



Session #37

Novel Coronavirus (COVID-19) MOH Update

September 29th, 2022

13:30 - 15:00



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Telehealth Session Planning Questions

Which public health topic are you most interested in learning more about moving forward?

- Syphilis
- More Covid!
- Monkeypox
- Wastewater monitoring (general)
- Mental Wellness
- Opioids and other substance misuse
- Other

If you chose “Other”, please send your topic of interest to VCHELP@FNTN.CA.

Please invite individuals to submit any further questions or comments regarding future telehealth session planning via VCHELP@FNTN.CA.

Outline

1. MOH Update

- *Dr. Chris Sarin*

2. COVID-19 Treatment Update

- *Dr. Chris Sarin*

3. Review of current COVID-19 protocols

- *Simon Sihota*

4. COVID-19 Vaccine Update

- *Brent Whittal*

- *Dr. Parminder Thiara*

5. Questions

MOH Update

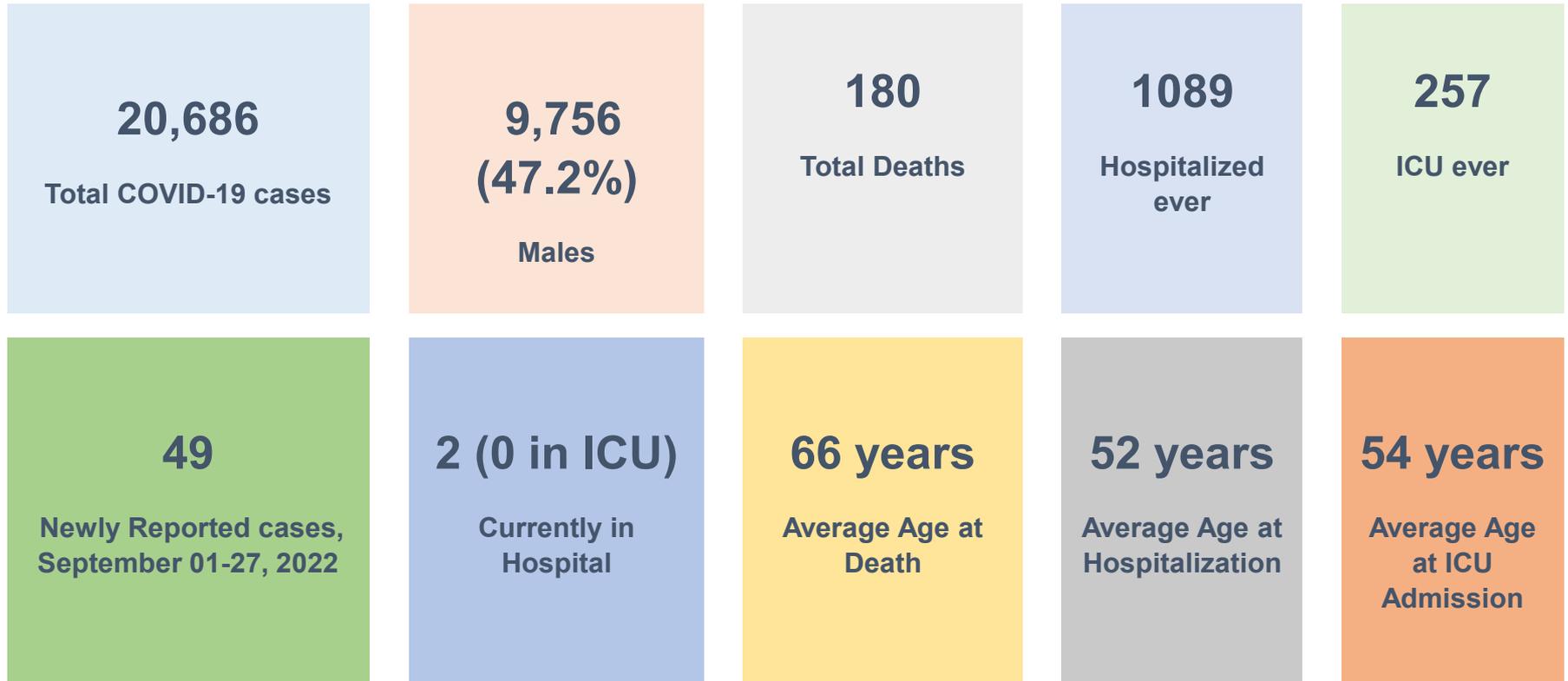
Dr. Chris Sarin

Senior Medical Officer of Health



Overview of Confirmed COVID-19 Cases in First Nations Communities on Reserve in Alberta, September 27, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (September 28, 2022)

