

COVID-19 MOH Update

October 7th, 2021



Outline

1. MOH Update

- Dr. Chris Sarin

2. COVID-19 Vaccine Update

- Dr. Parminder Thiara

- Christina Smith

3. Alberta Rapid COVID-19 Screening Program

- Christie Lutsiak – GOA - Director, Health Innovation Partnerships & Strategy Unit

4. Questions

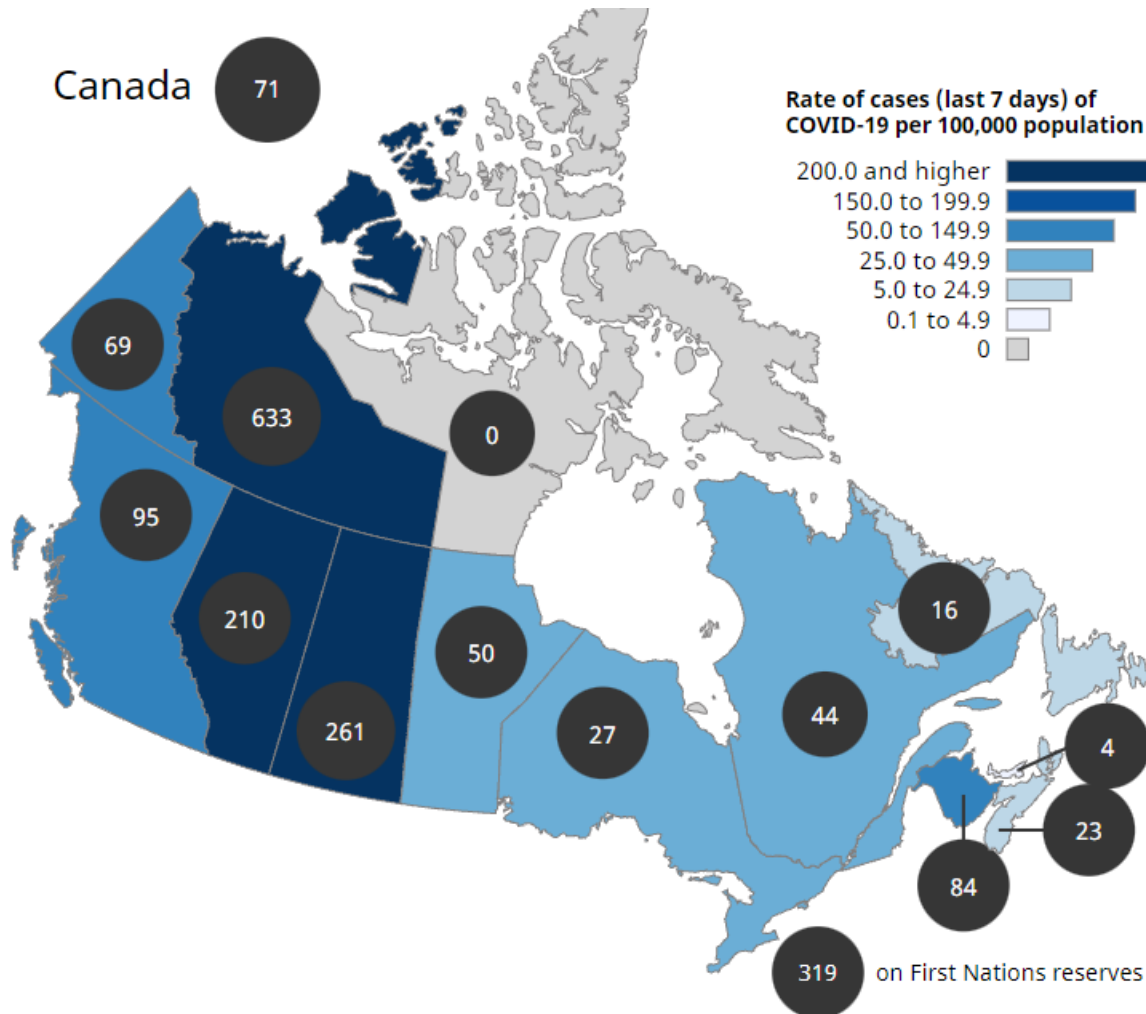
MOH Update

Dr. Chris Sarin

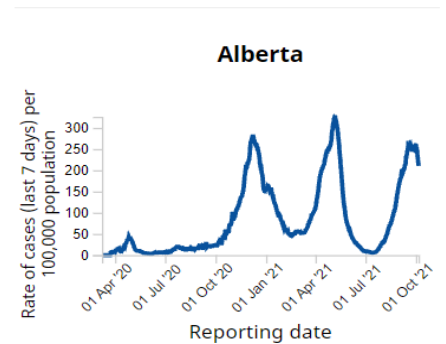
Senior Medical Officer of Health



Current Situation (as of October 6th)



The rate of cases (last 7 days) of COVID-19 in Alberta was 210 per 100,000 population as of October 6, 2021.



Source: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

Current Situation – Alberta (as of Oct 5th)

