

# COVID-19 Update

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JANUARY 14, 2021

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

# Outline

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1. MOH Update - Dr. Wadieh Yacoub & Dr. Chris Sarin
2. COVID-19 Vaccine – Christina Smith and Dr. Parminder Thiara
3. Q & A - All

# MOH Update

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DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

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# Reminder - Privacy

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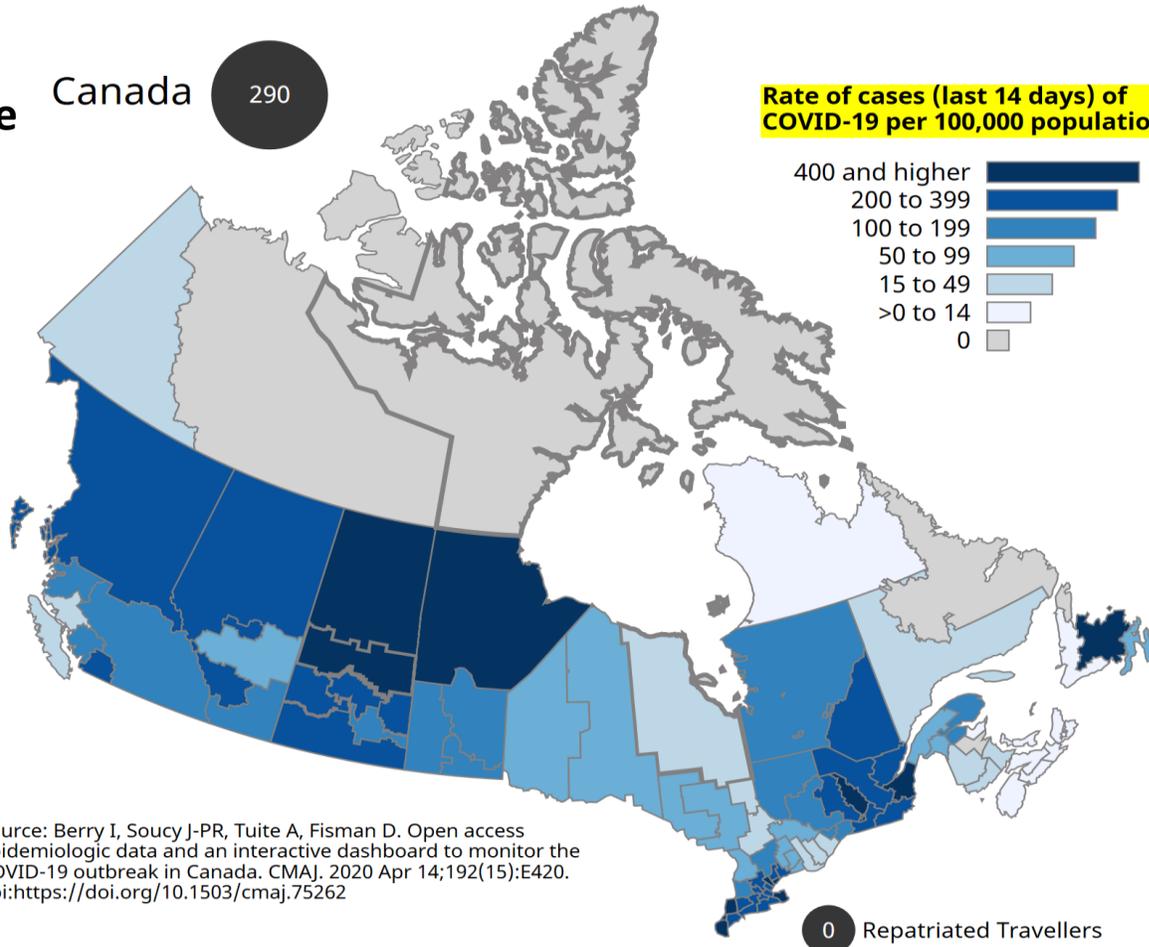
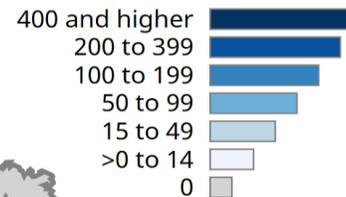
- All information related to an individual who is or was infected with a communicable disease shall be treated as private and confidential
- No information shall be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that individual.

# Current Situation – Canada (as of January 13, 2021)

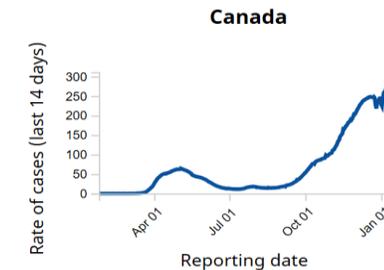
Total active cases in Canada: 79,293

Canada 290

Rate of cases (last 14 days) of COVID-19 per 100,000 population



The rate of cases (last 14 days) of COVID-19 in **Canada** was **290 per 100,000 population** as of January 13, 2021.



Source: Berry I, Soucy J-PR, Tuite A, Fisman D. Open access epidemiologic data and an interactive dashboard to monitor the COVID-19 outbreak in Canada. CMAJ. 2020 Apr 14;192(15):E420. doi:https://doi.org/10.1503/cmaj.75262

Public Health Agency of Canada [https://health-infobase.canada.ca/covid-19/dashboard/?stat=rate&measure=total\\_last14&map=hr&f=true#a2](https://health-infobase.canada.ca/covid-19/dashboard/?stat=rate&measure=total_last14&map=hr&f=true#a2)

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# Current Situation - Alberta

Overview of COVID-19 in Alberta (as of January 12, 2021):

