

COVID-19 MOH Update

CURRENT TOPIC, SCENARIOS, AND A COMMUNITY PROFILE

JUNE 4, 2020

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update – Dr. Wadieh Yacoub & Dr. Chris Sarin
2. Current Topic – Update from Dr. Luanne Metz
3. Scenarios - Dr. Chris Sarin, Dr. Richard Musto and Marty Landrie
4. Community Profile – Goodfish Lake – Georgina Halfe, Health Director
5. Questions

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

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Reminder - Privacy

- 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 June 3)

The **global** numbers:

- 6 287 771 total confirmed cases
- 379 941 deaths

The numbers in **Canada**:

- 93 085 confirmed cases
- 7 416 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

Overview of COVID-19 in Alberta (as of June 3, 2020):



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

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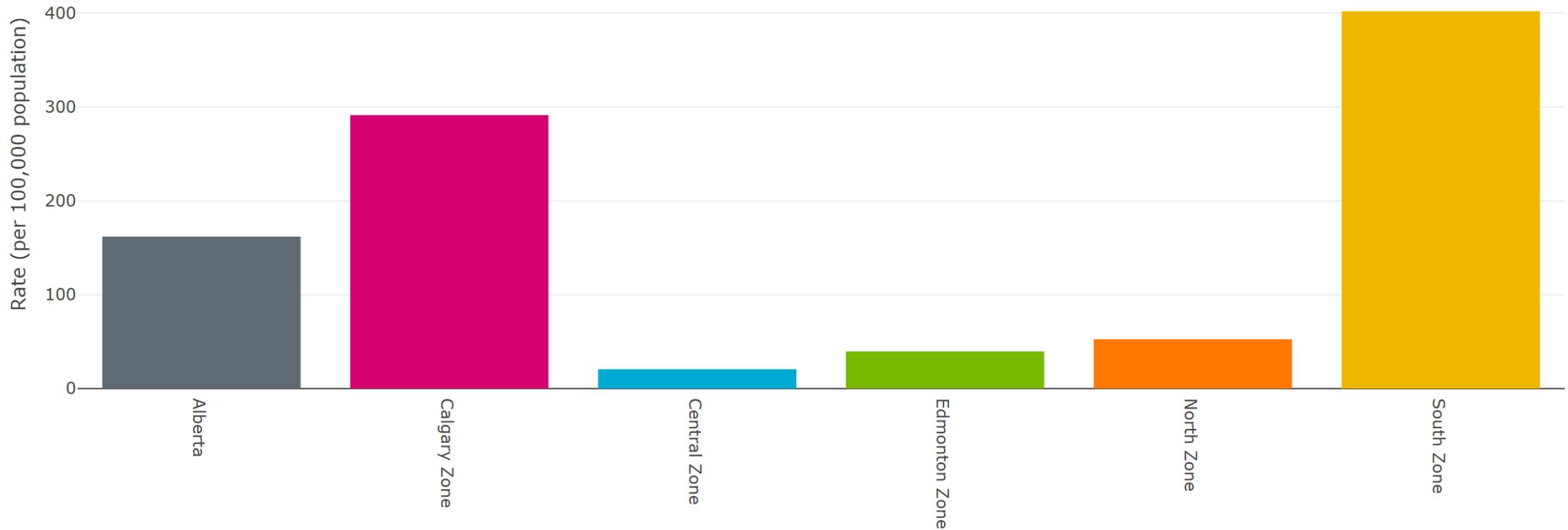
Current Situation

