

Frequently asked questions from Omicron Update: A deeper dive on community management.

Current as of 13th January, 2022.

These questions will be integrated into the next update of the AHS FAQs for community providers, available here: <https://www.albertahealthservices.ca/topics/Page16956.aspx>

Question	Answer
<p>The KN95 masks we've received from the PCN/AHS order say they are non-medical grade masks on the boxes. Are these sufficient PPE?</p>	<p>Multiple brands of masks have been sourced for AHS distribution. Some of these masks may indicate "non-medical" which is indicative of commercial grade particle filtering respirators. The difference between the commercial grade/non-medical is that they are not specifically tested for splash resistance, which is a requirement of those sold as medical/surgical respirators. KN95s, like N95s, provide 95% or greater particulate filtration efficiency. If you have any questions, please email phc@ahs.ca.</p>
<p>Are the KN95 masks given to community family physicians the same as those being used in AHS facilities?</p>	<p>We anticipated many community providers would not have completed recent or up to date fit testing required for N95 use, and to provide you the best protection, we offered the KN95 which only requires seal checking.</p>
<p>How many times or days can we reuse one kn95 mask?</p>	<p>Advice for specific scenarios, including when to change your mask is provided here: IPC PPE Table for Community Providers/Clinics during COVID-19</p>
<p>What is recommended for use over areas with skin breakdown from constant N95 use that can be used under the N95 that's not going to compromise the fit?</p>	<p>Some advice is provided in this document in the section 'Skin' on p.3: Guidance to Help Make Continuous Masking Work for You</p>
<p>I am not getting a good seal test with the KN95 masks. Any way of improving the fit?</p>	<p>Advice on KN95 fitting is available here: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-seal-checks-disposable-kn95-respirators-8-5x11.pdf</p>
<p>How can community specialists (such as internal medicine, psychiatry, clinical immunology and allergy) get PPE?</p>	<p>We recognize the valuable contribution of community specialists. The initial decision to provide PPE to primary care and pediatricians was at the direction of Alberta Health. At this time, PPE and supplies for community specialists should be purchased through your usual process (private vendor or purchase PPE from AHS order form). N95 respirators are available for purchase through AHS.</p> <p>Please email PHC@ahs.ca if you have any questions.</p>

Should all staff follow continuous eye protection? Or just staff that are directly involved in patient care?	<p>Advice with scenarios on when to use eye protection is included in the document, IPC PPE Table for Community Providers/Clinics during COVID-19 .</p> <p>Specific recommendations around which eyewear to choose is available in the document, Use and Reuse of Eye Protection during the COVID-19 Pandemic</p>
How accurate are Rapid antigen tests?	RAT accuracy is discussed here in a science brief from the Ontario Science Table: Rapid Antigen Tests for Voluntary Screen Testing
I am not sure if I should refer my COVID-19 positive patient. Where can I find assistance with clinical questions?	Two COVID-19 tele-advice services are now available for primary care providers in Alberta . Providers can request specialist advice on caring for presumed and confirmed COVID-19 patients.
What is the recommended isolation period for symptomatic patients with confirmed or presumed COVID-19?	<p>The mandatory isolation period for people with core symptoms that are not related to a pre-existing illness or health condition is:</p> <ul style="list-style-type: none"> ● Fully vaccinated: 5 days or until symptoms resolve, whichever is longer, plus 5 days of wearing a mask at all times when around others outside of home. ● Not fully vaccinated: 10 days or until symptoms resolve, whichever is longer. ● If a person tests negative, they should still stay home and away from others until symptoms resolve. <p>Source: https://www.alberta.ca/isolation.aspx#jumplinks-3</p>
Can family doctors book PCR tests for themselves or is it restricted to those physicians working in acute care?	Primary care doctors and clinic staff are eligible for testing as part of the health care worker PCR testing criteria: https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx
Should we be encouraging physicians to request that their patients report positive rapid tests for the medical file?	<p>Clinics can determine their own preference for patient reporting of positive rapid tests. However, this may create a significant burden on clinic staff if all patients are reporting their results.</p> <p>If a patient has a positive Rapid Antigen Test (RAT) they do not need to contact their family doctor with the results unless at high risk.</p>