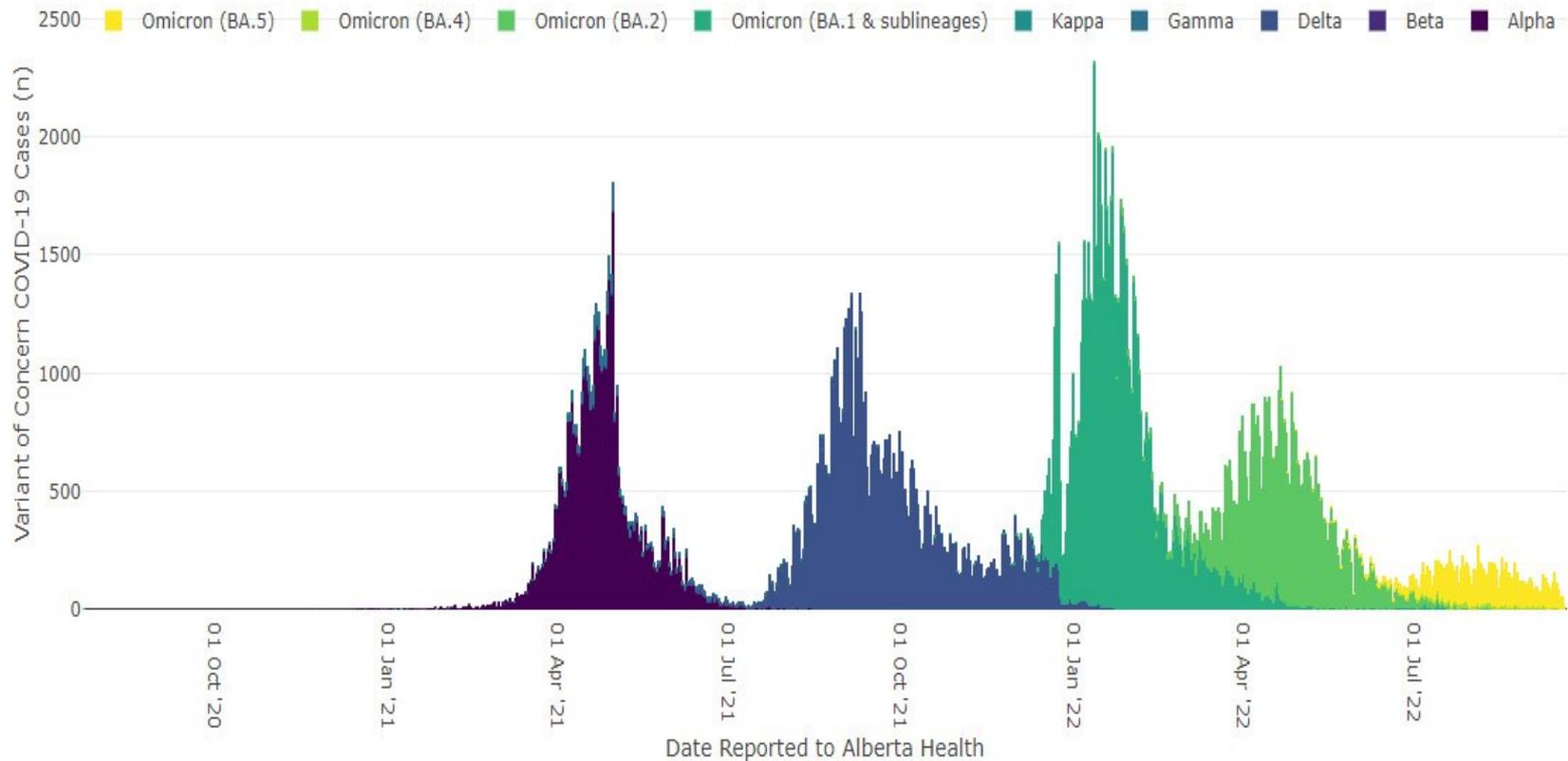


These do not include cases confirmed with only rapid antigen test in communities

Variant of concern COVID-19 cases in Alberta by day

Source: <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm> (September 28, 2022)