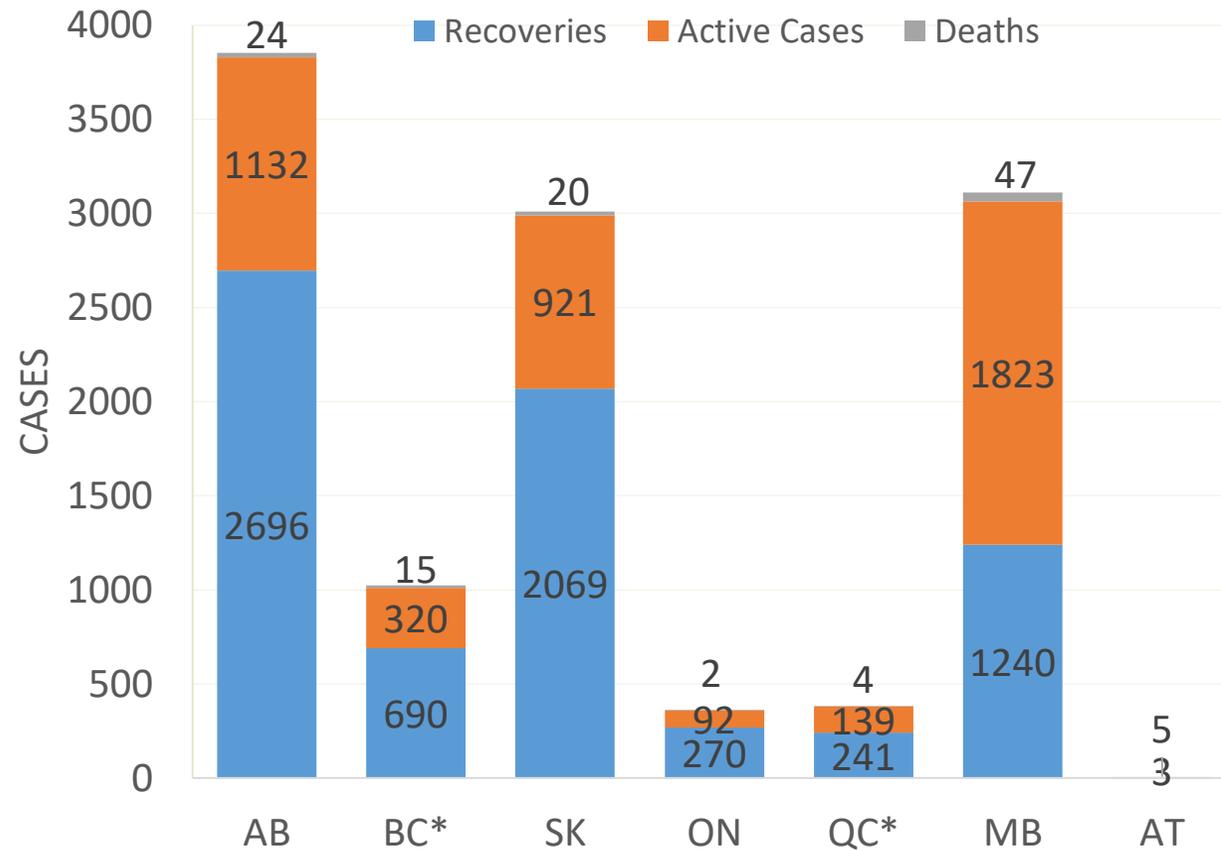


Interactive Alberta data can be found at: <https://covid19stats.alberta.ca/>

# COVID-19 Across On-Reserve First Nations Communities Canada by Status (All Provinces)

Source: FNIHB COVID-19 Epi Update (January 12 , 2021)

## National Summary



- 11,753 COVID-19 Cases
- 7,209 Recoveries
- 4,432 Active Cases
- 519 Hospitalizations
- 112 Deaths

## Hospitalizations ever per region:

- AB - 175
- BC - 68
- SK - 83
- MB - 158
- ON - 24
- QC - 11
- AT - 0

\*FNIHB does not collect completed data on recoveries in BC and QC

# COVID-19 in First Nations in Alberta (on Reserve Only)

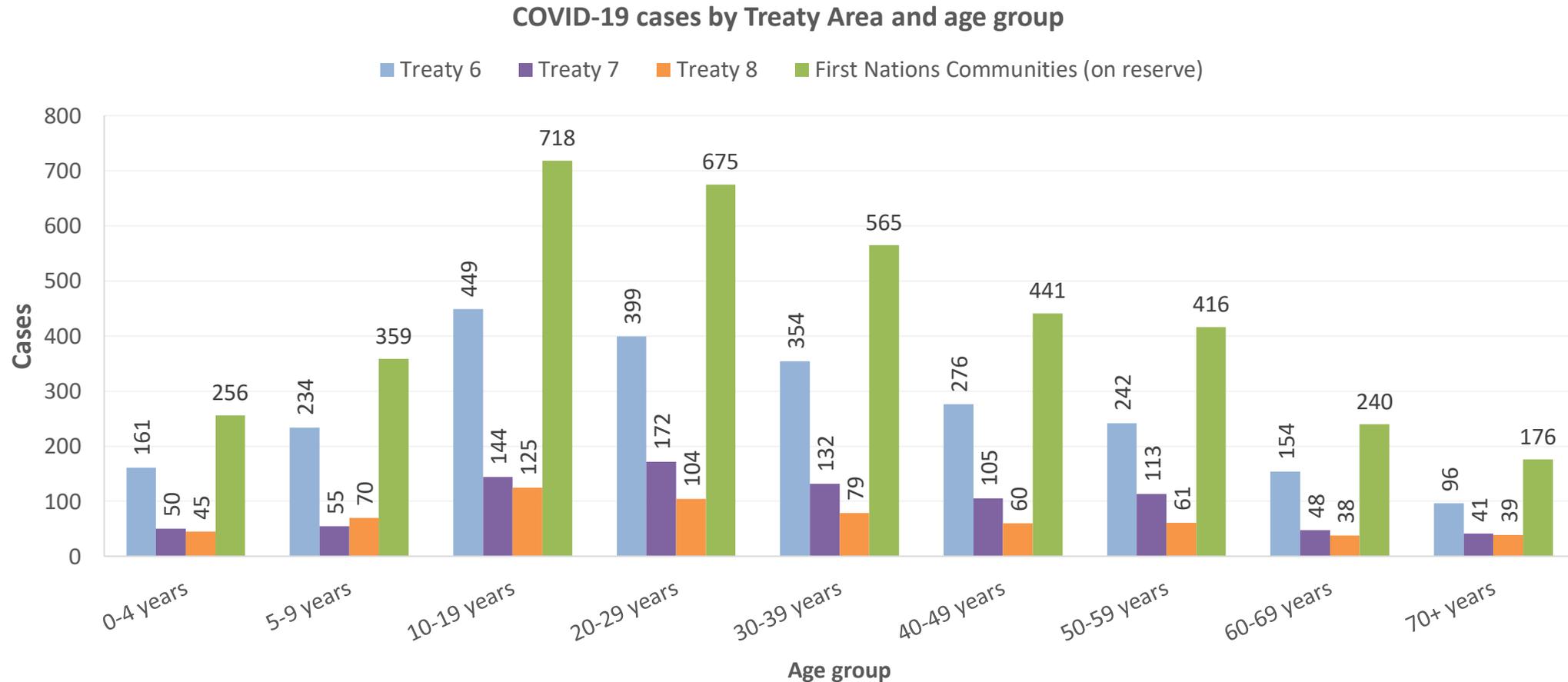
Source: FNIHB COVID-19 ER System via Synergy in Action (January 12 , 2021)

