Omicron Update: A Deeper Dive on Community Management

January 11, 2022

Zoom technical support (+1.888.799.9666 ext 2)

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We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.
Objectives

● Provincial update on Omicron from CMOH
● How to support capacity and safety in the PMH and community (Guidance document)
  a. Appropriateness of care (Safe care)
  b. Clinical care resources
  c. PPE updates
● PCN Zone strategies
● AHS overflow contingencies and projects
Alberta COVID-19 Update

Dr. Rosana Salvaterra, Public Health Physician

January 11, 2022
• The number of daily new cases in Alberta is increasing rapidly: they increased from around 320 per day in early December to around 5,000 on January 9. This is likely an underestimate given decreases in testing over the holiday season.

• Percent positivity continues to climb: daily positivity increased from around 22% to around 39% in just two weeks (December 27 to January 9).

• These increases are driven largely by increasing case rates in the Calgary Zone (percent positivity: around 44%), where Omicron cases are highest. Cases in Edmonton are also climbing (percent positivity: around 36%).

• ICU and non-ICU hospitalizations have increased in the past few days.
Alberta’s COVID-19 cases in ICU by vaccine status (Sept 09, 2021 – Jan 09, 2022)
Active Cases and Open Outbreaks in Congregate Care (July 2021 – January 2022)
Update on Rapid Antigen Test Supply

• Alberta Health is continuing to process workplace applications, including those from physician offices. There is at least a 14 day wait for shipments as part of the process.

• Over 4 million tests are being shipped to schools initially and almost a third of those have already been shipped.

• The supply from the federal government and manufacturers is delayed and we ask for patience as we do our best to secure that supply.
Booster and Pediatric Vaccine Uptake

- **Moderna (adult only):**
  - 100 mcg (0.5 mL): 65+, immunocompromised regardless of age, residents of congregate care regardless of age
  - 50 mcg (0.25 mL): Everyone else (Pfizer preferred for <30 year of age due to increased myocarditis risk)

- **Pfizer:**
  - 30 mcg (0.3 mL): Everyone 12 years and older, same booster dose as primary series
  - Pediatric 10 mcg (0.2 mL): Available at AHS PH clinics, recommended interval is 8 weeks between doses but can be shortened to minimum 3 weeks per parent preferences
Supply Update

- Due to current limited supply of the Pfizer vaccine in Canada, **Albertans 30 years of age and older who are eligible for a booster dose are encouraged to receive a dose of the Moderna vaccine**, regardless of what vaccine they received for their first and second doses.
- **Pharmacies are encouraged to use Moderna vaccine** for third doses whenever possible, and pharmacists are currently able to order as much additional supply of Moderna as they require to meet increased demand.

Efficacy update

- Pfizer and Moderna use the same mRNA technology and both offer a high level of protection against COVID-19, particularly against severe outcomes.
- In fact, **some evidence shows Moderna may be even more effective**, so we urge Albertans to take advantage of whichever is available to them most conveniently.

Booking your vaccine

- Albertans can access the **Alberta Vaccine Booking System**, to determine locations that have available supply and appointments, and choose the one most conveniently located for them with the soonest available appointment time.
- **Some pharmacies are also taking walk-ins** based on supply and capacity for vaccine administration.
Among those who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster.

Among those who received a Pfizer primary course, vaccine effectiveness (against symptomatic illness):
- ~70% after a Pfizer booster, dropping to 45% after 10-plus weeks
- Stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster.”
COVID-19 Guidance for Community Providers

Part A (pre-screening): for all community providers
Part B (risk assessment),
Part C (testing) and
Part D (acute and post COVID management)
Clinic Preparation and Pre-Screening

Viral Respiratory Illness Guidance for Community Providers in a COVID-19 Omicron Environment

Quick Links:
- COVID-19 Testing
- Provider Resources
- Patient Resources

Part A: Pre-Screening for All Community Providers (Pharmacy, Dentistry, Optometry, Primary Care Providers, Physiotherapy, etc.)

