

# CMO SMOH Weekly Notice for AHS Medical Staff

March 12, 2021

## This week:

- Save the Date: March 18 – CMO Physician Conversation Series – Vaccine, Vaccines: Who/What/When **Reminder**
- AMA's COVID-19 Talks for Docs **New**
- ACFP Keynote Panel Discussion on Vaccines
- Scientific Advisory Group Rapid Reviews
  - Starting or Resuming Cancer Treatment **New**
  - Colchicine **New**
- Doc of the Week **New**
- MD Culture **New**
- Annual Royal Alexandra Hospital Medicine Conference **New**
- Highlights from the CEO All Staff Update
  - COVID-19 Case Status in Alberta **Update**
  - COVID-19 Testing for Healthcare Workers — the Latest Numbers **Update**
  - COVID-19 Immunization **Update**
  - National Day of Observance **New**
  - Influenza Immunization **Update**
  - Get Set to Spring Forward for Daylight Savings Time – March 14 **New**
  - Gratitude from Albertans **New**
- Additional Resources for Physicians

## **Reminder: Save the Date: March 18 – CMO Physician Conversation Series – Vaccine, Vaccines: Who/What/When**

On Thursday, March 18, physicians are invited to participate in a virtual Provincial CMO Physician Conversation and Q&A about vaccine sequencing with:

- Dr. Francois Belanger, Vice President, Quality, and Chief Medical Officer
- Dr. Laura McDougall, Senior Medical Officer of Health
- Dr. Jennifer Bestard, Central Zone Medical Director, Physician Vaccine Working Group Lead
- Dr. Cheri Nijssen-Jordan, Physician, AHS Vaccine Task Force Co Lead

During this session, we will provide updates on the COVID-19 vaccination process, including how phases were set, how decisions were made based on phases and principles set by the Government of Alberta, and next steps in the immunization roll out. Following the presentation, there will be time for a Q&A period and opportunities for you to ask questions of your AHS medical leadership. Additional time will be allocated for open feedback for suggestions about issues and topics to cover in future sessions.

### Meeting details

**Date:** Thursday, March 18

**Time:** 7-8 a.m. MST

[Zoom Meeting](#)

Meeting ID: 940 8816 7399

Passcode: 620644

One tap mobile

+17789072071,,94088167399# Canada

+12042727920,,94088167399# Canada

Dial by your location  
+1 587 328 1099 Canada  
Meeting ID: 940 8816 7399  
Find your local number: <https://zoom.us/j/ashekn6rk>

The CMO Physician Conversation series is intended to provide information and updates about issues that are important to you, and which impact your practice. Please complete this [quick two-minute survey](#) about the CMO Physician Conversation Series.

We will be continuing this series on a monthly basis, on the third Thursday of the month.

### **AMA's COVID-19 Talks for Docs**

The Alberta Medical Association (AMA) hosts a bi-weekly series on the care and management of COVID-19 patients in the community. This sixth webinar will respond to common and emerging questions from primary care and other generalist physicians (e.g., pediatricians, internal medicine) about the COVID-19 vaccination planning. Participants will have time to ask questions related to managing patient and practice needs during COVID-19, including:

- What's new with Alberta's vaccine distribution plan?
- How can I help my patients get their vaccination?

**Date:** March 17

**Time:** 12-1 p.m.

**Registration information:** [Here](#)

### **ACFP Keynote Panel Discussion on Vaccines**

On March 5, 2021, at the Alberta College of Family Physicians' 2021 Virtual Family Medicine Summit, during the keynote panel discussion on [Processing the Pandemic: Where are we now, and what comes next?](#), Dr. Deena Hinshaw, Chief Medical Officer of Health for Alberta, provided a review of the rationale for the immunization of healthy 50–64-year olds using the Covishield/AstraZeneca vaccine, as well as who mRNA vaccines are being prioritized for and why. You can view the panel [here](#).

### **Scientific Advisory Group Rapid Reviews**

#### **Starting or Resuming Cancer Treatment for Patients with COVID-19**

AHS SAG conducted a rapid review to provide guidance around starting or resuming cancer treatment for patients with COVID-19 infection, to be used in addition to clinical judgment and knowledge of the patient. This guidance suggests:

- Patients diagnosed with cancer who have had COVID-19 should generally defer their visit to the cancer centre until symptoms of COVID-19 have substantially resolved for at least 48 hours, and at least 14 days have passed from the onset of COVID-19 symptoms (or 14 days since specimen collection date if asymptomatic).
- Patients who experienced critical COVID-19 illness, or are highly immunosuppressed (e.g., bone marrow transplant patients, patients receiving active chemotherapy), should generally wait for at least 21 days before visiting a cancer centre. Decisions about the specific number of days will be made by the patient's oncologist in consultation with an infection prevention and control physician on a case-by-case basis.
- Cancer treatment for patients with a recent diagnosis of COVID-19 should generally be deferred for at least three months for cancers with a low risk of progression, and 1-3 months for cancers with intermediate risk of progression. No delays are recommended for cancer with high risk of progression.