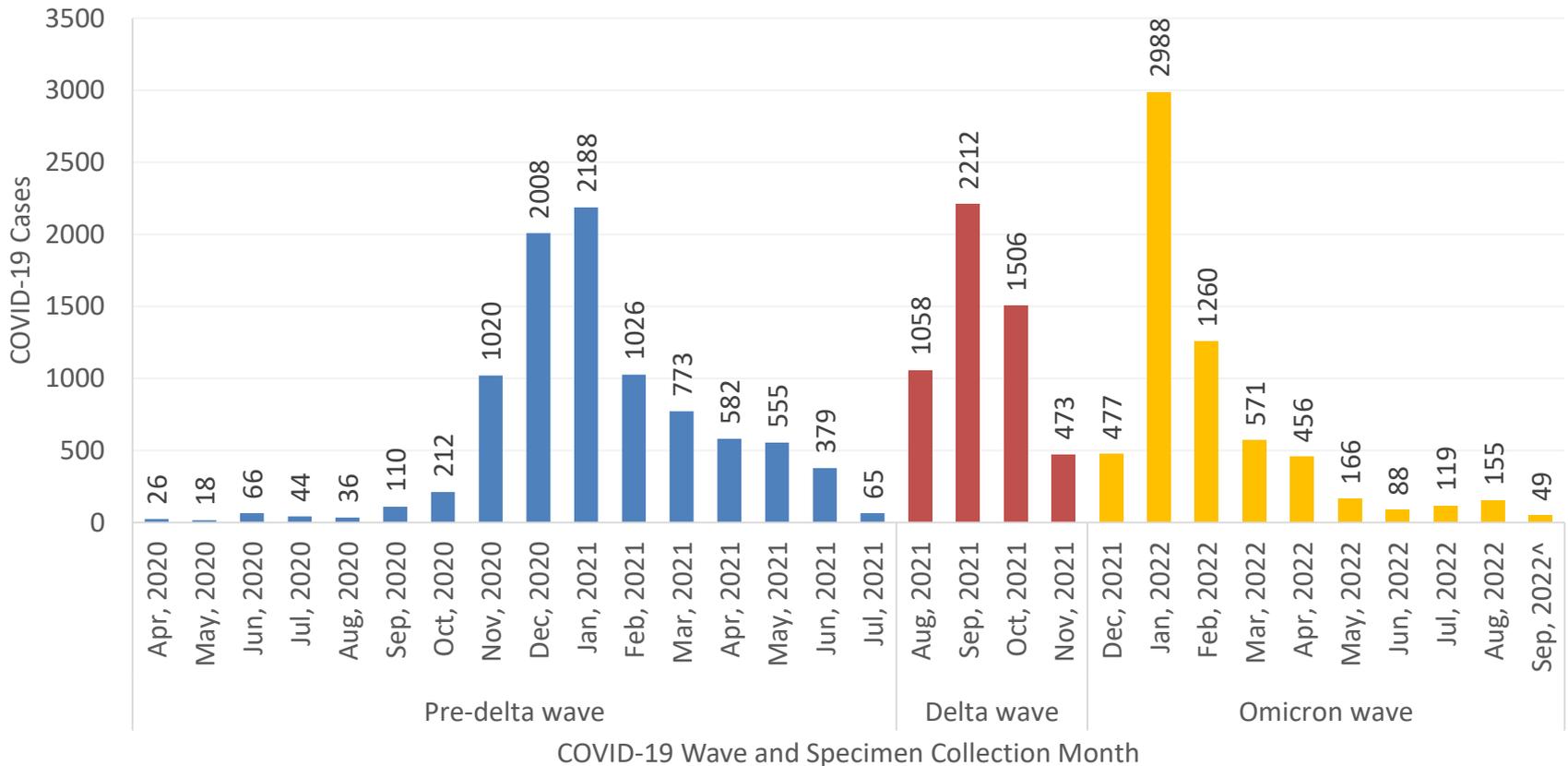
- Omicron subvariants BA.4 and BA.5 continue to be the predominant strain of positive reported cases in Alberta.



Confirmed COVID-19 Cases in First Nations Communities on Reserve by Month and Wave, September 27, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (September 28, 2022)

COVID-19 Cases in First Nations Communities in Alberta by Wave and Specimen Collection Month



