

COVID-19 Update

MARCH 4, 2021

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update - Dr. Wadieh Yacoub & Dr. Chris Sarin
2. COVID-19 Vaccine – Dr. Parminder Thiara and Christina Smith
3. Ask the Expert – Dr. Cheryl Barnabe

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

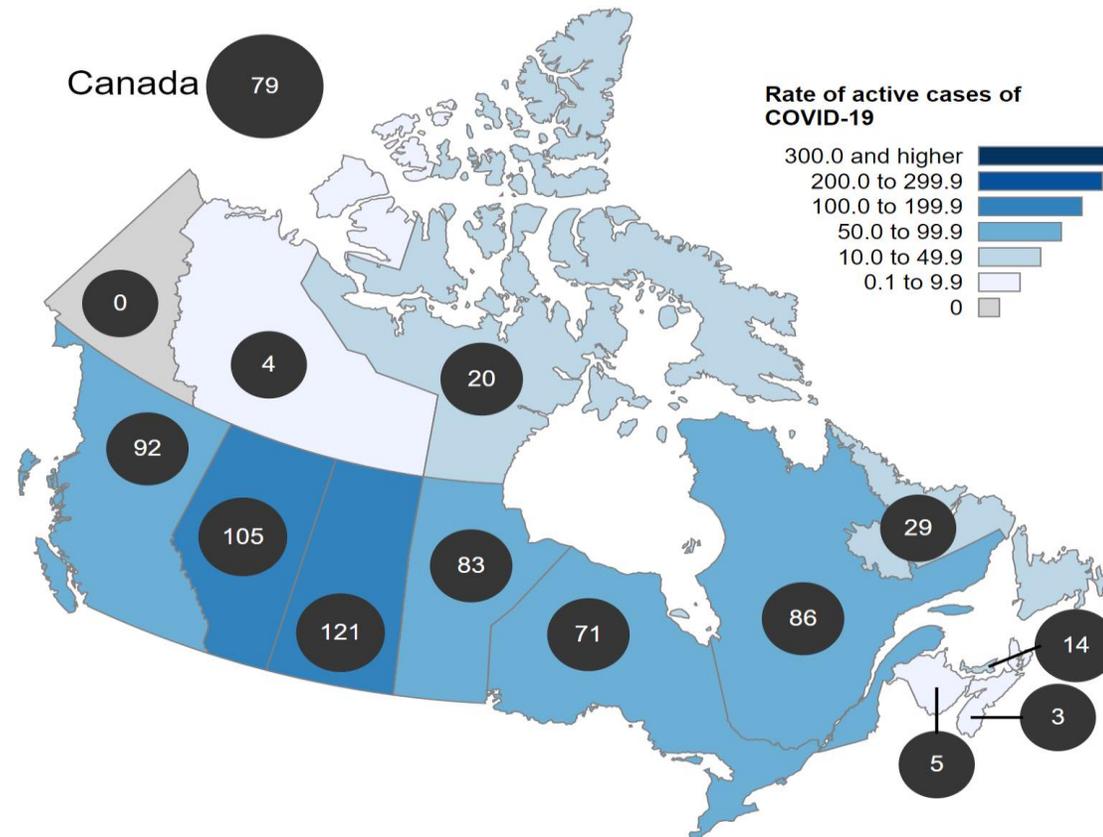
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Reminder - Privacy

- 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 – Canada (as of March 3, 2021)

Total number of active cases in Canada:
29,930

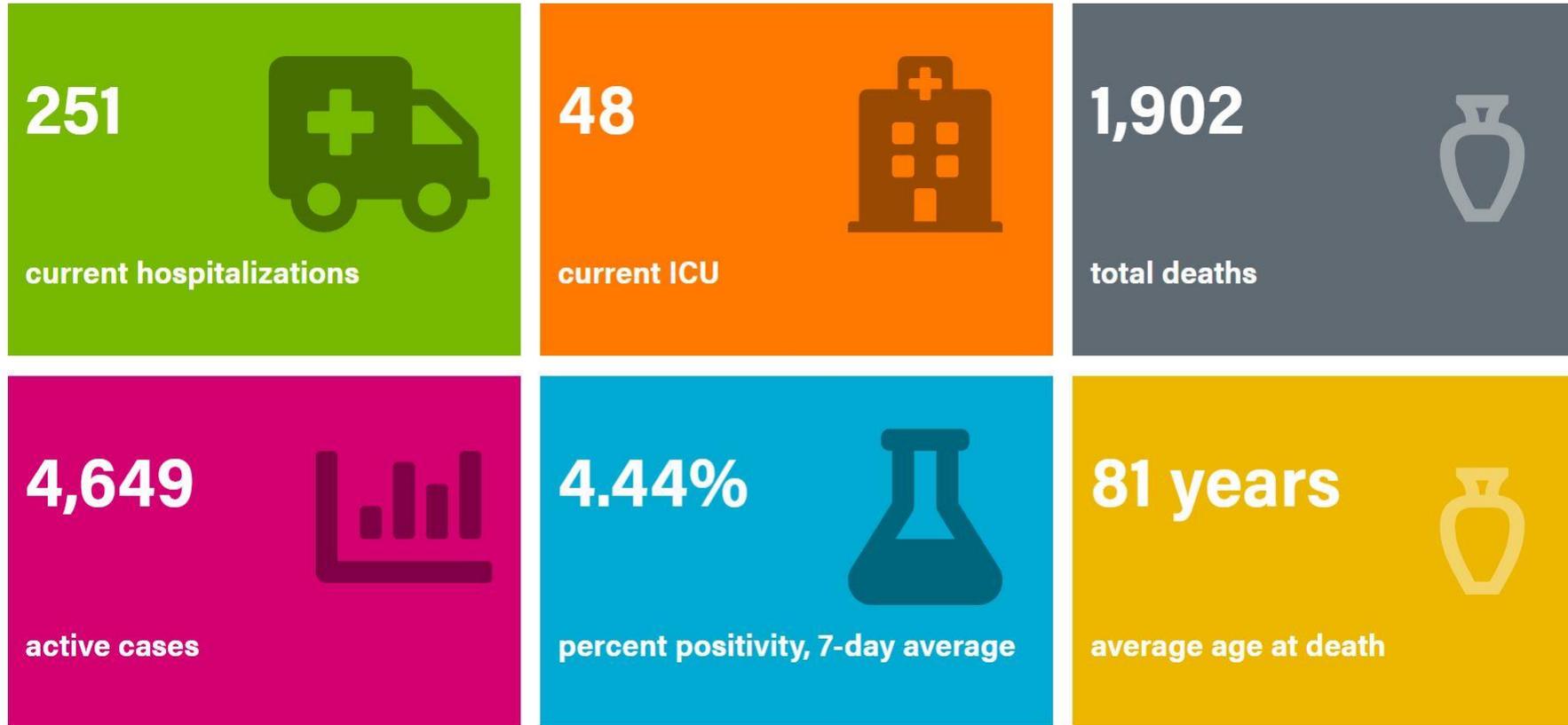


Public Health Agency of Canada https://health-infobase.canada.ca/covid-19/dashboard/?stat=rate&measure=total_last14&map=hr&f=true#a2