Note: to reduce the spread of the COVID-19 Omicron variant and keep patients and community providers safe, community providers and individuals are encouraged to, as much as possible:
- Use virtual care options when appropriate
- Avoid sending people to ER/Urgent Care unless necessary (e.g., do not send well people in for testing)
- Refer people to online self-assessment and how to stay home safely (COVID-19 Self-Assessment [alberta.ca])
- Consult the AMA Simplified Guidance Resource here.
- Encourage individuals to safely manage in their home (see: Navigating COVID)

Part B: Viral Respiratory Illness Risk Assessment for Community Providers assessing and treating patients with respiratory symptoms

1. Patient intake
   - Virtual
   - In person and/or walk-in

2. Pre-care screen patient for viral respiratory illness
   - Screening tool

3. Does the patient have viral respiratory symptoms or COVID-19 is suspected?
   - No: Proceed with routine care, taking appropriate precautions
   - Yes: Determine appropriate patient care (virtual visit, delay care)

4. Continue to Part B dependent on scope of practice
Managing Clinic Patient Flow

Simplified guidance for clinic staff handling calls re: COVID

- Patient calls clinic
  - “I think I have COVID”
  - “I tested positive”
  - “I have been exposed”
  - “I was a close contact”
- “Do you have symptoms?”
  - Adult Symptoms – AH Website
  - Child Symptoms – AH Website
- Patient says “Yes”
  - “Have you tested?”
  - Patient says “Yes”
- Patient says “No”
  - “What kind of test was it?”
  - Patient says “PCR or Lab”
- “Please document your rapid test”
  - “If you work in high risk setting book PCR test with AHS”
  - “If your symptoms started less than 4 days ago see if you qualify for Sotrovimab”
  - Review www.albertadoctors.org/covid2022 for instructions to all of the above.

Review Navigating COVID with Patient

- If your symptoms are severe, please hang up and call 911. Advise them you are COVID+

Monoclonal Antibody Criteria (Sotrovimab)

1. Unvaccinated and age 55+
2. Unvaccinated and age 18+ and chronic condition or pregnancy
3. Immunocompromised OR organ transplant OR chemotherapy (1 dose since 12/2020) OR inflammatory disease (Lupus, rheumatic arthritis, etc.)

Book Patient for Virtual / In-person appointment or COVID Clinic (if available)
Appointment within 24 hours to initiate Monoclonal Antibody Treatment or Budesonide (if eligible)

If booking in-person visit will require patient to be masked and full PPE for staff.
Follow all IPC requirements
Consider antivirals (when available)

Refer to patient self management resources www.albertadoctors.org/covid2022

Red, Amber, Green (RAG) Clinical Screening Tool

NAVGATING COVID

SEVERELY ILL

- Call 911 and proceed to the nearest Emergency Room if one or more of the situations below apply.

HIGH RISK

- You might be experiencing the following symptoms:
  - Difficulty breathing
  - Persistent cough
  - New loss of taste or smell
  - Sore throat
  - Unexplained fever

NOT SEVERELY ILL OR HIGH RISK

- Isolate away from others and continue self-care.

SEVERELY ILL

- Call 911 and proceed to the nearest Emergency Room if one or more of the situations below apply.

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  - Sore throat
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NOT SEVERELY ILL OR HIGH RISK

- Isolate away from others and continue self-care.

Part B: Viral Respiratory Illness Risk Assessment for Community Providers assessing and treating patients with respiratory symptoms

Is the reason for appointment related to viral respiratory symptoms or suspect COVID-19?

