

CMO SMOH Notice for AHS Medical Staff

December 10, 2021

We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

This week:

- Support for Physicians
- MD Culture Shift
- Update to Clinical Stipends
- Scientific Advisory Group Rapid Reviews:
 - Safety and Effectiveness of Sotrovimab
 - Post-COVID-19-Infection Immunization
- Doctor of the Week – Dr. Andrew Andrawes
- Highlights from the CEO All Staff Update
 - COVID-19 Case Status in Alberta
 - Appointment of New AHS Board Chair
 - Wastewater Used to Detect COVID-19
 - COVID-19 Immunization Update
 - Influenza Immunization Update
 - Verna's Weekly Message: Spotlight on Pharmacy Services
- Additional Resources for Physicians

Support for Physicians

Physician Wellness

Moral distress is a psychological response to an experience of moral conflict or moral constraint, which is especially likely to occur during public health emergencies and in other situations when there are extreme resource limitations affecting patient care and the safety of health care workers (from the CMA document: COVID-19 and Moral Distress). All physicians may be at risk of moral distress.

MD Culture Shift is looking for your help to proactively identify physicians on your teams who may be at an increased risk of experiencing moral distress, with a focus on providing emotional support.

The [Physician & Family Support Program \(PFSP\)](#) continues to offer services on an individual basis that you can access by calling the assistance line at 1-877-767-4637.



The Physician & Family Support Program

The PFSP is offering small group sessions with a qualified therapist. A group would consist of six to 12 physicians (e.g., from the same team or department) with a qualified therapist. Sessions could be virtual or in-person. Physician leaders interested in this option for their teams should call the PFSP assistance line at 1-877-767-4637 for further discussion.

Well Doc Alberta

Well Doc Alberta is offering an educational session of approximately 60 minutes in length. Questions about or requests for the session are submitted by the physician leader via email to welldocalberta@ucalgary.ca.

Before organizing an educational or small group session, we suggest that leaders communicate with their teams to provide direct support and to gauge interest in attending a session. We recognize that many physicians are experiencing fatigue and burnout and may not have the capacity for another time commitment.

Some additional resources:

- [Moral Distress](#) (Insite login required), AHS Change the Conversation resource
- [The Long Shadow of Covid](#), Well Doc Alberta
- [The Repair of Moral Injury](#), Cleveringa Dallaire [Critical Conversation Series](#)
- [Covid-19 and Moral Distress](#), Canadian Medical Association
- [Pandemic Wellness Toolkit](#), Canadian Medical Association

MD Culture Shift

Check out our latest **MD Culture Shift newsletter** ([December edition](#))

Wellness

Don't forget to complete the [Canadian Medical Association \(CMA\) National Physician Health Survey](#). By taking part in the survey and sharing your experiences, you will help the CMA, and other stakeholders, identify the individual- and system-level changes needed to better support physicians, create a healthier medical culture and guide the country's post-pandemic recovery.

Update to Clinical Stipends

AHS is working towards ending payments to physicians that are supplemental to fee for service (FFS) billings as they are offside the *Alberta Health Care Insurance Act*. Exceptions to this are stipends that have been identified to transition to the Physician On Call Program and those that will be granted a time-limited extension until an alternative compensation model has been offered to the physicians, or a transition pathway has been identified (e.g., service delivery model change). All impacted physicians providing services in these programs will be notified by AHS Medical Affairs.

We acknowledge the past two years have been an extremely challenging and exhausting time for physicians and frontline healthcare workers. As a result, this transition was postponed to minimize uncertainty for physicians and ensure physicians were consulted to identify if any further support was required.

Physicians who have additional questions or concerns regarding these changes are encouraged to contact their respective zone medical leader or medical affairs office.

Please see these [frequently asked questions](#) or visit the [AHS Medical Staff website](#) for more information and updates.

