

AHS Update: Booster doses available March 14 for youth aged 12-17, cases continue to decrease in all zones

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

Caregiver Support

Taking on the care of a family member while juggling other commitments is challenging. <u>Elder and Family Care</u> can help you find your family member housing, coordinate care from a distance, set up palliative or respite care, and more. When you call the client services centre, you will be asked some questions to ensure you receive personalized support. A caregiving specialist will help you navigate the options and resources available to you.

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

Physicians can contact the <u>AMA Physician and Family Support Program</u>, 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. See the <u>Resilience</u>, <u>Wellness</u> and <u>Mental Health Resource Guide</u> for a comprehensive list of health and wellness supports. You can also download <u>Headversity</u>, the resilience app, to learn skills to proactively build your mental health. 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 as long as staff and physician availability allows.

We currently have 229 general adult ICU beds open in Alberta, including 56 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 83 per cent. Without the additional surge spaces, provincial ICU capacity would be at 110 per cent.

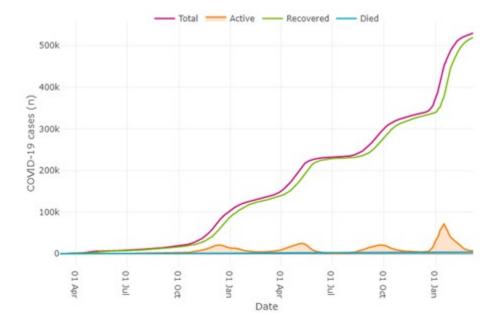
- In Calgary Zone, we currently have 85 ICU beds, including 19 additional spaces. Calgary Zone ICU is operating at 86 per cent of current capacity (including 29 COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 91 ICU beds, including 19 additional spaces. Edmonton Zone is operating at 82 per cent of current capacity (including 31 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 83 per cent of current capacity (including seven COVID-19 patients in ICU).
- In South Zone, we currently have 23 ICU beds, including six additional ICU spaces. South Zone ICU is currently operating at 70 per cent capacity (including five 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 100 per cent capacity (including four COVID-19 patients in ICU).

New and Active Cases

As of Mar. 9, there are 6,689 active cases in Alberta, a 15.8 per cent decrease compared to Mar. 2. All five zones reported a decrease in active cases compared to the last report, as you can see in the table below.

	Active Cases (as of Mar. 9)	Active Cases (as of Mar.2)	Per cent Change
Calgary	2,144	2,529	-15.2%
Edmonton	1,992	2,252	-11.6%
North	854	1,172	-27.1%
Central	989	1,106	-10.6%
South	700	878	-20.3%
Unknown	10	8	25.0%
Overall	6,689	7,945	-15.8%

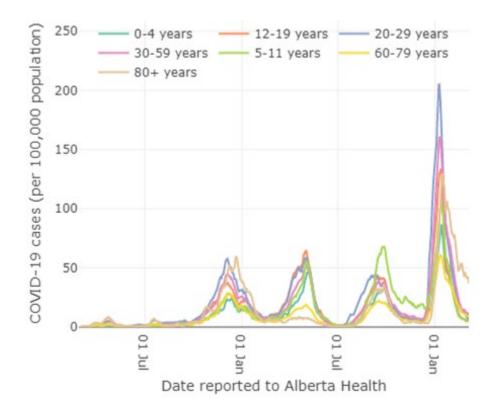
For the seven-day period ending on Mar. 9, there was an average of 460 new cases of COVID-19 per day, compared to 549 cases per day the previous reporting period (Feb. 24 to Mar. 2), a 16.2 per cent decrease. The Calgary Zone reported the highest total number of new cases with 1,067 (an average of 152 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.

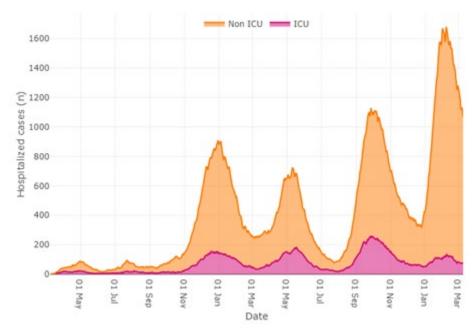
Cases by Age Group

As of Mar. 6, Albertans aged 80+ have the highest seven-day rolling average of new daily COVID-19 cases, with 36.86 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 11.29 cases per 100,000 people, followed by those aged 20-29 with 10.57 cases per 100,000 people. Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are below:



Hospitalizations

A total of 991 individuals were in non-ICU hospital beds for COVID-19 on Mar. 9 compared to 1,157 individuals in non-ICU hospital beds on Mar. 2, a 14.4 per cent decrease.



As of Mar. 9, 3,992 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.