No

Consider virtual care to minimize risk of viral spread

Patient resources

Yes

Screen for appropriate care setting (in-person, virtual visit or 9-1-1)

COLD Standard

Vaccine status

Red flags & other considerations

Safety net flags

Proceed with in-person care: take appropriate precautions after point of care risk assessment (PCRA) and encourage mask use by patient and visitor

PCRA tool

PPE

Continue to Part C dependent on scope of practice
## Determining Appointment Type

### COVID-19 Guidance for Community Providers

#### Virtual vs. In-person screening criteria

<table>
<thead>
<tr>
<th>Indications for Virtual Visit</th>
<th>Indications for In-Person Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suspected or Confirmed COVID-19</strong></td>
<td><strong>Shortness of breath or hypoxia (if monitoring available)</strong></td>
</tr>
<tr>
<td>Fever</td>
<td>Concerns of dehydration</td>
</tr>
<tr>
<td>Respiratory symptoms</td>
<td>Suspicion of secondary bacterial infection</td>
</tr>
<tr>
<td>No shortness of breath</td>
<td>Any red flags**</td>
</tr>
<tr>
<td><strong>Ear Pain</strong> (In children over 6 months of age)</td>
<td>Symptoms &gt;48 hours despite adequate pain medications</td>
</tr>
<tr>
<td>Symptoms &lt;48 hours</td>
<td>Fever &gt;39°C</td>
</tr>
<tr>
<td>Pain controlled with oral pain medication</td>
<td>Feels unwell</td>
</tr>
<tr>
<td>Otherwise feels well</td>
<td><strong>Sore Throat</strong></td>
</tr>
<tr>
<td><strong>Sore Throat</strong></td>
<td>Persistent or worsening symptoms &gt;48 hours, or</td>
</tr>
<tr>
<td>Mild symptoms &lt;48 hours</td>
<td>High suspicion of bacterial pharyngitis, e.g.:</td>
</tr>
<tr>
<td>Low suspicion for bacterial pharyngitis, e.g.:</td>
<td>Severe pain</td>
</tr>
<tr>
<td>Over 15 years of age</td>
<td>No cough or runny nose</td>
</tr>
<tr>
<td>No fever</td>
<td>Fever without alternate cause</td>
</tr>
<tr>
<td>Presence of cough or runny nose</td>
<td><strong>Sinus Congestion</strong></td>
</tr>
<tr>
<td><strong>Sinus Congestion</strong></td>
<td>Presence of red flags***</td>
</tr>
<tr>
<td>Mild symptoms &lt;7 days</td>
<td><strong>COPD Exacerbation</strong></td>
</tr>
<tr>
<td>No red flags***</td>
<td>Patient is too short of breath to do their activities of daily living</td>
</tr>
</tbody>
</table>

*Virtual and in-person visit criteria for managing respiratory tract infections (RTIs): Virtual care and COVID-19.*

Click to download the full toolkit.
Clinic Preparation and Pre-Screening

Reducing in office transmission

● Patients wait in their vehicles (may be virtual appointment but can convert to in-person quickly)
● Separate entrance for suspected cases
● Segregated room for patient needing to wait for public transit
● Surgical mask available for patient use
Clinic PPE Ordering

- 10-12 gowns/masks per physician per week (1 for physician, 1 for staff, small buffer)
- 10 physicians in clinic on average day (100-120 gowns/masks q week)
- Weekly order through PCN
  - Selecting KN95
  - Sizing, seal checking
### COVID-19 Guidance for Community Providers

<table>
<thead>
<tr>
<th></th>
<th>Patient with <strong>no</strong> COVID symptoms</th>
<th>Patient with <strong>confirmed or suspected</strong> COVID symptoms.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How should I see the patient?</strong></td>
<td>Virtual or face to face</td>
<td>Virtual preferred if possible.</td>
</tr>
</tbody>
</table>
| **What mask/ respirator should I wear face to face?** | Continuous surgical masking | Fit tested N95.  
Seal-check KN95.  
Well-fitting procedure/surgical mask. |
| **What additional PPE should I wear face to face?** | Continuous eye protection (goggles/shield) for all staff | Full PPE including gown, gloves, and eye protection (goggles/shield). |
| **What PPE/mask should the patient wear?** | Continuous masking (preferably surgical mask, not fabric) | |
| **Where do I get PPE?** | | |

For confirmed or suspected COVID symptoms, disinfect/discard PPE after face to face patient visit.  
*PPE table updated Jan 11, 2022.*
Based on supply availability the following select PPE items are available to community primary care physicians, pediatricians and their staff at no-cost from AHS from January 4th until February 28th, 2022.

