

CMO SMOH Notice for AHS Medical Staff

December 23, 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.

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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

COVID-19 Updates and New Information You Need to Know

Response to Omicron spread in Alberta

As announced by [Alberta Health](#) this afternoon, in response to the rapid spread of the Omicron variant, changes are being made to our testing and case investigation approaches.

Testing eligibility criteria

Effective today, to conserve testing capacity and reserve PCR testing for higher risk groups, rapid tests are now recommended to be used preferentially for those who have symptoms, for most people.

If you are symptomatic and have access to a rapid testing kit, it is recommended that you use that to test rather than getting a PCR test.

If you test positive, consider that as confirmation that you have COVID-19, isolate, and notify any close contacts.

If you test negative, you should stay in isolation and repeat the rapid test 24 to 48 hours later. If you are negative a second time, then you would be considered to not have COVID-19 and no further measures are required if you still have no symptoms.

The exceptions to this recommendation are if a person lives or works in a high priority setting or qualifies for [Sotrovimab](#) treatment. These individuals should still get a PCR test if they test positive on a rapid test.

For more details visit alberta.ca/covid19.

Testing from AHS continues to be available for:

- People with symptoms of COVID-19 who do not have a positive rapid test result;
- People connected to an outbreak;
- People who have been told by AHS Public Health to get a test.

Prioritizing COVID-19 case investigation

AHS case investigators will call individuals with COVID-19 in the following priority groups only, to complete case investigations:

- Patients in hospitals with COVID-19
- Residents and staff of congregate care settings (long term care, designated supportive living, lodges, group homes, hospices)
- Healthcare workers
- Residents and staff of congregate living settings (corrections, shelters, work camps)
- Those less than 18 years of age
- Workers at high risk work sites
- Teachers and daycare staff

Those who have not consented to be notified by SMS text message or automated phone call (autodialer) will receive a case notification call. For all other cases, our team will make all efforts to complete notification calls, as capacity allows.

This is not a decision we make lightly. We continue to scale the team up as best we can to meet the current demands of the pandemic. Anticipating further community spread of Omicron, we have capacity planning in place and will continue to modify our approach based on caseload and established triggers.

We encourage all Albertans to do their part to drive case numbers down and to help alleviate the pressures on our healthcare system. We need Albertans to get immunized, reduce their close contacts, abide by the current public health measures including mandatory masking and physical distancing indoors and stay home if you are sick (and isolate, as required).

Updated joint statement with unions on personal protective equipment during COVID-19

Today, AHS, along with the Alberta Union of Provincial Employees, Covenant Health, the Health Sciences Association of Alberta, and United Nurses of Alberta, issued a [new release](#) on an updated joint statement on the safe and effective use of PPE in our collective response to the continuing COVID-19 pandemic. Throughout the pandemic, PPE has been a key factor in protecting the health and safety of healthcare workers by helping to prevent exposure to and transmission of COVID-19 as they provide high-quality care to Albertans.

The updated [joint statement](#) reflects the evolving evidence on COVID-19 transmission and to further simplify PPE guidance for health care workers in Alberta. The updated document incorporates a number of perspectives, including the precautionary principle and evolving guidance from the World Health Organization (WHO).

This update was specifically intended to provide early interim guidance as the Omicron variant of COVID-19 circulates in Canada. The updated joint agreement sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

Third doses available for additional Albertans

As announced by [Alberta Health on Dec. 21](#), all Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago can now book a third dose.

The severity of the Omicron variant is not yet known, but it is clear there is an increased risk of transmission. There is good evidence that third doses significantly reduce the risk of getting a symptomatic infection and also reduce the risk of being hospitalized. Expanded availability of third doses of COVID-19 vaccine will help provide increased protection and prevent community spread.

Albertans over 30 years of age are encouraged to take the first mRNA vaccine available to them for a third dose. Both the Pfizer and Moderna vaccines offer a high level of protection against COVID-19, particularly against severe outcomes. Pfizer is preferentially recommended for Albertans 18 to 29 years of age due to lower risk of myocarditis following immunization with the Pfizer-BioNTech vaccine compared to Moderna COVID-19 vaccine in this age group.