Variants of Concern

APL continues to closely monitor SARS-CoV-2 variants. From March 4-10, an average of 72 per cent of positive samples were strain-typed. Of those, the seven day rolling average was 67 per cent Omicron BA.1 lineage, 33 per cent Omicron BA.2, and Delta is rarely detected. The BA.2 sub-lineage continues trending to higher proportions as has been seen in other countries where Omicron BA.2 is now the predominant strain. While viral recombinants between Omicron and Delta have been reported in several cases globally, no recombinant SARS-CoV-2 viruses have been detected in Alberta through our ongoing genomic sequencing.

Other notable COVID-19-related information:

- Data from the last seven days indicate that 33.5 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 32.0 per cent had COVID-19 as a contributing cause and 34.5 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 52.0 per cent; 36.0 per cent had COVID-19 as a contributing cause and 12.0 per cent were incidental infections or unclear.
- As of Mar. 9, a total of 530,288 cases of COVID-19 have been detected in Alberta and a total of 21,641 individuals have ever been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 519,607 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Mar. 3 to Mar. 9, 17,022 COVID-19 tests were completed, a seven-day average of 2,432 tests per day. During this period, the daily positivity ranged from 17.56 per cent to 20.65 per cent. As of Mar. 9, a total of 6,885,055 tests have been conducted and 2,731,759 individuals have ever been tested.

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 Mar. 8:

- 93,473 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 23,203 (or 24.82 per cent) have tested positive.
- Of the 9,407 employees who have tested positive and whose source of infection has been determined, 753 (or 8.00 per cent) acquired their infection through a workplace exposure. An additional 14,377 employees who have tested positive are still under investigation as to the source of infection.
- 6,522 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 1,068 (or 16.38 per cent) have tested positive.
- Of the 382 physicians who have tested positive and whose source of infection has been determined, 27 (or 7.07 per cent) acquired their infection through a workplace exposure. An additional 706 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.

Things You Need to Know

COVID-19 Immunization Update

Additional doses available for Albertans 12 – 17 years of age

A third dose of COVID-19 vaccine will soon be available to young Albertans, 12 to 17 years of age.

Appointments for third doses for ages 12-17 can now be booked for Mar. 14 onwards at AHS clinics and participating pharmacies, through the <u>Alberta Vaccine Booking system</u>. Albertans can also call 811 to book vaccination appointments with AHS.

Eligible Albertans can book the appointment and receive this additional dose if a minimum of five months has passed since receiving their first two doses.

While the rate of severe outcomes for youth aged 12 to 17 years remains low compared to those in older age categories or for youth with risk factors, third doses have been shown to offer better protection against the Omicron variant, which continues to circulate in our communities.

This is also in line with guidance in other provinces, including B.C., Ontario, Saskatchewan and Quebec, which are also offering boosters to 12 to 17 year olds.

For most adolescents without risk factors, two doses offer good protection against severe outcomes. Some individuals in this age group may live with high-risk household members, or may have other factors that make this third dose important as an added layer of protection.

Walk-in vaccine appointments continue to be available for children, age five to 11 at AHS COVID-19 vaccine clinics. **Until Mar. 16**, AHS clinics will offer flexible hours with availability during the evening and on weekends. To find an AHS clinic with walk-in appointments, visit ahs.ca/vaccine#walkin.

If you have questions about whether or not a third dose is the right choice for your child, please talk to a healthcare professional.

Length of time to get a vaccine or booster after an infection

Updated guidance released by the National Advisory Committee on Immunization (NACI) related to the time period between COVID-19 infection and vaccine administration is now being recommended in Alberta.

It is now recommended to wait eight weeks after a COVID-19 infection before beginning or completing a primary series of vaccine.

It is recommended to wait three months after a COVID-19 infection before getting a booster dose.

Update: Amended AHS Immunization Policy

At the <u>direction of the provincial government</u>, AHS will amend the <u>Immunization or Testing of Workers</u> <u>for COVID-19 Policy</u> effective Mar. 10, 2022.

While the policy is still in effect, the change will allow any worker currently on a leave of absence due to their immunization status to return to work by Mar. 31, 2022. Affected employees can work with their leaders to return sooner. Requests to return after Mar. 31, 2022 can be made and will require manager approval. The directive also removes the requirement for rapid testing before shifts for those employees who had opted into the testing option.

The requirement to be fully immunized will remain in place for new hires. Any worker hired after Nov. 30, 2021, must be fully immunized against COVID-19. The changes to the policy and new hire requirement will apply to all staff, physicians, midwives, students, and volunteers of AHS, Alberta Precision Laboratories, Covenant Health, CapitalCare and Carewest. The details regarding contracted staff are still to be determined. As more information is available, updates will be shared directly with our contracted service providers.

