

COVID-19 MOH Update

February 10th, 2022



Outline

1. MOH Update

- *Dr. Chris Sarin*
- *Simon Sihota*

2. Paxlovid Update

- *Dr. Celeste Loewe*

3. COVID-19 Vaccine Update

- *Dr. Parminder Thiara*

MOH Update

Dr. Chris Sarin

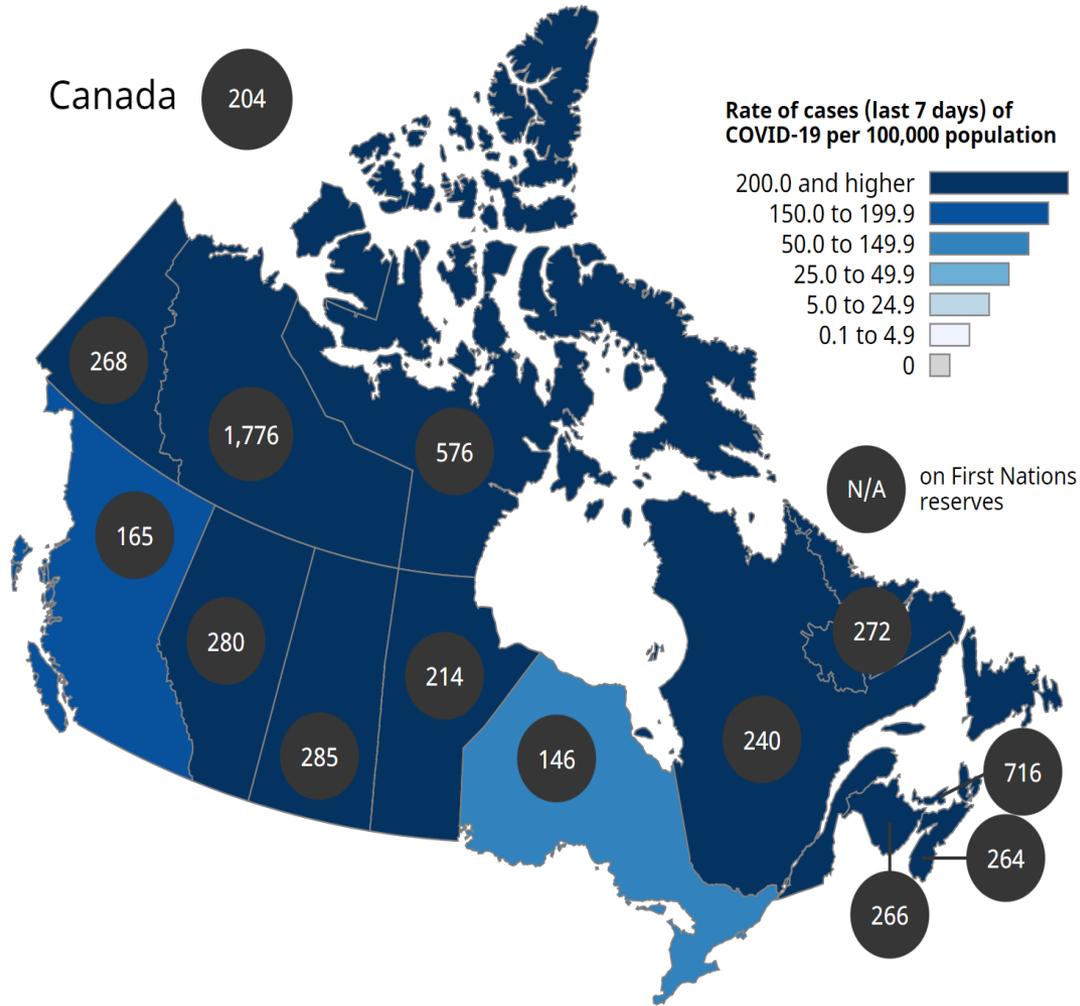
Senior Medical Officer of Health

Simon Sihota

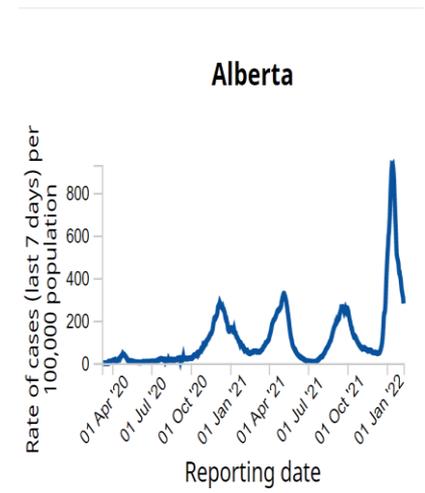
Regional Manager, Environmental Public Health Services



Current Situation (as of February 9th, 2022)



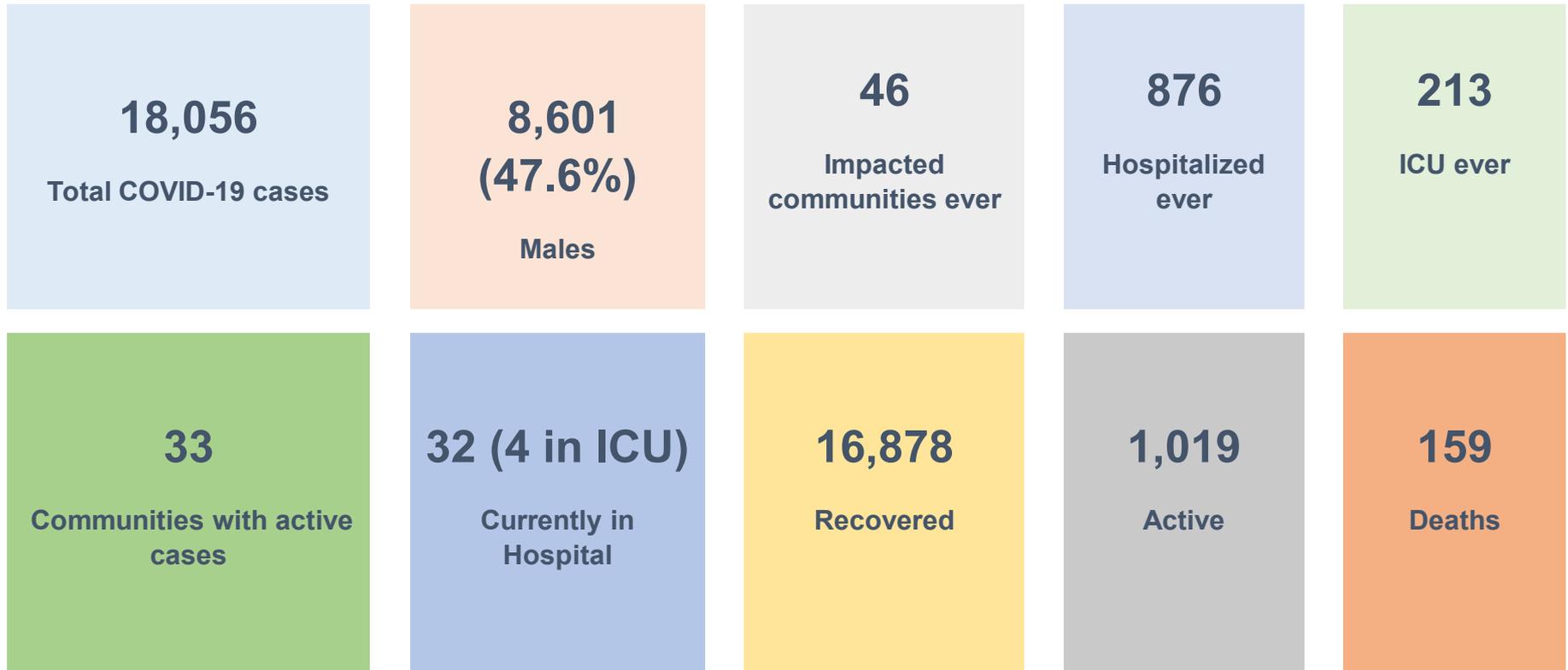
The rate of cases (last 7 days) of COVID-19 in Alberta was 280 per 100,000 population as of February 9, 2022.