	Confirmed and Probable cases	Males (%)	Hospitalized ever	ICU ever	Recovered	Active	Deaths
Treaty 6	2365	1154 (48.8%)	98	20	1766	585	14
Treaty 7	860	421 (49.0%)	50	12	643	209	8
Treaty 8	621	289 (46.5%)	26	9	209	225	2
First Nations People (living on reserves in AB)	3846	1864 (48.5%)	174	41	2803	1019	24

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# Age distribution of on-reserve COVID-19 cases in Alberta

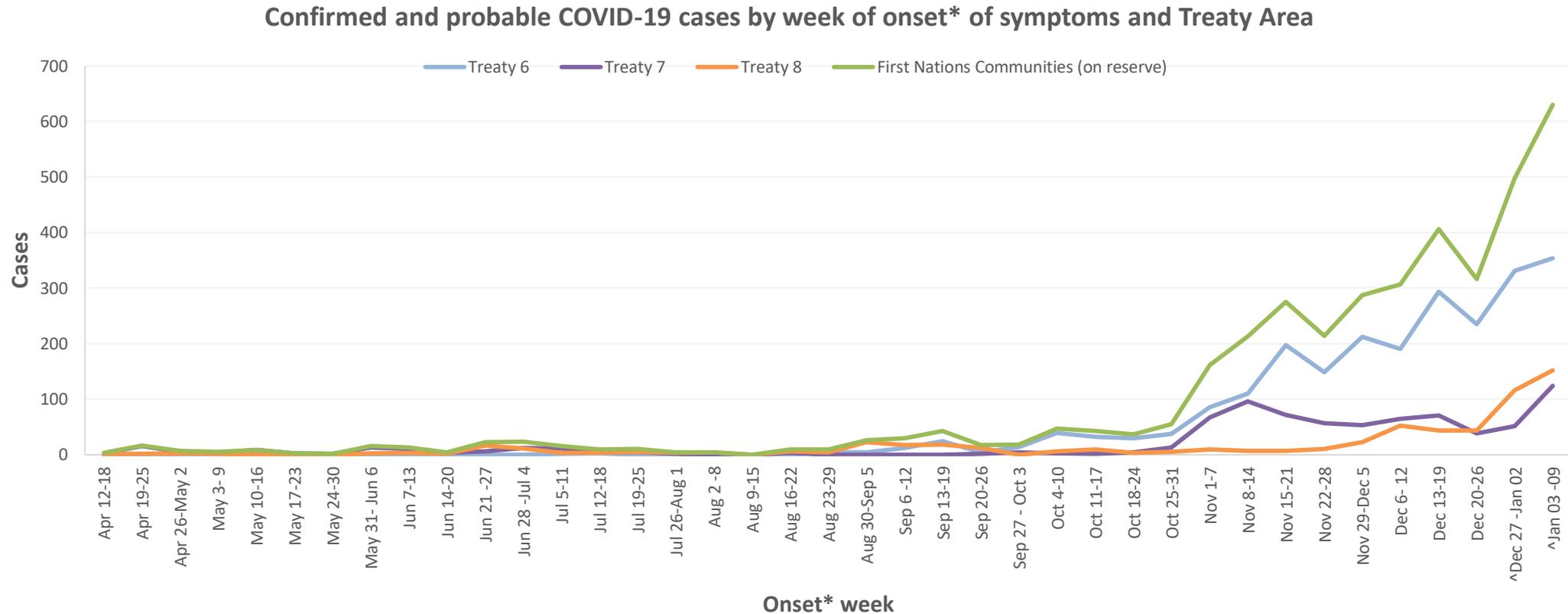
Source: FNIHB COVID-19 ER System via Synergy in Action (January 12 , 2021)



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# Confirmed and probable COVID-19 cases by week of onset\* by Treaty Area

Source: FNIHB COVID-19 ER System via Synergy in Action (January 12, 2021)



\*Onset date is the earliest of the “date of onset of symptoms” and “specimen collection date”