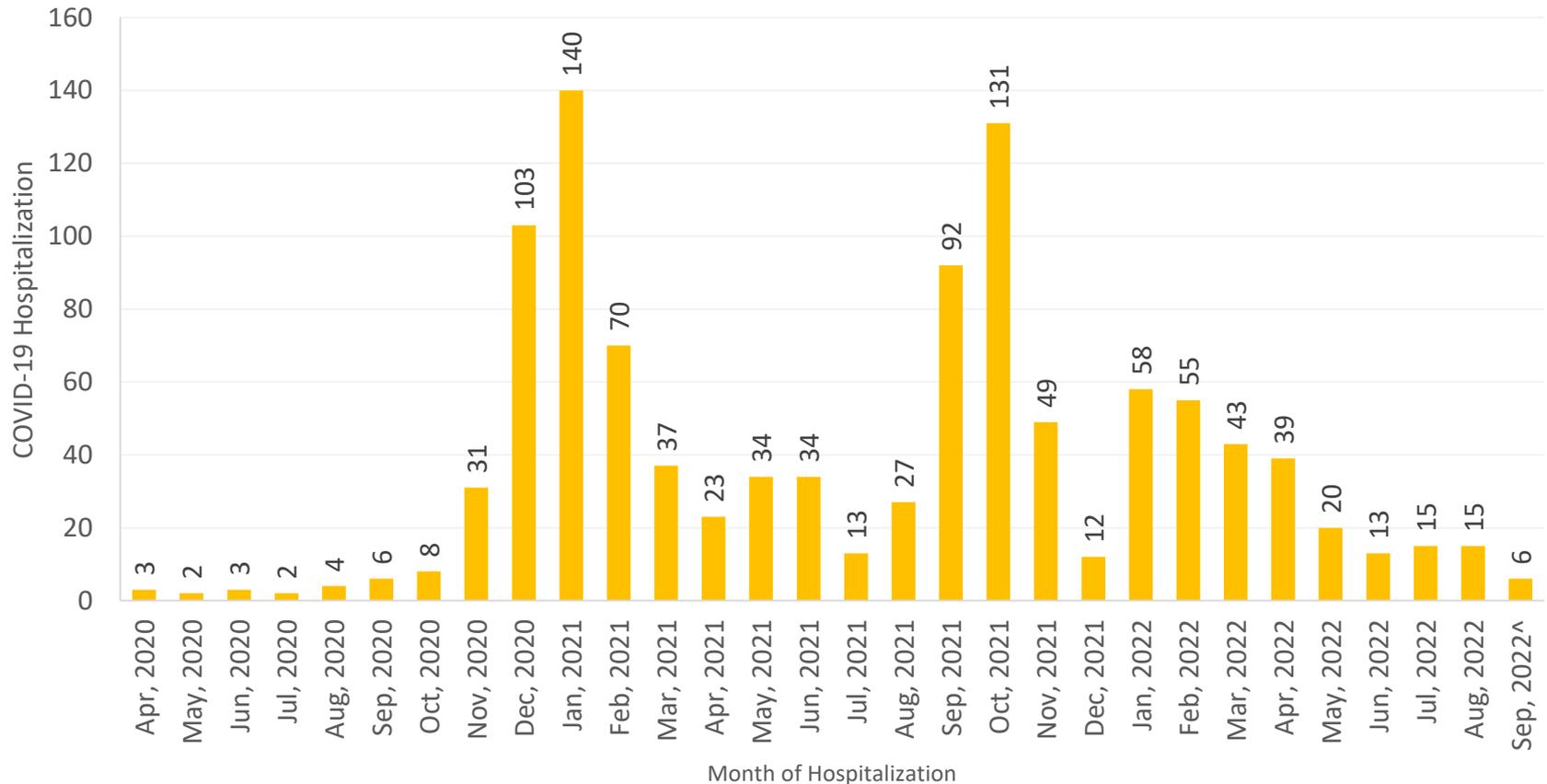
^Data may be incomplete

These do not include cases confirmed with only rapid antigen test in communities

COVID-19 Hospitalizations in First Nations Communities on Reserve by Hospitalization Month, September 27, 2022

Source: FNIHB COVID-19 ER System via Synergy in Action (September 28, 2022)

