

COVID-19 Update

JULY 9, 2020

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update – Dr. Wadieh Yacoub & Dr. Chris Sarin
2. Current Topics – Dr. Chris Sarin, Simon Sihota
3. Relaunch Update - Simon Sihota
4. Scenarios – Brent Whittal
5. Questions

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

QUESTIONS: VCHELP@FNTN.CA

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 July 8)

The **global** numbers:

- 12 012 720 cases
- 548 896 deaths

The numbers in **Canada**:

- 106 434 cases
- 8 737 deaths

Source: John Hopkins University and Medicine <https://coronavirus.jhu.edu/map.html>
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 July 8, 2020):



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

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Current Situation

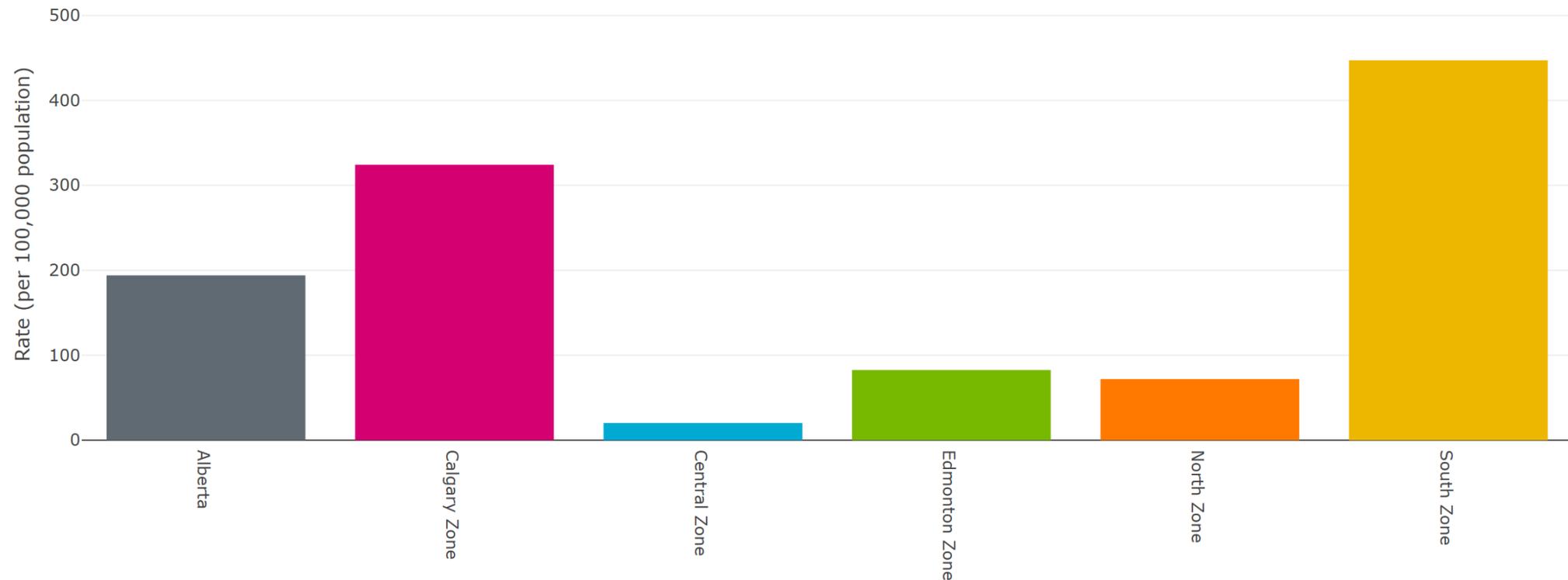
The numbers across Alberta as of July 8, 2020

Location	Total Confirmed Cases	Active Cases	In Hospital	In ICU	Deaths
First Nation Communities	121	45	2	0	1
First Nations People in AB*	281	NA	30 (ever)	9 (ever)	4
Calgary Zone	5 465	230	20	3	112
South Zone	1 381	88	3	0	12
Edmonton Zone	1175	232	29	4	17
North Zone	345	35	2	0	16
Central Zone	96	6	1	0	1
Unknown	20	7	-	0	-
TOTAL	8 482	608	55	7	158

Note the similar number of active cases in Edmonton and Calgary.

