

# CMO SMOH Weekly Notice for AHS Medical Staff

April 23, 2021

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## Highlighted Topic

### Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT) Testing in Alberta

#### **If a patient presents with thrombocytopenia and clotting following COVID-19 vaccine:**

Health practitioners are urged to be alert for possible cases of thromboembolism, disseminated intravascular coagulopathy (DIC) or cerebral venous sinus thrombosis (CVST) occurring within four to 28 days after receiving the AstraZeneca/Covishield vaccine, in association with a low platelet count.

If this condition is identified post-immunization, it should be reported by completing and submitting the Adverse Event Following Immunization ([AEFI](#)) [report form](#). If unable to complete the form, call 1-855-444-2324 (1-855-444-CDCI). More information about AEFI is available [here](#).

Patients or clients may not be aware of this information. Health practitioners should inform their patients/clients to seek immediate medical attention for symptoms of thromboembolism and especially signs of thrombocytopenia, cerebral blood clots or abdominal or arterial clots such as easy bruising, bleeding or new and/or severe headaches, and pain in the abdomen or a painful, cold numb extremity, particularly with onset four to 28 days after immunization with AstraZeneca/Covishield vaccine.

Treatment for this condition requires specialized medical attention, and an urgent hematology consult should be initiated if a patient presents with thrombosis and thrombocytopenia in the four to 28 days after receiving an AstraZeneca or any other COVID vaccine.

Heparin-Induced Thrombocytopenia (HIT) testing in Alberta is managed by the Special Coagulation Testing Labs in Edmonton and Calgary. Alberta Precision Labs (APL) will facilitate local testing and send out testing for confirmatory testing at [McMaster for Serotonin Release Assay](#).

If you suspect VITT:

1. Order HIT testing via APL, including timing of any heparin and vaccine date and type
2. Complete the [McMaster Testing requisition](#) for confirmatory testing and fax to APL

3. Contact Hematology/Thrombosis Expert via ROCA/RAAPID
4. Contact Special Coagulation Lab/Hematopathologist on call via APL: 1-877-868-6848 or local numbers

For further information on managing VITT, please see this [guidance from Thrombosis Canada](#).

More information and guidance documents will be shared with physicians soon.

### **MD Culture Shift**

**MD Culture Shift Newsletter:** [Issue 02: April 2021](#).

**Physician Wellness Zoom Rooms:** On hold now and through the summer.

### **Let's Talk Mental Health**

Join the [Our People Strategy Webinar: Let's Talk Mental Health](#) on April 29, from 11 a.m. to noon. Sean Chilton, VP People, Health Professions and Information Technology, and his guests will share:

- Powerful personal experiences with mental health
- The impact of COVID-19 on our mental health
- How to support one another
- What we're doing to support mental health and psychological safety at AHS

Learn more and [register now](#).

**Well Doc Alberta Community Bulletin Board:** [Community Bulletin Board | welldocalberta](#).  
To post physician wellness related events and research, email [WellDocAlberta@ucalgary.ca](mailto:WellDocAlberta@ucalgary.ca).

### **Doctor of the Week – Dr. Gerhard Benadé**



Dr. Gerhard Benadé was nominated for Doctor of the Week to recognize him for his efforts and contributions during the early phase of COVID-19 outbreaks at the work camps in Alberta. Before there were clear guidelines on how to manage the outbreak in congregate work settings, and while they were rapidly evolving, Dr. Benadé's balanced, collaborative approach and guidance helped immensely in containment, and forged collaboration among the various stakeholders.

Thank you, Dr. Benadé, for your ongoing dedication and support for your colleagues and Albertans.

### **University of Calgary COVID Corner: Vaccines vs. Variants Part 2**

COVID Corner, hosted by the University of Calgary, offers updates on various topics and aspects related to the COVID-19 pandemic.

The next session in the series, held on May 12, will build on the March 10 session which covered the following objectives:

- Describe the prevalence and potential impact of SARS-CoV-2 variants, including the likelihood of future waves of COVID-19
- Examine the efficacy of vaccines in preventing COVID-19 and virus transmission in the community, including potential efficacy against variants
- Demonstrate the impact of non-pharmaceutical interventions and identify the public health measures most likely to prevent future waves of COVID-19
- Recognize the economic impact of COVID-19 and how economic recovery can be influenced by public health strategies related to relaxing restrictions

**Date:** Wednesday, May 12, 7-9 p.m. MST

**Register:** [Here](#)

### **Reporting and Learning System Trend Report: Venous Thromboembolism Prophylaxis**

Venous Thromboembolism (VTE) is one of the most common complications of hospitalization and the most common preventable cause of hospital death. VTE Prophylaxis is a [required organizational practice](#) from Accreditation Canada.

