



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

### *AHS Update: Highest COVID-19 hospitalization rates in pandemic, rapid test kit distribution update*

*Please print and share with your teams as needed*

**Dear staff, physicians and volunteers,**

#### **Today's Update**

- **Supports When You Need Them**
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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

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### Access Mental Health Supports

Talking about your mental health and when you're not OK is important. We can all create a psychologically safe environment, which helps us support one another and feel safe to speak up when we're struggling. Check out these resources to help start the conversation about mental health.

- [Creating a Psychologically Safe and Healthy Workplace, Together](#)
- [How to Support Someone Who May be Struggling](#)
- [Not Myself Today](#)
- [Resources to Support Mental Health](#)
- [Supporting someone who expresses suicidal ideation](#)

If you feel overwhelmed about any issue, call the [Employee and Family Assistance Program \(EFAP\)](#) intake line any time at 1-877-273-3134. This service is confidential and available 24/7/365.

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. You can also download [Headversity](#), the resilience app, to learn skills to build your mental health. Questions? Contact [wellness@ahs.ca](mailto:wellness@ahs.ca).

## COVID-19 Status

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### 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 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. There are currently 201 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 83 per cent. Without the additional surge spaces, provincial ICU capacity would be at 116 per cent.

- In Calgary Zone, we currently have 91 ICU beds, including 25 additional spaces. Calgary Zone ICU is operating at 85 per cent of current capacity (including 40 COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 96 ICU beds, including 24 additional spaces. Edmonton Zone is operating at 91 per cent of current capacity (including 48 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 56 per cent of current capacity (including six COVID-19 patients in ICU).
- In South Zone, we currently have 24 ICU beds, including seven additional ICU spaces. South Zone ICU is currently operating at 75 per cent capacity (including 11 COVID-19 patients 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 75 per cent capacity (including five COVID-19 patients in ICU).

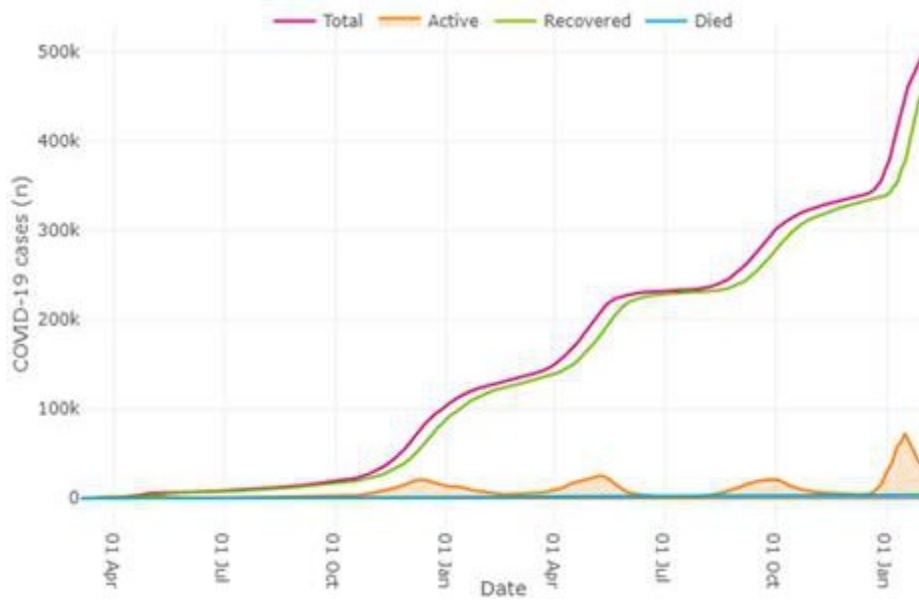
### **New and Active Cases**

As of Feb. 2, there are 33,879 active cases in Alberta, a 23.5 per cent decrease compared to Jan. 26. Three of five zones reported a decrease in active cases, compared to the last report, as shown in the table below.