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Current Situation - Alberta

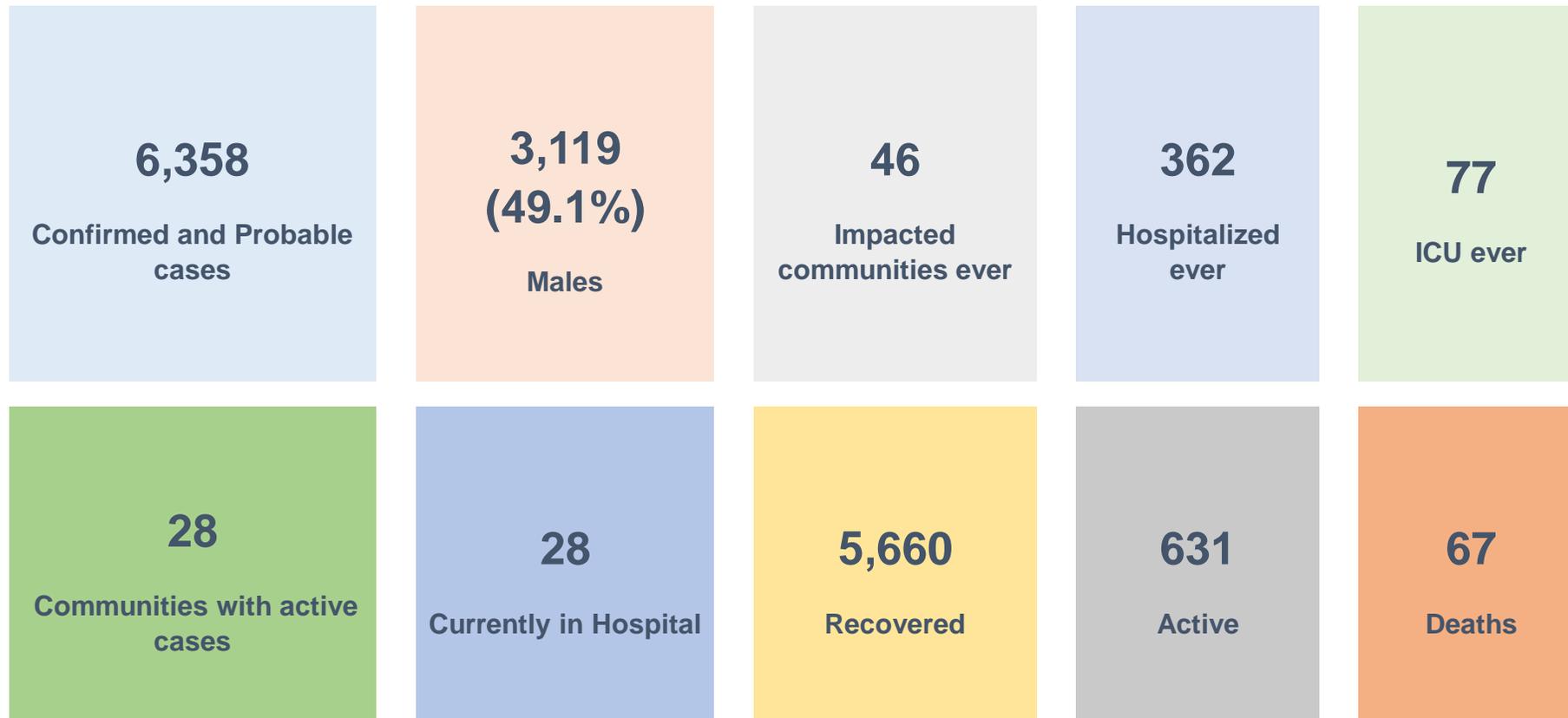
Overview of COVID-19 in Alberta (as of March 3, 2021):