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

1083



current hospitalizations

247



current ICU

2,804



total deaths

18,912



active cases

9.89%



percent positivity, 7-day average

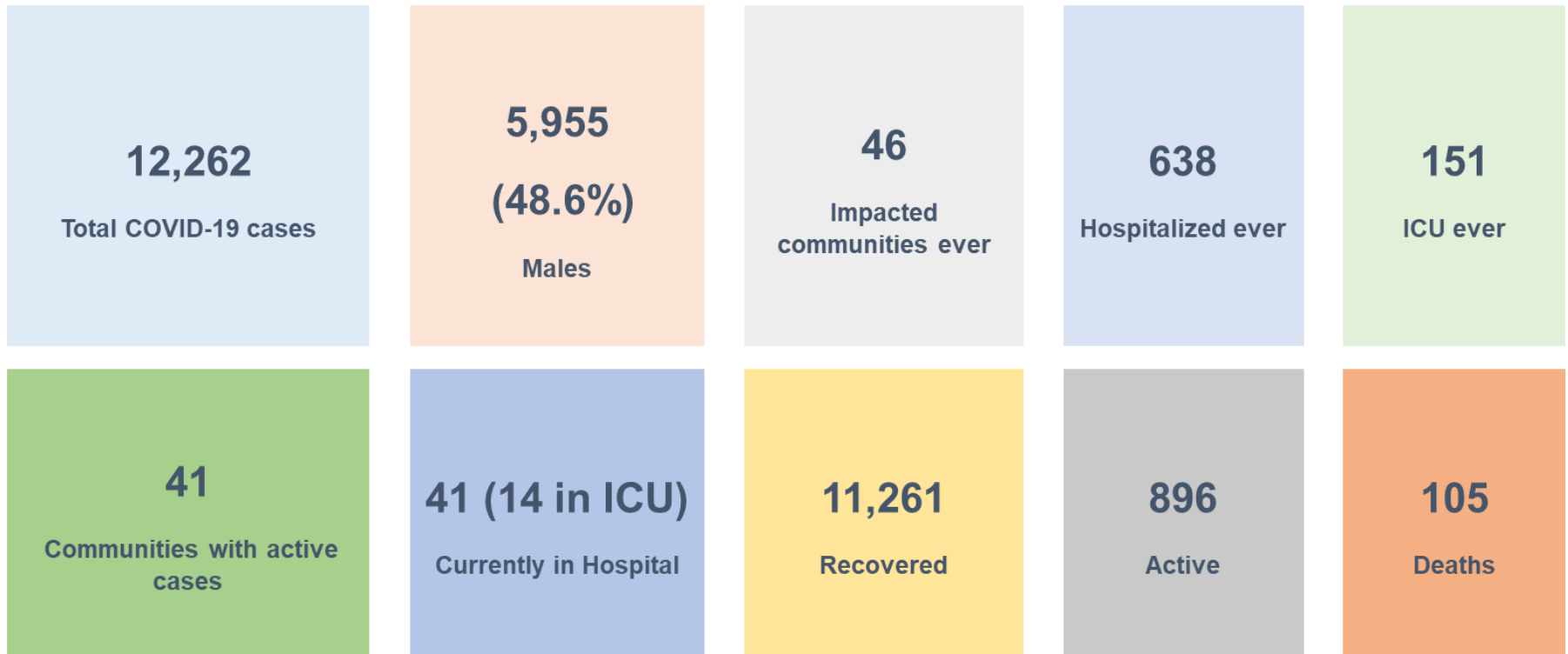
79 years



average age at death

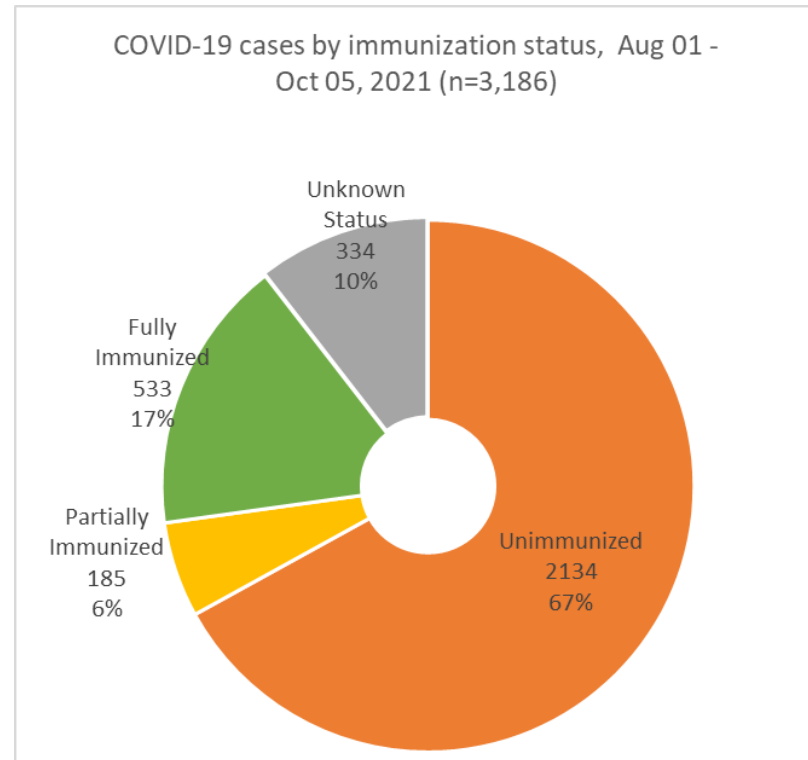
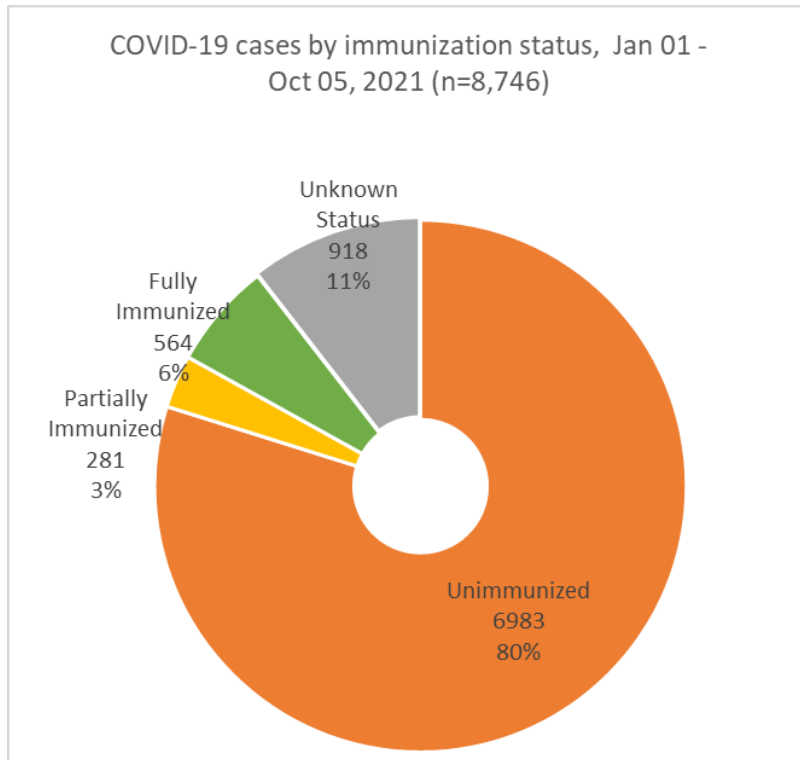
Overview of COVID-19 cases in First Nations communities on reserve in Alberta

Source: FNIHB COVID-19 ER System via Synergy in Action (October 06, 2021)



COVID-19 cases in First Nations communities on reserve in Alberta by Immunization Status

Source: FNIHB COVID-19 ER System via Synergy in Action & OKAKI Slice (October 06, 2021)

