

# CMO SMOH Notice for AHS Medical Staff

January 28, 2022

*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](mailto: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

### **AHS to Begin Issuing Paxlovid Prescriptions to Eligible Albertans Monday**

On Monday, AHS will begin issuing prescriptions for the anti-viral oral medication, Paxlovid™ that was recently approved by Health Canada to treat at-risk patients with mild to moderate COVID-19 infection.

Paxlovid™ is a new medication consisting of nirmatrelvir and ritonavir that was developed by Pfizer to treat eligible, high-risk patients with COVID-19 within the first five days of symptoms.

There are now two outpatient treatments available to at-risk patient groups.

Paxlovid™ will be offered to patients who are most likely to develop severe COVID-19 illness and are at a greater risk of adverse outcomes, including hospitalization and death. The eligibility criteria are as follows:

- People who have not received any doses of a COVID-19 vaccine and are:
  - 65 years of age and older, regardless of other health conditions
  - 18 years of age and older with a co-morbidity
    - diabetes (taking medication for treatment)
    - obesity (BMI >30)

- chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m<sup>2</sup> of body-surface area)
  - congestive heart failure (New York Heart Association class II, III, or IV)
  - chronic obstructive pulmonary disease, and moderate-to-severe asthma
- Pregnancy (Paxlovid™ may be used in pregnancy if potential benefits outweigh the potential risks to the fetus.)
- Regardless of their COVID-19 vaccine status, immunocompromised patients, including:
  - Transplant patients (solid organ or stem cell)
  - Oncology patients who have received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020
  - Patients with inflammatory conditions (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) who have received a dose of any systemic immunosuppressive treatment since December 2020.

Patients who have tested positive for COVID-19 and whose symptoms began less than five days ago can call the dedicated Health Link line at 1-844-343-0971 to find out if they qualify to receive treatment and whether Paxlovid™ or the monoclonal antibody, sotrovimab, is preferred.

Patients will be asked a series of questions by the dedicated Health Link staff before being referred to a physician who will determine the best course of treatment. Once eligibility is confirmed, the physician will either issue a prescription for Paxlovid™, or book an appointment for a sotrovimab infusion.

Alberta Health has provided Paxlovid™ to a limited number of community pharmacies in all geographic locations, and more locations will be added when more supply becomes available.

These treatments are not replacements for COVID-19 vaccination. Albertans are strongly encouraged to get fully vaccinated against COVID-19.

For more information about outpatient treatments, please visit [ahs.ca/covidopt](https://ahs.ca/covidopt).

## **MD Culture Shift**

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

### ***Bell Let's Talk Day***

To mark Bell Let's Talk Day that just passed (Jan. 26), the AHS Physician Wellness, Diversity and Development portfolio invited medical leaders and physicians to contribute to the conversation by reducing the stigma associated with physicians seeking help to support their mental health.

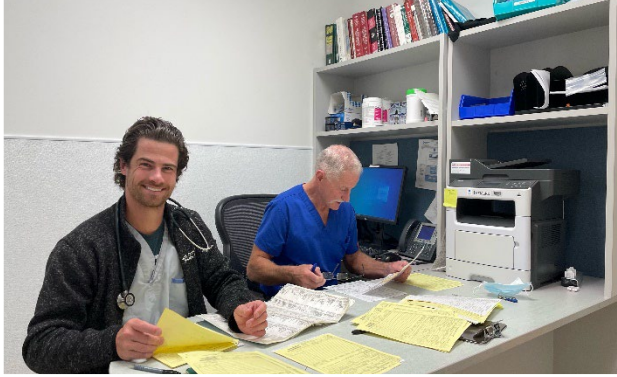
This year they released a podcast acknowledging the collective trauma we have experienced during the pandemic and other work associated trauma in healthcare with a focus on how we can support one another.

- **Trauma Informed Leadership:** [Listen](#) to Dr. Jennifer Williams and Jodi Ploquin discuss Trauma Informed Leadership: What it is and why compassion and empathy matters in how we interact with one another.

