

CMO SMOH Notice for AHS Medical Staff

June 17, 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

Since the last update on June 8, no new cases of monkeypox have been reported in Alberta; as of June 16, there are four confirmed cases of monkeypox in our province.

Transmission primarily occurs through close physical contact, and less commonly may occur through large respiratory droplets with prolonged (estimated > three hours) face-to-face contact. In Canada, cases to date have been in those who have had close physical contact with infectious skin lesions during sexual activity.

Several cases have not presented with the classical clinical picture of monkeypox. Symptoms may include oral sores, genital and peri-anal lesions, fever, rash, swollen lymph nodes, and pain when swallowing. An anogenital rash or ulcers may be the only skin manifestation. Some individuals have had pustules before the onset of constitutional symptoms as well as lesions at various stages of development.

Any patients being assessed for suspected monkeypox should be placed on airborne, droplet and contact precautions. These protocols are a precautionary measure as we learn more about the virus. It should be emphasized that there is no evidence the virus is spreading through airborne transmission at this time.

Testing is recommended for adults and adolescents presenting with papular or pustular rash or ulcers with or without systemic symptoms (fever, headache, myalgia, arthralgia, back pain, or lymphadenopathy) AND in the last 21 days with one or more of the following risk factors:

- Gay, bisexual and men who have sex with men with a new or multiple sexual partners.
- Significant contact with a person who has skin lesions such as papules, vesicles, or ulcers with no known alternate cause.
- Contact with a known or probable case of monkeypox.

Children presenting with rash illness who are not sexually active would not be considered to have monkeypox unless they have a known close contact exposure to a confirmed case (e.g. household member).

Please contact the virologist on call AND Medical Officer of Health (MOH) regarding any individuals suspected of having monkeypox. Instructions regarding testing can be found in this [updated ProvLab Bulletin](#). The bulletin includes instructions regarding the collection of preferred and alternate specimen types.

Patients being tested for monkeypox should be advised to stay home and avoid close contact with others pending their results. Public health will contact all individuals who test positive for monkeypox to provide additional isolation instructions.

The majority of patients develop mild disease and do not require specific medical interventions. The antiviral agent, tecovirimat (TPOXX) is available for severe, hospitalized cases. Treatment decisions must be made in consultation with infectious disease specialists and approved by the MOH.

A limited supply of IMVAMUNE, an attenuated live vaccine licensed for smallpox and monkeypox immunization, is available in Alberta to be used as post-exposure prophylaxis in adults and children with high-risk exposures. IMVAMUNE given within four days of exposure may prevent disease. If given five-14 days following exposure, vaccine may reduce the symptoms of illness, but may not prevent the disease. At this time, recommendations for vaccination must be made by the MOH; guidance is likely to evolve over the coming days/weeks.

New resources have been developed and are available on Alberta Health's [monkeypox webpage](#).

[Join the Next Virtual Health Webinar, June 21](#)

The Virtual Health team welcomes Kayathiri Ganeshamoorthy, Provincial Program Lead, Interpretation and Translation Services, to lead a webinar on incorporating digital translation services into virtual care delivery. The webinar will introduce the services offered by the Interpretation and Translation Services, the importance of using a professional medical interpreter, a demo of the service on Zoom and more.

Date: Tuesday, June 21

Time: 12 p.m. – 12:45 p.m.

Register [here](#) for the Virtual Health webinar on digital translation services in virtual care.

[Doctor of the Week Call for Nominations](#)

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.

[MD Culture Shift](#)

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

Interim CEO Video Message: National Indigenous Peoples Month

June is [National Indigenous Peoples Month](#), a time to recognize the cultures and stories of First Nations, Inuit and Métis peoples. It is important to honour, recognize and celebrate the beauty and strengths of the First Peoples of this land.

Indigenous health services are delivered throughout the province in partnership with Indigenous Peoples to provide high quality, culturally safe, accessible healthcare. By learning about and inspiring each other through these partnerships, we can enhance an inclusive healthcare system that is welcoming and respectful of all cultures, traditions and beliefs.