- Face shields
- Gowns
- K-N95 respirators (N-95 respirators are NOT available at no-cost)

- PCN physicians should contact their PCN to clarify the ordering process.
- PCN hubs must compile all orders before submitting one form to AHS
COVID-19 Guidance for Community Providers

*1 K-N95 respirators

Where do I get PPE?
For a limited time, from January 4th until Feb 28th, AHS will distribute no-cost PPE to primary care physicians and their staff, pediatricians and their staff for the following:
- Gowns
- Shields
- K-N95 respirators

Order process:
- PCN member physicians may request select no-cost supplies, as per the
  maximums outlined, through your PCN point of contact (hub).
- Non-PCN primary care physicians and pediatricians may request select no-cost
  supplies, as per the maximums outlined, directly through AHS supply
  management, every 2 weeks. Please use this form to order through AHS.

All other PPE and supplies should be purchased through your usual process (private vendor or purchase PPE from AHS order form). N95 respirators are available for purchase through AHS.

Please email PHC@ahs.ca if you have any questions.
AHS will process request on a weekly schedule by zones. Emergency orders will be accommodated on a case by case basis.

<table>
<thead>
<tr>
<th></th>
<th>North/South Zone</th>
<th>Central Zone</th>
<th>Calgary Zone</th>
<th>Edmonton Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order Cut Off</td>
<td>Sunday</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Shipping Day</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
<td>Friday</td>
</tr>
</tbody>
</table>

Ordering and shipping schedule is subject to change at any time based on system limitations and availability.
COVID-19 Omicron Testing Update

Testing guidelines for staff and patients
## COVID-19 Guidance for Community Providers

### 2. Patient testing

<table>
<thead>
<tr>
<th>Rapid Tests for patients in Primary Care: not currently available, details to be provided when available</th>
</tr>
</thead>
</table>

#### Who should test
- Patient rapid self-test
  - People with COVID symptoms
  - Patient without symptoms for workplace screening

- PCR through AHS testing sites
  - For people who:
    - meet AHS testing criteria
    - may be eligible for MAB

- PCR in physician office
  - For people who:
    - can’t access AHS PCR testing, are present in clinic, and either:
      - meet AHS testing criteria OR
      - are eligible for MAB OR
    - are high risk

#### Access to the test
- Patient gets free rapid tests through:
  - [Rapid testing at home | Alberta.ca](https://www.alberta.ca)

- Patient books online at: [COVID-19 Testing | Online Booking | Alberta Health Services or calls 811](https://www.alberta.ca/COVID-19-testing)
  - Check for latest testing options and process at [Symptoms and testing | Alberta.ca](https://www.alberta.ca/symptoms-and-testing)

- Patient calls PCP to determine if appropriate to do PCR test in office

#### How to do the test
- Patient:
  - Call PCP if feel unwell
  - Follow RAG tools

- Patient and Provider:
  - *See instructions below*

- How to do a PCR test in clinic

#### What to do with test results
- Patient:
  - Follow AHS instructions
  - Call PCP if feel unwell
  - Follow RAG tools

- Patient and Provider:
  - *See instructions below*

- Follow COVID pathways:
  - COVID adult pathway
  - COVID pediatric pathway

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Rapid Tests for patients in Primary Care are not currently available.

Details to be provided when available
The following is a list of individuals who are eligible to receive PCR testing:

- Continuing care residents and health care workers in acute care settings, shelters and correctional facilities
- Symptomatic household members of an individual working in continuing or acute care
- Emergency department or hospital patients of all ages
- Symptomatic community patients who would be eligible for Sotrovimab
- People from isolated and remote First Nation, Inuit and Métis communities, or those who travel to these communities for work
- Asymptomatic continuing care residents returning/readmitting from other health care settings
- Pediatric and adult oncology patients, prior to commencing chemotherapy
- Newborns born to COVID-positive parents
- Returning travelers who become symptomatic with 14 days after their arrival
RAT Access Issues - Work in progress