Visit [Bell Let's Talk](#) and the [AHS Celebrating Health webpage](#) to learn more.

## **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](mailto:cmo@ahs.ca) to nominate a physician to be featured here. Please provide the nominee's full name and email address.*



Dr. Dufresne (right) and his son, Jeff (left) tackle some post-shift paperwork together after a long day in the ER.

This week's Doctor of the Week is Brian Dufresne, a physician nominated by his colleagues for the care, thoughtfulness and leadership he has demonstrated throughout the COVID-19 pandemic.

For the last 23 years, Dr. Dufresne has worked in Fort McMurray's Northern Lights Regional Health Centre (NLRHC) ER, the past 14 of which he has held the role of Chief of Emergency. Having spent such a significant part of his career in the community, he has witnessed firsthand how the department has evolved.

"I love the excitement and fast pace of the ER. Fort McMurray has been an incredible experience, starting as a quite low-key ER 20-some years ago and seeing it now as one of the busiest departments in Alberta."

For Dr. Dufresne, one of the most satisfying aspects of being part of NLRHC ER team is the positive culture that has been built over time. This stems from the many contributions of its physicians, nurses and staff.

"Every locum or new physician that comes to Fort McMurray is impressed with how well our department functions as a team. Our staff have made the department what it is today, always working together and always giving 100 per cent to improve the care we provide," says Dr. Dufresne.

"I've been blessed to have a wonderful career but also feel incredibly lucky to be working every day with some of the best nurses and staff."

Today Dr. Dufresne shares the ER with a rather special colleague, his son (pictured above), who has followed in his father's footsteps and is now working as a physician.

"The highlight of my career has been the chance to work alongside my son who is now doing locums with me in Fort McMurray."

From us and your teams, thank you, Dr. Dufresne, 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 currently has 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 189 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 78 per cent. Without the additional surge spaces, provincial ICU capacity would be at 109 per cent.