Source: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

Overview of Confirmed COVID-19 Cases in First Nations Communities on Reserve in Alberta, February 08, 2022

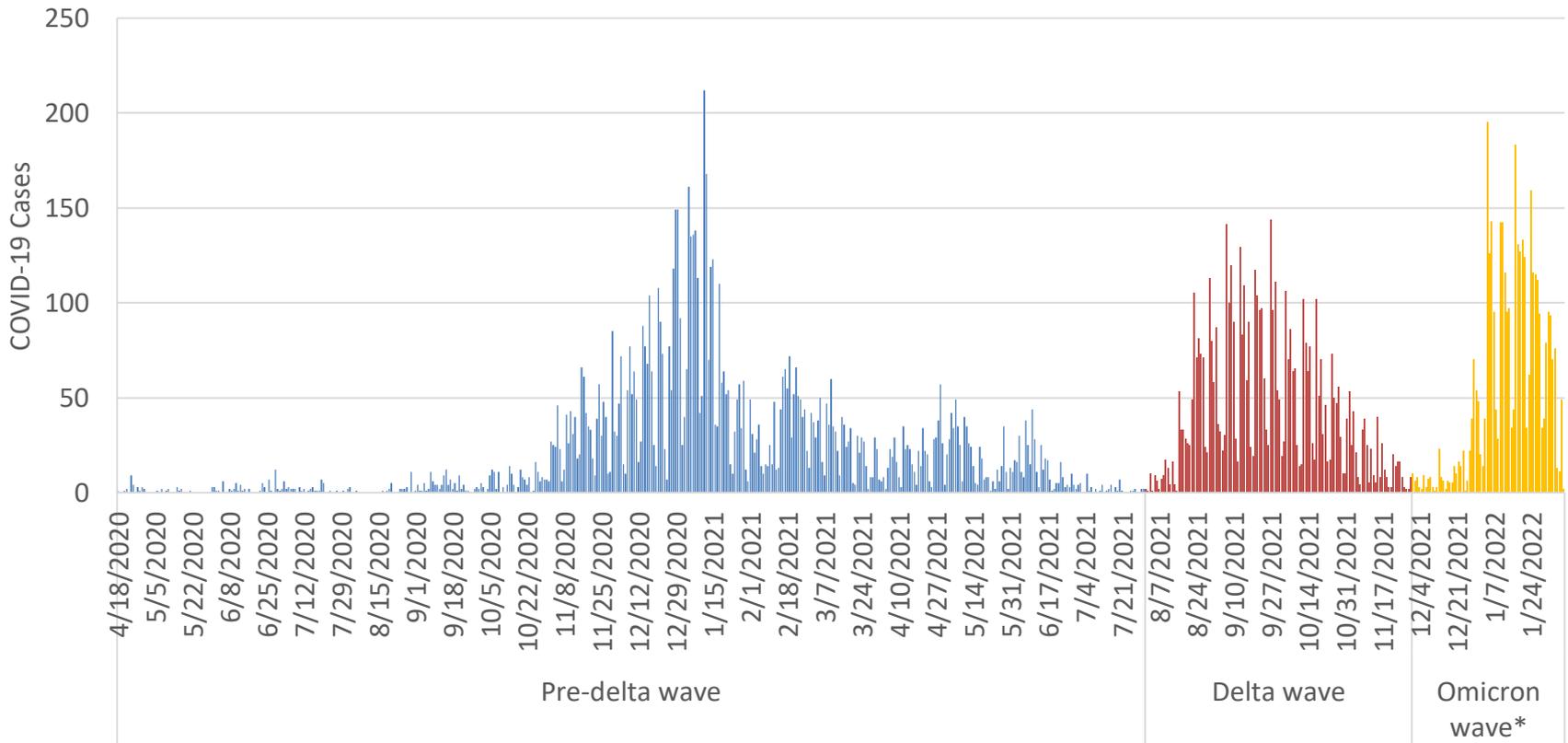
Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)



Confirmed COVID-19 Cases by Day and Wave, February 08, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

COVID-19 Cases in First Nation Communities in Alberta by wave and specimen collection date

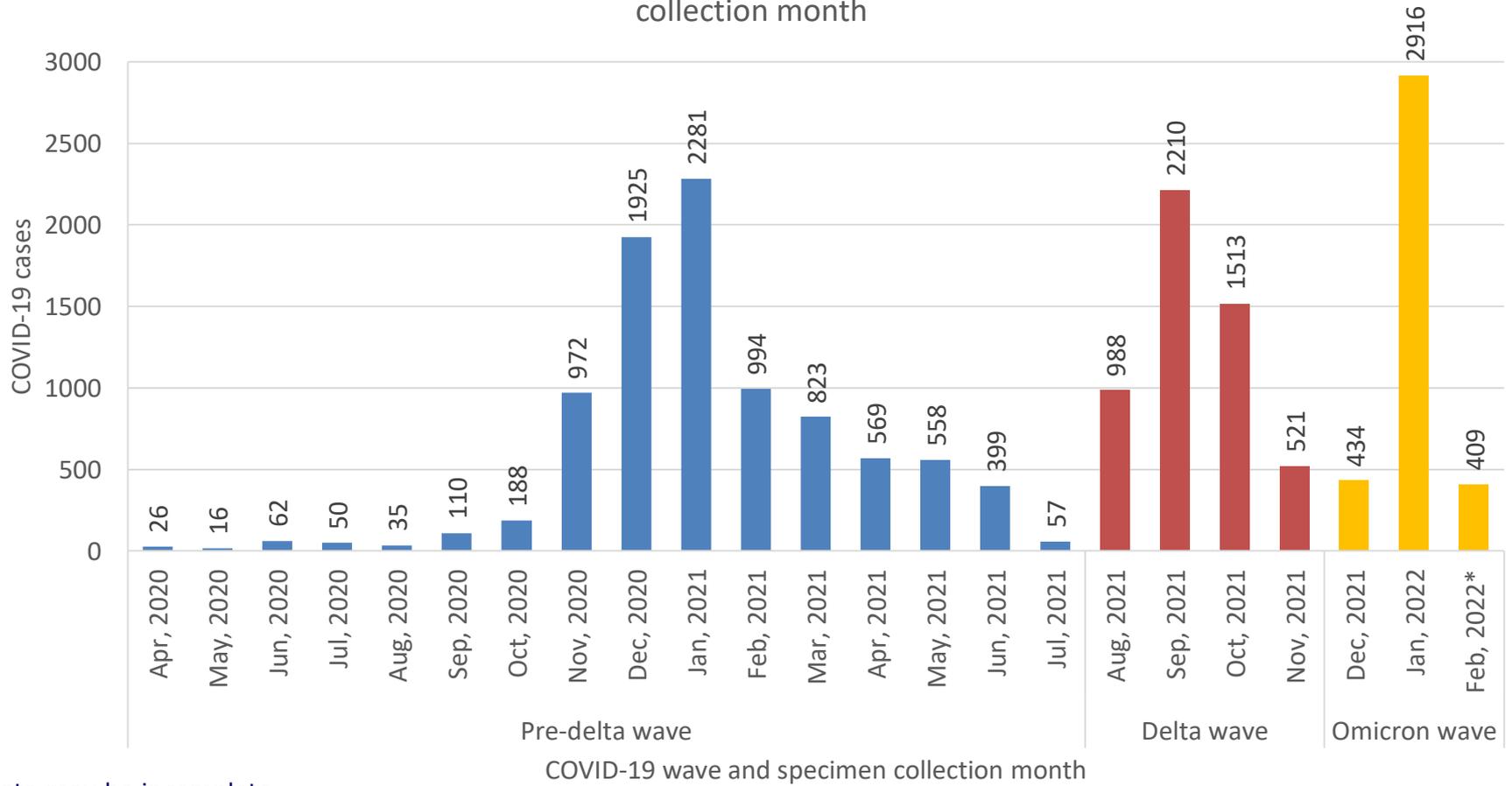


*Data may be incomplete

Confirmed COVID-19 Cases by Month and Wave, February 08, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

COVID_19 cases in First Nations communities in Alberta by wave and specimen collection month



*Data may be incomplete

COVID-19 Cases by Wave and Selected Indicators, February 8, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

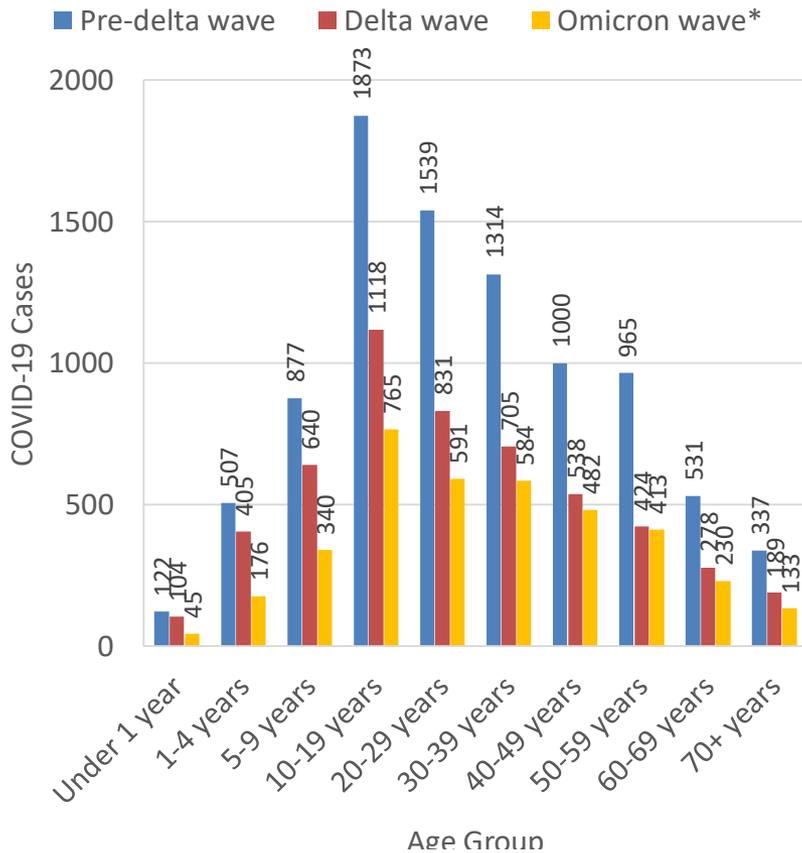
Indicator	Total (all waves)	Pre-delta wave	Delta wave	Omicron wave*
Total COVID-19 cases	18,056	9,065	5,232	3,756
Total Hospitalizations (ever)	889	515	296	78
Total ICU Admissions (ever)	213	123	76	14
Total Deaths (ever)	159	95	55	9
Case Hospitalization Rate (per 100 COVID-19 cases)	4.9	5.7	5.7	2.1
Case ICU Admission Rate (per 100 COVID-19 cases)	1.2	1.4	1.5	0.4
Case Fatality Rate (Per 100 COVID-19 cases)	0.9	1.0	1.1	0.2