* Includes on and off reserve

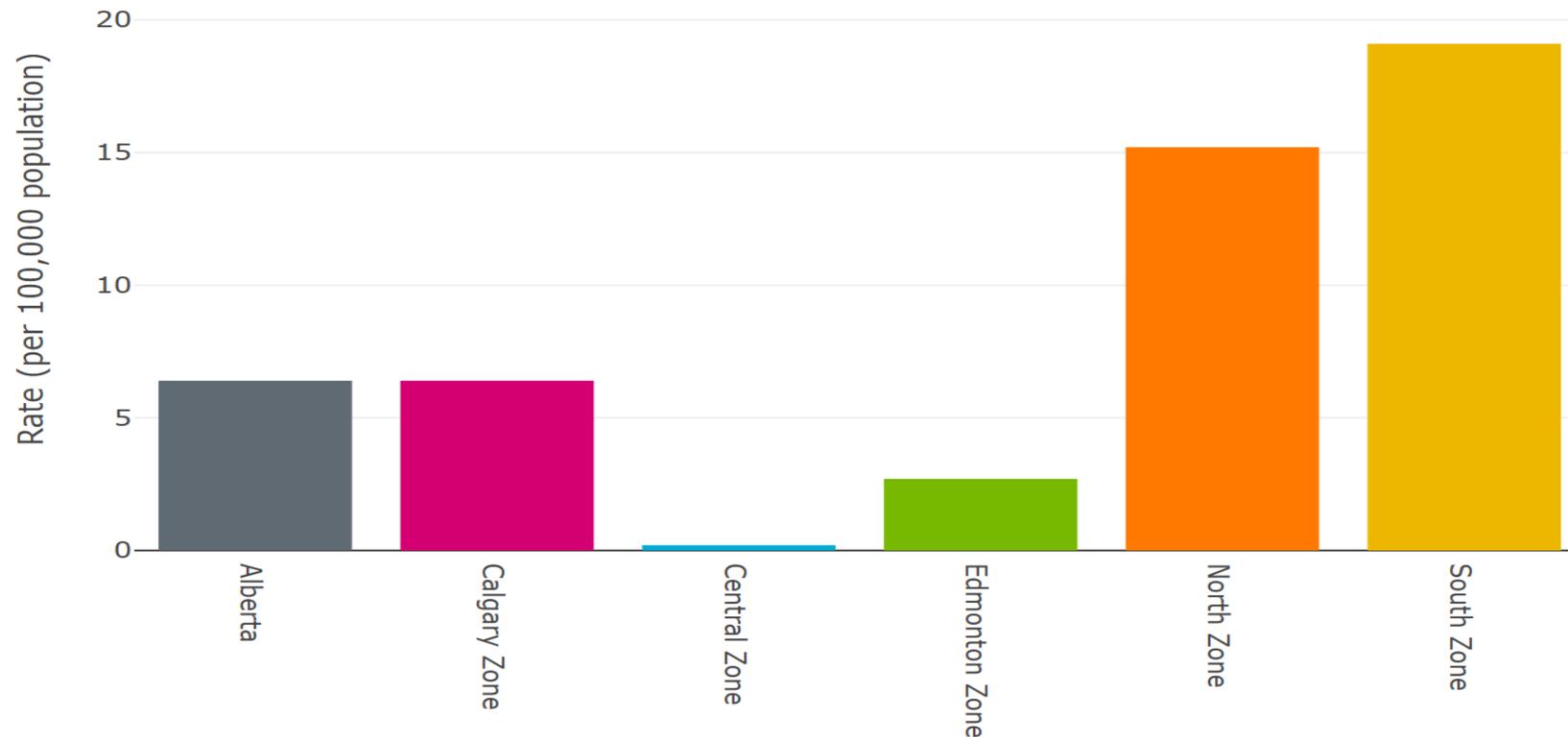
Rate of COVID-19 cases (per 100,000 population) in Alberta and by zone



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

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



Source: AB Health and AFNIGC <http://www.afnigc.ca/main/index.php?id=home>

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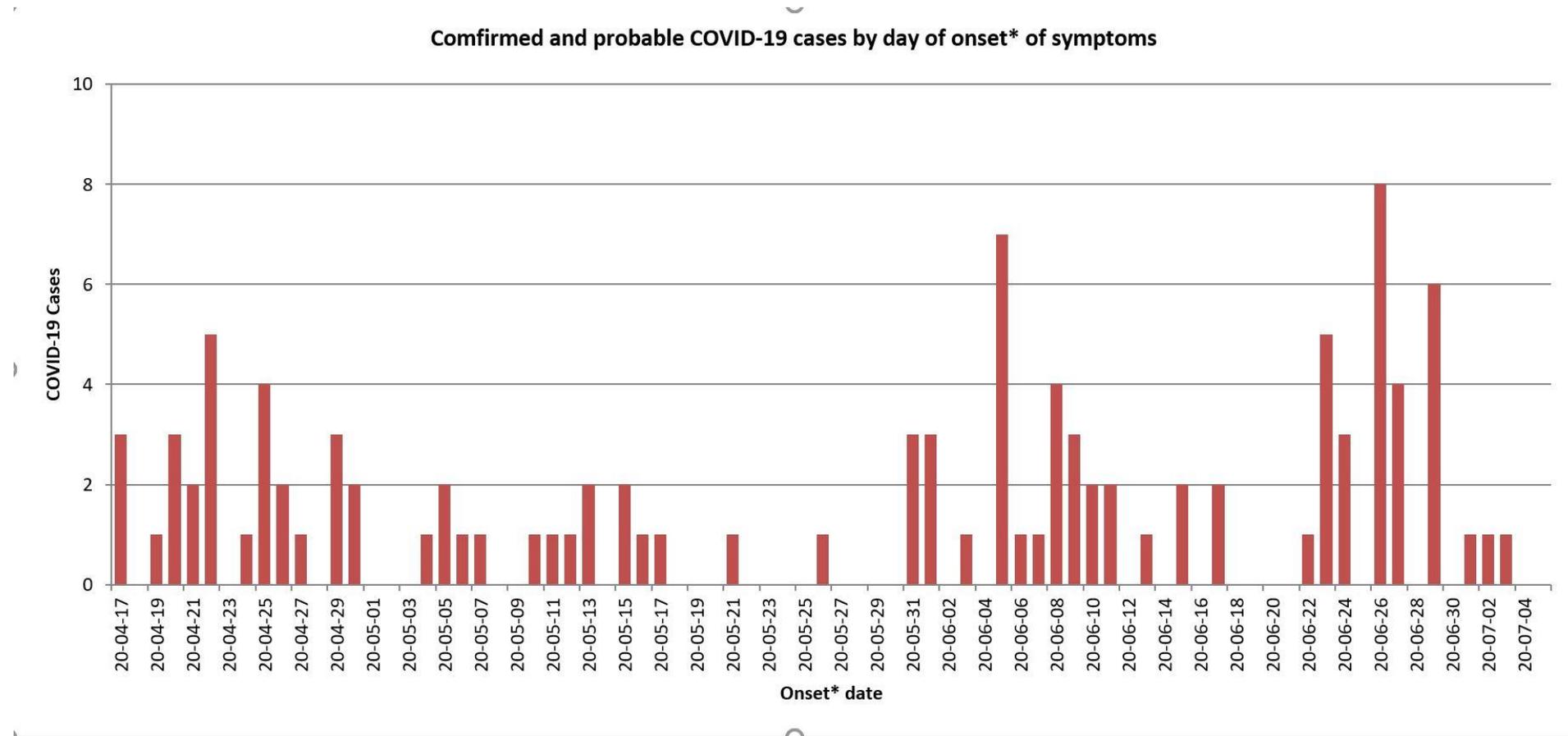
Outbreaks in First Nations Communities in Alberta

A number of community clusters and outbreaks have occurred in **8** communities.