We are extremely grateful to the vast majority of our workers who are immunized against COVID-19 and we continue to strongly urge all healthcare workers to become immunized to protect themselves, their colleagues, and their patients.

If you have questions, see the <u>Leader FAQ</u> and <u>Staff FAQ</u>. These resources will continue to be updated as we work through the details of this change. Thank you for your ongoing support and commitment during this time.

PPE Question of the Week – Masking Outside of Healthcare Settings and Changes to Eye Protection As the province continues to reduce COVID-19 guidelines and restrictions, the PPE Task Force has been discussing the AHS guidance that remains in place. Dr. Stephanie Smith, Medical Director for Infection Prevention and Control in the Edmonton Zone discusses masking in corporate and administrative settings, as well as changes to eye protection.



Verna's Weekly Video Message: The Latest from the Emergency Coordination Centre

Even before the pandemic began, our Emergency Coordination Centre (ECC) has played a huge role in helping us navigate COVID-19. We set up the ECC in January 2020, meaning it has been in operation for more than two years now.

The ECC continues to be the nerve centre for our pandemic response, overseeing our actions across all portfolios across the province, as well as with government, the executive leadership team and many of our other partners.

There have been countless people involved with ECC over those two years, and we'd like to thank every one of them, both current and former members, for their efforts.

Joining me (Verna) to share some of their experiences in ECC are:

- Murray Crawford, Senior Operating Officer, Fort McMurray and area, and ECC Deputy Director
- David O'Brien, Senior Program Office for Provincial Continuing Care and Seniors Health, and ECC Director



APL Helps Lead the Way in COVID-19 Tracking in Canada

Alberta continues to play a leading role in tracking the evolution of COVID-19 in Canada. This week, Alberta Precision Laboratories' lead on genetics, Dr. Matthew Croxen, participated in a <u>Q&A with Genome Canada</u> about variant testing and genetic sequencing. In the interview, Dr. Croxen explains how the pandemic has bolstered provincial and national efforts for monitoring diseases. Learn more about APL's role in tracking COVID-19.



Government Investment to Support New Critical Care Beds

Planning for the provincewide distribution of 50 permanent, fully staffed intensive care unit (ICU) beds is under way following a government announcement last week (Mar. 2) of \$300 million over three years.

The initial \$100-million investment will see the new critical care beds added this year. We are currently developing a plan for government outlining where the greatest need is and how the beds will be deployed across each zone.

A new baseline ICU bed capacity plan is also being developed that will include ramp-up and redeployment strategies, helping our workforce adjust to evolving ICU pressures and healthcare needs.

The beds are expected to be activated in the coming months, adding to the 173 adult general ICU beds that had been in place across Alberta prior to the COVID-19 pandemic.

Influenza Immunization Update

As of Mar. 10, 1.2 million doses of influenza vaccine have been administered across Alberta, which is approximately 27 per cent of the population. A total of 49 influenza cases have been confirmed this season.

Interactive aggregate data is available online at <u>Alberta influenza statistics</u>. For more information on influenza, visit <u>ahs.ca/influenza</u>.

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 <u>Got My Flu Shot form</u>. See <u>Insite</u> for more on the staff immunization campaign.

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, and find others on our <u>Sharing the Love webpage</u>.

Thank you for showing up each day and caring for ALL. Your professionalism is valued and appreciated. Please know that people truly care for you and are grateful for your dedication during this unimaginably difficult time. Thank you for fighting for Albertans lives.

To all nurses at AHS from all students: we wanted to let you know that your hard work, dedication and commitment to care has really made a difference in the lives of patients, families and your community. Thank you for your compassion and patience with teaching us. We know how tired you are. You are so greatly appreciated.

Wrapping Up – Pulling Together

Next week we will mark two years since public health protocols, guidelines and restrictions were initially put in place across Alberta, making the collective battle against COVID-19 a reality for all of us, very close to home.

Around the province, the country and the world, we pulled together to support each other by following the measures that would protect all of us, especially those most vulnerable, and protect the health system to ensure we could care for all Albertans.

Now, as we continue to deal with COVID-19, the world is pulling together on a new front, to support those suffering the consequences of the war in Ukraine. We know Alberta has a significant population of Ukrainian immigrants and those with Ukrainian heritage, as well as those from Russia or of Russian descent, and we acknowledge the heartache you must feel at this time. Our hearts ache with yours.

We want to remind everyone across AHS that in these difficult times, there is support for you. Please reach out for help if you find you need it or visit <u>Insite for help and resources</u>.

With enduring gratitude and appreciation,

Dr. Verna YiuAHS President & CEO

Dr. Laura McDougallSenior Medical Officer of Health





