

# novel Coronavirus (COVID-19)

## FAQ on Patient Care and Testing – for Community Physicians

March 22, 2021

### What's happening in Alberta?

Alberta continues to see cases of COVID-19. For current case count and additional information for travellers, schools, daycares, employers and all Albertans, visit [www.alberta.ca/covid19](http://www.alberta.ca/covid19).

Community physicians and their teams can email [phc@ahs.ca](mailto:phc@ahs.ca) with questions related to COVID-19.

Other COVID-19 FAQs for community physicians:

- [COVID-19 Immunization](#)
- [COVID-19 IPC and Exposure](#)

Issued by the PCN Incident Response Task Force for COVID-19

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## **Topics of Current Interest**

### **1. UPDATED What are COVID-19 variants?**

- Like most viruses, COVID-19 mutates as it reproduces inside the cells of an infected person. COVID-19 viruses that have changed or mutated are called variants.
- Recently, new variant COVID-19 strains were identified in the United Kingdom, South Africa and Brazil.
- These strains are Variants of Concern because they appear to spread more easily than other strains.
- Work is underway by the international scientific and public health communities to better understand the biological significance of these variant strains, including how the current vaccines may help protect against them.
- For more information, see [COVID-19 Variants](#).
- Alberta is monitoring for variant strains of COVID-19 that have a higher infection rate. Current variant cases numbers can be found [here](#) and are updated regularly.
- Please see the [FAQ for Community Physicians on IPC and Exposure](#) for more information regarding close contacts of variant cases.
- For more information on testing for Variants of Concern, see this [APL Bulletin](#).

### **2. NEW How will I know if my patient has tested positive for a variant?**

Effective March 18, 2021, COVID-19 positive samples now have variant of concern test results reported to the ordering clinician as they currently receive reports. Reports will also be available on Netcare and Connect Care.

More information in this [APL Bulletin](#).

If you are not the ordering physician for a COVID-19 test (note, the Medical Officer of Health is the ordering physician for COVID-19 tests scheduled through the [AHS COVID-19 Online Assessment and Booking tool](#)), you will be notified of your patient's COVID-19 test results, including variant results, if your patient chooses your name and proper location when filling out the [booking tool](#) or when being referred for testing. You will receive test results via your preferred method of lab communication (Netcare, fax, etc.) as you would any other lab results.

If you are not receiving COVID-19 results for your patients, please refer to this [lab-routing memo](#) for help trouble shooting.

### **3. NEW Can colchicine be used to treat COVID-19?**

At this time colchicine should not be prescribed or taken to treat COVID-19.

Please see the [COVID-19 Scientific Advisory Group's Rapid Evidence Report: Colchicine for the treatment of COVID-19](#).

### **4. NEW What are the recommendations for patients receiving cancer treatment infected with COVID-19?**

Please see the [COVID-19 Scientific Advisory Group's Rapid Evidence Report: Cancer treatment after a COVID-19 infection](#) for updated recommendations that supersede recommendations in previous versions of the document.

#### 5. **NEW** Do patients who receive a positive point of care test (POCT) need to be retested?

It depends on how the POCT test is used.

- If the patient is symptomatic and within seven days of symptom onset, a POCT test that is positive is regarded as a true positive and further testing is not required.
- If the POCT is being used for asymptomatic screening, those screening positive must go home, isolate and should book a confirmatory test through the [AHS online booking/testing tool](#), which includes a separate pathway for patients who have received a positive POCT test.

More information on [Rapid COVID-19 Point-of-Care Testing](#) is available on the AHS website.

#### 6. **UPDATED** What information is currently available to help me care for patients with persistent, long-term, post-COVID-19 symptoms?

The AHS Scientific Advisory Group has released a [Rapid Evidence Report](#) that explores the following questions:

- After a diagnosis of COVID-19, which symptoms are commonly noted after 30 days, and what is the usual duration of these chronic symptoms?
- Which patients with COVID-19 are at highest risk of developing these chronic symptoms?
- What mechanisms are likely to be responsible for chronic symptoms?

This [evidence report](#) will be of particular interest to primary care, as it can assist providers in assessing and providing long-term care to patients who have been diagnosed with COVID-19.