	<b>Active Cases (as of Feb. 2)</b>	<b>Active Cases (as of Jan. 26)</b>	<b>Per cent Change</b>
<b>Calgary</b>	13,771	20,779	-33.7%
<b>Edmonton</b>	10,415	14,219	-26.8%
<b>North</b>	2,918	2,560	14.0%
<b>Central</b>	3,633	3,675	-1.1%
<b>South</b>	2,741	2,563	6.9%
<b>Unknown</b>	401	505	-20.6%
<b>Overall</b>	33,879	44,301	-23.53%

For the seven-day period ending Feb. 2, there was an average of 2,499 new cases of COVID-19 per day, compared to 3,083 cases per day the previous reporting period (Jan. 20 to Jan. 26), an 18.9 per cent decrease. The Calgary Zone reported the highest

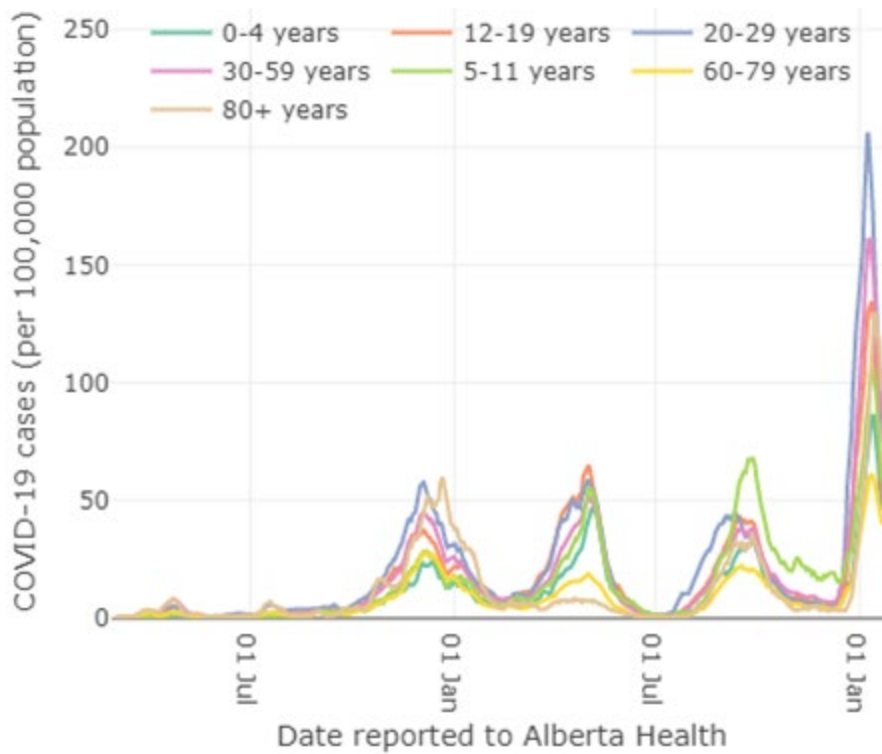
total number of new cases with 7,285 (an average of 1,041 new cases per day).



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.

