



Message from  
**Dr. Verna Yiu &  
Dr. Laura McDougall**

## *AHS Update: COVID-19 numbers keep falling, designated support/visitation access to change Monday, update on PPE guidelines*

*Please print and share with your teams as needed*

Dear staff, physicians and volunteers,

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.

### **Today's Update**

- **COVID-19 Cases in Alberta**
- **Updated Acute Care Designated Support & Visitation Access Takes Effect Monday**
- **Changes to Federal Quarantine Requirements for Travellers**
- **Verna's Weekly Video Message — Continuous Masking in AHS Facilities**
- **PPE Question of the Week — What COVID-19 Guidelines will Remain in Place at AHS and Covenant Facilities after July 1?**
- **COVID-19 Immunization Update**
- **COVID-19 Testing for Healthcare Workers — The Latest Numbers**
- **Our People Survey Coming This Fall**
- **Gratitude from Albertans**
- **Wrapping Up — Slowing Down for Summer**

## COVID-19 Status

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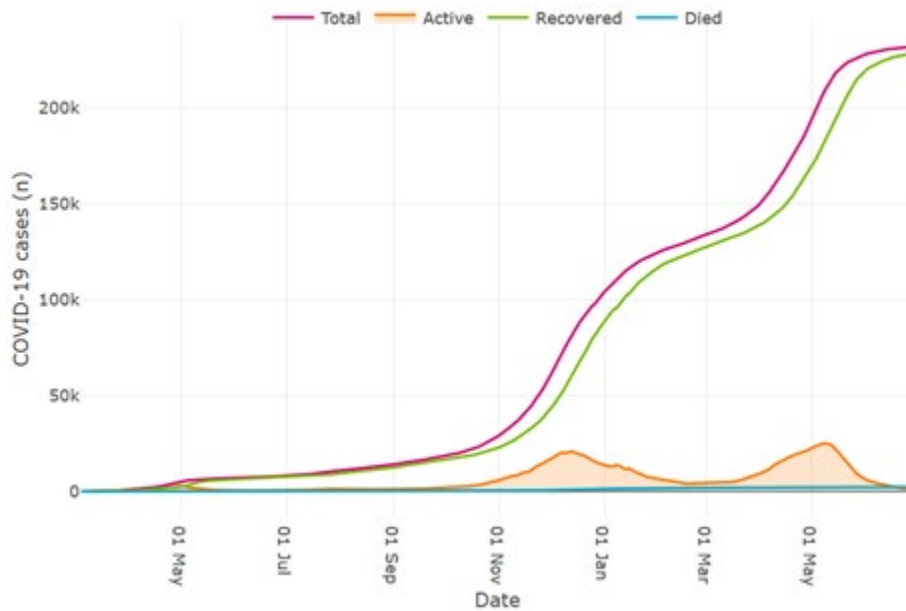
COVID-19 case, hospitalization and ICU numbers continued to drop this past week, as Alberta Health Services (AHS) prepared for changes to designated support/visitation access in acute care on Monday (see top item in Things You Need to Know.)

As of June 29\*, there were 1,055 active cases in Alberta, a 33.2 per cent decrease compared to June 23. All five zones reporting a decrease in active cases, as you can see in the table below.

	Active Cases (as of June 29)	Active Cases (as of June 23)	Per cent Change
<b>Calgary</b>	565	814	-30.6%
<b>Edmonton</b>	158	246	-35.8%
<b>North</b>	181	291	-37.8%
<b>Central</b>	118	159	-25.8%
<b>South</b>	30	70	-57.1%
<b>Unknown</b>	3	0	N/A
<b>Total</b>	1,055	1,580	-33.2%