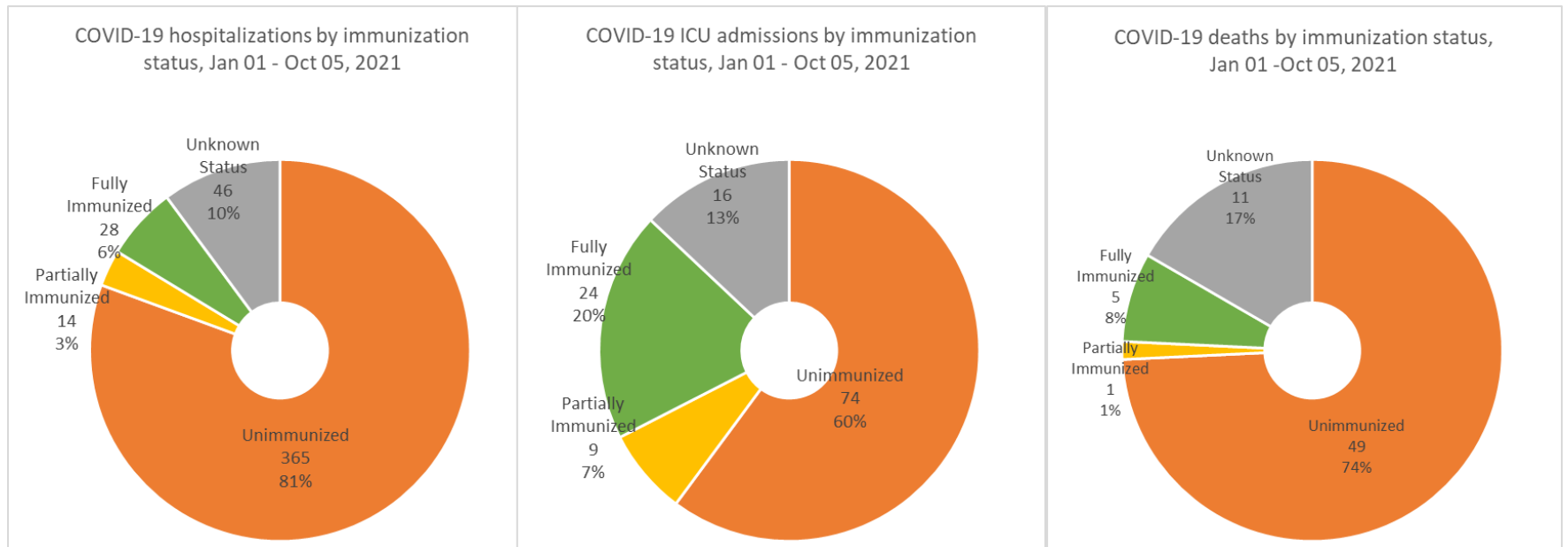


Unimmunized include individuals who were diagnosed with COVID-19 within 2 weeks from their first dose immunization date

Severe Outcomes by Immunization Status

Sources: FNIHB COVID-19 ER System via Synergy in Action & OKAKI Slice (October 06, 2021)

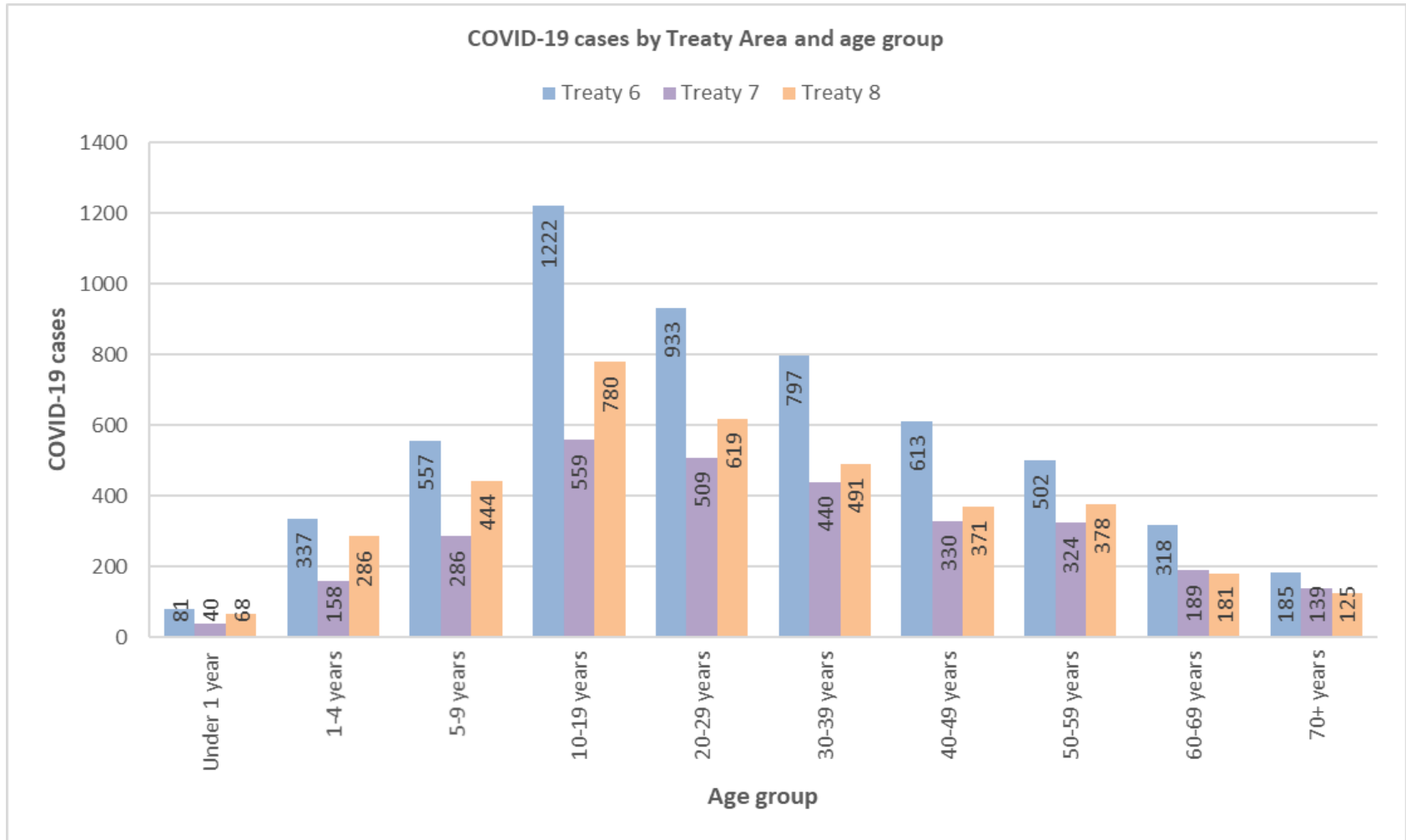
*Hospitalizations include ICU admissions



Unimmunized include individuals who were diagnosed with COVID-19 within 2 weeks from their first dose immunization date