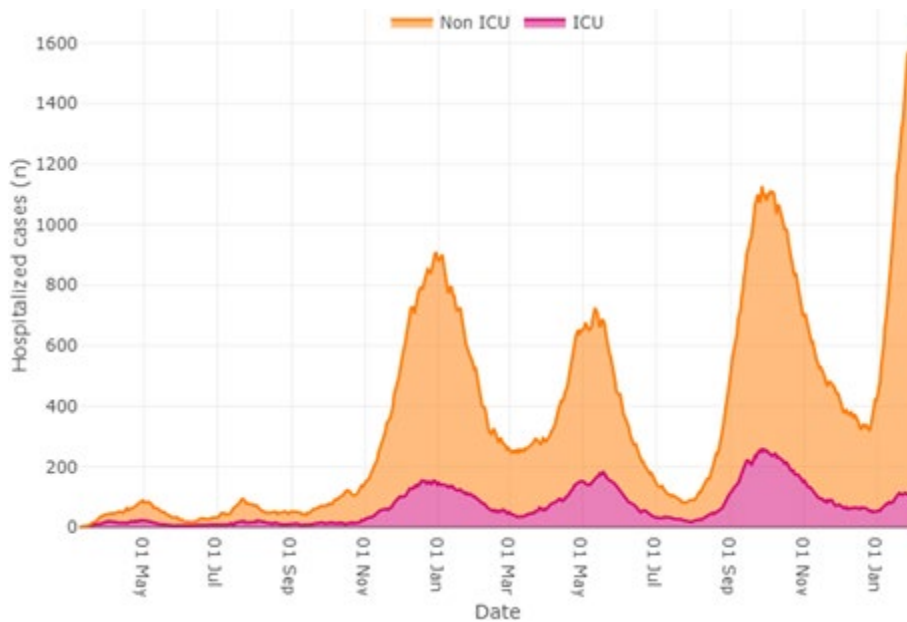
### Cases by Age Group

As of Jan. 30, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 88.29 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 68.86 cases per 100,000 people, followed by those aged 20 to 29 with 58.71 cases per 100,000 people. Targeted testing will affect age groups differently. Trends in cases in Alberta by age group are in the figure below:



### Hospitalization

A total of 1,472 individuals were in non-ICU hospital beds for COVID-19 on Feb. 2, compared to 1,452 individuals in non-ICU hospital beds on Jan. 26, a 1.4 per cent increase.



As of Feb. 2, 3,608 individuals have passed away from COVID-19, including 90 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.

## **Variants of Concern**

Targeted screening for variants of concern resumed on Dec. 23, 2021. For variants of concern, from Jan. 25 to Jan. 31, the average percent of positive samples that were strain-typed was 56 per cent. Of those strain-typed the rolling average was 93.9 per cent Omicron variant, 0.1 per cent Delta variant, and 5.9 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 is 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](https://alberta.ca/covid). Data from the last seven days indicate approximately 41 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 22 per cent had COVID-19 as a contributing cause and 37 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 approximately 41 per cent; 32 per cent had COVID-19 as a contributing cause and 27 per cent were incidental infections or unclear.
- As of Feb. 2, a total of 501,347 cases of COVID-19 have been detected in Alberta and a total of 19,064 individuals have ever been hospitalized, which amounts to 3.8 individuals for every 100 cases. In all, 463,860 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Jan. 27 to Feb. 2, 48,168 COVID-19 tests were completed, a seven-day average of 6,881 tests per day. During this period, the daily positivity ranged from 32.16 per cent to 40.44 per cent. As of Feb. 2, a total of 6,767,946 tests have been conducted and 2,713,515 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 Jan. 24 to Jan. 30 the province-wide R value was 0.88 and the previously reported value was 1.00.

## **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. The testing data does not include rapid antigen test results for healthcare workers.

As of Feb. 1:

92,311 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 19,541 (or 21.17 per cent) have tested positive.

- Of the 7,777 employees who have tested positive and whose source of infection has been determined, 719 (or 9.25 per cent) acquired their infection through a workplace exposure. An additional 11,880 employees who have tested positive are still under investigation as to the source of infection.
- 6,423 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 862 (or 13.42 per cent) have tested positive.
- Of the 315 physicians who have tested positive and whose source of infection has been determined, 26 (or 8.25 per cent) acquired their infection through a workplace exposure. An additional 551 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](#).

## **COVID-19 Immunization Update**

### *Fourth doses for eligible immunocompromised Albertans 18+*

Fourth doses of the COVID-19 vaccine are available for people 18 years of age and older, who are [severely immunocompromised](#). A fourth dose is recommended a minimum of five months after the third dose. Fourth doses have not been approved for immunocompromised youth ages 12 to 17, but these youth continue to be eligible for third doses.

### *Get your third dose as soon as possible*

The Moderna and Pfizer vaccines are both in good supply at this time and offer a high level of protection against severe outcomes from COVID-19.

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*

As of Feb. 1, 45.5 per cent of children aged five to 11 have received one dose of the COVID-19 vaccine and 14.5 per cent have received two doses.

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](https://ahs.ca/vaccine) for more information.

We strongly urge all parents/guardians to book their child in for whichever dose they are eligible for, as soon as possible.

Emerging evidence suggests 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](#) and at [ahs.ca/vaccinekids](https://ahs.ca/vaccinekids).

#### *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. Those who take medications that affect their immune system, or had medication 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.

## Things You Need to Know

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### **Verna's Weekly Video Message: Creating Capacity in EMS**

Alberta Health and Alberta Health Services recently [announced a comprehensive 10-point plan](#) to address the 30 per cent increase in EMS calls that have been experienced over the last year.

