



Message from
Dr. Verna Yiu &
Dr. Laura McDougall

*AHS Update: Significant increases in cases this week,
changes to testing criteria*

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

☐ Today's Update

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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.

Supports When You Need Them

Managing Anxiety and Depression

If you are dealing with a mental health challenge, there is support available for you.

Access i-Volve, an online, self-paced Cognitive Behavioural Therapy (CBT) treatment program for mild depression and anxiety. The program is free, and helps users identify, challenge and overcome anxious or depressive thoughts, behaviours and emotions. You can access i-Volve through [Homeweb](#).

For additional support related to mental health and wellness, call the [Employee and Family Assistance Program \(EFAP\)](#) intake line any time at 1-877-273-3134 to be connected to a service that suits your needs. This is a confidential service, available 24/7.

Physicians can contact the [AMA Physician and Family Support Program](#), also a confidential 24/7 support line at 1-877-SOS-4MDS for options and support.

There are many ways we can support you through these challenging times no matter your situation. See the [Resilience, Wellness and Mental Health Resource Guide](#) for a comprehensive list of health and wellness supports. Questions? Contact wellness@ahs.ca.

COVID-19 Status

ICU Capacity Update

As of 2:50 p.m. today:

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.

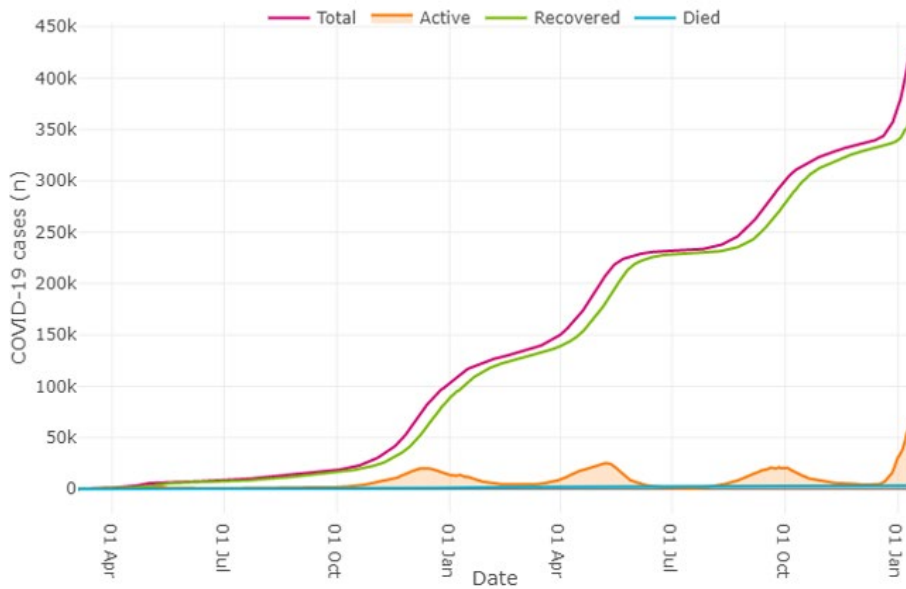
We currently have 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 191 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 79 per cent. Without the additional surge spaces, provincial ICU capacity would be at 110 per cent.

- In Calgary Zone, we currently have 91 ICU beds, including 25 additional spaces. Calgary Zone ICU is operating at 82 per cent of current capacity (including 32 patients with COVID-19 in ICU).
- In Edmonton Zone, we currently have 96 ICU beds, including 24 additional spaces. Edmonton Zone is operating at 82 per cent of current capacity (including 30 patients with COVID-19 in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 78 per cent of current capacity (including 10 patients with COVID-19 in ICU).
- In South Zone, we currently have 24 ICU beds, including seven additional ICU spaces. South Zone ICU is currently operating at 63 per cent capacity (including three patients with COVID-19 in ICU).
- In North Zone, we have 12 ICU spaces (split between Grande Prairie and Fort McMurray), including six additional ICU spaces. North Zone ICU is currently operating at 67 per cent capacity (including five patients with COVID-19 in ICU).

New and Active Cases

For the seven-day period ending on Jan. 12, there was an average of 6,013 new cases of COVID-19 per day, compared to 3,828 cases per day the previous reporting period (December 28* to Jan. 5), a 57.1 per cent increase. All zones reported an increase in the number of new cases per day, ranging from a 50.6 per cent increase in the Calgary Zone to a 94.0 per cent increase in the North Zone, compared to the previous reporting period. The Calgary Zone reported the highest total number of new cases with 19,588 (an average of 2,798 new cases per day). Please note: Given that many people with a self-administered positive rapid test do not need PCR testing, we know the data greatly underestimates the number of people infected with COVID-19 across the province.