Scientific Advisory Group Rapid Reviews

Safety and Effectiveness of Sotrovimab

AHS Scientific Advisory Group (SAG) conducted a rapid review of the safety and effectiveness of sotrovimab to inform its use in populations that may benefit the most, as this medication can not be given to every person. Sotrovimab is a monoclonal antibody therapy that has recently been approved by Health Canada as a treatment for COVID-19. The review identified an interim study which showed that use of sotrovimab reduced risk of hospitalization in unvaccinated patients who are:

- over 55 years of age, OR
- over 18 years of age living with a chronic disease or condition.

As vaccinated individuals, pregnant people and severely immunocompromised individuals were not part of the trial, the generalizability to these groups is not known, even though they may be at very high risk of severe outcomes, and potentially may benefit from effective preventative treatments.

The review highlights clinical trial evidence which described the effect of using sotrovimab in moderate and low-risk patients, and indicates the potential for patients with high-risk comorbidities, who may derive the most benefit from this medication.

For more information, please see the [rapid review](#).

Post-COVID-19-Infection Immunization

AHS SAG conducted a review of the effectiveness of COVID-19 vaccine following documented COVID-19 infection. The review found that the immunity from documented COVID-19 infection, when followed by COVID-19 vaccine, provides protection from COVID-19 infection that is superior to post-infection immunity without vaccination.

Previously-infected participants appear to develop robust immune responses following vaccination in studies that report vaccination between two to 10 months after infection. It is recommended that all persons with previously documented COVID-19 infection should receive COVID-19 vaccine.

For more information, please see the [rapid review](#).

Doctor of the Week

Doctor of the Week shows the people, faces and stories of the physicians caring for patients across Alberta Health Services. Physicians for this feature are nominated by their colleagues. Contact cmo@ahs.ca to nominate a physician to be featured here.



This week's Doctor of the Week is Andrew Andrawes, a physician who was nominated by his colleagues for his kindness, teamwork and knowledge.

Dr. Andrawes works as a family physician in a community FM clinic, and at the Northwest Maternity group in Riley Park Maternity Clinic and Foothills medical center to provide low risk obstetric care. He is also an assistant clinical professor with the University of Calgary, working with family medicine residents in the clinic and the hospital.

While his primary role is as a family physician, the path towards this field was not always direct.

“I’m an international medical graduate. I finished my OB-GYN residency in Egypt before moving to Canada. While I enjoyed my work in the OB-GYN field, I decided to change to family medicine practice as it gives me the opportunity to deal with patients of different genders and ages and with various health problems,” says Dr. Andrawes.

In addition to the opportunity to work with a variety of patients with wide-ranging health concerns, his work as a family physician also allows Dr. Andrawes to explore different fields of medicine and see patients through multiple stages of their lives.

“Family medicine provides the intellectual challenge, the gratification from patient management, and the opportunity to obtain a solid and broad medical knowledge base. It also provides the opportunity to build long and trusting relationships with patients.”

While continuous learning and patient management are incredibly motivating, a major driver in Dr. Andrawes’ work also comes from the positive relationships he shares with his colleagues.

“I proud of working with a very supportive team of skilled physicians and nurses in the clinic and the hospital that is dedicated to provide the best maternity and newborn care.”

In his spare time, you can find Dr. Andrawes exercising mind and body, travelling, biking and reading.

“My reading target for 2021 was to read 50 books (out of the medical field). I’ve read 48 books of my target so far!”

From us and your teams, thank you, Dr. Andrawes, for being an inspiration to your colleagues and patients.

Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

ICU Capacity Update

AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand.

With pressure easing slightly on our ICUs, we are reducing the available surge beds so that we can redeploy staff back to caring for non-COVID-19 patients who need surgeries and procedures completed.

We will ensure that we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows, and will readjust our plans as needed if COVID-19 cases rise again.

We currently have 228 general adult ICU beds open in Alberta, including 55 additional spaces above our baseline of 173 general adult ICU beds. There are currently 187 patients in ICU.

