

CMO SMOH Weekly Notice for AHS Medical Staff

April 30, 2021

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Highlighted Topics

Finishing Phase 2 of Vaccine Rollout

On April 29, the Government of Alberta announced that more than 500,000 Albertans in Phase 2C and 2D will be able to book appointments today (April 30). For a list of these eligible groups, please visit alberta.ca/covid19-vaccine.aspx. These Albertans will be able to book appointments through the [AHS online immunization booking tool](#), Health Link at 811 or through [participating pharmacies](#).

Details about the rollout of Phase 3 will be released in the coming weeks.

Vaccine Information for Pediatric Albertans

Alberta Health announced children and youth with [specific health conditions](#) born in 2009 and earlier (e.g. turning 12 this year or older) are now eligible to receive the COVID-19 vaccine. Bookings can be made through the [AHS online immunization booking tool](#), Health Link at 811, and through [participating pharmacies](#).

Eligible health conditions for this cohort are the same as [those identified for adults](#). All individuals being booked as part of this pediatric cohort **must identify they are born between 2006 and 2009** as currently, only the Pfizer vaccine can be administered to individuals in this age group.

For more information about eligibility and requirements when booking, please visit ahs.ca.

Laboratory Testing for Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT)

Laboratory testing for VITT must be requested by a consulting Hematologist or Thrombosis Physician, who will:

- 1) Oversee the collection of required specimens (and specify required tubes in the order).
- 2) Complete the special laboratory requisitions, and
- 3) Communicate with their Special Coagulation Laboratory

The Special Coagulation Laboratory will oversee local testing and external send-outs.

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](#).

Action Required/Instructions for Collection:

Note: Specimens must be collected prior to IVIG therapy

1. Order a Heparin-Induced Thrombocytopenia (HIT) Assay on your local Special Hematology/Coagulation requisition or in ConnectCare
2. Use the ORDER COMMENT field in ConnectCare, or indicate specifically on your paper Special Coagulation requisition that the following tubes must be collected for the HIT Assay:
 - One Gold top (serum SST) tube
 - Two Red top (serum) tubes
 - Three Blue top (sodium citrate) tubes
3. Complete and print the [McMaster Specialty Requisition](#), and submit to the Special Coagulation Lab with the collected specimens
4. Notify the Special Coagulation Laboratory of incoming testing:
 - Edmonton Lab (serves Red Deer & north): 780-407-8487
 - Calgary Lab (serves southern Alberta): 403-770-3598

Leave a message outside of business hours. If assistance is required, contact the Hematopathologist (non-transfusion) on call.

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

MD Culture Shift

MD Culture Shift Newsletter [Issue 03: May 2021](#).

National Physicians' Day

May 1 is National Physicians' Day.

Physicians are critical to our healthcare system, providing high-quality care to Albertans across the province.



Dr. Jaime Blackwood

Their work takes skill, knowledge, compassion, collaboration, and commitment to care, which has never been more important than during Alberta's COVID-19 response.



Dr. Kevin Hanrahan

Tomorrow, on National Physicians' Day, and beyond, we recognize and celebrate physicians. We honour the more than 10,000 physicians working tirelessly to care for Albertans during the COVID-19 pandemic and beyond.

Thank you for all that you do for Albertans, especially during this time of great uncertainty.

For more information about National Physicians' Day, please visit the [Canadian Medical Association](#).

Doctors of the Week – Chinook Regional Hospital Hospitalists

Throughout the pandemic, the following Chinook Regional Hospital Hospitalists working on the COVID-19 unit continue to provide outstanding service, ensuring physicians and healthcare teams have information and support, and patients continue to receive high-quality care:

- Dr. Debora Bruwer
- Dr. Jen Burke
- Dr. Eugene Plotnyk
- Dr. Naji Saleh
- Dr. Sheyn Latchmea
- Dr. Carlos Malpica-Vera
- Dr. Adam Wiebe
- Dr. Thulani Mtshali
- Dr. Sarah Grant
- Dr. Christina Walton
- Dr. Michelle Thibodeau
- Dr. Dapo Akinsipe
- Dr. Aryo Rohani
- Dr. Abhi Sailendra

Thank you, for your unwavering dedication and care of COVID-19 patients.