The British Medical Journal has also published an article on "[Management of post-acute COVID-19 in primary care](#)," that may assist providers in caring for patients with "long COVID."

A [Nutrition Guideline for Post-COVID-19: Nutrition for Recovery and Rehabilitation](#) is now available. The guideline provides:

- Health professionals with consistent, evidence-based messaging for adults following a COVID-19 infection.
- Answers to commonly asked questions.
- Awareness for currently known nutrition-related post-COVID-19 side effects that may put adult patients at increased nutrition risk.

A new patient resource, [How to Support Your Recovery and Rehabilitation After COVID-19](#), is also now available. The document provides advice on common symptoms people may have after COVID-19, what they can do to manage their symptoms and support their recovery, advice about who to call to get help as well as links to other helpful sources of information.

#### 7. **UPDATED** What information is available on COVID-19 pulmonary clinics?

There are three post-COVID-19 pulmonary clinics in Alberta. They are located in Edmonton and Calgary.

These clinics assess and follow post-COVID-19 patients discharged from the hospitals or referred from the community, to detect and treat post-COVID-19 respiratory complications as early as possible.

Edmonton (University of Alberta Kaye Edmonton Clinic)

- For patients discharged from the UAH or other Connect Care facilities: Please send electronic referral in Connect Care, Pulmonology, provider: Giovanni Ferrara or Ronald Damant, reason: COVID follow up or post-COVID specialist evaluation.

- For external referrals (community or hospitals/facilities not yet on Connect Care): Please send referral via fax, 780-492-4483, pulmonary consultation, provider Giovanni Ferrara or Ronald Damant, reason: COVID follow up or Post-COVID specialist evaluation.

Calgary

- Please refer patients through the Alberta Referral Directory for the pulmonary clinics:
  - [Peter Lougheed Centre](#)
  - [Rockyview General Hospital](#)

**8. UPDATED What are the current testing and isolation requirements for symptomatic adults and children?**

	Fever, cough, shortness of breath	Runny nose, sore throat	Loss of taste or smell	Stuffy nose, painful swallowing, headache, chills, muscle or joint aches, feeling unwell, new fatigue or severe exhaustion, nausea, vomiting, diarrhea, conjunctivitis
Child/Youth	1	2	3	2
Adult	1	1	4	4

- 1) If your patient has any of these symptoms, not related to a pre-existing illness or health condition, they should be tested for COVID-19 and are legally required to isolate for 10 days from when the symptom(s) started.
  - They must stay home except to be tested or to receive urgent medical care following the precautions outlined [here](#). They may not work or attend any public place while waiting for test results.
  - If the patient has a negative test result and they are feeling better, they can resume normal activities, even if the 10 days is not completed.
- 2) If your patient has only 1 of these symptoms, they should stay home. If their symptom is improving after 24 hours, they can return to school and other activities when they feel well enough to go. Testing is not necessary.
  - If the symptom worsens after 24 hours OR if they have 2 or more of these symptoms, testing is recommended but not required. The child can return to activities and school when their symptoms have resolved AND it's been at least 24 hours since their symptoms started.
- 3) If your patient has any of these symptoms, they should be tested for COVID-19 and should isolate for 10 days from when the symptom(s) started
  - If the patient has a negative test result and they are feeling better, they can resume normal activities, even if the 10 days is not completed.
- 4) If your patient has these symptoms they should isolate and be tested for COVID-19.
  - Anyone with active symptoms (even mild ones) should remain at home until their symptoms are gone. However, if they are feeling better they can resume regular activities, even if their test result is not back yet.
  - If the COVID-19 test comes back positive, the patient will be legally required to isolate at that time.

In addition to what is in the table, people of all ages who are close contacts of a case of COVID-19 OR who have returned from international travel in the last 14 days are legally required to quarantine for 14 days. If your patient

fits in more than one category (e.g., has a runny nose and is a close contact of a confirmed case), the isolation requirements would be whichever are the longest. Specific requirements also exist in high-risk settings such as acute care and congregate care facilities. The most up-to-date guidance on isolation and testing can be found at [Alberta Health](#) and [Alberta Health Services](#).