Joining Mauro today to [talk about Indigenous Health and National Indigenous Peoples Month](#) are:

- Nadine McRee, Project Director, Indigenous Wellness Core
- Lori Meckelborg, Director of Performance, Impact and Measurement for the Indigenous Wellness Core

There is still time to design a new official AHS Orange Shirt for the Indigenous T-shirt design contest, by submitting entries at [Indigenous T-Shirt Design Contest 2022](#). For a complete listing of what is happening around AHS to celebrate Indigenous culture throughout the month of June, or to watch recordings of past sessions, please visit [2022 National Indigenous Peoples Month Celebrations](#).

HQCA to Lead Review of EMS Response to Dog Attack

AHS announced on June 9 that an independent review will be carried out into the events surrounding the EMS response to the dog attack. Our thoughts remain with the family, friends, and neighbours of the Calgarian who died.

Today, we announced that the Health Quality Council of Alberta (HQCA) will lead the independent review into the EMS response. More details are available in today's news release available, [here](#).

Support for Physicians

Nine years ago, southern Alberta experienced one of the most devastating floods in history. Remembering those days in June 2013 many Albertans and our own physicians and staff were directly and indirectly impacted. As we enter yet another season of potential flooding it may be stressful, you may find some stress and anxiety associated with those memories and the new worries of the current potential for flooding and other environmental disasters we are facing.

We want to remind you that help is available no matter when, or for what reason you might need it. If you need support, please visit the [Physician & Family Support Program \(PFSP\)](#). The PFSP continues to offer services on an individual basis that you can access by calling the assistance line at 1-877-767-4637.

AHS Priorities

The AHS Update message includes the latest information on our COVID-19 response, as well as updates on the progress AHS is making on its 10 priority areas. Each week will include updates on specific initiatives connected to some of the 10 priorities. We have much to accomplish together in these areas, so we want to make sure our teams have the most current information on the work underway and on the work ahead.

Priority: Alberta Surgical Initiative (ASI)

The Alberta Surgical Initiative (ASI) will improve timely access to surgical care in Alberta. The goal of ASI is to ensure adult and pediatric patients receive scheduled surgeries within clinically appropriate timeframes. The Diagnostic Imaging CT and MRI Action Plan is intended to bring CT and MRI wait times within clinical targets for patients across Alberta by 2025.

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 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 72,323, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

Edson cataract-surgery program marks anniversary

It's been a year since the Edson Community Health Centre began its cataract surgery program. In that time, 380 patients have been able to remain in their own community to have their procedure performed. Learn more about how the teams have been providing care for Albertans in their local community, and next steps [here](#).

Priority: Public Health and Pandemic Response and Recovery

COVID-19 has had significant impacts on the delivery of health services in Alberta, including challenges related to controlling the spread of infection in facilities and ensuring capacity in acute care, intensive care, surgery and public health services. As we move from a pandemic to sustained management of COVID-19, AHS remains committed to maintaining readiness and ensuring it is ready to respond to all communicable diseases, including COVID-19, by protecting physicians, staff and those most vulnerable to severe outcomes.

AHS will continue to provide access to treatments and vaccines, and implement strategies to reduce vaccine hesitancy and increase vaccination rates for all vaccine-preventable diseases.

AHS has resumed all population-based screening programs and broader access to screening and treatment of sexually transmitted infections (STIs); syphilis, in particular. AHS will expand and enhance supports for long-COVID conditions, increase intensive care capacity, and ensure volume and activity for other services return to, or exceed, pre-pandemic levels. Child health and wellness is a key area of focus, given the physical and mental impact of the pandemic on Alberta's young people. AHS public health teams will accelerate pre-pandemic work, while continuing to respond to the needs of Albertans as we live with COVID-19.

Critical Care Beds

AHS has now opened 22 of the 50 new permanent intensive care unit (ICU) beds supported by the Government of Alberta in Budget 2022. This brings the provincial ICU baseline to 195 beds, up from 173. The goal is to reach 223 ICU beds across all AHS zones through a government investment of \$100 million. To date, additional ICU beds have been added in the following zones: North (3), Edmonton (6), Calgary (9) and South (4). Central Zone expects to add four new beds by the end of June.

Additional nurses, allied health professionals, clinical support service positions and pharmacists have been hired to support these beds, to ensure the health system can respond quickly to future waves of the pandemic or other health system demands.