For the period of October 2020 to February 2021, 71 RLS reported VTE prophylaxis events were analyzed and five key patient safety themes were identified:

- 1) Validate patient weight requirements
- 2) Provide access to pneumatic compression
- 3) Heed Connect Care alerts
- 4) Consider COVID-19
- 5) Check paper order sets

For more information, see the [trend report](#).

For additional VTE resources, please visit the [VTE Insite page](#).

### **Recognizing Health Link: We Thank You**

From day one of the COVID-19 pandemic, Health Link Teams have provided countless hours to ensure Albertans continue to receive exceptional care and support throughout the COVID-19 response.

I (Francois), was able to visit the Health Link Teams today to provide my thanks, and I also wanted to take this opportunity to share the outstanding work they've been doing throughout the last year:

- Through March 2020, Health Link received more than 248,000 calls. Calls peaked at 12,000 on a single day (normal call volumes prior to the pandemic were 2,000 to 2,500 per day).
- By early September 2020, Health Link had received more than a million calls, and staff had responded, on average, to more than 5,500 calls per day.
- In January 2021, Health Link received their 2 millionth call—and this number continues to grow.

To help manage wait times, Alberta Health Services doubled Health Link staff and tripled its call line capacity to meet demand. In any 24-hour period, 275 additional staff with clinical expertise were redeployed to answer 811 calls and provide advice to callers on how to access COVID-19 testing, quarantine requirements and accessing non-COVID-19-related medical services.

Additionally:

- Over 300 Registered Nurses were added just to respond to COVID-19 questions
- Health Link has booked countless COVID-19 swabs, given isolation advice and answered every imaginable question Albertans had related to COVID-19

Without the tremendous support Health Link has provided, this all would have not been possible. I truly feel honoured to work alongside such amazing individuals every single day throughout the organization.

I encourage you to share this message, and thank Health Link Teams for their ongoing commitment and dedication to Albertans.

### **Highlights from the CEO All Staff Update**

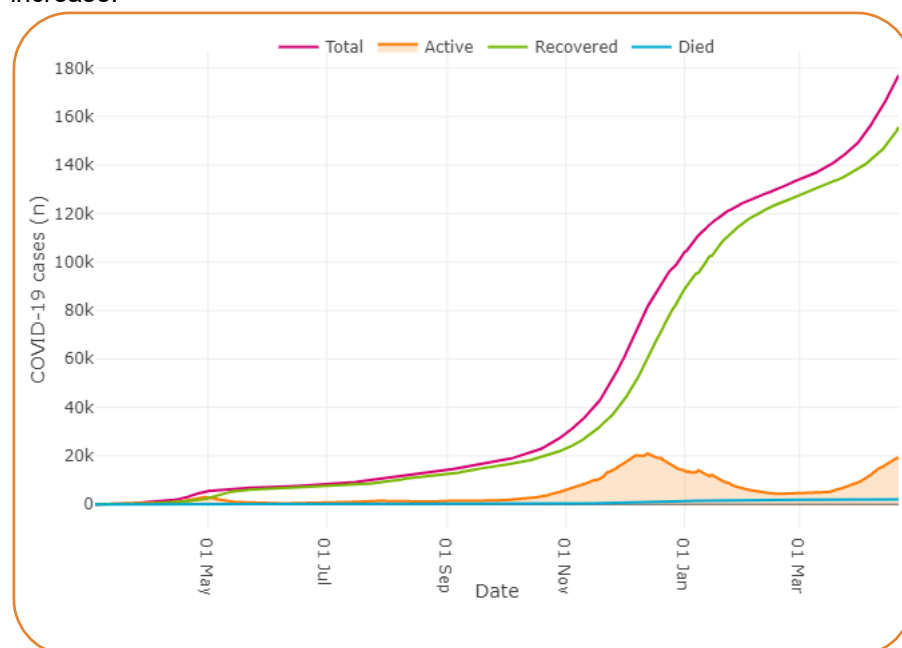
## **COVID-19 Case Status in Alberta**

This past week, the number of new and active COVID-19 cases continued to increase in all five zones, and our provincewide ICU numbers rose by almost a third. Meanwhile, the province's immunization rollout expanded to make more Albertans eligible to receive a vaccine, helping us set a new single-day record for immunizations.