*Data may be incomplete

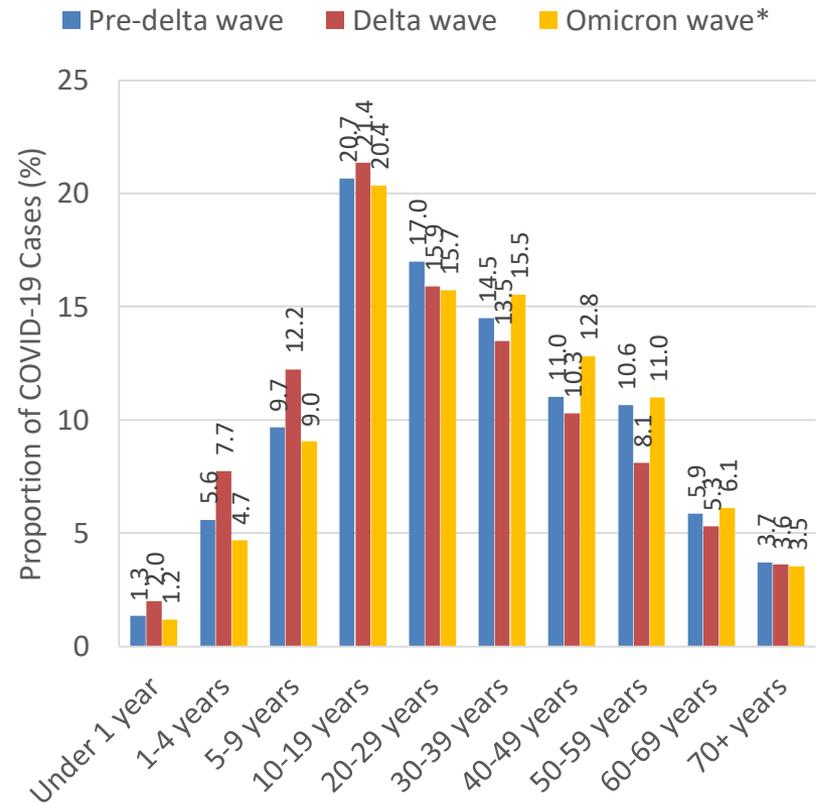
COVID-19 Cases by Wave and Age Group, February 08, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

COVID-19 cases in First Nations communities by wave and age group



Proportion of COVID-19 cases by wave in First Nations communities by age group

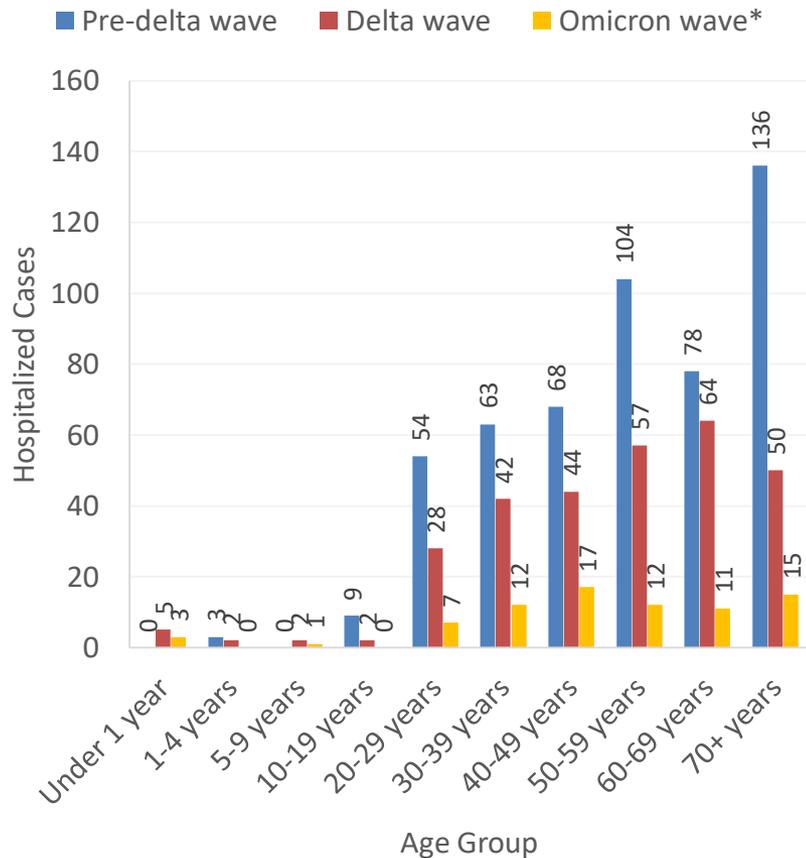


*Data may be incomplete

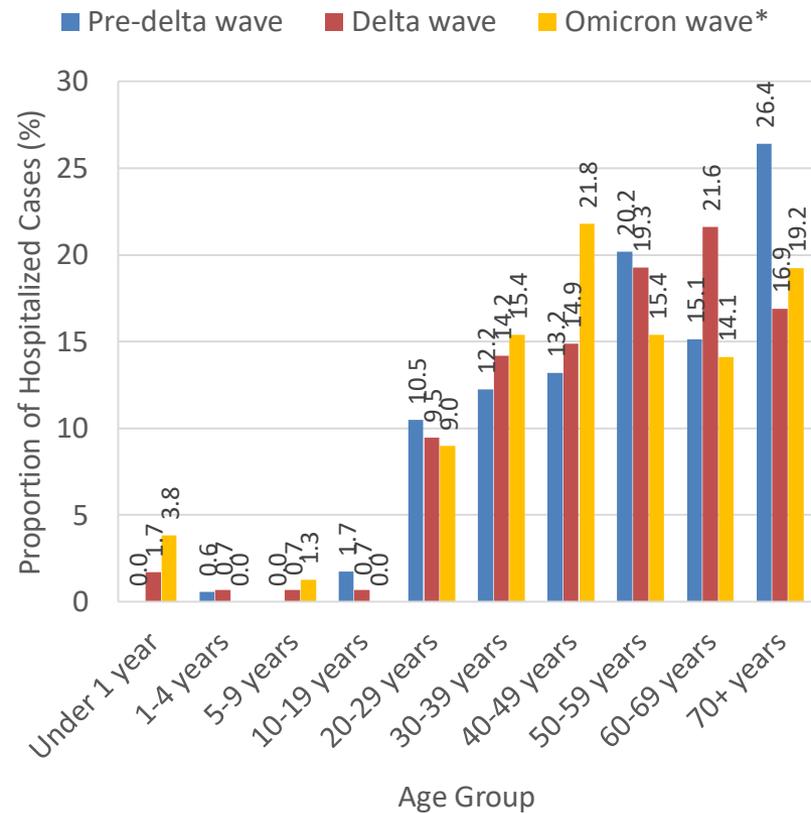
Hospitalized COVID-19 Cases by Wave and Age Group, February 08, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

Hospitalized cases (ever) in First Nations communities by wave and age group



Proportion of hospitalized COVID-19 cases (ever) in First Nations communities by wave and age group