The numbers across Alberta as of June 3, 2020

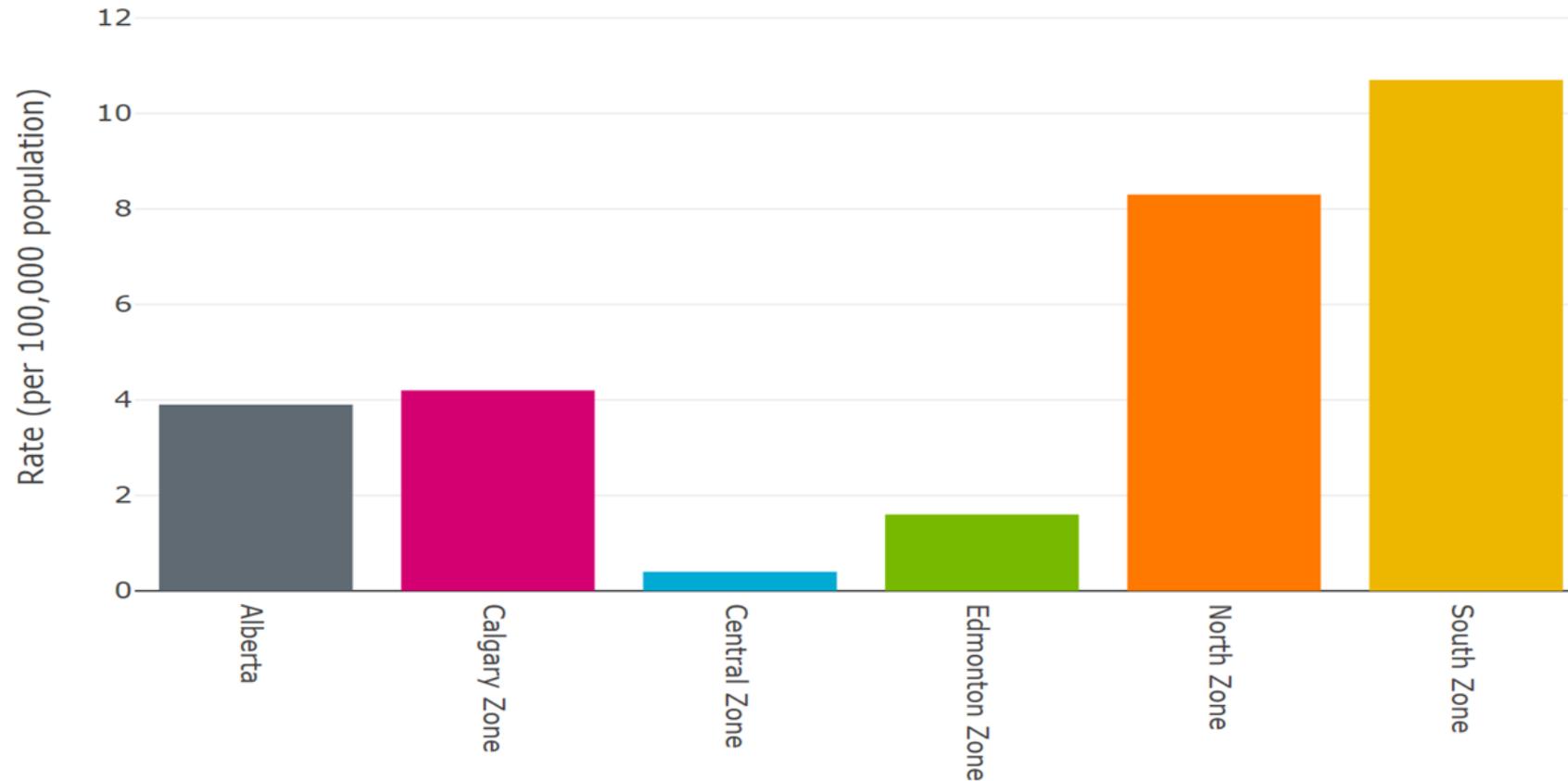
Location	Total Confirmed Cases	Active Cases	In Hospital	In ICU	Deaths
First Nation Communities	47	11	3	3	-
First Nations People in AB*	170		21 (ever)	6 (ever)	3
Calgary Zone	4 909	255	31	4	106
South Zone	1241	21	3	1	9
Edmonton Zone	563	45	10	1	13
North Zone	252	22	4	-	16
Central Zone	98	-	-	-	1
Unknown	13	1	-	-	-
TOTAL	7076 (19 new)	344	48	7	145

* Includes on and off reserve

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



Rate of COVID-19 cases (per 100,000 population) in First Nations people and by zone



Multi-system Inflammatory Syndrome in Children (MIS-C)

New condition

Similar to an inflammatory illness known as Kawasaki Disease

Involves inflammation of multiple organs, including the heart, kidneys, blood and nervous system.

Reported cases involve children and adolescents who have been recently infected with the virus, developing the syndrome several weeks to a month after an infection.

Responds to treatments such as steroids.

The disease is reportable in Alberta.