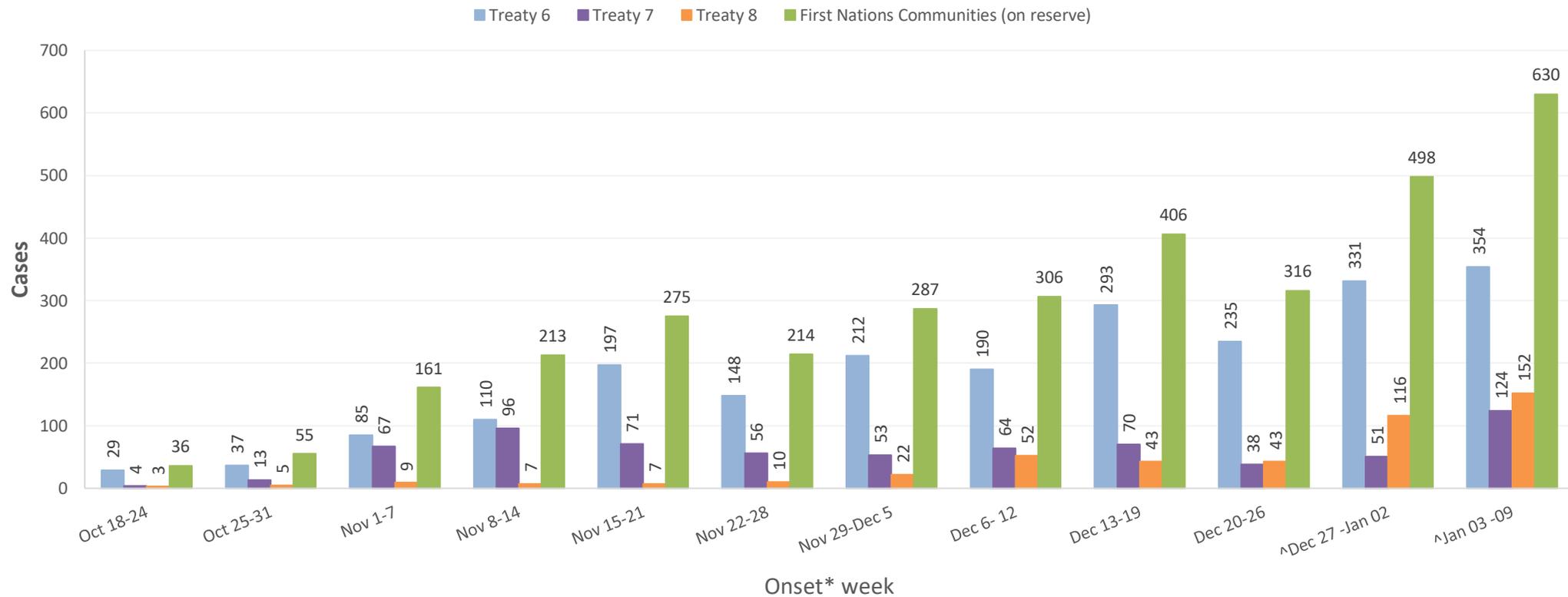
^Data may be incomplete due to late receipt of lab reports

QUESTIONS: VCHELP@FNTN.CA

# Confirmed and probable COVID-19 cases by week of onset\* by Treaty Area

Source: FNIHB COVID-19 ER System via Synergy in Action (January 12 , 2021)

Confirmed and probable COVID-19 cases by week of onset\* of symptoms and Treaty Area



\*Onset date is the earliest of the “date of onset of symptoms” and “specimen collection date”

^Data may be incomplete due to late receipt of lab reports

QUESTIONS: VCHelp@FNTN.ca

# Severe Outcomes

Sources: FNIHB COVID-19 ER System via Synergy in Action (January 12 , 2021) & <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (January 12 , 2021)

	Total Case Hospitalization Rate	Total Case ICU Rate	Case Fatality Rate	Current Case Hospitalization Rate
Treaty 6	4.1 per 100 Cases	0.8 per 100 Cases	0.6 per 100 Cases	1.0 per 100 Cases
Treaty 7	5.8 per 100 Cases	1.4 per 100 Cases	0.9 per 100 Cases	0.9 per 100 Cases
Treaty 8	4.0 per 100 Cases	1.3 per 100 Cases	0.3 per 100 Cases	1.3 per 100 Cases
First Nations Communities (on reserves)	4.5 per 100 Cases	1.0 per 100 Cases	0.6 per 100 Cases	1.0 per 100 Cases
Alberta (includes First Nations communities)	4.2 per 100 Cases	0.7 per 100 Cases	1.2 per 100 Cases	0.7 per 100 Cases

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# Severe Outcomes –Average Age