	<p>Patients are encouraged to determine their risk level by consulting the document, Navigating COVID.</p> <p>If a patient is calling to report their positive Rapid test, the MOA can also use this tool to triage the patient, in addition to the Simplified guidance for clinic staff handling COVID-19 calls.</p>
<p>Is there a suggested way for patients to send their rapid test documentation to family physicians in a secure fashion?</p>	<p>Albertans may self-document positive tests for their own records. Physicians can advise them of the safest way to share them if they determine it is necessary.</p> <p>If they live in the North Zone, click here www.northzonepcns.ca or call 1-833-884-2193 for resources and support to self-report a positive rapid antigen test result.</p> <p>If they live in another zone, they can use this form along with a photo of their test https://www.alberta.ca/assets/documents/covid-19-rapid-test-result-self-report.pdf</p>
<p>What do I do when a patient is asking for a letter confirming they have or had a COVID-19 infection for purposes of return to work or for travel?</p>	<p>A doctor's letter to facilitate travel is almost never needed or warranted. Letters are also not required for workers compensation or federal financial support.</p> <p>Advice on dealing with these requests will be published soon.</p>
<p>I tested positive COVID by rapid test and work in a clinic. Should I self-isolate for only 10 days even if I still have symptoms?</p>	<p>New guidance on return to work for clinic staff is forthcoming. Please contact phc@ahs.ca if you have questions in the interim.</p>
<p>How can clinics get rapid testing kits for my clinic?</p>	<p>For tests to use on your patients, if you are a family medicine clinic or pediatric clinic, your physicians would have received a survey this week. This is step one of eventually getting RATs should they be made available.</p> <p>For tests for your clinic staff, the employer rapid testing program is available.</p>
<p>What is the evidence for inhaled budesonide for COVID positive patients with risk factors?</p>	<p>Advice is provided here: What is the effect of inhaled steroids on length of illness, emergency room visits and hospital admissions in outpatients with COVID-19 infections?</p>

Are AHS provincial COVID clinics intended to relieve pressure from primary care clinics getting lots of calls about COVID screening?	The COVID Clinics are designed to help EDs, primary care and Health Link manage and appropriately triage large numbers of Omicron COVID-19 cases.
Where can I find information about the recent changes to virtual care codes?	The Alberta Health bulletin regarding Enhanced Virtual Care Codes is now posted
If a patient had Astra Zeneca for their first or second dose, and were boosted with an mRNA, should they get a 4th dose?	At this time, no 4th dose booster is recommended for the general population. Evidence of effectiveness of astra zeneca with an mRNA booster is available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1045619/Technical-Briefing-31-Dec-2021-Omicron_severity_update.pdf
Is Moderna giving more myocarditis then Pfizer in the 17 plus male demographic?	The signal was slightly stronger with moderna which is why the recommendation is for moderna over 30 and pfizer less than that. However - people can get either if they wish. More information is available here: https://www.alberta.ca/assets/documents/health-myocarditis-and-pericarditis-following-covid.pdf
If the patient has a chronic disease on the list but has had 2 doses of vaccine, do they qualify for MAB program?	No they do not qualify unless they are immunocompromised or transplant. The studies showed no benefit for vaccinated individuals. More information on outpatient monoclonal antibody treatment is available here: https://www.albertahealthservices.ca/topics/Page17753.aspx
How long one should wait to get pregnant after having COVID-19 infection, and if there is any data about effects on the infants after birth?	A patient resource on COVID-19 and pregnancy is available to answer any questions.

We received these additional questions. they do not have sources we can reference at this time but will refer them to relevant tables:

PCR remains positive 3 months after COVID. How long does the antigen test stay positive ?
With Omicron, are we seeing any reduced sensitivity of PCR testing for NP swabs vs throat? i.e chance of false negatives?