This plan focuses on immediate actions that will help create capacity within our system and ensure EMS continues to remain available and safe for all Albertans. Alberta Health will also be leading an EMS Advisory group over the coming months, and we look forward to new ideas and connections coming from that work.

Joining vlog guest host Sean Chilton, Vice President of People, Health Professions and Information Technology, to [discuss the plan and how we are supporting EMS staff](#) are:

- Kathleen Fraser, Provincial Program Director, EMS Employee Program



- Darren Sandbeck, Senior Provincial Director and Chief Paramedic, EMS



### **Rapid Test Distribution Update**

The Government of Alberta (Alberta Health) has undertaken a new process for distributing COVID-19 rapid test kits across the province. Shipments of the rapid test kits are out for delivery, including 475,000 tests to First Nations communities; 1,775,520 tests to pharmacies in Calgary, Edmonton and Red Deer; and 891,000 tests to AHS locations this week.

Kits are available on a first-come, first-served basis, and are being distributed throughout the province to make supplies available to Albertans all over Alberta. Alberta Health is continuing to work with the federal government to secure additional rapid test kit supplies, as quickly as possible. If a specific location does not have kits available, Albertans are encouraged to [look online for additional locations](#).

As a reminder, you can pick up kits on behalf of a friend or family member provided you have their Alberta Health Care card information.

The plan is to eventually transition rapid test distribution from AHS sites to pharmacies outside of Edmonton, Calgary and Red Deer, as supply and distribution capacity permits.

### **Change in Omicron Incubation Period and Quarantine for Close Contacts**

As [Alberta Health](#) announced Thursday, current evidence indicates that Omicron has a shorter incubation period than previous variants. Given that Omicron is the predominant strain of COVID-19 in the province, overall provincial guidance will be shifting to use of a 10-day incubation period. As such:

- People with a close contact exposure to COVID-19 will now be told to monitor for symptoms for 10 days instead of 14.

Unimmunized household close contacts of a confirmed case will be recommended to stay home and away from other people (i.e. not attend work, school or other activities) for 10 days instead of 14.

- Outbreaks that are currently open for two incubation periods will be open for 20 days instead of 28.

Household contacts and other close contacts should continue to monitor for symptoms of COVID-19 and if they develop symptoms, isolate right away and use the [AHS COVID-19 Assessment & Testing Tool](#) for advice on managing mild symptoms, to help decide if you should talk to someone about your symptoms, and to determine whether you need to be tested for COVID-19.

This change is effective immediately and applies to all Albertans, including Continuing Care. AHS guidance will be updated in the coming days. Please use all existing guidance until updates are complete. There will be no immediate changes to acute care patient-related recommendations. However, these recommendations are under continuous review and updates will be provided as needed.

At this time, federal quarantine requirements that use a 14-day incubation period will stay as is.

### **Visitation Exemption for Designated Support Persons of Obstetrical Patients**

A designated support person is an important support for obstetrical patients during their stay and AHS does all it can to ensure they can be accommodated. This is a critical part of our approach to patient-centred care.

AHS has reduced restrictions for designated support persons of obstetrical patients. The exemption allows site access for asymptomatic designated support persons who are close contacts of a confirmed or probable case of COVID-19.

If a support discloses that they have been in close contact with a positive or probable case of COVID-19 prior to arrival on site, they will be permitted to enter to support the patient, provided they meet other screening criteria.

This exemption will make it possible for more patients to have their preferred person available to provide support during labour and to be present at birth.

Sites with outbreaks or on-watch situations may have additional restrictions. We encourage those who want to support a patient to make arrangements early with the care team.

Our aim is to balance the needs of our patients and ensure they have support during their stay in hospital, while protecting our staff from illness so they can be there when Albertans need them. Learn more on the [AHS website](#).

## **Designated Support Persons and Visitors Can Wear Their Own N95 or KN95 Mask**

Personal Protective Equipment (PPE) is critical to the health and safety of staff, visitors and those in our care. To support their protection, continuous masking is required at AHS sites.

Designated support persons and visitors may now wear their own KN95 or N95 mask on site, provided the mask is clean. However, those supporting a COVID-19-positive or suspected COVID-19-positive patient may be provided with a best-fit KN95 mask or procedure mask.

AHS sites will continue to provide procedure masks and measures, including hand sanitation and COVID-19 screening, will remain in place, regardless of the type of mask worn.

