

CMO SMOH Weekly Notice for AHS Medical Staff

February 12, 2021

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COVID-19 Case Status in Alberta

This past week, many COVID-19 numbers in Alberta continued to decrease although we're now seeing the spread of more-infectious variants of concern.

Last week, Alberta Health had detected 68 variants of concern cases in the province; this week, there are 156 variant of concern cases: 149 these are B.1.1.7 variant (U.K. variant) and seven are the B.1.351 variant (South African variant). As of Feb. 10, these variants have only been detected in the Calgary, Edmonton and Central zones.

Otherwise, active cases, hospitalization numbers and ICU admissions are all down this week.

As of Feb. 10, there were 5,501 active cases in the province, down from 6,588 on Feb. 3, a 16.5 per cent decrease and the lowest number since the end of October. However, after two consecutive weeks of decreasing case numbers in all five zones, this week the active case numbers went up in the Central and South zones.

The table below shows the number of active cases for each zone for the last two weeks.

	Active Cases (as of Feb. 10)	Active Cases (as of Feb. 3)	Per cent Change
Calgary	2,202	2,710	-18.8%
Edmonton	1,616	2,117	-23.7%
North	703	811	-13.3%
Central	679	645	+5.3%
South	292	288	+1.4%
Unknown	9	17	-47.1%

There was an average of 331 daily new cases for the seven-day period ending Feb. 10, compared to 441 for the prior week, a 19.5 per cent decrease. Slightly more than half of all new cases were individuals between the ages of 20 and 49 years.

Hospitalizations and ICU admissions

For the sixth consecutive week, there has been a week-to-week decline in the total number of individuals being treated in hospital for COVID-19.

On Feb. 10, there were 397 individuals in hospitals across the province compared to 515 hospitalizations on Feb. 3, a 22.9 per cent decrease. Of those individuals in hospital on Feb. 10, 71 individuals were in intensive care units (ICUs) compared to 94 on Feb. 3, a 24.5 per cent decrease. For the first time in months, the Calgary Zone has the most current hospitalizations.

The breakdown of hospitalizations by zone as of Feb. 10 is as follows:

	Hospitalizations	ICUs
Edmonton	138	21
Calgary	148	30
North	48	4
Central	30	5
South	33	11

Other notable COVID-19-related information

- As of Feb. 10, a total of 127,921 cases of COVID-19 have been detected in Alberta and a total of 5,615 individuals have been hospitalized, which amounts to 4.4 individuals for every 100 cases.
- As of Feb. 10, 1,744 individuals have passed away from COVID-19, including 60 over the past seven days (Feb. 4 to Feb. 10). 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 Feb. 4 to Feb. 10, 62,312 COVID-19 tests were completed, an average of 8,902 tests per day. During this period, the daily positivity ranged from 3.16 per cent to 4.38 per cent. As of Feb. 10, a total of 3,278,428 tests have been conducted and 1,782,832 individuals have been tested.
- For the winter school term, as of Feb. 10, AHS has confirmed 1,047 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 460 out of 2,415 schools (19 per cent) in the province have reported an individual has attended their school while infectious or had in-school transmission.
- The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The provincewide R value from Feb. 1 to 7 was 0.87.

COVID-19 Testing for Healthcare Workers — the Latest Numbers

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). These statistics provide the total number of AHS, Covenant Health (CH) 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.

As of Feb. 10:

- 76,663 employees (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 4,563 (or 5.95 per cent) have tested positive.
- Of the 1,540 employees who have tested positive and whose source of infection has been determined, 465 (or 30.2 per cent) acquired their infection through a workplace exposure. An additional 3,023 employees who have tested positive are still under investigation as to the source of infection.

- 4,931 physicians (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 193 (or 3.91 per cent) have tested positive.
- Of the 60 physicians who have tested positive and whose source of infection has been determined, 8 (or 13.3 per cent) acquired their infection through a workplace exposure. An additional 133 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](#) and [dashboard](#).

COVID-19 Immunization Update

By the Numbers

As of 3 p.m. on Feb. 12, more than 141,000 total doses of COVID-19 vaccine have been administered in Alberta, including:

- 49,700+ healthcare workers
- 52,800+ long-term care (LTC) and designated supportive living (DSL) residents
- 36,900+ LTC/DSL staff

In total, 48,049 Albertans have received both Dose 1 & Dose 2, and 45,285 have had Dose 1 only.