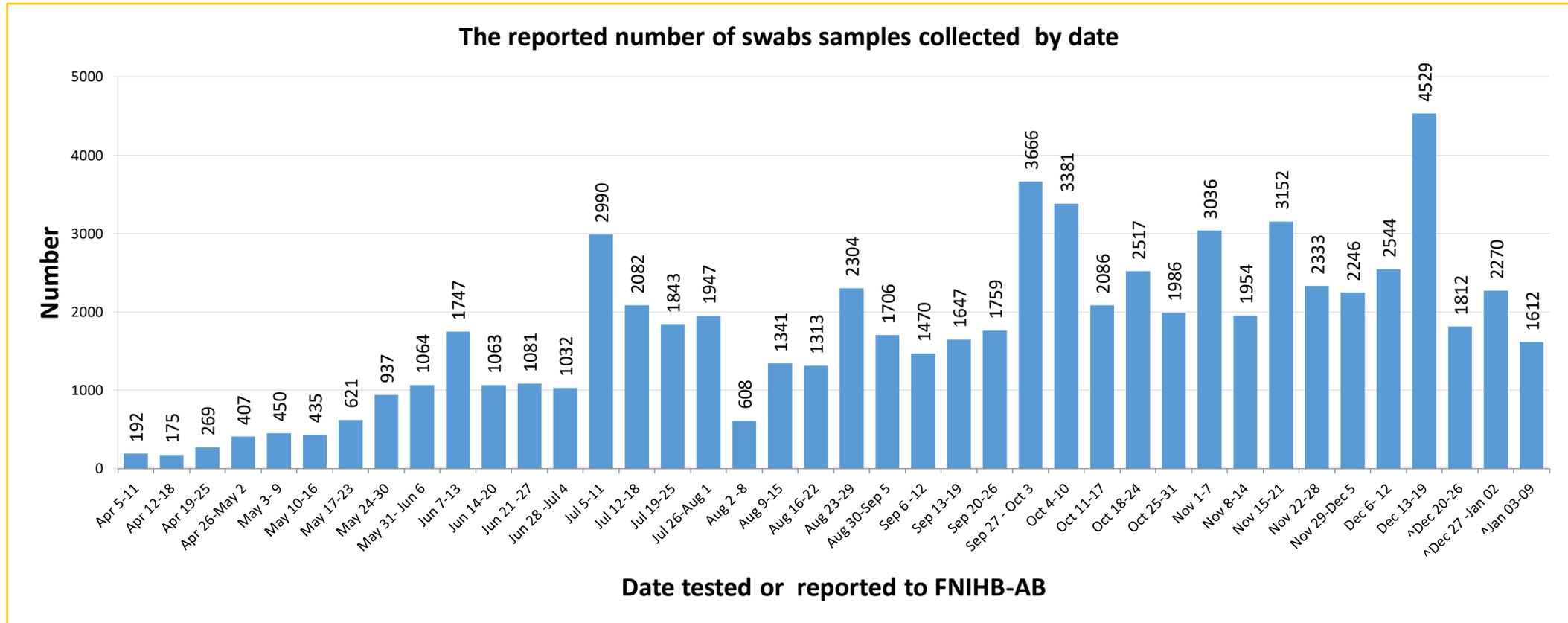
Sources: FNIHB COVID-19 ER System via Synergy in Action (January 12 , 2021) & <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (January 12 , 2021)

	Average age of cases hospitalized	Average age of ICU cases	Average age of deceased cases	Average age of non-hospitalized cases
Treaty 6	52 years (range:15-88)	51 years (range:30-71)	72 years (range:29-88)	30 years (range:0-94)
Treaty 7	52 years (range:16-85)	58 years (range:41-78)	70 years (range:45-85)	32 years (range:-87)
Treaty 8	59 years (range:20-87)	49 years (range:20-82)	66 years (range:53-78)	29 years (range:0-82)
First Nations Communities (on reserves)	53 years (range:15-88)	53 years (range:20-82)	70 years (range:29-88)	30 years (range:0-94)
Alberta (includes First Nations communities)	63 years (range:0-104)	59 years (range:0-89)	82 years (range:23-107)	37 years (range:0-108)

QUESTIONS: VCHELP@FNTN.CA

# Test Volume

Sources: Community Reports to FNIHB-AB (January 09 , 2021)



^late reporting from some communities

	Test volume	Percent positive test
First Nations (on reserve)*	69,607	5.39%
All Albertans	2,941,072	3.81%

\*some communities are not reporting testing data to FNIHB-AB, so percent positive test may be overestimated

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

# Contributing Factors to Increased Cases

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- Alberta tests more than any other province in Canada, including First Nation communities
- The province of Alberta has a large volume of cases, which can have an impact on community transmission
  - Especially in those communities who have a high rate of movement and are close to large urban cities
- While there were fewer cases in the first wave, the second wave has swept through many of the central and northern communities that had not been initially impacted
- Ongoing non adherence/compliance to public health measures and orders, specifically with respect to gatherings, funerals, non essential travel, visitations, and not isolation/quarantine requirements
  - Youth are more mobile, social, and may be resistant to public health messages
  - Substance use and social factors contributes to disease spread

# Alberta COVID-19 Testing Criteria

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Testing is available to:

- any person exhibiting any [symptoms of COVID-19](#)
- all close contacts of confirmed COVID-19 cases
- all workers and/or residents at specific outbreak sites

Asymptomatic testing has been paused for people who have no known exposure to COVID-19.

FNIHB MOHs will provide guidance to prioritize testing in First Nation communities with cases.

# COVID-19 Vaccine

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DR. PARMINDER THIARA, DEPUTY MEDICAL OFFICER OF HEALTH /  
REGIONAL DIRECTOR OF PRIMARY AND POPULATION HEALTH

