



Message from Dr. Verna Yiu & Dr. Laura McDougall

AHS Update: AHS teams prepare for ongoing surge of COVID-19 patients

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

Today's Update

- **Opening Message from Verna**
- **Get Support Through Short-term Counselling**
- **COVID-19 Status**
- **Verna's Weekly Video Message — A Discussion with the Minister of Health**
- **AHS Prepares to Roll Out Recently Approved Oral Medication for COVID-19**
- **New Netcare Folder Documents Monoclonal Antibody Treatments**
- **COVID-19 Immunization Update**
- **COVID-19 Testing for Healthcare Workers — The Latest Numbers**
- **Continuous Eyewear Guidelines Reminder**
- **PPE Resources Based on Joint Statement with Unions**
- **PPE Question of the Week — What are the Latest Updates to the PPE Joint Statement?**
- **Influenza Immunization Update**
- **Update on Alberta Health, Alberta Medical Association Physician Negotiations**
- **Promote Safety, Respect in the Workplace**
- **Gratitude from Albertans**
- **Wrapping Up**

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.

Opening Message from Dr. Verna Yiu

Yesterday (Jan. 20), I (Verna) participated in a COVID-19 media update along with the premier, minister of health, and province's chief medical officer of health. I wanted to share with you my full comments, which are [available here](#).



My goal yesterday was to share with the public openly and transparently the situation in our hospitals and in our larger system. I also wanted to publicly recognize the ongoing efforts of everyone at AHS and to show my appreciation for all of you. You can watch the [full video here](#).

Supports When You Need Them

Get Support Through Short-term Counselling

The challenges and constant changes we have been through over the past two years have affected us all. Short-term, solution-focused [counselling](#) can offer coping strategies and support your well-being as we continue to navigate the pandemic.

When you call [EFAP \(Employee and Family Assistance Program\)](#), you will be asked for some basic information and will have an initial appointment set up at a convenient time. An expert counsellor will use advanced assessment tools to determine the best service for you. Counselling is available online and over the phone or video for you and your immediate family members.

For additional support related to mental health and wellness, call the [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

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 providing staff and physician availability allows.

AHS currently has 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 194 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 80 per cent. Without the additional surge spaces, provincial ICU capacity would be at 112 per cent.

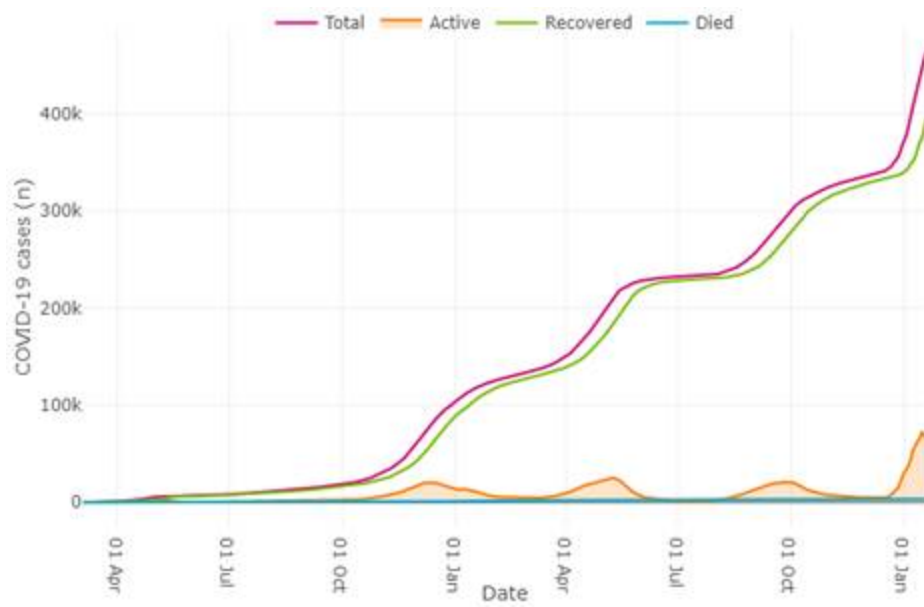
New and Active Cases

As of Jan. 19, there were 64,519 active cases in Alberta, a 2.85 per cent increase compared to Jan. 12. Three of five AHS zones reported an increase in active cases over the seven-day period, as you can see in the table below.