All Albertans aged 18 and older at five months or more from their second dose can book appointments for third doses online with participating pharmacies or AHS, by using the [Alberta vaccine booking system](#), by calling AHS at 811, or checking in with their local pharmacies in case they are offering walk-in appointments.

Vaccine rollout to ages 5 – 11 continues

More than 115,000 pediatric vaccines have been administered to children aged five to 11. Appointments continue to be available for this age group at AHS immunization clinics and select pharmacies.

Appointments can be booked [online](#) or by calling Health Link at 811 and are only available at AHS sites and some pharmacies. In the rural zones, limited walk-in access is available at some sites. Check ahs.ca/vaccine for more information. Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

Alberta Health recommends 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 – AHS received an additional 1,900 doses of the AstraZeneca vaccine last week. Individuals requiring second doses of AstraZeneca should call Health Link to book an appointment.

For those who received the AstraZeneca vaccine as a first dose, followed by a two-dose mRNA vaccine series (Pfizer or Moderna), a booster dose is not recommended or required at this time. If you received AstraZeneca for your first dose, you can choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for your second dose. Both options will provide additional protection and count as completing your immunization in Canada. International jurisdictions may have different standards for a complete immunization series.

Janssen (Johnson and Johnson) –The province received 5,000 doses of the Janssen vaccine. It is available for Albertans 18 years of age and older and is administered at AHS clinics in select locations across the province.

The Janssen vaccine is available for individuals with a contraindication to currently available COVID-19 vaccines. This includes people who have had a dose of COVID-19 vaccine previously and had a serious adverse reaction. A minimum of 28 days from any previously received COVID-19 vaccine is required and only one dose of the Janssen vaccine is needed to be fully immunized.

mRNA Vaccines – These vaccines continue to be recommended as the most safe and effective vaccine choice, for all those that are able to receive them. Individuals without a contraindication to an mRNA vaccine, who have been immunized with a single dose of Janssen as their only vaccine, or two doses of AstraZeneca, are recommended to have a booster dose of mRNA vaccine after six months.

New public health measures take effect Dec. 24

Albertans are asked to **reduce their number of contacts by half**, limit unrestricted activities where there is a high risk of transmission, and observe all [public health measures](#) over the holidays to help limit the spread of COVID-19.

The new mandatory measures take effect at 12:01 a.m. on Dec. 24:

- For venues in the Restrictions Exemption Program – there is a 50 per cent capacity limit at venues that seat more than 1,000 people. For venues with capacity of between 500 and 1,000 occupants, 500 is the limit. There is no change for venues under 500.
- No food or drink consumption in seated audience settings or during intermissions in the above-mentioned venues.
- Maximum table capacity of 10 people in restaurants, pubs and bars. No mingling between tables.
- No interactive activities at restaurants, pubs and bars (e.g., dancing, darts and billiards).
- Restaurants, pubs and bars must stop liquor service at 11 p.m., and close at 12:30 a.m.

Restrictions continue for both indoor and outdoor social gatherings, weddings, funerals, places of worship and businesses. Albertans should also refrain from workplace social gatherings.

Masking remains mandatory in all indoor public spaces, including in facilities participating in the Restrictions Exemption Program. Masks should fit well and be of high quality. Albertans with risk factors for severe outcomes should wear medical masks in settings with those outside of their household.

For more tips on protecting yourself and your loved ones, see [Celebrating Safely this Holiday Season](#).

At-home rapid test kits

In addition to ongoing orders for rapid tests from the Government of Canada, Alberta's government will directly purchase up to 10 million rapid tests for anticipated delivery in January. More than 2.5 million rapid tests (or 500,000 rapid test kits) have already been made available to Albertans in the broad rollout that began on Dec. 17. Additional supplies have been received from the federal government and are being shipped to participating AHS and pharmacy locations.

If you have not already picked up your kit, visit alberta.ca/CovidRapidTests to find the location nearest you with available stock, as many locations still have supplies available.

Consider using a rapid test for screening regularly in the days [before you head out to a gathering](#). This should only be considered in addition to all other health precautions, not as a replacement for public health measures. Remember, a single negative test does not guarantee that a person is COVID-19-free.

Changing travel requirements to address Omicron variant

The [Public Health Agency of Canada](#) has advised travellers, regardless of their vaccination status, to avoid non-essential travel internationally. Effective Dec. 21, all Canadians returning from short trips must take a molecular pre-entry test. The test must be taken outside of Canada.