Multiple factors have played a role in the introduction of COVID-19 to these First Nations communities, including:

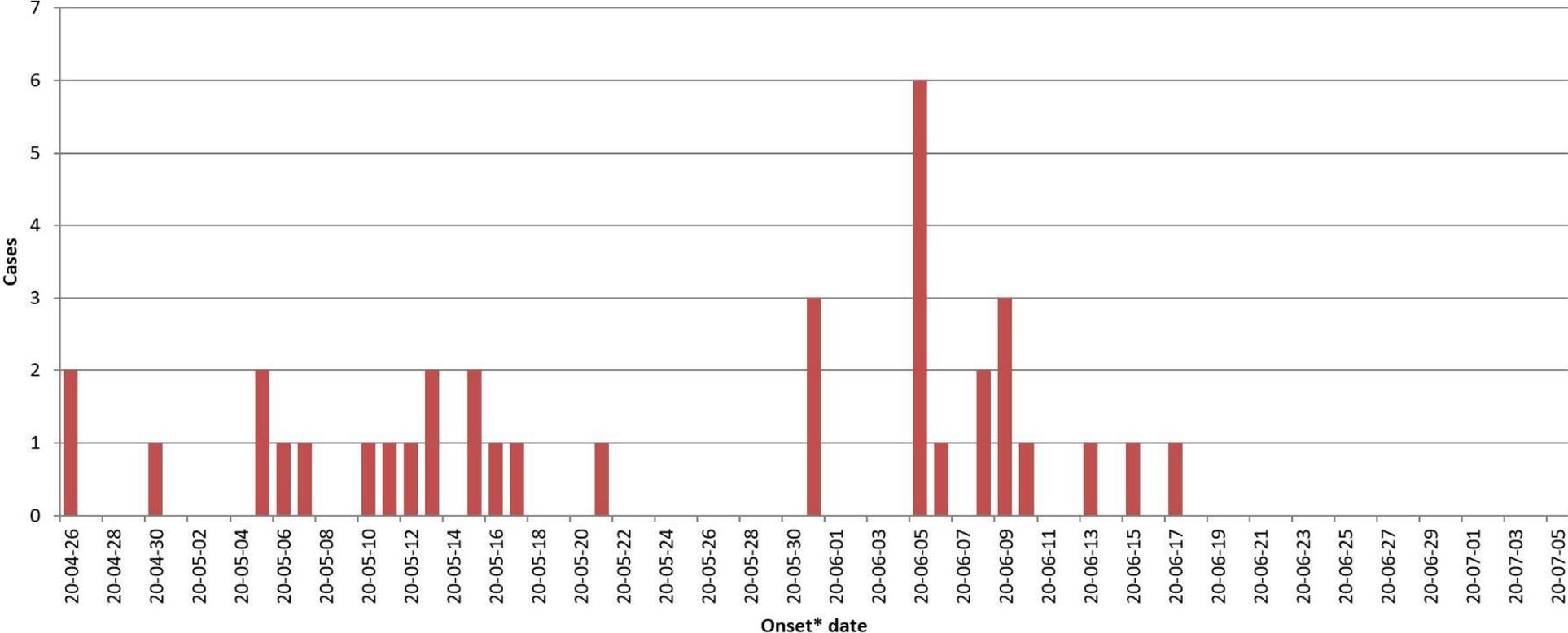
1. Non-essential travel to urban centres
2. Visitation between households, partying
3. Interprovincial travel
4. An outbreak at a workplace outside the community
5. Gatherings such as wakes, funerals, and graduation ceremonies
6. Symptomatic HCWs and non HCWs coming to work when ill