	Active Cases (as of Jan. 19)	Active Cases (as of Jan. 12)	Per cent Change
Calgary	31,226	29,144	+7.14%
Edmonton	22,659	23,353	-2.97%
North	2,969	2,971	-0.07%
Central	4,104	3,691	+11.20%
South	2,937	2,795	+5.08%
Unknown	624	779	-19.90%
Overall	64,519	62,733	+2.85%

For the seven-day period ending on Jan. 19, there was an average of 4,768 new cases of COVID-19 per day, compared to 5,939 the previous reporting period (Jan. 6-12), a 19.7 per cent decrease. All zones reported a decrease in the number of new cases per day, ranging from a 9.5 per cent decrease in the Calgary Zone to a 32.3 per cent decrease in the Edmonton Zone, compared to the previous reporting period.

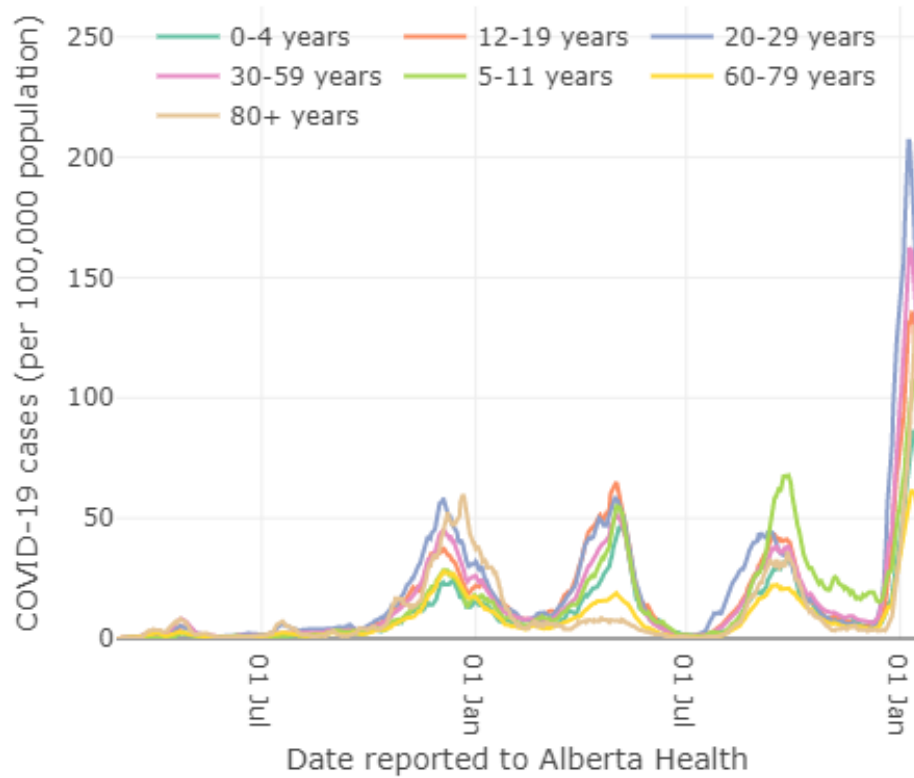
The Calgary Zone reported the highest total number of new cases with 17,405 (an average of 2,486 new cases per day).



Please note: We know these data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week. For instance, since Jan. 10, PCR testing is available only for those who have clinical risk factors for severe outcomes and those who live and work in high-risk settings.

