

# COVID-19 MOH Update

September 16<sup>th</sup>, 2021



# Outline

## 1. MOH Update

- Dr. Chris Sarin
- Simon Sihota

## 2. COVID-19 Vaccine Update

- Dr. Parminder Thiara
- Christina Smith

## 3. Questions

# MOH Update

Dr. Chris Sarin

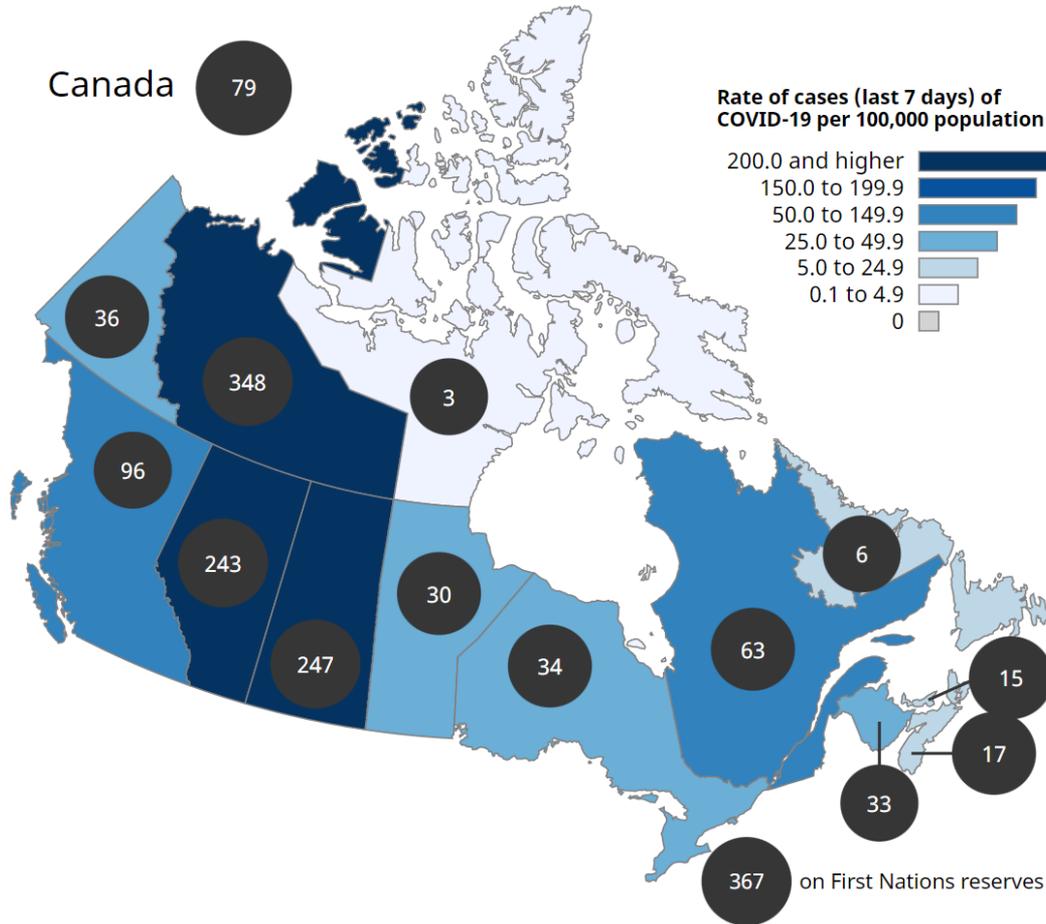
*Senior Medical Officer of Health*

Simon Sihota

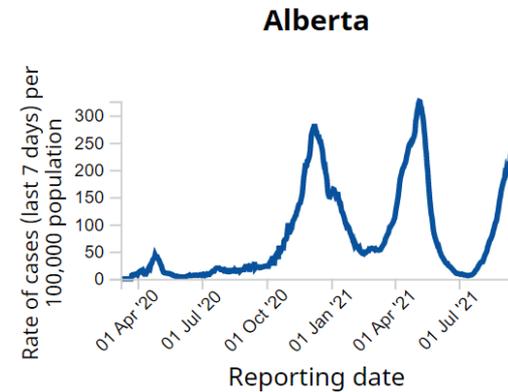
*Regional Environmental Public Health Manager*



# Current Situation (as of Sept 15)



The rate of cases (last 7 days) of COVID-19 in **Alberta** was **243 per 100,000 population** as of September 15, 2021.



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[https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=rate&measure=total\\_last7&map=hr#a2](https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=rate&measure=total_last7&map=hr#a2)