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

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

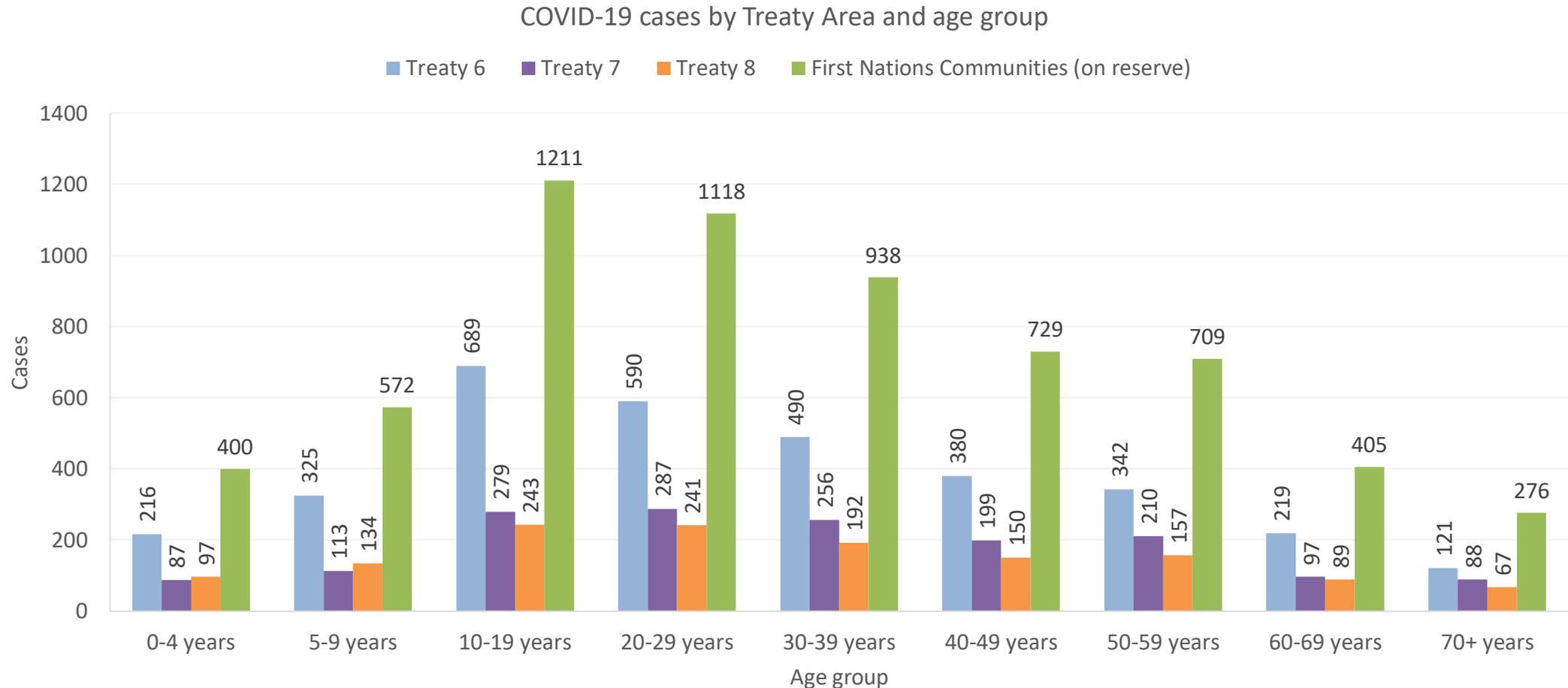
Source: FNIHB COVID-19 ER System via Synergy in Action (March 03, 2021)



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

Source: FNIHB COVID-19 ER System via Synergy in Action (March 03, 2021)

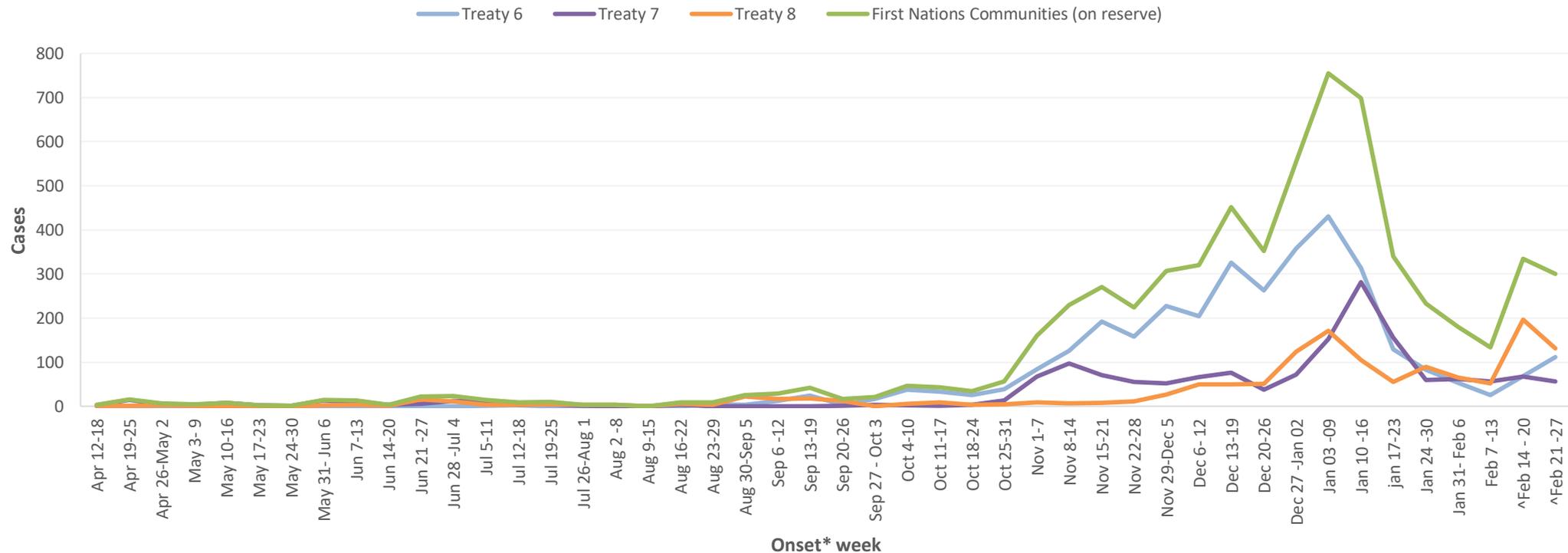


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Confirmed and probable COVID-19 cases by week of onset* by Treaty Area

Source: FNIHB COVID-19 ER System via Synergy in Action (March 03 , 2021)