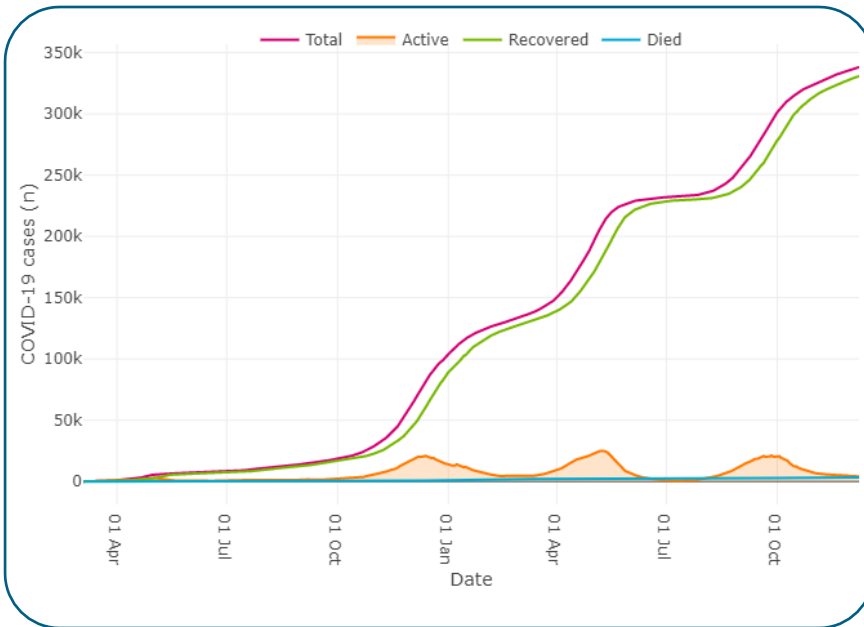
Provincially, ICU capacity (including additional surge beds) is currently at 82 per cent. Without the additional surge spaces, provincial ICU capacity would be at 108 per cent.

New and Active Cases

For the seven-day period ending on Dec. 8, there was an average of 301 new cases of COVID-19 per day, compared to 313 cases per day the previous week (Nov. 25 to Dec. 1), a 3.8 per cent decrease. The North and South zones were the only zones to report a decrease in the number of new cases per day with a 39.1 per cent and 15.8 per cent decrease, respectively. Central Zone reported the largest increase in new cases per day with 40 new cases per day, compared to 35 new cases per day the previous week (Nov. 25 to Dec. 1). For the second week in a row, Calgary Zone reported the highest total number of new cases with 887 (an average of 127 new cases per day).

As of Dec. 8, there are 4,094 active cases in Alberta, a 9.8 per cent decrease compared to Dec. 1. Most zones reported a decrease in active cases, the zone with the largest reported decrease was North Zone, down 33.6 per cent from Dec. 1. For the tenth week in a row, Calgary Zone reported the

most active cases with 1,682. Edmonton Zone was the only zone that did not report a decrease in active cases compared to the last report.