As of April 21, there were 19,182 active cases of COVID-19 in the province, 2,959 more than the previous week, an 18.2 per cent increase. As you can see in the table below, all AHS zones reported increases in their active case counts this week, with the Calgary Zone reporting the most active cases in the province for the 15<sup>th</sup> consecutive week.

	Active Cases (as of April 21)	Active Cases (as of April 14)	Per cent Change
<b>Calgary</b>	8,380	7,329	+14.3%
<b>Edmonton</b>	5,102	4,201	+21.4%
<b>North</b>	2,708	2,174	+24.6%
<b>South</b>	970	930	+4.3%
<b>Central</b>	1,994	1,515	+31.6%
<b>Unknown</b>	28	74	-62.2%

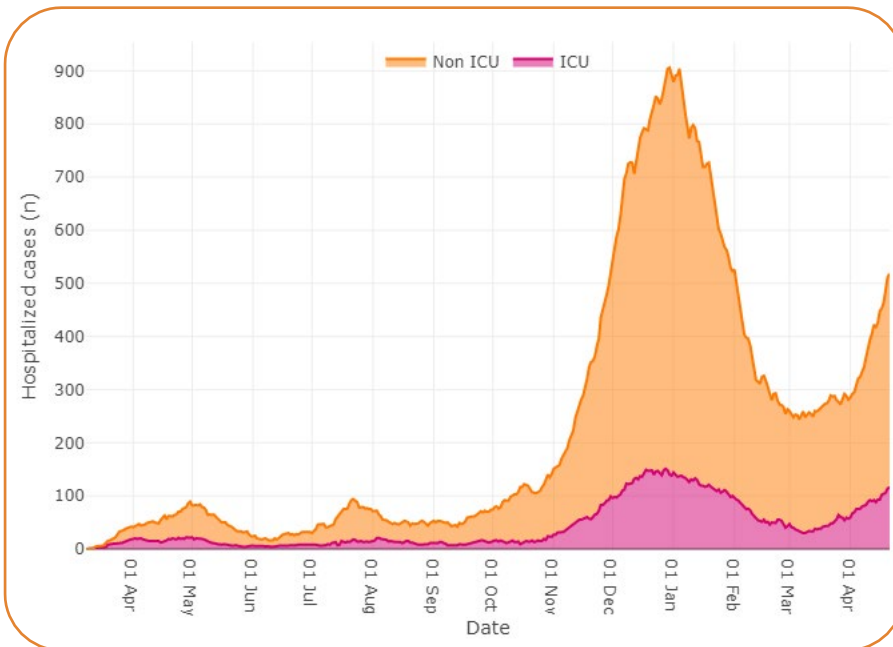
There was a daily average of 1,577 new cases in the province for the seven-day period ending April 21, compared to 1,324 the previous week, a 19 per cent increase. All AHS zones reported week-to-week increases in average new cases, with Calgary Zone reporting the largest number of new cases with 4,789, compared to 4,058 the previous week, an 18 per cent increase.



Once again this week, roughly seven out of every 10 new cases involved Albertans between the ages of 10 and 49.

### ***Hospitalizations and ICU admissions***

The number of Albertans being treated in our hospitals and ICUs continues to spike, with a 23.9 per cent increase in total hospitalizations.



There were 116 individuals in intensive care units (ICUs) on April 21 compared to 88 on April 14, a 31.8 per cent increase. A total of 402 individuals were in non-ICU hospital beds on April 21 compared to 330 individuals in non-ICU hospital beds on April 14, a 21.8 per cent increase.