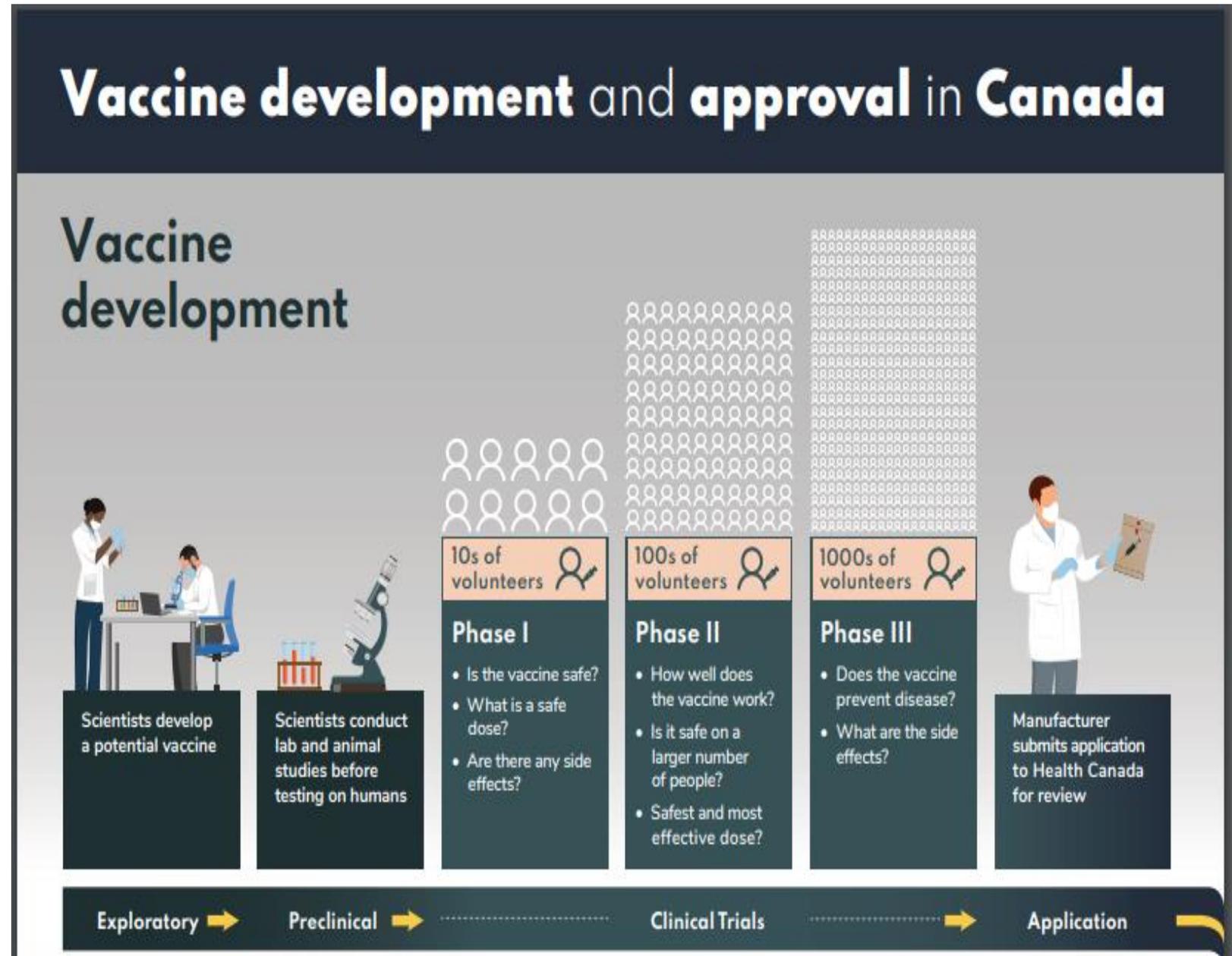
CHRISTINA SMITH, REGIONAL CDC NURSE MANAGER

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

# Vaccine Development

Source:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/development-approval-infographic.html>



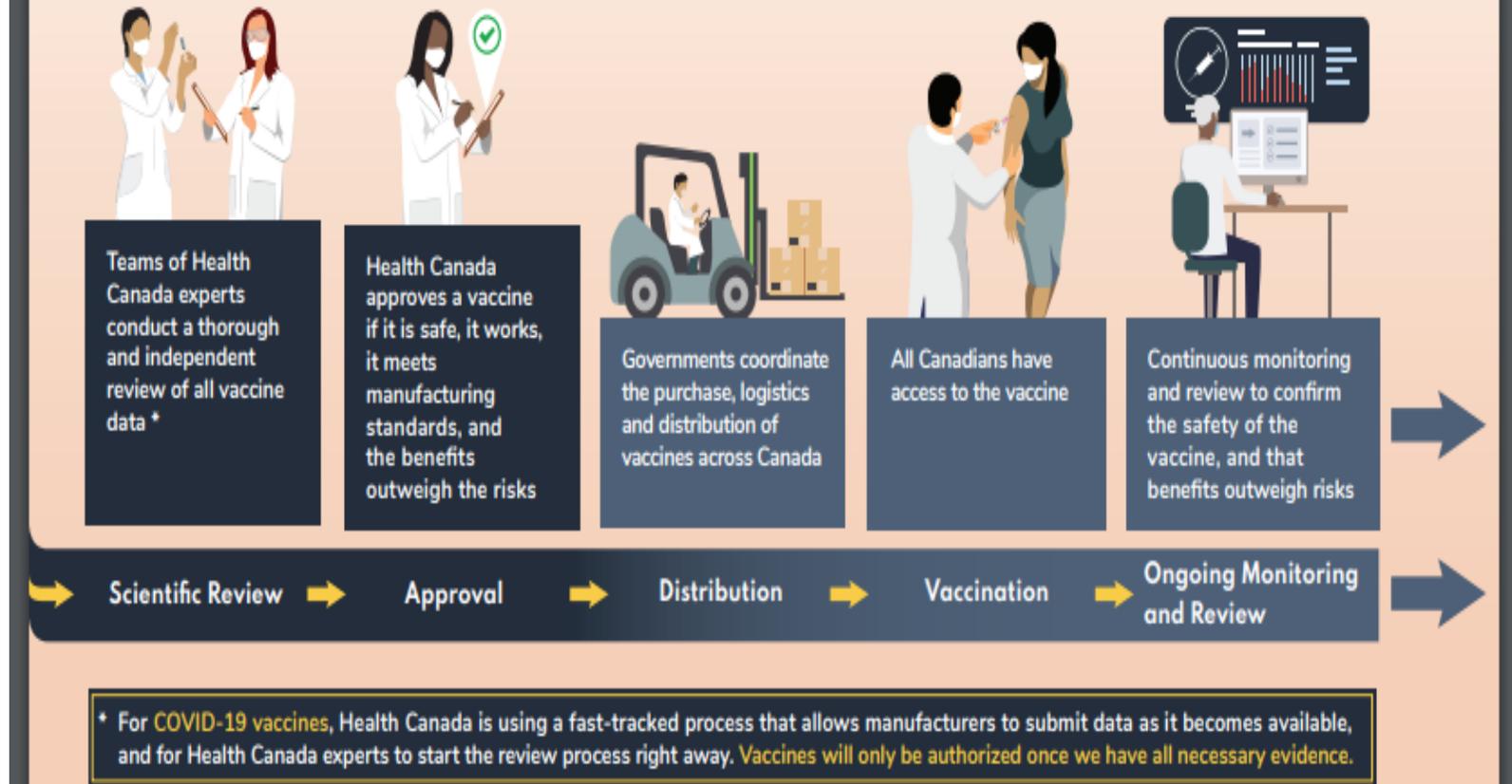
# Review and Approval of Vaccines in Canada

Health Canada approves a vaccine if it's safe, it works, it meets manufacturing standards, and the benefits outweigh the risks.