Critical Care Triage Framework Drafted

AHS has drafted the Alberta Critical Care Triage Framework as a planned and pre-determined provincewide approach to guide our response should the demand for life-sustaining critical care support become greater than the available resources either during the current COVID-19 pandemic, future pandemics, or other disasters. Resources can range from beds, ventilators, life-saving equipment, healthcare workers and medicines.

The framework encompasses specific protocols for both adults and children, and has been developed utilizing the best available literature with the input of health professionals and ethicists, as well as patient and family advisors for critical care within Alberta. Further consultation has also been completed with several advocacy groups. The protocols ensure a fair and equitable process is applied to all Albertans.

We have not needed to use these protocols at any time during the COVID-19 pandemic and, at this point, we do not anticipate having to do so. However, it is important to be ready and AHS is taking steps to ensure we are prepared today and for the future.

The triaging of critical care resources will ONLY occur at a time when clinical demand outstrips the health system's ability to provide for all who might potentially benefit and after all efforts have been exhausted to add surge capacity and move of patients and/or resources within the province to meet demand.

If activated, triage will be provincial in scope; applicable to all health facilities and critical care units in Alberta. Additional information and resources are available [here](#).

Update on Tocilizumab Shortage

The supply of Tocilizumab provided by the Public Health Agency of Canada (PHAC) in April is not expected to be sufficient to treat the projected number of potential COVID-19 patients prior to additional supply expected to arrive next month.

In the absence of Tocilizumab, patients will continue to have access to and be treated with Dexamethasone, which is a proven treatment for hospitalized COVID-19 patients, that continues to be in good supply in AHS.

Alberta has been provided with a limited supply of Tocilizumab from PHAC. AHS has clinical guidelines for Tocilizumab use in hospitalized patients with severe worsening COVID-19 pneumonia. Treatment is available in all Zones for patients who meet the clinical guidelines. AHS continues to pursue additional supply, through PHAC and through requests directly to the drug manufacturer, Roche Canada. To date, Roche Canada has been unable to make additional supplies available.

Tocilizumab supply limitation is not exclusive to Alberta. Other provinces with high COVID-19 rates, including Ontario and British Columbia, have similar supply concerns. There is global demand for Tocilizumab to treat COVID-19 patients.

AHS continues to monitor and evaluate emerging evidence to determine if dose savings strategies can be implemented.

Bamlanivimab Trial Use

Bamlanivimab is an antibody drug that has been granted interim approval by Health Canada for use in outpatients, over 12 years old, to treat mild to moderate COVID-19. Alberta is transitioning access to the drug Bamlanivimab to be through a trial only, which focuses on treating patients who contracted COVID-19 during their hospital stay.

The study is available in all zones and most acute care sites. The study will allow AHS to contribute to a better understanding on how to use Bamlanivimab to treat COVID-19. This decision to limit

Bamlanivimab use to the study is based on AHS' review of the current evidence which notes further study is required to determine whether Bamlanivimab offers benefit to patients with mild to moderate COVID-19.

Current studies are also unable to identify a specific patient population or setting where the benefits exceed the risk of administering Bamlanivimab. These reports ruled that the drug should not be considered the standard of care. Bamlanivimab requires intravenous administration, and any proposed use would require support from frontline medical staff in an outpatient care setting.

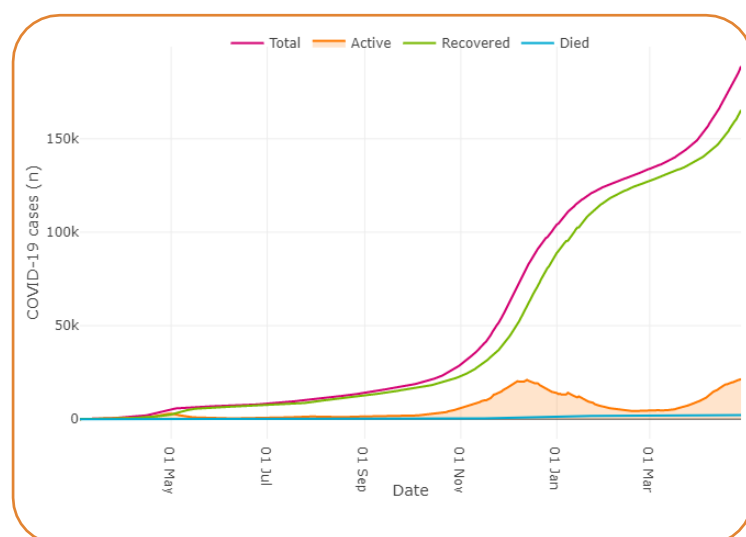
Decisions around its use need to weigh any potential for benefit and feasibility of use, and careful consideration would need to be taken to ensure AHS would be able to maintain adequate staffing allocation to support the needs of COVID-19 patients admitted to hospitals, and AHS's efforts to vaccinate Albertans.

Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

This past week, Alberta surpassed 20,000 active cases of COVID-19, with ICU numbers not seen since last December, while the provincial government brought in targeted restrictions yesterday (April 29) to slow the spread of the virus.

There were 21,385 active cases of COVID-19 in Alberta on April 28, an 11.5 per cent increase over the previous week, representing 2,203 additional active cases. The new active case count eclipses the previous record of 20,976, set on Dec. 13.



The Calgary Zone continues to report the most active cases for the 16th week in a row, and all five zones reported increases in active cases, as you can see in the table below:

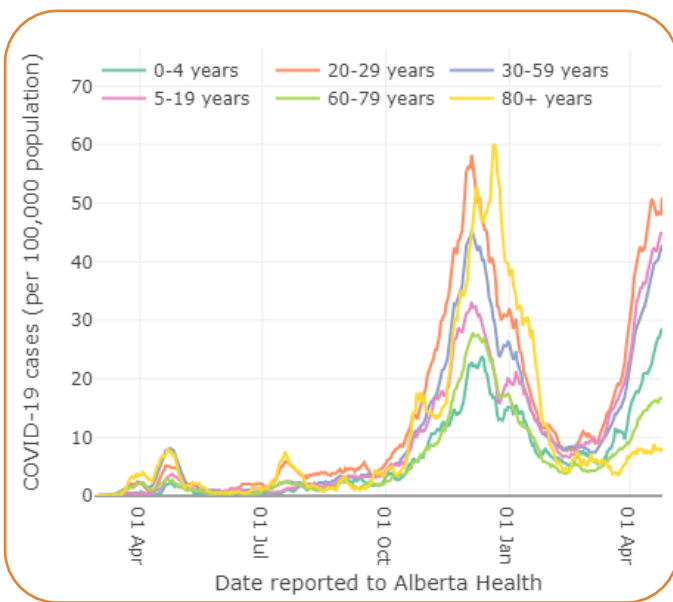
	Active Cases (as of April 28)	Active Cases (as of April 21)	Per cent Change
Calgary	8,962	8,380	+6.9%
Edmonton	5,916	5,102	+16.0%
North	2,994	2,708	+10.6%
South	1,064	970	+9.7
Central	2,395	1,994	+20.1%
Unknown	54	28	+92.9%

There was an average of 1,680 new cases per day for the seven-day period ending on April 28, compared to 1,569 cases the previous week (April 15-21), a seven per cent increase. The Calgary Zone had the highest total number of new cases this week with 4,702 (an average of 672 cases per day) but the Edmonton Zone had the highest per cent increase in new cases this week compared to last, with 3,269 new cases (an average of 467 per day) this week versus 2,932 new cases (an average of 419 per day) the previous week, an 11.5 per cent increase.