Temporary enhanced requirements for travellers who have been in Botswana, Egypt, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa and Zimbabwe ended Dec. 18.

Continuous eyewear mandate reinstated

Eye protection continues to be an important component of contact and droplet precautions, in addition to a medical mask, gloves and gown.

As such and due to the rapid spread of the Omicron variant within Alberta in the past several weeks, AHS is re-implementing mandatory continuous eye protection for all AHS staff and physicians who work within two metres of patients, and/or coworkers, regardless of immunization status. This includes ALL patient AND co-worker interactions that occur within two metres.

Continuing Care staff should continue to follow the guidance provided in the [Guidelines for Continuous Mask and Eye Protection Use: Home Care & Congregate Living Settings](#).

Eye protection may be removed for healthcare workers when in areas where no patient care occurs, such as individual office or work spaces, break rooms or other spaces where there is no patient or coworker interactions within two metres.

We thank all staff, and physicians for continuing to follow this evolving guidance as we continue to work through our COVID-19 response, in light of the new, and highly transmissible Omicron variant.

Preparing for the next wave

As we have throughout the pandemic, AHS is continually monitoring and planning for all eventualities to ensure we can care for Albertans, and do our best to keep Albertans safe.

We are concerned about the rapid rise in Omicron cases across the province in recent days, and anticipate that it could quickly affect our healthcare system. Because of this, we are taking proactive steps to prepare our healthcare system for an expected surge in patients who have tested positive for COVID-19 and need advice, emergency care, community care, and/or admission to hospital.

We understand and acknowledge that news of another wave is difficult for all of us to comprehend. We hoped we would not be in this situation again.

We have been successful at increasing capacity in our hospitals – and in particular, our ICUs – over the past four waves. This work has ensured that we have been able to meet patient demand, even when our healthcare system was pushed to its limits. With cases of Omicron quickly increasing, AHS is planning accordingly.

We are currently maintaining ICU capacity above daily demand with the ability to increase to a planned maximum of 380 beds, as long as staff and physician availability allows. We will readjust our plans as needed as COVID-19 cases rise.

At the peak of the fourth wave, AHS had 376 general adult ICU beds available for patients needing ICU care, including those with COVID-19. This was more than double the 173 baseline general adult ICU beds we have in the system, and the surge spaces ensured that we were able to provide care for anyone who needed to be admitted to ICU.

Increasing ICU capacity affects other areas of the healthcare system, particularly surgeries and other procedures. Thousands of Albertans have had their surgeries and procedures delayed due to the pandemic, and we are doing all we can to return to normal surgical volume. That plan may have to change if we see additional need for ICU capacity.

We are committed to increasing ICU capacity, while carefully balancing the need to perform as many surgeries and other procedures as possible.

As has been the case for all four previous waves, the best way to protect our hospitals is for people to follow public health guidelines and restrictions, stay home when sick, wear a mask, and most importantly, get fully immunized (including a third booster).

[Access changes for designated support persons and visitors who are close contacts of a confirmed or probable case of COVID-19](#)

As of Dec. 21, **site access is temporarily limited for designated support persons and visitors who are close contacts of a confirmed or probable case of COVID-19. The limitation will pertain to all designated support persons and visitors, even if they are fully immunized**, until we have more information about the risks of transmissibility posed by Omicron.

Anyone who is a close contact of someone with COVID-19, or has a case of COVID-19 in their home, cannot access continuing care or AHS acute care sites as a designated support person or visitor for 14 days from the date of their last exposure.

Given this additional limitation to access, it is extremely important that frontline staff work with patients and their designated support persons to arrange for an alternative designated support person, should the primary not be able to access the site. It is also important to provide [alternative communication options](#) such as video chat and phone calls.

The COVID-19 Family Presence & Visitation Taskforce has updated the following to reflect precautions taken for Omicron and the decision to screen out close contacts:

- **Acute Care Directive:** [COVID-19 Directive Designated Support and Visitor Access in Acute Care, Ambulatory and Emergency](#)
- **Acute Care Guidance:** [Provincial Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent and Emergency Care sites](#)

Screening Forms:

- [Designated Support Person and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care Facilities](#) and
- [COVID-19 Continuing Care Daily Checklist for Visitors and Volunteers](#)

Compassionate Exemption:

- [Compassionate Exemption Application Process for End-of-Life Visitation](#)
(Note: the federal process for international travellers has been updated to reflect recent changes and there is a new process for asymptomatic close contacts to apply for the purposes of an exemption for end-of-life visitation.)

