Welcome! Thank you for joining early

Start Time: 12:00 PM promptly

- Your camera and mic are disabled by default
- To ask questions:
  - At any time, type questions in the ‘Question and Answer’
  - Speakers may respond verbally or written response
Omicron Update -
Preparing for the Post-Holiday Surge

January 3, 2022
Live Recording

- Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.

- By participating in the Q&A, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.
We acknowledge that we are located on and webcasting to Treaty 6, Treaty 7 and Treaty 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Metis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut’ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community.

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.
Omicron in Alberta

Vaccination Data and Trends

January 3, 2022
Immunization Rate by Age Group

Percent of Albertans with one, two, or three doses as of December 28, 2021

- Blue: % of population with 1 dose
- Green: % of population with 2 doses
- Orange: % of population with 3 doses
Vaccine effectiveness (VE) against Omicron infection and symptomatic disease after an mRNA booster dose is high:

- Among those who received a Pfizer-BioNTech primary series in England, VE against symptomatic disease was approximately 70% after a Pfizer-BioNTech booster, dropping to 45% 10 or more weeks after the booster, but staying around 70 to 75% up to 9 weeks after a Moderna booster ([UK Health Security Agency. Technical briefing 33](#)).

- 57% VE against symptomatic infection in Scotland 2 or more weeks after the booster, compared to those ≥25 weeks after the second dose (Pfizer-BioNTech, Moderna or AstraZeneca used for the primary series, and Pfizer-BioNTech or Moderna used for the booster) ([Sheikh et al.](#)).

- 55% VE against infection 14 to 44 days after the booster dose of Pfizer-BioNTech in those 60 years of age and over (primary series was Pfizer-BioNTech), compared to those who only received the primary series ([Hansen et al.](#)).
Cases in Alberta: current status

- **Note – the graph on the left is as of December 28, 2021.** On December 30 preliminary data was prepared and released showing a continued upward trajectory of cases. On December 30 there were around 4,000 new cases in Alberta and a positivity rate of around 30%.
- The number of daily new cases in Alberta is increasing rapidly: they increased from around 320 per day in early December to around 4000 on December 30. This is likely an underestimate given decreases in testing over the holiday season.
- Percent positivity is also climbing: daily positivity increased from around 14% on December 19 to around 30% on December 30.
- These increases are driven largely by increasing case rates in the Calgary Zone (percent positivity: just above 40% on December 28), where Omicron cases are highest. Cases in Edmonton are also climbing (percent positivity: around 17% on December 28).
- ICU has remained relatively stable in the past few days.
Omicron – Alberta cases

- Note – the graph on the left is as of December 28, 2021. Omicron specific case data is not available past that date at this time.
- Omicron is now the dominant variant in Alberta, representing over 75% of new cases.
- 61% of active cases are community-acquired.
- Cases have been identified in each Zone; the majority are currently in Calgary (59%) and Edmonton (34%).
- The final day is an undercount as it takes time to move all positive cases through screening.
- 86% of Omicron cases have had two or three doses.

*Excludes most recent two days due to delays in reporting of VOC cases.
Omicron updates to COVID-19 guidance:

• Definition of “close” or high-risk exposure has been updated
• Isolation requirements for immunized cases have been updated
• Immunized HCWs who are close (household) contacts can continue to work if asymptomatic and tested
• Confirmatory lab-PCR testing still available to HCW cases and their close contacts
• Investigations and management are reserved for high risk settings such as continuing care, acute care, shelters and correctional facilities
• Even if severity is decreased, the number of cases can threaten our healthcare capacity
What physicians need now

Dr. Ernst Greyvenstein
Dr. Linda Slocombe
Purpose: Focus on Primary Care efforts and needs, and route issues to other groups

- PPE
- Testing
- Provider Tools → Guidance, pathways and patient self-management
- Coordinate various zone and provincial efforts
- Coordinate communication
Should always conduct point of care risk assessment to determine appropriate PPE and promote continuous masking of patients

**IF** presumed/confirmed COVID:
- Highest quality mask or respirator available to you
- Current guidance KN95 as first option based on availability
  - *N95, KN95 Respirator without full PPE - not effective*

Right fit is important, guidance for seal checking provided in Guidance document

## PPE - Summary

<table>
<thead>
<tr>
<th>How should I see the patient?</th>
<th>Patient with no COVID symptoms</th>
<th>Patient with confirmed or suspected COVID Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual or face to face</td>
<td>Virtual preferred if possible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What mask/respirator should I wear face to face?</th>
<th>Continuous surgical masking</th>
<th>Seal checked K-N95 OR Fit tested N95</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What additional PPE should I wear face to face?</th>
<th>Continuous eye protection (goggles/shield) for all staff</th>
<th>FULL PPE including gown, gloves and continuous eye protection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What PPE/mask should the patient wear?</th>
<th>Continuous masking (preferably surgical mask, not fabric)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Where do I get PPE?</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Gowns</td>
</tr>
<tr>
<td></td>
<td>- Shields</td>
</tr>
<tr>
<td></td>
<td>- K-N95 respirators</td>
</tr>
</tbody>
</table>
Primary Care Networks help out!