Cases by age group

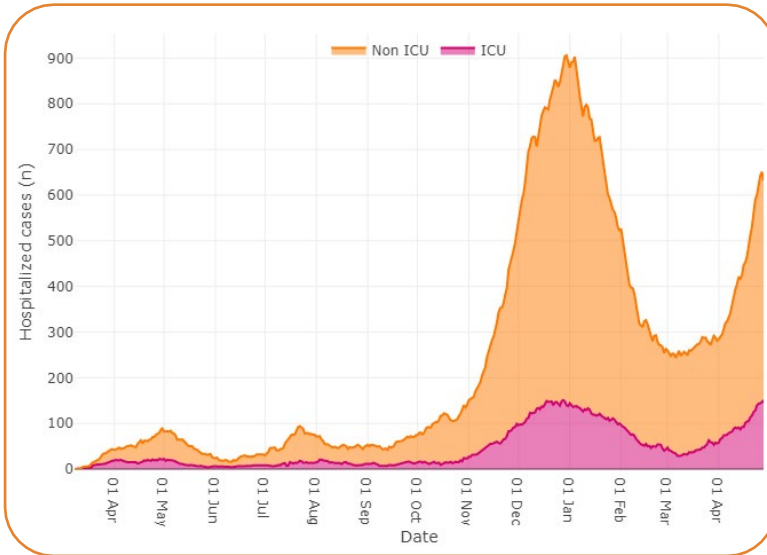
We are also seeing a shift in the number of cases reported in younger versus older age categories. For example, during the second wave late last year, the seven-day rolling average of COVID-19 cases among those 80+ years peaked at 60.14 per 100,000 on Dec. 15, whereas during this third wave, the seven-day rolling average for this age group peaked at 8.86 per 100,000 on April 19.

Among school-aged children (5-19 years), the seven-day rolling average of COVID-19 cases peaked at 33.14 per 100,000 on Dec. 4, whereas the most recent highest seven-day rolling average for school-aged children was 44.86 per 100,000 on April 24. A visual representation of these trends in cases in Alberta by age group is provided in the figure below.



Hospitalizations and ICU admissions

On April 28, there were 151 individuals being treated in intensive care units (ICUs) for COVID-19. This represents a 29.1 per cent increase in ICU admissions from the previous week when 117 individuals were in ICU on April 21. A total of 481 individuals were in non-ICU hospital beds on April 28 compared to 413 individuals in non-ICU hospital beds on April 21, a 16.5 per cent increase. For comparison, there were 731 individuals in non-ICU hospital beds on Dec. 28.



The breakdown of hospitalizations by zone as of April 28 is as follows:

	Hospitalizations	ICUs
Calgary	254	62
Edmonton	224	56
North	69	17
Central	55	7
South	30	9

Variants of concern

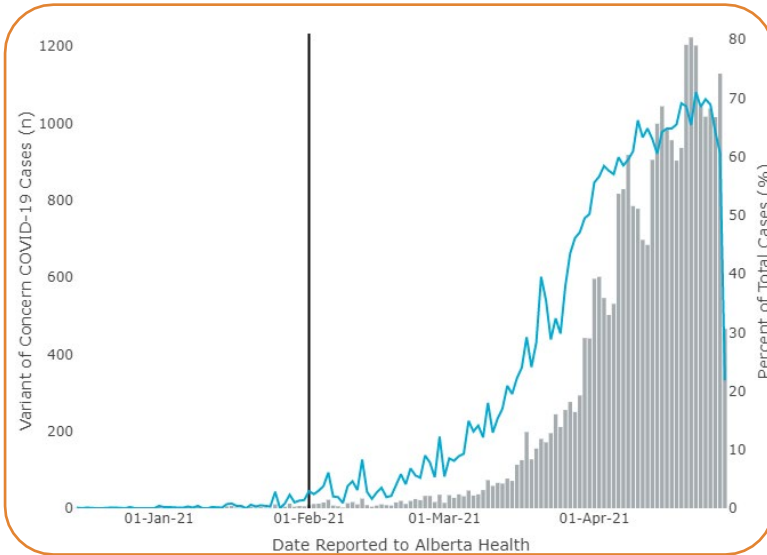
The full breakdown of the total number of reported variants of concern (VOC) by zone reported by Alberta Health on April 28 versus April 21 is presented below:

Variant	Total reported April 28	Total reported April 21	Per cent Change
B.1.1.7 (U.K.)	28,287	20,654	+37.0%
B.1.351 (South Africa)	77	59	+30.5%
P.1 (Brazil)	885	584	+51.5%
B.1.617 (India) *	1	N/A	N/A
Total	21,261	21,261	+37.6%

** The first reported case of B.1.617 in Alberta*

Of the 29,250 VOC cases, 13,460 are active (62.9 per cent of total active cases), 15,708 people have recovered and 82 people have died (four per cent of total deaths).

The figure below shows new VOC cases (grey bars) and the percentage of VOC cases identified compared to other cases of COVID-19 (blue line). Between April 20 and April 26, the percentage of VOC cases ranged from 64.3 per cent to 71 per cent.



Other notable COVID-19-related information:

As of April 28:

- A total of 188,727 cases of COVID-19 have been detected in Alberta and a total of 7,803 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 165,267 Albertans have recovered from COVID-19.
- 2,075 individuals have passed away from COVID-19, including 21 deaths from April 22-28. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- A total of 4.1 million tests have been conducted and two million individuals have been tested. From April 22 to April 28, 120,464 COVID-19 tests were completed, an average of 17,209 tests per day. During this period, the daily positivity ranged from 8.56 per cent to 11.36 per cent.
- For the winter school term, AHS has confirmed 6,307 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. Nearly half of schools in the province (1,193 of 2,415) 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 April 19 to April 25 was 1.04, whereas R value the previous week was 1.09. R values vary by zone and, this week, the Calgary Zone reported an R value of 0.98 while the Edmonton Zone reported an R of 1.10.

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 28:

- 75,162 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 4,969 (or 6.61 per cent) have tested positive.
- Of the 3,047 employees who have tested positive and whose source of infection has been determined, 522 (or 17.1 per cent) acquired their infection through a workplace exposure. An

additional 1,922 employees who have tested positive are still under investigation as to the source of infection.

- 5,231 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 221 (or 4.22 per cent) have tested positive.
- Of the 139 physicians who have tested positive and whose source of infection has been determined, 18 (or 12.9 per cent) acquired their infection through a workplace exposure. An additional 82 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 noon today (April 30), more than 1,535,000 total doses of COVID-19 vaccine have been administered in Alberta. More than 957,000 Albertans have received at least one dose of COVID-19 vaccine and more than 288,000 have received both Dose 1 and Dose 2.

Launch of Remainder of Phase 2C and 2D

With the remainder of Phase 2C and phase 2D rolling out this morning (April 30), more than 500,000 more Albertans are now eligible to book vaccine appointments.

This cohort includes frontline policing and provincial sheriffs, firefighters, Canadian Border Security Agency staff as well as staff and residents who provide or receive care in facilities not previously offered immunization. This includes frontline disability workers, as well as those who provide mental health and addiction treatment, children and youth group care, and other types of licensed supportive living.

Eligibility also includes caregivers of Albertans, such as designated family and support people of individuals in long term care, designated supportive living and licensed supportive living facilities. Caregivers included in this cohort include those caring for children under 12 who have an [eligible chronic condition](#) but were unable to receive vaccine due to age, as well as household contacts of [profoundly immunocompromised individuals](#).

These groups are able to book their immunization appointments through [participating pharmacies](#), the [AHS online immunization booking tool](#) or by calling Health Link at 811.

Proof of eligibility for phase 2C

Proof of eligibility is required for immunization of eligible workers as well as designated family/support persons. Details on specific requirements for each group can be found on the [Alberta Health webpage](#).

Rollout of group 2D

In addition to the remainder of Phase 2C, Phase 2D also rolled out today (April 30) and includes all Albertans between the ages of 50 and 64, as well as First Nation, Métis and Inuit peoples between the ages of 35 to 49. In total, more than 2.8 million Albertans are now eligible to book the COVID-19 vaccine. Thank you to all Albertans who have booked to receive the vaccine and to those who have received the vaccine.

AstraZenca/Covishield Availability

Some walk-in availability currently remains at AHS sites in Fort McMurray and Grande Prairie.

Residents of Banff and the Regional Municipality of Wood Buffalo born in 1991 or earlier can access AstraZeneca by booking an appointment at participating pharmacies or at an AHS clinic.

There are no other appointments for AstraZeneca available for online booking or by calling 811 at this time. If anyone cancels a booking, it will be added back into the system. Those who are already booked to receive AstraZeneca at an AHS site will receive it.

As of April 27, at the end of day, AHS had administered approximately 69,500 doses of the AstraZeneca vaccine through both booked appointments and via walk-ins provincewide.

Second low-stimulus COVID-19 immunization clinic added

A low-stimulus clinic opened in Spruce Grove on April 28, following the launch of the province's first such clinic in Calgary earlier this month. Low-stimulus clinics are available for people with behavioural or special needs who require a quieter, less stimulating environment.