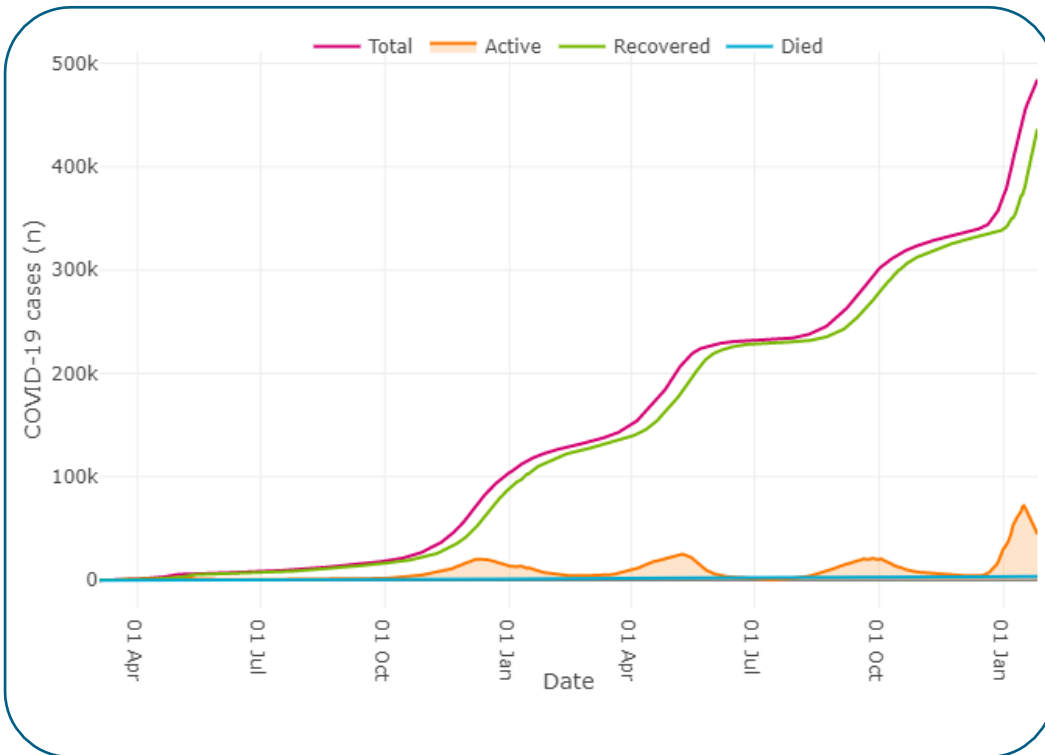
#### New and Active Cases

As of Jan. 26, there are 44,301 active cases in Alberta, a 31.3 per cent decrease compared to Jan.19. All five zones reported a decrease in active cases compared to the last report, as you can see in the table below.

	Active Cases (as of Jan. 26)	Active Cases (as of Jan. 19)	Per cent Change
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<b>Calgary</b>	20,779	31,226	-33.5%
<b>Edmonton</b>	14,219	22,659	-37.3%
<b>North</b>	2,560	2,969	-13.8%
<b>Central</b>	3,675	4,104	-10.5%
<b>South</b>	2,563	2,937	-12.7%
<b>Unknown</b>	505	624	-19.1%
<b>Overall</b>	44,301	64,519	-31.3%

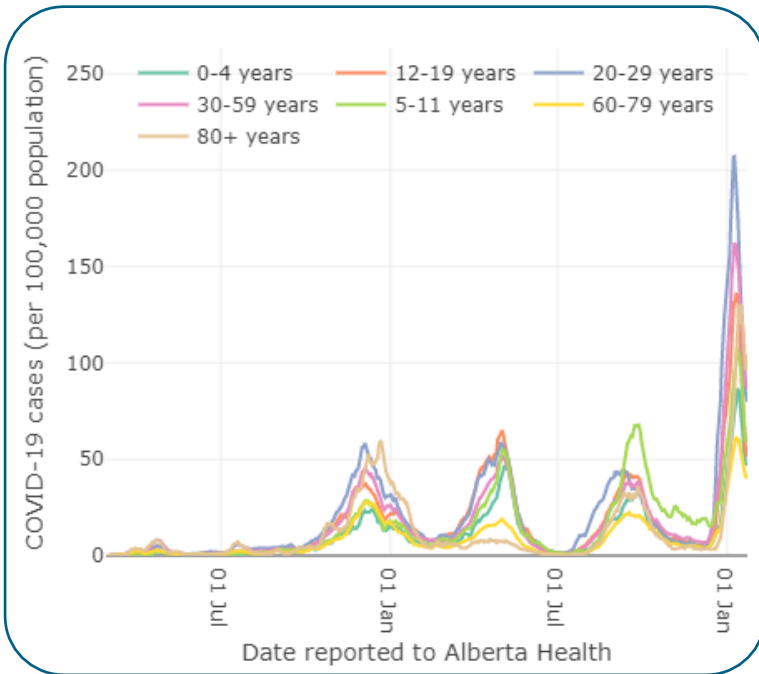
For the seven-day period ending on Jan. 26, there was an average of 3,117 new cases of COVID-19 per day, compared to 4,718 the previous reporting period (Jan. 13-19), a 33.9 per cent decrease. The Calgary Zone reported the highest total number of new cases with 9,564 (an average of 1,366 new cases per day).



Please note: We know these data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week.