# Current Situation – Alberta (as of Sept 14)

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

877



current hospitalizations

218



current ICU

2,495



total deaths

18,421



active cases

11.52%



percent positivity, 7-day average

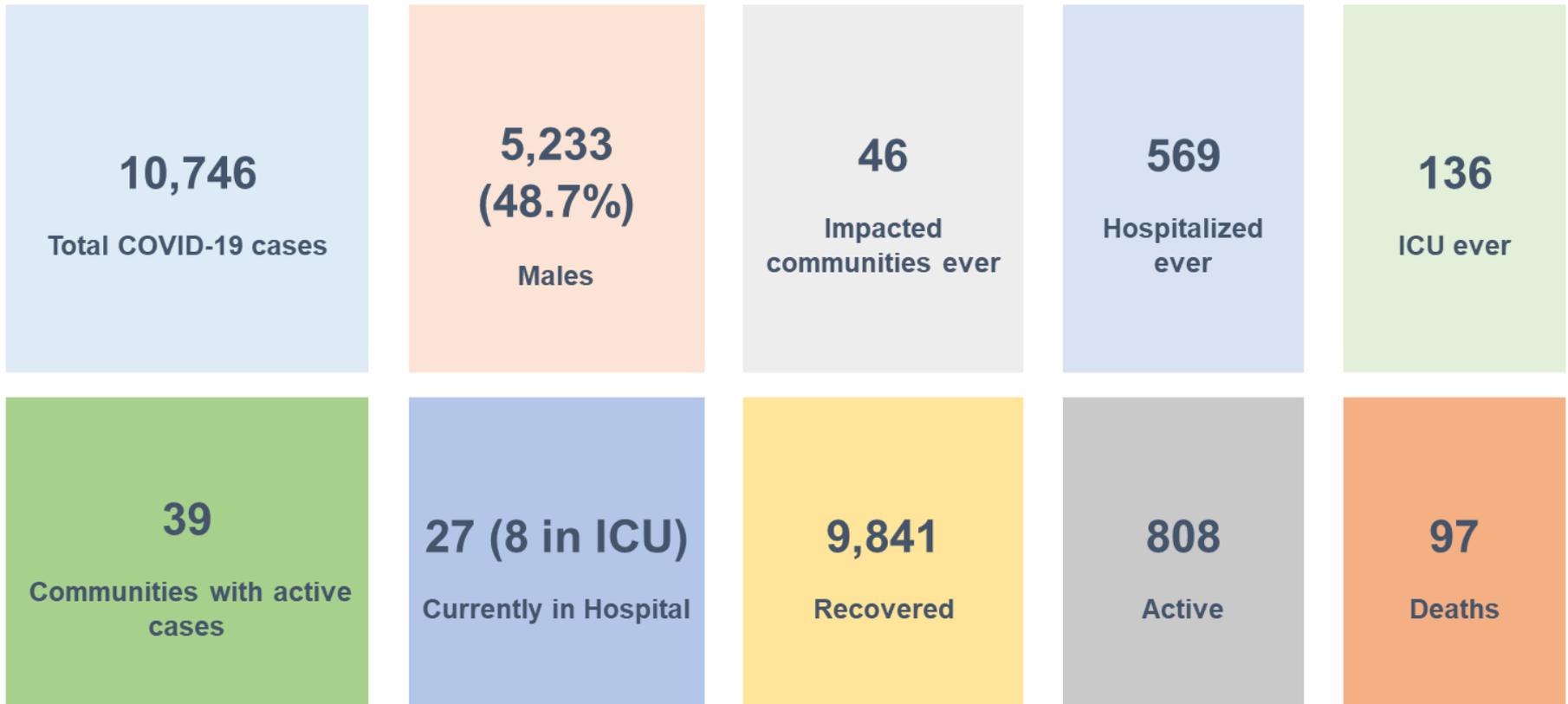
79 years



average age at death

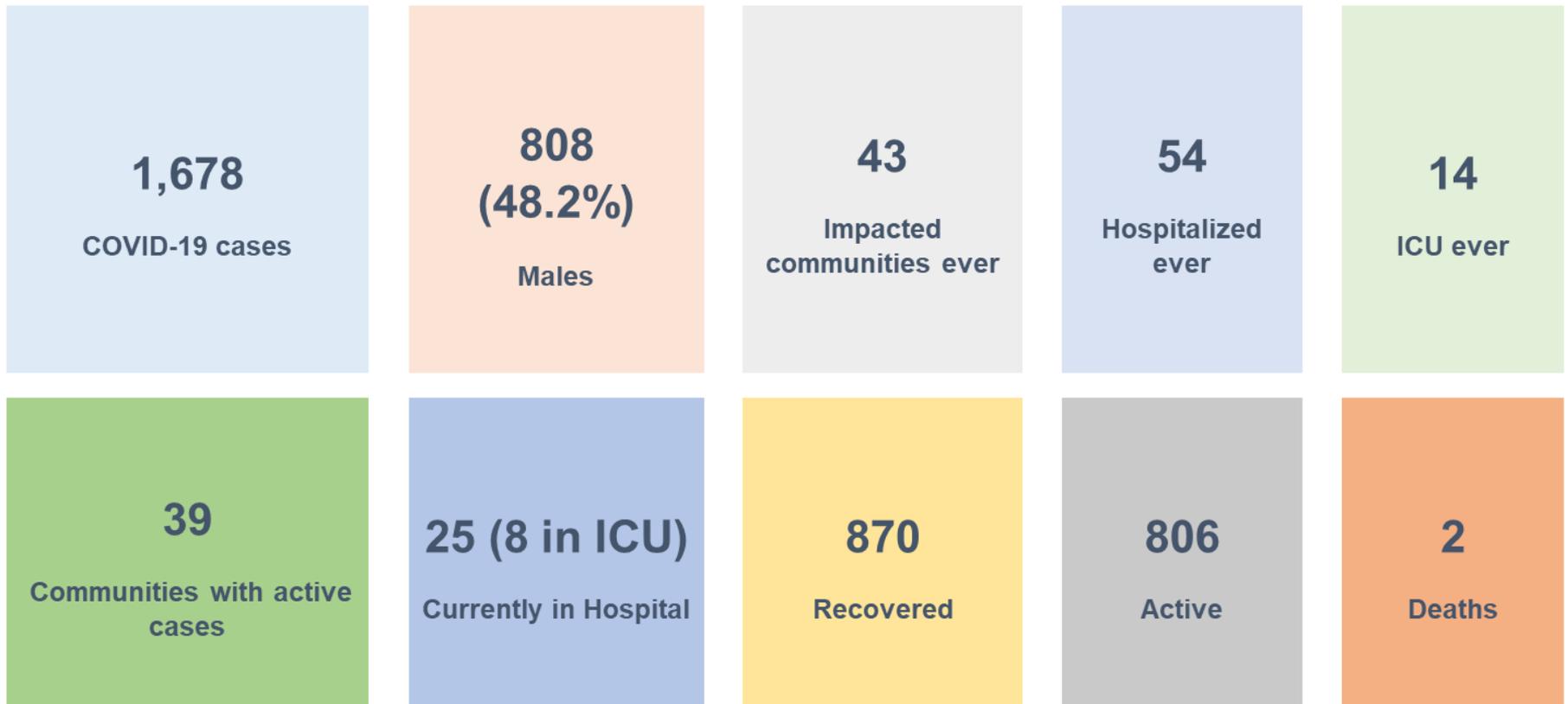
# Overview of COVID-19 cases in First Nations communities on reserve in Alberta

Source: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)



# COVID-19 cases in First Nations communities on reserve in Alberta, August 1, 2021 to date

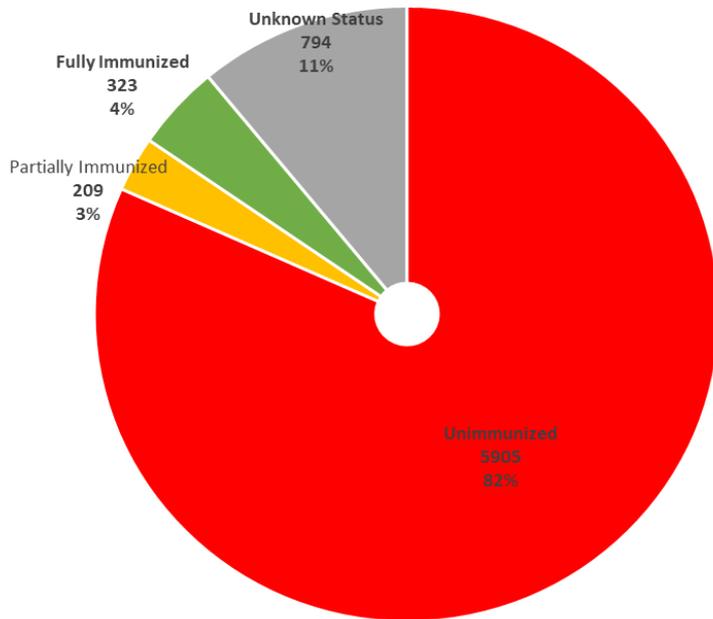
Source: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)



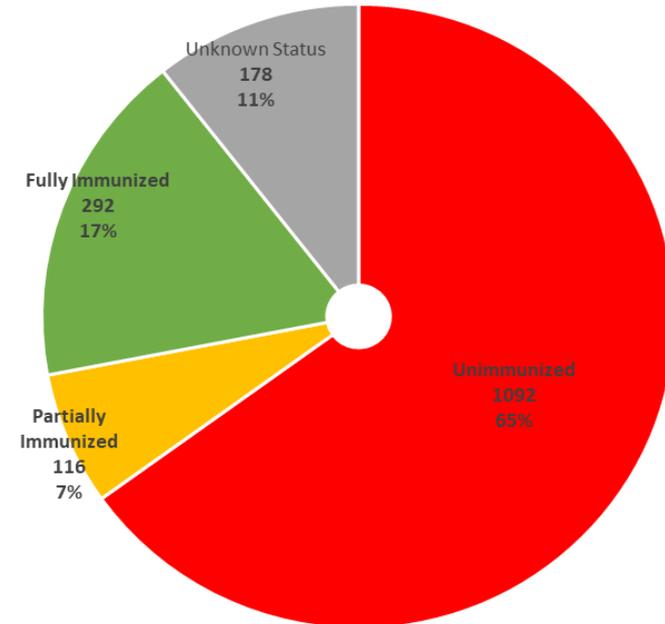
# COVID-19 cases in First Nations communities on reserve in Alberta by Immunization Status

Source: FNIHB COVID-19 ER System via Synergy in Action & OKAKI Slice (September 15, 2021)

COVID-19 cases by immunization Status, January 01-September 15, 2021 (n=7,231)



COVID-19 cases by immunization Status, August 1-September 15, 2021 (n=1678)



# Severe Outcomes by Immunization Status

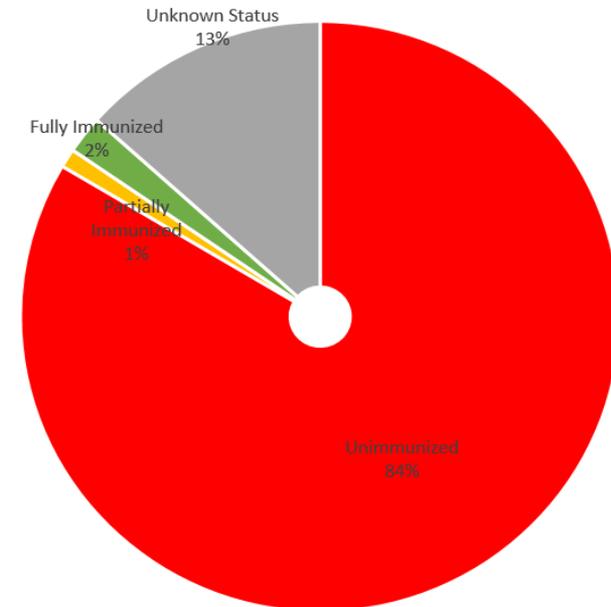
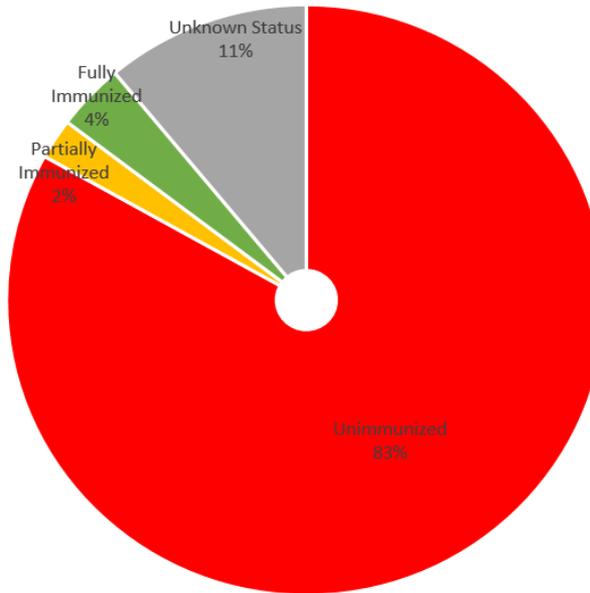
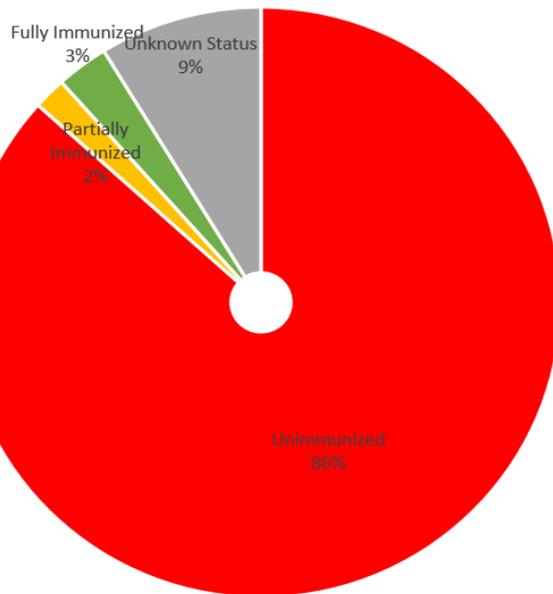
Sources: FNIHB COVID-19 ER System via Synergy in Action & OKAKI Slice (September 15, 2021)