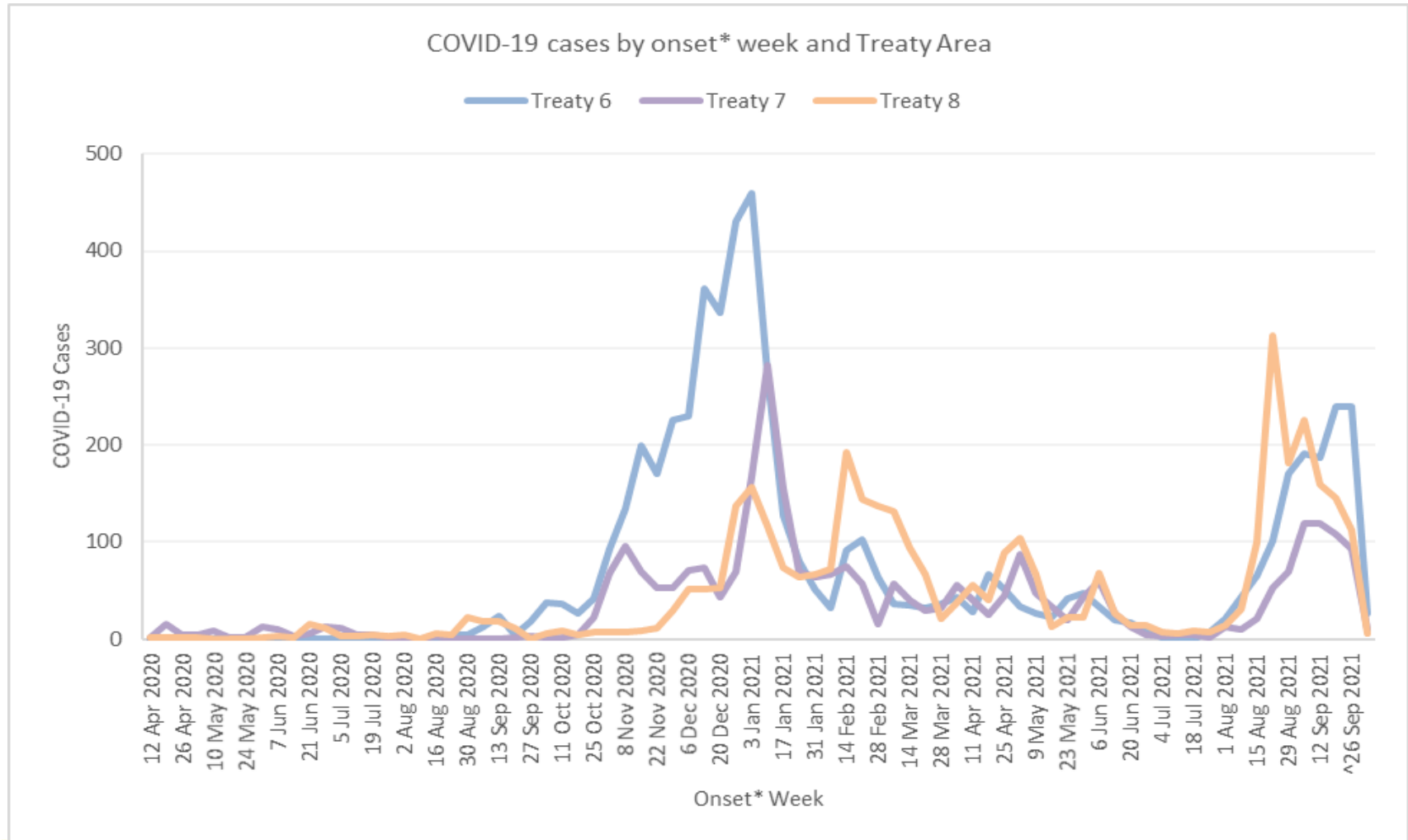
Age distribution of on-reserve COVID-19 cases in Alberta to date

Source: FNIHB COVID-19 ER System via Synergy in Action (October 06, 2021)



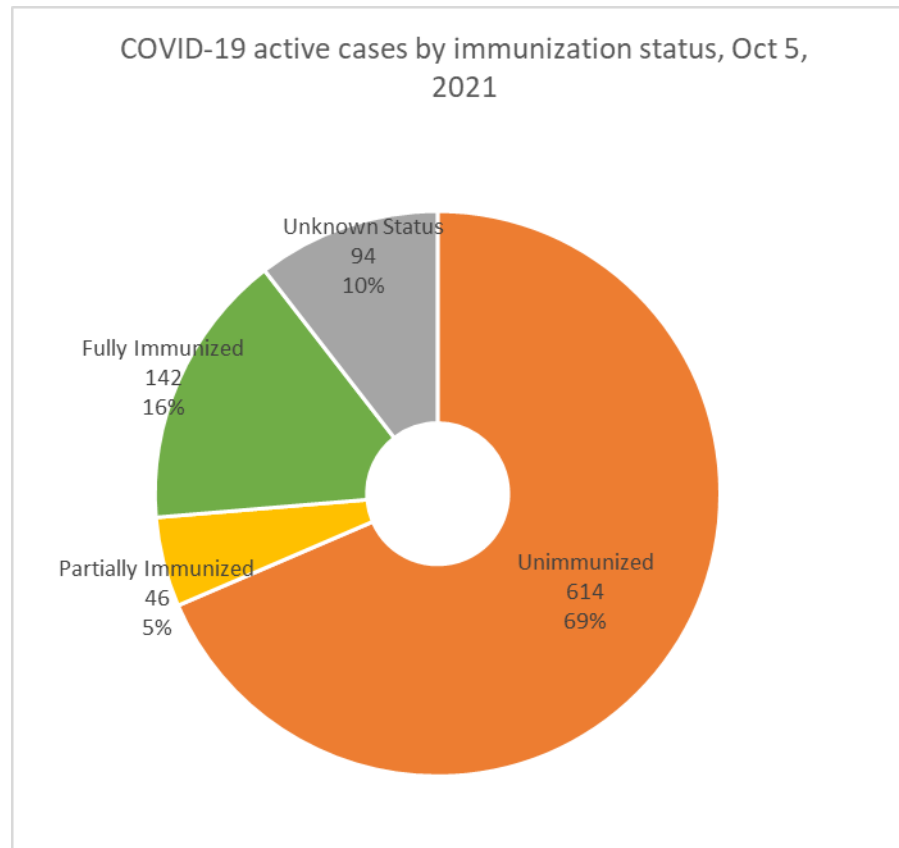
COVID-19 cases by week of onset* by Treaty Area to date

Source: FNIHB COVID-19 ER System via Synergy in Action (October 06, 2021)



Active COVID-19 cases by Immunization status

Source: FNIHB COVID-19 ER System via Synergy in Action (October 06, 2021)



Unimmunized include individuals who were diagnosed with COVID-19 within 2 weeks from their first dose immunization date

Community Based Diagnostic Testing

Many health centres in First Nations communities in Alberta have been using an Abbott ID NOW or GeneXpert point of care testing (POCT) instruments.