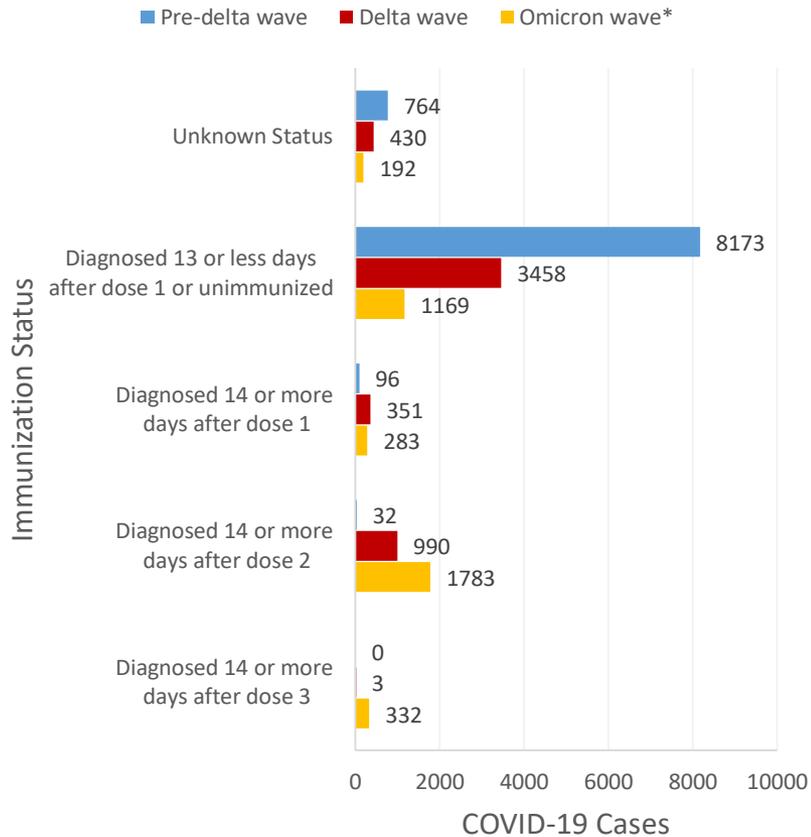


*Data may be incomplete

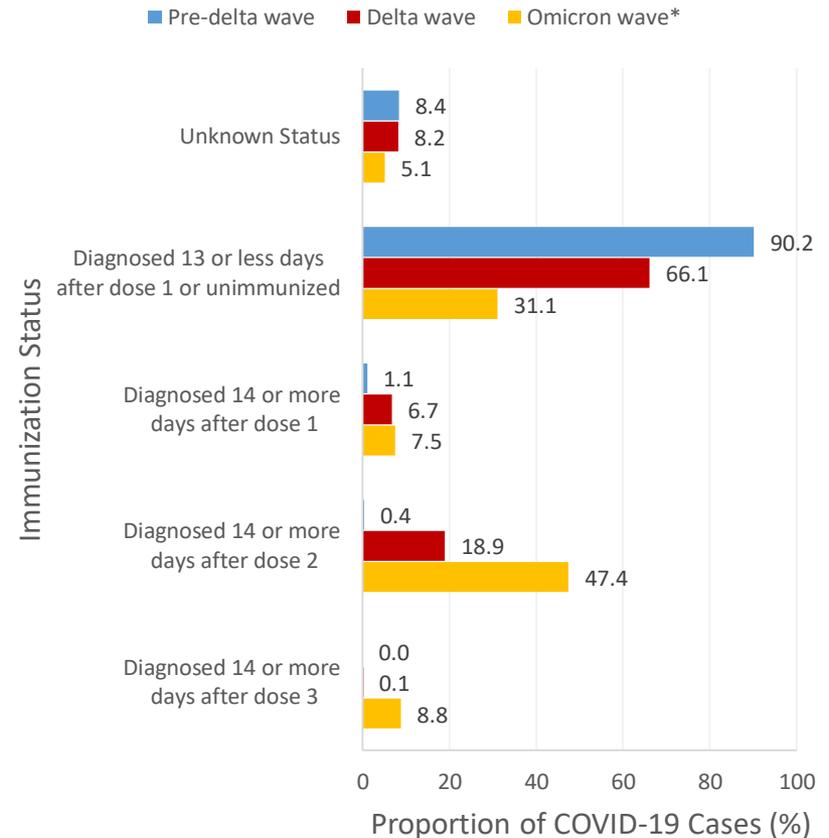
COVID-19 Cases by Wave and Immunization Status, February 08, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

COVID-19 cases in First Nations communities by wave and immunization status



Proportion of COVID-19 cases in First Nations communities by wave and immunization status

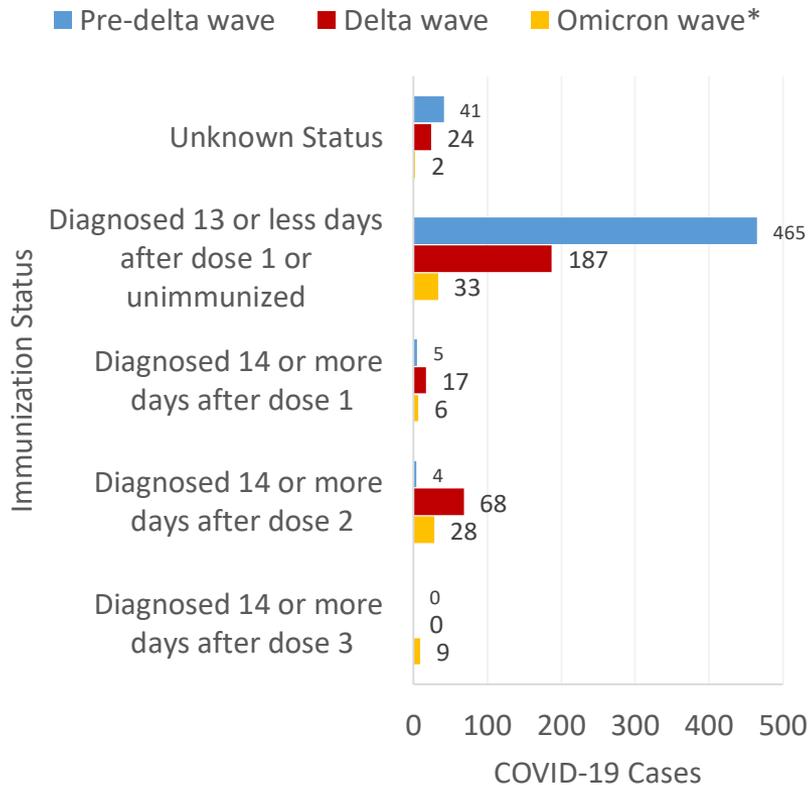


*Data may be incomplete

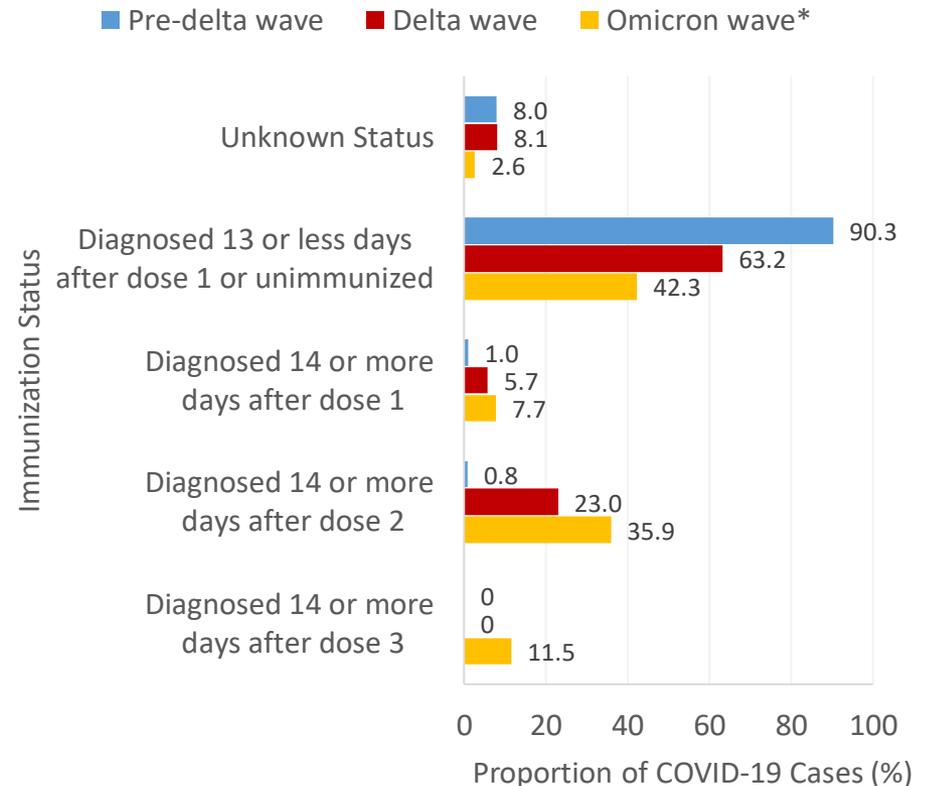
COVID-19 Hospitalizations by Wave and Immunization Status, February 08, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (February 09, 2022)

Hospitalized (ever) cases in First Nations communities by wave and immunization status



Proportion of hospitalized (ever) cases in First Nations communities by wave and immunization status