Alberta COVID-19 Testing Criteria

Testing is now available to:

- any person without symptoms who wants to be tested.
- The following groups will continue to receive priority for testing:
 - any person exhibiting any symptom of COVID-19
 - all close contacts of confirmed COVID-19 cases
 - all workers and/or residents at specific outbreak sites
 - all workers and residents at long-term care and level 4 supportive living facilities
 - all patients admitted to continuing care or transferred between continuing care and hospital settings

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

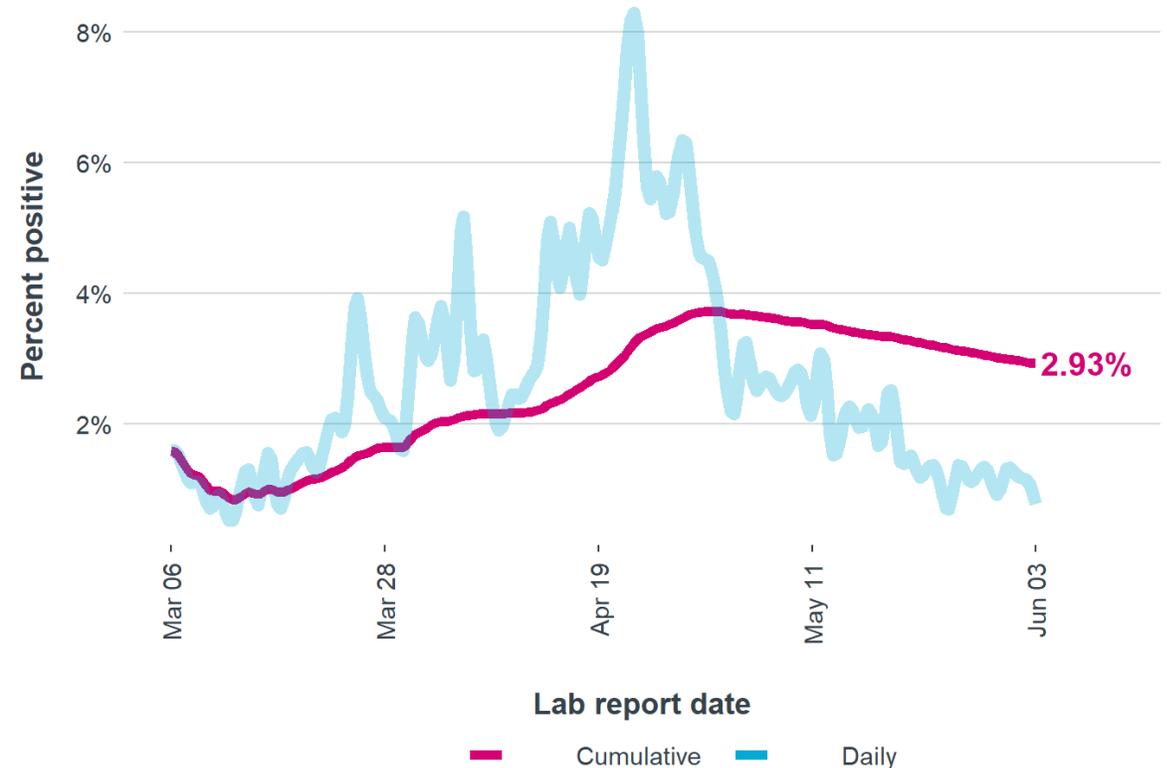
Online self assessment for HCWs/Shelter Workers/Enforcement/First Responders: <https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>

COVID-19 Testing

As of June 3, 244 780 people have been tested in Alberta.