COVID-19 Hospitalizations in First Nations Communities



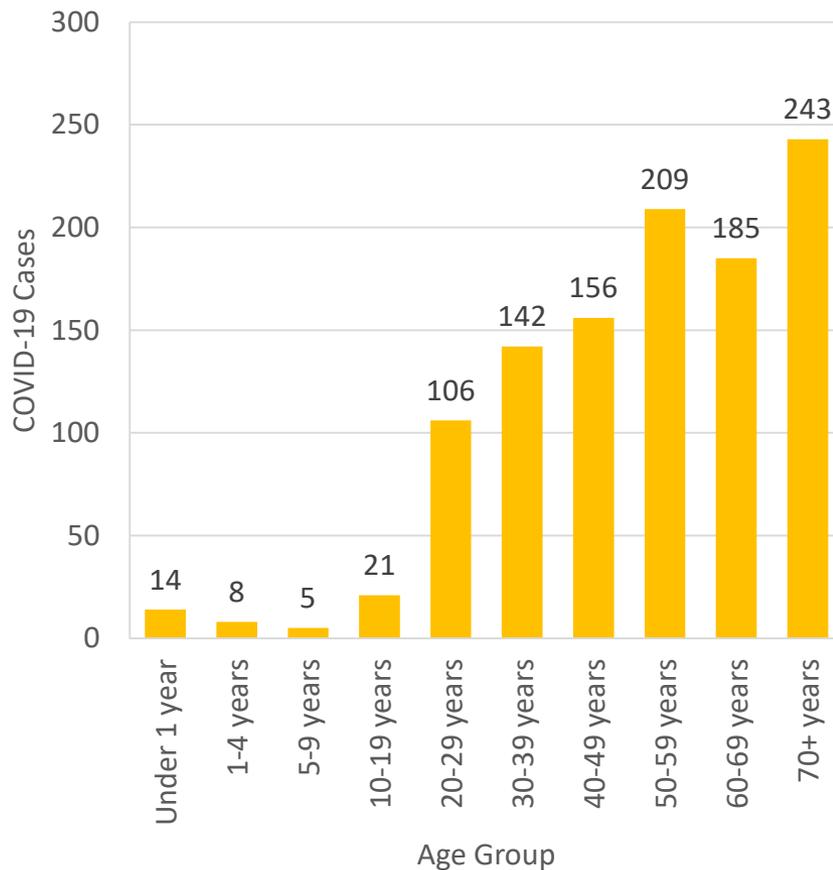
[^]Data may be incomplete

These do not include cases confirmed with only rapid antigen test in communities

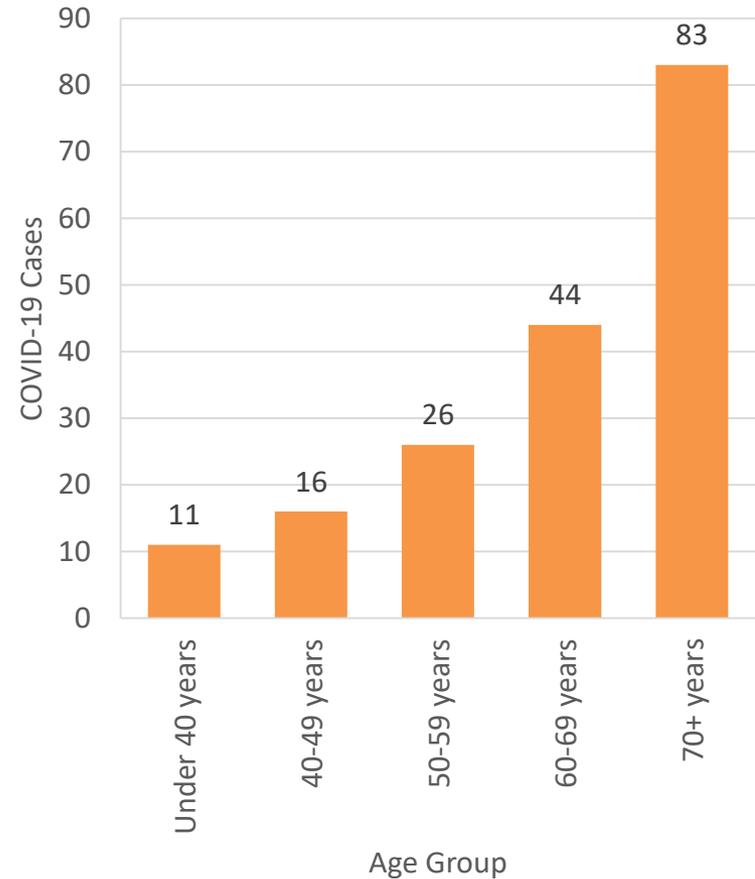
Hospitalized and Fatal COVID-19 Cases in First Nations Communities on Reserve by Age Group