COVID-19 Cases in All First Nations Communities in Alberta

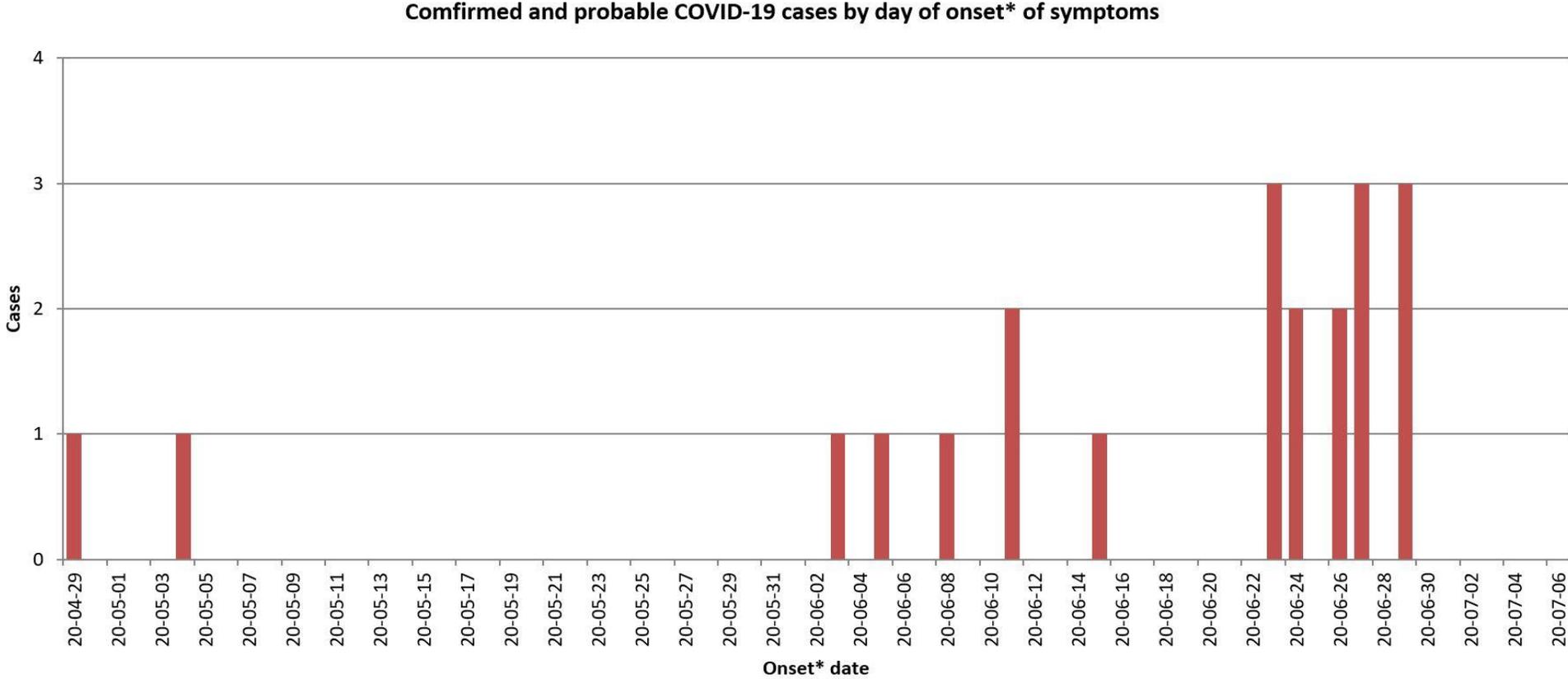


COVID-19 Cases in First Nations Community A

Confirmed and probable COVID-19 cases by day of onset* of symptoms



COVID-19 Cases in First Nations Community B



Outbreaks in First Nations Communities in Alberta: Lessons Learned

Despite the best plans, unforeseen matters arise during a pandemic.

We've learned it's important to be prepared for:

- Isolation facility challenges requiring interventions
- Mental health needs requiring after hours interventions
- Addictions needs requiring support and interventions
- Clarifying the importance of isolation and protocols

Outbreaks in First Nations Communities in Alberta: Lessons Learned

We've learned it's important to have:

- Weekend community on-call staff
- A community connection with the RCMP to deliver case and contact MOH letters
- A chain of communication in the community
- Leadership information, especially at the outset
- Public health messaging reminders for members on community websites/facebook pages

Alberta COVID-19 Testing Criteria

Testing is 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
- There are no limits on the frequency of testing.

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

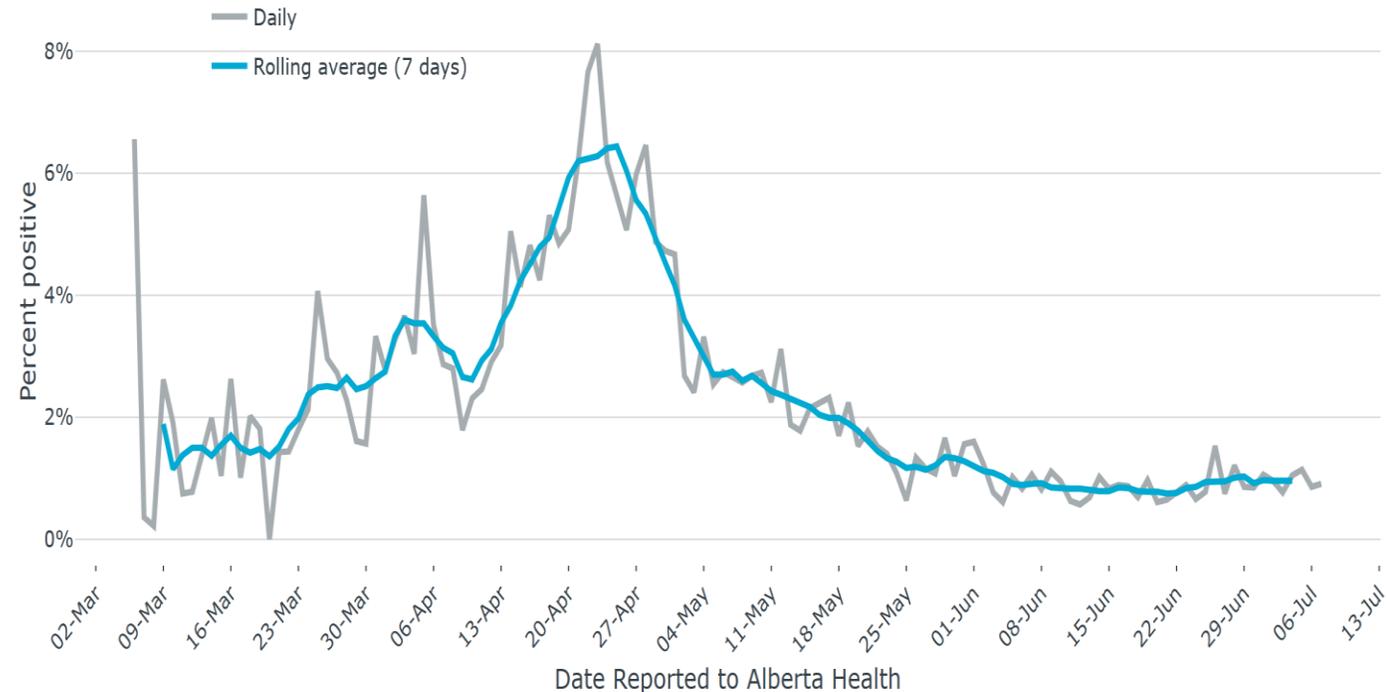
Online self assessment for HCWs/Shelter Workers/Enforcement/First Responders:
<https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>

COVID-19 Testing

As of July 7, 435 847 people have been tested in Alberta.

Calgary Zone has completed 43% of the tests.

Overall the provincial positivity rate is stable.