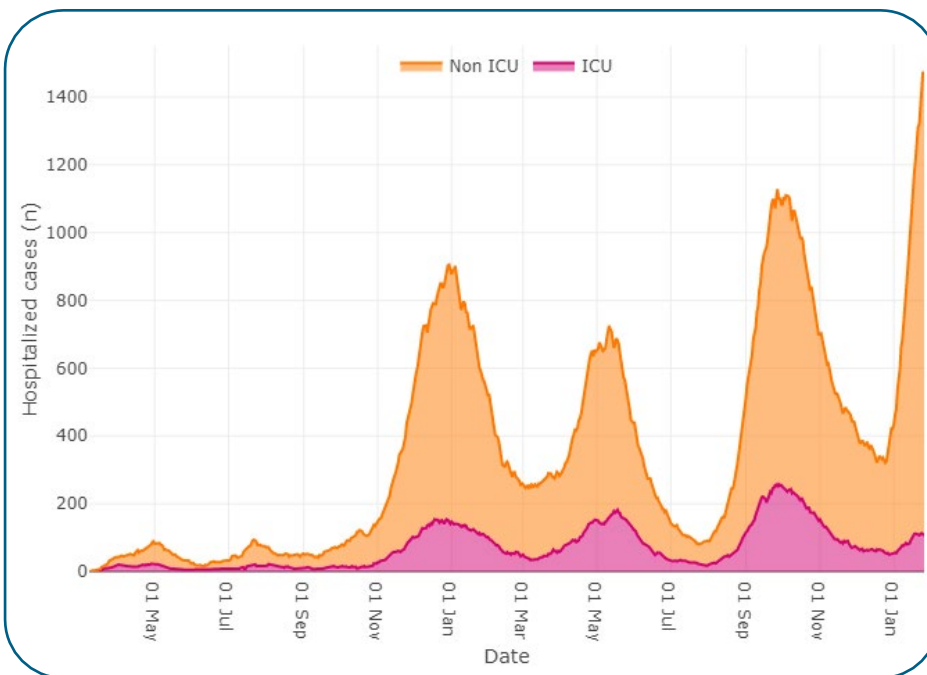
### Cases by Age Group

As of Jan. 23, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 104.0 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 86.29, followed by those aged 20 to 29 with 79.86. Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are in the figure below:



### Hospitalizations

A total of 1,363 individuals were in non-ICU hospital beds for COVID-19 on Jan. 26 — the most during the pandemic — compared to 1,106 individuals in non-ICU hospital beds on Jan. 19, a 23.2 per cent increase.



### Variants of Concern

From Jan. 18-24, an average of 46 per cent of positive samples were strain-typed. Of those, the rolling average was 96.2 per cent Omicron variant, 0.3 per cent Delta variant, and 3.5 per cent wild type or presumptive variant. Strain-typing takes a number of days and these numbers might change as lab data becomes available.

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

- [Alberta Health](#) is providing the proportion of new hospital admissions that are due to COVID-19, as compared to admissions because of other causes, online at [alberta.ca/covid](https://alberta.ca/covid). Data from the last seven days indicate about 40 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, about 18 per cent had COVID-19 as a contributing cause and about 42 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 56 per cent; about 19 per cent had COVID-19 as a contributing cause and about 25 per cent were incidental infections or unclear.
- As of Jan. 26, 484,400 cases of COVID-19 have been detected in Alberta and 18,183 individuals have been hospitalized, which amounts to 3.8 individuals for every 100 cases. In all, 436,581 Albertans have recovered from COVID-19, meaning they are no longer considered contagious. The number of Albertans who have recovered from COVID-19 does not reflect the recovery time associated with a COVID-19 infection that could last beyond the time in which people are contagious.
- As of Jan. 26, 3,518 individuals have passed away from COVID-19, including 97 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 Jan. 20 to Jan. 26, 58,807 COVID-19 tests were completed, a seven-day average of 8,401 tests per day. During this period, the daily positivity ranged from 33.9 per cent to 43.0 per cent. As of Jan. 26, a total of 6.71 million tests have been conducted and 2.70 million individuals have been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- The R value was not updated this week.

**COVID-19 Updates and New Information You Need to Know*****Kaye Edmonton Clinic Pandemic Response Unit opens to patients***

In response to the ongoing pressures on our healthcare system, AHS has made the decision to open the Pandemic Response Unit (PRU) at the Kaye Edmonton Clinic (KEC).

The first patients arrived on the unit on Thursday, January 27. Four patients are currently being cared for in the space, but that number can fluctuate day to day. It does take some time to plan these moves in order to ensure a safe patient transition.