Source: FNIHB COVID-19 ER System via Synergy in Action (September 28, 2022)

COVID-19 Hospitalizations by Age Group



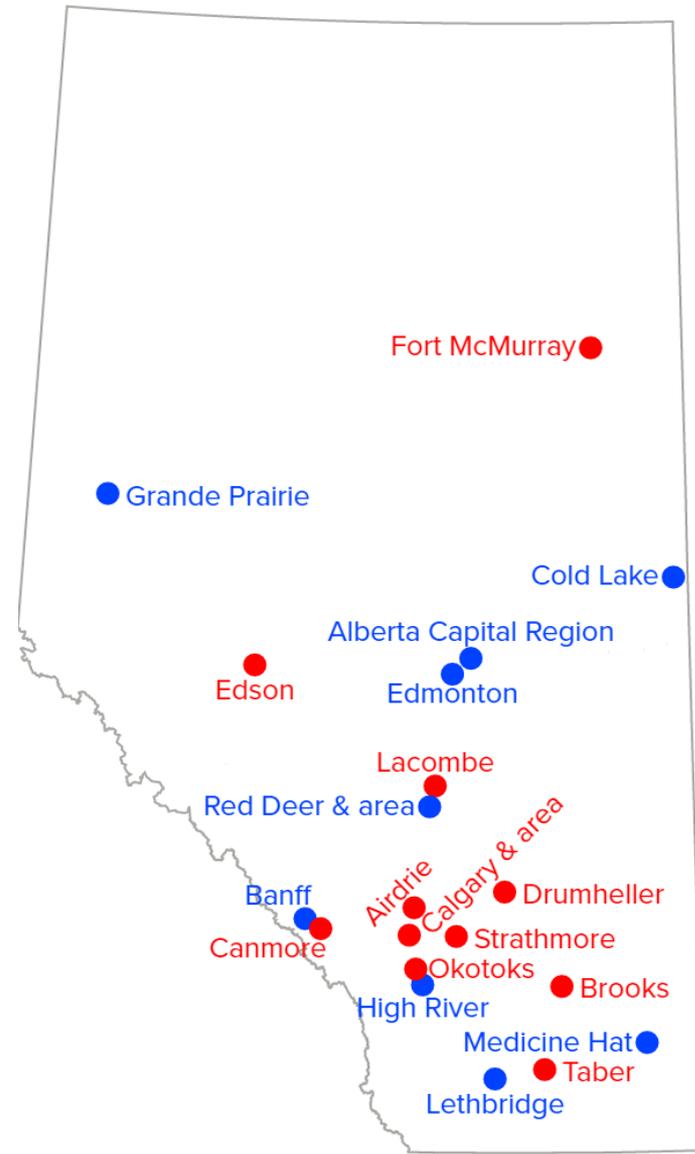
Fatal COVID-19 Cases by Age Group



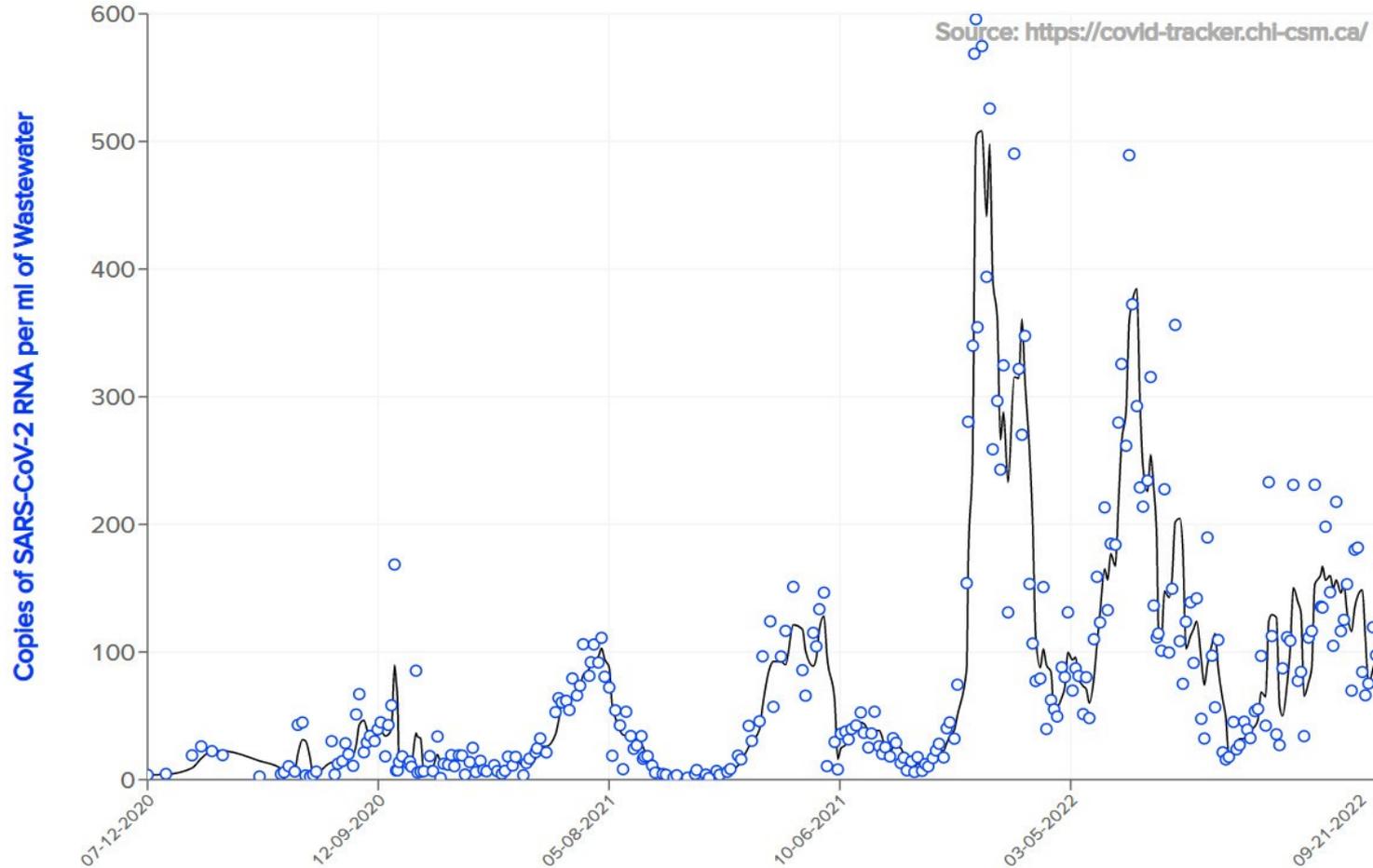
Wastewater Surveillance

- Wastewater can provide an early indication of infection trends in a community.
 - Infected individuals may pass the virus in their feces before they become symptomatic.
- Overall, levels of COVID-19 RNA in wastewater have remained relatively stable over the summer months. In the month of September, increases have been noted in Edmonton, Cold Lake, Lethbridge and Medicine Hat.