This report also emphasizes the need for oncologists to consult with an infection prevention and control physician to determine the optimal timing for removal from isolation for highly

immunocompromised patients. Studies are continuing in this area and recommendations may change in the future. For more information about this report, see the [Rapid Review](#).

Despite the ongoing pandemic, it's important to continue to encourage Albertans to visit their doctor, especially if they notice changes in their health or changes in their body.

Health care facilities have put extra cleaning and distancing protocols in place to continue to keep Albertans safe during their visit and the healthcare system has been and continues to be open to help, including to diagnose and manage cancer.

### **Colchicine**

AHS SAG conducted a rapid review to explore and summarize the scientific research on Colchicine for use in COVID-19 treatment to provide guidance to public health officials and clinicians.

Recently, a press release from the Montreal Heart Institute reported that a new study (Tardif et al.) showed that if taken soon after COVID-19 diagnosis, Colchicine could reduce the risk of progression of COVID in patients over 40 years old who were at risk of developing more severe disease.

Colchicine is a medication used to treat gout and some other inflammatory diseases. It has been available in Canada for a long time, and is effective at treating gout, where it is used for a short course. Its use can be limited by side effects like fatigue, nausea, vomiting, and diarrhea. There is a potential to overdose on Colchicine (which can be very dangerous) by taking more than the recommended dose. This rapid review found that:

- It wasn't clear that there is benefit to Colchicine treatment for COVID-19 treatment.
- Colchicine treatment has side effects (e.g., diarrhea, stomach ache, or vomiting) that may be serious in patients with COVID-19 who may already be dehydrated due to their COVID-19 diagnosis. A small number of people receiving Colchicine developed blood clots in their lungs (more than those receiving the placebo), a serious complication that may lead to death.

Studies are continuing in this area and recommendations may change in the future. For more information about this report, see the [Rapid Review](#).

### **Doc of the Week – Dr. Ernst Greyvenstein**

Dr. Ernst Greyvenstein is a family physician in the Calgary Zone who wears many hats, all in an effort to improve outcomes for patients. He has worked tirelessly since COVID-19 arrived to coordinate the response between Alberta Health, AHS and community physicians. Dr. Greyvenstein's ongoing collaboration with multiple provincial, zone and primary care partners has been instrumental in developing patient centered approaches to nearly every aspect of the COVID response: from access to PPE to timely testing to improved routing of results to community physicians.

Dr. Ernst Greyvenstein is a determined advocate for patient-centered medical homes. Thank you, Dr. Greyvenstein, for your dedication and support to your colleagues and Albertans.

### **MD Culture**

Check out our newsletter, MD Culture Shift Winter edition, [here](#).

#### **Physician Wellness Zoom Rooms**

- **Date:** Tues. March 23, 5-6 p.m.  
**Topic of focus:** The positive effects of poetry and music on wellness during the pandemic  
**Zoom Link:** [Here](#)

Infographics from past Physician Wellness Zoom rooms can be found at [www.ahs.ca/mdwellness](http://www.ahs.ca/mdwellness).

### **Annual Royal Alexandra Hospital Medicine Conference**

The virtual annual Royal Alexandra Hospital (RAH) Medicine Conference is now open for registration.

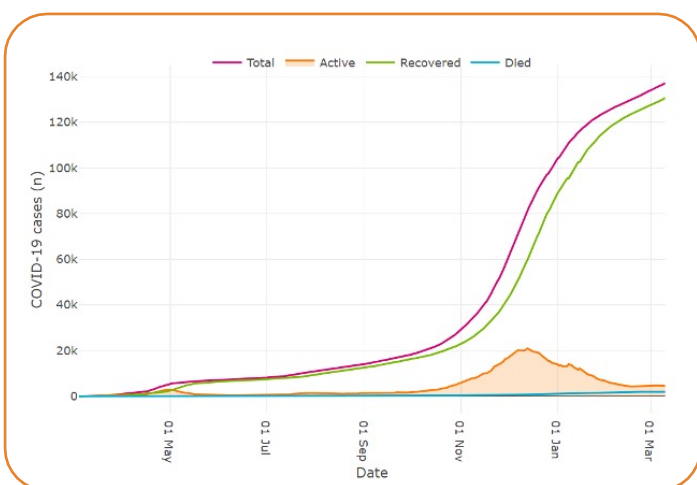
The RAH Hospital Medicine conference brings together Family Medicine frontline physicians, nurses, residents, students, clinical associates and other various health care providers throughout the country for an informative and beneficial conference. This conference provides an opportunity to network with other colleagues interested in hospital medicine.