- These instruments are used for diagnosing or ruling out a COVID-19 infection and are similar to those being used in the lab.
- They are used to test individuals who meet specific criteria (i.e. people who have symptoms of COVID-19 or individuals tested as part of an outbreak).
- Trained instrument operators must follow the *FNIHB POCT and Results Management for COVID-19 Policy* and testing is completed under the authority of the FNIHB MOH.
- These instruments should not be used to provide a negative result under the Restrictions Exemption Program or for any other type of screening.

If you have any questions about these instruments or about rapid diagnostic testing, send an email to:

sac.cdemergenciesaburgencesmtab.isc@canada.ca

Reinfection with COVID-19

- >90 days after initial infection
- Cases of reinfection with COVID-19 have been reported, but remain rare.
- A small study reported that the majority of cases of reinfection experienced milder or similar symptoms, while a smaller percentage had more severe outcomes.
- Recent findings from a study in the US suggest the following:
 - The emergence of new variants might affect the duration of infection-acquired immunity, and laboratory studies have shown that sera from previously infected persons might offer weak or inconsistent responses against several variants of concern.
 - Individuals who were not vaccinated were more than twice as likely to be reinfected compared with those with full vaccination.
 - Among persons with previous SARS-CoV-2 infection, full vaccination provides additional protection against reinfection.

Public Health Restrictions – Gatherings and Funerals

- **Outdoor social gatherings** (*Limit changed as of October 6th*)
 - Limited to a **maximum of 20 people**, with 2 metre physical distancing between households at all times.
- **Indoor social gatherings**
 - Limited to 2 households (yours plus one other) up to a maximum of 10 vaccinated people with no restrictions on children under 12.
 - Not permitted for people who are not vaccinated.
- **Funerals**
 - Indoor funeral services are permitted with up to 50 people or 50% of fire code occupancy, whichever is less, unless the hosting facility implements the Restrictions Exemption Program.
 - Indoor funeral receptions are not allowed, unless the hosting facility implements the Restrictions Exemption Program.

COVID-19 Vaccine Update

Dr. Parminder Thiara

Deputy Medical Officer of Health

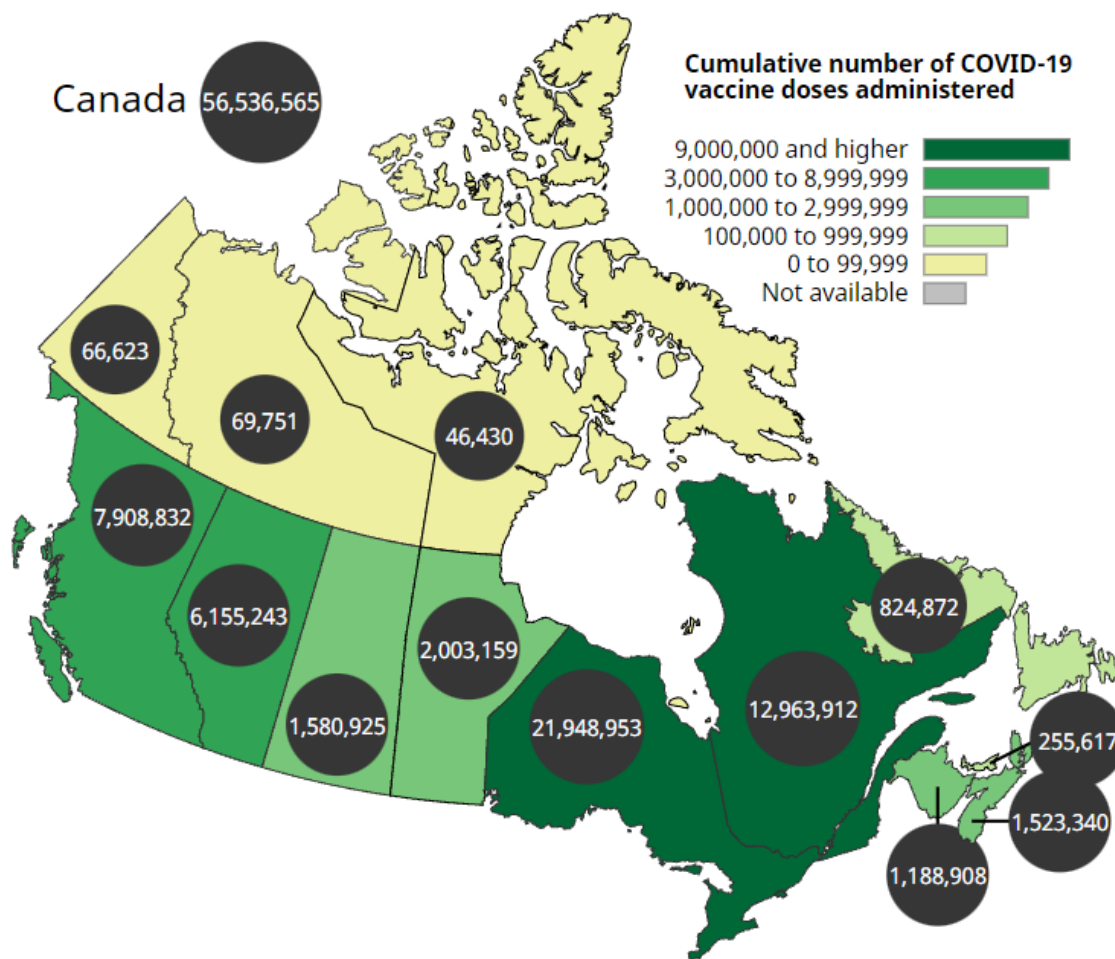
Regional Director of Primary and Population Health