- Availability of Rapid Testing in your community
- Rapid testing and travel
- Medico-legal issues around testing
Self-Documentation and Self-Management

Alberta Self-Report of COVID-19 Rapid Antigen Test Result

<table>
<thead>
<tr>
<th>Name of Person Tested</th>
<th>Date of Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta Health Number</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Person who conducted the test</td>
<td>Company which manufactured the test</td>
</tr>
</tbody>
</table>
| Lot number or other identification number from test packaging | Sites swabbed (please check all which apply)

- throat
- left nostril
- right nostril

Please place test kit showing results in this box. (Put the test result right on top of this printed paper or in front of this image on your screen, then take a pic.)

I affirm that the information provided in this document is correct.

Name: ___________________ Relationship to person tested: ___________________

Signature: ___________________ Date: ___________________

Version 3 December 3, 2021

https://sites.google.com/view/abcovid obtained from https://https://www.albertadoctors.org/about/COVID-19/patient-resources
Multiple Actions to Maximize Community Capacity and Response

- Updates to virtual billing codes
- Red Amber Green (RAG) tool developed by AMA
- Temporary no-cost PPE for primary care and pediatricians
- Updated guidance for primary care providers: screening, PPE usage, testing and management of presumed/confirmed COVID-19
- Changes to Return to Work guidance
- Health Link physician assessment line
- New self-care website from AHS (ahs.ca/covidselfcare)
- Expansion of virtual assessment by primary care, where possible
- COVID Clinics
- patient/ public/ provider communications tactics
- Zonal supports for unattached pts
Zonal Updates

- PCN and AHS collaborative planning underway in all zones
- Expect combination of AHS operated and PCN operated COVID-19 clinics
- Triggers to implement will consider emergency department and acute care utilization, Health Link call volumes, and workforce capacity
- If fully implemented will have clinics in at least 8 communities
COVID Clinics

• Aims:
  ▪ Improve access, especially for unattached patients
  ▪ Assist emergency departments and community physicians in managing high volumes of COVID-19
  ▪ Reduce disease transmission

• Functions: screening, assessment and re-directing symptomatic people safely away from hospital emergency departments
  ▪ Flexibility to accommodate community needs, physical layout, workforce, etc.
  ▪ Operate 8+ hours per day, including after hours
  ▪ Not intended to be testing centres
COVID-19 Patient Management in the Community

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)

NAVIGATING COVID

SEVERELY ILL

- Call 911 and proceed to the nearest emergency room or call one of the clinics below:
- Alberta Health Services
- Southeast Health
- Rockyview Health

HIGH RISK

- Contact your primary care physician if you fall into one or more of the following categories:
  - Age 65 or older
  - Chronic heart, lung, or kidney disease
  - Diabetes
  - Obesity
  - Immunosuppression

NOT SEVERELY ILL OR HIGH RISK

- Isolate away from others and continue self-care at home. Contact your doctor for any medical concerns.

Risk Stratify Patient

- High risk: Monitor daily x 10 days or until symptoms improve/resolve; self-monitor for remaining 4 days to a total of 14 days post-symptom onset.
- Average risk: Monitor Q2 days x 7 days; self-monitor 7 more days.
- Low risk: Consider self-monitoring only; provide patient self-management resources with a plan for deterioration and isolation requirements.

Provincial Primary Care COVID-19 Adult Pathway

- Pathway is being continually reviewed and updated as required.

Canadian COVID-19 Guidelines

- Does your patient have any of the following? Red flags:
  - Respiratory symptoms
  - Red flags
  - Safety net flags

- Health Canada recently approved the use of an outpatient monoclonal antibody treatment for eligible adults with mild to moderate COVID-19 symptoms within five days of symptom onset.

More info; website

Additional Resources

- Patient resources
- Safety net flags
- Risk stratification
- Isolation & Quarantine Info
- Patient resources

Alberta Health Services
Alberta
Alberta College of Family Physicians
Primary Care Networks
ALBERTA MEDICAL ASSOCIATION
Encourage clinic staff to send patients here to screen whether they need to see doctor.