\*Hospitalizations include ICU admissions

Total Hospitalizations by Immunization status

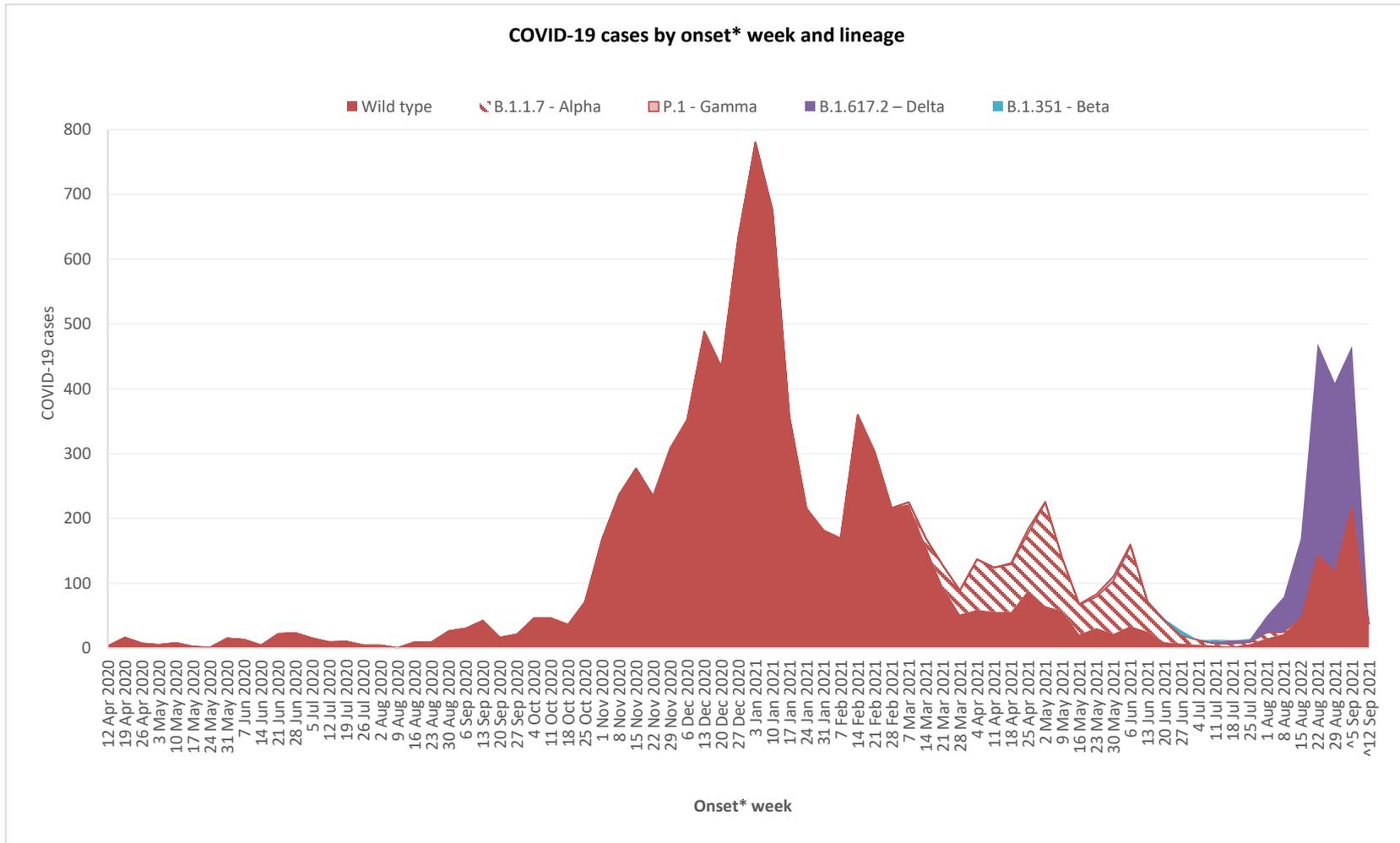
Total ICU admissions by immunization status

COVID-19 fatalities by Immunization status



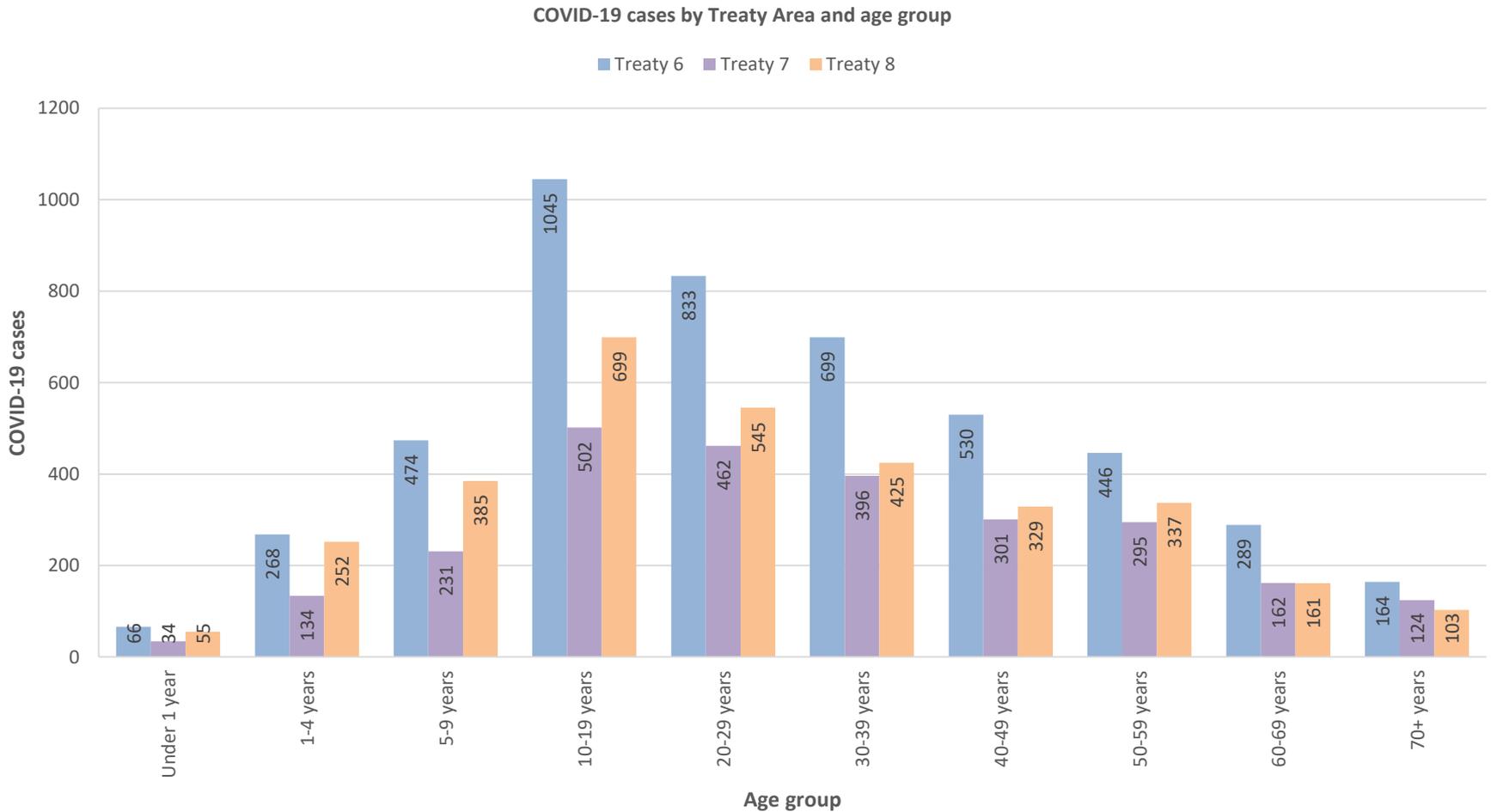
# COVID-19 cases in First Nations communities on reserve in Alberta by Onset\* week and lineage

Source: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)



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

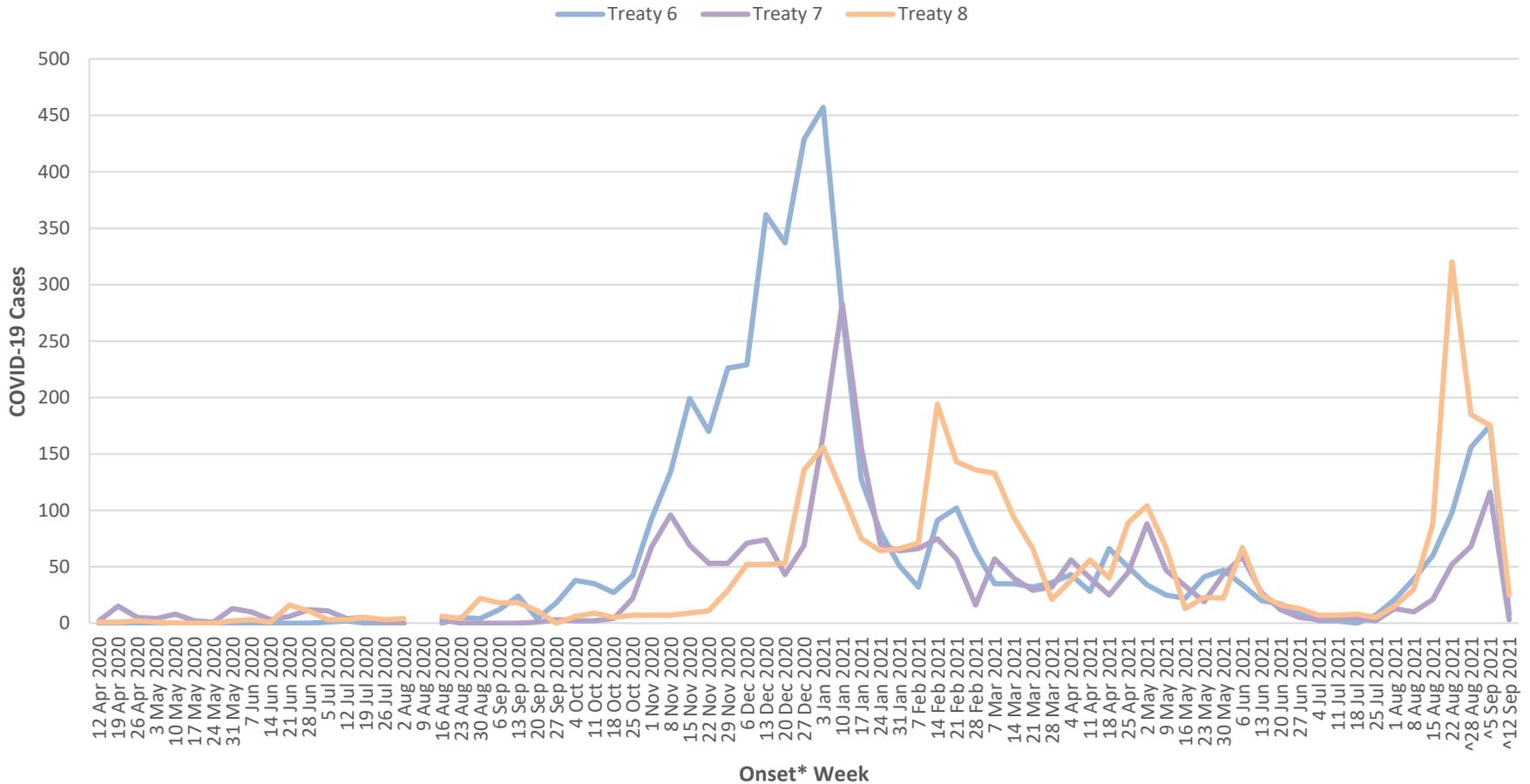
Source: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)