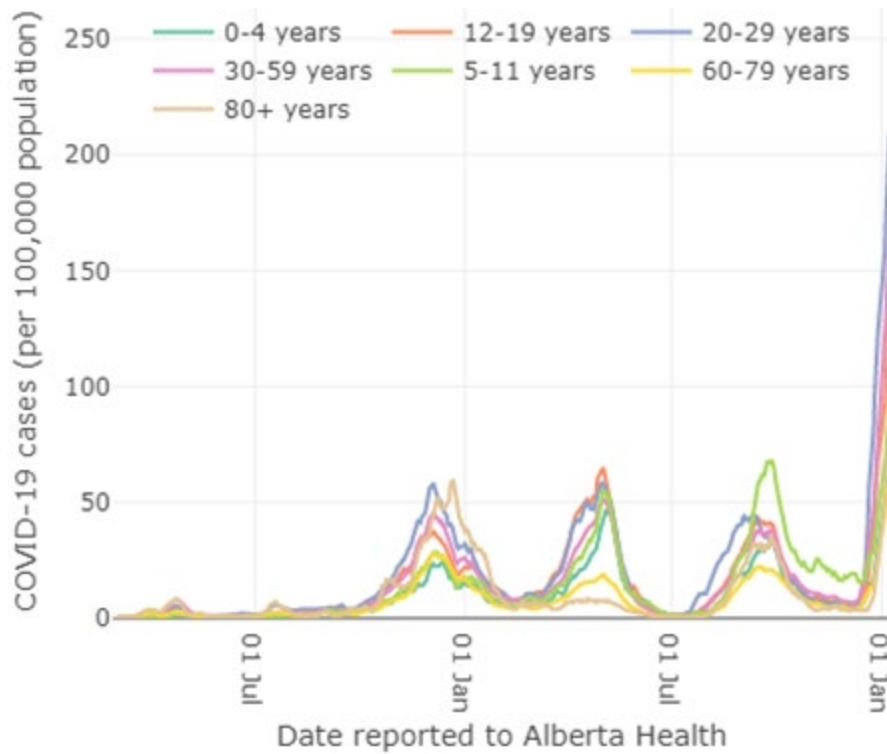


As of Jan. 12, there are 62,733 active cases in Alberta, a 57.2 per cent increase compared to Jan. 5. All zones reported an increase in active cases compared to the last report, as you can see in the table below.

| | Active Cases (as of Jan. 12) | Active Cases (as of Jan. 5) | Per cent Change |
|-----------------|---------------------------------|--------------------------------|--------------------|
| Calgary | 29,144 | 19,261 | +51.3% |
| Edmonton | 23,353 | 14,972 | +56.0% |
| North | 2,971 | 1,523 | +95.0% |
| Central | 3,691 | 1,993 | +85.2% |
| South | 2,795 | 1,545 | +80.9% |
| Unknown | 779 | 603 | +29.2% |
| Overall | 62,733 | 39,897 | +57.2% |

Cases by Age Group

As of Jan. 9, Albertans aged 20 to 29 continue to have the highest seven-day rolling average of new daily COVID-19 cases, with 209.14 cases per 100,000 people, the highest rate reported during the pandemic. Albertans aged 30 to 59 had the second-highest rate with 164.86 cases per 100,000 people, followed by children aged 12 to 19 with 133.0 cases per 100,000 people. Trends in cases in Alberta by age group are shown below.