This is a temporary limitation. The COVID-19 Family Presence & Visitation Taskforce will continue to review and update the provincial guidance on a regular basis based on the current pandemic situation. Learn more at ahs.ca/visitation.

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.

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.

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.

We have reduced 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.

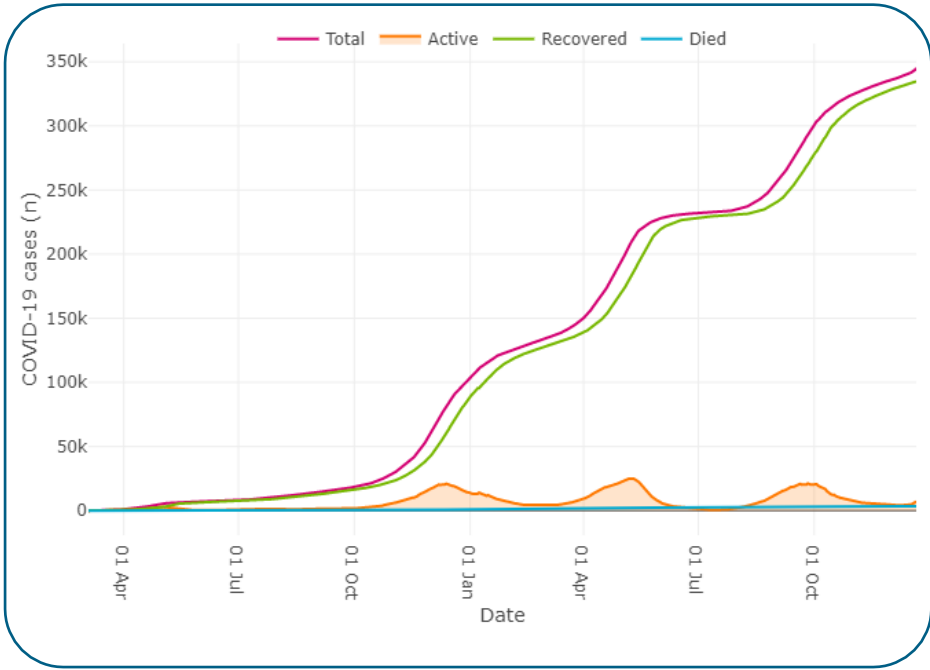
We currently have 229 general adult ICU beds open in Alberta, including 56 additional spaces above our baseline of 173 general adult ICU beds. There are currently 187 patients in ICU.

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 six-day period ending on Dec. 21, there was an average of 773 new cases of COVID-19 per day, compared to 330 cases per day the previous seven day period (Dec. 9 to Dec. 15), a 134.2 per cent increase. Most zones reported an increase in the number of new cases per day, ranging from a 12.5 per cent increase in South Zone to a 196.0 per cent increase in Calgary Zone, compared to the previous seven-day period. Central Zone was the only zone to report a decrease in the number of new cases per day with a 13.8 per cent decrease. Calgary Zone reported the highest total number of new cases with 2,752 (a six-day average of 459 new cases per day).

As of Dec. 22, there are 8,359 active cases in Alberta, an 88.6 per cent increase compared to Dec. 15. Central Zone was the only zone to report a decrease in active cases compared to Dec. 15. For the twelfth week in a row, Calgary Zone reported the most active cases with 3,887, an increase of 107.2 per cent compared to Dec. 15.