Care After COVID-19 Immunization – where to report side effects

Although it's rare to have a serious side effect after receiving the Pfizer-BioNTech or Moderna COVID-19 vaccines, please ensure you call Health Link at 811 to report any serious or unusual side effects.

- If you have side effects that are the same as COVID-19 symptoms, you must stay home and away from others (isolate), even if you think the side effects are from the vaccine.
- If the side effects go away within 48 hours, you don't have to keep isolating, and you can go back to your normal activities. If you've been told to isolate for other reasons, you must keep isolating.
- If the side effects last longer than 48 hours, stay home. Contact Health Link at 811 or do the [COVID-19 Self-Assessment](#) for Albertans to book an appointment for a COVID-19 test. If you don't get tested for COVID-19, you must stay home for 10 days from the start of your symptoms or until you no longer have symptoms, whichever is longer.
- If you only have redness, swelling or soreness where you had the needle, you don't need to stay home and away from others.

Additional care after immunization information can be found on [MyHealth.Alberta.ca](#)

I've Been Immunized Against COVID-19, Now What?

People who have received COVID-19 vaccine are still required to follow all measures put in place to prevent the spread of the virus. The vaccines being used in Alberta are good at protecting people from developing illness caused by COVID-19 but no vaccine is 100 per cent effective. Continuing to adhere to public health measures after being immunized helps protect the small percentage of people who are still susceptible after receiving their vaccine. Also, what we don't know yet is whether people who have been immunized can still become infected with the virus and spread it to someone else, even if they themselves don't have symptoms.

As we learn more about the vaccines and more people have been immunized, we'll be able to revisit the requirements for people who have been immunized. In the meantime, it's important people who have been immunized continue to follow public health measures in order to protect themselves and others from COVID-19.

Long-term Care and Designated Supportive Living Update

As of Feb. 12, more than 76 per cent of residents of long-term care and designated supportive living have received both doses of vaccine. The rest are slated to receive vaccine in the coming weeks.

Vaccine Waste Mitigation Strategy

To ensure we continue to roll out COVID-19 vaccine as quickly and efficiently as possible and minimize the number of COVID-19 vaccine doses that are unused, the AHS Vaccine Task Force, in consultation with AHS Legal and AHS Clinical Ethics Services has updated the AHS COVID-19 vaccine waste mitigation strategy.

Current waste levels of COVID-19 vaccine are extremely low and total approximately 0.2 per cent. While our public health immunizers are experienced in vaccine management and have been working to ensure there is minimal wastage, on rare occasions, a small number of doses may remain at the end of the day that need to be used within a short time period. In the event this occurs, the updated strategy includes the use of an evolving list of eligible individuals who are consistent with the current sequence, who can be offered immunization. These individuals include those:

- Due to receive a second dose and are within the appropriate window,
- Eligible to receive their first dose but have not,

AHS is able to identify these individuals by looking at those that have been booked for future appointments or whose appointments have been postponed. The strategy will be implemented into all COVID-19 vaccination clinics province-wide immediately.

Doc of the Week – Dr. Mike Spady

Throughout the pandemic, Dr. Mike Spady, Zone Clinical Department Head, Department of Family Medicine, Calgary Zone, Medical Leader, Community Health, Calgary Zone, has had an immensely difficult job of managing all of the primary care practitioners in the Zone — from community family physicians, long-term care physicians, palliative care, maternal newborn (low risk obstetrics), hospitalist admission physicians, and urgent care physicians. The breadth of this responsibility is difficult to fathom — every aspect of the COVID-19 response has required his input. Getting PPE to family doctors' offices, dealing with outbreaks, sick personnel, and ensuring physicians in the hospital are up to date on the latest COVID-19 treatments, and more. All the while he has demonstrated incredible grace and patience with the people who he works with.

In recent months he has excelled in leadership, advocacy and coordination. He has continually advocated for the value of primary care and particularly the patient medical home.

Throughout the Calgary Zone COVID-19 pandemic response, he has been a champion to keep care in the community by promoting our Community based Hybrid model:

6. COVID-19 RESPONSE

GLOBAL ISSUE, LOCAL STRATEGY



Community-Based Hybrid Approach



Maintain attachment of medically stable patients, including low risk for COVID-19, to Patient Medical Home for informational, relational & management continuity



Establish strategically placed clinics throughout the Zone to manage ambulatory COVID positive or suspected positive patients with secondary medical conditions which require 'in person' assessment.