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



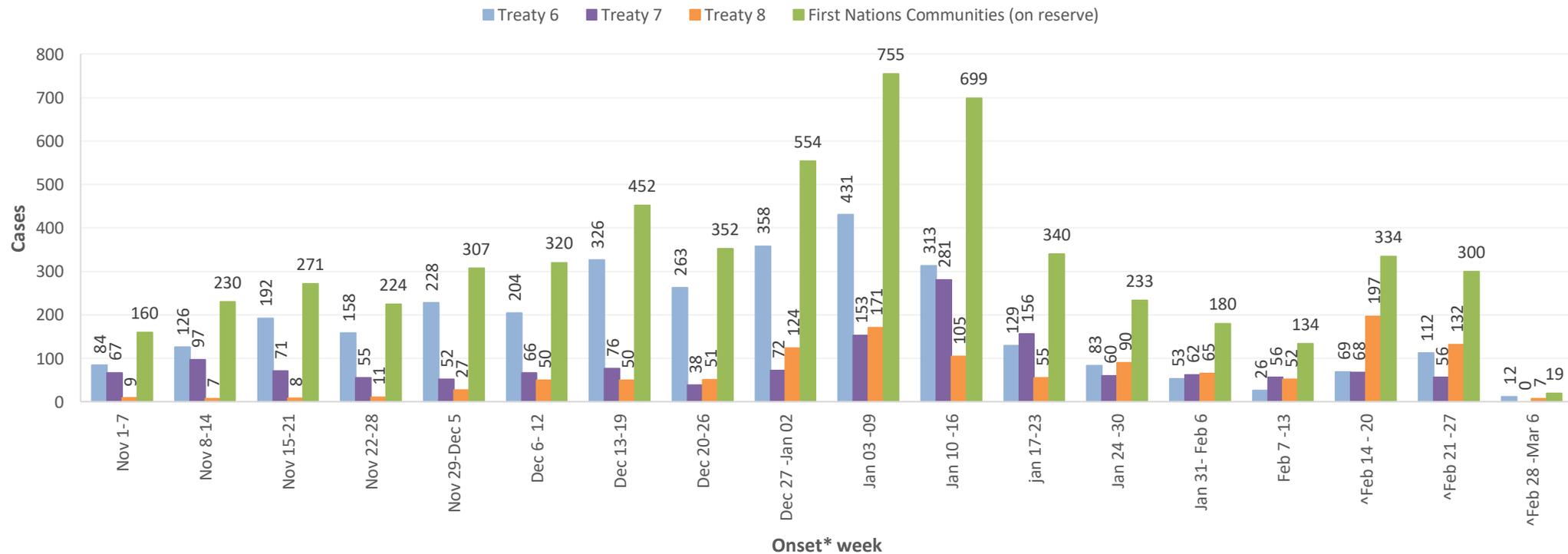
*Onset date is the earliest of the “date of onset of symptoms” and “specimen collection date”

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

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

Source: FNIHB COVID-19 ER System via Synergy in Action (March 03 , 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

Severe Outcomes

Sources: FNIHB COVID-19 ER System via Synergy in Action (March 03, 2021) & <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (March 01, 2021)

	Total Case Hospitalization Rate	Total Case ICU Rate	Case Fatality Rate
Treaty 6	4.8 per 100 Cases	0.9 per 100 Cases	0.9 per 100 Cases
Treaty 7	7.5 per 100 Cases	1.7 per 100 Cases	1.2 per 100 Cases
Treaty 8	5.7 per 100 Cases	1.3 per 100 Cases	1.1 per 100 Cases
First Nations Communities (on reserves)	5.7 per 100 Cases	1.2 per 100 Cases	1.1 per 100 Cases
Alberta (includes First Nations communities)	4.4 per 100 Cases	0.7 per 100 Cases	1.4 per 100 Cases

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Severe Outcomes –Average Age

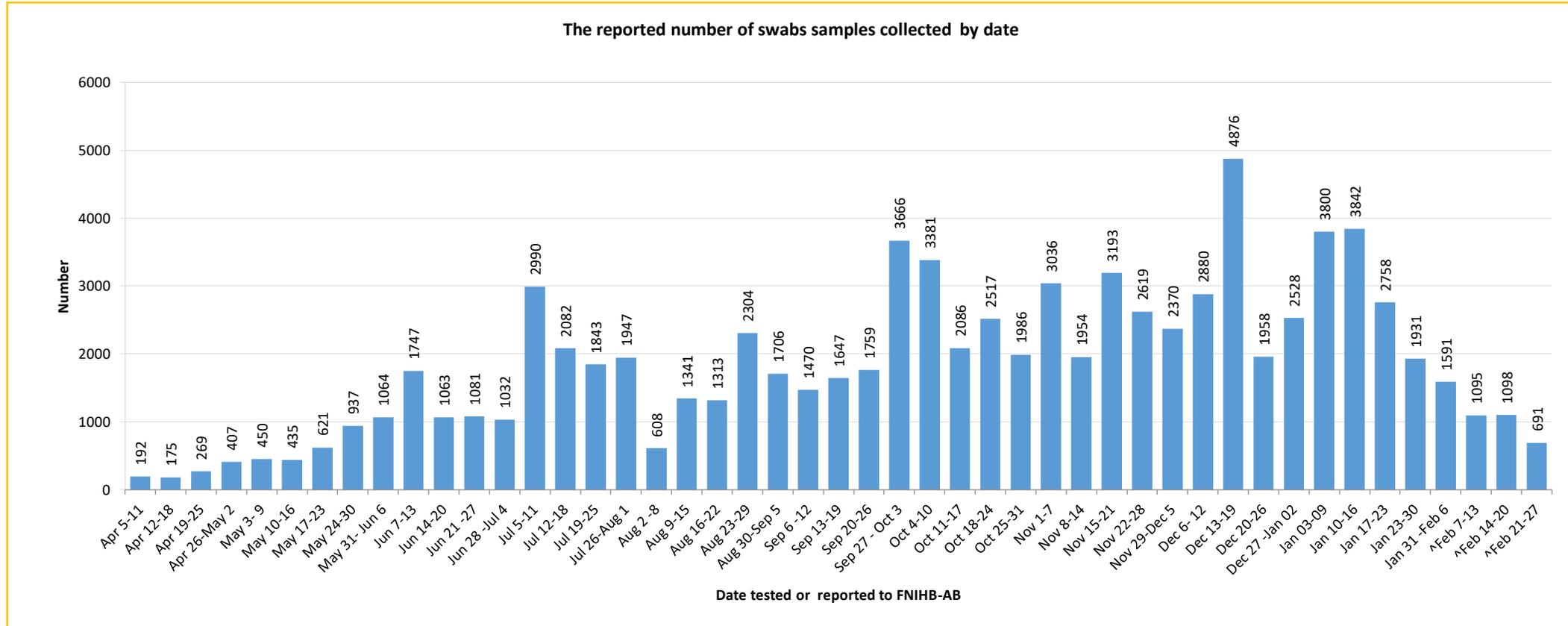
Sources: FNIHB COVID-19 ER System via Synergy in Action (March 03, 2021) & <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (March 01, 2021)

	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:14-88)	57 years (range:29-83)	66 years (range:23-88)	29 years (range:0-94)
Treaty 7	55 years (range:16-86)	57 years (range:32-78)	63 years (range:20-86)	32 years (range:0-87)
Treaty 8	59 years (range:20-93)	59 years (range:20-82)	72 years (range:48-91)	30 years (range:0-87)
First Nations Communities (on reserves)	55 years (range:14-93)	58 years (range:20-83)	66 years (range:20-91)	30 years (range:0-94)
Alberta (includes First Nations communities)	63 years (range:0-104)	59 years (range:0-89)	82 years (range:20-107)	36 years (range:0-108)

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Test Volume

Sources: Community Reports to FNIHB-AB (February 27, 2021)



First Nations (on reserve)*
All Albertans

Test volume
86,339
3,424,832

Percent positive test
7.4%
3.9%

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

Alberta COVID-19 Testing Criteria

Testing is available for:

- 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: Rapid Testing

Testing continues to be a powerful tool to help identify cases early and to limit the spread.

