

CMO SMOH Weekly Notice for AHS Medical Staff

May 21, 2021

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Hot Topic

• Immunization Numbers

As of 8 a.m. today (May 21), more than 2,324,000 total doses of COVID-19 vaccine have been administered in Alberta. More than 1,672,000 Albertans have received one dose of COVID-19 vaccine and more than 326,000 people have received both Dose 1 and Dose 2.

Scientific Advisory Group Rapid Reviews

Public Health and Health System Impacts of Variants of Concern

With the arrival of more contagious variants of concern (VOC), AHS Scientific Advisory Group (SAG) conducted a rapid review to assess public health and health system impacts of VOCs.

The rapid review found that VOCs, which now comprise the majority of new cases in Alberta and the vast majority of patients hospitalized in the third wave, appear to result in an increased likelihood of hospitalization, compared to wild type virus. The demographics of those needing hospitalization or ICU care have shifted to include younger patients with fewer or no comorbidities.

There is evidence of a very significant reduction in outbreak associated cases and deaths within long-term care (LTC) facilities correlating with the increase in vaccination in LTC patients and healthcare workers despite increasing VOC community transmission.

Current public health measures used in hospitals and care facilities including distancing, PPE and hand washing appear to be effective to minimize transmission and outbreaks even in the context of rising VOC numbers. In contrast, these same measures used in the community as currently practiced may not be as effective for VOCs as for the wild-type virus, though it is possible that some of this is due to poor compliance with public health measures given the public fatigue with pandemic-related measures.

Increased transmissibility of VOCs in the community warrant more stringent measures in jurisdictions with VOC outbreaks, particularly where there is crowding, less than optimal distancing and ventilation. Careful attention needs to be paid to compliance with public health measures.

Adhering to public health guidelines and being immunized against COVID-19 are critically important means of protection from COVID-19.

For more information about this report, see the [Rapid Review](#).

Evidence of Harm from Mask Use

In light of policy and bylaws guiding mandatory public mask use, the SAG committee completed a rapid review exploring literature and data covering the topic of mask exemptions and whether there is evidence of harm from mask use in specific populations.

The rapid review noted there is no current evidence to suggest there is harm associated with mask use in specific populations (such as people living with chronic respiratory conditions), and that exemptions may be detrimental for these populations who are considered at high risk of severe COVID-19 complications.

The rapid review identified several guidelines across various organizations, including the World Health Organization (WHO) (2020), which suggest wearing of masks may be problematic for some individuals (e.g., individuals with neurodevelopmental or psychiatric conditions).

This rapid review found evidence that individuals who might have difficulty wearing masks can often overcome these challenges through support (including education, counselling as relevant) to address the challenges before exemption is considered.

In all circumstances where an individual is not able to wear a mask due to any reason, physical distancing must be maintained.

For more information, please visit see the [Rapid Review](#).

MD Culture Shift

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

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

Equity, Diversity and Inclusion

Presentation: Anti-Indigenous Racism in Health Systems

In [this presentation](#), Wayne Clark, executive director of Indigenous Health Initiatives with the Faculty of Medicine and Dentistry, University of Alberta, will discuss how ongoing education can build awareness of systemic racism and how system improvements can achieve better health outcomes and meaningful reconciliation.

Date: May 27

Time: 12 – 1 p.m.

Zoom Link: <https://ualberta.zoom.us/j/96779503708>

AHS Webinar: Pride Month

June is internationally recognized as [Pride Month](#) – a time to celebrate the LGBTQ2S+ community and the diversity our people bring to the organization. To mark Pride Month, you're invited to join us at an AHS webinar as we explore the history of Pride.

Date: June 3

Time: 12 – 1 p.m.

Register: [Here](#)

Equity in Medicine Virtual Conference

Date: June 12

Register: [Here](#)

Equity & Diversity in Research and Research in Equity & Diversity

Dr. Kim Kelly hosts a YEG Women in Health Networking event with speaker Dr. Shannon Ruzycki

Date: June 15

Time: 7 p.m.

Register: [Here](#)

Alberta Rural Health Week

May 24-28 is Alberta Rural Health Week, and a great opportunity to recognize the contributions of physicians to Albertans in rural communities. Working in a rural community quite often extends beyond the healthcare practice, with strong connections and relationships with the members in the community, as family, friend and neighbour. For information about ways you can celebrate this week, please visit the [RhPAP website](#).