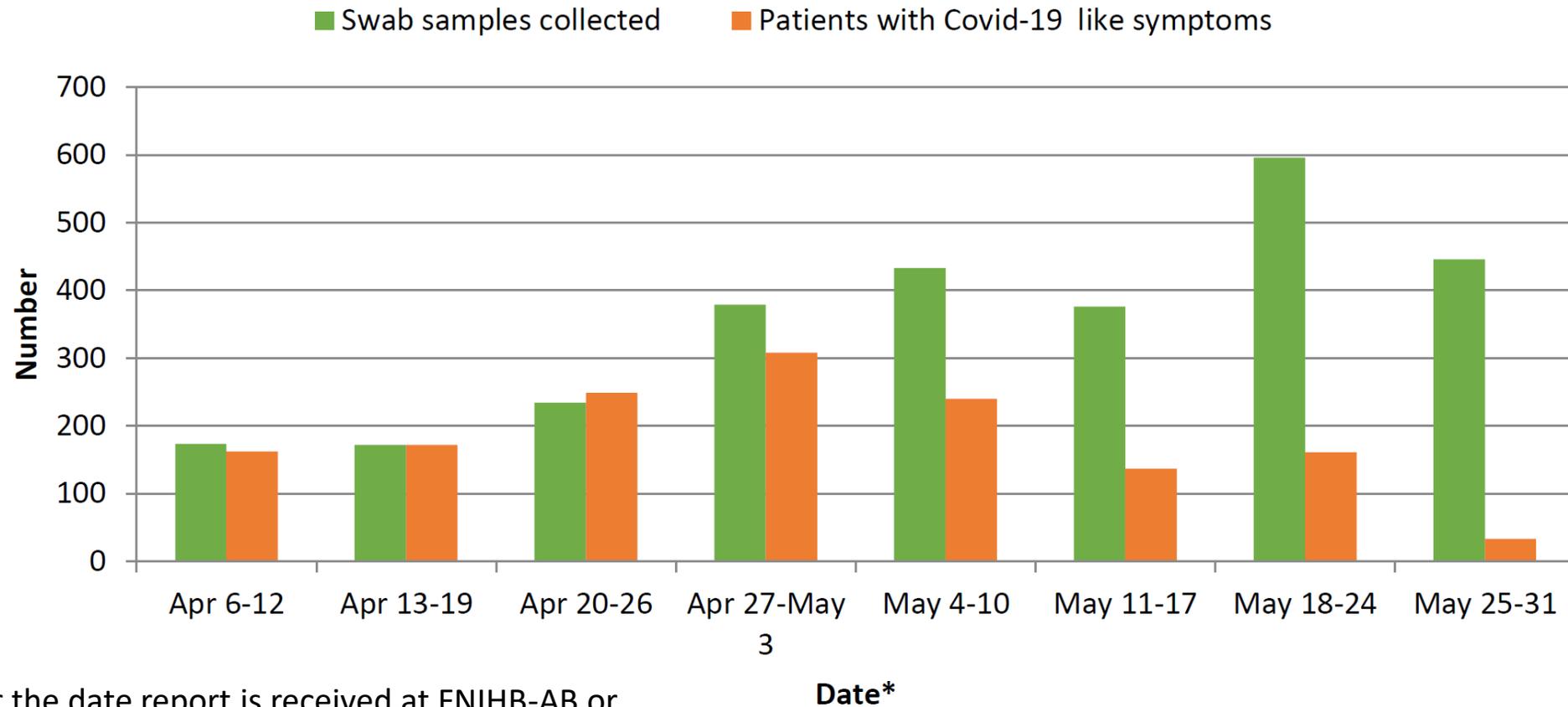
Calgary Zone has completed 47% of the tests.

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



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

First Nation Communities - number of swabs samples collected and number of patients seen with COVID-19 like symptoms by date*



Date*: Either the date report is received at FNIHB-AB or date reported by community

Alberta Relaunch – Non-Essential Health Services

Regulated health-care workers such as dental, physiotherapists, speech language pathologists, respiratory therapists, audiologists, social workers, occupational therapists, dietitians, chiropractors, optometry and more were allowed to resume services on May 4. [CMOH Order 16-2020](#).

Alberta Relaunch – Non-Essential Health Services

The college of each regulated health profession will be responsible for providing guidelines to its members who operate community health care clinics.

The Alberta Health *Workplace Guidance for Community Health Care Settings* document outlines the criteria that should be included in individual, written workplace policies and procedures established to address the COVID-19 pandemic response.

For guidance documents related to relaunch visit the Alberta Biz Connect website at <https://www.alberta.ca/biz-connect.aspx> .

Reminder - Continuous Masking in Healthcare Settings

To prevent pre-symptomatic and asymptomatic spread, all health care facilities have been advised to adopt the policy of continuous masking for health care workers.

This recommendation is consistent with guidance provided by Alberta Health Services and the Public Health Agency of Canada.