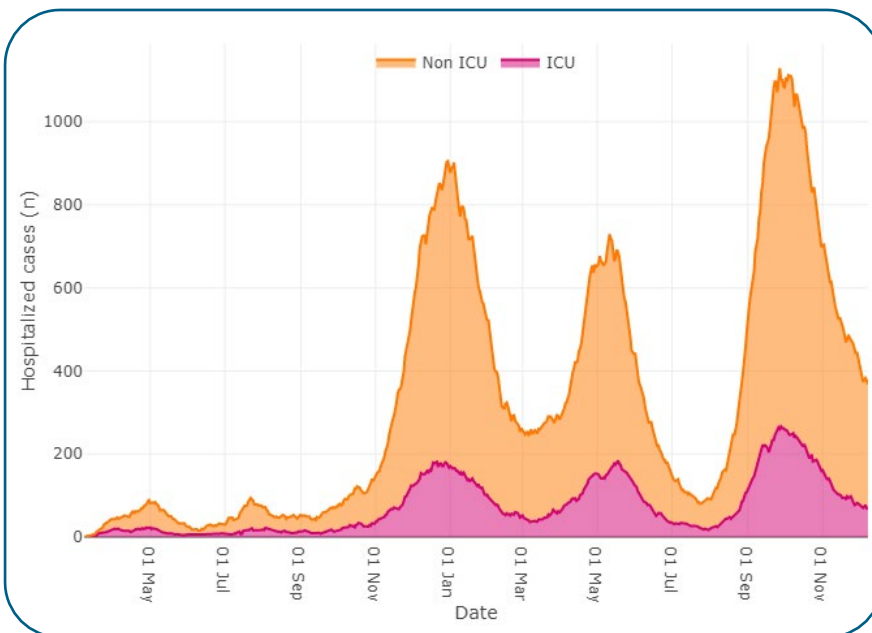


Hospitalizations

A total of 298 individuals were in non-ICU hospital beds for COVID-19 on Dec. 8, compared to 347 individuals in non-ICU hospital beds on Dec. 1, a 14.1 per cent decrease.

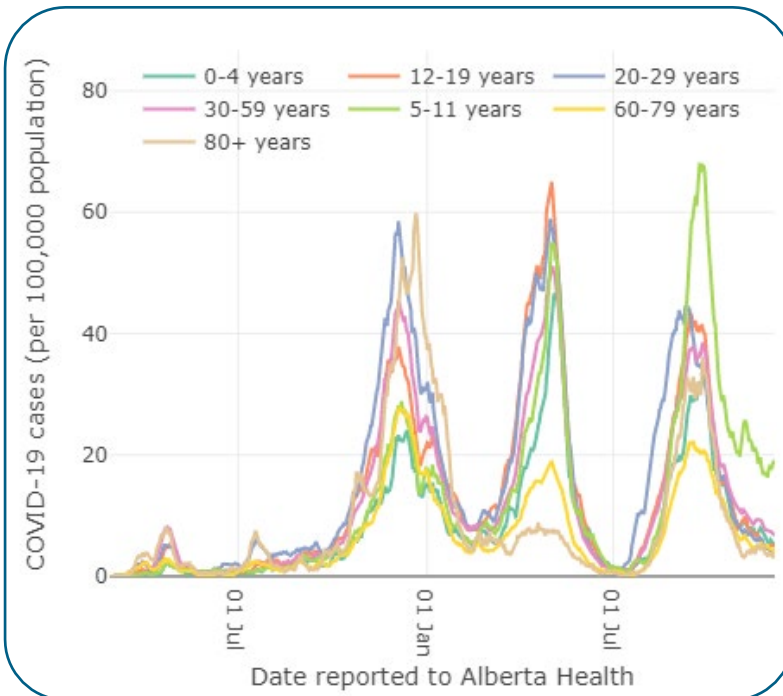
The breakdown of hospitalizations by zone as of Dec. 8 is below:

- 125 hospitalizations with 38 of those in ICUs in Edmonton Zone
- 104 hospitalizations with 17 of those in ICUs in Calgary Zone
- 67 hospitalizations with 6 of those in ICUs in Central Zone
- 43 hospitalizations with 4 of those in ICUs in North Zone
- 29 hospitalizations with 5 of those in ICUs in the South Zone



Cases by Age Group

As of Dec. 5, children aged five to 11 – who were, until recently, ineligible to receive the COVID-19 vaccine – had the highest seven-day rolling average of new daily COVID-19 cases again this week, with 19.14 cases per 100,000 children. Albertans aged 30 to 59 had the second-highest rate with 6.71 cases per 100,000 people. Trends in cases in Alberta by age group are shown below:



Variants of Concern

For variants of concern, the lab ended targeted screening of positive samples for strain-typing on Nov. 23. From Nov. 30 to Dec. 6, the average per cent of positive samples that were strain-typed was 92 per cent. Of those strain-typed the rolling average was 99.0 per cent Delta variant, 0.8 per cent Omicron variant, and 0.2 per cent wild type. Details regarding the Omicron variant in Alberta are outlined below. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

Other notable COVID-19-related information:

- As of Dec. 8, a total of 338,141 cases of COVID-19 have been detected in Alberta and a total of 15,228 individuals have ever been hospitalized, which amounts to 4.5 individuals for every 100 cases. In all, 330,776 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- As of Dec. 8, 3,271 individuals have passed away from COVID-19 including 14 deaths since the last report. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- From Dec. 2 to Dec. 8, 56,439 COVID-19 tests were completed, an average of 8,063 tests per day. During this period, the daily positivity ranged from 3.55 per cent to 4.41 per cent. As of Dec. 8, a total of 6,202,409 tests have been conducted and 2,601,747 individuals have ever been tested.
- The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The R value is

updated every two weeks. From Nov. 15 to Nov. 28 the provincewide R value was 0.88 and the previously reported value was 0.92. The R value was not updated this week.

- Public reporting of outbreaks in schools continues and you can find more information, [here](#).

[Omicron Variant Cases in Alberta](#)

This week, Alberta Health announced additional cases of the Omicron variant in Alberta bringing the total number of cases to 17.

While we are still learning about this variant, early evidence suggests there may be an increased risk of transmission and reinfection, so people who have been previously infected with COVID-19 could be reinfected more easily. There is no evidence of increased disease severity yet, however, evidence is still emerging.

The Government of Canada has implemented [enhanced border measures](#) for all travellers who have been in 10 African countries within the last 14 days before arriving in Canada, until [Jan. 31, 2022](#) as a precautionary measure.

[Omicron's Impact on AHS Physicians and Staff and Current Guidance](#)

All international travellers, including AHS physicians and staff, arriving in Canada must ensure they are aware of, understand, and comply with all federal requirements with regards to COVID-19.

Please continue to use the [Fit for Work](#) and [Return to Work](#) guides, which consider international travel and advise appropriate action.

Please also continue to adhere to provincial measures and precautions in place: all current guidance and algorithms consider international travel and advise appropriate precautions.

[AHS to Notify Close Contacts of Omicron Cases](#)

With the Omicron variant now in Alberta, contact tracing for all close contacts of cases that are positive, or suspected to be positive with the Omicron variant will now take place.

AHS stopped contact tracing for close contacts in August, 2021. Due to the Omicron variant, AHS is re-introducing the process to those potentially exposed to this highly contagious new variant to recommend they get a COVID-19 test, and to provide further instructions. Contact notifications will also occur for close contacts of COVID-19 cases who have recently travelled outside of Canada and the United States where it hasn't been determined yet if they are positive for the Omicron variant.

AHS will notify these Albertans with a phone call, a letter or a text message. These close contacts will be asked to monitor for symptoms, and if they develop symptoms, to isolate, and get tested right away.

Albertans that are a close contact of an Omicron positive case or an international traveler, and are not fully immunized, are recommended to stay home, and avoid going to public places until at least 14 days after your last close contact with the person that tested positive with COVID-19.

For more information about contact tracing and getting a COVID-19 test, visit the [AHS website](#).

[Appointment of New AHS Board Chair](#)

As announced by [Alberta Health](#) on Dec. 9, Minister of Health, Jason Copping, has appointed Gregory Turnbull, QC, [to the position of AHS Board Chair](#) for a three-year term, effective Dec. 8.

We want to thank David Weyant, QC, AHS's former Board Chair, who recently resigned to pursue other opportunities and interests. We are grateful for David's contributions during his time as Board

Chair, with two years spent helping AHS navigate the pandemic, and for his ongoing dedication to serving Albertans.

As a former partner with McCarthy Tétrault LLP, Greg has more than 35 years of experience in corporate governance. He has acted as director, officer and counsel to boards and special committees, including in the medical sector.