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

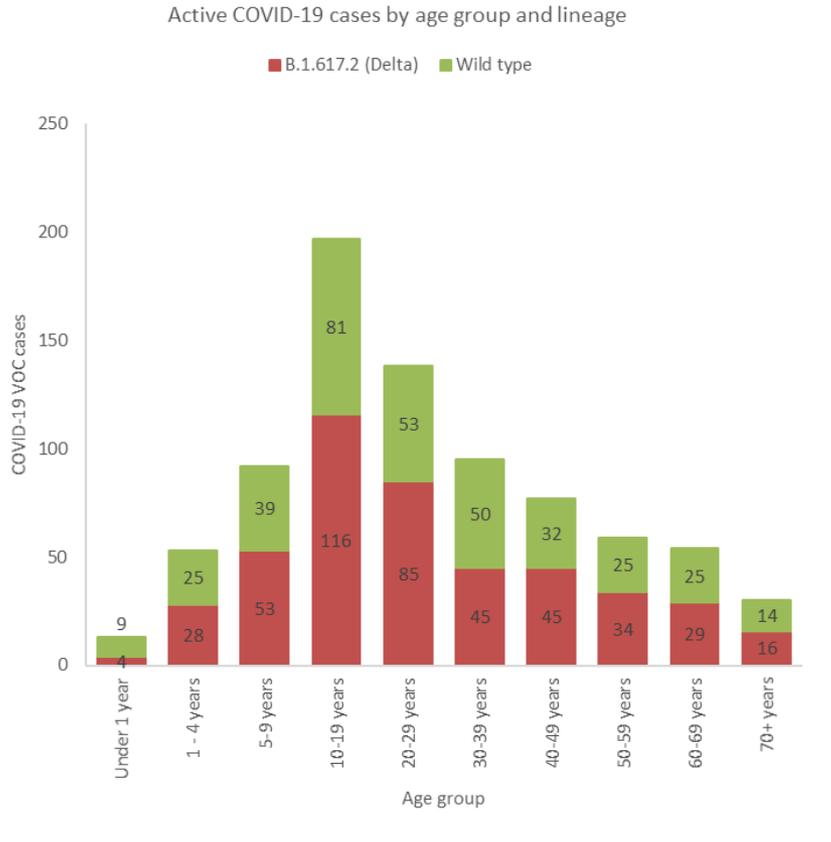
Source: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)

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

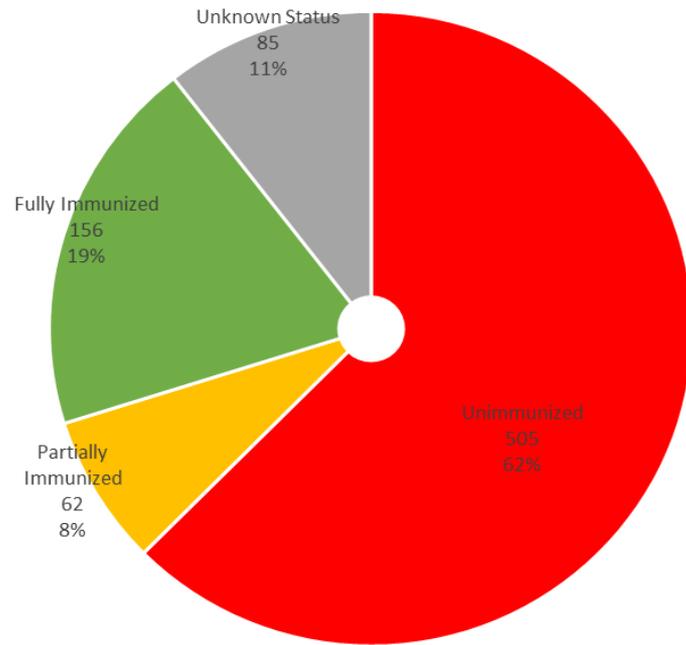


# Active COVID-19 cases by age group, variant lineage, and immunization status

Source: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)



Active cases by Immunization status (n=808)

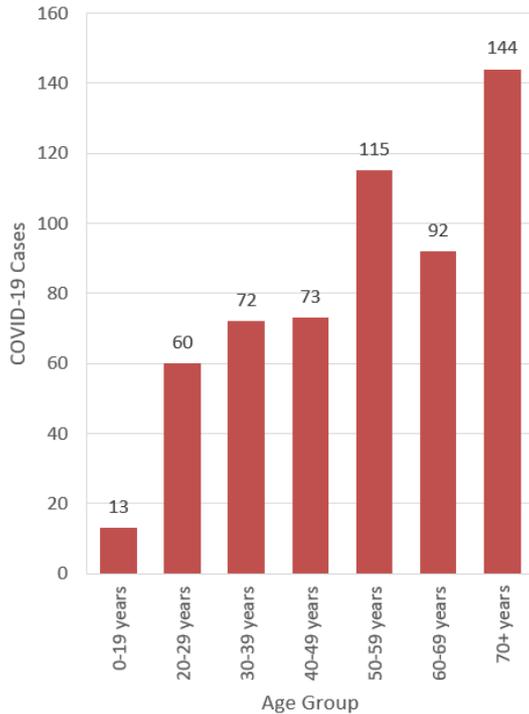


# Severe Outcomes (Hospitalizations\*, ICUs and Deaths)

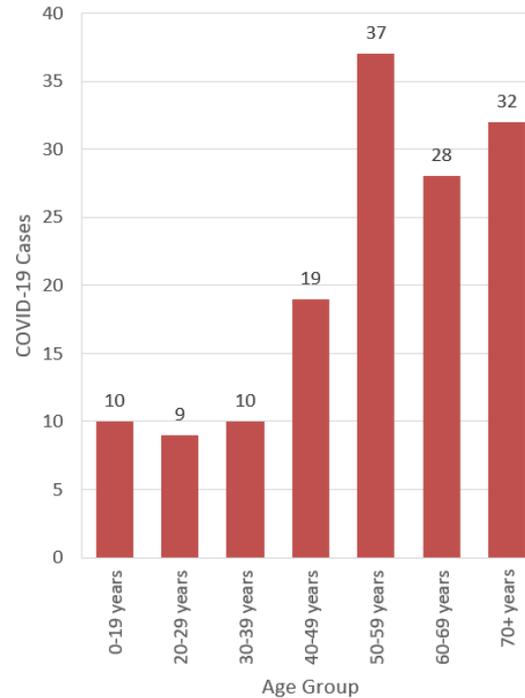
Sources: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021)

\*Hospitalizations include ICU admissions

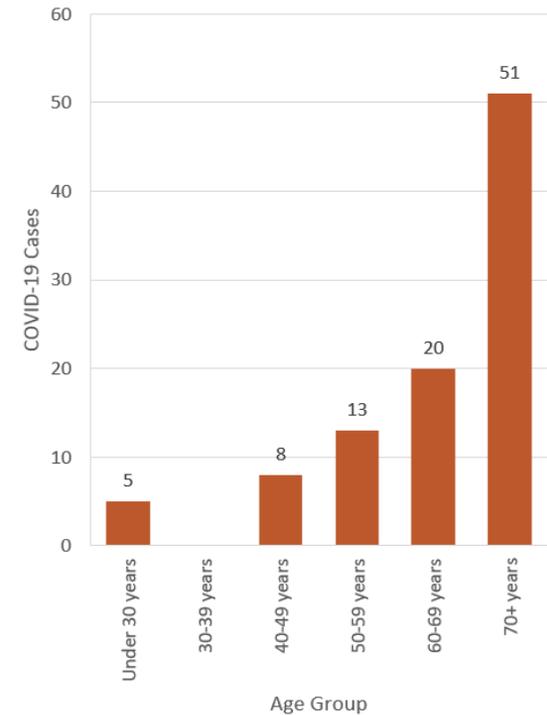
Hospitalized\* COVID-19 cases by age group (n=569)



ICU COVID-19 cases by age group (n=136)