Please visit the [website](#) for more information on speakers, topics and schedule.

## Highlights from the CEO All Staff Update

### COVID-19 Case Status in Alberta

The province's COVID-19 numbers remained relatively stable this past week. As of March 10, there were 4,488 active cases of COVID-19 in the province, 125 fewer than the previous week (representing a 2.7 per cent decrease) despite a spike in cases in the South Zone.



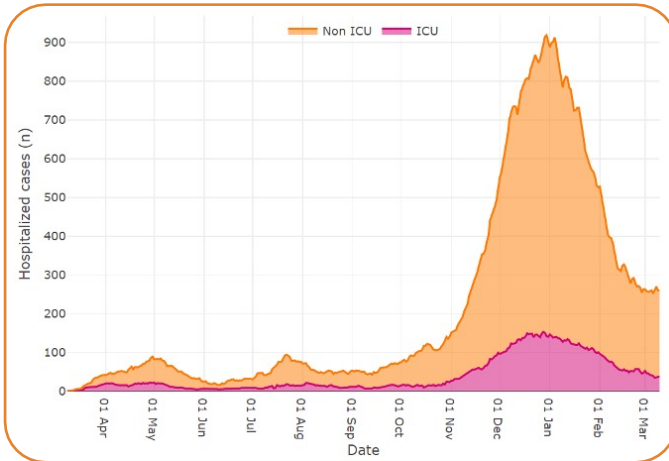
The table below shows the number of active cases for each zone for each of the last two weeks.

	<b>Active Cases (as of March 10)</b>	<b>Active Cases (as of March 3)</b>	<b>Per cent Change</b>
<b>Calgary</b>	1,654	1,645	+0.6%
<b>Edmonton</b>	1,147	1,082	+6.0%
<b>North</b>	813	1,009	-19.4%
<b>South</b>	438	326	+34.4%
<b>Central</b>	431	545	-20.9%
<b>Unknown</b>	5	6	-16.7%

The average number of daily new cases also remained stable this past week, with an average of 340 daily new cases for the seven-day period ending March 10, compared to 337 cases the previous week (Feb. 25 to March 3). The Calgary Zone had the largest number of new cases this week with 837, representing slightly more than a third of all new cases in the province. Over the same period, there were 1,181 new cases among individuals aged 20 to 49 years, representing half of all new cases.

### *Hospitalizations and admissions*

After nine weeks of declining hospitalizations, the total number of individuals being treated for COVID-19 in Alberta's hospitals climbed slightly this week. On March 10, there were 259 individuals in hospitals across the province compared to 256 on March 3, a 1.2 per cent increase. There were 38 individuals in ICUs on March 10 compared to 45 on March 3, a 15.6 per cent decrease.



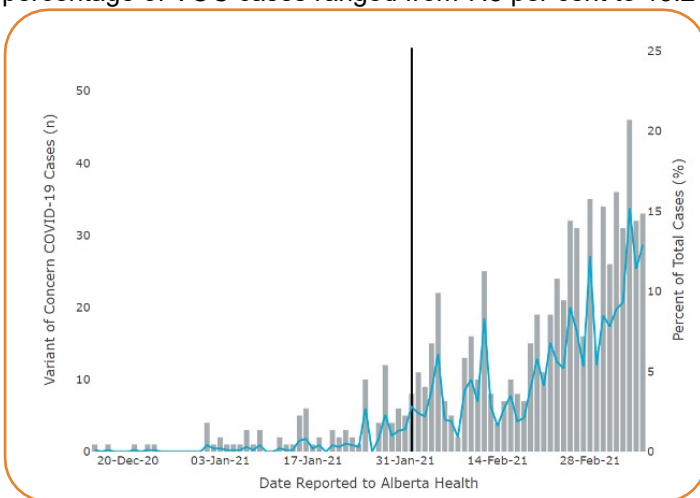
The breakdown of hospitalizations by zone as of March 10 is as follows:

	<b>Hospitalizations</b>	<b>ICUs</b>
<b>Calgary</b>	93	15
<b>Edmonton</b>	75	11
<b>Central</b>	32	7
<b>South</b>	31	4
<b>North</b>	28	1

#### *Variants of concern*

Alberta Health has now reported 775 cases of COVID-19 variants of concern (VOC): 760 are B.1.1.7 variant (U.K. variant) and 15 are B.1.351 variant (South African variant). This represents a 34.6 per cent increase from one week earlier on March 3 when there were 576 VOC cases. VOCs have been detected in all zones, with the South Zone reporting its first cases this week.