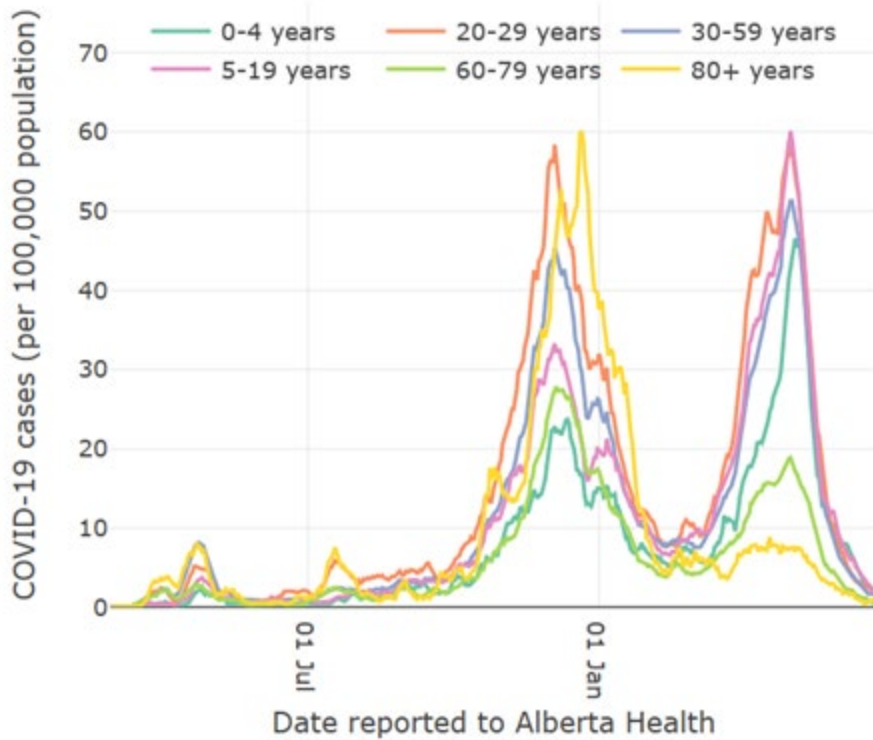
*\*Note: Usually, the average number of daily new cases captures a seven-day period from Thursday of the previous week to Wednesday of the present week. However, due to Canada Day, the average daily new cases for the present update only reflects a six-day period from Thursday, June 24, to Tuesday, June 29.*

For the six-day period ending on June 29, there was an average of 66 new daily cases, compared to 89 the previous week, a 25.8 per cent decrease.



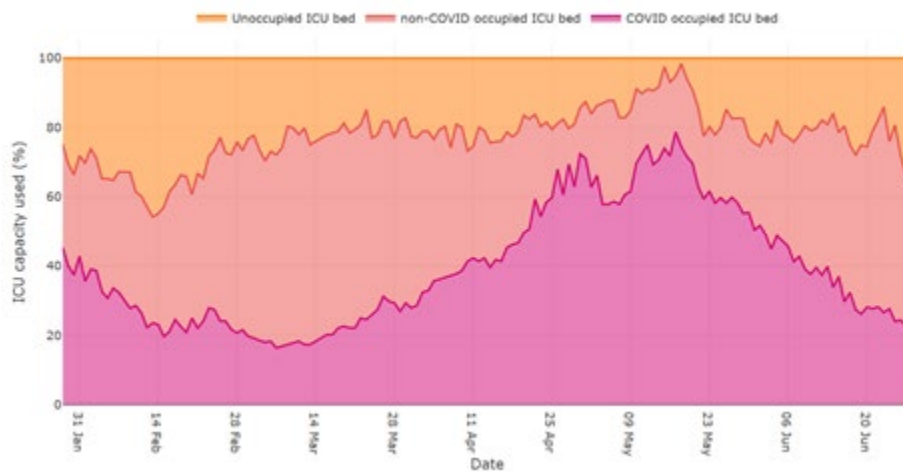
### Cases by age group

On June 26, Albertans aged 20 to 29 years, as well as those aged 0 to 4, had the highest seven-day rolling average of daily cases, with two cases per 100,000 people. School-aged children aged 5-19 had a case rate of 1.86, while those aged 60-70 had the lowest case rate, with 0.57. A visual representation of these trends is provided in the figure below:

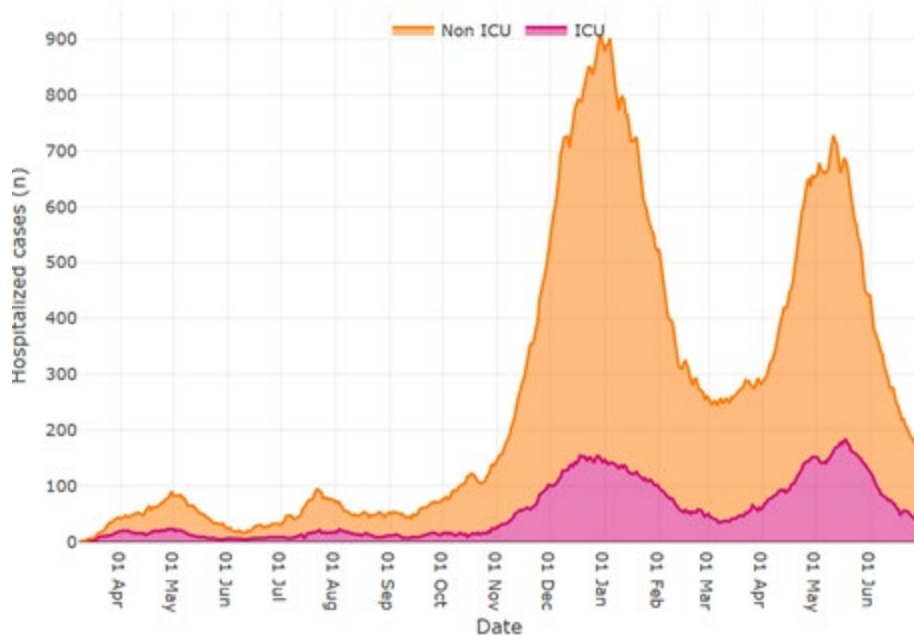


### Hospitalizations and ICUs

On June 29, 34 individuals with COVID-19 were in ICUs compared to 51 on June 24, a 33.3 per cent decrease. The most recent reporting, on June 28, puts our ICU capacity being used at 66.7 per cent, with 21.4 per cent of ICU beds being occupied by a COVID-19 patient. The figure below is a visual representation of ICU capacity in Alberta:



There were 131 individuals with COVID-19 in non-ICU hospital beds on June 29 compared to 145 individuals on June 24, a 9.7 per cent decrease.



The table below shows hospitalization by zone as of June 29.

	Hospitalizations	ICUs
<b>Calgary</b>	82	15
<b>Edmonton</b>	40	13
<b>Central</b>	19	4
<b>North</b>	17	2
<b>South</b>	7	0

### Variants of concern

The table below shows the proportion of active cases that are known variants of concern on June 29 compared to June 23:

COVID-19 Variant	Proportion of active cases (June 29)	Proportion of active cases (June 23)	Difference
<b>B.1.1.7 (UK) variant</b>	40.5%	48.6%	-8.1%
<b>B.1.351 (South Africa) variant</b>	0.1%	0.1%	0%
<b>B.1.617 (India) variant</b>	23.4%	17.1%	+6.3%
<b>P.1 (Brazil) variant</b>	3.8%	4.1%	-0.3%
<b>Overall</b>	67.8%	69.9%	-2.8%

### Other notable COVID-19-related information

- As of June 29, a total of 231,987 cases of COVID-19 have been detected in Alberta and a total of 9,618 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 228,631 Albertans have recovered from COVID-19.

- As of June 29, 2,301 individuals have passed away from COVID-19, including eight deaths over the six-day period from June 24 to June 29). 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 June 24 to June 29, 32,017 COVID-19 tests were completed, an average of 4,574 tests per day. During this period, the daily positivity ranged from 0.85 per cent to 1.56 per cent. As of June 29, a total of 4.69 million tests have been conducted and 2.18 million individuals have 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 provincewide R value from June 21 to June 27 was 0.75, same as the previous week.

## Things You Need to Know

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### Updated Acute Care Designated Support & Visitation Access Takes Effect Monday

AHS is in the process of progressively and safely providing more access for designated support persons at our acute care sites.

Starting Monday (July 5), AHS acute care sites will be supporting the following access:

- **Inpatient:** Two designated support persons (previously one) for all inpatient settings, at the same time only if space allows.
- **Ambulatory:** Two designated support persons (previously one) in ambulatory care may be allowed in situations, involving:
  - End-of-life care or goals-of-care designation discussions.
  - Significant diagnosis/change in medical status leading to poor prognosis.
  - Behaviour challenges, or medical/equipment needs, requiring two caregivers.
  - Involvement of social services.
  - When requested by the care team.

AHS continues to support off-site passes for patients who may need to leave the facility as part of their treatment plan. These passes must be considered essential, ordered by a physician or designate, and follow the public health and safety requirements outlined in the guidance.

AHS also continues to accept necessary patient belongings that must be cleaned as appropriate prior to being brought in by designated support persons.

To ensure we uphold the highest health and safety standards in our facilities, there will be no change at this time to our continuous masking guideline or screening at our facilities.