AHS guidelines for continuous masking can be found at this link:
<https://www.albertahealthservices.ca/topics/Page17048.aspx>

Update on Hydroxychloroquine Study

DR. LUANNE METZ



Alberta HOPE Covid-19 Trial

Luanne Metz, MD FRCPC

UPDATE June 4, 2020

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Covid19– the lack of good information



UNIVERSITY OF
CALGARY

- Covid19 and the SARS-Cov2 virus
- Massive amount of disinformation out there
- **NOW there is more!!!**
- 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.

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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



- 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**

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Timelines & Progress

- 148 randomized to date, **4** ~~3~~-hospitalizations so far (all due to COVID)
- We **previously** expected to enrol 1660 Albertans
- Enrolment speed will depend upon the overall evolution of the pandemic, ongoing review



What Happened Since May 21

May 22

- Lancet article
 - large observational study of hospital data from across the world
 - suggested that the use of HCQ **in hospitalized patients** increased the risk of death and cardiac arrhythmia by $\sim 1/3$ rd.
- We suspended enrolment immediately
- Our data and safety monitoring committee (DSMC) met
 - Reviewed the Lancet paper and our data
 - No safety concerns
 - Recommended that we could continue
 - Requested more in depth review our data for safety
- We asked participants still taking study drug to stop (6 people)

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- Other HCQ trials reviewed their own study safety data and or paused or continued their trials
- We gathered the requested safety data
- We continue to develop links with other groups doing HCQ trials to explore data linkage. (ongoing)

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May 27 - Is the Lancet paper legitimate?

May 29 – DSMC found no safety concerns upon review of our additional data

May 29

- We will complete follow-ups
- We may in future resume enrolment
- Pooled data will hopefully determine if HCQ has benefit as early treatment

June 2 - Lancet and NEJM published **statements of concern** relating to the integrity of the data used for the analysis in the Lancet paper.

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June 3 – NEJM

- HCQ is **does not prevent** COVID infection

June 3 – JAMA

- Among patients with severe or life-threatening COVID-19, convalescent plasma **did not improve recovery over 28 days.**
- Interpretation is limited by early termination of the trial.

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References

The Lancet article

- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31180-6](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6)

Questions about the Lancet article

- https://www.medpagetoday.com/infectiousdisease/covid19/86692?xid=nl_mpt_investigative2020-05-27&eun=g1201968d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=InvestigativeMD_052720&utm_term=NL_Gen_Int_InvestigateMD_Active

Warning from major journals

- https://www.nejm.org/doi/full/10.1056/NEJMe2020822?query=featured_home
- https://www.thelancet.com/lancet/article/s0140673620312903?utm_campaign=lancet&utm_source=twitter&utm_medium=social

An opinion on the data in the Lancet article

- <https://science.thewire.in/the-sciences/covid-19-hydroxychloroquine-the-lancet-observational-study-surgisphere/>