Christina Smith

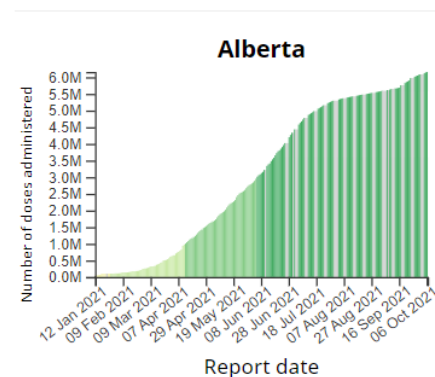
Regional CDC Nurse Manager



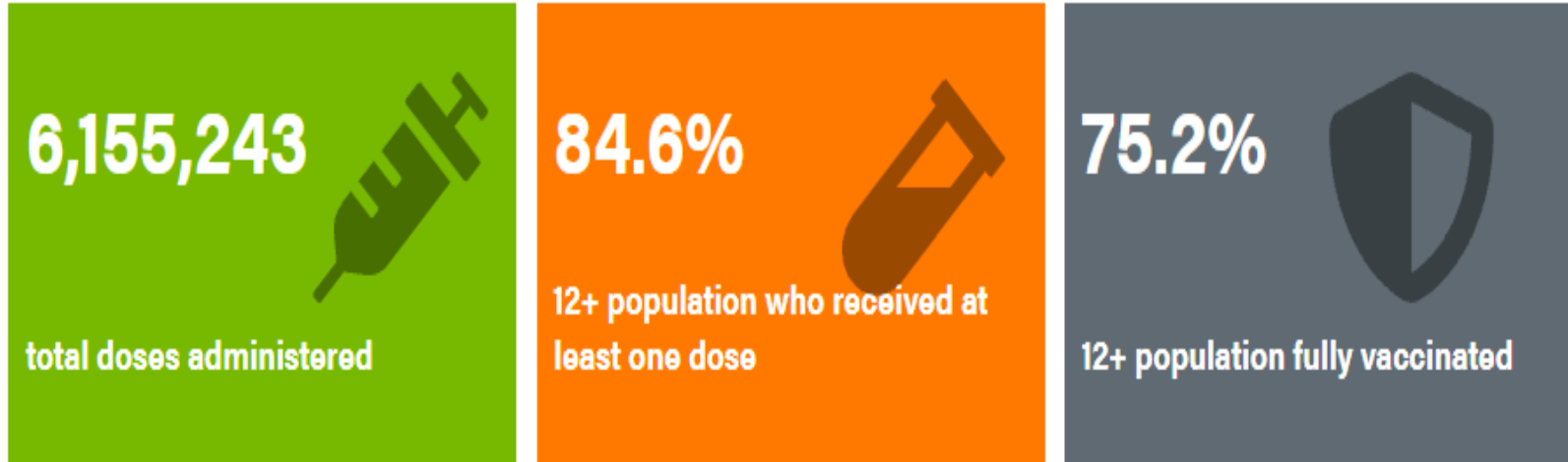
Cumulative number of COVID-19 vaccine doses administered in Canada by jurisdiction, as of October 5, 2021



The cumulative number of COVID-19 vaccine doses administered in **Alberta** was **6,155,243**, as of October 5, 2021.



COVID-19 Vaccine Data – Alberta (as of Oct 5th)

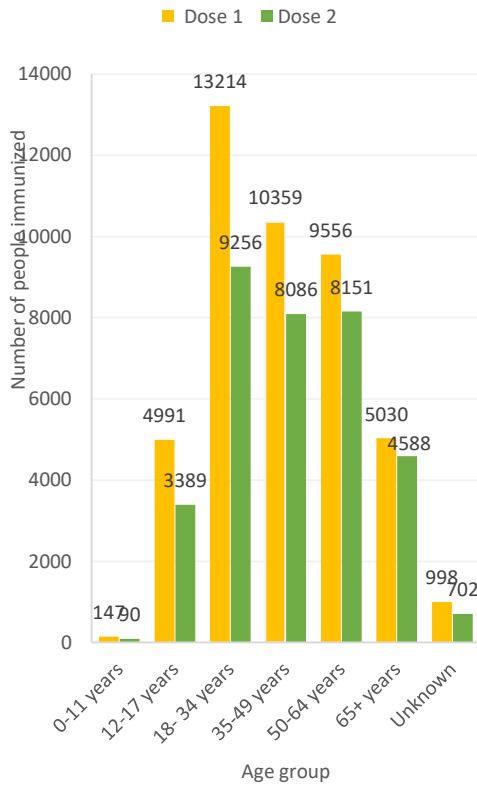


Source: <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

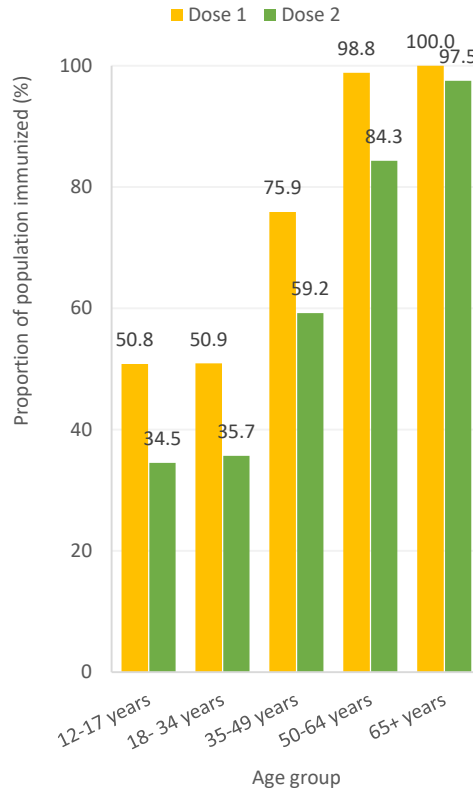
COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (October 06, 2021)