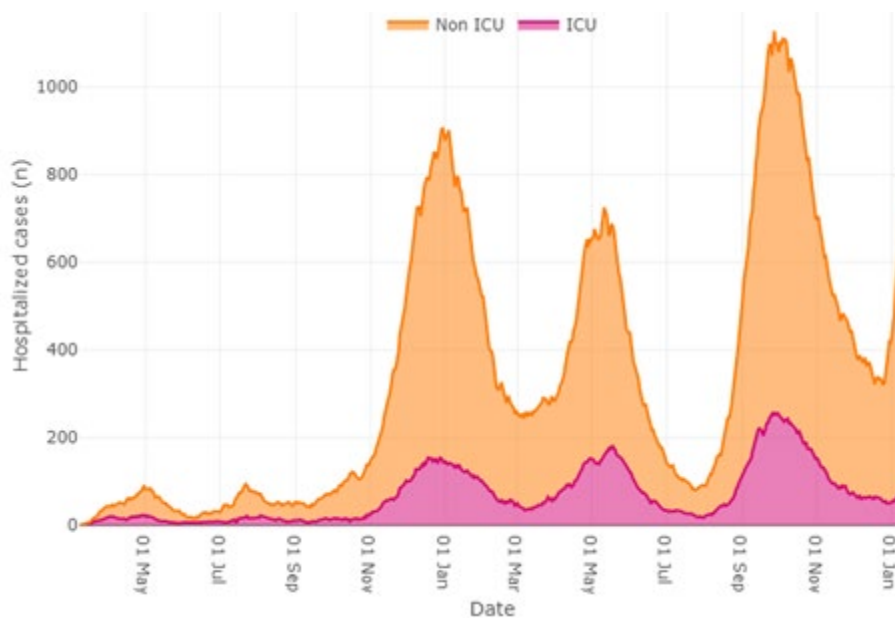
As of Jan. 12, 3,375 individuals have passed away from COVID-19 including 39 deaths since the last report. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.

Hospitalizations

707 individuals with COVID-19 were in non-ICU hospital beds on Jan. 12, compared to 489 individuals in non-ICU hospital beds on Jan. 5, a 44.6 per cent increase.

The breakdown of hospitalizations by zone as of Jan. 12 is as follows:

- 324 hospitalizations with 32 of those in ICUs in Calgary Zone
- 282 hospitalizations with 32 of those in ICUs in Edmonton Zone
- 81 hospitalizations with 7 of those in ICUs in Central Zone
- 68 hospitalizations with 5 of those in ICUs in North Zone
- 31 hospitalizations with 3 of those in ICUs in South Zone



Targeted screening for variants of concern resumed on Dec. 23, 2021. For variants of concern, from Jan. 4 to Jan. 10, the average percent of positive samples that were strain-typed was 14 per cent. Of those strain-typed the rolling average was 94.0 per cent Omicron variant, 2.2 per cent Delta variant, and 3.8 per cent wild type or presumptive variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

Other notable COVID-19-related information:

- As of Jan. 12, 403,332 cases of COVID-19 have been detected in Alberta and 16,522 individuals have ever been hospitalized, which amounts to 3.8 individuals for every 100 cases. In all, 364,224 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Jan. 6 to Jan. 12, 106,023 COVID-19 tests were completed, a seven-day average of 15,146 tests per day. During this period, the daily positivity ranged from 38.41 per cent to 41.40 per cent. This is the highest percent positive reported during the pandemic. As of Jan. 12, 6,570,115 tests have been conducted and 2,680,424 individuals have ever been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The R value is updated every two weeks. From December 27 to Jan. 2 the provincewide R value was 1.35 and the previously reported value was 0.96. The R value was not updated this week.

COVID-19 Immunization Update

Printed copy of vaccine record with QR code available at registries until Jan. 17

Albertans can still get a printed copy of their COVID-19 immunization record with a QR code at [participating registry agents](#) throughout the province until Monday, Jan. 17.

After that time, if you need a free printed copy, you can contact Health Link at 811 to have them mail it out to you. Download a digital copy at alberta.ca/CovidRecords.

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

Please take the first mRNA vaccine available to you 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 is in good supply. Some Pfizer vaccine arrived this week and we anticipate more supply to arrive in the coming weeks.

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 5 – 11 continues

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. In the rural zones, walk-in vaccinations are available at some sites.

Check ahs.ca/vaccine for more information.

Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

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.

There may be an increased risk of myocarditis/pericarditis following immunization earlier than eight weeks.

A shortened interval between first and second doses may offer:

- Better protection for some individuals who may be susceptible to infection, such as those who are immunocompromised.
- Earlier protection for individuals who are at greater risk of severe disease such as those with underlying high risk medical conditions.
- Earlier protection against COVID-19 and variants of concern.

If you have any questions or concerns, please discuss with your immunizer. More information is available at [COVID-19 Immunization for Children Under 12 – FAQ](#).

Third doses not currently recommended for children/youth

In Canada, third doses are not currently recommended for children five to 11. They are also not currently recommended for those 12 to 17 years of age, unless they have an [eligible immunocompromising condition](#). Evidence continues to be reviewed nationally and provincially.