*Data may be incomplete

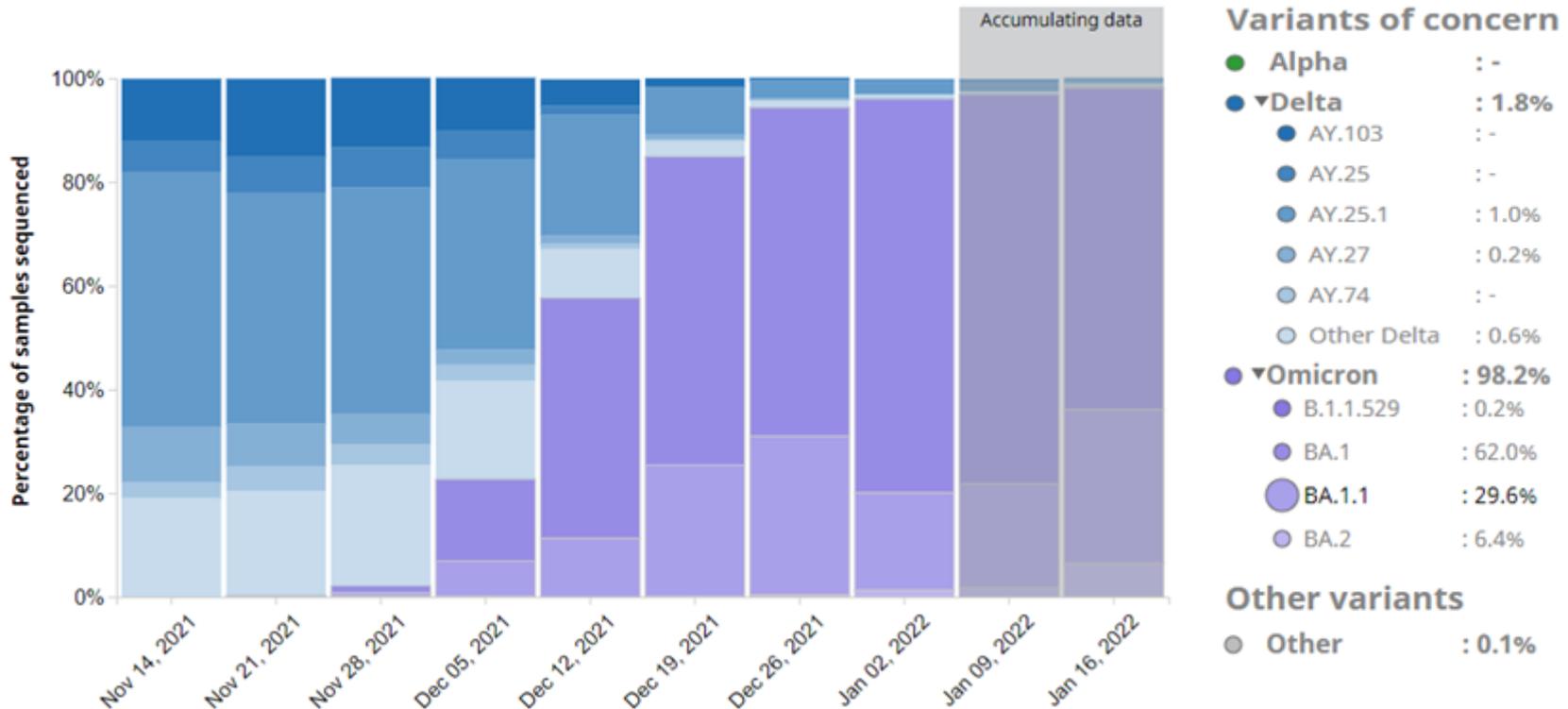
COVID-19 Variants of Concern

WHO Label	Lineages	Earliest Documented Samples	Date of Designation as a VOC
Alpha	B.1.1.7 and Q lineages	United Kingdom September 2020	December 18, 2020
Beta	B.1.351 and AZ lineages	South Africa May 2020	December 18, 2020
Gamma	P.1	Brazil November 2020	January 11, 2021
Delta	B.1.617.2 and AY lineages	India October 2020	May 11, 2021
Omicron	B.1.1.529 and BA lineages	Multiple countries November 2021	November 26, 2021

Source: <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>

Mix of COVID-19 Variants Detected by Week in Canada

Updated February 4, 2022



This information is based on whole genome sequencing from surveillance testing in all provinces and territories. Because of differences in local sampling and reporting, the percentages illustrate trends rather than precise measurements.

Source: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#VOC>

Easing of Public Health Measures

The Government of Alberta announced that public health measures will be phased out in 3 steps, beginning with lower-risk activities.

Step 1

As of February 9th:

- Restrictions Exemption Program was removed, along with most associated restrictions.
- Capacity limits in large facilities and entertainment venues (500+) remain in place, but food and beverages are now allowed in seats.
- Capacity limits for locations not covered under the REP program were removed.
- Mandatory masking requirements removed for:
 - children 12 and under in all settings as of February 14
 - children and youth in schools for any age as of February 14

Easing of Public Health Measures

Step 2

Starting March 1st (if hospitalizations are trending downwards):

- Any remaining school requirements will be removed (eg: Kindergarten to grade 6 cohorting).
- Youth screening activities for entertainment and sport activities will be removed.
- Capacity on all large venues and entertainment venues will be lifted.
- Indoor and outdoor social gathering limits will be lifted.
- Mandatory work-from-home requirements will be lifted.
- Indoor masking will no longer be required.

Easing of Public Health Measures

Step 3

The timeline for Alberta entering Step 3 is to be determined and will depend on hospitalization rates continuing to trend downward.

- COVID-specific continuing care measures will be removed.
- Mandatory isolation requirements will be removed (becomes a recommendation only).



For more information, refer to: <https://www.alberta.ca/covid-19-public-health-actions.aspx>

Isolation Requirements

For **fully vaccinated individuals** (2 doses or 1 dose of Janssen) who test positive (with or without symptoms), the mandatory isolation period is:

- A minimum of 5 days or until symptoms resolve (whichever is longer) starting the first day of symptoms or positive test.
- Following isolation, a mask is required to be worn at all times when around others outside of home for up to 5 additional days. This means, they must eat or drink alone, away from others during this time.

For individuals **not fully vaccinated** (1 dose or less), the mandatory isolation period is:

- 10 days or until symptoms resolve, whichever is longer.

Quarantine Recommendations

Individuals are no longer legally required to quarantine if they are a close contact of someone who has COVID-19 but they should follow the recommendations below.

Household close contacts

- A household contact of a positive case who is not fully vaccinated, should:
 - stay home for **10 days** (i.e. not attend work, school or other activities)
 - monitor for symptoms - if they develop, isolate immediately

Other close contacts

- If an individual has been exposed to COVID-19 by someone outside of their household, they should:
 - avoid high-risk locations such as continuing care facilities and crowded indoor spaces
 - monitor for symptoms - if they develop, isolate immediately

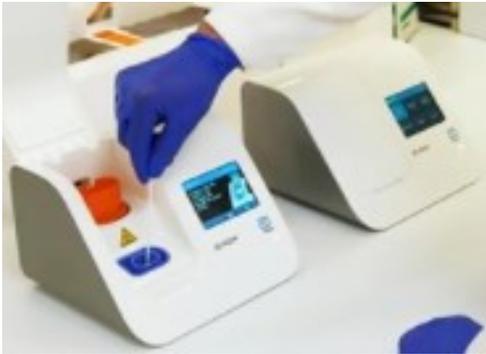
For more information, refer to: <https://www.alberta.ca/isolation.aspx>

Continuous Masking in Health Care Facilities

- Continuous masking for staff, physicians, volunteers, designated support persons and visitors province wide will remain in place at all acute care, continuing care and community sites, as well as in corporate and warehouse-type settings.
- This applies to all facilities including health centres, hospitals, continuing care and congregate living sites, as well as immunization clinics and home care.
- There are **no changes at this time** to [existing PPE policies](#).

Point of Care Testing / Diagnostic Testing

- Two types of testing instruments (molecular/nucleic acid-based/PCR) are currently being used by First Nations Health Centres in Alberta:



Abbott ID Now (POC)



GeneXpert System

- To date:
 - 22 GeneXpert instruments have been deployed
 - 34 Abbott ID NOW instruments have been deployed

Point of Care Testing / Diagnostic Testing

Common Mistakes

- Missing patient identifiers on results form and/or specimen container
- Incorrect patient identifiers on results form and/or specimen container
- Patient identifiers being mismatched with another individual on the results form and/or specimen container
- Incorrect collection date/time on results form
- Not emailing results form in or not emailing in a timely manner (results form should be submitted to APL within 24 hours)
- Not using the correct ordering physician's name (should be Dr. Sarin)
- Sending in results without password protecting (i.e. those sent from a scanner)
- Duplicate submission of result forms
- Not following procedure for submitting samples for VOC testing
- Not using Adobe to complete fillable pdf forms

Some examples of implications of mistakes...