- PCNs instrumental in ordering and distributing three select PPE items to PCN-affiliated clinics
- PCNs will receive orders from clinics and place orders with AHS (CPSM team) → “hub and spoke”
- The new form to order ‘no-cost PPE’ will be posted on the AHS website in the next few days, as PCNs prepare
- Primary Care clinics not affiliated with a PCN and pediatric clinics, may order directly from AHS CPSM
Employer Testing
● Primary Care eligible for Employer Testing (Rapid test twice a week)
● https://www.alberta.ca/rapid-testing-program-for-employers-and-service-providers.aspx

Patient Testing
● Point of Care Testing (POCT) in primary care offices is not the immediate broad strategy
● Testing strategy shifting as information is available
● Encourage RAT and preserve PCR testing for cases that can be clinically impacted (e.g. MAB)
Testing - Key Messages

- If no test available - assume Omicron, isolate and manage symptoms

<table>
<thead>
<tr>
<th>Positive Rapid Test</th>
<th>Negative Rapid Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>With Symptoms</strong></td>
<td><strong>Isolate 24 hours then re-test</strong></td>
</tr>
<tr>
<td>Isolate 5/10 days or til sx resolve (whichever is longer)</td>
<td>If second test positive (isolate 10 days or til sx resolve whichever is longer)</td>
</tr>
<tr>
<td>Book PCR test (if high risk)</td>
<td></td>
</tr>
<tr>
<td><strong>Without Symptoms</strong></td>
<td><strong>Does not rule out infection</strong></td>
</tr>
<tr>
<td>Isolate immediately</td>
<td></td>
</tr>
<tr>
<td>Re-test in 24 hours</td>
<td></td>
</tr>
<tr>
<td>If positive: Isolate 5/10 days or til sx resolve (whichever is longer)</td>
<td></td>
</tr>
<tr>
<td>Book PCR test (if high risk)</td>
<td></td>
</tr>
<tr>
<td>Notify close contacts in previous 48hr</td>
<td></td>
</tr>
</tbody>
</table>

- Encourage patients to document their RAT
Tools for your clinic

Symptoms & Testing

- **Rapid testing at home** - If you are looking for information on where to obtain rapid testing kits please visit this site.
- **Employer rapid testing program** - If you are a business or organization with an approved COVID-19 screening program this site provides information on accessing rapid testing for employers.
- **COVID-19 symptom list** - Check your symptoms here.
- **High risk criteria** - Check to see if you are eligible for a PCR test.
- **How to book a PCR test if you are eligible** - If you meet the high-risk conditions criteria linked above.
- **Documenting your positive rapid test** - This website has been created to give you a way to document your positive rapid antigen test results with your family doctor if required or desired.

**Managing COVID-19 symptoms at home**

- **Managing your COVID-19 symptoms** - Advice on how to manage your COVID-19 symptoms at home.
- **Am I eligible for Sotrovimab?** Sotrovimab is a new drug that was developed specifically for treating COVID-19 patients with mild to moderate symptom and who meet certain criteria.
- **How to care for a COVID-19 patient at home** - If you are caring for a person with COVID-19, follow this advice to protect yourself and others in the home.
- **Finding essential services** - Alberta 211 can support you with food hamper delivery, senior support, senior vaccine transportation and more.
- **COVID-19 Patient care handouts** - MyHealth Alberta has many handouts to answer any additional questions you may have about COVID-19.
- **How to manage COVID-19 symptoms** - Advice on managing COVID-19 symptoms at home.

[albertadoctors.org/covid2022](http://albertadoctors.org/covid2022)
Provincial Primary Care COVID-19 Adult Pathway

*Pathway is being continually reviewed and updated as required

**Rapid deterioration is most common during the second week after symptom onset**

- **Confirmed or suspected COVID-19 patient.** Establish/confirm date of symptom onset.
  - **Does patient have any of the following?** Red flags
    - Respiratory symptoms
    - Red flags
    - Safety net flags
  - **Safety net flags**

- **No**
  - Consider providing the patient with self-management resources with plan for deterioration and isolation requirements
    - Isolation & Quarantine Info

- **Yes**
  - **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 symptoms onset.**
    - FAQ for providers & eligibility criteria
    - More info: website

- **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 the self-management resources with a plan for deterioration and isolation requirements
    - Isolation & Quarantine Info
    - Patient resources
    - Risk stratification
Be A Vaccine Positive Clinic

- Immunization Clinic Tools - Tools for supporting clinics providing COVID vaccinations to patients
- COVID Vaccine FAQ’s - Answers to common patient and provider questions about COVID Vaccine
- Addressing Vaccine Hesitancy - Conversation tools to support vaccination discussions
For Your Information - COVID Clinics and Unattached Patients

- Each zone – AHS and PCNs – are currently discussing what to put in place to offset/buffer demand for ERs and primary care, for mild and moderate illness (e.g., a COVID Centre adjacent to ER)
- Target: plans in place by January 10th, including a way to manage unattached patients
- Working to establish a process that ensures the Patient Medical Home/family physician/NP is informed and relational continuity is preserved
For Your Information - 811

- A number of physicians have agreed to help with 811 calls (triaged by RN)
- Working to establish a process that ensures the Patient Medical Home/family physician/NP is informed and relational continuity is preserved
For Your Information - Effective Jan. 1

● When billing for high priority virtual care services, such as visits and consultations, physicians can now include the time spent on indirect care like charting and completing referrals.

● In addition, physicians can now bill for longer visits (e.g. family physician visits lasting longer than 14 minutes), using a complex modifier code.

Title: Omicron Update - A deeper dive on community management

Date/Time: Tuesday, January 11, 2022 (noon to 1)

Speakers: TBD

Registration link on AMA website under Webinars