Greg is currently a member of the Advisory Council at the School of Public Policy and the Dean's Advisory Council at the Cumming School of Medicine, University of Calgary. He is also a long term member of the Calgary Health Foundation, where he has most recently served as the Chair of the governance committee.

We look forward to working closely with Greg in the coming months as we develop a shared vision for AHS.

Wastewater Used to Detect COVID-19

Researchers at the University of Alberta and University of Calgary have teamed up to expand their COVID-19 wastewater monitoring programs across the province. The joint effort monitors the wastewater of approximately 3.2 million people or nearly three-quarters of the population of Alberta, via sampling at 17 wastewater treatment plants and facilities across the province. The Government of Alberta has provided \$3.4 million in funding to support the program.

Researchers from the University of Calgary are monitoring wastewater treatment plants in Fort McMurray, Airdrie, Canmore, Calgary, Drumheller, Okotoks, Strathmore and Taber, while researchers from University of Alberta's Faculty of Medicine and Dentistry are covering Grande Prairie, Cold Lake, Fort Saskatchewan, Edmonton, Red Deer, Banff, High River, Medicine Hat and Lethbridge.

In total, the wastewater of 25 cities, towns and communities is being monitored for traces of the virus in this way. The program is expected to grow as additional municipalities begin to participate.

Samples will be taken three times a week and results will be shared on the [COVID-19 Data Tracker website](#), which allows members of the public to view recent data points in different communities, to see how cases are trending. Researchers at the Cumming School of Medicine's Centre for Health Informatics have been [providing regular online reporting](#) of the wastewater results from Calgary for nearly a year with publicly available real-time data.

The program builds on [several successful COVID-19 wastewater projects](#) that have been led by teams from the University of Alberta and the University of Calgary respectively, in partnership with Alberta Health Services, The City of Calgary, and EPCOR.

COVID-19 Immunization Update

Reminder about booster doses

As announced by [Alberta Health](#), additional Albertans 18 years and older will be eligible for a booster dose in a staged approach, starting with those aged 60 and older. Eligible Albertans can book appointments for a booster dose of an mRNA vaccine six months after receiving their second dose.

Third doses of COVID-19 vaccine continue to be available to other eligible populations, including frontline healthcare workers who provide direct patient care, had their first two doses of vaccine less than eight weeks apart, and had their second dose at least six months previously. For a full list of all eligible groups, visit alberta.ca/vaccine.

The booster dose is not required to be considered fully immunized for the purpose of the AHS' Immunization of Workers for COVID-19 Policy. Healthcare workers will not be contacted by AHS when they are eligible to receive an additional dose. Appointments can be made through the [online booking tool](#), [participating clinics](#), pharmacies and doctor's office, or by calling Health Link at 811.

Individuals who live on a First Nations reserve can access third doses through local public health clinics on-reserve.

Healthcare workers who are eligible to receive an additional dose and who have their vaccine appointment scheduled during a work shift are eligible for up to three consecutive hours of paid leave. This includes all AHS workers who are full-time, part-time or casual. This does not apply to vaccine appointments that occur off work time. Information on time coding for vaccine appointments can be found on the [Time Management Resources](#) Insite page.

Misinformation on vaccine

This week, a social media post relating to the COVID-19 vaccine and alleged hospital admissions of children related to the vaccine made its rounds on Twitter.

AHS responded to the post to ensure Albertans know we support and encourage the administration of COVID-19 vaccine for all eligible age groups. As well, AHS clarified that we are not seeing hospital admissions related to the vaccine in the 5 to 11 age group.

In Alberta, over 64,000 children between the ages of 5 – 11 have received their vaccine. Close to seven million vaccine doses have been provided to Albertans in all age groups. Of these, just over 2,000 individuals have reported an adverse event, most of which have been mild to moderate and include rash, or pain and swelling where the needle was provided.