This assessment and testing tool will funnel patients to testing, self management, or go to ED.
Part C: Treating patients with Viral Respiratory Symptoms

The symptoms you presented with today suggest a VIRAL infection.

- Upper Respiratory Tract Infection (Common Cold): Lasts 7-14 days
- Flu: Lasts 7-14 days
- Acute Pharyngitis ("Sore Throat"): Lasts 3-7 days, up to ≤10 days
- Acute Bronchitis/"Chest Cold" (Cough): Lasts 7-21 days
- Acute Sinusitis ("Sinus Infection"): Lasts 7-14 days

You have not been prescribed antibiotics because antibiotics are not effective in treating viral infections. Antibiotics can cause side effects (e.g. diarrhea, yeast infections) and may cause serious harms such as severe diarrhea, allergic reactions, kidney or liver injury.

When you have a viral infection, it is very important to get plenty of rest and give your body time to fight off the virus.

**If you follow these instructions, you should feel better soon:**
- Rest as much as possible
- Drink plenty of fluids
- Wash your hands frequently
- Take over-the-counter medication, as advised:
  - Acetaminophen (e.g. Tylenol®) for fever and aches
  - Ibuprofen (e.g. Advil®) for fever and aches
  - Naproxen (e.g. Aleve®) for fever and aches
  - Lozenge (cough candy) for sore throat
  - Nasal Saline (e.g. Sinulox®) for nasal congestion
  - Other: ___________________________
Support for Pediatrician and Physician Urgent Patient Management

**COVID-19 Guidance for Community Providers**

**Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms**

**Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)**

**Provincial Primary Care COVID-19 Adult Pathway**
*Pathway is being continually reviewed and updated as required*

**Provincial Primary Care COVID-19 Pediatric Pathway**
*Pathway is being continually reviewed and updated as required*

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### Level of Management

- **Emergent**
- **Urgent <1hr assessment**
- **On-call advice from specialist through ConnectMD or SpecialistLink**
- **Non-urgent daytime advice**

<table>
<thead>
<tr>
<th>Level of Management</th>
<th>Clinical Presentation</th>
<th>Available Support and Resources</th>
</tr>
</thead>
</table>
| **EMERGENT management:** | • Respiratory: cyanosis, indrawing with accessory muscle use, grunting  
  • Signs of shock: lethargy, non-responsiveness, altered mental status | **Call 9-1-1** |
| **URGENT <1-hours assessment** | • Respiratory: tachypnea  
  • New onset of acute GI symptoms: abdominal pain, vomiting, diarrhea  
  • Reduced urine output or signs of dehydration  
  • Rash, non-purulent conjunctivitis, or mucocutaneous inflammation  
  • Fever with temperature > 38 C for three consecutive days or more | **Call RAAPID**  
  RAAPID North (for patients north of Red Deer): 1-800-282-9911 or 780-735-0811  
  RAAPID South (for patients south of Red Deer): 1-800-661-1700 or 403-944-4486  
  RAAPID website: [RAAPID | Alberta Health Services](#) |
Sotrovimab Program
Outpatient Monoclonal Antibody Infusions

- Simple idea – **Complex** program due to short window, limited research, requirement for IV infusion, monitoring, new interim approval, selected groups

- Eligibility and process available [Outpatient Treatment for COVID-19 | Alberta Health Services](#)

- Patient test positive RT-PCR – get text or call from CDC with message
  - Go to website to determine eligibility or call Health Link dedicated line 1-844-343-0971
  - Health Link screening particularly around symptom onset, vaccine status and conditions
  - If meet screening – referral sent to MAP physician who calls, does consent process
  - Consent and prescription sent to Sites for scheduling (zones, third party provider in Calgary/EDM or MIH if transplant patient/Paediatrics, LTC sites in MIH catchment)
  - Infusion site call patient back to arrange time
Patient who test positive at home on a rapid antigen test and are less than 5 days symptomatic

- If transplant patient – they can immediately call in to Health Link and get scheduled for infusion. Prior to infusion - confirmatory rapid test done if no PCR available
- If not transplant patient – PCR test should be booked as quickly as possible and the testing tool is prioritizing eligible patients
- Due to possible delays in test results, additional flexibility for infusions has been allowed if there is a good reason eg lung transplant patient.