Fatal COVID-19 cases by age group (n=97)



# Severe Outcomes

Sources: FNIHB COVID-19 ER System via Synergy in Action (September 15, 2021) &

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (September 15, 2021)

	Total Case Hospitalization Rate	Total Case ICU Rate	Case Fatality Rate
Treaty 6	4.6 per 100 Cases	1.0 per 100 Cases	0.7 per 100 Cases
Treaty 7	7.6 per 100 Cases	2.0 per 100 Cases	1.4 per 100 Cases
Treaty 8	4.5 per 100 Cases	1.1 per 100 Cases	0.7 per 100 Cases
First Nations Communities (on reserves)	5.3 per 100 Cases	1.3 per 100 Cases	0.9 per 100 Cases
Alberta (includes First Nations communities)	4.2 per 100 Cases	0.8 per 100 Cases	0.9 per 100 Cases

# Severe Outcomes –Average Age

Sources: FNIHB COVID-19 ER System via Synergy in Action (June 16, 2021) &

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (June 14, 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:2-88)	55 years (range:17-88)	67 years (range:23-88)	28 years (range:0-94)
Treaty 7	55 years (range:16-95)	58 years (range:21-78)	65 years (range:20-86)	30 years (range:0-92)
Treaty 8	55 years (range:1-93)	57 years (range:20-82)	71 years (range:48-93)	27 years (range:0-88)
First Nations Communities (on reserves)	54 years (range:1-95)	57 years (range:17-88)	67 years (range:20-93)	28 years (range:0-94)
Alberta (includes First Nations communities)	59 years (range:0-104)	56 years (range:0-90)	80 years (range:20-107)	34 years (range:0-121)

# Asymptomatic COVID-19 Screening

- Rapid testing screening programs can identify pre-symptomatic and asymptomatic cases so they can be isolated early to limit viral transmission.
- There are two primary types of rapid screening tests: rapid nucleic acid tests detect genetic material (RNA) of the SARSCoV2 virus and rapid antigen tests detect SARS-CoV2 viral proteins.
- A positive result on a rapid screen of an asymptomatic person is not diagnostic for COVID-19. However, an individual who screens positive must immediately be removed from the site and must isolate for 10 days. They should arrange another test at their local health centre or at an Alberta Health Services' assessment centre.

# Asymptomatic COVID-19 Screening

For guidance on asymptomatic COVID-19 screening, refer to:

<https://open.alberta.ca/publications/guidance-rapid-asymptomatic-covid-19-screening-alberta>

For more information on rapid testing screening programs or to apply for rapid test kits, refer to:

- Alberta Health - <https://www.alberta.ca/rapid-testing-program.aspx>
- Health Canada - [COVID-19 rapid testing and screening in workplaces: Get free rapid antigen tests - Canada.ca](#)

# Community Based Diagnostic Testing

Health Centres in First Nations communities in Alberta have been using rapid diagnostic testing instruments.

To date:

- 22 GeneXpert instruments have been deployed
- 35 Abbott ID Now instruments have been deployed

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

[sac.cdemergenciesaburgencesmtab.isc@canada.ca](mailto:sac.cdemergenciesaburgencesmtab.isc@canada.ca)

# Isolation Order

Albertans are still legally required to isolate for 10 days if they

- test positive for COVID-19
- are sick with fever, cough, shortness of breath, loss of taste or smell, sore throat\* or runny nose\* and have not been tested.

\*Children under 18 are exempt from mandatory isolation for runny nose or sore throat, but should stay home until well.

Active Public Health Orders can be found at: <https://www.alberta.ca/covid-19-orders-and-legislation.aspx>

# Close Contacts and Contact Tracing

- As of July 29, close contacts of positive cases are no longer legally required to quarantine.
  - Individuals who are not fully immunized and have been exposed to COVID-19, should avoid high-risk locations such as continuing care facilities and crowded indoor spaces. If they develop symptoms, they must isolate and should get tested.
- AHS no longer notifies the close contacts of positive cases.
- Positive cases may choose to identify their close contacts of an exposure.
- FNIHB supports health centres that want to offer assistance to cases to identify and notify their contacts.
- Information for close contacts of a COVID-19 case can be found at <https://www.albertahealthservices.ca/topics/Page17221.aspx>

# Return to Work for HCWs – Considerations

- Have you traveled outside of Canada?
  - review federal requirements regarding returning international travellers
- Are you symptomatic?
  - Isolation required, testing recommended
- Have you been exposed and meet the definition of a close contact?
- What is your immunization status?
  - Fully immunized, partially immunized, unimmunized
- What is your COVID-19 infection history?
  - $\leq 90$  days /  $> 90$  days since positive COVID-19 test
- Have you been tested?
  - results will aid in determining length of work restriction period

Refer to the following AHS guidance documents to assist with decision making for return to work:

- [COVID-19 Return to Work Decision Chart For Healthcare Workers](#), and
- [COVID-19 Return to Work Guide for Healthcare Workers](#)

# Return to Work for HCWs – Reminders

- Consistent and appropriate use of PPE can prevent exposure
  - PPE Reminders
    - Continuous masking
    - Continuous eye protection
    - Staff must continue to follow Interim IPC Recommendations for COVID-19 including Routine Practices, perform a Point of Care Risk Assessment, and utilize the appropriate PPE for protection.
    - Ensure staff follow procedures for donning and doffing PPE effectively using the [PPE Checklist](#).
    - Further information on PPE can be found at [COVID-19 Personal Protective Equipment \(PPE\) | Alberta Health Services](#)

# Outbreak Definitions

## AB Public Health Disease Management Guidelines Sept 2021

**Table C1: Outbreak Definitions of COVID-19**

Type of Setting	Example	Notification to Alberta Labor OHS and/or Public Health	Confirmed COVID-19 Outbreak**
<b>Congregate Care Facility</b>	Licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals), and hospices,	1 symptomatic person (see <b>Table C2</b> )	1 confirmed case
	Acute Care	See AHS Acute Care Outbreak document	
<b>Congregate Living Settings</b>	Prisons/Correctional Facilities	1 symptomatic person (see <b>Table C2</b> )	1 confirmed case
	Homeless Shelters/Temporary Housing		
	Work camp <sup>‡</sup>	5% rate of illness and/or 10 confirmed COVID-19 cases <sup>§</sup> whichever is less	10 confirmed cases
<b>Work Site</b>	Meat Processing Facilities (facilities that do not sell to the general public)	5% absenteeism due to illness and/or 2 confirmed COVID-19 cases, whichever is less	5 confirmed cases
	Worksites with ≥ 1 work camp	5% rate of illness and/or 10 confirmed COVID-19 cases whichever is less within a work group or work unit <sup>€</sup>	10 confirmed cases
<b>Other Settings</b>	MOHs can exercise their authority for further investigation in any situation with unusual illness if they think there is a risk.		

# Outbreak Definitions – Schools & Childcare Facilities

AB Public Health Disease Management Guidelines Sept 2021

**Table D2: Respiratory Illness Outbreak Definitions: Schools (K-12) and Childcare Setting**

Settings**	Suspect Outbreak (Notification to Public Health for Investigation)	Confirmed Respiratory Illness Outbreak
Schools	10% absenteeism due to illness or possible/unknown illness OR an unusual amount of students with similar symptoms	10% absenteeism due to illness OR an unusual amount of students with similar symptoms*** AND at least two epidemiology linked individuals within the school setting (who are not from the same household) with symptom onset within a 14 day period who: <ul style="list-style-type: none"> <li>- Are confirmed cases of COVID-19 OR</li> <li>- Do not meet the <a href="#">ILI case definition</a>, but instead meet the RI case definition</li> </ul>
Childcare settings: Daycares, after school care, preschools	Two or more epidemiologically linked children from different households with similar symptoms within 48hrs	At least two epidemiologically linked individuals in the child care setting (not from the same household) with symptom onset within a 14 day period who: <ul style="list-style-type: none"> <li>- Are confirmed cases of COVID-19 OR</li> <li>- Do not meet <a href="#">ILI case definition</a> but instead meet respiratory illness case definition</li> </ul>

# Outbreak Management – Schools & Childcare Facilities

- Alberta has shifted its management of most respiratory illness outbreaks to align more closely to the pre-pandemic management of influenza-like-illness.
- Provincial schools and childcare settings are expected to report any suspect outbreaks to AHS Public Health by contacting the Coordinated Early Identification and Response (CEIR) team.
- Following notification Public Health will investigate further with the school, child care setting and/or parents/guardians to assess the nature of symptoms and epidemiology to determine if the facility has an outbreak and what type of outbreak it may have (i.e., respiratory or gastrointestinal).
- Supplemental outbreak measures may be implemented to support outbreak management, at the discretion of the Medical Officer of Health.

# School Guidance

- The Government of Alberta (GOA) has released Guidance for Respiratory Illness Prevention and Management in Schools.
  - Schools and/or school authorities are encouraged to use strategies from this current guidance to establish plans to reduce transmission of COVID-19, influenza as well as other infections. This guidance document along with other school-related resources can be found at <https://www.alberta.ca/k-12-learning-during-covid-19.aspx>
- Indigenous Services Canada (ISC) also has additional information that may be of assistance to communities
  - First Nations Schools Re-opening 2021 – Information document and accompanying annexes.
- First Nations and Inuit Health Branch (FNIHB) recognizes the autonomy of First Nations and First Nations school boards to implement additional measures that are best fit for their communities and members.