**Variant of concern (VOC) cases:** Household contacts of a case of COVID-19 that is a VOC must quarantine during the case's isolation period (10 days) plus an additional 14 days after the case is no longer infectious, if the case and household contacts remain in the same house. More information is available from [Alberta Health](#).

## Patient Care

### **9. Are there pathways for community physicians to use when determining how to care for patients with suspected/confirmed COVID-19?**

Some zones have developed pathways to help physicians stratify patients with COVID-19 as high, average or lower risk. The pathways provide clinical guidance for managing patients who test positive and include options for accessing specialist advice.

Here is where you can access zonal pathways:

#### Calgary Zone

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

#### Central Zone:

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

#### Edmonton Zone:

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

#### North Zone

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

The AHS COVID-19 Scientific Advisory Group also conducted this [rapid review of risk tools or tests](#) that can assist in deciding who is at risk of clinical deterioration and should be assessed in the emergency department.

### **10. Can ivermectin be used to prevent or treat COVID-19?**

At this time, ivermectin should not be prescribed or taken to prevent COVID-19 outside of a clinical trial. Studies are underway and will be important to determine whether ivermectin is useful as treatment or prevention.

Please see the [COVID-19 Scientific Advisory Group's Rapid Evidence Report: Ivermectin in the Treatment and Prevention of COVID-19](#).

### **11. What resources are available for individuals who require translation support?**

Community specialist physicians and community primary care physicians can sign up to access language interpretation services over the phone through a service called Language Line - a professional medical interpretation company contracted by AHS. Language Line provides language translation for over 240 languages and is available 24/7 for a cost. Please see [Language Line Interpretation Services for Community Physicians](#) for more information.

AHS.ca has a page on their external website to help health professionals access current [COVID-19 signage and posters](#). Many posters are available in multiple languages. For COVID-19 social distancing videos, visit the [AHS Translated Resources page](#).

### **12. If I have a patient who needs to access an isolation hotel, where can I find information?**

This document provides [information for people required to isolate or quarantine in a hotel](#).

**13. How can community physicians support safe care transitions after patients are discharged from hospital?**

Acute and primary care can work together to safely transition COVID-19 patients from home into hospital and back home. This [Transitions Checklist for Primary Care](#) from the Alberta Medical Association outlines actions primary care teams can take to improve transitions.

**14. Where can community physicians find information about support-care services for patients during COVID-19?**

211 connects Albertans to a full range of community, government, social and health services 24/7 via phone, text and chat. It's free, confidential and available in over 170 languages. Text and online chat services are available province-wide and its phone service is available to over 60 per cent of Albertans:

To reach 211, dial 2-1-1, text INFO to 211 or visit [www.ab.211.ca](http://www.ab.211.ca) and click "live chat."

[COVID-19 Patient Resources: A Guide for Albertans](#) is a resource developed with patient advisors and AHS volunteers to assist community providers and their teams in finding links to supportive care services in the community during the COVID-19 pandemic. The guide provides basic information that can be shared with Albertans and their families and helps address the social determinants of health.

**15. Where can I refer patients who have rehabilitation needs while recovering from COVID-19 or who have other rehabilitation concerns?**

A new toll-free [Rehabilitation Advice Line](#), 1-833-379-0563, is available for Albertans over the age of 18 who:

- Have existing health conditions that affect muscles, bones and joints – including those awaiting or recovering from surgery, or
- Have existing disabilities related to neurological conditions (e.g., Parkinson's, Spinal Cord Injury, MS, Brain Injury, Stroke), or
- Are recovering from COVID-19.

The Rehabilitation Advice Line gives callers information about:

- Activities and exercises that help with physical concerns
- Strategies to manage the day-to-day activities affected by these concerns
- Rehabilitation services that are open for in-person and/or virtual visits
- Community-based organizations

How the line keeps patients connected to primary care:

- The Rehabilitation Advice Line will provide referral letters back to a caller's primary care provider outlining the reason for their call and the recommendations/advice that was provided.
- Those callers without a primary care provider will be encouraged to call Health Link 811 to be connected with a provider in their area.