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

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

COVID-19 Testing Data (up to July 5): First Nations Communities in Alberta

44

Communities Reporting
Data

43

Communities doing
testing

1

Communities not reporting
data

5288

Number of swabs in stock

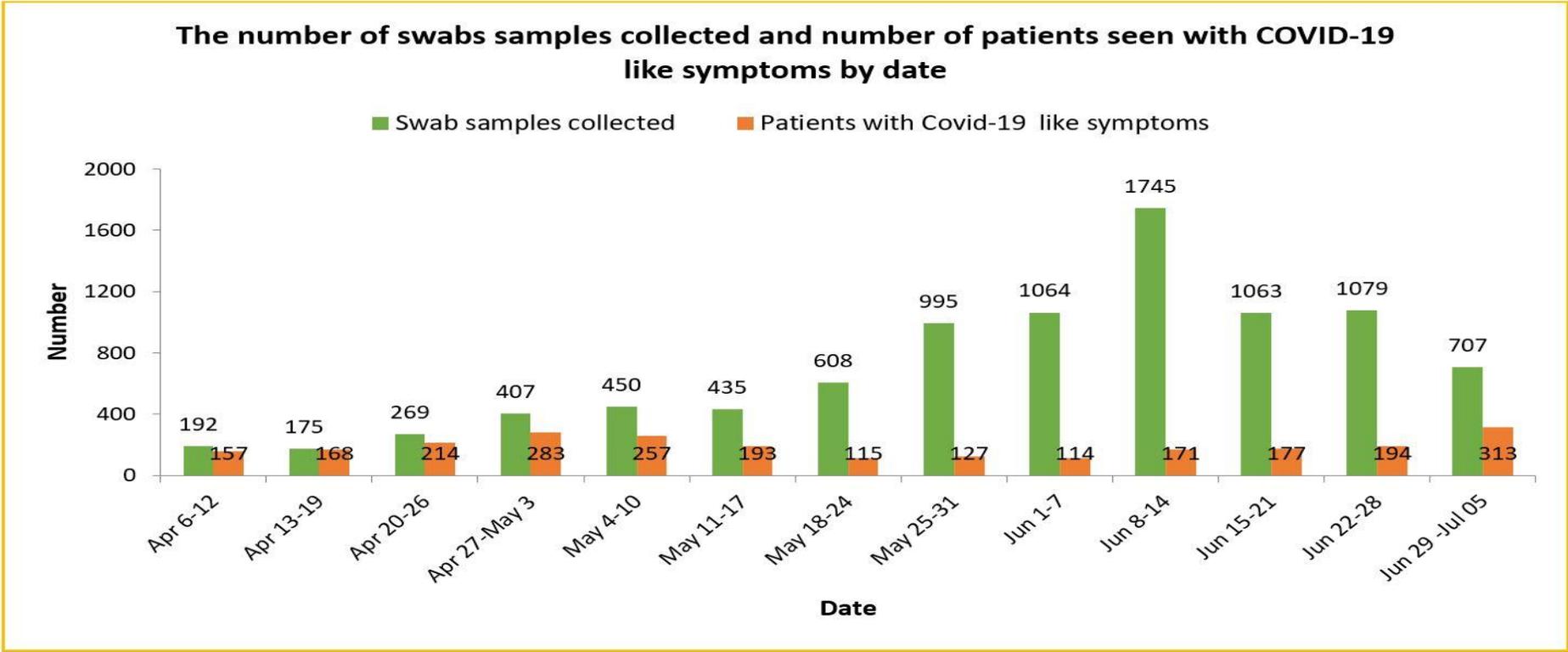
8981

Number of swab samples
collected to date

2461

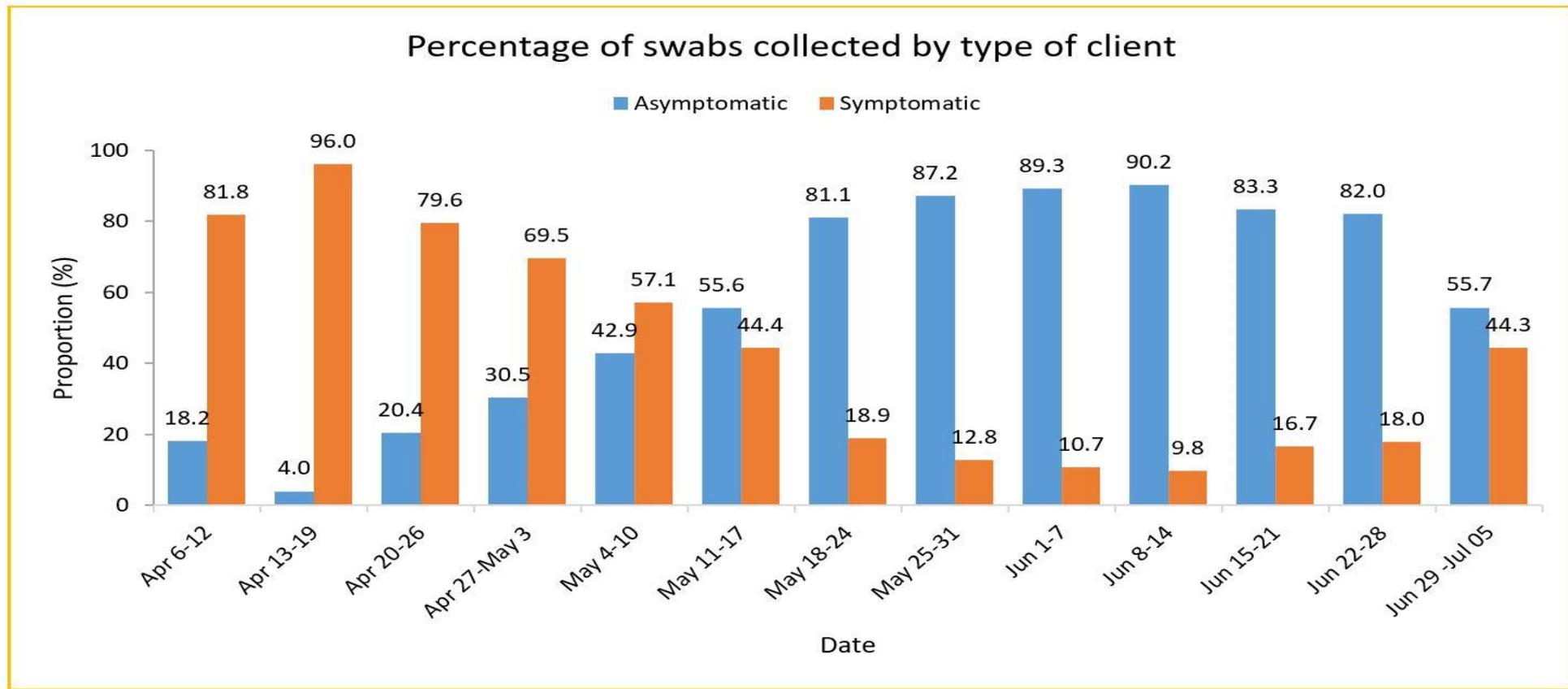
Patients seen with COVID-19
like symptoms to date