## School Guidance

- FNIHB Medical Officers of Health will continue to support schools' in the response to cases, and are committed to supporting an enhanced COVID-19 response in schools.
- Environmental Public Health Officers can support prevention measures and public health assessments in schools.
- Nations are encouraged to increase vaccine uptake in eligible school aged children via school-based vaccine clinics.
  - FNIHB surge staff are available to support vaccine clinics, including school-based clinics.
- Please contact [sac.cdemergenciesab-urgencesmtab.isc@canada.ca](mailto:sac.cdemergenciesab-urgencesmtab.isc@canada.ca) for any support you require or questions you may have.

## **Schools – Mandatory Restrictions (effective Sept 16)**

- Mandatory masking for students in Grades 4 and up, plus staff and teachers in all grades.
- Elementary schools to implement class cohorting.
- Indoor sports, fitness, recreation, and performance activities are permitted in schools, with requirements to maintain 2 metre physical distancing where possible.
  - Masks and distancing are not required by youth under 18 while engaged in physical activity.
  - Spectator attendance restricted to 1/3 fire code capacity and limited to households or 2 close contacts for those living alone. Attendees must be masked and distanced.

# Mandatory Restrictions

Starting September 20, discretionary events and businesses must follow one of these 2 options:

1. Implement the *Restrictions Exemption Program* requiring proof of vaccination or negative rapid test result to continue operating as usual,

OR

2. Follow capacity and operating restrictions.

# Restrictions Exemption Program

Businesses that implement the *Restrictions Exemption Program* can operate as usual if they only serve people who have:

- **proof of vaccination**
  - single dose accepted between September 20 and October 25 if received 2 weeks before time of service
  - double doses required after October 25
- **documentation of a medical exemption**
- **proof of a privately-paid negative PCR or rapid test** within 72 hours of service (tests from AHS or Alberta Precision Laboratories not allowed)

The Restriction Exemption Program would not apply to:

- businesses or entities that need to be accessed for daily living
- employees of businesses participating in the program
- children under 12

# Mandatory Restrictions – effective September 4<sup>th</sup> and updated September 16<sup>th</sup>

## Masks

- Masks and physical distancing are mandatory in all indoor public spaces and workplaces.
- Mandatory masking for students in Grades 4 and up, plus staff and teachers in all grades

# Mandatory Restrictions – effective September 16

## Social Gatherings

- **Indoor Social Gatherings**

- **Vaccinated:** Indoor private social gatherings are limited to a single household plus one other household to a maximum of 10 vaccine-eligible, vaccinated people and no restrictions on children under 12.
- **Unvaccinated:** Indoor social gatherings are not permitted for vaccine-eligible people who are unvaccinated.

- **Outdoor social gatherings**

- Outdoor private social gatherings limited to a maximum of 200 people, with 2 metre physical distancing at all times.

# Mandatory Restrictions – effective September 16

## Places of Worship

- Capacity limited to 1/3 fire code occupancy.
- Masks are mandatory.
- 2 metres physical distancing between households, or 2 close contacts for those living alone.

# Mandatory Restrictions – effective September 16

## Youth (under 18) sport, fitness, recreation and performance activities

- Indoor group classes, training, and competitions are permitted, but participants are required to:
  - screen for symptoms
  - maintain 2 metres distancing, except youth while engaged in physical activity
  - wear a mask, except youth while engaged in physical activity
- Spectator attendance is restricted to 1/3 fire code capacity, attendees are limited to a single household or 2 close contact if living alone and must be masked and maintain 2 metres physical distancing.
- Outdoor activities can continue with no restrictions.

# Mandatory Restrictions – effective September 16

## Outdoor events and facilities

- Fully outdoor events and venues have no capacity restrictions (excluding washrooms), but must maintain 2 metres distancing between households or 2 close contact for those living alone.

## Day and overnight camps

- Day camps required to maintain physical distancing between participants and masking indoors.
- Overnight camps must follow cohort models.

# Mandatory Restrictions – effective September 16

## Working from home

- Mandatory work-from-home measures are in place unless the employer has determined a physical presence is required for operational effectiveness.
- If employees are working on location, they must mask in all indoor settings, except while alone in work stations.

# Mandatory Restrictions – effective September 20

## Wedding and Funerals

- Indoor wedding ceremonies and funeral services are permitted with up to 50 people or 50% of fire code occupancy, whichever is less.
- Indoor wedding and funeral receptions are prohibited, unless the hosting facility implements the restrictions exemption program.
- Outdoor ceremonies, services and receptions are permitted with up to 200 people and must follow liquor sales and consumption restrictions (sales end at 10pm, consumption by 11pm), unless the hosting facility implements the restrictions exemption program.

# **Mandatory Restrictions – effective September 20**

## **Adult (over 18) sport, fitness, recreation and performance activities**

- The following restrictions apply unless the facility or program implements the restrictions exemption program:
  - Indoor group classes and activities are not permitted.
  - Indoor competitions are paused except where vaccine exemptions have been granted.
  - Indoor one-on-one training and solo activities are allowed with 3 metre physical distancing.
  - Outdoor activities can continue with no restrictions.

# Mandatory Restrictions – effective September 20

## Restaurants, cafes, bars, pubs, and nightclubs:

- The following restrictions apply to businesses that do not implement the restrictions exemption program.
  - Indoor dining is not permitted.
  - Outdoor dining only with a maximum of 6 people per table (one household or 2 close contacts for those living alone)
  - Liquor sales and consumption restrictions apply (sales end at 10pm, consumption by 11pm).

# Mandatory Restrictions – effective September 20

## Indoor retail, entertainment, and recreation facilities

- The following restrictions apply to any indoor facility that does not implement the restrictions exemption program.
  - Capacity restricted to 1/3 fire code occupancy.
  - Attendees must be with household members only, or 2 close contacts if they live alone.
  - Masks and 2 metre physical distancing is required.

# 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*



# Vaccine Name Changes

- Moderna → Spikevax
- Pfizer-BioNTech → Comirnaty
- AstraZeneca → Vaxzevria
- Name changes only. No change to the vaccines themselves.

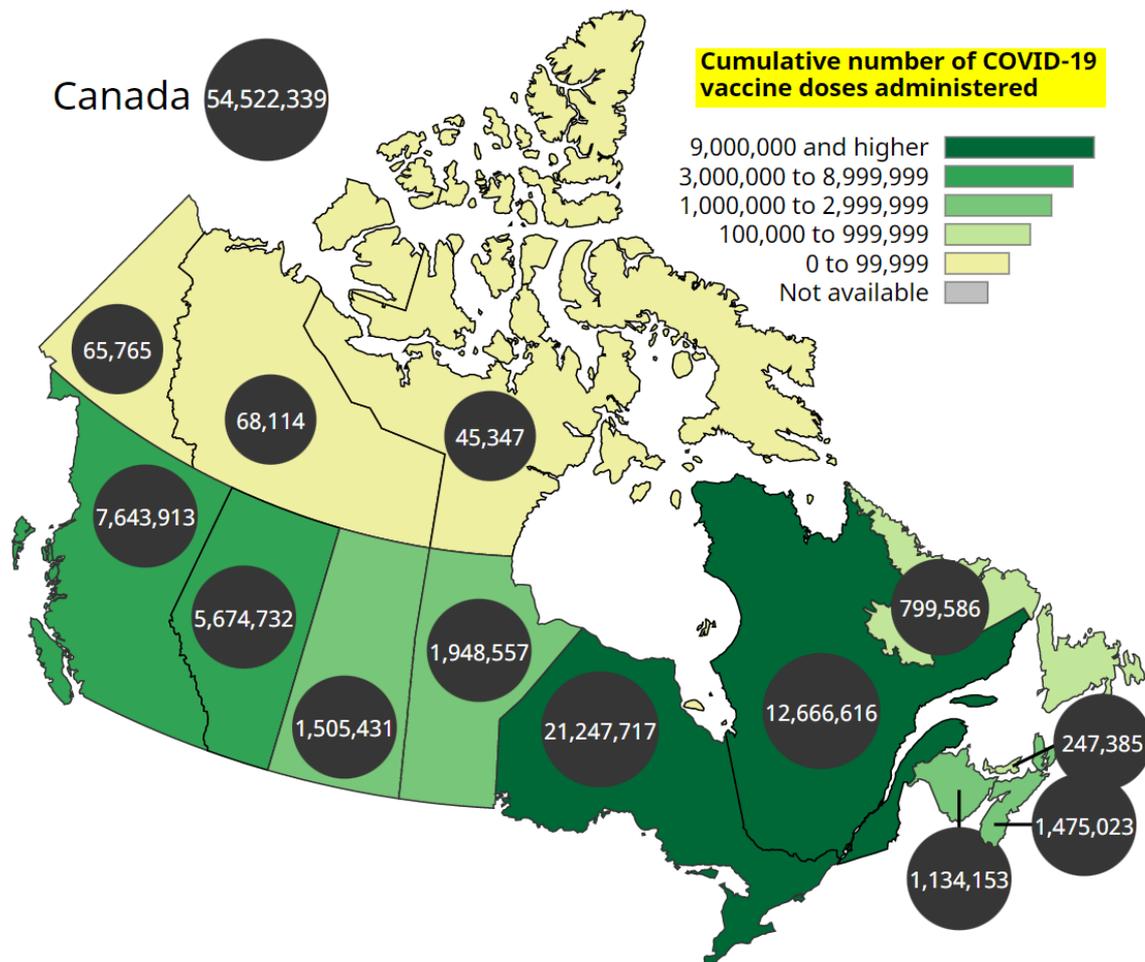
# Alberta Vaccine Program

- Everyone born in 2009 or before (turning 12+) can get their first and second doses now.
- Third doses are only currently recommended for eligible groups with the highest risk of severe outcomes: some immunocompromised people (must wait at least 8 weeks after 2<sup>nd</sup> dose).
- Booster doses are recommended for residents of seniors' supportive living facilities (must wait at least 5 months after 2<sup>nd</sup> dose)
- Travellers to jurisdictions that don't recognize Covishield/AstraZeneca or mixed series doses can get additional dose(s) of vaccine.
  - Must wait at least 4 weeks after second dose.