HCQ as a preventive therapy

- https://www.nejm.org/doi/full/10.1056/NEJMoa2016638?query=featured_home

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Scenarios

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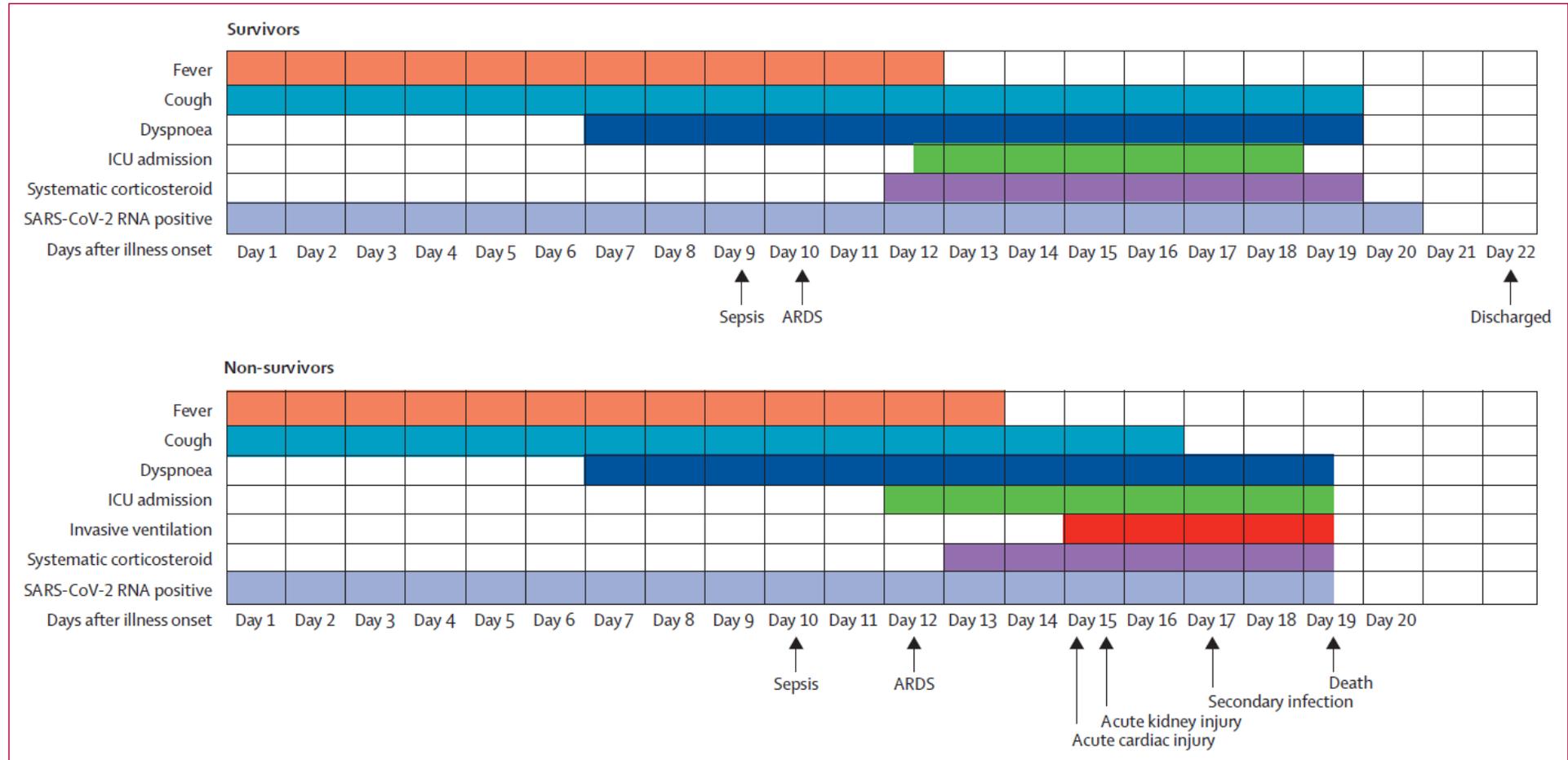


Figure 1: Clinical courses of major symptoms and outcomes and duration of viral shedding from illness onset in patients hospitalised with COVID-19

Figure shows median duration of symptoms and onset of complications and outcomes. ICU=intensive care unit. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2. ARDS=acute respiratory distress syndrome. COVID-19=coronavirus disease 2019.

The Calgary Zone presumed/confirmed COVID-19 positive primary care pathway indicates rapid deterioration is most common in week 2 of symptom onset

Reference: https://www.specialistlink.ca/files/CZ_COVID_Pathway_May25_2020.pdf

In the initial Wuhan patient cohort, the time from symptom onset to hospitalization ranges from 8-14 days

Reference: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

Scenario 1: Case presentation

58 year old female with asthma.

She has had a mild respiratory illness for 10 days with a slight cough, runny nose and feeling unwell. She has chosen not to get tested, but has been isolating at home with her family (her partner and 18-yr old child).

On the 11th day after symptom onset, she feels worsening shortness of breath.

She calls her physician and is advised to go to the emergency room.

Scenario 1: Case presentation

She attends the emergency room.

She is swabbed for COVID-19 and a chest x-ray is taken.

Results of the chest x-ray are abnormal.

She is admitted to hospital due to respiratory difficulty

Scenario 1: Case presentation

The results come back the next day and she is positive for COVID-19. The hospital physician will notify her of her results.

After one night in the hospital, her breathing improves and she is discharged.

What is the process for notifying the community of her COVID-19 positive result?

Scenario 1: Discussion

What is the process for notifying the community of her COVID-19 positive result?