Doctor of the Week – Dr. Laurie-Ann Baker



Dr. Laurie-Ann Baker, associate zone medical director and co-medical director of the Calgary ZEOC, began her healthcare career in nursing and worked in a variety of areas for over a decade. Her decision to go into medicine was made in order to change her trajectory. She spent some time working in a nurse practitioner (NP) role in remote northern Canada and felt inspired to go to medical school.

“The nursing background has been priceless, not only clinically, but also in my leadership roles as it has allowed me to understand the healthcare system as a whole,” says Dr. Baker. “I love being a physician. Clinically I feel privileged to be able to help and guide people in often their most vulnerable times; it isn't always easy but those times when you can make a difference in someone's life is extremely fulfilling.”

In relation to the COVID-19 pandemic, Dr. Baker says, “A single word to describe our response overall has been pride.”

Outside of medicine, she is a mom and a wife with a passion for all things fun and filled with adventure. She is a lover of all sports, and while mainly retired from highly competitive sport (former member of Canadian Fencing Team competing as high as world championships), she continues to participate in recreational level women's hockey, ringette and fastball as well as camp, ski, and hike in the mountains as much as possible.

She notes, “more importantly, I now support my kids who have both the same passion but also a talent for a number of sports. I coached both my son and daughter when they were younger in both ringette and baseball, worked with them as a little league umpire team and as partners refereeing in ringette in addition to more recently taking a role as trainer and general manager for my daughter's provincial champion U14 and U16AA ringette teams.”

Dr. Baker believes all of her successes have been a result of having a supportive spouse and a family that can adapt easily.

Thank you, Dr. Baker, for your dedication to your colleagues and Albertans.

Highlights from the CEO All Staff Update

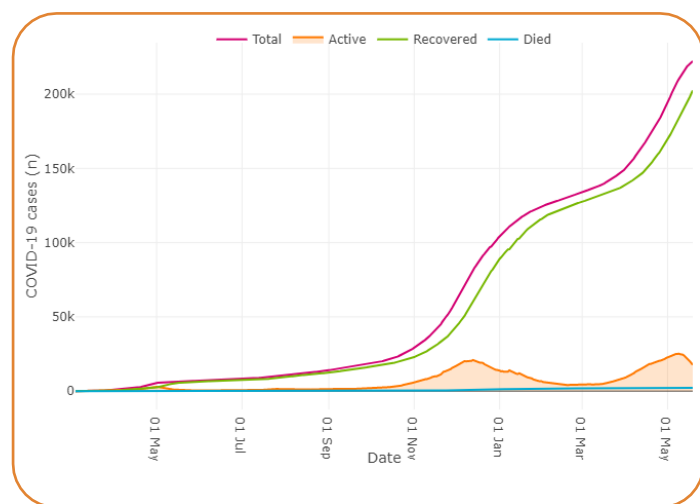
COVID-19 Case Status in Alberta

Despite all zones reporting decreases in active cases, the number of individuals in our intensive care units (ICUs) hit a new peak again this past week.

As of May 19, there are 17,675 active cases in Alberta, a 27.8 per cent decrease compared to May 12. All five AHS zones reported a decrease in active cases, with the Calgary Zone reporting the most active cases for the 19th consecutive week, as you can see in the table below.

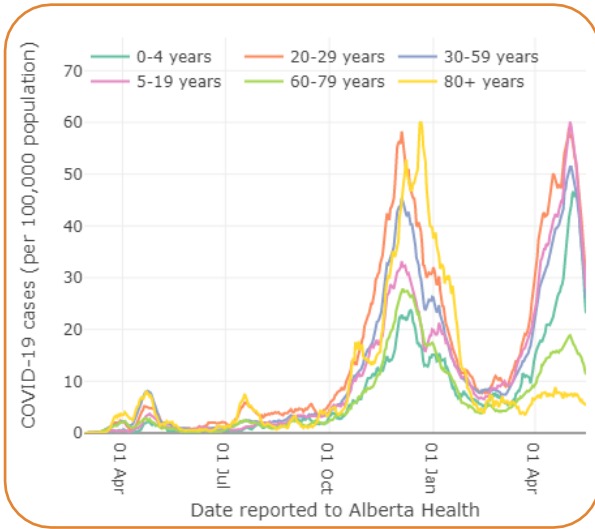
	Active Cases (as of May 19)	Active Cases (as of May 12)	Per cent Change
Calgary	8,132	11,584	-30.2%
Edmonton	4,195	5,470	-23.3%
North	2,657	3,618	-26.6%
South	871	1,255	-30.6%
Central	1,814	2,647	-31.5%
Unknown	6	12	-50.0%