Number of swab samples collected and number of patients seen with COVID-19 like symptoms in First Nations Communities



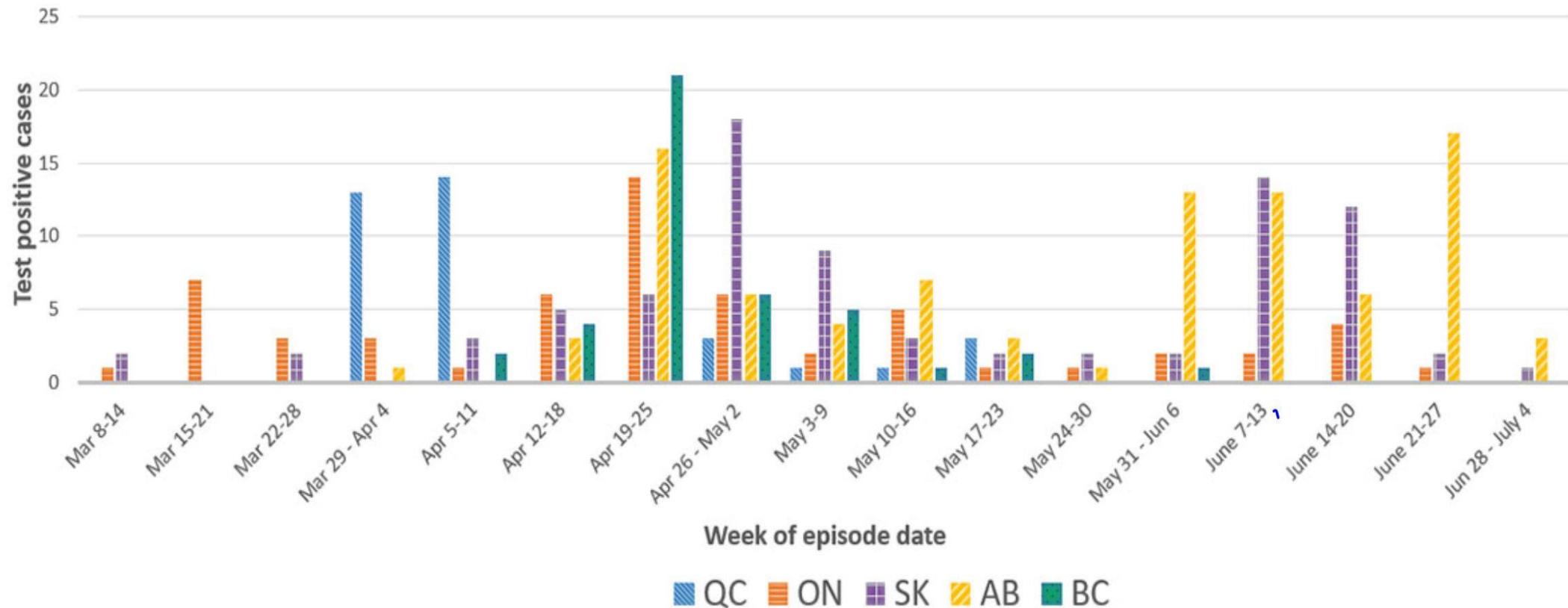
Total number of reported swab samples collected to date in First Nation Communities in Alberta is 9,189
Total number of reported clients seen to date with COVID-19 like symptoms is 2,483

Percentage of swabs collected from symptomatic and asymptomatic clients in First Nations Communities



Newly reported COVID-19 cases in First Nations communities by province

Newly reported cases by region and episode date



FNIHB Monitoring Metrics

Relaunch depends on our ability to keep infection numbers low.

Health measures FNIHB is watching include:

- COVID-19 in counties including First Nations: <50 active cases per 100,000
- Hospitalization rates
- ICU admission rates
- Testing and Monitoring

Relaunch Status Map

The COVID-19 status map shows the level of risk in regions and information about local health measures. It also shows the rate of COVID-19 cases and the number of active cases.

Region classification

-  **Enhanced** - additional measures in place
-  **Watch** - above the threshold but no additional measures
-  **Open** - no additional measures



Geographies include metropolitan areas, cities, urban service areas, and towns with over 10,000 people. Regions with at least 10 active cases and a rate of over 50 active cases per 100,000 population are considered above threshold. Some regions based upon active case and rates have additional public health restrictions and are labelled respectively.