- * During the admission process, it is easy to determine that a patient lives in a First Nation community. AHS will initiate appropriate lines of communication to ensure FNIHB MOH is notified of the result.
- * FNIHB MOH will be notified and will engage through FNIHB CDC team and community health nurse for appropriate contact follow up.
- * It is determined that the house is appropriate for self-isolation.
- * Patient would need to continue self-isolation for 10 days from the day her symptoms worsened/exacerbated.

Alberta Health Services

Discharge Process for COVID-19 Positive Person

New province-wide process being implemented

Input provided by Indigenous Health Program

Checklist with multiple appendices:

- Continuity with primary care practitioner
 - Includes assistance getting a family doctor or link to local Primary Care Network as required
 - Notification of health centre

Discharge Process cont'd

- Assessment of ability to isolate at home or elsewhere in community
 - Identification of necessary supports such as home care
- Discharge script for discussion with patient
- Listing of patient and provider resources
- Safe transportation guidelines
 - Includes call to person who will be providing transportation

Scenario 2: Case presentation

58 year old female with asthma.

She has had a mild respiratory illness for 10 days with a slight cough, runny nose and feeling unwell. She has chosen not to get tested, but she has been isolating at home with her family (her partner and 18-yr old child).

On the 11th day after symptom onset, she feels worsening shortness of breath.

She calls her physician and is advised to go to the emergency room.

Scenario 2: Case presentation

She attends the emergency room.

She is swabbed for COVID-19 and a chest x-ray is taken.

Results of the chest x-ray are normal.

She is sent home with the direction to self-isolate until results are available.

The results come back the next day and she positive for COVID-19.

What is the process for notifying the community of her COVID-19 positive result?

Scenario 2: Discussion

What is the process for notifying the community of her COVID-19 positive result?

- * The patient was not admitted, therefore location of residence may not be known.
- * The emergency room doctor's name will be on the requisition form and therefore will receive the results. This creates a gap for notification and contact tracing in the community.
- * ER doctor directs results to the AHS Zone public health nurse for patient notification.
- * The AHS public health nurse may notify the patient of the COVID-19 positive result. At this time, it will be determined that the patient lives in a First Nation community.

Scenario 2: Discussion

What is the process for notifying the community of her COVID-19 positive result?

- * FNIHB MOH will be notified by AHS public health nurse and will engage through FNIHB CDC team and community health nurse for appropriate contact follow up.
- * It is determined that the house is appropriate for self-isolation.
- * Patient would need to continue self-isolation for 10 days from the day her symptoms worsened/exacerbated.

Scenario 3: Case presentation

58 year old female with asthma.

She has had a mild respiratory illness for 10 days with a slight cough, runny nose and feeling unwell. She has chosen not to get tested, but has been isolating at home with her family (her partner and 18-yr old child).

On the 11th day after symptom onset, she feels worsening shortness of breath.

She calls her physician and is advised to go to the emergency room.

Scenario 3: Case presentation

She attends the emergency room.

She is swabbed for COVID-19 and a chest x-ray is taken.

Results of the chest x-ray are normal.

She is sent home with the direction to self-isolate until results are available.

The results come back the next day and she negative for COVID-19.

What is the process for notifying the individual of her COVID-19 negative result?

Scenario 3: Discussion

What is the process for notifying the individual of her COVID-19 negative result?

- * Clients will receive a phone call from Health Link (811) to inform them of a negative test result.
- * Clients may view their health information on line if they have registered in the *MyHealth Records* program (myhealth.alberta.ca)
- * If consent was obtained at the time of specimen collection, clients can receive negative results via an automated message sent by the COVID-19 Auto-dialer program.

- * Patient would need to continue self-isolation for until they are symptom free.

Community COVID-19 Response Profile – Goodfish Lake Health Centre

GEORGINA HALFE, HEALTH DIRECTOR



QUESTIONS: VCHELP@FNTN.CA

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

PLEASE LET US KNOW!

EMAIL: VCHelp@FNTN.ca OR SAC.CDEMERCENCIESAB-URGENCESTMtab.ISC@CANADA.ca

Acknowledgments

Dr. Wadieh Yacoub, Senior Medical Officer of Health

Dr. Chris Sarin, Deputy Medical Officer of Health

Dr. Richard Musto

Dr. Luanne Metz

Georgina Halfe, Health Director – Goodfish Lake Health Centre

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

Questions?

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