The figure below shows new VOC cases by bar (grey bars) and the percentage of VOC cases identified compared to other cases of COVID-19 (blue line); between March 2 and March 8, the percentage of VOC cases ranged from 7.8 per cent to 15.2 per cent.



*(Note: People are identified as COVID-19 cases prior to VOC identification. As such, VOC reporting is delayed compared to date the case was reported to Alberta Health.)*

*Other notable COVID-19-related information:*

- As of March 10, a total of 137,137 cases of COVID-19 have been detected in Alberta and a total of 6,127 individuals have been hospitalized, which amounts to 4.5 individuals for every 100 cases. In all, 130,716 Albertans have recovered from COVID-19.
- As of March 10, 1,933 individuals have passed away from COVID-19, including 22 new deaths between March 4 and March 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 March 4 to March 10, 58,305 COVID-19 tests were completed, an average of 8,329 tests per day. During this period, the daily positivity ranged from 3.73 per cent to 4.60 per cent. As of March 10, a total of 3.5 million tests have been conducted and more than 1.84 million individuals have been tested.
- 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 March 1 to March 7 was 0.95.
- For the winter school term, as of March 10, AHS has confirmed 1,886 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 644 out of 2,415 schools in the province have reported an individual has attended their school while infectious or had in-school transmission.

### **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 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 March 10:

- 77,967 employees (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 4,769 (or 6.12 per cent) have tested positive.
- Of the 2,123 employees who have tested positive and whose source of infection has been determined, 519 (or 24.4 per cent) acquired their infection through a workplace exposure. An additional 2,646 employees who have tested positive are still under investigation as to the source of infection.
- 5,015 physicians (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 201 (or 4.01 per cent) have tested positive.
- Of the 80 physicians who have tested positive and whose source of infection has been determined, 11 (or 13.8 per cent) acquired their infection through a workplace exposure. An additional 121 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 Updates**

#### *By the Numbers*

As of 10 a.m. today (March 12), more than 313,300 total doses of COVID-19 vaccine have been administered in Alberta, including:

- 97,300+ doses to healthcare workers other than LTC/DSL.
- 85,400+ doses to Albertans 75 years of age and older.
- 57,300+ doses to long-term care (LTC) and designated supportive living (DSL) residents.
- 54,000+ doses to LTC/DSL staff.
- 13,300+ doses in other congregate living environments.
- 4,500+ doses Covishield/AstraZeneca
- 1,200+ doses for others (including non-healthcare essential service workers and spouses of Albertans 75+)

Percentage of eligible individuals identified in Phase 1, have received at least one dose:

- Healthcare workers: 98 per cent
- LTC/DSL staff: 81 per cent
- LTC/DSL residents: 79 per cent
- Albertans 75 years of age and older: 48 per cent

In total, about 90,000 Albertans have received both Dose 1 and Dose 2, and more than 133,200 have received Dose 1 only.

#### *Covishield/AstraZeneca Rollout*

Appointments to receive the Covishield/AstraZeneca vaccine are now available for:

Albertans born in:	First Nations, Métis, Inuit peoples born in:
<ul style="list-style-type: none"><li>• 1957</li><li>• 1958</li><li>• 1959</li><li>• 1960</li></ul>	<ul style="list-style-type: none"><li>• 1972</li><li>• 1973</li><li>• 1974</li><li>• 1975</li></ul>

Beginning 8 a.m. Saturday, March 13, additional years are being added to include 1961 for all Albertans and 1976 for First Nations, Métis and Inuit peoples.

As of 4 p.m. today (March 12), more than 43,000 eligible Albertans have been booked to receive COVID-19 immunization with the Covishield/AstraZeneca vaccine.

Eligible Albertans, including healthcare workers in eligible age groups, can choose to receive the Covishield/AstraZeneca vaccine now or wait until their sequenced phase to receive one of the mRNA vaccines (Pfizer or Moderna), which we anticipate will be sometime in May.