If symptoms already starting to improve at time of consenting process, infusions may not be offered after discussion with the patient especially if no immunocompromised status
• MAP physician available for questions through RAAPID 8 am to 8 pm only

• Patients have to go through Health Link to get registered and chart made up (physicians cannot just give the name) due to province wide program
  ▪ **Do not call 811** – they need to call the dedicated line 1-844-343-0971

• FAQ for patients and physicians on the website can be printed off and used for reference/handout if patient doesn’t have computer

• We don’t have sites everywhere in province but have some in each zone

• Pediatrics less than 12 years – not Health Canada approved. 12 to 17 years need pediatrics ID consult and there is currently no research on benefit – guideline currently in process

• Effective against delta and omicron
Sotrovimab Program
Summary

• Sotrovimab = monoclonal antibody provided intravenously to those with mild-moderate COVID-19 to prevent deterioration (and hospitalization).
• Treatment - focused on those at highest risk for bad outcomes - unvaccinated Albertans over 55 and those with chronic disease who may not respond well to vaccination.
• Eligibility criteria and details on how to access the program are found at: https://www.albertahealthservices.ca/topics/Page17753.aspx

Outpatient Treatment for COVID-19 | Alberta Health Services
Sotrovimab is a new drug that was developed specifically for treating COVID-19 patients with mild to moderate symptoms. It is the first treatment to be offered to outpatients in Alberta and is administered by intravenous infusion within five days of symptom onset.
www.albertahealthservices.ca
Hospital Transitions to Community For COVID-19 Patients

COVID-19 Guidance for Community Providers

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Hospital Transitions to Community for COVID-19 Patients

The following resources outline how acute and primary care can work together to safely transition COVID-19 patients from home into hospital and back home. Resources were developed based on Alberta’s new Home to Hospital to Home Transitions Guideline and help ensure continuity of care.

Some processes may require customization and will vary by zone. Check with your PCN for clarification on what may be happening in your zone.

Follow-up to community physicians at discharge:
- Safe Discharge Home Checklist
- Safe Discharge Checklist Appendices
- COVID-19: My Discharge Checklist (patient resource)
- What is the COVID-19: My Discharge Checklist?

Other resources for safe transitions:
- Transitions Checklist for Primary Care (Alberta Medical Association)
- Provincial Home to Hospital To Home Transitions Guideline

Appendix B: Most Responsible Physician Roles: Continuity with Primary Care Provider

- Discharge summary & transition plan for COVID-19 to PCP
  The discharge summary and transition care plan sent to the PCP (within 24 hours of discharge) will include the discharge notification (above) and the following information dictated, at minimum:
  - If the patient is lab confirmed COVID-19-positive at point of transition to community; or has been tested as negative (or presumed negative) for COVID-19 at point of transition
  - Whether the patient has come into contact with known COVID-19-positive patients in acute stay, if known
  - Where that patient is being discharged to, what the circumstances are in the discharged location and what isolation precautions have been advised to the patient
  - PCP follow-up appointment timeline based on clinical assessment (i.e. 1 – 3 days post-discharge)
  - Verbally communicate with and send written orders to Home Care (HC) for patients FN community or Métis settlement in addition to discharge dictation

NOTE: Home Care is not available on weekends in First Nations Communities
Post COVID-19 Advice Options
For Providers

COVID-19 Guidance for Community Providers

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)

Provincial Primary Care COVID-19 Adult Pathway
*Pathway is being continually reviewed and updated as required

Provincial Primary Care COVID-19 Pediatric Pathway
*Pathway is being continually reviewed and updated as required

Rehabilitation Advice Line
1-833-379-0563
Questions and Answers
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