- Misguided patient care/interventions
- Specimen samples not tested at APL
- Results not posted to Netcare and/or incorrect results posted to Netcare
- Multiple entries in a patients' Netcare record
- Inaccurate collection dates affect re-testing guidelines (i.e. not to re-test within 90 days of a positive result)
- **Potential breach of patient confidentiality if documents are not password protected**
- **Delays for patients not getting their results**
- **Delays for results getting posted into a patients' Netcare record**
- **Extra workload for all to get mistakes corrected (CHNs, case managers, APL, POCT team leads)**

Point of Care Testing / Diagnostic Testing

- POCT Team Leads (Deana Nahachewsky and Lidia Arapis) will send out resources again to provide information for correcting common mistakes
- Always double check all information is correct before sending in forms or sending in specimens.

Questions can be sent to Deana and Lidia:

Deana.Nahachewsky@sac-isc.gc.ca

Lidia.Arapis@sac-isc.gc.ca



Rapid Antigen Tests (RATs)

- COVID-19 rapid antigen testing kits for at-home use can help identify infections early and help stop the spread of COVID-19.
 - An antigen test looks for a protein from the virus that causes COVID-19
- These tests are intended for at-home personal use for screening in symptomatic and asymptomatic people.
 - Only certain people need to confirm RAT results with PCR testing.
- First Nations communities requiring at-home test kits should continue to email rapidtesting@gov.ab.ca
- Employers and service providers can apply to receive free rapid test kits for use in their organization's COVID-19 screening program.
- More information on the rapid testing program can be found at [Rapid Testing Program | Alberta.ca](#)



Types of Masks

- Masks are tools that complement, not replace other measures that help to prevent the spread of illness.
- Regardless of the type of mask worn, proper fit and proper use are key factors in effectiveness.
- Additional information on types of masks, as well as PPE access and funding information can be found at: [ISC-AB Guidance for masks February 2022.pdf \(onehealth.ca\)](#)

Types of Masks



Medical Masks (surgical/procedural masks)

- Medical masks must meet required standards
- Look for ASTM F2100 or EN 14683 on the box label

Types of Masks



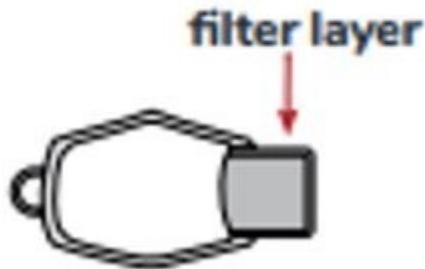
Respirators

- The design allows for a better fit than a medical mask.
- A respirator worn in the community doesn't need fit testing.
- A respirator worn at a work site for occupational health and safety reasons, including at health care facilities, requires fit testing.
- Make sure that your respirator is approved by Health Canada.

Types of Masks

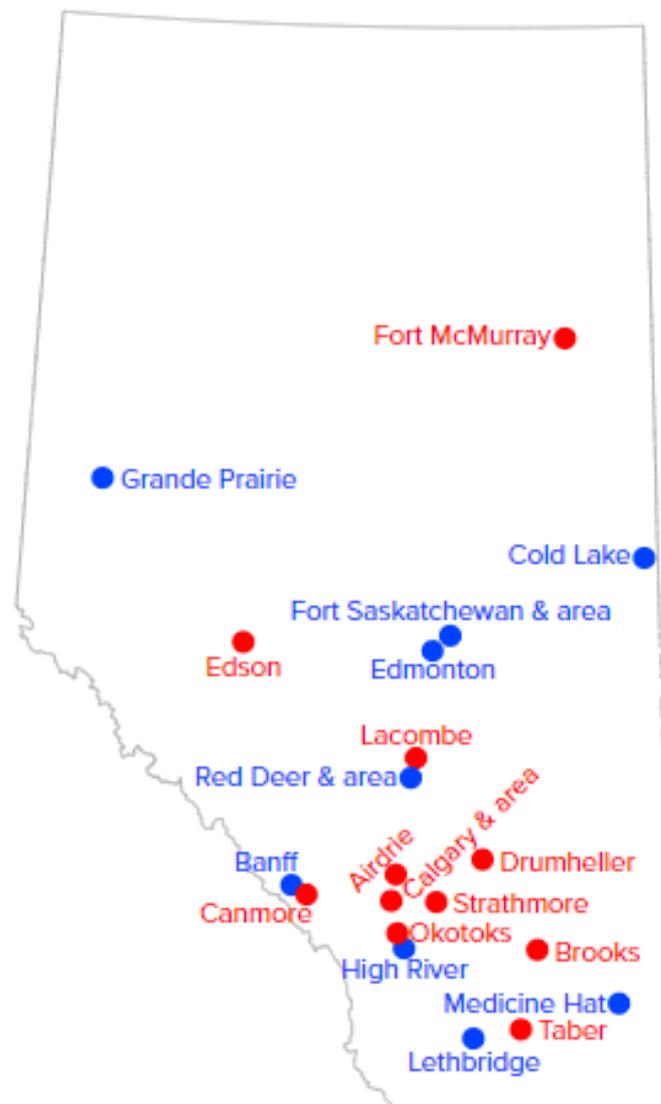
Non-Medical Masks

- Must fit well
- Should have multiple layers, including at least 2 layers of breathable tightly woven fabric, and have an effective middle filter layer .
- While non-medical masks can help prevent the spread of COVID-19, medical masks and respirators provide better protection if used and sized properly.
- Masks worn in health care facilities are required to be approved medical masks or respirators.



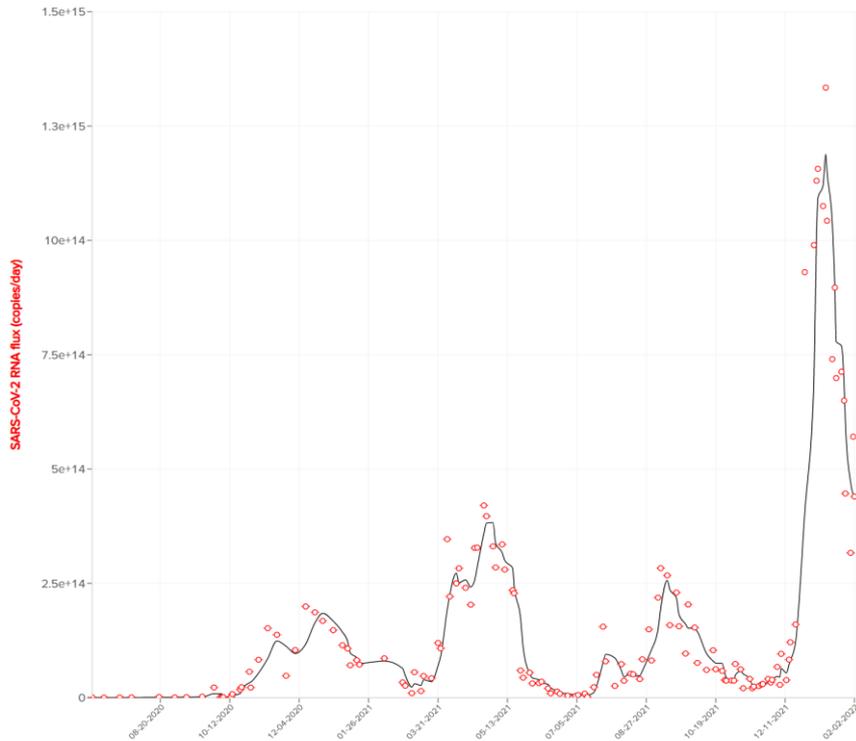
Wastewater Surveillance

- Individuals may pass the virus in their feces before they become symptomatic.
 - wastewater testing can provide an early indication of infection trends in a community.
- 19 sampling sites across AB encompassing 27 communities
- Sampling and reporting completed 3x/week

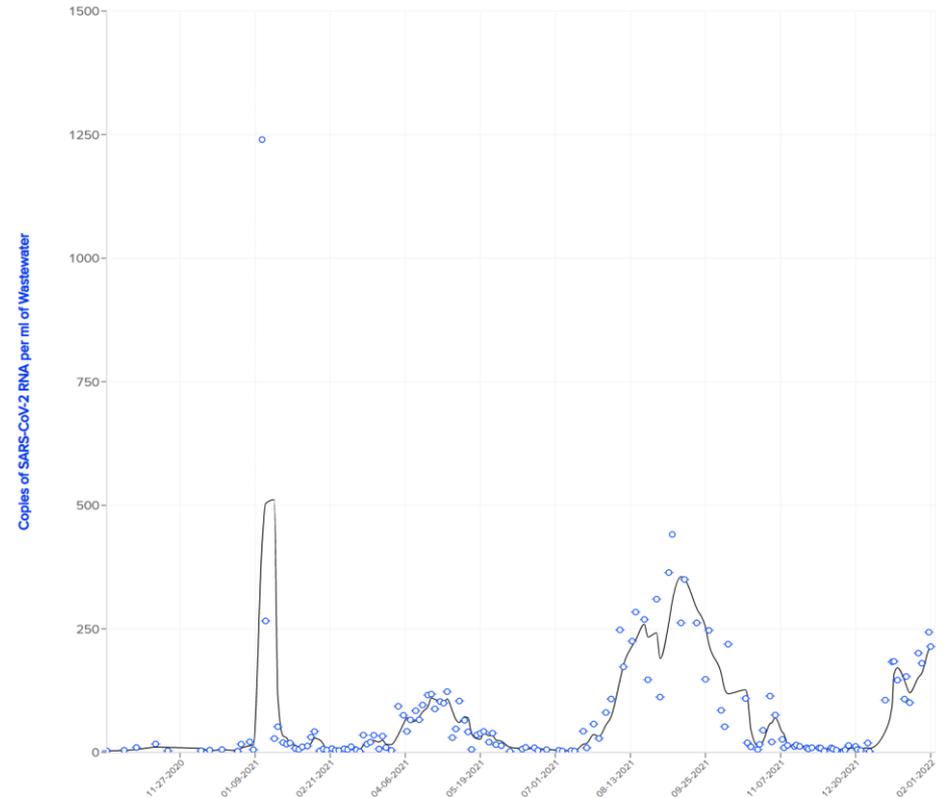


Wastewater Surveillance

Calgary and surrounding area



Grande Prairie



Further information available here: [COVID-19 Alberta statistics | alberta.ca](https://www.alberta.ca/covid-19-statistics)