Number of people immunized by age group and type of dose



Proportion of population immunized by age group and type of dose



Doses administered
78,557

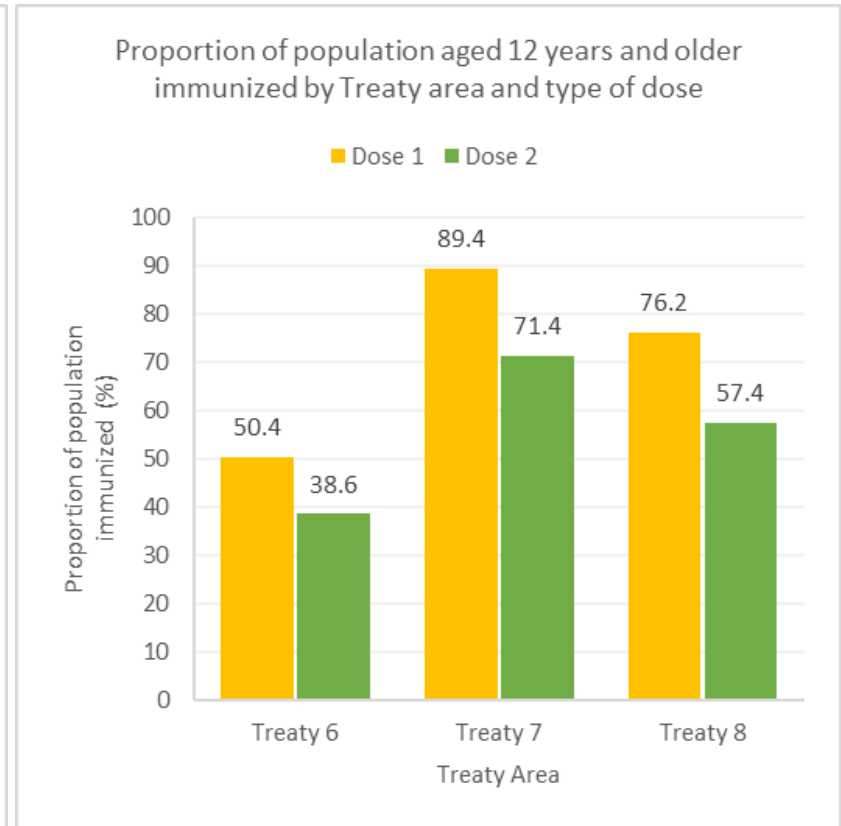
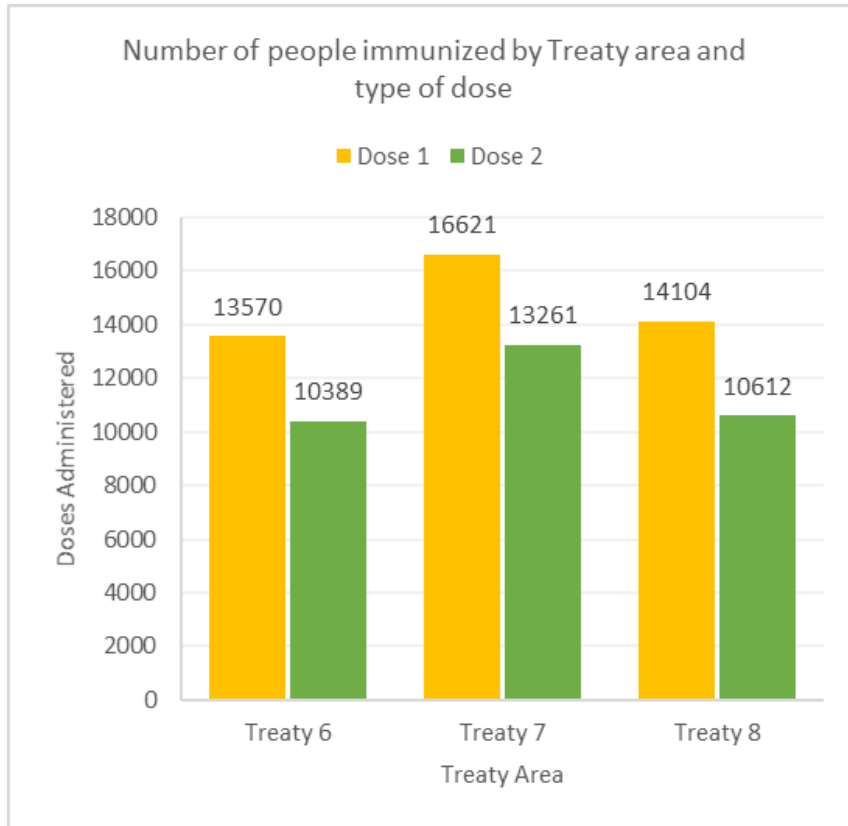
Number of people who have received at least one dose
44,295

Number of people who are fully immunized (2 doses)
34,262

Number of Nations (bands) with Immunizations
46

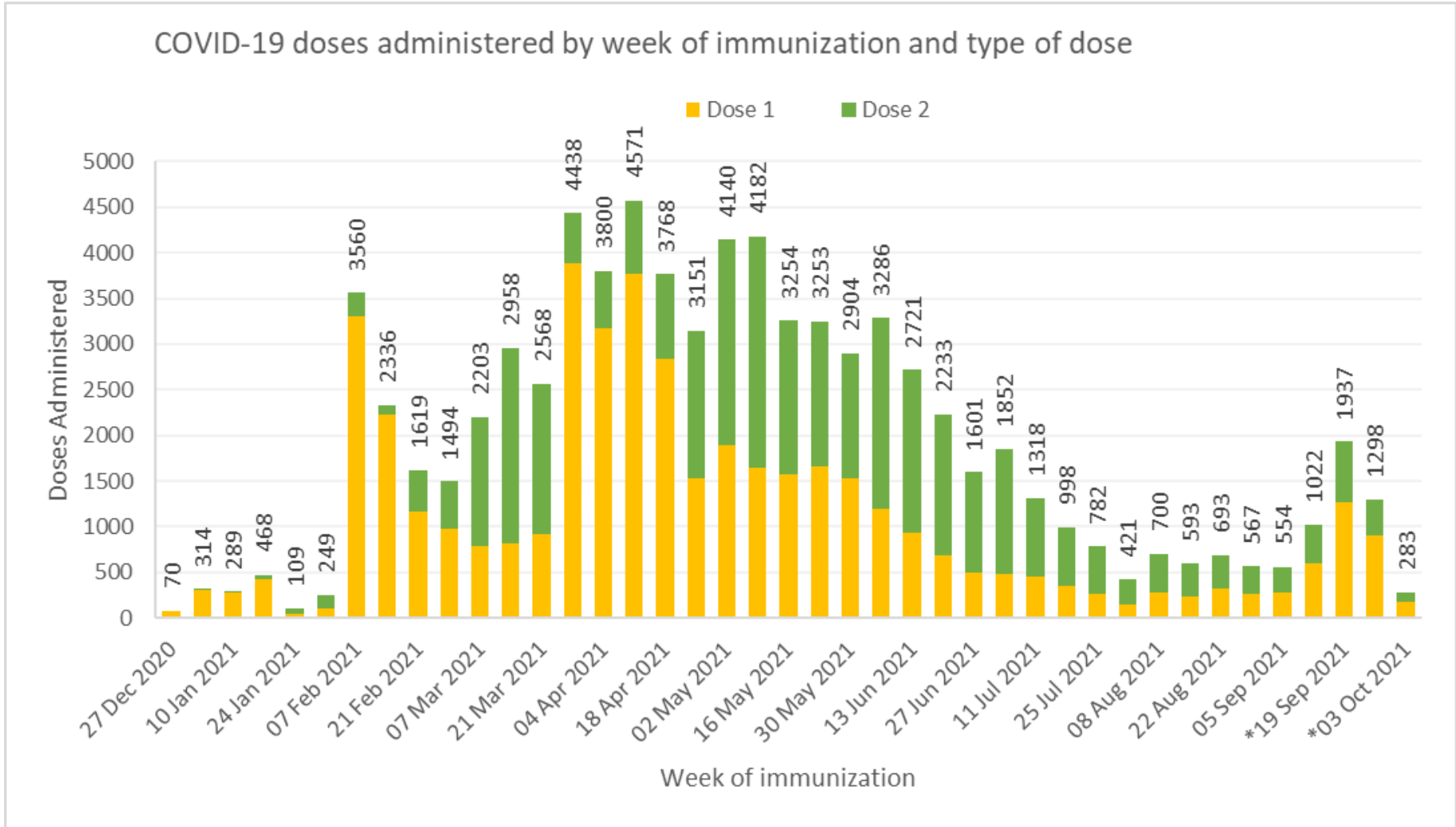
COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (October 06, 2021)



COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (October 06, 2021)