Rapid testing instruments can provide results in 10 – 30 minutes.

Two types of rapid testing instruments are currently being used by First Nations Health Centres in Alberta:

- GeneXpert System (Real-Time PCR)
- Abbott ID Now (POC)

To date:

- 15 GeneXpert instruments have been deployed
- 23 Abbott ID Now instruments have been or are in the process of being deployed

For questions or to inquire about a rapid test instrument send an email to:

sac.cdemergenciesab-urgencesmtab.isc@canada.ca



COVID-19 Variants of Concern (VOC)

- Variants are viruses that have changed or mutated while reproducing inside an infected person's cells. The variant can be spread to others and may continue to mutate as it moves from person to person.
- Variant strains of COVID-19 were identified in the United Kingdom, South Africa and Brazil, and have since been identified in many other countries around the world.
- These variants are known as variants of concern as they seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19.
- So far, studies suggest that antibodies generated through vaccination with currently authorized vaccines recognize these variants. This is being closely investigated and more studies are underway.

Testing for COVID-19 Variants of Concern

- Prov Lab has been performing surveillance for variants since the pandemic began using whole genome sequencing on select positive samples (such as those from incoming international travellers).
- Since February 3, 2021, all COVID-19 positive samples have been screened for variants of concern.
- Positive results for cases on-reserve are reported directly to the FNIHB MOH.

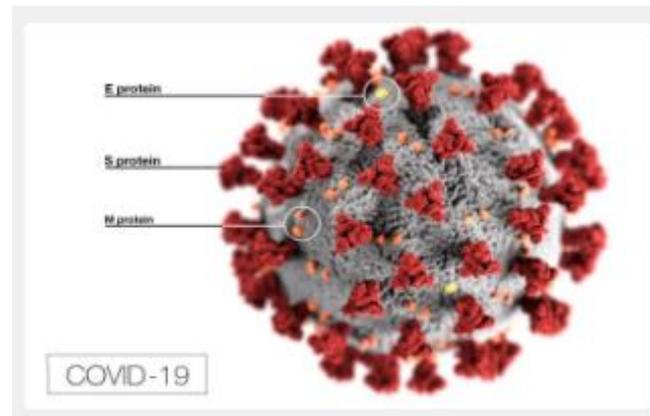


Photo credit: <https://www.cdc.gov/media/subtopic/images.htm>

COVID-19 Variant Cases in Alberta

Update as of March 3, 2021

Location	B.1.1.7 (UK variant)	B.1.351 (South African variant)	Total Number of Cases
Alberta	500	8	508
Calgary Zone	204	6	210
Edmonton Zone	178	2	180
Central Zone	114	0	114
South Zone	0	0	0
North Zone	4	0	4

In Canada, 1367 cases of the UK variant, 104 cases of the South African variant, and 3 cases of the variant first identified in Brazil have been confirmed.

COVID-19 Variant Cases

- Individuals will be notified if they are confirmed to be positive for a variant strain of COVID-19 and are legally required to isolate for a minimum of 10 days.
- They should isolate in a different location if possible, such as the isolation facility in their community or a hotel. **Isolating in the same house is not considered adequate to prevent transmission of variant COVID-19 to other people in the household.**
- If the case is a child, other family members not required for child care should move to the isolation facility in their community or a hotel for their quarantine period.

For more information on isolation and quarantine refer to: <https://www.alberta.ca/isolation.aspx>

Close Contacts of COVID-19 Variant Cases

- Close contacts are legally required to quarantine for 14 days from the time they were exposed and monitor for symptoms.
- **Household contacts of variant cases must quarantine during the case's isolation period (10 days) plus an additional 14 days after the case's isolation period ends.**
- Close contacts of variant cases should:
 - Get tested as soon as possible after being notified.
 - Book a second test 10 days or later after their last exposure to the confirmed case.

For more information on isolation and quarantine refer to: <https://www.alberta.ca/isolation.aspx>

Variant of Concern (VOC) Outbreak Protocol

- Developed due to the potential increased transmissibility, potential increased severity of illness, and other unknown aspects of COVID-19 VOCs.
- Applies to all licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) and facilities offering or providing a residential hospice service.
- A single variant case (resident or staff) is considered an outbreak.
- Staff working at an outbreak site must not work at any other workplace for the duration of the outbreak and anyone entering the facility will be required to wear a mask and eye protection.

For further details refer to: <https://open.alberta.ca/publications/cmoh-order-03-2021>