Paxlovid Update

Dr. Celeste Loewe

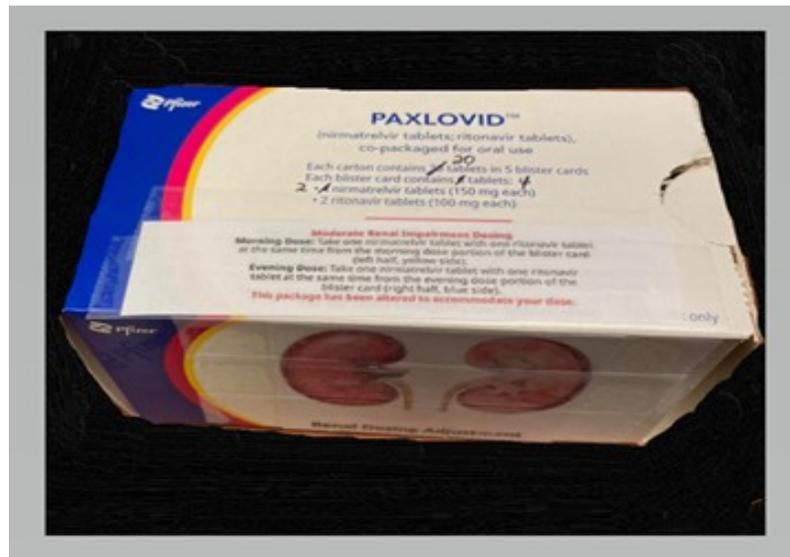
Public Health Physician

Office of the Senior Medical Officer of Health



Antiviral Treatment for COVID-19

- Paxlovid™ - a new drug developed specifically for COVID-19 patients with mild to moderate symptoms
- Combination of two antiviral medications (nirmatrelvir and ritonavir)
- First at home treatment for SARS CoV-2



Antiviral Treatment for COVID-19

- Eligible individuals include:
 - 65 years old + not vaccinated
 - 18 years old with co-morbidities and not vaccinated
 - Immunocompromised regardless of vaccination status
- Individuals who tested positive for COVID-19 with symptom onset less than 4 days ago can call Health Link at 1-844-343-0971 to find out if they qualify to receive Paxlovid™
- For more information, refer to:
<https://www.albertahealthservices.ca/topics/page17753.aspx>

COVID-19 Vaccine Update

Dr. Parminder Thiara

Deputy Medical Officer of Health

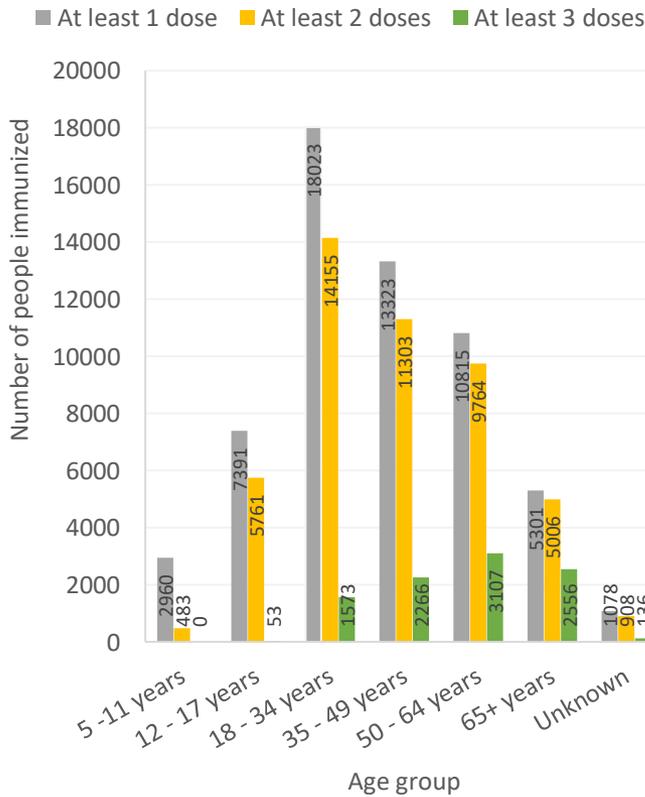
Regional Director of Primary and Population Health



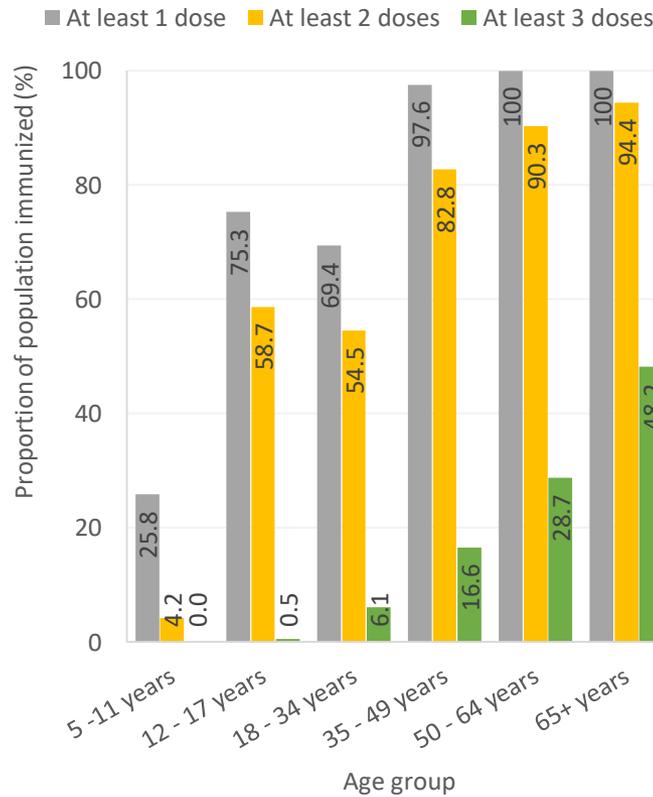
COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (February 09, 2022)

Number of people immunized by age group and type of dose



Proportion of population immunized by age group and type of dose



Dose administered

115,963

Number of people who have received at least one dose

58,892

Number of people who have received at least two doses

47,380

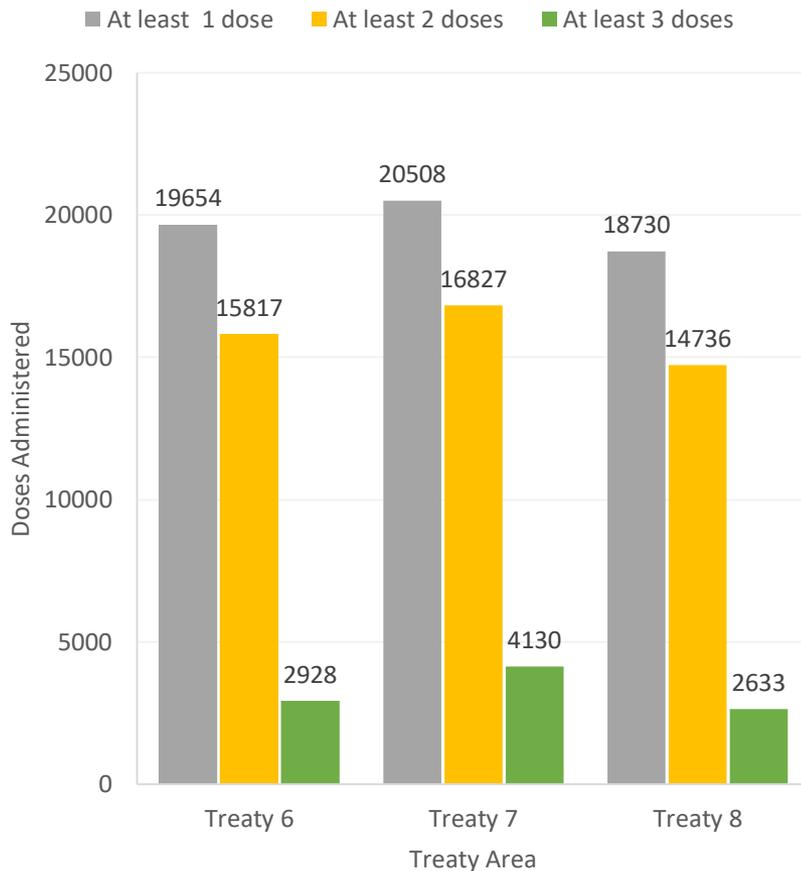
Number of people who have received at least three doses