Source:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/development-approval-infographic.html>

## Review and approval of vaccines



# Approved COVID-19 Vaccines

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Two vaccines have been approved in Canada.

## 1. Pfizer-BioNTech vaccine

- Approved for individuals 16 years and older
- Requires ultra-cold storage, making it difficult to transport

## 2. Moderna vaccine

- Approved for individuals 18 years and older
- Requires frozen storage (not ultra-cold) and has more flexibility with onward shipment of smaller amounts

- Both vaccines use mRNA technology and both have been shown to be approximately 95% effective at preventing symptomatic COVID-19 infection after two doses.
- The Federal Government is responsible for supplying COVID-19 vaccines.

Source: GOC – COVID-19 Vaccines

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines.html>

QUESTIONS: VHELP@FNTN.CA

# What is an mRNA vaccine?

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'RNA' stands for ribonucleic acid, which is a molecule that provides cells with instructions for making proteins.

RNA vaccines contain the instructions for making the SARS-CoV-2 spike protein. This protein is found on the surface of the virus that causes COVID-19.

Our immune system recognizes that the protein doesn't belong there and begins building an immune response and making antibodies.

The mRNA never enters the central part (nucleus) of the cell, which is where our DNA (genetic material) is found.

The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

Vaccines cannot give someone COVID-19.

# Possible Side Effects

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- Side effects observed during the clinical trials are similar to what you might have with other vaccines.
- They included pain at the site of injection, body chills, feeling tired and feeling feverish. These are common side effects of vaccines and do not pose a risk to health.
- As with all vaccines, there's a chance that there will be a serious side effect, but these are rare.
- Individuals with serious allergies or other health conditions should speak with their health care professional before receiving the vaccine.
- A national summary of adverse events following immunization (AEFI) with the COVID-19 vaccines can be found at <https://health-infobase.canada.ca/covid-19/vaccine-safety/>

# National Advisory Committee on Immunization

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- Provinces and Territories make vaccine allocation decisions, but look to NACI for recommendations.
- Based on national guidance, vaccine eligibility should start with:
  - Residents and staff of congregate living settings that provide care for seniors
  - Adults 70 years of age and older, beginning with adults 80 years of age and older, then decreasing the age limit by 5-year increments to age 70 years as supply becomes available
  - Health care workers (including all those who work in health care settings and personal support workers whose work involves direct contact with patients)
  - Adults in Indigenous communities where infection can have disproportionate consequences, with specific reference to remote and isolated communities

# Alberta Vaccine Distribution Plan

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Alberta Health is responsible for vaccine policy setting and allocation of the vaccine.

## **Phase 1A: January 2021**

Immunizations are currently being offered to the following groups:

- Respiratory therapists
- Health-care workers in ICU
- Staff in LTC and DSL facilities
- Home care workers, Health-care workers in emergency departments
- All residents of LTC and DSL, regardless of age
- Health-care workers in COVID-19 units, medical and surgical units, and operating rooms
- Paramedics and emergency medical technicians

# Alberta Vaccine Distribution Plan

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## **Phase 1B: February 2021**

*Timeline subject to change depending on vaccine supply*

- Seniors 75 years of age and over, no matter where they live
- First Nations, Métis and persons 65 years of age and over living in a First Nations community or Metis Settlement

## **Phase 2: April to Sept 2021 – continue targeting populations at risk**

- Work to identify sequencing for Phase 2 groups is underway. Decisions will be made in the coming weeks.

## **Phase 3: Fall 2021**

- Anticipated start of roll-out to the general public

# Alberta First Nation Phase 1 Plans

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## **Phase 1A (December – Early February)**

- Staff in the six seniors' congregate facilities on reserve
- Residents of the six seniors' congregate facilities on reserve
- Home care workers on reserve

## **Phase 1B (February – March)**

- Persons 65 years of age and over living on a First Nations reserve
- All Adults in remote or isolated First Nations reserves (Fort Chip and Fox Lake)

# Alberta First Nation Phase 1 Plans

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- Based on this framework, a total of 10,000 doses have been allocated to First Nations on reserve for use in February – March.
- Each First Nation will be allocated vaccines based on the number of individuals in their community over the age of 65.
- Each First Nation can determine how they wish to use their allocated doses – if they wish to offer vaccine to a different subset of their community, they can do so.
- A COVID Vaccine Planning Working Group has been established and provides an opportunity to work closely with the province moving forward in regards to Phase 2 prioritization.

# Immunization Planning

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Information was sent out to communities.

Information collected from community responses will be compiled into a regional plan.

Community Health Nurses are responsible for administering the COVID-19 vaccine as part of the provincial immunization program.

# Vaccine Ordering

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Orders for vaccines are not being taken yet.

Regional plan to be submitted to Alberta Health.

Alberta Health will review regional plan

- Vaccine depot will be notified when this plan has been approved.

More information to come on vaccine ordering.