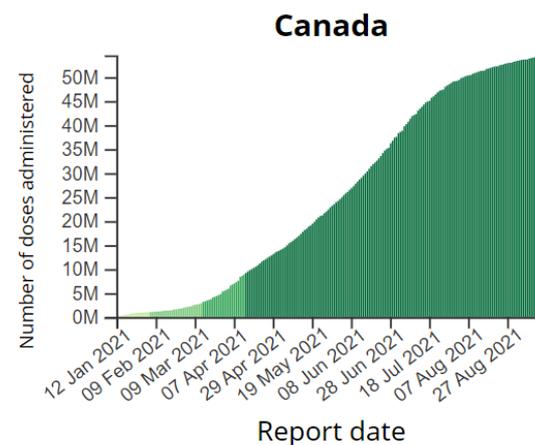
# School COVID-19 Vaccine Clinics

- Alberta Health announced that COVID-19 immunizations will be offered through school clinics for eligible students in Grades 7 to 12, teachers, and staff. Students, teachers, and staff can receive whichever dose they are eligible for.
- First Nations can start their clinics as soon as workload and scheduling permits.
- Consent for each student must be obtained prior to COVID-19 immunization. Students under 18 years of age must not be vaccinated in schools without a parent's or guardian's consent.
  - Parental or guardian consent for students can be obtained through a signed consent form or through verbal consent that has been documented.

# Cumulative number of COVID-19 vaccine doses administered in Canada by jurisdiction, as of September 15, 2021



The cumulative number of COVID-19 vaccine doses administered in **Canada** was **54,522,339**, as of September 15, 2021.



## COVID-19 Vaccine Data – Alberta (as of Sept 14)

**5,674,732**



**total doses administered**

**79.5%**



**12+ population who received at least one dose**

**71.4%**



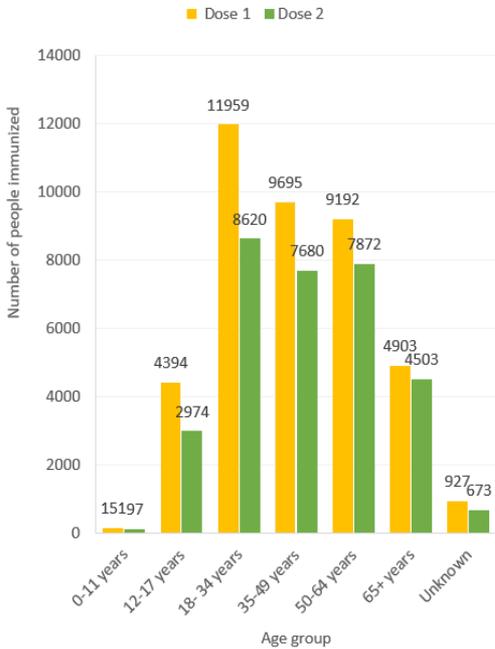
**12+ population fully vaccinated**

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

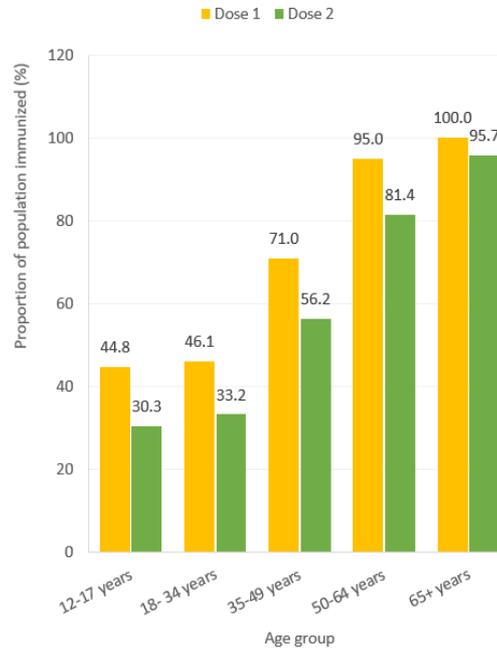
# COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (September 15, 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  
**73,640**

Number of people who have received at least one dose  
**41,221**

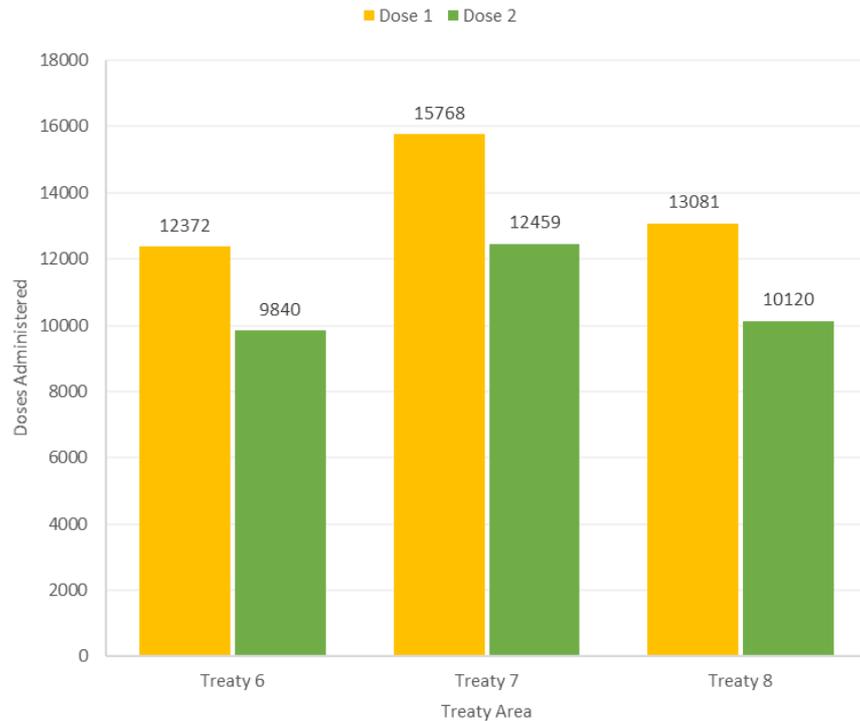
Number of people who are fully immunized (2 doses)  
**32,419**

Number of Nations (bands) with Immunizations  
**46**

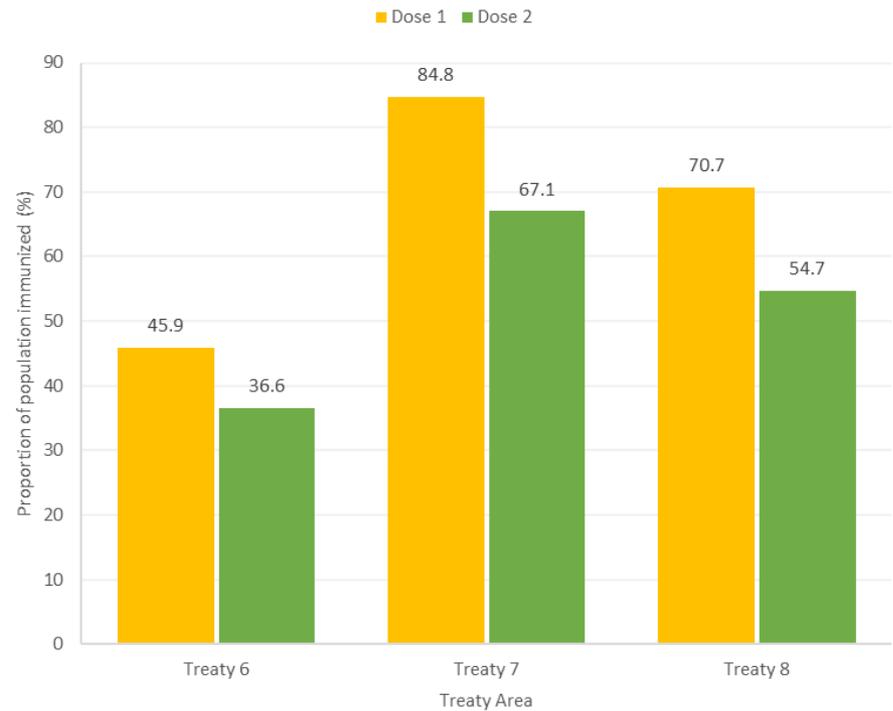
# COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (September 15, 2021)