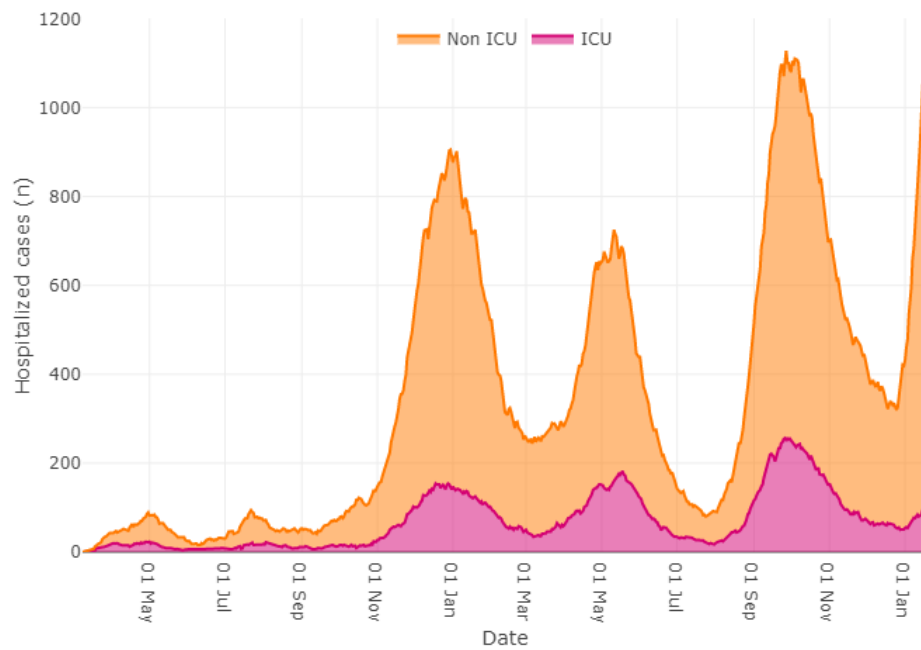
Cases by Age Group

As of Jan. 16, Albertans aged 20 to 29 continue to have the highest seven-day rolling average of new daily COVID-19 cases, with 135.14 cases per 100,000 people. Albertans aged 80+ had the second-highest rate with 130.14, followed by those aged 30 to 59 with 125.86. Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are in the figure below:



Hospitalizations

A total of 1,023 individuals were in non-ICU hospital beds with COVID-19 on Jan. 19 compared to 787 Jan. 12, a 30 per cent increase.



Variants of Concern

For variants of concern, from Jan. 11 to Jan. 17, an average of 25 percent of positive samples were strain-typed. Of those strain-typed, the rolling average was 96 per cent Omicron variant, 0.7 per cent Delta variant, and 3.3 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

- [Alberta Health](#) will be providing the proportion of new hospital admissions that are due to COVID-19, as compared to admissions because of other causes, online at alberta.ca/covid. Most recent data indicates about 39 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, about 17 per cent had COVID-19 as a contributing cause, and about 44 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 56 per cent; about 15 per cent had COVID-19 as a contributing cause, and about 29 per cent were incidental infections or unclear.
- As of Jan. 19, 463,024 cases of COVID-19 have been detected in Alberta and a total of 17,285 individuals have been hospitalized, which amounts to 3.7 individuals for every 100 cases. In all, 395,084 Albertans have recovered from COVID-19, meaning they are no longer considered contagious. The number of Albertans who have recovered from COVID-19 does not reflect the recovery time associated with a COVID-19 infection that could last beyond the time in which people are contagious.
- As of Jan. 19, 3,421 individuals have passed away from COVID-19, including 46 deaths since the last report. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- From Jan. 13 to Jan. 19, 89,522 COVID-19 tests were completed, a seven-day average of 12,789 tests per day. During this period, the daily positivity ranged from 33.04 per cent to 38.98 per cent. As of Jan. 19, a total of 6.66 million tests have been conducted and 2.69 million individuals have been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- The R value was not updated this week.

Things You Need to Know

Verna's Weekly Video Message — A Discussion with the Minister of Health

As we embark on 2022, I (Verna) wanted to take the time to talk about what might lie ahead of us this year. To help me look ahead on what is in store for healthcare in 2022, I am grateful to be joined by the Minister of Health.

Jason Copping was named minister in September, taking over the health portfolio in the midst of this ongoing pandemic. He came into this portfolio after serving as Alberta's Minister of Labour and Immigration.

Today, [Minister Copping shares his thoughts on the coming year and his priorities for the health system](#).



AHS Prepares to Roll Out Recently Approved Oral Medication for COVID-19

AHS is working on rolling out a new oral medication to eligible COVID-19 patients, called Paxlovid. Recently approved by Health Canada, Paxlovid is a new anti-viral drug that has shown to prevent COVID-19 from progressing in high-risk patients with mild to moderate symptoms if taken within five days of symptom onset. As with any new medication, it will take some time to develop safe, efficient processes that ensure it's accessible to all Albertans who require it. AHS continues to administer Sotrovimab to eligible COVID-19 patients with mild to moderate symptoms. Close to 500 doses have been administered so far. For more information, visit ahs.ca/covidopt.

New Netcare Folder Documents Monoclonal Antibody Treatments

Patients treated with Monoclonal Antibody (mAb) treatments (Sotrovimab) need to wait 90 days prior to their COVID-19 vaccination.

Clinicians will now have access to mAb treatment reports through a new Netcare folder — 'COVID-19 Treatment' — to be located below the 'BPMH' form. Note: The folder will only display on the CDV Tree when it contains reports.

Questions? See more Netcare information on the [Insite](#) and at [Alberta Health](#).