Priority: Rural Initiatives and Engagement

There is an opportunity for AHS to improve its relationship and connection with rural and Indigenous Albertans to ensure the organization is addressing the unique healthcare needs of their communities. Through enhanced engagement, and by enabling more responsive and empowered local decision-making, the organization can build trust and better reflect the needs of diverse communities and populations when delivering healthcare.

AHS will support improved health outcomes by strengthening partnerships and developing innovative care and service models that better meet the health needs of rural, remote, and Indigenous communities, span the continuum of care, and focus on community-based care.

COVID-19 Updates

COVID-19 Case Status in Alberta

ICU Update

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

We currently have 210 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 195 general adult ICU beds. There are currently 166 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 79 per cent. Without the additional surge spaces, provincial ICU capacity would be at 85 per cent.

- In Calgary Zone, we currently have 75 ICU beds. Calgary Zone ICU is operating at 88 per cent of current capacity (including seven COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 83 ICU beds, including five additional spaces. Edmonton Zone is operating at 82 per cent of current capacity (including nine COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 50 per cent of current capacity (including one COVID-19 patient in ICU).
- In South Zone, we currently have 21 ICU beds. South Zone ICU is currently operating at 67 per cent capacity (there are currently no COVID-19 patients in ICU).
- In North Zone, we have 13 ICU spaces (split between Grande Prairie and Fort McMurray), including four additional ICU spaces. North Zone ICU is currently operating at 69 per cent capacity (there are currently no COVID-19 patients in ICU).

Hospitalizations

On June 13, 700 individuals were in non-ICU hospital beds for COVID-19, compared to 820 individuals in non-ICU hospital beds on June 6, a 14.6 per cent decrease.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From June 7-13, an average of 71 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 83 per cent Omicron BA.2 lineage, 17 per cent non-BA.2 Omicron lineages (comprising BA.1, BA.4, and BA.5 cases). Delta was not detected during this period.

As global data is updated, sub-lineage designations are refined, which may affect lineage calls in Alberta. We continue to monitor our data and adjust as information becomes available. BA.4 and BA.5 are lineages of Omicron that have been detected at low levels in several countries, but high case numbers have been observed in South Africa and Portugal. While BA.4 and BA.5 appear to transmit more readily than BA.2 due to their ability to evade immunity from immunization or prior infection, there is no evidence that they cause 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 very 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 June 13, there was an average of 206 new cases of COVID-19 detected per day, compared to 259 cases per day the previous reporting period (May 31 to June 6) — a 20.5 per cent decrease. The Calgary Zone reported the highest total number of detected new cases with 657 (an average of 94 detections per day). Four out of five zones reported a decrease in the number of new cases detected this reporting period, compared to the previous week as you can see in the table below:

Zone	New Cases (June 7-June 13)	New Cases (May 31- June 6)	Percent Change
Calgary	657	988	-33.5%
Edmonton	516	498	+3.6%
North	61	78	-21.8%
Central	142	170	-16.5%
South	65	78	-16.7%
Unknown	1	1	n/a
Total	1,442	1,813	-20.5%

Please note:

- 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.
- Alberta Health has stopped reporting the number of active COVID-19 cases.

Wastewater Surveillance

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

- Across all twenty wastewater sites in Alberta, only three locations showed a significant increase in COVID-19 RNA in the wastewater this week. These sites were High River and Okotoks in Calgary Zone, and Grand Prairie in North Zone. The remaining 17 sites decreased or had no significant changes.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of June 13 at noon. 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 25.4 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 42.3 per cent had COVID-19 as a contributing cause and 32.3 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 11.1 per cent; 66.7 per cent had COVID-19 as a contributing cause and 22.2 per cent were incidental infections or unclear.
- As of June 13, 4,591 individuals have passed away from COVID-19 including 24 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.
- As of June 13, a total of 586,108 cases of COVID-19 have been detected in Alberta and a total of 27,146 individuals have ever been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From June 7 to June 13, 10,980 COVID-19 tests were completed, a seven-day average of 1,569 tests per day. During this period, the daily positivity ranged from 11.62 per cent to 14.25 per cent.