There was an average of 1,047 new cases per day for the seven-day period ending on May 19, compared to 1,731 cases the previous week (May 6 to May 12), a 39.5 per cent decrease. Although the Calgary Zone had the highest total number of new cases this week with 3,082, it also reported the largest per cent decrease (46.7 per cent) compared to the previous week when 5,778 new cases were reported.



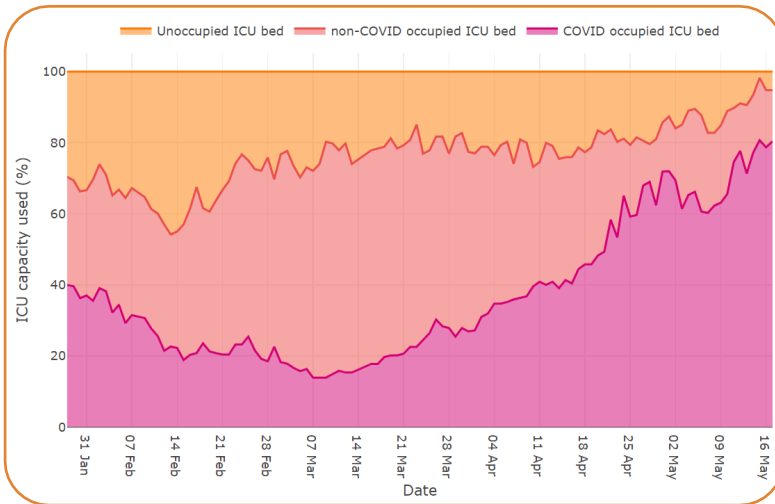
Cases by age group

On May 16, the seven-day rolling average among school-aged children (5-19 years) was 27.86 cases per 100,000 people, compared to 47.00 cases per 100,000 people reported on May 9. Individuals aged 20-29 had the highest rate: 29.86 cases per 100,000 people. The rate for people 80+ years and those aged 60-79 years, was 5.29 and 11.29 cases per 100,000 people, respectively. A visual representation of these trends in cases in Alberta by age group is provided in the figure below.

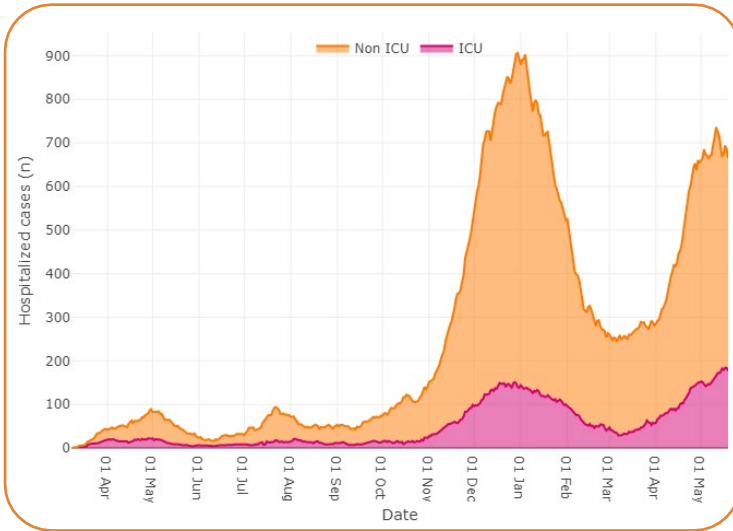


Hospitalizations and ICU admissions

For the fourth consecutive week, Alberta set a new record for individuals with COVID-19 being treated in ICU. On May 18, a record 184 individuals were in the ICU for COVID-19. The next day, that number dropped to 177, which still represents a 2.9 per cent increase from the week prior, when there were 172 individuals in ICU on May 12. The most recent ICU capacity reporting, from May 17, shows our ICU capacity at 94.7 per cent, with 80.4 per cent of ICU beds being occupied by a patient with COVID-19. The figure below is a visual representation of ICU capacity in Alberta:



A total of 488 individuals were in non-ICU hospital beds on May 19 compared to 554 individuals in non-ICU hospital beds on May 12, an 11.9 per cent decrease.



