together.**