Partner with AHS to Co-manage COVID-19 infected patients to reduce burden on Acute care and provide Surge Capacity

This approach has served as a standard in the Province, with adoption by other Zones.

His leadership and ongoing sponsorship of our COVID-19 response in the zone is commendable and worth recognition.

Thank you, Dr. Spady, for your ongoing efforts and dedication to your colleagues, and the care of Albertans.

Doc of the Week Call for Nominations

Do you know a physician who has gone above and beyond during the pandemic to shape and drive improvements for patients? Perhaps a physician colleague has gone above and beyond to help support others during a difficult day?

Each week, we would like to take a moment to celebrate and thank the amazing physicians working across the province to provide high-quality care to patients, staff and colleagues across the province. If you know someone who deserves to be celebrated, please email CMO@ahs.ca with your suggestion, and a brief description of why.

Physician Wellness Zoom Rooms

Date: Tuesday, Feb. 23, 5-6 p.m.

Topic of focus: Anti-bullying

Co-Moderators: Dr. Jennifer Williams, South Zone Medical, Physician Health, Wellness and Diversity, AHS, and Veronica de Freitas, Program Manager, Respectful Workplaces, AHS

*Aaron Russell will be graphic recording this discussion for release on Pink Shirt (Anti-bullying) Day

Zoom Link: [Here](#)

Infographics from past Physician Wellness Zoom rooms can be found at www.ahs.ca/mdwellness.

Date: Tuesday, March 9, 5-6 p.m.

Topic of focus: Moral Distress

Zoom Link: [Here](#)

Date: Tuesday, March 23, 5-6 p.m.

Topic of focus: The positive effects of poetry and music on wellness during the pandemic

Zoom Link: [Here](#)

Government of Alberta announces Critical Worker Benefit

On Feb. 10, the Government of Alberta announced a one-time [Critical Worker Benefit](#) of \$1,200 for eligible workers. AHS is currently working with the Government of Alberta on the application of the Critical Worker Benefit for AHS staff. This applies to all unionized staff at AHS who meet the minimum hour requirement of 300 hours between Oct. 12, 2020, and Jan. 31, 2021. Paid hours, including vacation and sick time but excluding overtime, contribute to the minimum hour requirement.

AHS' role is to distribute the payment based on the eligibility set by the Government of Alberta. AHS will be developing a process to ensure all eligible staff are notified and receive the benefit through our existing payroll process. We appreciate your patience as we establish a new process to issue these payments.

New Federal Requirements for Air, Land Travellers

Air travellers landing in Canada will have to quarantine in a hotel at their own expense, starting Feb. 22, [the federal government announced](#) on Feb. 12. The new requirement is intended to curb the spread of more infectious variants of concern.

The announcement comes two weeks after the federal government said air travellers returning from non-essential trips abroad will have to isolate in a federally mandated facility for up to 72 hours while they await results of their COVID-19 test.

Travellers will need to book a hotel stay or up to 72 hours in the city in which they first arrive in Canada: either Calgary, Vancouver, Montreal or Toronto.

Travellers who test negative for COVID-19 on their arrival test will be able to take a connecting flight to their final destination. Travellers who test positive will be moved to a designated quarantine facility.

Vaccinated Canadians will not be exempt from this new requirement. Travellers will still need to adhere to the mandatory 14-day quarantine period for returning non-essential travellers.

Also this week, the federal government announced that, as of Feb. 15, non-essential travellers entering Canada through a land border will need to provide proof of a negative COVID-19 test within 72 hours of arrival. Starting Feb. 22, travellers entering Canada at the land border — including at Coutts, Alberta — will be required to take a COVID-19 test on arrival and toward the end of their 14-day quarantine.

COVID-19 Rapid Testing Expanding

Our teams at Alberta Precision Laboratories (APL) have now deployed rapid testing at 33 COVID-19 assessment centres in communities across the province, 29 hospitals, as well as at seven homeless shelters in Calgary, Red Deer and Edmonton. And, we have also rolled out mobile testing teams that are equipped with rapid testing capabilities, to provide on-site testing at long-term care and designated supportive living facilities. These are all for symptomatic people within seven days of symptom onset.