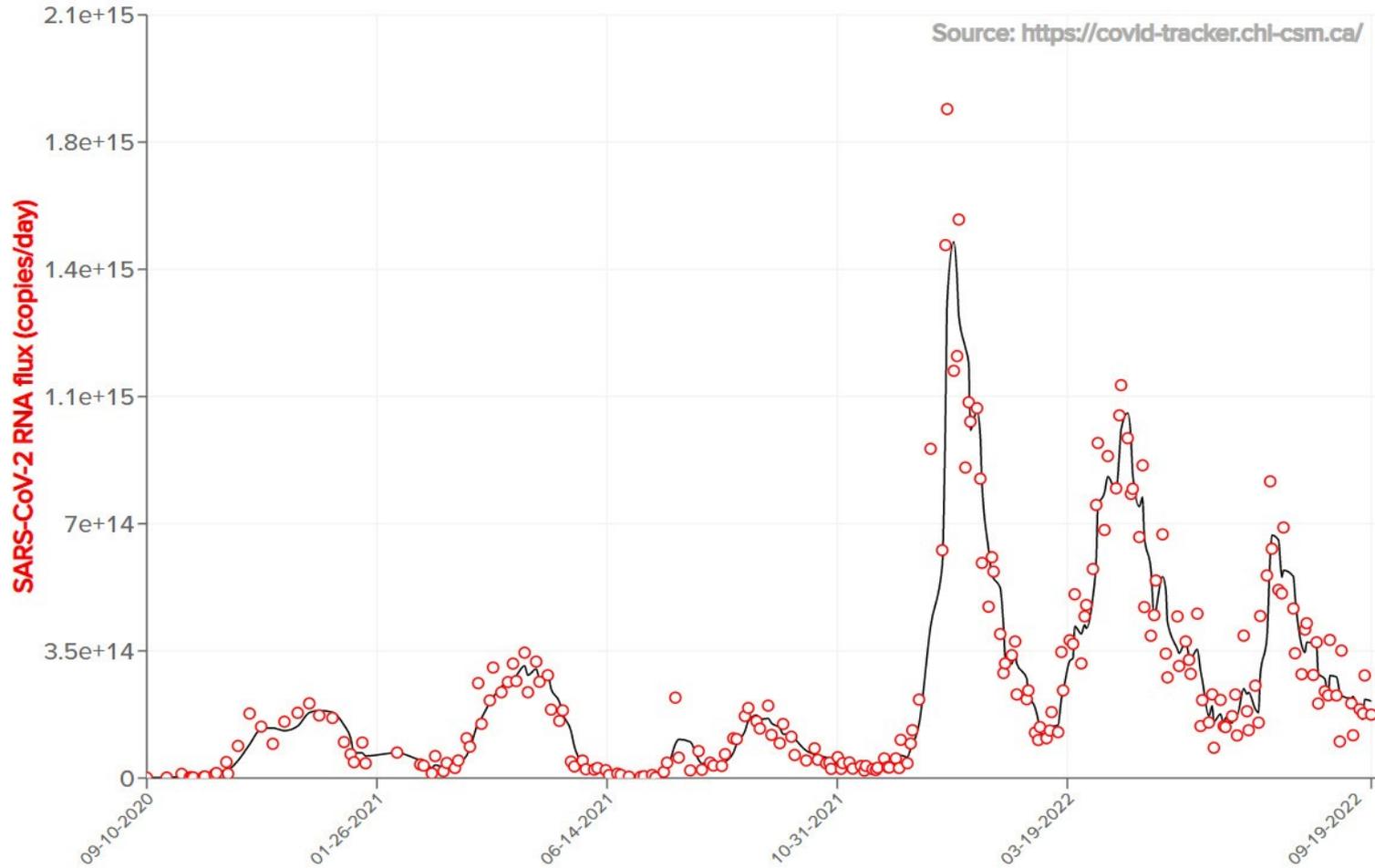
<https://covid-tracker.chi-csm.ca/>



Wastewater Sampling Data - Edmonton



Wastewater Sampling Data - Calgary & Area



COVID-19 Treatment Update

Dr. Chris Sarin

Senior Medical Officer of Health



Outpatient Antiviral Treatment for COVID-19

- Paxlovid:

- Used to treat mild to moderate COVID-19 infection
- Must be confirmed by a COVID-19 test
- Used to prevent symptoms from getting worse in people who have a high risk of hospitalization
- Taken orally in pill form

- Remdesivir:

- Used to treat mild to moderate COVID-19 infection
- Must be confirmed by a COVID-19 test
- Used to prevent symptoms from getting worse in people who have a high risk of hospitalization
- Also used to treat individuals hospitalized due to COVID-19
- given intravenously (through a vein) by a qualified health professional.

- Evusheld:

- **Preventative measure, not a treatment.**
- Offered to severely immunocompromised and are unlikely to mount an adequate immune response to vaccination and have the highest risk of severe outcomes from infection.
- A doctor can advise on eligibility to receive Evusheld.



To learn more about outpatient treatments for COVID-19, including preventative measure Evusheld, please visit:

<https://www.albertahealthservices.ca/topics/Page17753.aspx>.

If you are interested in exploring ways that your community members can access Evusheld, please contact the ISC-Alberta Communicable Disease Emergencies (CDE) Inbox:

cdemergenciasab-urgencesmtab@sac-isc.gc.ca.

Review of current COVID-19 protocols

Simon Sihota

Regional Manager, Environmental Public Health Services



PPE in Healthcare Facilities

Healthcare facilities are recommended to continue to align with AHS Directives with regards to PPE.

- Continuous masking for staff, physicians, volunteers, designated support persons and visitors remains in place.
- Health centre staff working in areas with no direct contact with patients or patient items do not need to wear a mask while:
 - at a work space separated by at least two (2) meters from others
 - separated by a physical barrier, or
 - working alone in an office.
- Eye protection should be maintained in settings where frequent or unanticipated exposures to COVID-19 may occur or in settings that are initial points of contacts for patients and/or the public.

PPE in Healthcare Facilities...cont'd

- Physical distancing should be maintained when a mask is not worn (i.e., while eating/drinking during break).
- [Routine practices](#) including PCRA and hand hygiene for all patient interactions continues to be an important measure in preventing and controlling the transmission of disease in all settings.
- N95 respirators are worn based on PCRA and during aerosol generating procedures (AGMPs).
- Further details on IPC recommendations during COVID-10 can be found here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>

Screening for Health Centre staff

- Health facility staff should continue to screen prior to attending work.
- Examples of daily fit for work screening questionnaires can be found on the AHS website: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-questionnaire.pdf>

Health Facility Staff: COVID-19 Symptoms or Positive Test

A health facility worker should not attend work if any of the following apply:

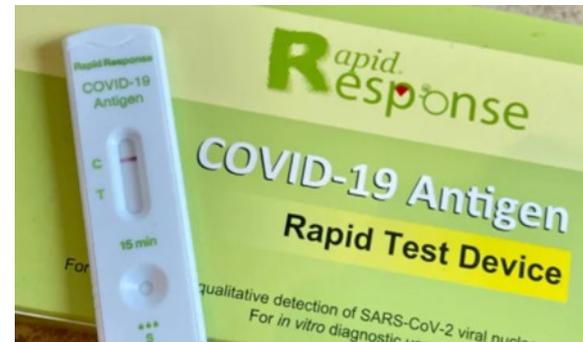
- COVID-19 symptoms and confirmed positive, Or not tested OR obtained only one negative RAT result
 - restricted from work for a minimum period of five (5) days from the onset of the COVID-19 symptoms, or until the worker's COVID-19 symptoms improve and the worker is fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.
 - wear a well-fitting mask for the next 5 days while in indoor spaces with other people regardless of immunization status. After these 5 days, the worker should follow the masking requirements applicable to their workplace.
- COVID-19 symptoms and tested negative for COVID-19:
 - restricted from work until the worker's COVID-19 symptoms improve and the worker is fever-free for 24 hours (without the use of fever-reducing medications).
- Asymptomatic and tested positive for COVID-19:
 - restricted from work for a period of five (5) days from the date of testing
 - wear a well-fitting mask for the next 5 days while in indoor spaces with other people regardless of immunization status. After these 5 days, the worker should follow the masking requirements applicable to their workplace.