The breakdown of hospitalizations by zone as of April 21 is as follows:

	Hospitalizations	ICUs
<b>Calgary</b>	203	54
<b>Edmonton</b>	179	39
<b>Central</b>	56	5
<b>North</b>	47	9
<b>South</b>	33	9

#### **Variants of concern**

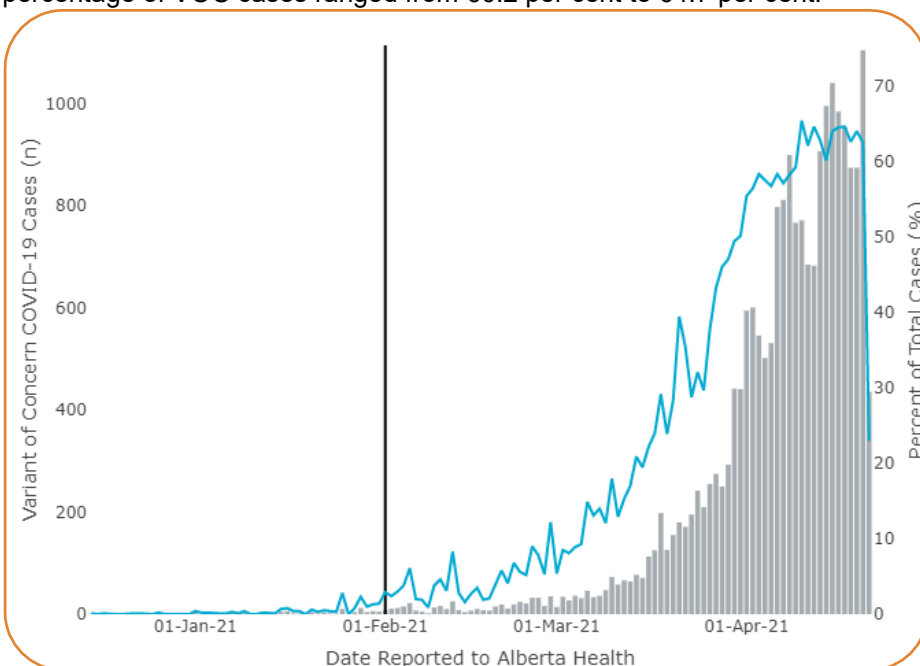
The full breakdown of the total number of reported variants of concern (VOC) by zone reported by Alberta Health on April 21 versus April 14 is presented below:

Variant	Total reported April 21	Total reported April 14	Per cent Change
<b>B.1.1.7 (U.K.)</b>	20,654	13,770	+50.0%
<b>B.1.351 (South Africa)</b>	59	29	+103.4%
<b>P.1 (Brazil)</b>	584	153	+281.7%
<b>Total</b>	21,261	13,952	+52.4%

Of the 21,261 VOC cases, 11,418 are active (59.5 per cent of total active cases), 9,782 people have recovered and 61 people have died (representing three per cent of total deaths).

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 April 13 and April 19, the

percentage of VOC cases ranged from 60.2 per cent to 64.7 per cent.



#### ***First case of the B.1.617 variant confirmed in Alberta***

Alberta Health announced yesterday its first case of the B.1.617 variant, which was first identified in Denmark. This variant was in a returning interprovincial traveller and no additional cases of this variant have been detected to date. This strain has been found in California and is common in India, but it's not yet known whether it is a driver in the explosion of cases seen in that country.

As with all new variants, research is underway to understand what may be different in how the B.1.617 variant spreads and if it creates more serious illness and if it can break through immunity. So far, we are calling this a variant of interest as we work with colleagues across the country to monitor the latest findings and evidence from around the world.

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

As of April 21:

- A total of 177,087 cases of COVID-19 have been detected in Alberta and a total of 7,339 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 155,851 Albertans have recovered from COVID-19.
- 2,054 individuals have passed away from COVID-19, including 20 between April 15 and April 21. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- More than four million tests have been conducted and nearly two million individuals have been tested. From April 15 to April 21, 110,277 COVID-19 tests were completed, an average of 15,754 tests per day. During this period, the daily positivity ranged from 9.30 per cent to 10.95 per cent.

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 April 12 to April 18 was 1.09, whereas the R value the previous week was 1.12.