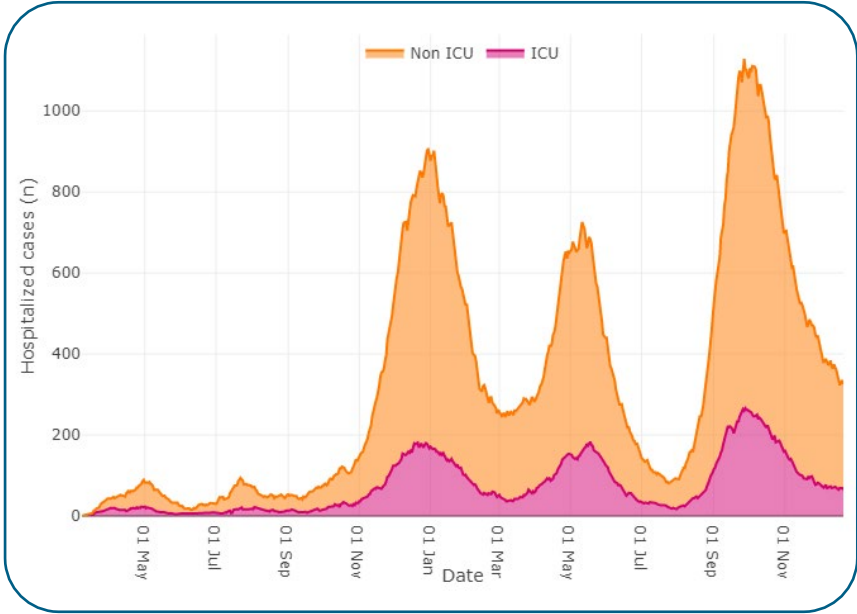


Hospitalizations

261 individuals were in non-ICU hospital beds for COVID-19 on Dec. 21 compared to 290 individuals in non-ICU hospital beds on Dec. 15, a 10.0 per cent decrease.

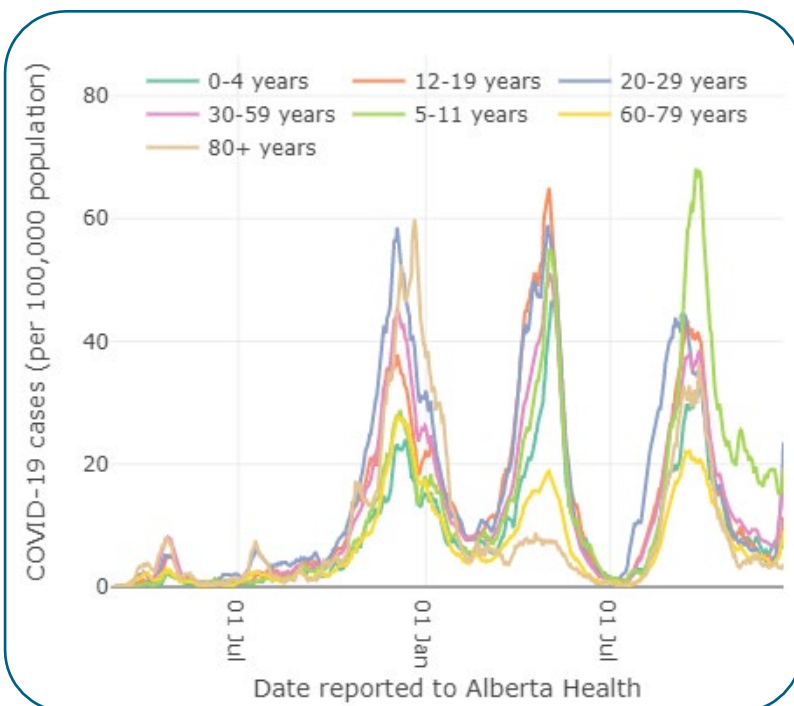
The breakdown of hospitalizations by zone as of Dec. 21 is as follows:

- 113 hospitalizations with 19 of those in ICUs in Calgary Zone
- 97 hospitalizations with 31 of those in ICUs in Edmonton Zone
- 61 hospitalizations with seven of those in ICUs in Central Zone
- 39 hospitalizations with six of those in ICUs in North Zone
- 16 hospitalizations with two of those in ICUs in South Zone



Cases by Age Group

As of Dec. 18, Albertans aged 20-29 had the highest seven-day rolling average of new daily COVID-19 cases, with 23.57 cases per 100,000 people. Albertans aged 30 to 59 had the second-highest rate with 19.57 cases per 100,000 people, followed by children aged five to 11 with 19.29 cases per 100,000 people. Trends in cases in Alberta by age group are shown below.