9,691

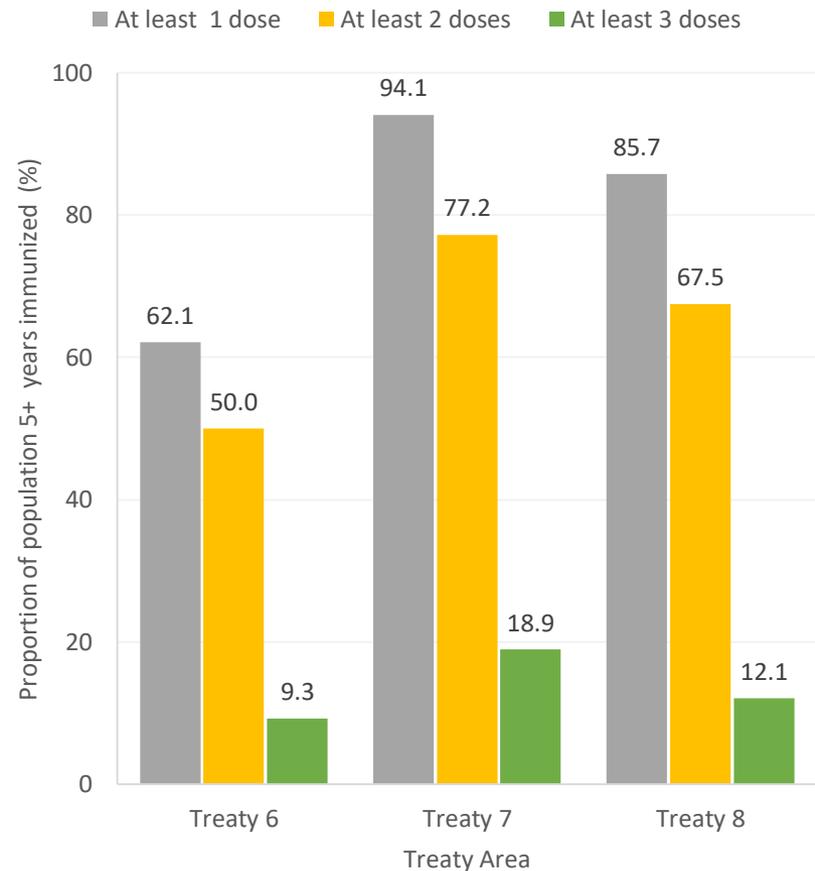
COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (February 09, 2022)

Number of people immunized by Treaty area and type of dose



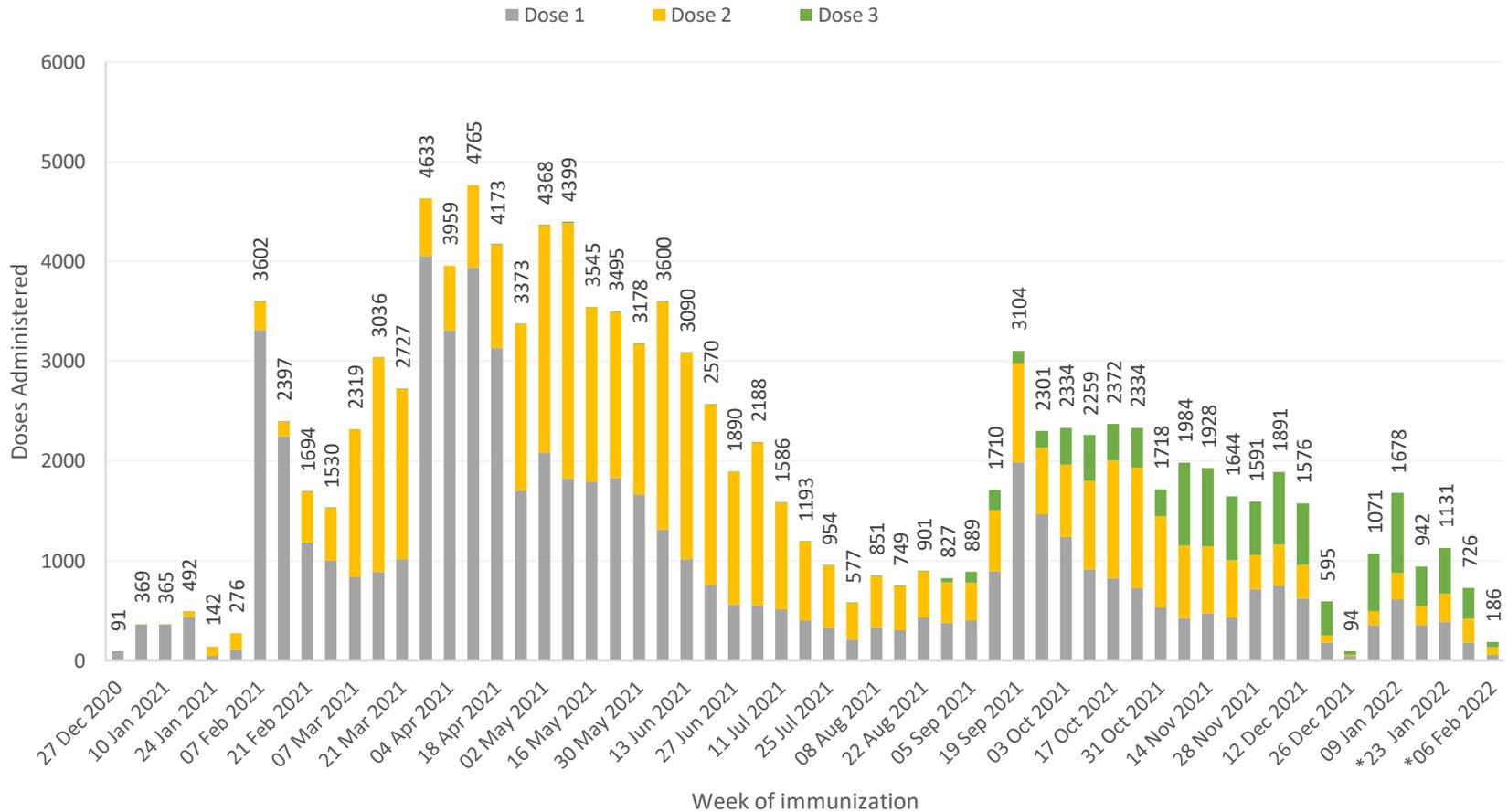
Proportion of population aged 5 years and older immunized by Treaty area and type of dose



COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (February 09, 2022)

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



*May be incomplete due to late reporting

Questions: VChelp@FNTN.ca

Additional Doses for Children and Youth

Starting **February 15th**:

- Adolescents 12 to 17 years of age with underlying health conditions are eligible for a third dose of COVID-19 vaccine.
 - *Must wait at least 5 months after the second dose*
- Eligible immunocompromised children ages 5 – 11 are eligible for a third dose of COVID-19 vaccine.
 - *Recommended to wait at least 8 weeks after the second dose*
- Currently, eligible immunocompromised individuals 12 years of age and older are eligible for a fourth dose of COVID-19 vaccine following their primary series of three doses.
 - *Must wait at least 5 months after third dose*

For further information, refer to: <https://www.alberta.ca/covid19-vaccine.aspx>

COVID-19 Vaccination Timing for Previously Infected Individuals

At this time, NACI suggests that:

- Individuals who experienced SARS-CoV-2 infection before starting or completing their primary COVID-19 vaccine series may receive their next dose 8 weeks after symptoms started or after testing positive (if no symptoms were experienced).
- Individuals who are recommended to receive a booster dose and who experienced SARS-CoV-2 infection after completing their primary series may receive a booster dose 3 months after symptoms started or after testing positive (if no symptoms were experienced) and provided it is at least 6 months after completing a primary series.

Source: <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-rapid-response-updated-guidance-covid-19-vaccination-timing-individuals-previously-infected-sars-cov-2.pdf>



Questions?

VCHELP@FNTN.CA



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Acknowledgements

Dr. Chris Sarin, Senior Medical Officer of Health – FNIHB

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

Dr. Celeste Loewe, Public Health Physician – FNIHB

Simon Sihota, Regional Manager, EPHS - FNIHB

Ibrahim Agyemang, Senior Epidemiologist – FNIHB

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

FNIHB Technical Team