#### **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 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 April 21:

- 74,917 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 4,862 (or 6.49 per cent) have tested positive.
- Of the 2,693 employees who have tested positive and whose source of infection has been determined, 491 (or 18.2 per cent) acquired their infection through a workplace exposure. An additional 2,036 employees who have tested positive are still under investigation as to the source of infection.
- 5,218 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 219 (or 4.20 per cent) have tested positive.
- Of the 135 physicians who have tested positive and whose source of infection has been determined, 18 (or 13.3 per cent) acquired their infection through a workplace exposure. An additional 84 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**

#### ***Another immunization milestone: 23,000+ doses in a single day***

Yesterday (April 22), 23,762 doses of COVID-19 vaccine were administered at more than 120 AHS immunization sites across Alberta — another all-time high for the number of doses of COVID-19 vaccine administered by AHS in a single day.

Thank you to all the teams for your hard work and preparation for making this possible. From our frontline immunizers to the Public Health, Logistics, IT and Communications teams – we appreciate and value all the work you have done and continue to do.

We will continue to work towards our goal to complete first doses for all Albertans who wish to have the vaccine by June, as vaccine supply allows. Every day we get closer to making this happen. Let's keep the momentum going!

#### ***By the Numbers***

As of 10 a.m. today (April 23), more than 1,304,700 total doses of COVID-19 vaccine have been administered by AHS. More than 786,000 Albertans have received at least one dose of COVID-19 vaccine and more than 258,000 have received both Dose 1 and Dose 2.

### **Second Dose Timing**

- ***Timing for second-dose appointments***
  - Once first doses are finished being offered to Albertans 16 and over, second doses will be offered as soon as supply allows. Based on current supply estimates, it is anticipated this will be in June.
  - If you have received your first dose, please do not call to book a second-dose appointment yet. If you currently have a second-dose appointment booked, Health Link might call to inform you that your second-dose appointment is cancelled and you will have to reschedule at a later date, closer to the 16-week window.
  - More information about the process, timing and eligibility for different vaccine products for second doses will be communicated once we know more about available supply and the most up-to-date evidence/expert advice on the topic.

- Please continue to check the [Alberta Health](#) or [Alberta Health Services](#) website for updates and more information.
- ***Early second-dose spacing for immunocompromised individuals***
  - As announced yesterday (April 22), the province has reduced the period of time between first and second doses of COVID-19 vaccine for certain immunocompromised individuals — from 16 weeks to a minimum of four weeks. The interval between doses is being shortened for Albertans undergoing specific kinds of cancer treatments or who are on medications that result in a level of profound immune compromise.
  - Those included in this updated guideline include transplant recipients, individuals currently undergoing (or about to start) active cancer treatment with chemotherapy, targeted therapies or immunotherapy, excluding individuals receiving solely hormonal therapy, radiation therapy or surgical treatment. These guidelines also apply to transplant recipients and patients on specific medications. For example, patients on strong immunosuppressant medications (e.g. rituximab) should be immunized at a time when they are most likely to mount an immune response.
  - It's recommended those who are immune compromised receive mRNA vaccines, with second doses being offered about four weeks later.
  - For those who have received AstraZeneca/Covishield as a first dose, second doses are recommended at 12 weeks. Clinical trials have shown that the longer spacing increases the efficacy of this vaccine; therefore this spacing is recommended for those who are immunocompromised to ensure they have the greatest level of protection.
  - Anyone who meets this criteria can book a second dose by calling Health Link at 811. Second-dose bookings cannot be made through pharmacies, or through the AHS online immunization booking tool at this time. Alberta is operating on the honour system for this population. A doctor's note or other proof of eligible criteria is not required.
  - Clients might require specific spacing to ensure their vaccine is most effective and doesn't interfere with their treatment. We encourage everyone in this cohort to speak with their healthcare provider to help them understand if their condition is included, or to answer any questions or concerns regarding this updated guideline.

### ***Phase 2C rollout to shelters, correctional facilities***

As part of the ongoing Phase 2C rollout, provincewide immunizations started April 19 for Alberta's vulnerable shelter staff and clients, as well as staff and those residing in correctional facilities.

AHS is now working with shelters across the province to administer the vaccine to clients, as well as offering immunization to all individuals 16 years of age and older in provincial correctional, remand and young offender centres.

Immunization rollout is being facilitated through onsite clinics using Occupational Health and Safety nurses, local primary care networks, AHS professionals and physicians.

Eligible staff at shelters and correctional facilities are also eligible to book an appointment through the [AHS immunization online booking tool](#), or by calling Health Link at 811, or through [participating pharmacies](#).