Variants of Concern

For variants of concern, from Dec. 14 to Dec. 20, on average, 70 per cent of positive samples were strain-typed. Of those strain-typed the rolling average was 35.5 per cent Delta variant, 62.5 per cent Omicron variant, and 2.1 per cent wild type or presumptive variant. As of Dec. 21, 2,131 Omicron variants have been detected in Alberta. More details regarding Omicron and the measures being taken to protect Albertans from it are outlined further below.

Note: 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. 22, a total of 346,705 cases of COVID-19 have been detected in Alberta and a total of 15,443 individuals have ever been hospitalized, which amounts to 4.5 individuals for every 100 cases. In all, 334,716 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- As of Dec. 21, 3,299 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. 16 to Dec. 21, 53,769 COVID-19 tests were completed, a 6 day average of 8,962 tests per day. During this period, the daily positivity ranged from 5.71 per cent to 11.85 per cent. As of Dec. 21, a total of 6,312,374 tests have been conducted and 2,625,075 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 November 29 to Dec. 12 the province-wide R value was 0.96 and the previously reported value was 0.88. The R values were not updated this week.

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

COVID-19 Immunization Testing Policy Update

We have had an overwhelmingly positive response to our immunization policy. More than 97 per cent of AHS full-time and part-time employees and 99.8 per cent of physicians have had at least two doses of COVID-19 vaccine. Thank you to all employees and physicians who are now fully immunized.

However, it is clear that Omicron presents a new risk to Albertans, and in turn, our healthcare system. We are concerned about the rapid rise in Omicron cases across the province in recent days, and anticipate that it could further impact our healthcare system quickly. We must ensure we have the staff and resources required to care for our patients.

At the [direction of the provincial government](#), we will provide all unimmunized staff and physicians the option of temporary frequent COVID-19 testing to ensure we can meet the anticipated demand caused by the Omicron variant.

The testing option, which was previously available to a small number of unimmunized AHS workers at specific work locations, will now be available to any unimmunized staff member who wants to return to work, as part of the [Immunization or Testing of Workers for COVID-19 Policy](#) which will be reviewed by the end of March 2022.

For more information, please see the [announcement sent earlier today](#) regarding these changes.

As of Dec. 23, approximately 1,400 full- and part-time workers who are not fully immunized have been placed on unpaid leave. Testing allows those workers to return to work if they accept the testing option. Workers who are now eligible for testing will be notified by email and mail in the coming days. Testing costs and coordination will be the responsibility of the worker.

AHS stands by its immunization policy and we are extremely grateful to the vast majority of our staff and physicians who are immunized against COVID-19. Our immunization policy was developed and implemented for one main reason – to keep our patients and staff from getting COVID-19 while in our care or working at our sites.

We strongly encourage all healthcare workers and all Albertans – to get immunized, including a third booster dose if they are eligible.

Please talk to your medical leader if you have any questions. Thank you for your ongoing support and dedication.

COVID-19 Testing for Healthcare Workers — the Latest Numbers

We continue to update testing data for healthcare workers. 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 December 21:

- 87,644 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 9,241 (or 10.54 per cent) have tested positive.
- Of the 6,895 employees who have tested positive and whose source of infection has been determined, 690 (or 10.01 per cent) acquired their infection through a workplace exposure. An

additional 2,346 employees who have tested positive are still under investigation as to the source of infection.

- 6,166 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 390 (or 6.33 per cent) have tested positive.
- Of the 285 physicians who have tested positive and whose source of infection has been determined, 24 (or 8.42 per cent) acquired their infection through a workplace exposure. An additional 105 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.

Influenza Immunization Update

Influenza data reporting will recommence in the new year. For more information on influenza, visit ahs.ca/influenza. Interactive aggregate data is available online at [Alberta influenza statistics](#).

Physicians, staff and volunteers can get immunized at a pharmacy, doctor's office or public health clinic (for children under five years of age and their family and household members).

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

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 \(CPSA\)](#).

Happy Holidays and Thank You from the Executive Leadership Team

For those of you might have missed it last week, the Executive Leadership Team wanted to [share a video](#) with you that expresses our sincere thanks for all your hard work in 2021.

I hope you are able to get some well-deserved rest, recharge and enjoy the season with your loved ones. And again, a big thanks again to those working over the holidays. Your dedication inspires us all and is greatly appreciated by leaders, staff and patients alike.

We wish everyone across AHS joy, peace and good health this holiday season.

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