Over the next few days additional patients will be admitted to the PRU and the unit currently has staffing to support 18 beds. If needed, additional beds could be opened in the future.

This decision to open the KEC PRU was made due to capacity volumes facing Edmonton hospitals during the fifth wave of the pandemic. This activation is a temporary measure and one of several initiatives that will ensure our healthcare system can meet the increased demand caused by COVID-19.

Patients moved to the PRU could be patients recovering from COVID-19 who are no longer infectious or patients with less complex healthcare needs than those being cared for in traditional inpatient spaces.

The beds will remain open for as long as they are needed to support capacity within the zone. This will be assessed on an ongoing basis.

In Calgary, the South Health Campus (SHC) PRU could be activated in the coming weeks. Right now hospitals in the greater Calgary area are managing. Teams are closely monitoring hospital capacity and are ready to open beds in the PRU should they be needed.

We would like to thank everyone who's been redeployed and is assisting with the KEC PRU's operation.

### ***Visitor screening updated at Continuing Care sites***

Earlier this week, access requirements to Continuing Care sites were updated under the guidance of [CMOH Order 03-2022](#).

Fully-immunized visitors experiencing COVID-19 symptoms (fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell) will be restricted from Continuing Care sites for five days. Visitors who are not fully immunized will continue to be restricted from sites for 10 days. In order to enter a site, any symptoms must have resolved for at least 24 hours before entry and the isolation period must have passed.

This change reflects the updated isolation requirements outlined in [CMOH Order 02-2022](#), which account for a shorter infectious period in fully-immunized individuals.

Please review the screening questionnaires to ensure you are using the [latest version](#).

More information on designated support and visitor access is available at [ahs.ca/visitation](#).

### ***Testing eligibility expanded to include children under two***

Following Alberta Health's change to its testing policy, all symptomatic children under two years of age are now eligible for COVID-19 testing at AHS swabbing sites. Rapid antigen testing is not recommended for this age group.

Effective Jan. 27, molecular (e.g., PCR) testing at AHS swabbing sites is available for:

- Children with symptoms under two years of age
- People with symptoms who may be eligible for [sotrovimab](#) (monoclonal antibody treatment)
- People with symptoms who are [household contacts](#) of a person who works in continuing care or acute care
- People with symptoms who are pregnant
- People with symptoms who live or work in isolated and remote First Nation, Inuit, and Métis communities
- Returning international travellers who become symptomatic within 14 days after their return to Canada

The [COVID-19 Assessment & Testing tool](#) has been updated to allow all groups listed above to book a test with AHS.

Testing at AHS swabbing sites continues to be available for healthcare workers and workers in specific high risk settings including those in group homes, disability support and shelter workers, correctional facility staff in provincial / federal facilities and individuals who provide services in a clinical care setting including hospitals and seniors congregate care facilities. People in these settings can use the [COVID-19 Assessment & Testing tool](#) for healthcare workers and workers in specific high risk settings.

### ***APL monitoring Omicron lineage***

Alberta's COVID-19 testing program has been actively monitoring the genetic code of SARS-CoV-2 in Alberta since the beginning of the pandemic to understand how the virus is evolving in our population and to detect the arrival of variant strains from outside the province.

Since its detection in late November, Omicron has rapidly replaced Delta as the dominant variant circulating in Alberta. Currently about 96 per cent of all screened viruses are Omicron, which currently consists of three main lineages: BA.1, BA.2 and BA.3.



BA.1 is the dominant Omicron lineage in Alberta; however, surveillance has detected 33 BA.2 (four from travel), with an additional 146 presumptive BA.2 (five from travel). BA.2 has been increasing in Denmark, the U.K. and Germany, and is thought to be the dominant lineage in India.

The test currently used at APL ProVLab for the detection of Omicron can identify both the BA.1 and BA.2 variants, and 1,500 tests are run per day. All samples that are presumptive BA.2 undergo full genome sequencing for confirmation as BA.2, which is performed on 800 to 1,000 viruses per week.

To date, there is no evidence BA.2 has different biological characteristics compared to other Omicron lineages; however, there is some speculation that it may be more transmissible than BA.1.

## **COVID-19 Immunization Update**

### ***Fourth doses for eligible immunocompromised Albertans 18+***

Fourth doses of the COVID-19 vaccine are available for people who are [severely immunocompromised](#) 18 years of age and older. A fourth dose is recommended a minimum of five months after the third dose. Fourth doses have not been approved for immunocompromised youth ages 12 to 17, but these youth continue to be eligible for third doses.

### ***Get immunized – take the first mRNA vaccine available for your third dose***

Please take the first mRNA vaccine available for a third dose rather than waiting for your preferred brand to be available. Both the Moderna and Pfizer vaccines offer a high level of protection against severe outcomes from COVID-19.

Moderna and Pfizer are both in good supply. The Moderna vaccine is recommended for people ages 30 and up.

The Pfizer vaccine is recommended for people 12 to 29 years of age, as a cautionary measure. While there is a slightly increased risk of myocarditis in younger people related to Moderna, especially in males, individuals are much more likely to experience myocarditis from COVID-19 infection than the vaccine.

Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago should book a third dose as soon as possible.

Book appointments for third doses [online](#), by calling or walking into your local pharmacy, or calling Health Link at 811. In addition, there are some family physicians offering vaccines in their clinics.

### ***Vaccine rollout to ages five to 11 continues***

As of Jan. 26, 44.2 per cent of children aged five to 11 have received one dose of the COVID-19 vaccine and 9.9 per cent have received two doses.

Children aged five to 11 who received their first COVID-19 dose eight weeks ago are eligible for a second dose. Book second dose appointments [online](#) or by calling Health Link at 811.

Evening and weekend appointments are available at clinics to accommodate family schedules. Please check [ahs.ca/vaccine](https://ahs.ca/vaccine) for more information.

We strongly urge all parents/guardians to book their child in for whichever dose they are eligible for, as soon as possible.

Emerging evidence suggests that longer intervals between the first and second dose result in a more robust immune response and higher vaccine effectiveness. However, parents/guardians can book a second-dose appointment before the recommended eight weeks if their child is immunocompromised or if a second dose is required for travel. The absolute minimum spacing between doses is 21 days.

More information is available at [COVID-19 Immunization for Children Under 12 – FAQ](#).

If you have any questions or concerns, please discuss with your immunizer.

### ***Get immunized after COVID-19 infection***

There is no mandatory waiting period between having COVID-19 disease and being immunized; however, if you've had COVID-19, you must wait until you have completed your required [isolation period](#) and are feeling better before getting the vaccine, or your next dose.

Some medicines can affect the way your immune system responds to vaccines. People who take medicines that affect their immune system, or had medicine to treat their COVID-19 infection, should check with their doctor about when to get immunized.

For an overview of current evidence, general recommendations and clinical considerations, see [Information on Immunization after COVID-19 Infection](#) from Alberta's Chief Medical Officer of Health.

### **COVID-19 Testing for Healthcare Workers — the Latest Numbers**

We continue to update the 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. The testing data does not include rapid antigen test results for healthcare workers.

As of January 25:

- 91,708 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 17,592 (or 19.18 per cent) have tested positive.
- Of the 7,636 employees who have tested positive and whose source of infection has been determined, 713 (or 9.34 per cent) acquired their infection through a workplace exposure. An additional 10,054 employees who have tested positive are still under investigation as to the source of infection.
- 6,378 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 772 (or 12.10 per cent) have tested positive.
- Of the 314 physicians who have tested positive and whose source of infection has been determined, 26 (or 8.28 per cent) acquired their infection through a workplace exposure. An additional 461 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](#).

### **Influenza Immunization Update**

As of Jan. 22, 1.17 million doses of influenza vaccine have been administered, which is 26.6 per cent of the population. No new influenza cases were confirmed in the past week. The total cases so far this season remains at 39.