### ***Low-stimulus COVID-19 immunization clinic launched***

A low-stimulus AHS COVID-19 immunization clinic has been receiving positive feedback from clients since launching in Calgary on April 14. The low-stimulus clinic is available for people with behavioral or special needs who require a quieter, less stimulating environment for their immunization.



To limit sensory input, appointment times are booked longer than usual, enabling staff and physicians to spend more time with each client. The clinic is located near the front door, so clients do not have to walk through a building when they arrive. Appointments are offered in quiet, private rooms.

Appointments at this clinic can be made by calling Health Link at 811. Registered nurses can perform an assessment and make a referral. Community partners, such as Autism Calgary, and other immunization clinics that have not been successful in immunizing this clientele can also send referrals to the clinic.

We would like to thank all who are able to help make this clinic happen, helping to ensure all eligible Albertans are able to be immunized. For more information about this clinic, visit the [COVID-19 Vaccine Information](#), under [Vaccine Appt Info](#).

### ***Choosing your vaccine***

Getting immunized is the best way to protect your health and the health of those around you.

With three vaccines being offered at various sites around the province, some people have asked if this means they can choose their vaccine. It is important to know that all three vaccines are safe and effective at preventing severe illness.

Albertans who are eligible only for AstraZeneca/Covishield can choose to take this vaccine now or wait for an mRNA vaccine. This wait is estimated to be approximately three to four weeks for those 50 to 64, and four to six weeks for those 40 to 49.

Waiting for a specific vaccine product leaves you without the protection of a first dose, possibly for several weeks. All vaccines approved for use in Canada are effective at reducing the risk of COVID-19 infection and even more so, the risks of serious outcomes that come with it.

Those who are eligible are encouraged to take the first vaccine they are able to get.

### **AstraZeneca/Covishield Updates**

#### ***AstraZeneca/Covishield vaccine eligibility expands to those born in 1981 or earlier***

- On April 19, AstraZeneca/Covishield vaccine eligibility expanded to those born in 1981 or earlier. The decision to reduce the age of eligibility for AstraZeneca/Covishield from 55 to 40 was based on public health recommendations looking at the benefit the vaccine offers specific age groups at the current rate of community transmission, weighed against the small risk of adverse events from this vaccine.
- AstraZeneca/Covishield has been shown to reduce infection by 60 per cent to 70 per cent, and severe outcomes such as hospitalization by 80 per cent. For more information about this vaccine and how to book an appointment, visit [our website](#).

#### ***Walk-in clinics available for AstraZeneca/Covishield at locations across the province***

- Limited same-day, walk-in appointments on a first-come, first-served basis for the AstraZeneca vaccine are available for Albertans born in 1981 or before in some communities across the province. Appointments in some zones are becoming limited, and we will be moving around the remaining vaccine product, as needed, to meet the demand with available supply. Brooks, Camrose, Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat and Red Deer are being offered limited same-day, walk-in appointments at this time.
- [Some pharmacies](#) across the province also continue to offer appointments and drop-in opportunities for the AstraZeneca vaccine. Hours, locations and how to book an appointment can be found online [here](#).

### ***One, rare case of an AstraZeneca-linked blood clot confirmed in Alberta***

- On April 17, a case of the rare blood-clotting known as vaccine-induced immune thrombotic thrombocytopenia (VITT) was confirmed in one individual in Alberta several weeks after receiving AstraZeneca vaccine.
- While every adverse reaction is unfortunate, it is important to remember these blood clots are extremely rare. This does not change the risk assessment previously communicated to Albertans.
- The global frequency of VITT has been estimated at approximately one case in 100,000 to 250,000 doses of vaccine. To learn more about this rare side effect, you can visit [Health Canada's website](#).
- The AstraZeneca/Covishield vaccine remains a good choice for people who are at risk of severe outcomes from COVID-19, who would otherwise have to wait several months to access another vaccine. We continue to recommend that everyone book their appointment to get immunized as soon as they are able.
- If you experience any of the following symptoms within four to 20 days after immunization, please seek medical attention immediately. Symptoms include:
  - a severe headache that does not go away
  - seizure
  - difficulty moving a part of the body
  - new blurry vision that does not go away
  - difficulty speaking
  - shortness of breath
  - chest pain
  - severe abdominal pain
  - new severe swelling
  - pain or colour change of an arm or a leg

#### **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