An Alberta-only line, the Rehabilitation Advice line is answered by Allied Health clinicians and operates every day from 10 a.m. to 6 p.m.

**16. Where can community primary care physicians go for specialist advice on caring for patients who are presumed or confirmed with COVID-19?**

Two COVID-19 tele-advice services are available for primary care providers in Alberta. Providers can request specialist advice on caring for presumed and confirmed COVID-19 patients who are recovering at home. Please see this [COVID-19 Tele-advice for Primary Care](#) document for more information on how to request advice in your zone.

**17. What patient resources are available for specific conditions and COVID-19, including pregnancy?**

AHS has a section on their website for [Guidance on Specific Health Conditions](#) during COVID-19.

**18. What resource is available for patients struggling with addictions and mental health during COVID-19?**

AHS has developed the following new resource booklet, [Coping with COVID-19: Addiction & Mental Health](#), to create awareness around existing resources to cope with COVID-19.

### 19. Under what circumstances are community physicians expected to provide physician notes to teachers or children?

- **For isolation:** No physician's note required. As of March 5, 2020, employees [don't need a medical note](#) in order to access job-protected leave for quarantine due to COVID-19, and according to [The Alberta Teachers' Association](#), most school boards have waived the requirement for a doctor's note.
- **For work leave due to pre-existing conditions (for example, a compromised immune system):** A physician's note will likely be required. The Alberta Teachers' Association suggests teachers discuss their situation with their doctor. If they are required to be absent from work due to medical reasons, they should [acquire a medical note](#) to access medical leave. Medical notes are required in most collective agreements for teachers. Patients can also use this [COVID-19 personal risk severity assessment](#) to better understand their risks.
- **For mask exemption:** The CPSA has provided the following guidance to the public on this issue in their [Patient FAQs for COVID-19: Medical Care](#):
  - Doctors are not expected to write notes exempting people from wearing masks unless you fall into one of the identified categories at risk for wearing a mask — children under two years of age, people who are unable to remove masks without assistance or those with trouble breathing. Talk to your doctor: based on your medical history, your doctor will know if you are part of a risk category.
  - If your doctor decides it is medically necessary for you to be exempt from wearing a mask, they may opt to provide you with a note. However, if you do not fall into one of the identified risk categories, your doctor is not obligated to provide you with a note saying you don't have to wear a mask in public.
  - Please be aware that you will have to pay a fee for a doctor's note, as this is not a service covered under the Alberta Health Care Insurance Plan.
- **For return to work or school:**
  - The Government of Alberta has no expectation that physician notes are provided for exempting individuals from return to work or return to school.
  - No requirement on physician notes exists in the Government of Alberta guidance related to return to work or return to school. Individual employers and school authorities may have elected to require physician notes but this is not a requirement of Government of Alberta COVID-19 guidance.
  - If a patient insists that they require a physician note, the physician should assess the patient's request and if appropriate issue the note. A fee can be charged to the patient for this service. Physician notes are [not covered under the Alberta Health Care Insurance Plan](#).
- **For care of a loved one:** No physician's note required. As of March 17, 2020, employees are entitled to a [job-protected leave](#) for a period of time that is necessary to meet the employee's family responsibilities to care for ill or isolated family members, or children affected by school and daycare closures. A medical note is not required to go on leave.

### 20. What COVID-19 school resources are available for parents?

- The Government of Alberta has developed resources in several languages at [alberta.ca/returntoschool](#).
- [ahs.ca/covidschools](#) has resources dedicated to COVID-19 and schools.
- [ahs.ca/parentcovidguide](#) has specific information about what to do if their child feels unwell and/or has been notified by AHS that they are a close contact of a confirmed case of COVID-19.

### 21. Under what circumstances am I allowed to order lab work right now?

- APL's Patient Service Centres and collection locations have resumed services and are currently able to operate at approximately 80 per cent of pre-pandemic capacity.
- APL continues to ask physicians to ensure they are ordering lab work truly necessary for their patients.
- Due to current demands on the province's laboratories, if you determine that lab work is required for your patients as clinically necessary, please remind patients to book their required lab work as early as possible.