The updated guidance will be posted and available on [Insite](#) and [ahs.ca/visitation](https://ahs.ca/visitation) on July 5.

For sites with service areas experiencing an outbreak that warrants restrictions to access that exceed those in the guidance, please follow [Section 3.0 of the COVID-19 Designated Family/Support Access and Visitation in Acute Care Directive](#).

Thank you for your ongoing support as we weigh the risk of welcoming family presence while ensuring the health and safety of other patients, staff and physicians.

### **Changes to Federal Quarantine Requirements for Travellers**

Starting July 5 at 11:59 p.m. Eastern Time, the Government of Canada will begin the first phase of easing border measures for asymptomatic, fully immunized travellers eligible to enter Canada. Fully immunized travellers who meet all Government of Canada's [entry requirements](#) may be exempt from the 14-day quarantine requirement, the hotel stopover (for air travellers) and the Day 8 testing requirement.

We recognize AHS staff and physicians may have questions about these changes as well as returning to work following international travel.

**Please note**, even though Alberta has entered Stage 3 of the Open for Summer plan, the Government of Canada continues to discourage non-essential travel outside of Canada until further notice.

All staff and physicians who wish to be considered for the federal exemption for **fully immunized** travellers must strictly adhere to the requirements outlined on the [Government of Canada's website](#):

- If all federal requirements are met, including negative COVID-19 tests prior to departure and upon arrival, then asymptomatic fully immunized AHS people will be exempt from having to quarantine after their arrival in Canada and can return to work.
- If all federal requirements are NOT met, then fully immunized AHS people will be required to quarantine for 14 days after their arrival in Canada. You will not be able return to work until your 14-day quarantine is complete.

The federal quarantine exemption for travellers returning to Canada does not apply to individuals who are **partially immunized** or **unimmunized**. It is the responsibility of all AHS people who travel outside of Canada to ensure they are aware of, understand, and fully comply with all [federal requirements](#) if they wish to be considered for any exemptions for fully immunized travellers. Apart from immunization status, returning travellers may qualify for [exemptions for other reasons](#), as outlined by the federal government.

### **Verna's Weekly Video Message — Continuous Masking in AHS Facilities**

For the past 16 months, Albertans have lived with many protective measures designed to stop the spread of COVID-19 and protect our healthcare system from being overwhelmed.

As most restrictions in the general public space are easing as of July 1, all Albertans — including our staff, physicians and volunteers — will need to learn how to live with the ongoing public health reality of COVID-19.

This means entering a phase where there are fewer mandatory barriers on what we can do in our day-to-day lives, while remaining thoughtful about managing potential risks, particularly in healthcare settings. To ensure the safety of all staff, physicians, patients and families, masking will still be required in both continuing care and acute care settings.

Joining me (Verna) today to tell us [more about continuous masking and other ways we are protecting the health and safety of each other and Albertans](#) are:

- Dr. Mark Joffe, Vice President and Medical Director, Cancer Care Alberta, Clinical Support Services and Provincial Clinical Excellence.



- Dr. Laura McDougall, Senior Medical Officer of Health.
- Dr. Jim Silvius, Senior Medical Director, Provincial Seniors Health and Continuing Care.




For more on this topic...

**PPE Question of the Week — What COVID-19 Guidelines will Remain in Place at AHS and Covenant Facilities after July 1?**

Healthcare providers must remain thoughtful about managing potential risks to patients and visitors. This means continuing to make safe choices to protect vulnerable people who have risk factors for severe outcomes, and those who are not fully immunized, including patients under the age of 12, and those with conditions that limit their ability to respond to vaccines.

In the latest PPE Question of the Week, PPE Task Force Chair [Dr. Mark Joffe reviews some of these critical decisions and why AHS will continue to uphold them in our facilities.](#)

PPE Question of the Week

What COVID-19 guidelines will remain in place at AHS and Covenant facilities after July 1st? 



Dr. Mark Joffe answers PPE question of the week.

Previous videos in the PPE Question of the Week series are available on the PPE webpage at [ahs.ca/covidppe](https://ahs.ca/covidppe).

### COVID-19 Immunization Update

#### *Vaccine supply update*

The Moderna COVID-19 vaccine continues to be more readily available for first- and second-dose appointments. Albertans looking to book their second dose can get an earlier appointment by choosing Moderna as their preference.

People who received Pfizer-BioNTech as a first dose can choose to book Moderna as their second dose. This would be considered a safe and fully protective vaccine series.

