

CMO SMOH Notice for AHS Medical Staff

May 27, 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.

Note: Recognizing some medical staff use an alternate email address instead of an AHS email address, some information is duplicated from the CEO Update to ensure all AHS medical staff have all up-to-date organizational information that may impact their practice.

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Medical Affairs

Monkeypox Update

As cases of monkeypox continue to be reported in various countries, including Canada, we want to assure you that as of today, **there are no cases of monkeypox in Alberta.**

Monkeypox is a very uncommon condition that does not pose a high risk to the public and does not spread easily between people.

In the unlikely situation of monkeypox, it should only be considered in the diagnosis of someone who has had, within 21 days prior to the onset of symptoms, any of the following exposures or risk factors:

- Close prolonged contact of any kind (including household contacts and sexual contacts) with a confirmed case or a person who has acute skin lesions e.g., papules, vesicles or ulcers with no alternative diagnosis; OR
- History of travel to an area with recent diagnosis of monkeypox cases; OR
- Sexual contact with a new partner.

Initial symptoms may include fever, headache, stiff joints, sore throat, cough, rash and swollen lymph nodes. In addition, lesions will develop in the mouth and on the body. People are considered to be no longer contagious once the lesions have fallen off.

If it is suspected that a patient has a case of monkeypox, please advise them to self-isolate and call Health Link 811 or their primary care physician. In addition, advise them to wear a mask and cover any lesions if leaving home to seek medical care, and notify the healthcare facility in advance or upon arrival to ensure appropriate precautions are in place.

All physicians and healthcare professionals are reminded that the current infection prevention and control measures to apply when caring for patients with suspect or confirmed Monkeypox infection. Airborne and contact and droplet precautions should be applied whenever chicken pox (varicella zoster virus) or Monkeypox (orthopoxvirus) are suspected. Prior to collection of any specimens for monkeypox testing, clinicians should always consult with the Virologist on-call and notify the Zone Medical Officer of Health. See the AHS [IPC Recommendations for Acute Care](#) (pg 150) and the [Community-based Services Resource Manual](#).

Potential Hepatitis A Contamination

Today, the Public Health Agency of Canada [released information](#) about a potential Hepatitis A contamination in imported, organic, fresh strawberries purchased at Co-op Food stores in Alberta and Saskatchewan. Alberta has identified 4 confirmed cases of hepatitis A associated with this investigation, to date. PHAC is recommending that anyone who may have purchased and subsequently frozen these berries should discard them immediately. This applies to the general public who ate imported, fresh, organic strawberries purchased from Co-op Food stores in Alberta or Saskatchewan between March 05-09, 2022 only. Other fresh fruits and vegetables are not known to be a risk.

Albertans are being advised to watch for signs and symptoms of hepatitis A for 50 days after consuming potentially contaminated strawberries. Those with known prior immunity to hepatitis A disease, either through history of disease or appropriate hepatitis A vaccination, should not be at risk from this potential exposure.

In addition, those who report eating these potentially contaminated strawberries:

- **Greater than 14 days** prior are no longer eligible for prophylaxis with hepatitis A vaccine.
- **Within 14 days** prior may be eligible for one dose of hepatitis A vaccine at no cost, but they will be required to purchase additional doses to complete their hepatitis A vaccine series, as needed. If eligible, please direct your patient to book an appointment for their publicly funded dose of hepatitis A vaccine through existing Zone Public Health vaccine booking processes.
Note: The appointment will need to be within the 14 days after last having consumed the potentially contaminated strawberries in order to be within the window for prophylaxis. If they are not be able to access vaccine within the 14 days after last having consumed the potentially contaminated strawberries, advise to monitor for symptoms for 50 days and advise that they follow up with their physician if symptoms develop.

If potentially exposed individuals have specific medical concerns regarding their exposure they should follow up with their physician.

MD Culture Shift

Check out the [May edition of the MD Culture Shift newsletter](#).

National Indigenous Peoples Month

Throughout the month of June, AHS will be celebrating National Indigenous Peoples Month. It is a time to learn, recognize and celebrate the cultures and contributions of Indigenous Peoples.

This year's theme will focus on Healing through Mind, Body and Spirit, with online and in-person events taking place throughout the month.

Join us on June 1 at 9 a.m. for the opening ceremonies, featuring Dr. Esther Tailfeathers, Senior Medical Director for the Indigenous Wellness Core, Elders, zone representatives, artists and more.

Learn about the events happening organization-wide by visiting the [Together4Health page](#), where you can access the events calendar that will be updated throughout the month, engagement activities and online resources.

PRIDE month

June is internationally recognized as [Pride Month](#). It's a time to celebrate the LGBTQ2S+ community and the diversity our people bring to the organization. There are many ways to celebrate this year to show your support, demonstrate active allyship and create a sense of belonging. Check out the new [Pride Guide](#) to help you plan activities remotely or on-site. When we create an environment that is safer and more inclusive for everyone, we improve patient experience, outcomes, and quality of care for all Albertans.

You can show your pride in many ways:

- Wear your [AHS branded Pride gear](#)
- [Register](#) to join this year's Pride Webinar
- Use a [Pride virtual background](#)
- Take a photo of yourself with our [Pride selfie-card](#) and post it to [Insite](#)
- Send your colleague a [Pride e-card](#)
- Join the LGBTQ2S+ [Workforce Resource Group](#)

For more resources, see the [Diversity & Inclusion](#), [Change the Conversation](#), and [Respectful Workplaces](#) Insite pages.

MD Culture Shift Community of Practice

On June 15 at 8 a.m., we welcome Dr. Shannon Ruzycski, Dr. Jayna Holroyd-Leduc, and Dr. Pamela Roach from the Cumming School of Medicine, University of Calgary for a presentation and discussion on their research on the [diversity of physicians in Alberta](#). Our discussion will focus on learnings from the U of C CSM research team and how we might advance diversity and inclusion within our own work contexts. [Register in advance](#).

Trauma-Informed Leadership (TIL) Workshops

If you are looking to book a TIL Workshop for your team or would like a short intro at a team meeting, please contact jodi.ploquin@ahs.ca.

Support for Physicians



asking for support
is a sign of strength

1.877.767.4637
CONFIDENTIAL SUPPORT LINE
24 / 7 / 365

ALBERTA MEDICAL ASSOCIATION | Physician and Family Support Program

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.

PFSP recognizes the importance of the emotional and social aspects of physicians' lives in their overall wellness, especially in these difficult times and is offering specific initiatives to support them to connect to their humanity.

PFSP is offering a keynote session, [Hope and Healing after Trauma – Reflections for Physicians by General Roméo Dallaire](#), with General Roméo Dallaire sharing his own journey of healing from trauma and PTSD. The session will cover:

- hope for humanity
- validation of experiences and feelings
- how the stigma of mental health issues amongst physicians can be diminished
- how effective counselling and peer support can be
- how the culture of medicine can be changed with leadership action

Date: June 7: 6-7:30 p.m. live ZOOM

Note: There is no fee for this session and **pre-registration through the link above is required**. Feel free to have family, friends or colleagues attend with you.

[Virtual Health to host Privacy Webinar on May 31](#)

The [AHS Virtual Health program](#) is hosting a webinar on Tuesday, May 31, at 12 p.m. Led by Privacy's Robert McDougall, *Virtual Care Platforms Through a Privacy Lens* will give participants a closer look at the privacy considerations and requirements of the key platforms AHS uses to support virtual care. [Register here.](#)

[2022 Our People Pulse Survey: Thank You and Next Steps](#)

Thank you for participating in the [2022 Our People Pulse Survey](#). We truly appreciate you taking the time to tell us how you're doing and where we can support you.

We had a great response from 43,000 medical staff, midwives, employees and volunteers, who shared their perspectives on their wellbeing and engagement at work, and what they need to feel supported.

The results will be shared with leaders this summer. Together with your leader and team, you will have the chance to use the results to identify opportunities that spark action in your team, as well as for the organization. Questions can be directed to engage@ahs.ca.

We are listening and will continue to improve how we work together to provide safe, quality care across the province.

[Interim CEO Video Message: Rural Health Week and the Importance of Rural Recruitment](#)

May 30 to June 3 is Alberta Rural Health Week. AHS is sharing our gratitude and appreciation for all rural and remote healthcare workers who bring their skills and knowledge to Albertan communities every day.

AHS is committed to meeting the health needs of Alberta's diverse rural communities, now and in the future. We want to make sure all Albertans have access to quality health services, wherever they live.

Rural healthcare providers are important contributors in their communities. Not only do their healthcare skills and practices enhance the quality of rural life, but they also contribute beyond a professional level. They are friends, neighbours and volunteers in their local community.

This week's vlog features a few guests [to share their thoughts on the importance of rural health and to give us an update on our rural recruitment efforts](#)

Joining the blog are:

- Dr. Sandra Duke, Co-Chair of the Chinook Primary Care Network Board of Directors
- Tracy Sopkow, CEO of the Rural Health Professions Action Plan
- Kerrie Stanko, Senior Advisor, Talent Management Strategies, Talent Acquisition

Learn more about how we are celebrating our rural healthcare teams by visiting [Insite](#).

Congratulations to Edson OR Team

Crystal Browne — Director Clinical Operations, Area 4 North Zone — wishes to congratulate the Edson OR team on the first anniversary of the first cataract surgery in the town. Over the past 12 months, about 380 cataract surgeries have been performed in the town.

“The team has done a tremendous job at making this program so successful. We have had several patients express their gratitude that they were able to have surgery closer to home, which is so wonderful to hear,” says Browne. “To all members of our OR team, thank you for serving our patients and community in such a meaningful way. You are all rock stars.”

AHS Priorities

Priority: Digital Health Evolution and Innovation

This work involves the ongoing rollout of Connect Care; continued expansion of virtual health to support more community- and home-based care, programs and services; the rollout of the PRIHS digital health program, and continued work with provincial and federal governments and industry on bringing new health innovations to market.

Ready to flip switch on Launch 4 of Connect Care

The day has finally arrived for Launch 4 of Connect Care. All Connect Care teams, super users, prescribers, staff and managers are ready to flip the switch in the early morning hours of Saturday, May 28. This is the largest Connect Care launch so far, involving 57 sites in the Edmonton and Calgary zones.

With every Connect Care launch, our sites, staff, and prescribers are fully supported by super users, who take extra training so they can support their colleagues, and by the Connect Care Launch Incident Management Branch. These coordinated teams of clinicians, staff, care providers and vendor participants work together during a launch to provide support to everyone who will be working in Connect Care.

We want to again express our deep gratitude for all the hard work and dedication shown by everyone involved with Launch 4 of Connect Care.

The full Connect Care implementation timeline is available [here](#).

Priority: Rural Initiatives and Engagement

This work is designed to strengthen partnerships with rural communities, to enhance and better support the rural healthcare workforce and to better meet the unique needs of Albertans living in non-urban communities.

Spring Forum brings AHS, advisory council members together

The AHS advisory councils' annual Spring Forum is being hosted in Edmonton today (May 27) and tomorrow. Members from communities across the province, including many who also serve as elected officials, are expected to attend. The annual forum is an opportunity to provide professional development for volunteer members to share AHS updates and key information, and to engage with members from other areas of the province. This year's theme is Building Bridges – focused on

refreshing and rebuilding connections between councils and members, and with AHS after more than two years of virtual meetings.

Today, members will hear a presentation on AHS' 10 organizational priorities, including rural engagement. Health Advisory Councils, Provincial Advisory Councils and the Wisdom Council play a key role in supporting engagement across Alberta.

During the forum, members can also engage with AHS leadership on topics such as virtual health, opioid resources, allyship, Indigenous culture, addressing stress, navigating the future and the power of community assets.

Priority: Workforce Recruitment and Retention

This work involves supporting our current workforce following more than two years of pandemic response, as well as recruiting and retaining needed healthcare workers supported by the Integrated Workforce Action Plan.

New physicians recruited to northern rural communities

New family physicians have been recruited to two northern Alberta communities.

Dr. Evan Johnson, a family medicine physician with enhanced anesthesia skills, will be joining the Hinton Medical Clinic on July 1. His arrival will increase access to surgery and family medical care for residents of Hinton and area. Dr. Johnson has been working as a locum physician, covering family medicine shifts across Alberta. He recently completed his anesthesia residency through the University of Alberta.

Dr. Baha Al-Mashikhi, another family medicine physician, will begin practising at the High Prairie Community Health and Wellness Clinic starting June 1. He is the third family medicine physician recruited to the town this year.

Priority: Alberta Surgical Initiative

AHS is dedicated to ensuring Albertans have access to high-quality and safe care. Timely access to surgeries is important to Albertans. No one should have to wait longer than clinically recommended for their surgery. In partnership with Alberta Health, AHS developed the Alberta Surgical Initiative (ASI), a plan to improve surgery in Alberta by shaping demand, managing capacity, and improving the patient's journey to receiving surgery.

Current surgical status

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average of weekly volumes for surgical activity is 95 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 70,520 compared to approximately 74,300 at the beginning of April. In February 2020, before the pandemic, our total wait list was 68,000.

COVID-19 Updates

What's Changing with COVID-19 Management and Testing

Evusheld for prevention of COVID-19 in highly immunocompromised patients

A new medication, tixagevimab and cilgavimab ([Evusheld](#)), is now available for prevention of COVID-19.

Evusheld is initially being offered to patients who are highly immunocompromised, are unlikely to mount an adequate immune response to COVID-19 vaccination, and have the highest demonstrated risk of severe outcomes.

Evusheld is a combination of two long-acting antibodies (tixagevimab and cilgavimab) that bind to the SARS-CoV-2 virus, the cause of COVID-19, to prevent it from entering cells in the body. It will be provided through a third-party provider.

Evusheld is not a replacement for COVID-19 vaccination. Albertans are strongly encouraged to get fully vaccinated against COVID-19. People who are eligible for a COVID-19 vaccine dose should get it before taking Evusheld. It is recommended to wait 14 days after COVID-19 vaccination before taking Evusheld and to wait 14 days after recovering from a COVID-19 infection before taking Evusheld.

For more information on eligibility criteria, the process for identifying patients for treatment and administration of Evusheld, see the [Evusheld Healthcare Providers FAQ](#) and ahs.ca/covidopt.

PPE Question of the Week — Why is Continuous Masking Still Required at AHS Facilities?

With most of Alberta's COVID-19 public health restrictions now rescinded, many staff and physicians, as well as members of the public, have questioned why AHS has kept continuous masking in place at our facilities. Dr. Colin Del Castilho and Dr. Curtiss Boyington of the AHS PPE Task Force [explain the rationale behind the current masking mandate](#).

COVID-19 Case Status in Alberta

ICU Update

As of 9 a.m. today (May 27), AHS has 208 general adult ICU beds open in Alberta, including 16 additional spaces above our baseline of 192 general adult ICU beds. There are currently 153 patients in ICU. Provincially, ICU capacity (including additional surge beds) is at 74 per cent. Without the additional surge spaces, provincial ICU capacity would be at 80 per cent.

Hospitalizations

On May 23, 1,009 individuals were in non-ICU hospital beds for COVID-19, compared to 1,160 individuals on May 16, a 13 per cent decrease.

Variants of Concern

Alberta Precision Laboratories continues to closely monitor SARS-CoV-2 variants. From May 17-23, an average of 76 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 96 per cent Omicron BA.2 lineage, four per cent Omicron BA.1, and Delta was not detected during this period.

As global data is updated, sub-lineage designations are refined that may affect lineage calls in Alberta. We continue to monitor data and adjust as information becomes available. A total of six cases of Omicron BA.4 and two cases of Omicron BA.5 have been detected in Alberta samples collected in late April and early May. BA.4 is a lineage of Omicron that has been detected at low levels in several countries but high case numbers have been observed in South Africa. While BA.4 appears to transmit more readily than BA.2 due to its ability to evade immunity from immunization or prior infection, there is no evidence it causes more severe disease than other Omicron lineages.

Recombinant SARS-CoV-2 strains have been detected and are circulating in Alberta, as well as across Canada and the world at low levels. The recombinants detected in Alberta are recombinants within the Omicron lineage and are not thought to be of any increased biological concern compared with the predominant BA.2 strain.

Recombinants occur as part of the evolution of SARS-CoV-2, and are being monitored as we remain in frequent communication with our provincial and national public health partners.

New Cases

For the seven-day period ending on May 23, there was an average of 391 new cases of COVID-19 per day, compared to 516 cases per day the previous reporting period (May 10-16), a 24.2 per cent decrease. The Calgary Zone reported the highest total number of new cases with 1,266 (an average of 181 new cases per day). Only the South Zone didn't report a significant decrease in the number of new cases this reporting period, compared to the previous week, as you can see in the table below:

Zone	New Cases (May 17-23)	New Cases (May 10-16)	Percent Change
Calgary	1,266	1,660	-23.7%
Edmonton	868	1,176	-26.2%
North	154	274	-43.8%
Central	253	312	-18.9%
South	185	184	0.5%
Unknown	11	3	266.7%
Total	2,737	3,609	-24.2%

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.

Wastewater Surveillance

Wastewater can provide an early indication of infection trends in a community. For wastewater surveillance comparing weekly averages:

- South Zone: Brooks reported a 65 per cent increase in wastewater levels of COVID-19 RNA. Lethbridge and Medicine Hat decreased by more than 50 per cent. Taber decreased by 20 per cent and has reached the lowest level recorded since wastewater surveillance began for that location in December 2021.
- Calgary Zone: Canmore, Okotoks and Strathmore reported increases ranging from 40 per cent to 75 per cent compared to the prior week. High River decreased by more than 60 per cent. Calgary, Banff and Airdrie remained stable.
- All nine locations across Central, Edmonton, and North zones decreased or remained stable.

Frequency of reporting updates varies by sampling site. The above interpretations were made from available data as of May 24 at 10 a.m. The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, APL and Alberta Health.

Other Notable COVID-19-related Information:

- Data from the last seven days indicate that 30.5 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 33.3 per cent had COVID-19 as a contributing cause, and 36.2 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 29.4 per cent; 41.2 per cent had COVID-19 as a contributing cause, and 29.4 per cent were incidental infections or unclear.
- As of May 23, 4,507 individuals have passed away from COVID-19, including 55 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.
- As of May 23, 580,881 cases of COVID-19 have been detected in Alberta and 26,505 individuals have been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From May 17 to May 23, 16,053 COVID-19 tests were completed, a seven-day average of 2,293 tests per day. During this period, the daily positivity ranged from 13.7 per cent to 20.4 per cent.

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 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 May 24:

- 95,754 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 29,945 (or 31.27 per cent) have tested positive.
- Of the 12,824 employees who have tested positive and whose source of infection has been determined, 858 (or 6.69 per cent) acquired their infection through a workplace exposure. An additional 4,560 employees who have tested positive are still under investigation as to the source of infection.
- 6,758 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,589 (or 23.51 per cent) have tested positive.
- Of the 526 physicians who have tested positive and whose source of infection has been determined, 31 (or 5.89 per cent) acquired their infection through a workplace exposure. An additional 291 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](#).

A [summary report](#) on healthcare worker COVID-19 testing data from March 1, 2021 to May 31, 2021 is available on Insite. AHS reviews the healthcare worker testing data to monitor trends and provide guidance for the prevention of workplace COVID-19 transmission.

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](#)
- [Management for Pregnant Women with COVID-19](#)
- [MD News Digest](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Outpatient Treatment for COVID-19](#)
- [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](#).

Sincerely,

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health