## 22. What resources are available to help me provide virtual care to my patients?

- The [Alberta Medical Association](#) has resources to help providers understand virtual care options.
- The CPSA has also [issued advice](#) on virtual care during the COVID-19 pandemic including what care can be provided virtually, consent, documentation, billing and resources.
- To learn more about the evidence on the impact of virtual visits compared with in-person visits, the AHS COVID-19 Scientific Advisory Group has conducted a [rapid review](#) on virtual vs. in-person visits.
- The Canadian Medical Protective Association has multiple telehealth and [virtual care resources](#).

## 23. I'm a community physician and have provided virtual care. What billing code(s) should I use?

- In March, the Government of Alberta introduced new and expanded billing codes for virtual care to aid in the response to the COVID-19 pandemic.
- Community physicians providing virtual care were encouraged to use these codes to receive compensation.
- In June, the Government of Alberta [announced](#) that virtual care codes introduced in response to the COVID-19 pandemic will remain in the Schedule of Medical benefits permanently.
- Permanent billing codes include patient visits, consultations and mental health services provided over the phone or through secure video conference.
- Please see this [bulletin](#) from the Government of Alberta for more information.
- The Alberta Medical Association (AMA) also has more information on billing codes [here](#).
- Provide [virtual care as per CPSA guidance](#) during the COVID-19 pandemic.

## 24. Will I be covered by the Canadian Medical Protective Association (CMPA) if I provide care outside my normal scope of practice?

- The CMPA has launched a [COVID-19 Hub](#) to provide up-to-date medical-legal information, advice and support on questions that arise during the COVID-19 pandemic.
- The CPSA also has information posted on its site about [scope of practice issues](#).

## Patient Travel Advice

### 25. What should I recommend to patients regarding travel?

- An [official global travel advisory](#) is in effect.
  - Avoid non-essential travel outside Canada and all cruise ship travel
- All travellers returning from outside Canada are:
  - Legally required to [quarantine](#) for 14 days
  - Proof of a 72-hour pre-arrival test (molecular test) for all travellers, with limited exceptions such as commercial truckers, is required
  - Monitor for [known COVID-19 symptoms](#)
  - If you become sick during quarantine, you must [isolate](#) for at least 10 additional days from all other members of your household from the beginning of symptoms or until you are feeling well, whichever takes longer.
  - Air travellers landing in Canada will have to quarantine in a hotel at their own expense. Travellers will need to book a hotel stay of up to 72 hours in the city in which they first arrive in Canada:
    - 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.
- See this [Government of Canada news release](#) for more information.

## 26. What do I tell patients who ask for documentation of COVID-19 testing for travel outside of Canada?

If patients are travelling outside of Canada and require testing as proof of negative COVID-19 status, all Albertans can access a new COVID-19 travel testing service, offered by [DynaLife Medical Labs](#), for \$150/traveler.

## COVID-19 Testing

### 27. Will I be notified of my patient's COVID-19 test results?

You will be notified of your patient's COVID-19 test results if your patient chooses your name and proper location when filling out the [COVID-19 Online Assessment and Booking tool](#) or when being referred for testing. You will receive test results via your preferred method of lab communication (Netcare, fax, etc.) as you would any other lab results.

- COVID-19 notifications are only sent to one primary care provider. Results are sent to the primary provider selected by the patient when completing the online booking tool.
- Patients can choose from a list that includes family doctors, nurse practitioners or pediatricians.

If you are not receiving results, please refer to this [lab-routing memo](#) for help trouble shooting.

### 28. Who is eligible for testing in Alberta?

- Effective Oct. 20, COVID-19 testing is now only offered to Albertans in the groups listed below.
  - Albertans with [symptoms of COVID-19](#)
  - Albertans who are close contacts of a confirmed case, whether symptomatic or not
  - Albertans who are linked to a known outbreak, whether symptomatic or not
  - All healthcare workers who are symptomatic, are a close contact of a COVID-19 case or are linked to an outbreak will still receive testing.
- Testing will be by appointment, which can be booked online by visiting [www.ahs.ca/covid](http://www.ahs.ca/covid). If using the Internet is not an option, 811 can book an appointment.
- Healthcare workers can use the [Self-Assessment Tool for Healthcare Workers and School Teachers and/or School Staff](#).
- Members of the public can continue to use the [online assessment tool](#) developed for them.
- Please note that anyone with a cough, fever, shortness of breath, difficulty breathing, runny nose, or sore throat not related to a pre-existing illness or health condition is legally required to [isolate](#) for a minimum of 10 days from the start of symptoms, or until symptoms resolve, whichever is longer; however, these individuals ARE allowed to leave home to come for testing, following the [guidance outlined in this Order](#).