Both Pfizer and Moderna are mRNA vaccines and work the same way. They are considered interchangeable and about 95 per cent effective in preventing COVID-19 disease. Both protect against severe COVID-19 illness, risk of hospitalization and death.

No-appointment, walk-in clinics continue to be available across the province for first dose of Moderna only. Visit [ahs.ca/covidvaccine](https://ahs.ca/covidvaccine) for site locations and hours of operation. Appointments can also be booked through Health Link at 811, [participating pharmacies](#) and physicians' offices.

#### *mRNA vaccines and myocarditis*

On June 30, Health Canada updated the [Pfizer-BioNTech and Moderna Product Monographs](#) to describe rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the tissue surrounding the heart) following immunization.

There have been reports in the U.S. and Israel of a rare side effect of heart muscle and heart lining inflammation after the Pfizer and Moderna vaccines, most often after the second dose. This side effect is being seen most often in younger people, mostly males. The heart inflammation is almost always very mild, resolving with anti-inflammatory treatment.



Canada and the U.K. have not reported the same trends, possibly due to the fact second doses in younger people have not yet been given in large numbers.

Young people who get infected with COVID-19 have about 100 times greater risk of experiencing heart inflammation than what is being seen after the second dose in Israel and the U.S. In both countries where it has been reported most often, after rigorous review of all the evidence, advisory bodies in both countries have concluded the benefit of immunization far outweighs the risks.

We continue to recommend all Albertans 12 and older get the vaccine (first and second doses) to be protected.

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

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). 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.

Moving forward, updates will be provided on a monthly basis.

As of June 29:

- 78,497 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,890 (or 7.5 per cent) have tested positive.
- Of the 4,520 employees who have tested positive and whose source of infection has been determined, 588 (or 13.0 per cent) acquired their infection through a workplace exposure. An additional 1,370 employees who have tested positive are still under investigation as to the source of infection.
- 5,402 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 241 (or 4.4 per cent) have tested positive.
- Of the 191 physicians who have tested positive and whose source of infection has been determined, 19 (or 9.9 per cent) acquired their infection through a workplace exposure. An additional 50 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](#).

### **Our People Survey Coming This Fall**

We have been through a lot with COVID-19 and we want to hear from you. Do you have what you need to feel safe, healthy, valued and included? By sharing how you are doing, you're opening the door for conversations on how we can work together to make things better.

At AHS, we care about our people and want each of you to feel good about coming to work. When our people feel supported, engaged and satisfied at work, they are best prepared to deliver — or support the delivery of — safe, quality care to Albertans.

This fall, our partner Gallup will send you a survey to complete, and then leaders and their teams will discuss their own survey results, identify opportunities and, together, take action on one or two things.

Leaders with teams who participated in the 2019 Our People Survey can revisit those results and restart the conversation with resources on [Insite](#). If you are a new AHS leader, plan to participate in Our People Survey and encourage your team to do the same.

To find out more, review the frequently asked questions ([AHS](#) / [APL](#)) and visit [Insite](#).

## Be Well - Be Kind

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### Gratitude from Albertans

Everything you and your colleagues do every day to provide safe quality care to all Albertans is being noticed. Messages of gratitude keep coming in from across the province and beyond during the COVID-19 pandemic. We want to share a few recent message of gratitude with you — and you can see others on our Sharing the Love webpage on Insite.

*I was rushed to Rockyview General Hospital by my wife because I could not breathe. When I got there, I had a line of people ahead of me. When a nurse saw me hardly able to breathe, I was brought in by a triage nurse and sat in a wheelchair and then rushed into a bed. I was put on oxygen, I was given puffers, and received outstanding care.*

— Joseph Dallaire

### Wrapping Up — Slowing Down for Summer

Summer is clearly here, given the temperatures of the past few days, and we hope all of you find time over the next several weeks to slow down, rest and recharge. We're doing the same. Over the summer, this AHS Update will arrive in your inbox every second Friday, as opposed to weekly. Watch for our next update on July 16. As COVID-19 cases continue to drop in Alberta, we'll look to refresh this AHS Update with more non-pandemic content that will still keep you informed, supported and inspired. More on these changes later. For now, keep cool and stay safe.

With enduring gratitude and appreciation,

**Dr. Verna Yiu**

AHS President & CEO

**Dr. Laura McDougall**

Senior Medical Officer of Health