### *Providing PPE to designated support persons of COVID-19 patients*

As a patient-centred organization, we believe that a designated support person is an important part of the patient's care team.


The decision to provide KN95 masks to designated support persons of COVID-19-positive patients acknowledges the high risk of transmission in these settings. Enhanced PPE requirements for designated support persons protect not only the individual, but also staff, patients and others on site.




More information is available at [ahs.ca/visitation](https://ahs.ca/visitation) and through [AHS' PPE Directive](#).

### **PPE Question of the Week – N95 Masks**

When should I be wearing a KN95 mask, now that they are available in Congregate Living facilities? In this week's PPE video of the week, Rod Kalie, Executive Director of Workplace Health and Safety [provides a quick update on masks, and the use of KN95s](#).

PPE Question of the Week

When should I be wearing a KN95 mask? 



Rod Kaniel answers PPE question of the week.

### **Autodialer to Help Triage Healthcare Workers Who Test Positive for COVID-19**

Workplace Health and Safety is implementing an autodialer system to build more capacity for our Occupational Health Nurses to support the assessment of those healthcare workers who test positive for COVID-19. You may get a call from the autodialer to answer questions about your positive COVID-19 infection.

The goal is to identify those who worked during their infectious period or may have contracted COVID-19 in the workplace. If you are identified as an occupational case, the autodialer will provide information about the next steps.

If you have questions about when you can return to work, please see the [COVID-19 Return To Work Decision Chart](#) found on Insite. For more information, see the [COVID-19 Staff Frequently Asked Questions](#).

### **Influenza Immunization Update**

As of Jan. 29, 1.18 million doses of influenza vaccine have been administered, which is approximately 26.7 per cent of the population. One influenza case was confirmed in the past week, bringing the total cases so far this season to 40.

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

By keeping the number of influenza cases and outbreaks low, we can help protect at-risk Albertans and reduce the pressure on our health-care system.

#### *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](#)



Led by the Royal Alexandra Hospital Foundation, Operation Frontline Impact brings together 39 foundations across northern Alberta. The group has collaborated with the Edmonton Oilers Community Foundation to support our healthcare teams who have been fighting against COVID-19.

From Jan. 25 – 27, the Edmonton Oilers Community Foundation held a progressive online 50/50 draw to once again support Operation Frontline Impact. The raffle was highly successful, with the jackpot climbing to over \$1.8 million and over \$900,000 awarded to the winner. Operation Frontline Impact will contribute the proceeds of the raffle toward physical and mental health and wellness initiatives for our frontline staff.

We are incredibly grateful to our foundation partners in northern Alberta and the Edmonton Oilers Community Foundation for their continued contributions through this initiative. For more information, visit the Royal Alexandra Hospital Foundation [Operation Frontline Impact](#) website.

### **Good News to Share**

There have certainly been days lately when we need to be reminded of all the good we are doing for Albertans. Each month the AHS Community Engagement and Communications team captures a snapshot of what has been happening across AHS to support the health and wellness of those we serve. We wanted to share that with you today as encouragement and recognition for the meaningful, important work you do. Please have a look at this [month's report](#) and take heart that you are improving lives every day.

### **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](#).

Today, we also want to share a special message from a patient and Alberta family physician, whose care from an EMS team changed his life. Please see an excerpt from his letter below.

#### *Family Physician Shares Thanks with AHS EMS Team*

*"I am writing to commend two of your paramedics for the excellent and life-changing care provided to me on April 28, 2021, and to share my story. It is a story of kindness, clinical excellence, and confidence.*

*I'm a family doctor and previous emergency medicine physician. I share this because it is relevant, as the care by these two paramedics resulted in me being able to continue to provide care to so many others during this difficult*

*pandemic time.*

*At the end of August 2020, I had knee surgery. My usual energy didn't return after my surgery and almost nine weeks later, I was diagnosed with pulmonary emboli. Once diagnosed, I was started on blood thinners and anticipated a return to my normal function over time. That didn't happen. I started having episodes of significant chest pain, shortness of breath, palpitations, and fatigue.*

*I had enough energy to do my work most days, and that was about it. I remember many difficult days, thinking that I would likely be dealing with these symptoms for the rest of my life.*

*On April 28, 2021, I developed chest pain...more intense than my usual episodes. The symptoms faded, then recurred, then faded again. When they recurred the third time, I called 911.*

*The two-woman paramedic team dispatched to my home arrived soon after. They were friendly and efficient. My older daughter was home with me at the time. The paramedics created a friendly and calm atmosphere; I could see my daughter relax in their presence. I certainly felt I was in good hands. They took my vitals and said they were going to take me to the Foothills Hospital.*

*Throughout my contact with them, the lead paramedic would ask me about the severity of my chest pain on a scale from one to 10. It had worsened; I think I told her seven or eight. She looked at me and said, "If you were any other patient, I would want to give you a trial of nitro spray right now." I said, "Please just do whatever you would normally do." She said, "Okay, I'm going to give you a spray of nitroglycerin."*

*That spray changed my life.*

*About a minute later, she asked how my chest pain was and I told her it was improving. Another minute later, it had improved quite a bit more. By the time we pulled up to the FMC ambulance bay, I was feeling pretty great with only mild pain. A while later, my pain was growing again and she gave me another spray. A few minutes after that, I felt the best I had felt in months. It was startling. I felt incredible. Over the next few hours, I had blood work drawn, an ECG conducted, and talked to the Emergency Medicine physician. I was amazed – I had experienced a solid few hours of feeling entirely well, something I hadn't felt since prior to my surgery 8 months earlier. My discharge diagnosis: coronary vasospasm angina.*

*My life has massively changed since April 28, 2021. I've been well. Nearing the end of April 2021, I had been pretty much resigned that my life was going*

*to be filled with lots of chest pain, fatigue and other symptoms, and that it was going to be a very limited existence. That all changed through the care of my paramedic team.*

*I would like to highlight some key reflections on the care of that team:*

- Their general approach was outstanding. They were friendly and set my daughter and me at ease. I felt dreadful and yet quickly knew I was in good hands.*
- The lead paramedic was outstanding, clinically. She looked at me while asking questions and hearing my responses. She seemed fully present with me as a patient.*
- They worked incredibly well as a team. Even feeling really ill, I could see how fluid their teamwork was.*
- The lead paramedic was curious if I was in healthcare, and then was glad that I was able to give more accurate info given my knowledge of my health conditions. I was relieved at her level of confidence that it was such a non-issue.*
- The lead paramedic was exceptionally patient-centred. She knew I was a doctor, and instead of discarding that fact, leveraged it. While internally hesitant, her confidence and patient-centredness made it easy for me to say, "Please just do whatever you would normally do." And, by giving me a spray of nitroglycerin, it unlocked a diagnosis for me that was not only unexplored, but already crossed off the list. The relief of chest pain I felt from that nitro spray was not only relief on that day, but the dawn of hope that my health path was soon to change.*

*To the April 28, 2021 paramedic team, I want to express my utmost thanks. They gave me great care, which led to a change in the direction of my life. Where before I was on a path of continued dreadful symptoms, I am now so, so much better. I am fully back to work, and fully back to life. And the key thing was a decision to do her own assessment and, when pretty certain I might be experiencing angina, give me a spray of nitro."*

*David Keegan MD CCFP(EM) FCFP (he/him)  
Professor, Family Medicine  
Associate Dean, Faculty Development and Performance  
Cumming School of Medicine, University of Calgary*

### **Wrapping Up – More Change to Come**

This pandemic continues to be a roller coaster of change. With hospitalizations at their highest ever rates during this pandemic and significant numbers of Albertans lost to this virus again this week, we know COVID-19 is still demanding much of our teams and taking an immeasurable toll. We have also heard there may be an easing of some provincial restrictions by the Government of Alberta coming soon,



which may require more adjustments in our practices and plans. We know so much of what we've experienced has been well beyond our control, and the weeks to follow will continue to bring about change that we will need to roll with.

You've proven time and again how incredibly nimble you are and that in every circumstance, you will show up as very capable and competent professionals, no matter your role. We are reminded of that so clearly in the letter to our EMS teams above.

Thank you for another week in which you've endured change with grace and determination.

With enduring gratitude and appreciation,

**Dr. Verna Yiu**

AHS President & CEO

**Dr. Laura McDougall**

Senior Medical Officer of Health