COVID-19 Vaccine

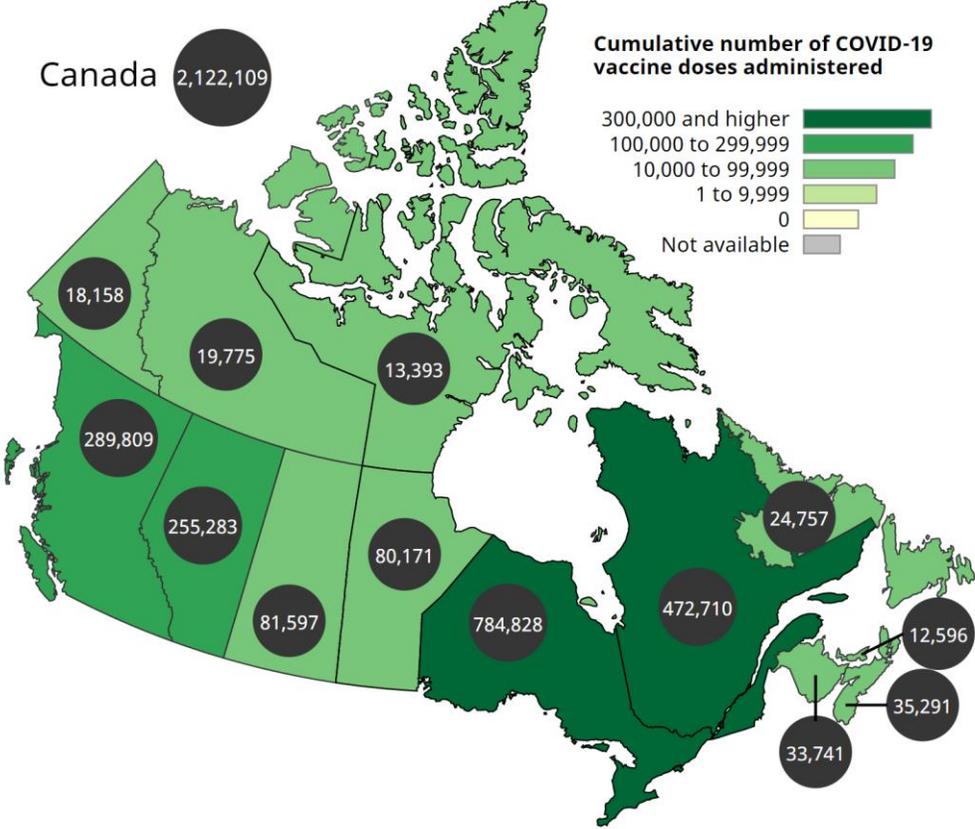
DR. PARMINDER THIARA, DEPUTY MEDICAL OFFICER OF HEALTH /
REGIONAL DIRECTOR OF PRIMARY AND POPULATION HEALTH

CHRISTINA SMITH, REGIONAL CDC NURSE MANAGER

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COVID-19 Vaccine Data – National

Altogether, **2,122,109** vaccine doses have been administered as of **March 4, 2021**.



Source: <https://health-infobase.canada.ca/covid-19/vaccine-administration/>

COVID-19 Vaccine Data - National

Key updates

2.86%

of the population has received
at least one dose

1.71%

of the population has received
only one dose

1.14%

of the population has received
two doses

14.10%

of adults aged 80 or older have
received at least one dose

47.81%

of health care workers targeted for
priority vaccination have received
at least one dose

67.49%

of adults in group living settings for
seniors have received at least one dose

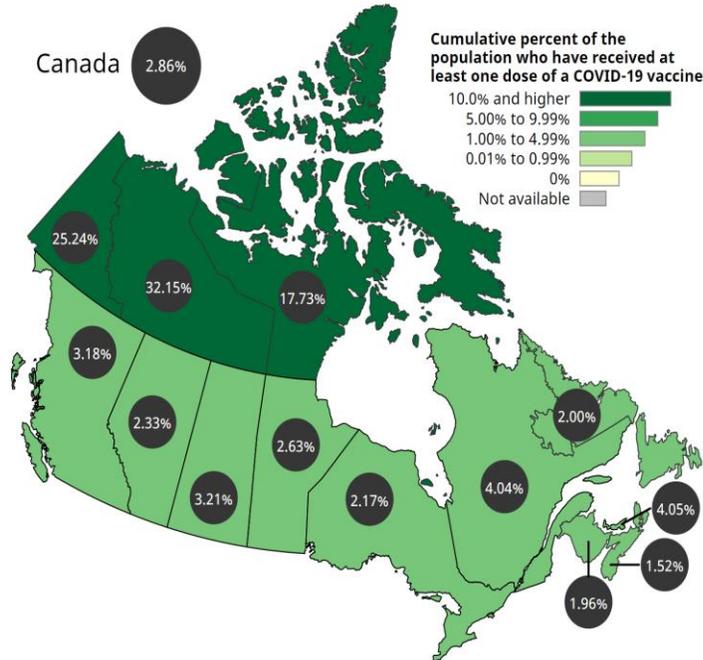
This information was updated on February 26, 2021 with data up to and including February 20, 2021.

Source: <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

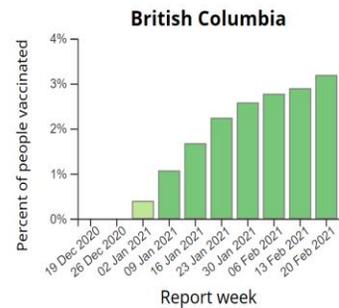
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Cumulative percentage of the population who have received the COVID-19 vaccine in Canada by jurisdiction (as of February 20, 2021)

AT LEAST ONE DOSE

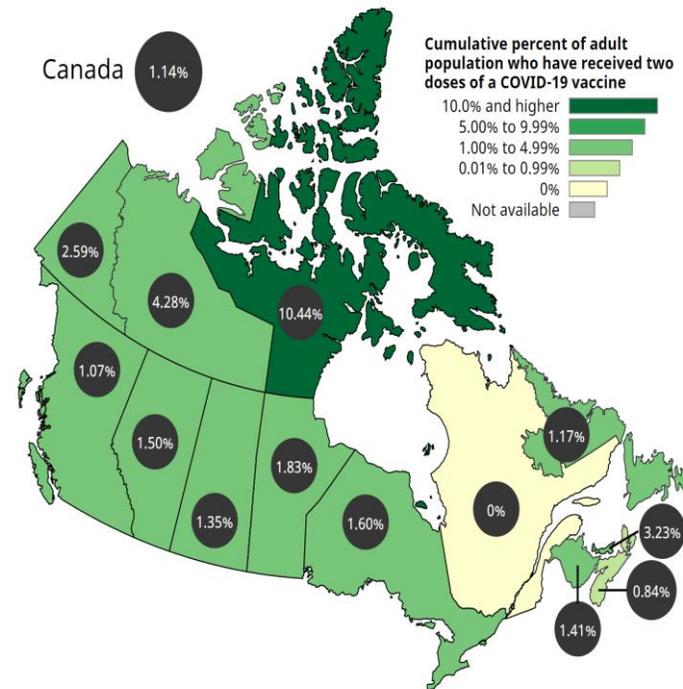


The cumulative percent of the population who have received at least one dose of a COVID-19 vaccine in **British Columbia** was **3.18%**, as of February 20, 2021.