In general, Alberta Health is recommending Covishield/AstraZeneca vaccine for Albertans, 18 to 64 without a contraindication, such as a severe reaction to a vaccine ingredient. Appointments will continue to open in stages by birth year, adding one or two years at a time, while supply lasts.

#### *Rollout of Phase 2A*

[Phase 2A](#) of the COVID-19 vaccine program will begin March 15. Phase 2A will include Albertans between the ages of 65 and 74, and First Nations, Inuit and Métis peoples ages 50 and older. More than 437,000 Albertans will be offered the vaccine in this upcoming phase.

To reduce wait times, avoid overwhelming the AHS booking tool, and vaccinate people as quickly as possible, AHS will be offering appointment bookings by age group. Immunizations will also be offered to the entire Phase 2A cohort through pharmacies across the province. Participating pharmacies are listed on the [Alberta Blue Cross](#) website.

Starting March 15 at 8 a.m., all Albertans born in 1947 will be eligible to book an appointment. These individuals can book through both the AHS online booking tool or through Health Link at 811 if they need help booking an appointment.

First Nations, Métis and Inuit people born in 1962 will also be eligible to book an appointment on March 15. Those living on reserve and on Métis Settlements who are aged 50 and older will have access to immunization within their communities. For both cohorts, more appointments will open by year of birth, adding one additional year at a time, as vaccine is available.

We recommend all healthcare workers who become eligible in Phase 2A due to age, or other eligibility criteria, get their vaccine as soon as possible. Once someone becomes eligible, they remain eligible.

The faster individuals get vaccinated, the more quickly our communities will have protection against continued spread of the virus, and reduce the chances of hospitalization. Widespread vaccination will help all Albertans return to a more normal way of life, sooner.

We encourage everyone to review [current evidence](#) in order to make the best and most informed decision about your health, the health of your loved ones and the greater community. The [Alberta Health Services](#) and [Alberta Health](#) websites will continue to provide information to Albertans on the next eligible cohort as we expand one year at a time to include more Albertans.

Also watch for more information on the AHS Twitter account, [@AHS\\_media](#), and our website, where the latest information on the next eligible cohort will be released each afternoon in advance of the 8 a.m. launch the following day.

### *Second-Dose Spacing Clarification*

As part of ongoing efforts to reduce community transmission of COVID-19, Alberta is offering second doses of the COVID-19 vaccine approximately 16 weeks after the first dose. This aligns with the approach recommended by the National Advisory Committee on Immunization ([NACI](#)) and will allow as many Albertans as possible to receive at least one dose of COVID-19 vaccine in the coming weeks.

All Albertans who have received a first dose or who booked a first-dose appointment prior to March 10 will have their second doses provided according to the previous timeline (within 42 days).

Current evidence suggests high vaccine effectiveness against symptomatic disease and hospitalization for several weeks after the first dose, including among older populations. Evidence also shows longer spacing between doses does not reduce protection or duration of immunity for multi-dose products.

While the vast majority of long-term care (LTC), designated supportive living (DSL) and licensed supportive living facility residents will have received one or both doses of COVID-19 vaccine prior to this change, residents of seniors congregate care receiving their first dose on or after March 10 will be offered their second doses at the 16-week interval in alignment with the new recommendations.

- The previous distinction in vaccine spacing recommendations for the LTC/DSL population is no longer recommended.
- Data from studies in healthcare workers, LTC residents, elderly populations and the general public shows vaccine effectiveness is approximately 80 per cent after a single vaccine dose with sustained high levels of protection.
- Real-world vaccine effectiveness is typically lower than what you would see in clinical trials, which report 92 per cent protection from symptomatic disease two weeks after a single dose.

It remains important to have both doses of COVID-19 vaccine to ensure long-lasting protection. Immunization recommendations, including spacing, will continue to be assessed based on the most up-to-date information available.

### *Canadian National Vaccine Safety Network Seeking Participants in Survey*

The Canadian National Vaccine Safety (CANVAS) Network is seeking participants to participate in a web-based survey to track any potential adverse reactions to COVID-19 vaccines. To assess events that are related to the vaccines, the network is looking for both persons who have been immunized as well as persons who have not been immunized to be in a control group.



Investigators across Canada, including here in Alberta, are working to monitor the safety of COVID-19 vaccines in very large numbers of persons in real time.

Participants can join the monitoring program through the [CANVAS website](#), through the [online booking tool](#), or where they are immunized. Participants will be asked to complete online surveys eight days after they receive the first COVID-19 vaccine, another eight days after the second dose – if they receive a two-dose vaccine – and then a final survey six months after that.