COVID-19 Vaccine for Children and Youth

- Health Canada has authorized the following mRNA COVID-19 vaccines for youth aged 12 and older:
 - Comirnaty (Pfizer-BioNTech) COVID-19 vaccine
 - Spikevax (Moderna) COVID-19 vaccinePeople aged 12 to 17 may receive the same 2-dose schedule recommended for adults.
- Pfizer and BioNTech have submitted data to Health Canada for review from Phase 2/3 trials for a vaccine for **children aged 5-11 years**.
 - The trials separated participants into three age groups: ages 5 to 11 years; ages 2 to 5 years; and ages 6 months to 2 years.
 - children ages 5 to 11 years received a two-dose schedule of 10 µg each
 - children under age 5 received a two-dose schedule of 3 µg each
- The Ministry of Health in Ontario issued a preferential recommendation for the use of Pfizer-BioNTech COVID-19 vaccine for individuals 12 - 24 years.
 - This was due to an observed increase in the number of reports of pericarditis/myocarditis following vaccination with Moderna relative to Pfizer-BioNTech in the 18-24 year old age group, particularly among males.
- Finland, Sweden, and Denmark are also recommending the Pfizer-BioNTech vaccine for men under the age of 30.

Alberta Vaccine Program – Third Doses

As of October 6th:

- Albertans aged 75 and older, and First Nations, Métis and Inuit people aged 65 and older are eligible for a third dose of COVID-19 vaccine.
 - *Book 6 months after 2nd dose*

The following groups are also eligible:

- Residents of seniors' supportive living facilities
 - *Must wait at least 5 months after 2nd dose*
- Immunocompromised Albertans aged 12 and older
 - *Must wait at least 8 weeks after 2nd dose*
- Travellers to jurisdictions that don't recognize Covishield/AstraZeneca or mixed series doses
 - *Must wait at least 4 weeks after 2nd dose*

Co-administration of the COVID-19 Vaccine

- As a precaution, the National Advisory Committee on Immunization (NACI) previously recommended that COVID-19 vaccines be given at least 28 days before and 14 days after other vaccines.
- After reviewing the evolving evidence on COVID-19 vaccines and considering the extensive data and experience of giving other routine vaccines at the same time or within days of each other, NACI has determined that a precautionary approach is no longer necessary.
- As of September 28th, NACI recommends that:

COVID-19 vaccines may be given at the same time as, or any time before or after, other vaccines, including live, non-live, adjuvanted, and non-adjuvanted vaccines.

Source: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/summary-updates-september-28-2021.html>

Co-administration of the COVID-19 Vaccine

- No specific safety concerns have been identified; however, there is a possibility of increased temporary side effects when a COVID-19 vaccine and another vaccine are administered at the same time or within days of each other.
- Allowing COVID-19 vaccines to be given at the same time as or within days of other routine vaccines will help facilitate the rollout of the 2021 influenza vaccine program and will make it easier for individuals to receive other routine vaccines they have missed due to the pandemic.
- Vaccines administered during the same visit should be administered at different injection sites.
- As with other vaccines, when possible, administration on the same day is preferred to vaccines being given within a few days of each other.

Source: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/summary-updates-september-28-2021.html>

Reported side effects following COVID-19 vaccination in Canada and Alberta

Canada as of September 24, 2021

**No new safety signals
have been identified in
Canada**

(three continue to be monitored)

55,519,317

Total doses administered

17,079

Total adverse event following
immunization reports

(0.031% of all doses administered)

12,616

Total adverse event following
immunization reports that were non-
serious

(0.023% of all doses administered)

4,463

Total adverse event following
immunization reports that were serious

(0.008% of all doses administered)

211

New adverse event following
immunization reports received
between September 18 to 24, 2021.

(112 new non-serious and
99 new serious)

Alberta

As of October 5, 2021

**6,155,243 Doses Administered
1,688 Adverse Events Reported**

Alberta First Nations On Reserve

As of October 5, 2021

**78,557 Doses Administered
37 Adverse Events Reported**

Alberta Rapid COVID-19 Screening Program

Christie Lutsiak

*Director, Health Innovation Partnerships & Strategy Unit
Alberta Health*



Rapid COVID-19 Screening Program

Rapid Antigen Testing

- Can be used to screen asymptomatic people for possible COVID-19.
 - Can identify infection in people who don't know they're infected (i.e., no symptoms).
 - Positive result = 'presumptive positive' and requires PCR lab test to confirm.
 - Negative result does not mean that an individual is not contagious, so clear messaging is required around the need to continue to take all precautions.
- Red-light/yellow-light test.
 - Positive result = red light: stops a person from entering
 - Negative = yellow light: allows cautious entry, follow all public health guidelines.
- Easy to use and lay people can be trained to operate them effectively.

Program Overview

- Alberta Health will provide testing kits, as well as advice and guidance, at no charge to public, private and not-for-profit employers and service providers across all sectors.
- Recipients will be responsible for managing logistics on-site and providing the resources to carry out their screening programs.
- A health care provider is NOT required.
- Organizations must have processes in place for training testers, using PPE, recording and reporting screening results, disposing of biohazardous waste, and managing individuals who screen positive.
- Will be required to report weekly to Alberta Health on use of tests

Possible Uses for Rapid Screening

Most effective uses	Less effective uses	Unacceptable Uses
Regular testing of employees in a workplace with significant interaction with the public	Pre-event testing – not permitted under the program	Testing of people with symptoms or with known exposure
Regular testing of employees in a workplace where public health guidelines can't be followed or where they are insufficient.	Testing of non-employees when they enter the site	Testing of people for the purpose of removing masks or avoiding other public health guidelines
Regular testing of employees in large workplaces or sites with a lot of face-to-face interaction	Testing of employees who are primarily virtual but enter the workplace sometimes	Testing of people without a process to remove them if they test positive
Regular testing of non-employees who enter a site regularly.		Testing people to create a “bubble”

Restrictions Exemption Program

- Tests provided by the Rapid Screening Program CANNOT be used for access to sites operating under the REP
 - You can't provide your employees with documentation about their negative results for admission to sites (restaurants, movies, events, etc.) that participate in the REP.

Website: alberta.ca/rapidtesting

Email: rapidtesting@gov.ab.ca

Acknowledgements

Christie Lutsiak, Director of Health Innovation Partnerships & Strategy Unit - Alberta Health

Dr. Chris Sarin, Senior Medical Officer of Health – FNIHB

Dr. Parminder Thiara, Deputy Medical Officer of Health - FNIHB

Christina Smith, Regional CDC Nurse Manager - FNIHB

Simon Sihota, Regional Manager, EPHS – FNIHB

Ibrahim Agyemang, Senior Epidemiologist – FNIHB

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

FNIHB Technical Team



Questions?

VCHELP@FNTN.CA



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada