

# COVID-19 MOH Update

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SCENARIOS AND A GUEST SPEAKER

MAY 21, 2020

QUESTIONS: [VCHELP@FNTN.CA](mailto:VCHELP@FNTN.CA)

# Outline

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1. MOH Update – Dr. Wadieh Yacoub & Dr. Chris Sarin
2. Scenarios – Simon and Stephanie.
4. Guest Presenter– Dr. Luanne Metz, Foothills Hospital
5. Questions

# MOH Update

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DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

QUESTIONS: [VCHELP@FNTN.CA](mailto:VCHELP@FNTN.CA)

# Reminder - Privacy

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- All information related to an individual who is or was infected with a communicable disease shall be treated as private and confidential
- No information shall be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that individual.

# Current Situation (as of May 21)

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## The **global** numbers:

- 5 022 064 total confirmed cases
- 328 639 deaths

## The numbers in **Canada**:

- 80 142 confirmed cases
- 6 031 deaths

Source: World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/> and Public Health Agency of Canada <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

# Current Situation in Alberta

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Overview of COVID-19 in Alberta (as of May 20, 2020):



Interactive Alberta data can be found at: <https://covid19stats.alberta.ca/>

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# Current Situation

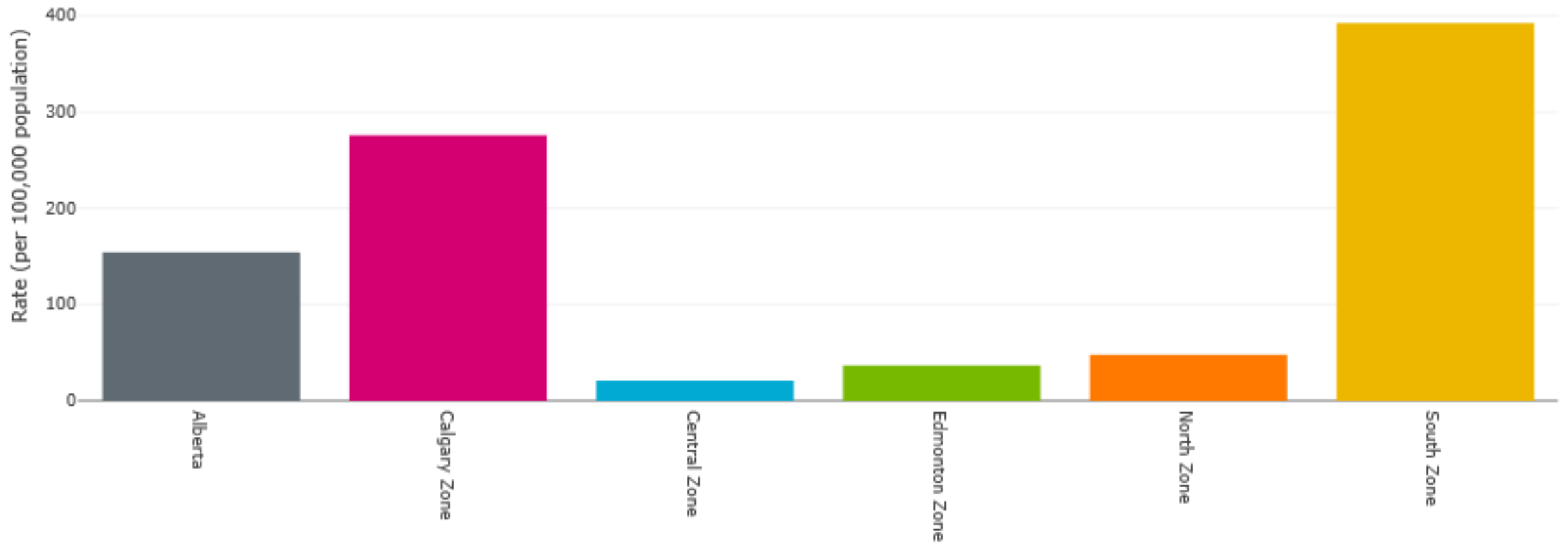
The numbers across Alberta as of May 20, 2020:

Location	Total Confirmed Cases	Active Cases	In Hospital	In ICU	Deaths
First Nation Communities	39	25	-	2	-
First Nations People in AB*	131	51	12	4	3
Calgary Zone	4 649	784	45	5	84
South Zone	1 212	99	4	-	8
Edmonton Zone	521	59	-	2	12
North Zone	230	18	2	-	15
Central Zone	99	6	-	-	1
Unknown	24	4	-	-	-
<b>TOTAL</b>	<b>6 735</b>	<b>970</b>	<b>58</b>	<b>7</b>	<b>128</b>

\* Includes on and off reserve

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# Rate of COVID-19 cases (per 100,000 population) in Alberta and by zone





# Expansion of COVID-19 Testing Criteria

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Testing is now available to:

- any person exhibiting symptoms of COVID-19
  - Fever, Cough, Shortness of breath or difficulty breathing, Runny nose, Stuffy nose, Sore throat, Painful swallowing, Headache, Chills, Muscle or joint aches, Feeling unwell in general (or new fatigue or severe exhaustion), Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite), Loss of sense of smell or taste, Conjunctivitis (pink eye)
- asymptomatic close contacts of confirmed COVID-19 cases
- asymptomatic workers and residents at outbreak sites

Online self assessment: <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

# Asymptomatic Testing – Calgary Zone

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As of May 19, 2020:

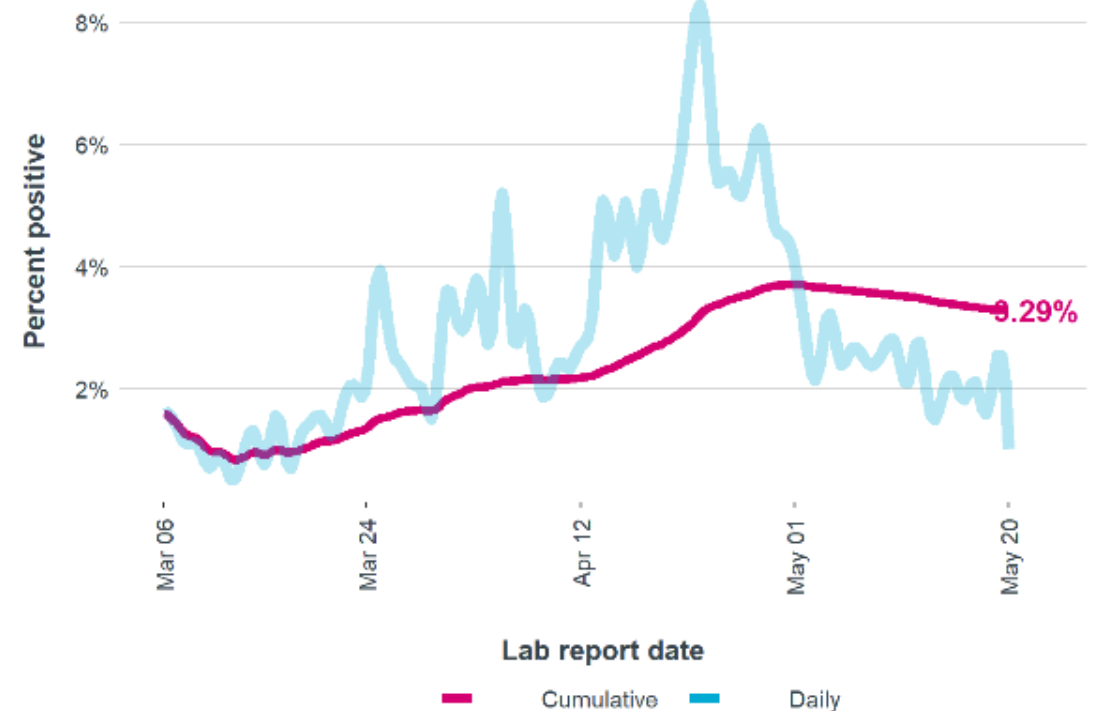
- More than 3,400 asymptomatic tests were done in Calgary.
  - 430 tests were done on close contacts of confirmed cases with 75 positive results.
  - There were 48 positive results in the remaining 3,000 tests
  - This showing infection is much greater when there is known exposure.

# COVID-19 Testing

As of May 21, 221 571 total number of tests have been completed in Alberta.

Calgary Zone has completed 46% of the tests.

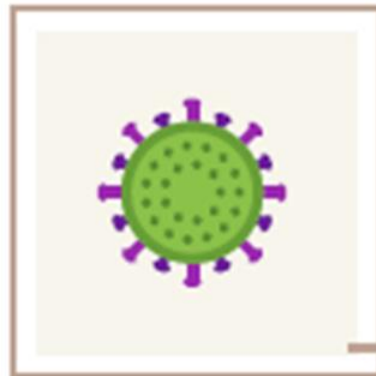
Overall provincial trend is declining for the percentage of positive tests.



Cumulative and daily test positivity rate for COVID-19 in Alberta.

# COVID-19 Testing Data: First Nations Communities in Alberta (as of May 18)

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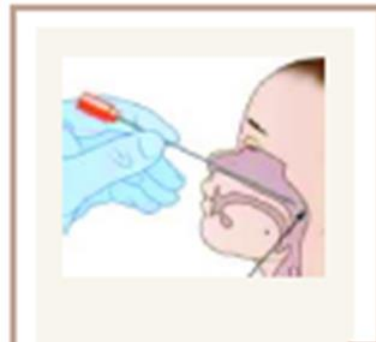
Number of communities doing testing

41



Number of swabs in stock

4952



Number swab samples collected to date

1651



Number of patients seen with COVID-19 like symptoms to date

1217

# Reminder – Confirmed Case Notification Process

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A member of the FNIHB-AB Medical Officer of Health (MOH) team is informed of the positive test result directly by the provincial lab or Alberta Health Services Zone MOH.

The FNIHB-AB MOH informs the FNIHB-AB Communicable Disease Control (CDC) team of the positive case.

The FNIHB-AB CDC team immediately notifies the Nation's Community Health nursing team.

The client is informed of the positive test by the Nation's public health team or by a primary health care provider, whoever ordered the COVID-19 test.

The ISC-AB Executive Team will inform the Nation's leadership that a case has been confirmed in the community while ensuring that health information **privacy guidelines are respected**.

Source: Novel coronavirus (COVID-19): Notification and Follow-Up Process for a Confirmed Case

<http://www.onehealth.ca/ab/ABCovid-19>

QUESTIONS: VCHELP@FNTN.CA

# Updated Public Health Order – Gatherings and Services

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Public Health Order Gatherings and Services 20-2020 permits attendance of:

- up to **50 people** in a group, in an **outdoor location**, and
- up to **15 people** in an **indoor location**, provided persons adhere to public health measures and guidance (May 15, 2020)

This order includes worship, funeral and ceremonial services.

- As per the Alberta Health guidance document, Places of Worship are advised to offer multiple services and opportunities to worship to 50 people or one third of normal worship service attendance, whichever is smaller and whichever ensures physical distancing will be maintained.

# High Risk Activity - Singing

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- Singing is a high-risk activity and is not advised in gatherings. Infected people can transmit the virus through their saliva or respiratory droplets while singing.
- Study published last week described the lifetime of small speech droplets and their transmission
  - Loud speech (singing) can generate more than 1,000 virus-containing droplets that could hang in the air for 8 to 14 minutes, in a closed, stagnant air environment. Making normal speaking a possible cause for virus transmission. Highlighting the need to maintain physical distance.
  - <https://www.pnas.org/content/early/2020/05/12/2006874117>

## Examples:

- Ceremonial activities, such as drumming when it includes singing.
  - Leadership will make decisions on ceremonies proceeding with public health advice provided by the public health team.
- A Calgary church had a worship service and celebratory worship service with 41 participants who carefully observed the 2 metre distancing. Despite, 24 people were infected and 2 died.
- FNIHB is available to assist communities with risk mitigation measures during planning of community gatherings to minimize transmission.

# Alberta's Relaunch Strategy

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With increased infection prevention and control measures to minimize the risk of transmission of infections, some Albertan businesses and facilities resumed operations as of May 14. The cities of Calgary and Brooks are expected to resume gradually with some operations opening on May 25.

Guidance documents for businesses that have resumes can be found on the Alberta Biz Connect website: <https://www.alberta.ca/biz-connect.aspx>

Examples:

- Places of worship and funeral services, if they follow specific guidance
- Daycares and out-of-school care with limits on occupancy.
- Public seating in food facilities at 50% capacity
- Hair salons and barber shops
- Regulated health professions are permitted to offer services as long as they continue to follow approved guidelines set by their professional colleges.



# Alberta's Relaunch Strategy

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Still not permitted in stage one:

- Gatherings of more than 50 people unless otherwise identified in [public health orders](#) or [guidance](#).
- Gatherings of 15 people or fewer must follow personal distancing and other public health guidelines.
- Arts and culture festivals, major sporting events and concerts, all of which involve close physical contact.
- Movie theatres, theatres, pools, recreation centres, arenas, spas, gyms and nightclubs will remain closed.
- Services offered by allied health disciplines like acupuncture and massage therapy.
- Personal services like artificial tanning, esthetics, cosmetic skin and body treatments, manicures, pedicures, waxing, facial treatments and reflexology
- In-school classes for kindergarten to Grade 12 students are not permitted
- Visitors to patients at health-care facilities will continue to be limited

# Relaunch Considerations

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## Principles:

- Relaunch is a work in progress and should be driven by the community
- Alignment with the cautious provincial approach in Alberta
  - Alberta's Relaunch Strategy - <https://www.alberta.ca/alberta-relaunch-strategy.aspx>
- The pandemic is still ongoing
- FNIHB staff is available to work with the communities for business specific relaunch plans

# Scenario #1

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Your community has set up a isolation facility in the community school as part of its COVID- 19 preparations.

1. The school has been set up to accommodate up to 25 people.
2. The Community EPHO has been consulted and all recommended steps have been followed in the setup of the facility, including initial screening, and ensuring there is adequate separation of individuals, cleaning & disinfection ,and all necessary protocols and procedures are in place.
3. The facility has been staffed with personnel for security, cleaning, and general operations of the facility.

# Scenario # 1

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4. All staff at the facility are aware of the facility protocols and procedures including what steps to follow in a urgent situation.

5. The facility has now 2 individuals staying in the facility who are COVID-19 positive an additional 3 individuals that have been advised to self isolate.

Question:

What specific health staffing is required for the isolation facility?

# Discussion

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Ideally, the primary option for those who are confirmed cases, or a case contacts or have been advised to self isolated due to COVID-19 like symptoms are to remain at home where possible.

Recognizing that in some cases, remaining at home may poses an increased risk to others such as elders, vulnerables and those with underlying health issues

Individuals may voluntarily choose temporarily relocate to one of these isolation facilities such as the school in our scenario.

# Discussion

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It is important to note that isolation facilities, the school in our scenario are: not intended to be temporary health centres or COVID-19 treatment facilities may or may not have a mix of COVID-19 positive individuals

that the majority of individuals who contract COVID-19 will have mild and manageable symptoms without the need of medical intervention.

the focus of the level of care is at the “self-isolation” similar to what would happen at home, where individuals are generally able to look after themselves

Self monitoring remains important aspect and should be advised to all

# Discussion

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Based on these factors it is not necessary to staff the isolation capacity facility with 24 hour medical services onsite.

In addition to self monitoring, it is recommended that there be at minimum, a daily check on all individuals utilizing the facility. This may or may not be done in person (usually determined by the CHN)

The daily check can be completed by nursing staff, LPNs, or paramedic/EMT depending on what services are available in the community.

Upon registering at the facility all individuals should receive an orientation on emergency procedures, including requirements for self monitoring and reporting.

Any individuals who begin to experience more severe symptoms should notify the facility personnel so that if necessary, medical services can be initiated as needed.

# Discussion

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There are primary care protocols that can support clinical monitoring. Working with local physicians and PCN s is recommended.

Even if physician or ER assessment occurs, isolation may be required if the individual is not admitted.

Health Link is a resource and there are many tools available to support operations

The FNIHB MOH and CDC team remain accessible to address specific questions and scenarios that may arise



# Scenario #2:

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A Community Health Nurse has 5 clients booked. The nurse wants to ensure the continuous masking guidelines are followed, so a new procedure mask is put on at the entrance of the healthcare facility.

1. Patient one is seen for a dressing change
2. Patient two is seen for immunizations, and
3. Patient three is seen for prenatal advice.
4. During the 4<sup>th</sup> patient assessment the patient begins to cough.
5. Patient 5 is waiting to be seen.

# Scenario #2

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When does the Nurse change the procedure mask?

Does the Nurse have to Don (Put on) any additional PPE?

# Scenario #2 Answer

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Referring to the continuous masking guideline a surgical/procedure mask should be changed when:

- The mask wet or visibly soiled
- The HCW feels it may have become contaminated
- After care for any patient with potential COVID-19 symptoms

Since patients 1, 2, and 3 did not have any COVID-19 like symptoms the same procedure mask can be worn.

# Scenario #2 Answer

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REMEMBER: Patient 4 was found to have a cough.

What should the nurse do?

- Have the patient put on a procedure mask
- Implement Contact and Droplet precautions and Routine Practices
  - procedure mask, eye protection, gown and gloves.
- If these items are not available within the patient care environment.
  - The nurse must Doff the current procedure mask and perform hand hygiene before going to access the required PPE.

# Scenario #2 Answer

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Following all required patient care the nurse would:

- Doff all PPE and perform hand hygiene
- Request “Enhanced environmental cleaning” of the patient care space
- Don a new procedure mask before the next patient interaction.

# Guest Speaker

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Dr. Luanne Metz, MD, FRCPC – Interim Medical Site Director, Foothills Medical Centre

# Alberta HOPE Covid-19 Trial

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LUANNE METZ, MD FRCPC

MAY 21, 2020

# Covid19– the lack of good information

Covid19 and the SARS-Cov2 virus

Massive amount of disinformation out there

Our goal is to bring high quality information to bear on the problem of a potential treatment with hydroxychloroquine for Covid19 infection

## Trump suggests sunlight and disinfectant injections could cure coronavirus

Some scientists point to the spread of virus in warm countries to disprove the claim, while others warn of dangers of ingesting cleaning materials

By AGENCIES and TOI STAFF  
24 April 2020, 11:14 am



US President Donald Trump speaks about the coronavirus in the James Brady Press Briefing Room of the White House, April 23, 2020, in Washington. (AP Photo/Alex Brandon)

The White House is pitching "emerging" research on the benefits of sunlight and humidity in diminishing the threat of the coronavirus as US President Donald Trump encourages states to move to reopen their economies.



# COVID-19 Numbers – as of May 20

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Cases: 6,735

- First case March 5th

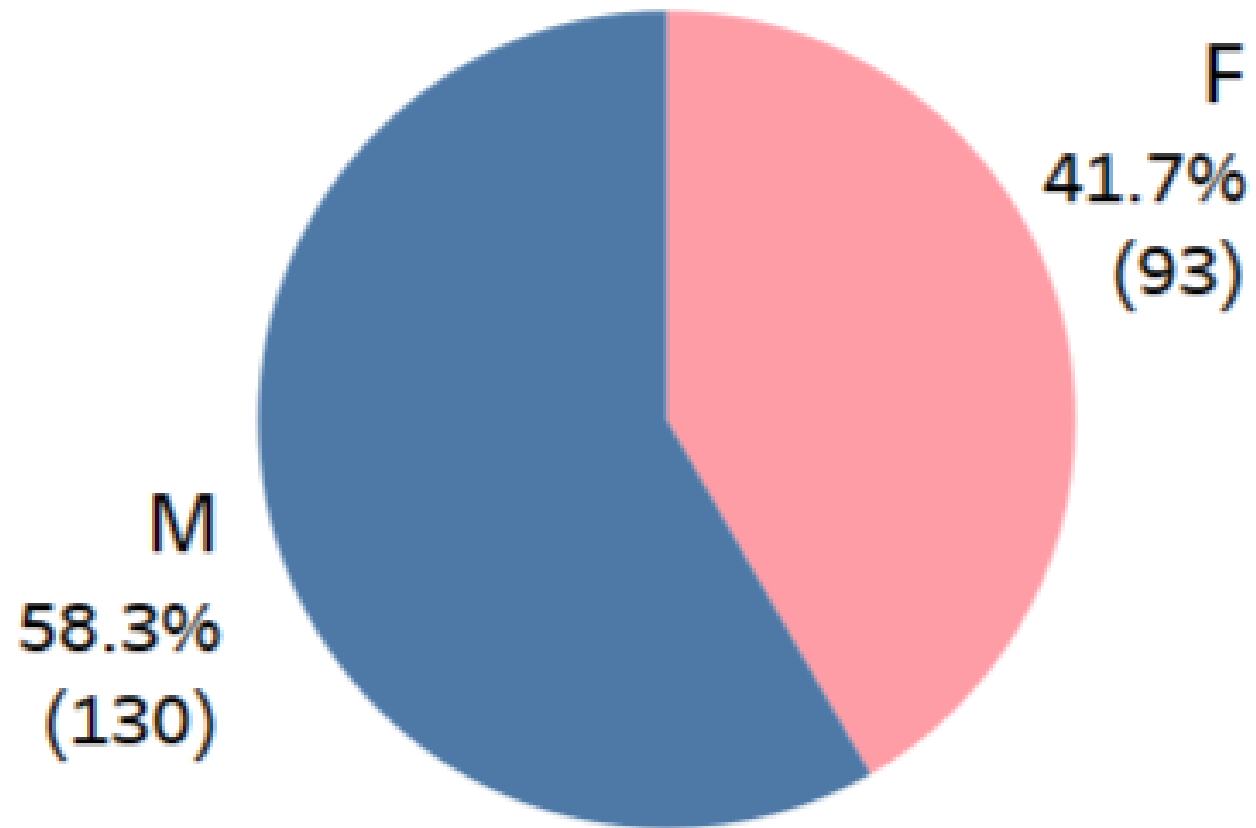
Deaths: 128 (32 deaths occurred in hospital)

Hospitalizations:

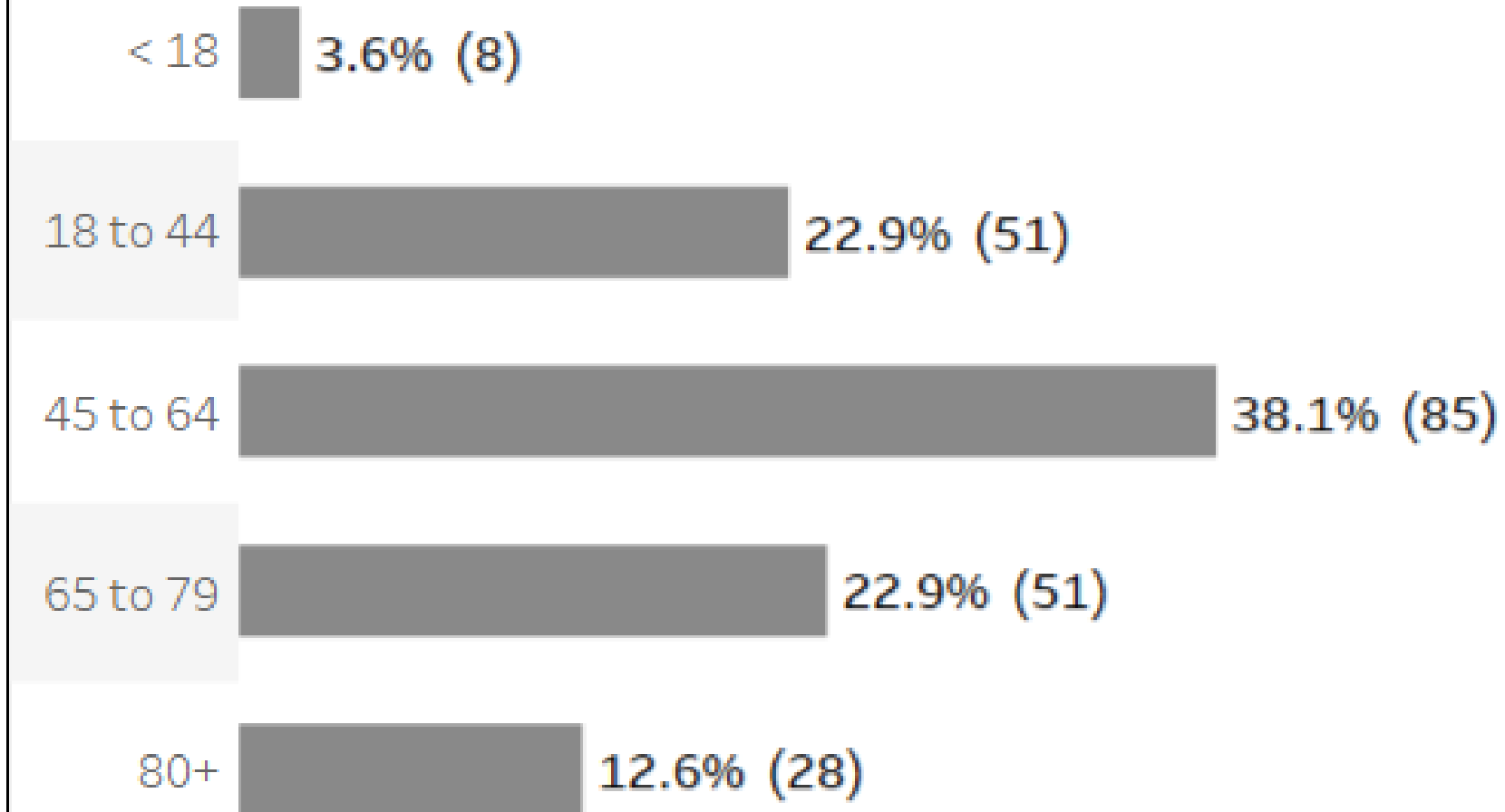
- Total: 325 (5%) – 223/325 *were in Calgary*
- Ever in ICU: 67 (1%) – 20% of people who are hospitalized – 47/67 *were in Calgary*
- Current: 58 (7 in ICU) –
- Peak was Apr 29-May 6 when the daily number of people in hospital was about 74; we are now at about 75% of the peak

Proportion who have been hospitalized or die has been about 6.5%

## Proportion (Hospital Admissions) by Gender



## Proportion (Hospital Admissions) by Broader Age Group



## Average Hospital Length of Stay (Days)

Average ICU Length of Stay (All Cases)

**13.4**

Average ICU Length of Stay  
(Discharged Cases)

**12.0**

Average Non-ICU Length of Stay (All  
Cases)

**7.8**

Average Non-ICU Length of Stay  
(Discharged Cases)

**6.9**

Average Total Length of Stay  
(Discharged Cases)

**8.8**

Average Length of Stay (Cases Never  
Admitted to ICU)

**7.4**

# Disclosure

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## Financial affiliations:

- Honoraria, other rewards: None
- Speakers' Bureaux, advisory boards: None
- Grants, clinical trials: **MS Society of Canada**
- Patents, royalties: None
- Investments in health organizations: None
- Other influential affiliations: None

# A randomized, double-blind, placebo-controlled trial to assess the efficacy and safety of oral hydroxychloroquine for the treatment of SARS-CoV-2 positive patients for the prevention of severe COVID-19 disease

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Primary Goal - to determine if early treatment with HCQ among people with COVID-19 infection, who are at increased risk, can **prevent severe** Covid19 disease

HOPE = **H**ydroxychloroquine for **P**revention

[HOPECOVID.CA](https://www.hopecovid.ca)

# Rationale

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HCQ is already an approved drug with a known safety profile.

It is very inexpensive

It reduces the multiplication of corona viruses inside the cell

It modulates the immune system to prevent an over-exuberant immune response. It is the immune response that causes most of the symptoms and bodily injury in COVID-19.

HCQ was used during the SARS-Cov1 outbreak in Hong Kong and Toronto in 2003; but, it was only used in **cohort studies**.

Reports to date from COVID-19 are **NOT** from randomized trials, or they use **very high doses** of chloroquine, **not hydroxychloroquin**, and all were for **treatment of hospitalized patients** when it is likely too late to be very effective.

# Hydroxychloroquine (HCQ)

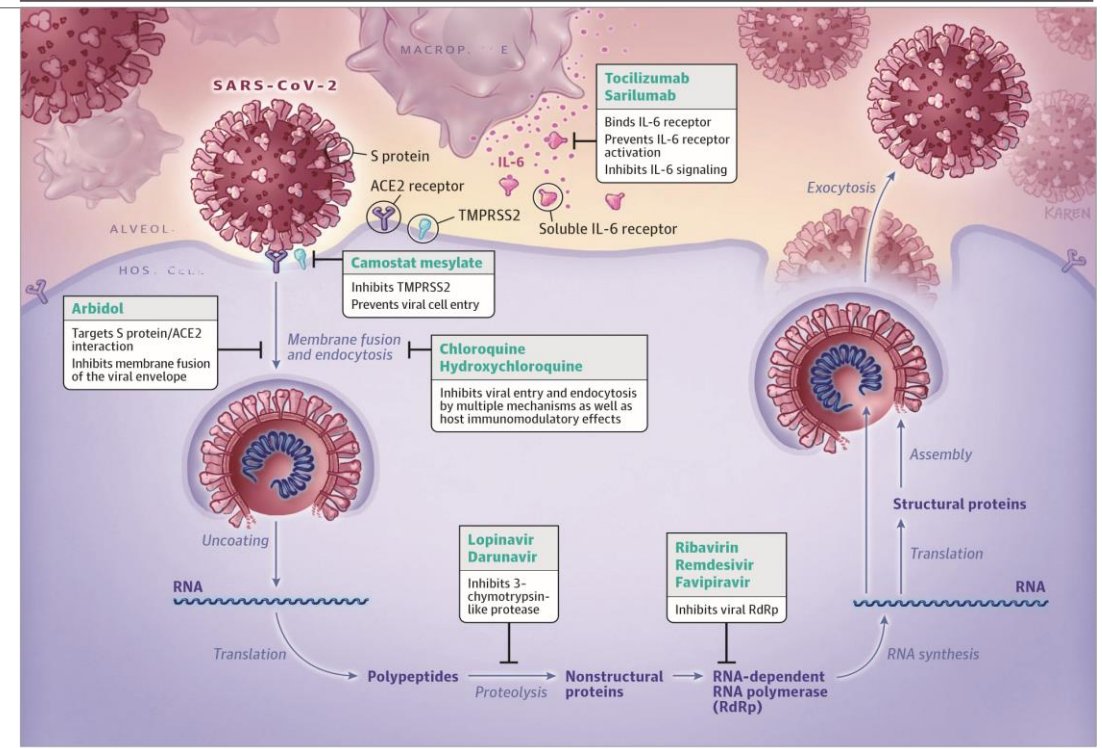
Oral medication

200 mg QID day 1; BID days 2-5

Generally well tolerated with few side effects

Major concern is cardiac risk – prolong QTc with risk of cardiac rhythm problems- **this can be addressed by careful screening**

Figure. Simplified Representation of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Viral Lifecycle and Potential Drug Targets



Sanders et al. *JAMA*. doi:[10.1001/jama.2020.6019](https://doi.org/10.1001/jama.2020.6019) Published online April 13, 2020.



# What we are NOT studying

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Chloroquine – less safe and less tolerable

Zinc added to HCQ

Azithromycin, an antibiotic

Kaletra (ritonavir/ lopinavir)

Remdesavir

# Trial Process

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## Process

Patient is told by Public Health that they have a positive test

AHS asks for their permission to pass along their details to us

We get an automated list and we approach them for telephone consent

## Consent and Randomization

Consent, screen, and randomize by telephone

Review Alberta Netcare as part of screening

Courier drug to the participant

Telephone FU at 7 and 30 days

# Key Inclusion Criteria

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1. Laboratory confirmed Covid-19 infection
2. Some typical symptoms
3. Enroll within 12 days of onset – earlier is better
4. Enroll with 4 days of a positive test result
5. Informed consent

# Key Exclusion Criteria

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1. Currently or imminently planned admission to hospital
2. Any **contraindication to hydroxychloroquine** (see next slide)
3. Current use of hydroxychloroquine or chloroquine
4. Inability to swallow pills

# Major Contraindications to Hydroxychloroquine

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Known retinal eye disease with vision impairment, in which hydroxychloroquine is a known contraindication

Known history of QTc prolongation or sudden cardiac death

Known significant liver disease

Uncontrolled epilepsy

Current use of **drugs that are known to prolong the QTc.**  
(see *list*)

# Drugs that prolong QTc and are exclusions

Amiodarone	Droperidol	Methadone
Amitriptyline	Erythromycin	Moxifloxacin
Azithromycin	Escitalopram	Pentamidine
Chlorpromazine	Flecainide	Pimozide
Ciprofloxacin	Fluconazole	Pentamidine
Citalopram	Fluoxetine	Procainamide
Clarithromycin	Haloperidol	Propafenone
Desipramine	Ibutilide	Quinidine
Disopyramide	Imipramine	Sertraline
Dofetilide	Itraconazole	Sotalol
Doxepin	Ketoconazole	Thioridazine
Dronedarone	Levofloxacin	Venlafaxine
	Maprotiline	Voriconazole

# Timelines & Progress

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148 randomized to date, 3 hospitalizations so far  
(all due to COVID)

We expect to enrol 1660 Albertans

Enrolment speed will depend upon the overall  
evolution of the pandemic, ongoing review

# Potential Readiness for Interested and Vulnerable Individuals

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Provide written information about the trial ahead of need.

- Sharing with families recommended.
- Inform staff and physicians.
- Include information about all exclusion criteria – especially drugs that would exclude an individual.
- Include the consent form.

Invite participation in webinars where questions can be asked.



# Also consider...

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Enhanced readiness for participation before infection, perhaps in places where there is an outbreak (to facilitate earlier treatment)

- Written consent provided by participant
- Provide contact information for individual, alternate decision maker/ surrogate and/ or family
- Attending physician approval

If individual becomes infected

- Screening completed
- Consent confirmed

Would health centres be interested in participating in drug delivery/ administration/ reminders?

# Principle Investigators

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Professor Department of clinical Neurosciences, University of Calgary,  
Multiple Sclerosis Program of the Hotchkiss Brain Institute,  
Medical Director, Foothills Hospital

Co-Lead  
Interim Site

**Michael D Hill MD MSc FRCPC**

Professor University of Calgary, Director, Stroke Unit;  
Department of Clinical Neurosciences, Hotchkiss Brain Institute, O'Brien Institute for Public Health

**Ilan Schwartz MD FRCPC**

Assistant Professor, Department of Medicine Division of Infectious Diseases University of Alberta

**Lawrence Richer MD FRCPC**

Associate Dean, Clinical & Translational Research/Associate Professor &  
Division Director of Pediatric Neurology, Department of Pediatrics, Division of Pediatric Neurology

# HOPECOVID.CA

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PERHAPS THERE MIGHT BE INTERESTED RESEARCH COLLABORATORS  
FROM FNIHB?

# Interested in presenting your community's COVID- 19 response/experience?

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PLEASE LET US KNOW!

EMAIL: [VCHelp@fntn.ca](mailto:VCHelp@fntn.ca) OR [SAC.CDEMergenciesAB-URgencesMTAB.ISC@Canada.ca](mailto:SAC.CDEMergenciesAB-URgencesMTAB.ISC@Canada.ca)

# Acknowledgments

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Dr. Wadieh Yacoub, Senior Medical Officer of Health

Dr. Chris Sarin, Deputy Medical Officer of Health

Dr. Luanne Metz – Interim Medical Site Director, Foothills Medical Centre

Simon Sihota, Regional Environmental Health Manager

Stephanie Amoah, Environmental Health Officer / Infection Control Practitioner

TSAG Telehealth Team (Michelle Hoeber, Brooke Hames and team)

# Questions?

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