These teams have visited dozens of care facilities across AHS's Edmonton and Central Zones, helping to protect seniors who are the most vulnerable to the virus.

We continue to work with our private-sector partners on expanding the use of these mobile facilities in more communities. We are also adding a new layer of protection for the residents of continuing care facilities across the province.

Using rapid testing to routinely screen staff of these facilities will allow us to catch positive cases even in those who do not show symptoms of COVID-19. This will go a long way to preventing outbreaks from starting, and ensuring those who care for the most vulnerable members of our community are not inadvertently introducing the virus to their workplaces.

Our medical-scientific staff have done outstanding work in evaluating the effectiveness of the point-of-care rapid testing systems, ensuring that we incorporate them into the provincial testing program in a way that maximizes our ability to prevent the spread of the virus in our communities.

We have made amazing progress in understanding this virus in such a short time, and we'd like to recognize the thousands of staff from AHS and APL for the hard work and long hours they have put into our pandemic response.

Influenza Immunization Update

As of Feb. 6, 2021, 1,530,446 doses of influenza vaccine have been administered in Alberta. Immunizations are up by more than 170,900 compared to the same time last year.

For the 14th week in row, there are no reported cases of seasonal influenza in Alberta.

Alberta Precision Laboratories (APL) have tested 93,858 respiratory swabs for influenza from Aug. 23, 2020 to Feb. 9, 2021.

We continue to make exceptional progress this season. Let's continue to protect each other from this vaccine-preventable illness and reduce the strain on our healthcare system.

Check [Insite](#) for options to get your influenza vaccine, [resources](#) to support this year's campaign and guidance on what to do if you experience [symptoms after immunization](#).

For Awareness: Nurse Practitioner Billing Process Coming Soon

On March 1, 2021, AHS will have a provincial process in place to support [nurse practitioner \(NP\) billing for professional services](#). The process will make billing more accessible to NPs and also bring consistency to how NPs bill for services.

It does not affect how physicians bill for patients.

Over the years, NP scope has expanded to enable opportunities for NPs to bill for professional services not covered by Alberta Health, making it different than physician fee-for-service billing. This highlighted the need for a consistent process to support NPs and enable AHS to capture accurate data, report on NP-specific revenue and determine claim volume.

The revenue generated through NP billing will be directed back to the NPs primary department. This practice is consistent with Management Information Systems and Canadian Institute for Health Information guidelines.

Questions? Contact advancedpracticenursing@ahs.ca.

Additional Resources for Physicians:

- [Acute Care Outbreak Prevention & Management Task Force](#)
- [AHS Immunization Information](#)
- [AHS Virtual Health](#)
- [COVID-19 FAQ for Clinicians](#): Includes immunization updates
- [COVID-19 Resources for Community Physicians](#)
- [COVID-19 Testing and Self-Isolation Criteria](#)

- [CPSA's physician portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [Government of Alberta Vaccination Updates](#)
- [How to Access AHS Insite and Email](#)
- [How to do a Nasopharyngeal \(NP\) Swab](#) (New England Journal of Medicine)
- [IPC Emerging Issues](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- [Spectrum](#) – A mobile app customized to deliver local antimicrobial stewardship guidelines, resistance data, dosing information, and AHS COVID-19 related content.
- COVID-19 Questions? Contact your local Zone Emergency Operations Centre (ZEOC):
 - ZEOC.South@ahs.ca
 - ZEOC.Calgary@ahs.ca
 - ZEOC.Central@ahs.ca
 - ZEOC.Edmonton@ahs.ca
 - PCH.ZEOCNorth@ahs.ca

For more information

- Visit the [COVID-19 Healthcare Professional information page](#) on the AHS website for more information or contact AHS.ECC@ahs.ca.
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

This update, provided every Friday, is intended to provide a summary of the key action items, information and decisions for AHS Medical Staff in relation to clinical policies and practices, and for the COVID-19 pandemic response. It is forwarded to physicians' preferred email inbox.

Do you have COVID-19 questions, information, or a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition of the COVID-19 CMO update? Let us know at CMO@ahs.ca.

Sincerely,

Dr. Francois Belanger

Chief Medical Officer and VP, Quality

Dr. Laura McDougall

Senior Medical Officer of Health