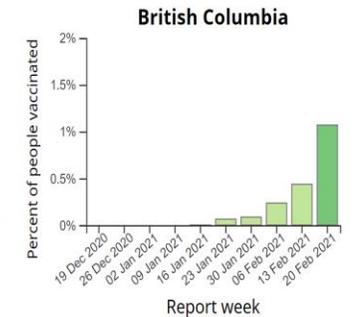


[.CSV](#)

TWO DOSES



The cumulative percent of the population who have received **two doses** of a COVID-19 vaccine in **British Columbia** was **1.07%**, as of February 20, 2021.



[.CSV](#)

Source: <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

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COVID-19 Vaccine Data – Provincial

As of March 2:

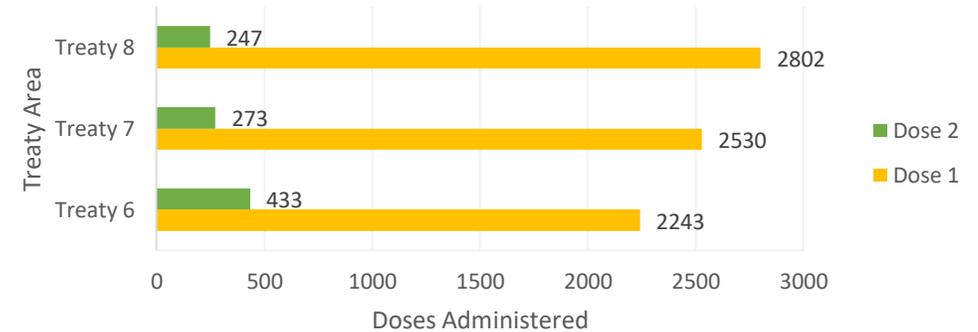
- 255,283 doses of COVID-19 vaccine have been administered in Alberta. This is 5,773.2 doses per 100,000 population.
- 89,094 Albertans have been fully immunized with 2 doses.
- Up to date information can be found at <https://www.alberta.ca/covid19-vaccine.aspx>

COVID Immunization Activity – On Reserve in Alberta

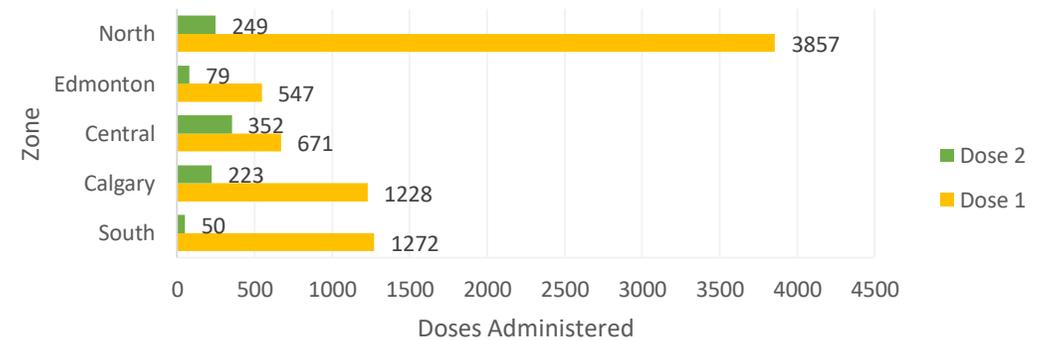
Source: Okaki Slice Analytics (March 03, 2021)

Doses delivered/transferred	Doses administered	Doses yet to be administered	Number of Nations (bands) with Immunizations
10,740	8,528	2,347	45
18-64 year olds who have received at least one dose	18-64 year olds who are fully immunized (2 doses)	65+ year olds who have received at least one dose	65+ year olds who are fully immunized (2 doses)
4,639	606	2,858	374
Percent of 18-64 year olds with at least one dose	Percent of 18-64 year olds fully immunized (2 doses)	Percent of 65+ year olds who have received at least one dose	Percent of 65+ year olds who are fully immunized (2 doses)
9.4%	1.2%	60.7%	7.4%

Doses Administered by Treaty Area and Type of Dose



Doses Administered by Zone and Type of Dose



COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (March 03, 2021)

COVID-19 Immunizations by Age Group

Age Group	Dose 1	Dose 2
16 - 49 years	2390	340
50 - 59 years	1242	170
60 - 64 years	935	96
65 + years	2835	347
16 -64 years*	70	
Unknown	103	

*16-64 years but don't have a fine breakdown

COVID-19 Immunizations by Priority Reason

Priority Reason	Dose 1	Dose 2
Healthcare Workers (HCWs)	797	317
Long-term Care Staff	65	41
Long-term Care Residents	51	38
65+ year olds	2814	280
Other Congregate Care Living Sites	51	11
Essential Services Workers (not HCWs)	992	153
16 - 64 year olds	2757	106
Unknown	48	7

Vaccine Distribution: Phase 2

(April – September)

Phase 2 is broken into Groups A to D.

Vaccinations for each group will begin once the previous group has been completed.

Timelines may change depending on vaccine supply.

Group A

Albertans aged 65 to 74, no matter where they live

First Nations, Inuit and Métis people aged 50 and older, no matter where they live

Staff and residents of licensed supportive living (seniors) not included in Phase 1

Group B

Albertans aged 18 to 64 with high-risk underlying health conditions

Specific conditions will be provided prior to Phase 2 roll-out

Vaccine Distribution: Phase 2

(April – September)

Group C

Residents and staff of eligible congregate living settings: correctional facilities, homeless shelters, group homes including disability, mental health and other types of licensed supportive living

Health-care workers providing direct and acute patient care who have a high potential for spread to high risk individuals

Caregivers of Albertans who are most at risk of severe outcomes

Group D

Albertans aged 50 to 64, no matter where they live

First Nations, Inuit and Métis people aged 35 to 49 on and off reserve or Métis Settlements

Source: <https://www.alberta.ca/covid19-vaccine.aspx>

AstraZeneca Vaccine

The AstraZeneca-Oxford vaccine is a recombinant adenoviral vector vaccine.