COVID-19 Immunization Update

Fourth doses available for eligible immunocompromised Albertans 18+

Fourth doses of the COVID-19 vaccine are now available for immunocompromised individuals 18 years of age and older. A fourth dose is recommended a minimum of five months after the third dose. Eligible immunocompromising conditions include:

- Recipients of chimeric antigen receptor (CAR)-T-cell therapy.
- Individuals with moderate to severe primary immunodeficiency (for example, DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Individuals with Stage 3 or advanced HIV infection and acquired immunodeficiency syndrome.

- Individuals undergoing immunosuppressive therapies (e.g., anti-B cell therapies, high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents).
- Transplant recipients, including solid organ transplants and hematopoietic stem cell transplants.
- Individuals with chronic kidney disease who are receiving regular dialysis.
- Individuals in active cancer treatment (chemotherapy, immunotherapy or targeted therapies), excluding those receiving only hormonal therapy, radiation therapy or surgery.
- Individuals on certain medications for autoimmune diseases, including rituximab, ocrelizumab and ofatumumab.

Fourth doses have not been approved for immunocompromised youth ages 12 to 17, but these youth continue to be eligible for third doses.

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

Please take the first mRNA vaccine available for a third dose rather than waiting for your preferred brand to be available.

Both the Moderna and Pfizer vaccines offer a high level of protection against severe outcomes from COVID-19.

Moderna is in good supply. Some Pfizer vaccine arrived this week and more supply is expected 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.

Evening and weekend appointments are available at clinics to accommodate family schedules. Please check ahs.ca/vaccine for more information.

First doses continue to be available.

Children can spread the virus even if they don't have symptoms. Immunization helps protect the health of others, including parents, grandparents, other family members, friends, classmates and the larger community.

As of Jan. 18, 42 per cent of children aged five to 11 have received at least one dose of the COVID-19 vaccine. We strongly urge all parents/guardians to book their child in for their first dose, as soon as possible.

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

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

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

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.

COVID-19 Testing for Healthcare Workers — The Latest Numbers

We continue to update the testing data for healthcare workers. These statistics provide the total number of AHS and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace.

As of Jan. 18:

- 90,828 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 15,362 (or 16.9 per cent) have tested positive.
- Of the 7,519 employees who have tested positive and whose source of infection has been determined, 707 (or 9.4 per cent) acquired their infection through a workplace exposure. An additional 7,925 employees who have tested positive are still under investigation as to the source of infection.
- 6,331 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 676 (or 10.7 per cent) have tested positive.
- Of the 313 physicians who have tested positive and whose source of infection has been determined, 26 (or 8.3 per cent) acquired their infection through a workplace exposure. An additional 365 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](#).

Continuous Eyewear Guidelines Reminder

Continuous eye protection is required for all AHS staff and physicians who work within two metres of patients and/or coworkers. This includes all patient and coworker interactions that occur within two metres.

Eye protection may be removed when in areas where no patient care occurs, such as individual office or workspaces, break rooms or other break areas where there is no patient or coworker interactions which occur within two metres.

Continuing Care staff should continue to follow the guidance provided in the [Guidelines for Continuous Mask and Eye Protection Use: Home Care & Congregate Living Settings](#).

For more information about eye protection, visit: [Use and Reuse of Eye Protection during the COVID-19 Pandemic](#).

PPE Resources Based on Joint Statement with Unions

We continue to make updates to resources to reflect the [updated Joint Statement](#) with our union partners on the safe and effective use of personal protective equipment (PPE) in our response to the COVID-19 pandemic. Throughout the pandemic, PPE has been a key factor in protecting the health and

safety of healthcare workers by helping to prevent exposure to and transmission of COVID-19 as they provide high-quality care to Albertans.