# Vaccine Data - Alberta

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As of January 12:

- 58,144 doses of COVID-19 vaccine have been administered in Alberta. This is 1,314.9 doses per 100,000 population.
- 10 adverse events following immunization (AEFI) have been reported to Alberta Health and Alberta Health Services.
- Up to date information can be found at <https://www.alberta.ca/covid19-vaccine.aspx>

# COVID-19 Vaccine Engagements

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- ISC-AB has activated a regional Indigenous Vaccine Planning Working Group currently composed of representatives from the relevant Health Co-Management subcommittees, non-HCoM signatories in addition to representatives from Alberta Health, Alberta Health Services and the Public Health Agency of Canada.
  - It is anticipated that additional and more wide-spread engagement will continue moving forward from this technical planning group
- In addition to the working group, there are also brief weekly COVID-19 Vaccine Information updates being held for community technicians

# COVID-19 Vaccine Resources

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## Resources:

Alberta One Health COVID-19 Update – Immunization Resources: <https://www.onehealth.ca/ab/ABCovid-19>

### ☐ [COVID-19 Vaccination Resources for Staff](#)

- ISC - [Training for COVID-19 Vaccine Administration](#)
- ISC - [2020-2021 COVID-19 Immunization Orientation](#)
- AHS- [Biological Page – Moderna Vaccine Product Monograph – Moderna Vaccine](#)
- AHS - [Fit to Immunize Assessment](#)
- AHS - [Consent for COVID-19 Immunization](#)
- AHS - [COVID-19 Client Record and Aftercare Sheet](#)
- AHS - [COVID-19 Immunization Record](#)
- AHS - [COVID-19 Vaccine Patient Information Sheet](#)
- ISC - [Toolkit COVID-19 Public Health and Primary Health Care Delivery](#)
- ISC - [COVID-19 Vaccine Education Checklist](#)

### ☐ [COVID-19 Vaccine](#)

- GOC - [What You Need to Know \(Various Languages\)](#)
- ISC - [COVID-19 Vaccine Communications Toolkit](#)
- GOA - [COVID-19 Vaccine Distribution in Alberta](#)
- GOC - [Vaccine development and approval in Canada \(infographic\)](#)
- GOC - [COVID-19 vaccine and Indigenous Peoples](#)
- GOC - [Pfizer-BioNTech COVID-19 vaccine: What you should know](#)
- GOC - [Moderna COVID-19 vaccine: What you should know](#)
- GOC - [Recommendations on the use of COVID-19 vaccine\(s\)](#)
- GOC - [Guidance on the Prioritization of the Initial Doses of COVID-19 vaccine](#)
- AHS - [COVID-19 Vaccine FAQs](#)

# Answers to Common Questions

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# Should I be concerned about the COVID-19 variants found in the UK and South Africa?

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- Viruses constantly change through mutation and new variants of a virus are expected to occur over time.
- Multiple COVID-19 variants are circulating globally.
- Early reports demonstrate an increase in the transmissibility of these variants compared to other circulating strains.
- There is no evidence that these variants cause more severe disease or mortality.

Source: <https://www.canada.ca/en/public-health/news/2021/01/statement-from-the-chief-public-health-officer-of-canada-on-january-11-2021.html>

# Are the approved vaccines effective against the COVID-19 variants?

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- It remains likely that the current COVID-19 vaccines authorized for use in Canada will work against the new strains. These vaccines have been tested against multiple strains, some of which are very similar to the strain first identified in the UK.
- Both Pfizer and Moderna are also carrying out additional studies to assess their vaccines against the UK strain, specifically.

Source: <https://www.canada.ca/en/public-health/news/2021/01/statement-from-the-chief-public-health-officer-of-canada-on-january-11-2021.html>

# Do I have to quarantine for the full 14 days if I have a negative COVID-19 test result?

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- Yes. You are legally required to quarantine for 14 days if you are a close contact of someone with COVID-19 or if you travelled outside Canada.
- The only exception are international travellers who are participating in the Border Testing Pilot Program.
- Participants in this program are allowed to quarantine for less time if they test negative for COVID-19 and commit to following specific public health and testing measures. All other returning international travellers must [legally quarantine for 14 days](#) after arrival.
- The purpose of the pilot program is to help inform decisions on new measures for international travel.

Source: <https://www.alberta.ca/international-border-pilot-project.aspx>

# What happens if someone does not comply with isolation and quarantine requirements?

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Various steps can be taken, including one or more of the following:

1. A verbal reminder issued by public health officials.
2. A written Order issued by a FNIHB MOH and co-delivered by public health officials and the RCMP or local police.
3. The individual may be subject to a \$1000 fine. Courts can also administer fines up to \$100,000 for a first offence and up to \$500,000 for a subsequent offence for more serious violations.
4. A FNIHB MOH may implement further control measures in the event that non-compliance is deemed to be high risk or the individual continues not to comply despite previous steps being taken.

# Have there been any recent changes to public health measures in Alberta?

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The Government of Alberta announced that in-class school would resume on January 11 for all grades K-12.

Remaining public health measures that were announced in December are still in place. This includes public health measures for the following:

- Gatherings (Indoor and Outdoor)
- Non-essential travel
- Masks
- Workplaces (working from home)
- Business and services restrictions (close, reduce capacity or limit in-person access)
- Sports and physical activity

Detailed information can be found at <https://www.alberta.ca/enhanced-public-health-measures.aspx> , or contact your community's Environmental Public Health Officer.

# For COVID-19 resources and links to credible sources of information

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GO TO THE ALBERTA ONE HEALTH COVID-19 UPDATE PAGE

[HTTPS://WWW.ONEHEALTH.CA/AB/ABCVID-19](https://www.onehealth.ca/ab/abcovid-19)

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

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PLEASE LET US KNOW!

EMAIL: [VCHELP@FNTN.CA](mailto:VCHELP@FNTN.CA) OR

[SAC.CDEMERCENCIESAB-URGENCESMTAB.ISC@CANADA.CA](mailto:SAC.CDEMERCENCIESAB-URGENCESMTAB.ISC@CANADA.CA)

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

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

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# Acknowledgments

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Dr. Chris Sarin, Deputy Medical Officer of Health - FNIHB

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

Christina Smith, Regional CDC Nurse Manager - FNIHB

Ibrahim Agyemang, Senior Epidemiologist - FNIHB

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

FNIHB Technical Team

# Questions?

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