

Omicron Update – Preparing for the Post-Holiday Surge

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

Dr. Michelle Warren

Dr. Rosana Salvaterra

Dr. Ernst Greyvenstein

Dr. Linda Slocombe

Dr. Cathy Scrimshaw



Welcome from AMA Board



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.

Land Acknowledgment

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

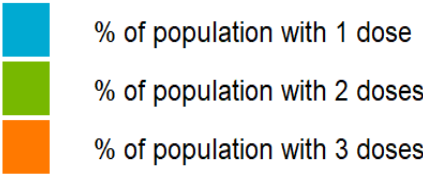
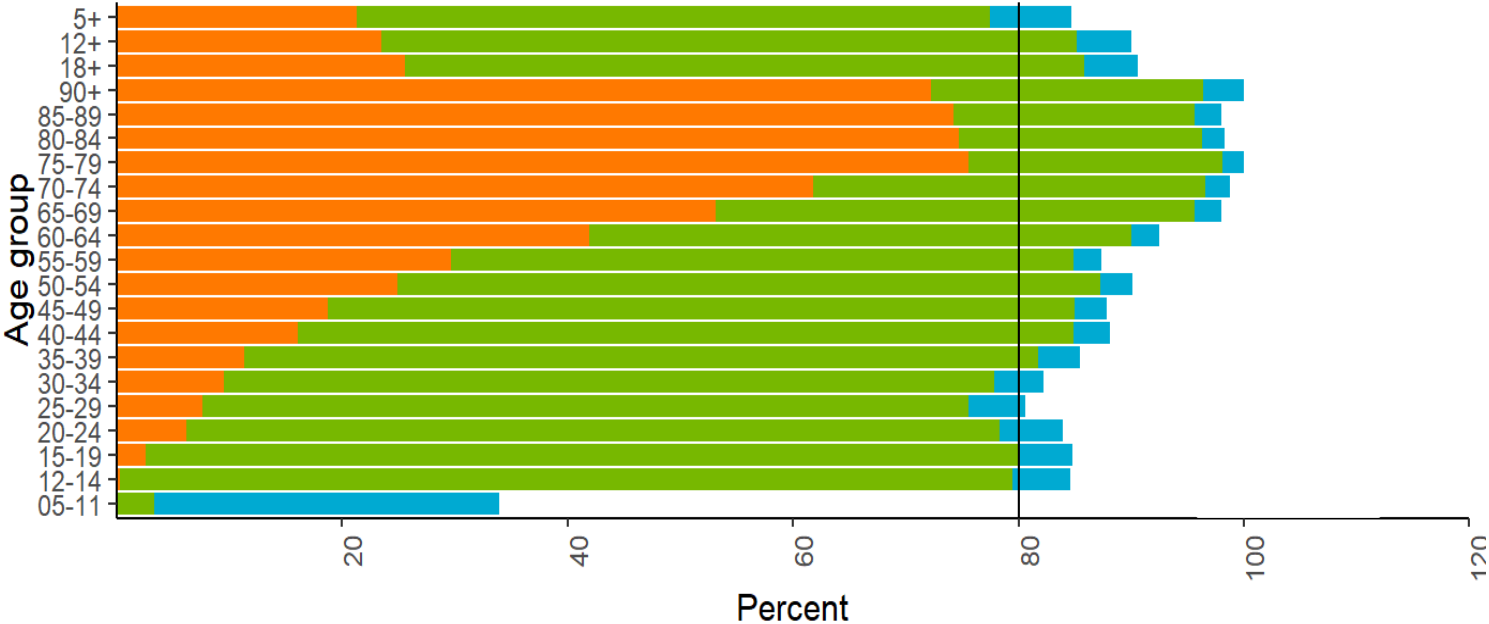
January 3, 2022

January 3, 2022



Immunization Rate by Age Group

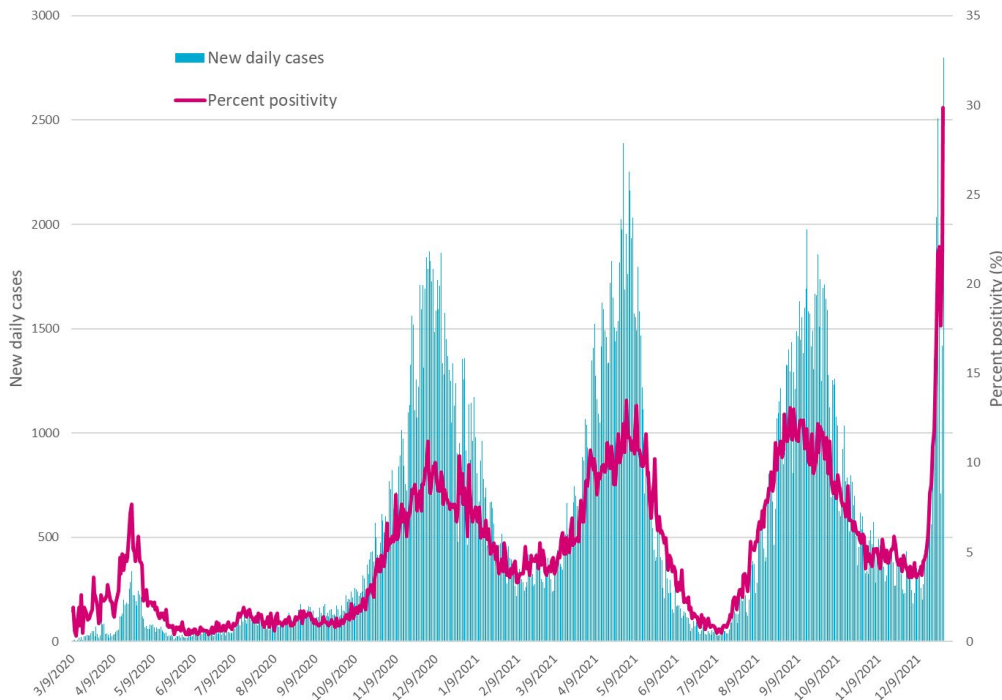
Percent of Albertans with one, two, or three doses as of December 28, 2021



Vaccine effectiveness (VE) against Omicron infection and symptomatic disease after an mRNA booster dose is high:

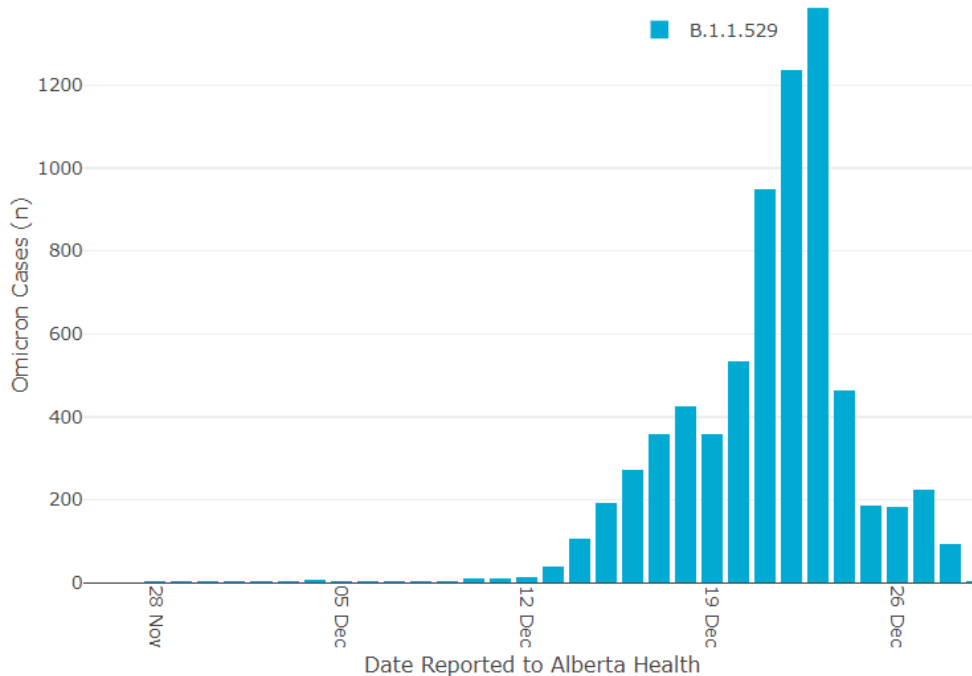
- Among those who received a Pfizer-BioNTech primary series in England, VE against symptomatic disease was approximately **70%** after a Pfizer-BioNTech booster, dropping to **45%** 10 or more weeks after the booster, but staying around **70 to 75%** up to 9 weeks after a Moderna booster ([UK Health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

Alberta 

Provincial PCN Committee – Pandemic Task Group

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

PPE

- 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

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-guidance.pdf>

PPE - Summary

	Patient with no COVID symptoms	Patient with confirmed or suspected COVID Symptoms
How should I see the patient?	Virtual or face to face	Virtual preferred if possible
What mask/respirator should I wear face to face?	Continuous surgical masking	Seal checked K-N95 OR Fit tested N95
What additional PPE should I wear face to face?	Continuous eye protection (goggles/shield) for all staff	FULL PPE including gown, gloves and continuous eye protection
What PPE/mask should the patient wear?	Continuous masking (preferably surgical mask, not fabric)	
Where do I get PPE?	<p>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:</p> <ul style="list-style-type: none"> - Gowns - Shields - K-N95 respirators 	

PPE Procurement

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

Testing

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

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

- Encourage patients to document their RAT

Tools for your clinic

albertadoctors.org/covid2022

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

Tools for your Clinic

Provincial Primary Care COVID-19 Adult Pathway

*Pathway is being continually reviewed and updated as required

Quick links:

[Expanded details](#)

[Provider resources](#)

[Patient resources](#)

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

Confirmed or suspected COVID-19 patient. Establish/confirm date of symptom onset.

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](#)

Does patient have any of the following?

- Respiratory symptoms
- Red flags
- Safety net flags

[Red flags](#)

[Safety net flags](#)

No

Yes

Consider providing the patient with self-management resources with plan for deterioration and isolation requirements

[Patient resources](#)

[Isolation & Quarantine Info](#)

If patient develops increased or concerning symptoms

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

[Safety net flags](#)

[Risk stratification](#)

[Patient resources](#)

[Isolation & Quarantine Info](#)

Tools for your clinic

albertadoctors.org/backthevax

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

Zone Activity

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

Provincial Activity

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

Virtual Care Codes

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.

AMA President Letter (Dec. 30, 2021) - <https://www.albertadoctors.org/9105.aspx>

Next Webinar

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

Questions and Answers