The breakdown of hospitalizations by zone as of May 19 is as follows:

	Hospitalizations	ICUs
Calgary	254	73
Edmonton	226	65
North	77	13
Central	66	15
South	42	11

Variants of concern

For the seven-day period ending May 19:

- 87.1 per cent of samples successfully screened was the B.1.1.7 (U.K.) variant
- 4.3 per cent of samples successfully screened was the P.1 (Brazil) variant
- 0.3 per cent of samples successfully screened was the B.1.351 (South Africa) variant

The remaining per cent of samples successfully screened are either a presumptive variant, a presumptive variant of interest, or not a variant.

Other notable COVID-19-related information:

As of May 19:

- A total of 222,279 cases of COVID-19 have been detected in Alberta and a total of 9,002 individuals have been hospitalized, which amounts to 4.0 individuals for every 100 cases. In all, 202,442 Albertans have recovered from COVID-19.
- 2,162 individuals have passed away from COVID-19, including 30 over the seven-day period ending May 19. 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 4.45 million tests have been conducted and 2.12 million individuals have been tested. From May 13 to May 19, 74,351 COVID-19 tests were completed, an average of 10,622 tests per day. During this period, the daily positivity ranged from 9.11 per cent to 11.42 per cent.
- For the winter school term, AHS has confirmed 8,884 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 1,352 out of 2,415 schools (56.0 per cent) in the province have reported an individual has attended their school while infectious or had in-school transmission

The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means

an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The provincewide R value from May 10 to May 16 was 0.84 whereas R value the previous week was 1.00.

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 May 18:

- 77,383 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,690 (or 7.35 per cent) have tested positive.
- Of the 3,665 employees who have tested positive and whose source of infection has been determined, 550 (or 15.0 per cent) acquired their infection through a workplace exposure. An additional 2,025 employees who have tested positive are still under investigation as to the source of infection.
- 5,333 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 238 (or 4.46 per cent) have tested positive.
- Of the 157 physicians who have tested positive and whose source of infection has been determined, 18 (or 11.5 per cent) acquired their infection through a workplace exposure. An additional 81 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](#). Please note: An update will not be provided next week, but will resume the following week.

COVID-19 Immunization Updates

More than 36,000 doses administered on Super Thursday

Yesterday (May 20) was Super Thursday for our immunization teams. It was a planned stress test to see what capacity we could manage within our current clinics if we pushed them to capacity. Teams have been preparing for Super Thursday by increasing staffing, extending hours and adding immunization stations in clinics with the ability to safely expand.

AHS clinics typically administer between 20,000 and 25,000 shots per day. Yesterday, we administered a record 36,326 doses across the province.



Congratulations to our Public Health teams and to all of our staff who have stepped up to support this critical piece of our fight against COVID-19. Thank you for your commitment and willingness to take

on different challenges, work in a different place and adapt quickly to rapidly changing requirements. We couldn't do this without you.

Our goal remains to complete first doses for all Albertans who wish to have the vaccine by June, as vaccine supply allows.

Alberta Health reviewing evidence related to AstraZeneca, second doses

Alberta Health, which sets immunization policy, has not made a decision at this time about second doses for Albertans who have received the AstraZeneca vaccine. The ministry is reviewing all available evidence and awaiting results of clinical trials in the U.K.

Alberta Health is still committed to waiting at least 12 weeks before beginning second doses for those who received the AstraZeneca vaccine. Clinical trials on this vaccine showed that shorter intervals resulted in a lower overall level of protection than waiting for 12 weeks.

We do not yet know when Canada — and, in turn, Alberta — will receive additional doses of AstraZeneca. The remaining AstraZeneca supply is being used for those who have a contraindication to an mRNA vaccine, or for those Albertans who will need a second dose in early June.

We will provide updates as soon as more information becomes available.

In addition, all current Health Canada-approved COVID-19 vaccines will be provided to Albertans in a 16-week (four-month) timeline between the first and second dose. This aligns with current National Advisory Committee on Immunization (NACI) recommendations.

The only exception is for profoundly immunocompromised individuals with [eligible conditions](#) who are able to receive their second doses earlier. Those who got Pfizer or Moderna are eligible for a second dose 21-28 days after their first dose. Those who received AstraZeneca are recommended to get a second dose at 12 weeks after their first dose but may choose to get their second dose as early as 28 days after.