Number of people immunized by Treaty area and type of dose



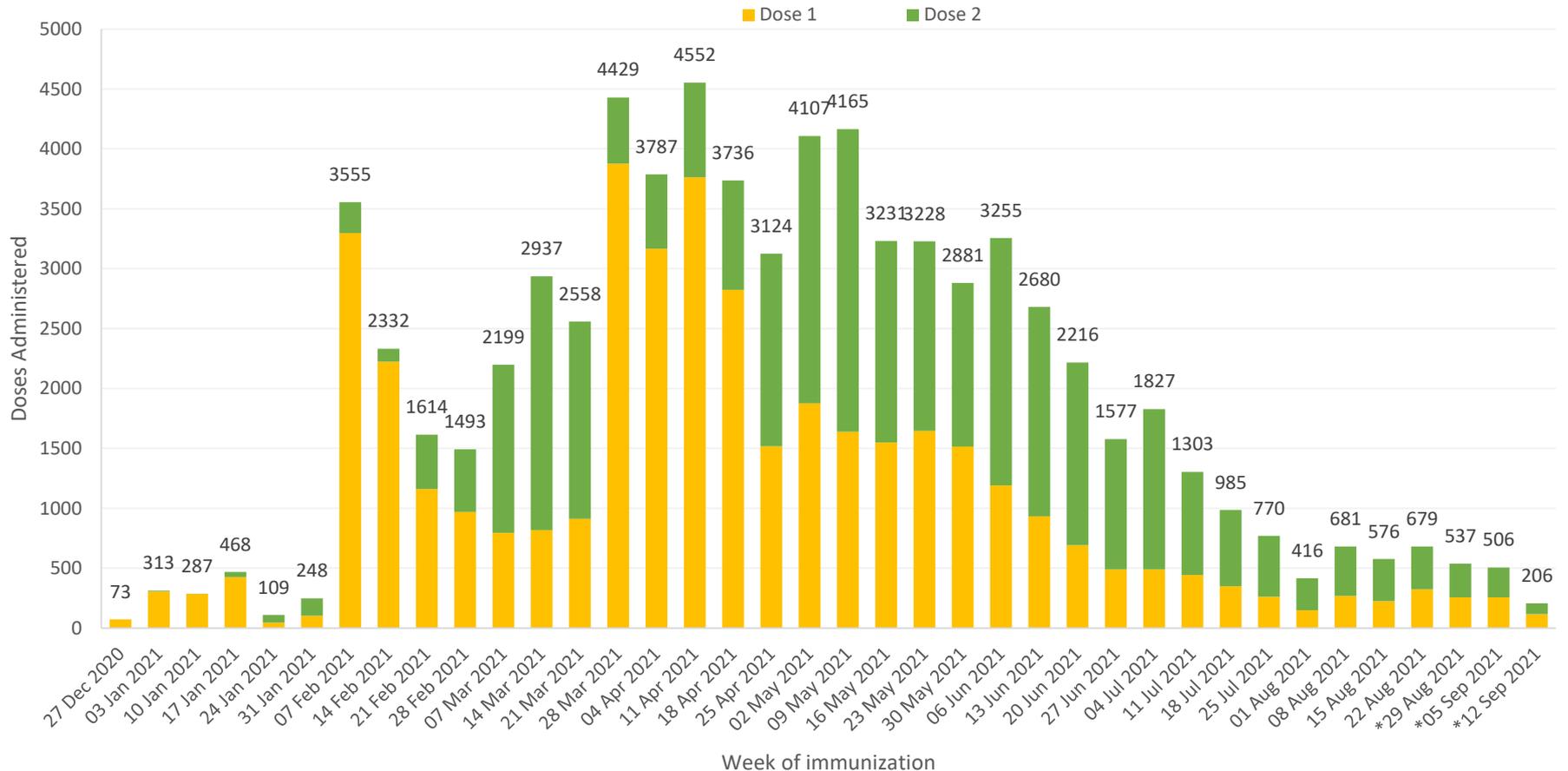
Proportion of population aged 12 years and older immunized by Treaty area and type of dose



# COVID Immunization Activity – On Reserve in Alberta

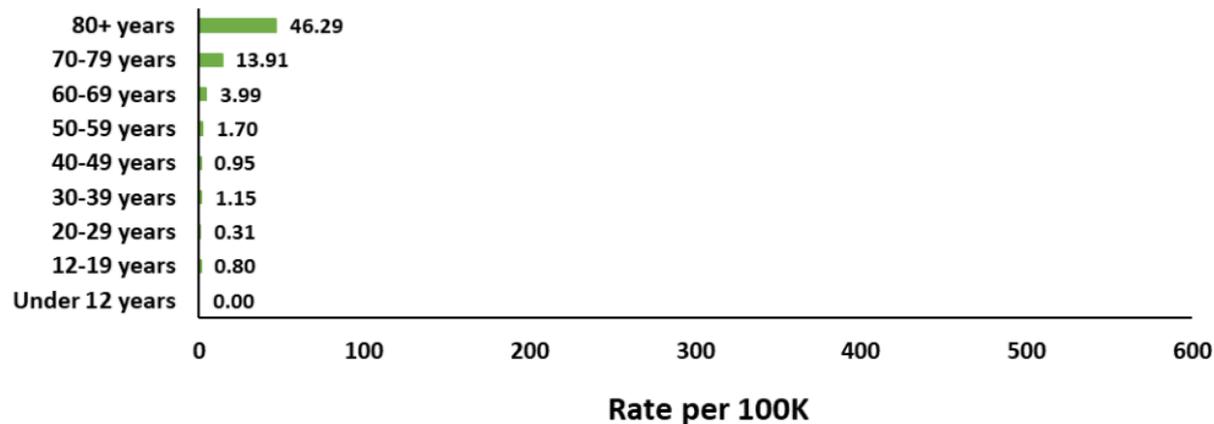
Source: Okaki Slice Analytics (September 15, 2021)

COVID-19 doses administered by week of immunization and type of dose

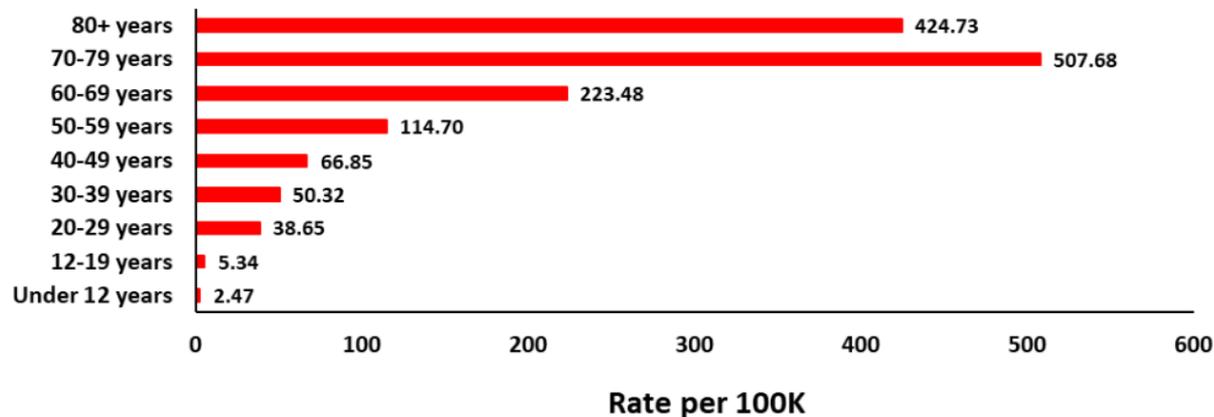


# COVID-19 hospitalization rates per 100,000 population in Alberta by vaccine status

## Fully Vaccinated



## Unvaccinated



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

## Canada

as of September 3, 2021

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

(three continue to be monitored)

**53,559,981**

Total doses administered

**14,702**

Total adverse event following immunization reports

(0.027% of all doses administered)

**10,735**

Total adverse event following immunization reports that were non-serious

(0.020% of all doses administered)

**3,967**

Total adverse event following immunization reports that were serious

(0.007% of all doses administered)

**236**

New adverse event following immunization reports since last update

(132 new non-serious and 104 new serious)

## Alberta

As of September 14, 2021

5,674,732 Doses Administered  
1,463 Adverse Events Reported

## Alberta First Nations On Reserve

As of September 15, 2021

73 640 Doses Administered  
34 Adverse Events Reported

# Co-administration of COVID-19 Vaccine

- Up until now, COVID-19 vaccine had to be administered alone or with a minimum of 14 days before or after the administration of any other vaccine.
  - This was out of an abundance of caution during a period when these vaccines were new. There were theoretical risks, however there were not any known safety or immunogenicity concerns.
- With the high number of doses administered around the world, there is now substantial data available regarding the safety of COVID-19 vaccines, so the need for spacing between vaccines could be looked at again.

# COVID-19 Vaccine and Inactivated Vaccines

- Alberta Health has determined that **COVID-19 vaccines may now be co-administered with, or at any time before or after other INACTIVATED vaccines** (dTdap, Hepatitis B, Influenza, HPV, etc.).
- It was also realized that not co-administering the COVID-19 vaccine with inactivated vaccines could increase the potential harms due to missed immunization opportunities; insufficient healthcare resources to run programs in parallel, and missed doses for other vaccines.
  - Influenza vaccine program
  - School vaccine program
- The safety profile for non-COVID inactivated vaccines is well known, therefore any new safety signals that arise can likely be attributed to the COVID-19 vaccine administered.

# COVID-19 Vaccine and Live Attenuated Vaccines

- At this time, Alberta Health has determined that **COVID-19 vaccines should not be given simultaneously with live attenuated vaccines** (MMR, Varicella, MMR-Var).
  - due to the potential for an inflammatory response to COVID-19 vaccine which may reduce the response to the live attenuated vaccines
- COVID-19 vaccine must still have a period of 14 days before or after the administration of a live vaccine, except in the case where another vaccine is required for post-exposure prophylaxis.

# COVID-19 Vaccine and TB Tests or IGRA (QFT) Tests

- Currently there is no data on the impact of COVID-19 vaccines on TB skin test or IGRA (QFT) test results. There is a theoretical risk that COVID-19 vaccine may result in a false-negative TB test or IGRA result.
- **TB skin testing or IGRA tests should be administered and read before the administration of any COVID-19 vaccine or delayed for at least 28 days after a dose of COVID-19.**
  - TB skin testing should not be delayed if required for contact tracing, query LTBI, however, retesting at least 28 days after a dose of COVID-19 vaccine to avoid missing cases due to potentially false negative results.

# COVID-19 Biological Pages

- Updated Alberta Health Services COVID-19 biological pages have been posted showing these changes.
- **Please read the new biological pages so you review the full information available on the co-administration of COVID-19 vaccines with other vaccines.**

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**Questions?**

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