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.

Vaccine availability

mRNA Vaccines - These vaccines continue to be recommended as the most safe and effective vaccine choice for those able to receive them. People without a contraindication to an mRNA vaccine, who have been immunized with a single dose of Janssen as their only vaccine, are recommended to have a booster dose of mRNA vaccine after five months.

AstraZeneca - If you received AstraZeneca for your first dose, you can choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for your second dose. Both options will provide additional protection and count as completing your vaccine series in Canada. International jurisdictions may have different standards for a complete immunization series. Call Health Link at 811 to book your second dose of AstraZeneca.

If you received two doses of AstraZeneca for your primary vaccine series, it is recommended that you receive an mRNA vaccine as your booster dose at least five months after your second dose. If you received the AstraZeneca vaccine as a first dose, followed by a two-dose mRNA vaccine series, a booster dose is not recommended or required at this time.

Janssen (Johnson and Johnson) - The Janssen vaccine is available for people with a contraindication to currently available COVID-19 vaccines. This includes people who have had a dose of COVID-19 vaccine previously and had a serious adverse reaction. A minimum of 28 days from any previously received COVID-19 vaccine is required and only one dose of the Janssen vaccine is needed to be fully immunized. The Janssen vaccine is available for Albertans 18 years of age and older and is administered at AHS clinics in select locations across the province.

Things You Need to Know

Changes to COVID-19 PCR Testing Criteria

As announced by [Alberta Health](#) earlier this week, the increase in Omicron cases and the demand for PCR testing has pushed our testing system beyond its capacity. As of Jan. 10, eligibility for PCR testing has changed to ensure those at highest risk continue to have access to a PCR test.

PCR testing 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 or 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.

PCR testing at AHS Assessment Centres is available for:

- People with symptoms of COVID-19 and who may meet the eligibility criteria for [Sotrovimab](#) monoclonal antibody treatment
- People with symptoms, who are a household member of a healthcare worker 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

A full list of eligible groups is available on the [Government of Alberta website](#).

The [COVID-19 Assessment & Testing tool](#) has been updated to allow all eligible groups (including adults, children and youth) to book a PCR test with AHS.

Changes to Public Outbreak Reporting

Due to the increase in COVID-19 cases and the spread of Omicron, AHS continues to focus case investigation and outbreak management in high-risk settings only. This includes hospitals, continuing care facilities and congregate living settings, such as shelters and correctional facilities.

Because of this shift, the public reporting of outbreaks has also changed, beginning today. [Alberta Health](#) will continue to publicly report outbreaks in acute, seniors congregate living, shelters and correctional facilities every Tuesday and Friday when there are two or more cases in the facility. Reporting on all other outbreaks has been paused at this time. See [Outbreaks in Alberta](#) for more information.

Update on At-Home Rapid Tests

As announced by [Alberta Health](#) on Jan. 13, every Albertan will be eligible for a new free five-test kit every two weeks as long as supply is available.

The Government of Alberta has directly purchased 10 million rapid tests on top of the federal government's procurement, plus an additional 3.7 million tests this month.

Alberta Precision Laboratories has provided [information about the various forms of testing](#) and new [FAQs](#) about at-home rapid tests. There is also information available about rapid tests on [Alberta Health's rapid testing webpage](#).

Documenting and Sharing Your Rapid Test Result

The Omicron variant is so prevalent in our communities now that if you have core [COVID-19 symptoms](#), you should assume you have COVID-19 and are legally required to [isolate](#). It is not necessary to be tested to confirm, but you can use a rapid test if you have access to one.

People can choose to document their positive rapid test result if they need to share the results with someone, using a printable PDF form on [alberta.ca/rapidtesting](#).

Note: this does not replace privately paid rapid test results and cannot be used for the purposes of the [Restrictions Exemption Program](#).

Use the COVID-19 Assessment Tool to Check Symptoms, Seek Care

Albertans can use the online [COVID-19 Assessment & Testing Tool](#) to check their

symptoms if they think they have COVID-19, or the symptoms of someone they are caring for, before deciding whether to call Health Link.

The tool has up-to-date guidance for adults, children and youth, making it easier for Albertans to assess their symptoms, determine if they should talk to someone about their symptoms, such as their doctor or Health Link staff member, access self-care tips to help manage mild symptoms at home, and to determine whether or not they are eligible for PCR testing.

Even if a person has tested positive for COVID-19, they can use the tool to re-assess their symptoms if they change or get worse, and determine if they need to seek care.