### 29. Do individuals who have tested positive and gone into isolation need to be re-tested and get a negative result before returning to work or normal activities?

No, proof of a negative COVID-19 test and/or a medical note is not required to return to school, work or activities once the isolation period is complete. This guidance can be found on the [Alberta Health website](#).

If your patient tests positive and isolates for the required, mandatory period, there is no need to be tested again. Re-testing someone within 90 days of a positive test is not effective or appropriate. Evidence is clear that unless an individual has an immune compromising condition, they are not infectious to others after 10 days have passed from the start of their symptoms, as long as their symptoms have resolved.

For more information, please see Dr. Deena Hinshaw's [COVID-19 Update](#) from December 21, 2020.

### 30. Do children need to show proof of negative results to return to school or daycare?

No, there is no Government of Alberta requirement to provide evidence of negative results prior to returning to school for a student, teacher or staff member. AHS Public Health will contact all confirmed cases and provide them clear direction on isolation. Even with a negative COVID-19 result, parents should follow the guidance at

[ahs.ca/parentcovidguide](https://ahs.ca/parentcovidguide) if their child feels unwell and/or has been notified they are a close contact of a confirmed case of COVID-19.

### 31. What do I advise patients who want a copy of their children's test results?

- Individuals will not receive written or email documentation of their test results from AHS Public Health.
- Primary healthcare providers can provide a copy of a child's COVID-19 results as per your normal processes.
- Parents and guardians can [now access the COVID-19 test results](#) for children under the age of 18 through [MyHealth Records](#). To access children's test results, parents need to provide their personal health number and the date of their child's COVID-19 test.
- Albertans age 14 and older could already access their COVID-19 test results on [MyHealth Records](#) immediately after signing up without waiting for mail-out verification.
- Parents and guardians will receive a text with their child's results from AHS if they consent to that option.

### 32. What are the recommendations for COVID-19 specimen collection?

APL is asking physicians to use nasopharyngeal or throat swabs recommended and distributed by APL/AHS specifically for COVID-19 testing. This [COVID-19 Collection Kit Guidance](#) provides instructions for how to use different kinds of collection kits.

APL is implementing a process for visual identification of priority specimens for COVID-19 testing. This will require testing sites to indicate priority specimens prior to transportation to their corresponding COVID-19 lab for processing. All specimens are processed within the laboratory as quickly as possible but, in order to improve testing efficiency, the following samples should be visually marked with an "X":

- Outbreak Investigations by Public Health
- Close Contacts identified through Public Health Contact Tracing
- Healthcare workers (symptomatic or outbreak/close contact investigation through Public Health)

Please review this [Visualization Process for Priority Specimen Identification](#).

**Please note:** Do not use APTIMA® Multitest or Unisex Swabs for COVID-19 testing. APTIMA® swab specimen collection kits are the only collection kits available for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) nucleic acid testing in Alberta. These swabs are in short supply due to global demand. More information in this [laboratory bulletin](#).

### 33. How should COVID-19 swabs be transported?

Follow the labelling and transport instructions given in the collection kit insert. More information on specimen collection can be found in this [COVID-19 Collection Kit Guidance](#).

For additional concerns, contact the switchboard numbers below and request to page the ProvLab Virologist on call:

- Calgary (FMC) at 403-944-1110
- Edmonton (UAH) at 780-407-8822

### 34. Do I need to let a Medical Officer of Health (MOH) or Communicable Disease Control (CDC) know that I have sent a swab for COVID-19 testing?

There is no need to advise the MOH/CDC (Public Health) that a COVID-19 test has been ordered. Public Health is working with Alberta Precision Laboratories to closely monitor positive test results from across the province.