Source: AB Health <https://www.alberta.ca/maps/covid-19-status-map.htm>

COVID-19 Testing: Swab Types

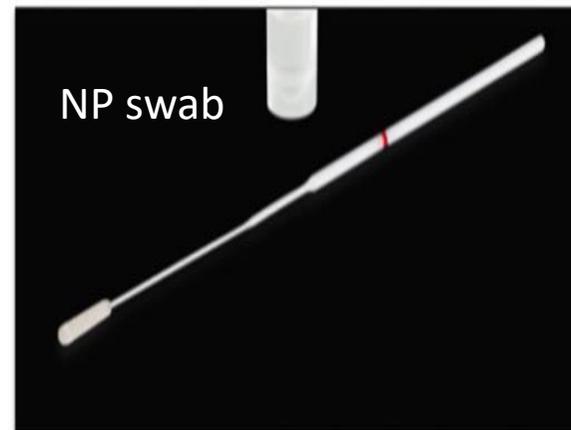
- Nasopharyngeal (NP) and throat swabs are preferred for COVID-19 testing and have equivalent sensitivity
- Other acceptable specimen types for COVID-19 and other respiratory virus testing include: nasopharyngeal aspirate, endotracheal aspirate, bronchoalveolar lavage (BAL), and bronchial washes
- Due to shortages of standard collection kits, available swabs and collection containers vary
- Currently, more NP swabs are available
- Ensure staff are trained on administering NP swabs



COVID-19 Testing: Swab Differences

Differences between throat and NP swabs:

- Throat swabs usually have a straight shaft of uniform thickness with a thicker head than an NP swab – see example below on the LEFT
- NP swabs are thick at the base (where you hold the swab) with a narrower flexible portion attached to the swab head. The head of the swab is thinner than a throat swab – see example below on the RIGHT



Current Topics

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

SIMON SIHOTA, REGIONAL ENVIRONMENTAL HEALTH MANAGER

Opioid Related Emergencies

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

Opioid-Related Emergencies

AHS responded to a **higher** than average number of opioid-related emergencies recently in South Zone.

- An alert was issued due to the elevated number of incidents
- They occurred in the Cardston-Kainai geographical area
- 7 emergencies over a 5 day period (July 1-5, 2020)
- No specific information on the substance, its description, or observed reactions

Opioid-Related Emergencies

Substance users are always at risk of an overdose.

Risk may be **increased** during a pandemic due to:

- Interrupted and inconsistent supply
- Increase use of substances due to isolation and stress
- Lack of access to interventions (including common harm reduction interventions)
- Using alone

Opioid-Related Emergencies

Actions you can take:

- Ensure community plans consider ways to support substance users
- Ensure access to harm reduction interventions such as Naloxone kits
- Ensure basic needs (i.e. food and shelter) are addressed
- Connect clients to services including opioid treatment

Alberta's Mask Program

SIMON SIHOTA, REGIONAL ENVIRONMENTAL HEALTH MANAGER

QUESTIONS: VCHELP@FNTN.CA

Non-medical mask distribution

- Starting **July 13**, Albertans will be able to once again pick up free non-medical masks at A&W, McDonald's Canada and Tim Hortons locations.
- Albertans are encouraged to wear non-medical masks in public when it's difficult to maintain physical distancing of 2 metres at all times.
- This is part of the ongoing effort to slow the spread of [COVID-19](#).
- Twenty million masks were handed out during the first phase of Alberta's mask program, [which ran from June 8 until June 22](#).
- Another 20 million masks will be handed out in the second phase.

Non-medical mask distribution

- The province is also providing masks directly to some organizations and groups including:
 - municipalities without access to a restaurant location
 - First Nations communities
 - seniors' facilities
 - shelters
 - places of worship
 - transit services across the province
- All First Nations communities will be receiving a shipment of masks
- This shipment will be double what was previously received
- Masks should be packaged so that each bag contains 8 masks for each community member

Relaunch Update

SIMON SIHOTA, REGIONAL ENVIRONMENTAL HEALTH MANAGER

QUESTIONS: VCHELP@FNTN.CA

Alberta's Relaunch Strategy

Stage 2 of the Relaunch Strategy has allowed many more facilities to re-open as long as all public health orders are followed, including:

- **Indoor Fitness and Recreation Facilities**

- pools, arenas, indoor gyms, indoor fitness centres, indoor studios and recreation centres

- **Indoor Entertainment Facilities**

- arcades, trampoline parks, bowling alleys, pool halls, mini-golf courses, paint ball, etc.

- **Outdoor Recreation Facilities**

- Golf Courses, hunting and fishing lodges, spray parks and wading pools, etc.

Guidance documents for these facilities and others are being updated as needed and are available at: <https://www.alberta.ca/guidance-documents.aspx>

Alberta's Relaunch Strategy

Although many businesses have re-opened, it is important to continue to be aware of:

- Gathering restrictions
- 2 metre physical distancing requirements
- High risk activities to avoid
- Prohibited activities

Indoor and Outdoor Gatherings

Current restrictions on gatherings:

- **200 people maximum for outdoor seated/audience-type community events** such as festivals, fireworks displays, rodeos, sporting events, and outdoor performances.
- **100 people maximum for other outdoor events and indoor seated/audience events**, including weddings, funerals, movie theatres, indoor arts and culture performances where people remain seated
- **50 people maximum for indoor social gatherings** including wedding receptions, funeral receptions, and birthday parties
- A document that provides public health guidance on gatherings is available on the COVID-19 OneHealth page at <https://www.onehealth.ca/ab/ABCovid-19>

High Risk Activities

Because COVID-19 can be transmitted by touching objects or surfaces the virus has landed on and then touching your eyes, nose, or mouth, **the following activities are considered high risk and are not recommended** (even with physical distancing in place):

- Sharing food, drinks, or utensils
- Sharing equipment
- Close-range conversations
- Direct physical contact or touch with people outside your household
- Singing

Activities Not Permitted

Activities that are not allowed in Stage 2 include:

- Gatherings larger than those permitted
- Major festivals and concerts, large conferences, trade shows, and events
- Major sporting events and tournaments
- Vocal concerts
- Amusement parks
- Indoor children's play spaces
- Nightclubs

Scenarios

BRENT WHITTAL, COMMUNICABLE DISEASE CONTROL NURSE

Scenario 1

The health centre has completed a very successful mass testing event.