The clinic in Spruce Grove provides an environment with reduced sensory input, including dim lights and reduced noise. Client appointments are spaced to limit the number of individuals in the clinic during the assigned hours. Dedicated, private clinic spaces also contribute to a reduction in sensory stimulus during the immunization appointment. Families and clients are encouraged to use personal comfort items to provide distraction.

Appointments at these clinics can be made by calling Health Link 811, where registered nurses can perform an assessment and make a referral. AHS will continue to monitor the demand for this service and may be able to open other similar clinics, depending on the need and the teams' capacity.

For more information, visit [COVID-19 Vaccine Information](#).

Changes to testing requirements

As cases continue to rise, we are working to keep wait times for testing as low as possible. Close contacts are now offered testing for COVID-19 as soon as they are identified.

If they experience symptoms at any point after that first test, they can get tested again. Otherwise, they must remain in quarantine until 14 days have passed and, as of today (April 30), are no longer requested to have a second test.

If someone has a second test booked, and has no symptoms, this appointment should be cancelled to free up capacity in the system and shorten wait times for others. For those who have a second test booked and have symptoms, the booking should be kept. Testing remains a critical part of breaking the chain of transmission.

Please see [Alberta Health Isolation and Quarantine Requirements](#) for more information.

Updated Information on Aerosol Transmission

Over the past 14 months, AHS has continued to monitor information and research from around the world on best practices for preventing and controlling the transmission of COVID-19. Based on our ongoing reviews, we have adapted our guidelines and protocols over time to reflect this emerging evidence.

You can read about the latest research on aerosol transmission and PPE [here](#) or [view the video](#). Our primary responsibility is to keep our staff and patients safe. We take this seriously and ensure this is the first and foremost priority in all decision-making processes.

Government Announces Targeted Public Health Measures

Yesterday (April 29), the Government of Alberta announced [new targeted public health measures](#) for municipalities or regions where there are at least 350 cases per 100,000 people and 250 currently active cases. As these will change based on case numbers, please visit [alberta.ca](#) for a list of impacted communities.

Moving forward, targeted restrictions will be applied to any communities or regions with a case rate above 350 per 100,000 people and 250 active cases, and remain in place for at least two weeks. If, after two weeks, the case rate falls below the threshold of 350 cases per 100,000 people, these targeted measures will be removed and only current provincewide restrictions will apply.

The measures

Schools – Starting May 3

- All junior and senior high school students (Grades 7 and above) will shift to online learning.
- K-6 students will continue in-classroom learning unless otherwise approved by Alberta Education to shift to online-learning.

Indoor fitness – effective April 30

- All indoor fitness activities are prohibited. This includes:
 - All group physical activities, such as team sports, fitness classes and training sessions.
 - All one-on-one lessons and training activities.
 - All practices, training and games.
- Outdoor fitness activities may continue under provincewide restrictions currently in place, including individual or household one-on-one training with a trainer.

Indoor sport and recreation – effective April 30

- All youth and adult indoor group physical activities, including team sports and one-on-one training sessions, are prohibited.
- Outdoor sport and recreation activities may continue under provincewide restrictions currently in place:
 - Outdoor team sports where two-metre distancing cannot be maintained at all times (such as basketball, volleyball, soccer, football, slo-pitch and road hockey) remain prohibited.
 - Outdoor fitness training is allowed, as are physically distanced group fitness classes with a maximum of 10 participants.
 - Outdoor group physical activity with different households must be limited to 10 people or fewer and two-metre distancing must be maintained at all times.
- All indoor recreation facilities must close. Outdoor recreation amenities can be open to public access unless specifically closed by public health order.

The government will implement a curfew where case rates are significantly high, specifically case rates above 1,000 per 100,000, and if a municipality or region requests it. Details will be announced prior to any curfew being implemented.

All other current public health restrictions, including masking, physical distancing, prohibitions on social gatherings and working from home requirements remain in place provincewide.

Health officials will continue to closely monitor the spread of COVID-19 to assess whether additional action is needed to reduce transmission and when these restrictions are no longer required.

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
 - 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