Follow-up SMS Text Message with Self-Care Tips

To ensure Albertans have access to important health information when they need it, AHS is sending a follow-up SMS text message with self-care tips to people who test positive on a PCR test.

Albertans should receive the message one hour after their positive test result. A follow-up autodial notification for people who have not consented to receive SMS texts from AHS will be available next week.

The follow-up message includes self-care tips such as getting extra rest, drinking plenty of fluids, and trying over-the-counter medications, such as extra-strength Tylenol to manage mild symptoms, and directs Albertans to the AHS COVID-19 Self-Care Guide at ahs.ca/CovidSelfCare.

The self-care guide has more information on when and how to isolate if you have symptoms of COVID-19, how to care for yourself or a family member at home, videos with self-care tips with several local physicians, and how to manage prolonged COVID-19 symptoms.



Updated Resources to Implement COVID-19 Policies

A list for Health Canada Approved Rapid Antigen Tests has been established to support operational teams in implementing the [Directive: Attending Work with COVID-19 Symptoms; Positive Test or Close Contact](#) and [Immunization or Testing of Workers for COVID-19 Policy](#). This has been a frequently requested list. It is now question 194 under the Rapid Testing Section of the [FAQs for Staff](#).

Please also continue to review updates made to our immunization policy [Staff FAQ](#) and [Leader FAQ](#).

Influenza Immunization Update

Up-to-date aggregate data on seasonal influenza cases and immunization is not available from Alberta Health for today's update.

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

When available, data will be posted online at [Alberta influenza statistics](#). For more information on influenza, visit ahs.ca/influenza.

Verna's Weekly Video Message — Moving into the Grande Prairie Regional Hospital

We often explore the issues that we face as an organization and what our teams are doing to respond to whatever is pressing at the time. But, it's equally important to take time to celebrate our successes along the way.

One of those successes is the new Grande Prairie Regional Hospital. On Dec. 4, we

completed the move from the former Queen Elizabeth II Hospital to the new hospital. This was a true team effort, which took not only transporting patients, but also moving furniture and machines, recalibrating moved equipment, updating our Connect Care medical record system, and ensuring each patient had the proper medication, linens, and food waiting for them upon arrival.

This was made possible by the hard work of hundreds of our people, and I'm so proud of what they've accomplished. Joining me (Verna) to [tell us more about the Grande Prairie Regional Hospital and what it means to northern Alberta](#) are:

- Candice Edey, Operational Lead, Grande Prairie Regional Hospital Project
- Stacy Greening, Senior Operating Officer, QEII Regional Hospital and North Zone Addictions and Mental Health
- Cindy Harmata, Interim Chief Zone Officer and Senior Operating Officer, North Zone Clinical Operations Rural 5-8



Be Well - Be Kind

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. If you need some encouragement, please take a moment to read the messages of gratitude below on our [Sharing the Love webpage](#).

My name is Sabine, and I just wanted to say thank you so much for your amazing work in this pandemic. People really take for granted how much work you have been doing to keep everybody safe and healthy. It cannot be easy, so thank you so much. I am so grateful for every worker and every

hospital. You have no idea how much I admire your work and what it takes to save lives in a freaking pandemic. You guys are like superheroes to kids. Now I know you probably get that a lot and it may have started to lose meaning, but I really mean it. You are there to help people and you're there no matter what variant may come your way. It really is inspiring for kids. But I think people don't realize how much superhero-ing you actually do. YOU are amazing, YOU are powerful, YOU are strong, YOU are doing awesome, and YOU are MY superhero. Thank you so much for reading this letter.

—Sabine

Wrapping Up – Amazing, Powerful, Strong and Awesome

We know it has been another busy week for healthcare in Alberta. We know you continue to do all you can to protect the health of Albertans, despite the ups and downs of COVID-19. We know the demands of Omicron have proved to be more overwhelming in many ways than anything we have faced so far. We also know we have an incredibly capable team providing and supporting our patients families and each other, day in and day out, and we continue to be so appreciative of your commitment and compassion. Young Sabine said it best, above: you are amazing, powerful, strong and awesome!

But please know that you can reach out to your colleagues or leaders if you need support and access the many resources we have available at AHS when you need some help. Take care of yourselves and your families.

With enduring gratitude and appreciation,

Dr. Verna Yiu

AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health



Healthy Albertans.
Healthy Communities.
Together.