We encourage everyone to review current, credible evidence to make the best and most informed decision about your health. This includes garnering information for patients and clients from reliable source. In addition to the AHS site, we recommend:

- Vaccines for Children: [Health Canada](#) and the [Canadian Pediatric Society](#)
- [Alberta Health](#)
- Health Canada ([Debunking Myths](#) and [NACI Recommendations](#))
- [Centers for Disease Control and Prevention](#)

Vaccine rollout to ages 5 – 11 continues

Appointments continue to be available for this age group across the province at AHS immunization clinics and select pharmacies.

Appointments must be booked [online](#) or by calling Health Link at 811. Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

Alberta Health has recommended that the interval between first and second doses should be at least eight weeks. It is recommended, but not required, to wait for a period of at least 14 days before and after the administration of the COVID-19 pediatric vaccine and the administration of another vaccine. Routine school immunizations can be administered regardless of spacing from the COVID-19 vaccine.

Vaccine availability

AstraZeneca - Currently, there is no supply of the AstraZeneca vaccine in the province. Additional supply is expected later in December. Individuals requiring second doses of AstraZeneca should call Health Link to get on a wait list for notification when the vaccine has arrived. We will keep you updated as more information becomes available.

Janssen (Johnson and Johnson) - The Janssen vaccine continues to be available for Albertans 18 years of age and older. Due to limited supply, the vaccine is only administered at AHS clinics in select locations across the province. Call Health Link at 811 to book an appointment.

The Janssen vaccine is now also available for individuals with a contraindication to currently available COVID-19 vaccines. This includes people that have had a dose of COVID-19 vaccine previously who

had a serious adverse reaction. A minimum of 28 days from any previously received COVID-19 vaccine is required. Only one dose of the Janssen vaccine is needed to be fully immunized.

mRNA vaccine continues to be recommended for all those that are able to receive it as the most safe and effective vaccine choice. Individuals without a contraindication to mRNA vaccine, who have been immunized with a single dose of Janssen as their only vaccine, are recommended to have a booster dose of mRNA vaccine after six months.

Influenza Immunization Update

As of Dec. 4, 1,016,859 doses of influenza vaccine have been administered, which is about 23 per cent of the population.

One additional case was identified this past week, for a total of six confirmed cases of influenza so far this season.

Although the influenza activity we are seeing right now is less than we would see in a typical season, with changes to public health restrictions, more people travelling, and as more activities move indoors during the winter season, we can expect to see a rise in the number of Albertans with respiratory symptoms and other illnesses, including seasonal influenza.

Now more than ever we need Albertans to get immunized against influenza, to protect themselves, their families and community.

For more information on influenza, visit ahs.ca/influenza. Interactive aggregate data is available online at [Alberta influenza statistics](#).

Influenza immunization information for physicians, staff and volunteers

Physicians, staff and volunteers can choose to be immunized through a site champion on their unit or another nearby, a roving cart at their site where available, as well as a pharmacy, doctor's office or public health clinic.

Staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the staff immunization campaign.

Verna's Weekly Video Message: Spotlight on Pharmacy Services

We often talk about the challenges and pressure brought about by this pandemic, but the adversity of COVID-19 has also provided the opportunity for AHS teams to demonstrate innovation and resilience.

Over the past 20 months, there have been seen many accomplishments to celebrate from teams across the organization. One of those teams is Pharmacy Services.

From ordering drugs and keeping them stocked in hospitals around the province, to testing and releasing new drugs as research becomes available, the Pharmacy Services team has done some incredible work.

Joining Verna to [tell us more](#) are:

- Tracey Simpson, Director, Procurement, Inventory and Service Performance, Pharmacy Services
- Jeremy Slobodan, Director, Drug Utilization, Information & Stewardship, Pharmacy Services

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](#)
- [MD News Digest](#)
- [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.
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

This update 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.

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. David Strong on behalf of Dr. Laura McDougall

Medical Officer of Health