Unimmunized control participants will complete the same survey either one or three times. The CANVAS Network conducts active safety surveillance for pandemic vaccines (e.g., H1N1 influenza vaccine in 2009), seasonal influenza vaccines (2010-2020) and other new vaccines (e.g., meningococcal B vaccine in Quebec in 2014) to inform Canadians about their safety.

### **National Day of Observance**

Flags at AHS sites were lowered to half-mast from sunrise to sunset on March 11, 2021 to acknowledge the National Day of Observance for COVID-19. The [Government of Canada](#) has designated March 11 as a National Day of Observance to commemorate those who lost their lives and the significant impacts we have all felt because of COVID-19.

More than 1,900 Albertans and 22,000 Canadians have died from COVID-19. We remember all those who have tragically lost their lives and we extend our deepest condolences to the loved ones of these individuals.

### **Influenza Immunization Update**

As of March 6, 2021, 1,562,546 doses of influenza vaccine have been administered in Alberta. Immunizations are up by more than 147,000 compared to the same time last year. For the 18<sup>th</sup> week in row, there are no reported cases of seasonal influenza in Alberta.

Alberta Precision Laboratories (APL) have tested 102,555 respiratory swabs for influenza from Aug. 23, 2020 to March 6, 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](#).

[Click here](#) for more information on the influenza immunization clinics for the public, including your families. And, if you got your influenza vaccine at a [public health clinic](#), pharmacy or doctor's office, please complete the [Got My Flu Shot Form](#).

### **Get Set to Spring Forward for Daylight Savings Time – March 14**

Being prepared for daylight savings time on Sunday, March 14, will help you better manage fatigue. Fatigue can impact your health, safety and productivity. Statistics show workplace injuries and motor vehicle incidents increase the day following the daylight savings time change.

Remember to take care of yourself. Here's what you can do:

- Please take advantage of our sleep and fatigue resources on the Health and Wellness [Insite](#) (login required) page.
- You can also call the Physician & Family Support Program at 1-877-SOS-4MDS (767-4637) for support. This service is confidential and available 24/7.

### **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 pouring in from across the province and beyond during the COVID-19 pandemic. We want to share a few recent messages of thanks with you — and you can see others on our [Sharing the Love](#) webpage on Insite.

*Being born in 1957 and anticipating a scrum-like event such as I experienced when trying to obtain Elton John concert tickets, last night I set my alarm clock and coffeemaker to ensure I was ready to beat the crowd to an appointment time for a COVID-19 vaccination. Ready to vacillate between my iPad and my phone, I sat down at the breakfast table determined to get through. Much to my amazement, and by only having to press “enter” once, I had my appointment all fixed up within 15 minutes. What a wonderful process! Please, please, please pass along my sincere appreciation to (whoever) developed the AHS program! And, while you’re at it, could you please pass along our gratitude for the wonderful work AHS has been doing, and continues to do, on behalf our province in this pandemic fight. It’s nice to know they have our backs.*

— Dorcas Kilduff

*I had my COVID-19 vaccination this week and my experience was fantastic. From arrival to (immunization), it was 15 minutes. The site is so well-organized, as I’m sure all (immunization) sites are, and so well-staffed. Parking was readily available and there were no lineups. Thank you to the AHS teams. Just think: one year ago, this all started and the world has come together, focused on solutions. And here I am, one year later, with my first immunization. That’s an amazing team effort worldwide and here in Alberta. Thank you for all you have done to keep Albertans safe. I am so thankful for the healthcare you provide and for this first step in being protected from COVID-19. It’s a day to celebrate!*

— Vicki K

*Thank you for all your hard work and care. You are so appreciated. We may not understand fully how difficult the last year has been, but we will always remember your sacrifices and courage.*

— Anonymous

### **Additional Resources for Physicians:**

- [Acute Care Outbreak Prevention & Management Task Force](#)
- [AHS Immunization Information](#)
- [AHS Virtual Health](#)
- [COVID-19 FAQ for Clinicians](#)
- [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](mailto:ZEOC.South@ahs.ca)
  - [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)
  - [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)
  - [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)
  - [PCH.ZEOCNorth@ahs.ca](mailto: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](mailto: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](mailto:CMO@ahs.ca).*

Sincerely,

**Dr. Francois Belanger**

Chief Medical Officer and VP, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health



**Alberta Health  
Services**

Physical  
distancing  
works