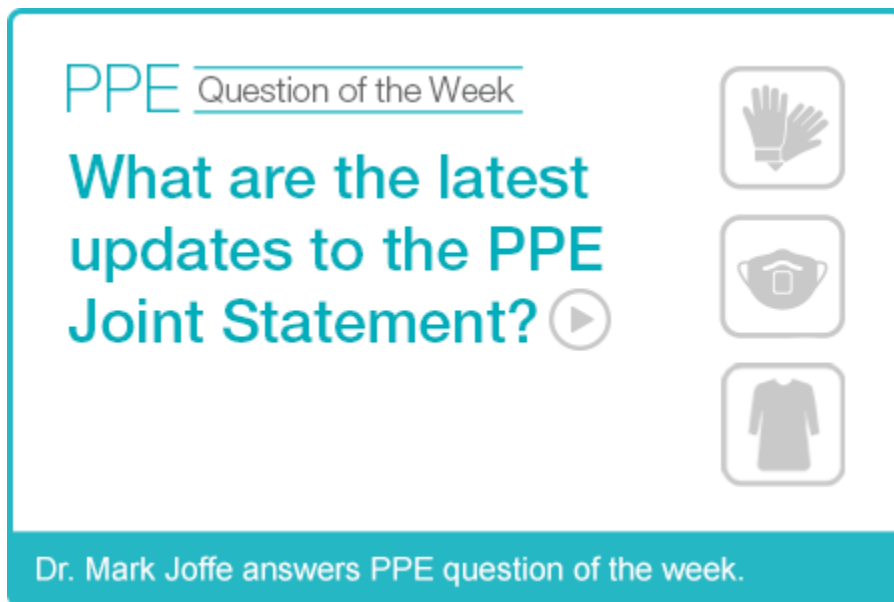
Please review the following updated documents below:

- [PPE Joint Statement Supporting Guide for Leaders and Staff](#)
- [PPE FAQ](#)


If you have questions, please email ppe@ahs.ca.




PPE Question of the Week — What are the Latest Updates to the PPE Joint Statement?

Late last year, AHS, the Alberta Union of Provincial Employees, Covenant Health, the Health Sciences Association of Alberta, and United Nurses of Alberta updated joint statement on the safe and effective use of PPE in our collective response to the pandemic. In this week's [PPE video of the week](#), Dr. Mark Joffe discusses the joint statement and what it means for AHS healthcare workers.



PPE Question of the Week

What are the latest updates to the PPE Joint Statement? 

Dr. Mark Joffe answers PPE question of the week.

Influenza Immunization Update

As of Jan. 15, 1.13 million doses of influenza vaccine have been administered, which is approximately 25 per cent of the population. Thirty-nine (39) cases of influenza have been confirmed so far this season.

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

Influenza Immunization information for staff, physicians and volunteers

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.

Update on Alberta Health, Alberta Medical Association Physician Negotiations

As announced by the Government of Alberta (GoA) yesterday (Jan. 20), GoA and the Alberta Medical Association (AMA) are seeking opportunities to return to negotiations towards a provincial agreement.

In the interim, the following agreed upon actions are underway to work together to support the healthcare system:

- COVID-19 response: Collaboration to address the pandemic, including managing rapid testing in the community, guidance to give patients and updated recommendations on PPE requirements.
- Physician compensation: GoA agreed to delay the Dec. 31, 2021, implementation of some clinical stipend transitions, z-code fee reductions and AHS overhead policy, allowing time for further discussion.
- Virtual care: On Jan. 1, the government implemented [two high-priority changes](#) to recognize the value of physician time in patient care, as recommended by an Alberta Health/AMA/AHS/College of Physicians & Surgeons of Alberta virtual care working group and the Physician Compensation Advisory Committee. Improving access to virtual care is increasingly important to patients who need to access care but wish to limit their personal interactions during the pandemic.

Next steps will include GoA working with the labour and management facilitator to prepare both sides to begin interest-based negotiations as soon as possible.

For more information, see the [GoA announcement](#).

Be Well - Be Kind

Promote Safety, Respect in the Workplace

This is a stressful time, especially with many teams experiencing pandemic-related staffing changes. We are in this together and share the responsibility to create safe and respectful work environments. We must work as a team to achieve this. To maintain a [psychologically safe workplace](#), it's important that we show others respect and compassion.

Use the following updated resources to help create safe and respectful work environments:

- [How to stay safe and be respectful](#)
- [How to talk about COVID-19 immunization at work](#)
- [Being respectful during COVID-19](#)

See more supports for worker-to-worker relationships at [Change the Conversation](#) and [Respectful Workplaces](#). For patient-to-worker relationships, see the [Prevention of Harassment and Violence page](#). If you have specific concerns about your ability to work with others safely, please discuss your concerns with your leader.

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 on our [Sharing the Love webpage](#).

Wrapping Up

This has been a long week and a long weekly update.

Thank you. We know how difficult your days are. We are well aware that we have asked you for more time and time again over the past two years, and that we continue to ask for more. We are again being challenged with Omicron. We are providing care in alternate models, we are opening non-traditional care spaces, and we are asking many of you to work in unfamiliar areas. We are grateful for you, and we will continue to work to support you and our province as we get through this wave.

With enduring gratitude and appreciation,

Dr. Verna Yiu

AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health



Healthy Albertans.
Healthy Communities.
Together.