The NIC has assigned a CHN to monitor Netcare for the results.

The CHN checks for results first thing in the morning and midway through the day.

Most results have come in, but there are 5 lab results outstanding.

In fact, the CHN can't even see that the specimens for the individuals have been received at the lab.

What's going on?

Discussion

Lab reports are connected to an individual's Netcare record by the PHN.

If the PHN is not available, the lab has to create an alternate record by using the individual's name in order to post a lab result onto Netcare.

When the CHN uses the PHN to pull up the individual's Netcare record, the lab report is not connected to the individual's permanent record making the CHN think that the test has not been received by the lab.

The CHN may find the alternate record that has been created for the individual by searching Netcare by using the individual's name instead of the PHN.

The lab report should be attached to this alternate file, unfortunately, it will not be linked to the individual's permanent file.

When a lab requisition does not have a PHN, it makes it difficult for the lab to connect the results with an individual's permanent record.

Discussion continued

As we know, lab reports are connected to Netcare by an individual's PHN.

Sometimes, a PHN has been included on the lab requisition, but the name and PHN do not coincide with the Netcare record.

For example, the individual may give the name that they usually go by (Beth Windspeaker), but the name associated with the Netcare record is a different one (Elizabeth Hope).

The lab cannot be confident that Beth Windspeaker and Elizabeth Hope are the same person, so they will create an alternate Netcare chart under the person's name and will not attach a PHN.

The CHN may find the alternate record that has been created for the individual by searching Netcare by using the individual's name on the lab requisition instead of the PHN.

Discussion continued

A few more examples of why the lab specimen may be delayed:

- The birthdate and PHN on the lab requisition may not match
 - This is very common when there is a David senior and a David junior
- The gender on the lab requisition does not match what appears on Netcare
- The lab is has to guess at what is written because the handwriting is not clear.
 - Julian/Julia (is that an “n” on the end?), Eliah/Elian (is that an “h” or an “n”?)

Answer

Sometimes, the CHN may need to look for an alternate record that has been created for the individual by searching Netcare by using the individual's name instead of the PHN.

The demographics section on the lab requisition is very important. What is included on the lab requisition must match what is in Netcare. If it doesn't, it will be more difficult to locate results.

When possible:

- take the information from the individual's health care card
- have the individual call the Alberta Health Care Insurance Plan (AHCIP) office to get their PHN number and order a replacement card if needed.
 - 780-427-1432 (enter 310-000 before the number to make it toll free)
- Use the PHN provided by the individual to check Netcare to make sure the information on the lab requisition is the same as in Netcare

Always ask the individual their legal name and complete all sections in the demographic area.



**Alberta Health
Services**

COVID-19 Swab Requisition (FNIHB)

Accession # *(lab only)*

Edmonton Site 8440-112 St. T6G 2J2
Phone 780.407.7121 Fax 780.407.3864

Virologist/Microbiologist-on-call 780.407.8822

Calgary Site 3030 Hospital Dr NW T2N 4W4
Phone 403.944.1200 Fax 403.270.2216

Virologist/Microbiologist-on-call 403.944.1200

- Consult the Site Virologist/Microbiologist-on-Call listed above for STAT requests, and when specified in the Guide to Services
- See the **Guide to Services** (<https://www.albertahealthservices.ca/lab/page3317.aspx/education.htm>) for information on sample type, transport and testing
- For Zoonotic Infections (eg. mosquito-borne, tick-borne) use form 20087 Zoonotic Testing Requisition (<https://www.albertahealthservices.ca/frm-20087.pdf>)

Patient	PHN	Alternate Identifier	Date of Birth <i>(yyyy-Mon-dd)</i>		
	Last Name	First Name	Middle	Gender	Phone
	Address	City/Town	Prov	Postal Code	Location
Requestor	Requestor Name <i>(last, first)</i> Dr. Yacoub, Wadieh Ramses	Location/Facility/Address Canada Place, 730-9700 Jasper Ave NW	Phone 780-495-3391	Healthcare Provider ID 004699A A2806 156831	
	Copy to <i>(last, first)</i>	Location/Facility/Address	Phone	Healthcare Provider ID	

Scenario 2

The health centre has completed a very successful mass testing event.

The NIC has assigned a CHN to monitor Netcare for the results.

The CHN checks for results first thing in the morning and midway through the day.

It is now four days after the first tests were sent to the lab.

No results are available on Netcare.

What is going on?

Discussion

Asymptomatic testing in Alberta has increased the number of lab specimens being collected.

- With the increased number of specimens, it is taking longer for the specimens to be entered into the system so that they can be sent for testing.
- The lab is shuffling workload between the Edmonton and Calgary labs to help assist with the back log.

What we're seeing:

- Lab specimens being sent to the Calgary provincial lab are taking on average of 2 or 3 days.
- Lab specimens being sent to the Edmonton provincial lab, especially from north of the city, are taking on average 4 – 6 days.

Lab specimens identified as being for HCWs are still being prioritized.

MOH/CDC can prioritize other specimens as needed.

Answer

With increased testing in Alberta, the number of lab specimens that are required to be processed is affecting the turnaround time for lab results.

Is there a topic you would like to hear about at the next session?

PLEASE LET US KNOW!

EMAIL: VCHELP@FNTN.CA OR

SAC.CDEMERCENCIESAB-URGENCESTMAB.ISC@CANADA.CA

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-URGENCESTMAB.ISC@CANADA.CA

QUESTIONS: VCHELP@FNTN.CA

Acknowledgments

Dr. Wadieh Yacoub, Senior Medical Officer of Health

Dr. Chris Sarin, Deputy Medical Officer of Health

Simon Sihota, Regional Environmental Health Manager

Christina Smith, CDC Nurse Manager

Brent Whittal, CDC Nurse

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

Questions?

VCHELP@FNTN.CA

QUESTIONS: VCHELP@FNTN.CA