Updated AHS COVID-19 Protocols and Guidelines

The Government of Alberta announced that as of June 15 that the province will move to the final step of a three-phase approach to easing public health measures. Details are in a [government news release](#).

AHS will continue to keep the health and well-being of our patients, families, staff, physicians, volunteers, and all Albertans at the forefront of everything we do.

Masking

With the implementation of Step 3 on June 15, masking will still be required at all AHS, Alberta Precision Laboratories and Covenant Health facilities. Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincewide.

[AHS' masking directive](#) will continue to apply to everyone, including staff, physicians, volunteers, designated support persons and visitors in patient care areas and in common spaces like the cafeteria and waiting areas.

Those who work in areas with no direct contact with patients or patient items (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace, unless they are at a work space separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office. a) Only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza) may AHS People choose to wear a non-procedure mask (e.g., their own clean cloth mask).

Why is continuous masking still in place?

Following the announcement on June 13 of the rescindment of Alberta's remaining COVID-19 guidelines, it is understandable that our healthcare teams, may have questions about the COVID-19 guidelines and restrictions that continue to be in place at AHS sites.

While reducing restrictions may be an appropriate measure for the average Albertan, most individuals seeking care at AHS sites are more vulnerable to severe outcomes from COVID-19. Wearing a mask in all healthcare settings may help protect someone at higher risk of becoming significantly ill if they catch COVID-19, as well as the healthcare workers who provide care.

Community spread continues

There are over 700 individuals in our hospitals receiving care for COVID-19. Community spread continues to affect our clinics, emergency departments, urgent care centres and inpatient beds.

So, while COVID-19 continues to circulate in our community, we ask all visitors, staff, physicians, volunteers, and designated support persons to **mask-up** in patient care areas and other common spaces, including the cafeteria and waiting areas, as well as in non-patient care work areas, as noted above.

How is the decision to keep continuous masking in place made?

COVID-19 is a very challenging pandemic to manage. We continue to monitor multiple parameters including wastewater data and the number of hospitalizations in Alberta. We are making active decisions regarding the Personal Protective Equipment needed for protection of both staff/physicians, patients and visitors based on these and other relevant factors.

As we continue to enforce continuous masking, we also want to remind everyone that all AHS and Covenant sites will continue to require visitors to perform hand hygiene, physical distancing, and health screening upon entry. We thank you for helping us do that by doing your part and continuing to **mask-up**.

Fit for Work

As announced by Alberta Health earlier this week, effective June 15, while recommended, Albertans are no longer required to isolate if they are symptomatic or test positive for COVID-19.

As we continue to ensure the safety of our vulnerable patients and one another, at this time, AHS physicians and staff will continue to be restricted from attending work when they have COVID-19 core symptoms or are confirmed to have COVID-19 in accordance with the [Attending Work with COVID-19 Symptoms, Positive Test or Close Contact Directive](#).

COVID-19 PCR testing will also continue to be available for [healthcare workers](#).

We thank all AHS physicians and staff for continuing to follow the current safety measures in place, including completing the [Daily Fit for Work Screening](#) before each shift. Please also continue other preventive actions such as [physical distancing](#) and [hand hygiene](#) to keep everyone safe, and prevent the spread of COVID-19.

The health and safety of all remains our priority. We will continue to make active decisions on restrictions and will keep our teams informed.

Family Presence and Visitation

While the provincial government's decision to ease restrictions affects public sites, visitation precautions remain in place for the safety of patients, staff and services at AHS facilities.

Visitation access restrictions are currently under review. We anticipate updates to designated family/support person and visitor access in acute, ambulatory, urgent and emergent care facilities to be provided soon, and will continue to provide updates to help support your work.

Current precautions are reflected in the [COVID-19 Guidance for Designated Support and Visitor Access in Acute, Ambulatory and Emergency/Urgent Care](#). At this time, measures including (but not limited to) limits on the number of designated family/support persons permitted per patient, masking requirements, entry screening, and limits to visitor access are still in effect.

Visitor requirements for AHS Continuing Care facilities are reflected in the [AHS Family Presence Policy Suite](#). Continuing Care facilities moved from COVID-19 directives to this policy in 2021.

The Family Presence Policy Suite is intended to provide ongoing visitation guidance for all sites once we transition away from COVID-19 directives.

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