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

#### *Influenza immunization information for physicians, staff and volunteers*

Physicians, staff and volunteers can choose to be 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 immunization campaign.

## [Verna's Weekly Video Message: Supporting the Mental Health of Albertans](#)

The past two years haven't been easy, and we know the stress of COVID affects everyone across the province. We see it in the patients we care for, in each other, and on the news and social media.

We also know this stress adds up over time, and that taking care of mental health is just as important as taking care of physical health.

Joining Verna to discuss the [impact COVID-19 is having on the mental health](#) of Albertans and how AHS supports them through their challenges are:

- Kerry Bales, Senior Program Officer, Provincial Addiction and Mental Health
- Dr. Nick Mitchell, Provincial Medical Director, Addiction and Mental Health.

## [Upcoming Book Captures AHS Pandemic Response in Photos](#)

Throughout the past two years, AHS staff photographer Leah Hennel has been documenting our province's front-line workers and the COVID-19 patients they care for, showcasing the lives of the Albertans who refused to give up in the face of adversity.

Her photographs show how Albertans have adapted and found safe new ways to celebrate special occasions and accomplishments both major and minor. They also show how Albertans have dealt with the tragedies that the pandemic has brought.

This spring, her second book, *Alone Together: A Pandemic Photo Essay* (Rocky Mountain Books), a collection of photos taken while working at AHS as well as during her own personal time, will be released. All proceeds from the book's sale will go to the foundations supporting the work of Alberta Health Services.

Leah is an award-winning photographer whose work continues to appear in print and online publications around the world.



## **Beyond COVID-19**

## [AHS Responds to Inaccuracies in Newspaper Column](#)

We wanted to share these two letters to the editor with you. They appear in the Calgary Herald this morning (Jan. 28) and are a response to inaccurate information about the role of healthcare leaders and management. Please know we are grateful for all that you do.

- <https://calgaryherald.com/opinion/letters/your-letters-for-jan-28-2022>
- <https://calgaryherald.com/opinion/columnists/opinion-now-is-not-the-time-to-demoralize-health-care-workers-and-their-leaders>

## **February is Black History Month**

In recognition of Black History Month, the AHS Diversity & Inclusion and the Diversity and Racial Equity (DaRE) Workforce Resource Group, and the AHS Physician Wellness, Diversity and Development portfolio invite you to take part in the following activities have been planned to celebrate Black History Month at AHS this year.

Join us for Black History Month webinars in February including *Health and Black Communities in Canada*, as well as a forum for people to discuss racism. See full listing and registration details in the schedule of events [poster](#).

Learn more with these resources:

- [Standing Together Against Anti-Black Racism and Intolerance](#)
- [Best Practice Guide – Being an Ally](#)
- [Anti-Racism Position Statement](#)
- [Recommendations of the Anti-Racism Advisory Group Report](#)

For more, see previous webinars on [Insite](#). If you have questions, email [diversityandinclusion@ahs.ca](mailto:diversityandinclusion@ahs.ca).

Note: Physicians and allies are welcome to join the DaRE Workforce Resource Group by emailing [DaRE.WRG@ahs.ca](mailto:DaRE.WRG@ahs.ca) and indicating they'd like to be a member.

For more information about the Physician Wellness, Diversity and Development portfolio, please visit their [website](#).

## **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](#)
- [Sotrovimab Easy Reference Guide](#)
- [Spectrum](#): A mobile app customized to deliver local antimicrobial stewardship guidelines, resistance data, dosing information, and AHS COVID-19 related content.
- COVID-19 Questions? Contact your local Zone Emergency Operations Centre (ZEOC):

- [ZEOC.South@ahs.ca](mailto:ZEOC.South@ahs.ca)
- [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)
- [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)
- [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)
- [PCH.ZEOCNorth@ahs.ca](mailto:PCH.ZEOCNorth@ahs.ca)

**For more information**

- Visit the [COVID-19 Healthcare Professional information page](#) on the AHS website for more information.
- 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](mailto:CMO@ahs.ca).*

**Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