This approach will allow for all Albertans eligible for a vaccine to have at least one dose before the end of June.

Immunization in pregnancy

Emerging evidence suggests it's safe for pregnant women to get the COVID-19 vaccine. The mRNA vaccines have shown to be the safest type of COVID-19 vaccine to get at any time (any trimester) during pregnancy. The risk of contracting COVID-19 and having serious complications is higher than the risk of receiving the COVID-19 vaccine during pregnancy. To learn more, watch the [AHS COVID-19 Vaccine and Pregnancy video](#) and visit ahs.ca/vaccinepregnancy for COVID-19 pregnancy information, including [translated resources](#).

Those who are pregnant can get the COVID-19 vaccine at any time during pregnancy. Vaccines are safe and effective, and lower the chance of becoming severely ill from COVID-19 and spreading the virus to others.

Strategies to assist immunization for special-needs clients

COVID-19 immunization is important but, for some, receiving the vaccine may be difficult because of developmental challenges and/or needle phobia.

A document for healthcare providers has been created and includes [strategies to assist with delivery of COVID-19 vaccine to special-needs clients with needle phobias or developmental challenges](#).

Additionally, a [patient information sheet](#) has been developed and can be shared with patients, which provides information about supports available to help reduce pain and distress associated with immunization. It also includes information about how a person can improve the comfort and overall

experience of special-needs clients who have needle phobia or live with development challenges that may interfere with them being immunized against COVID-19.

Quarantine Exemptions for Immunized Individuals

As announced by Alberta Health yesterday (May 20), Alberta has changed quarantine requirements for fully and partially immunized asymptomatic individuals.

Individuals who are asymptomatic and [fully immunized](#) with two doses of the COVID-19 vaccine are no longer required to quarantine for 14 days if they are a close contact of a COVID-19 case.

Individuals who are asymptomatic and [partially immunized](#) will have a shortened quarantine period if they are a close contact of a confirmed case. Partially immunized asymptomatic individuals are required to quarantine for 10 days with the option to get tested on Day 7 or later and be released from quarantine on receipt of a negative test result.

This new quarantine policy is retroactive and applies to individuals who are currently in quarantine.

These quarantine changes **do not** apply to international travellers returning to Canada as they must comply with the 14-day quarantine required by the [Federal Quarantine Act](#). In addition, a Medical Officer of Health and the Infection Prevention and Control team responsible for a public health investigation may direct a close contact to follow a 14-day quarantine period regardless of their immunization status. For more information, please refer to [alberta.ca/isolation](#) and [ahs.ca/quarantineaftervaccine](#).

Please continue to use all existing AHS guidance and documentation that is currently in place until updates are made in the coming days. This includes screening tools for designated support persons. This will take some time and we appreciate your patience as we work to incorporate this change into our existing processes, as quickly as possible.

Beyond COVID-19

Verna's Weekly Video Message – New, Made-in-Alberta Cancer Therapy

While we continue to focus on our COVID-19 response, we can't forget some of the amazing work that continues to go on in other areas of healthcare. Today, we want to share some groundbreaking work taking place at the Cross Cancer Institute for patients with specific types of leukemia and lymphoma.

A new therapy, Chimeric Antigen Receptor T-cell therapy, also known as CAR T-cell therapy, is now available in Alberta. Having this treatment available in Alberta will ensure cancer patients who need this treatment in our province have access to care closer to home.

Joining Verna to [talk about this new therapy](#) is Dr. Michael Chu, a medical oncologist in Cancer Care Alberta and lead of the Made-in-Alberta CAR T-cell therapy clinical trial. Alberta Precision Laboratories also played a role in bringing CAR T-cell therapy to Alberta, and we encourage you to check out [a recent article](#) highlighting this great work.

Download the New Version of the Bugs & Drugs App

Bugs & Drugs is a comprehensive, evidence-based reference for physicians, dentists, pharmacists, and nurse practitioners. It provides healthcare practitioners with the latest recommendations for the appropriate use of antimicrobials and the optimal treatment and prevention of infectious diseases.

Please ensure you download the free 2.0 version of the Bugs & Drugs iPhone or Android app because the previous version is no longer supported or kept up to date.

For more information, please visit [bugsanddrugs.ca](#), or the app store to download.

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



**Alberta Health
Services**

Physical
distancing
works