- [Viral vector-based vaccines](#) use a harmless virus, such as an adenovirus, as a delivery system. This “vector” virus is not the virus that causes COVID-19. Adenoviruses are among the viruses that can cause the common cold. There are many different types of adenoviruses, and many have been used as delivery systems for other vector-based vaccines for decades.
- When a person is given the vaccine, the vector virus contained within the vaccine produces the SARS-CoV-2 spike protein. This protein is found on the surface of the virus that causes COVID-19. This protein will not make people sick.
- Through this process, the body is able to build a strong immune response against the spike protein without exposing people to the virus that causes COVID-19.

AstraZeneca vaccine

- This vaccine is approved for individuals 18 years of age and older.
- In general, the side effects observed during the clinical trials are similar to what you might have with other vaccines. They included things like pain at the site of injection, body chills, feeling tired and feeling feverish.
- Studies have shown this vaccine to be about 62% effective in preventing symptomatic COVID-19 disease beginning 2 weeks after the second dose.

Source: <https://health-infobase.canada.ca/covid-19/vaccine-administration/>

Intervals Between Doses of mRNA COVID-19 vaccine

December 2020:

NACI recommended an ideal interval of 21 – 28 days between the first and second doses of COVID-19 mRNA vaccine

Middle of January 2021:

NACI approved an extended interval between doses of up to six weeks, ideally between 35 – 42 days

Beginning of March 2021:

NACI provided advice on extending intervals for mRNA vaccines to four months (16 weeks)

Reasons for Changes to Intervals Between Doses of mRNA COVID-19 vaccine

- NACI has reviewed scientific studies on efficacy and effectiveness of COVID-19 vaccines in preventing various health outcomes such as infection, symptomatic disease, hospitalizations, and death from COVID-19.
- The first two months of real world effectiveness are showing sustained high levels of protection.
- Short term sustained protection is consistent with immunological principles and vaccine science. It is not expected to see rapid waning of protection.
- Vaccine is in short supply, extending the interval would maximize the number of individuals benefiting from the first dose of vaccine.
- Allows for protection of the entire adult population within a short timeframe, contributing to health equity.
- NACI will continue to monitor the evidence on effectiveness of extended dose intervals and will adjust recommendations as needed.

Source: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-extended-dose-intervals-covid-19-vaccines-early-rollout-population-protection.html>

Alberta Context

- Starting March 10, all current [Health Canada approved COVID-19 vaccines](#) will be provided to Albertans in a 16-week (4 month) timeline between the first and second dose. This is in alignment with current [National Advisory Committee on Immunization \(NACI\) recommendations](#) and with the goal of providing first doses to all adults 18 years and over in Alberta, by the end of June 2021.
- Anyone who has booked their immunization before March 10 will be immunized within a 42-day window. All existing appointments for second doses will be honoured and will be provided within 42 days.
- All bookings made starting March 10 will be on the 16-week protocol.

Note: The 16 week (4 month) interval between the first and second doses need to be followed for the current allotment of second doses being shipped to First Nations communities.

Source: <https://www.albertahealthservices.ca/topics/Page17389.aspx>

Adverse Events Following Immunization

Health practitioners are to report an adverse event following immunization within 3 days of determining or being informed that a patient has experienced an adverse event following immunization unless it has already been reported.

Resource: Adverse Events Following Immunization (AEFI) policy for Alberta immunization providers - <https://open.alberta.ca/publications/aefi-policy-for-alberta-immunization-providers>

Provincially 117 adverse events following immunization (AEFI) have been reported to Alberta Health and Alberta Health Services (as of March 2, 2021).

Adverse Events Following Immunization – Alberta First Nations (on-reserve only)

Type of Reaction	Details	# of Events Investigated
Cellulitis (occurs within 0-7 days)	<ul style="list-style-type: none"> Physician diagnosed cellulitis AND Characterized by at least 3 of the following local signs or symptoms: pain or tenderness to touch, erythema, induration or swelling, warm to touch AND Reaction is at the injection site 	2
Adenopathy (occurs within 0-7 days)	<ul style="list-style-type: none"> Enlargement of one or more lymph nodes, > 1.5 cm in diameter AND/OR Draining sinus over a lymph node 	2*
Swelling and/or Pain (occurs within 0-48 hours)	<ul style="list-style-type: none"> Swelling extends past the nearest joint OR Severe pain that interferes with the normal use of the limb lasts > 4 days OR Reaction requires hospitalization 	1
Allergic Reaction (occurs within 0-48 hours)	<ul style="list-style-type: none"> One or more of the following signs/symptoms: hives, itching, edema, stridor, wheezing 	1
Rash (occurs within 0–7 days)	<ul style="list-style-type: none"> Rashes or eruptions on the skin that are not expected, with an onset within 7 days of immunization and lasts > 4 days AND either Generalized rash; Systemic eruption in two or more parts of the body OR Localized at non-injection site; eruption localized at another part of the body, away from the inject site OR Requires hospitalization 	2
Other (occurring within 1-15 days)	<ul style="list-style-type: none"> Not clearly covered by other categories (i.e. swelling, itchiness, fatigue, erythematous ring, etc) 	9
Anaphylaxis	Nil	0
TOTAL		17

Note: All allergic and anaphylaxis cases will need to be assessed by an allergist. In the case of allergic reactions, individuals must be assessed prior to receiving second dose. Please contact the CDC Team for more details.

*Assumed: follow up required to determine actual size of lymph node involvement

Ask the Expert about Vaccinations for Patients with Autoimmune Diseases

DR. CHERYL BARNABE, CANADA RESEARCH CHAIR, RHEUMATOID
ARTHRITIS AND AUTOIMMUNE DISEASES ASSOCIATE PROFESSOR,
UNIVERSITY OF CALGARY RHEUMATOLOGIST

Questions

1. What do you tell your patients with rheumatological conditions about the COVID-19 vaccine?
2. Are there any medications that you cannot take with the vaccine, or any other special considerations?

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

GO TO THE ALBERTA ONE HEALTH COVID-19 UPDATE PAGE

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

QUESTIONS: VCHELP@FNTN.CA

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-URGENCESMTAB.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-URGENCESMTAB.ISC@CANADA.CA

QUESTIONS: VCHELP@FNTN.CA

Acknowledgments

Dr. Cheryl Barnabe, Associate Professor and Rheumatologist – U of C

Dr. Wadieh Yacoub, Senior Medical Officer of Health - FNIHB

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?

VCHELP@FNTN.CA

QUESTIONS: VCHELP@FNTN.CA