Return to Work

- Return to work for HCWs who are symptomatic, positive, or close contacts can be discussed with the CDC team and/or MOH. AHS resources for HCW return to work include the following:
- [COVID-19 Return to Work Guide for Healthcare Workers](#)
- [COVID-19 Return to Work Decision Chart For Healthcare Workers](#)
- [Attending Work with COVID-19 Symptoms or a Positive COVID-19 Test](#)

Rapid Antigen Test Kits (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
- Instructions for how to collect a swab and use the BTNX test kit can be found on the Government of Alberta website: <https://www.alberta.ca/rapid-testing-at-home.aspx>



Point of Care Test Devices / Diagnostic Testing

- Two types of instruments (molecular/nucleic acid-based/PCR) remain available in First Nations Health Centres in Alberta for COVID-19 testing:



Abbott ID Now (POC)



GeneXpert System

Coming Soon! Expanded Testing on GeneXpert

- Expanded testing on the GeneXpert will be available soon.
- The expanded testing will allow for Influenza, COVID-19 and RSV testing to be done simultaneously based on user selection.



GeneXpert System

- This will require a software update to the machine as well as an updated training package for users.
- A formal memo outlining the details will be sent to all communities within the coming weeks.

Interested in expanded testing in your community but don't have a GeneXpert? Send us an email with your request: cdemergenciesaburgencesmtab@sac-isc.gc.ca

COVID-19 Vaccine Update

Brent Whittal

Registered Nurse, Communicable Disease Control

Dr. Parminder Thiara

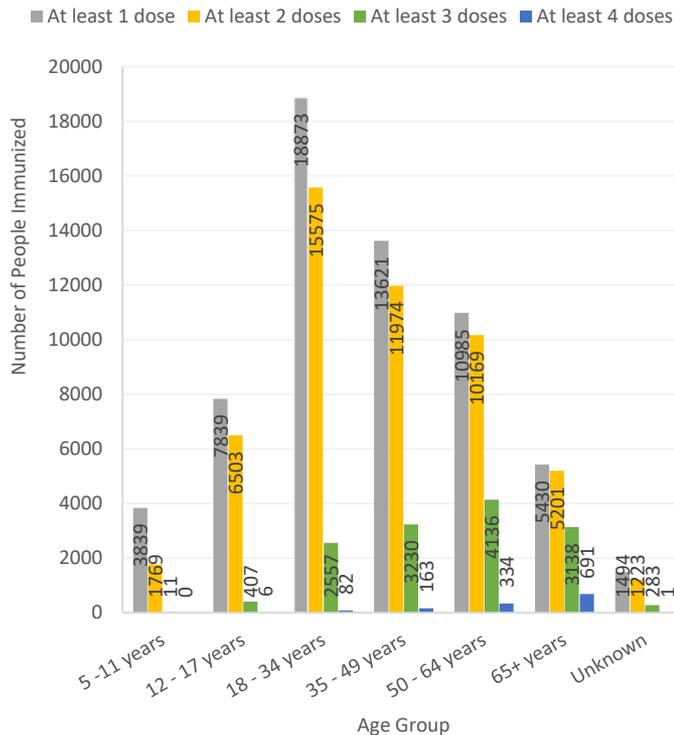
Deputy Medical Officer of Health



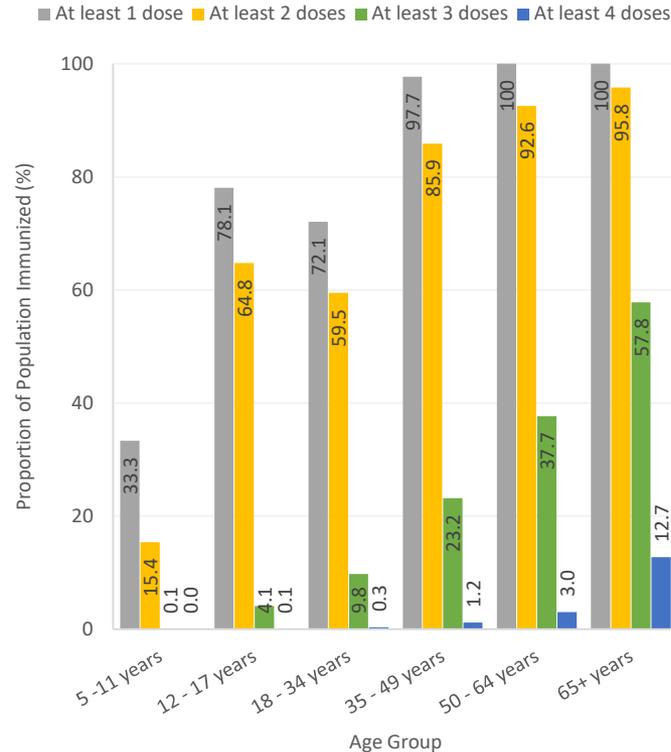
COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (September 28, 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

129,577

Number of people who have received at least one dose

62,123

Number of people who have received at least two doses

52,415

Number of people who have received at least three doses

13,762

Number of people who have received four doses

1,277

*Percentages are calculated using unadjusted ISC-IRS on-reserve and Crown land population as of December 31, 2021. If the proportion of population immunized in any age group exceeds 100% because of population data limitation, we keep the proportion at 100% by adjusting the population to be equal to the number of first doses administered in that age group

COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (September 28, 2022)

Fig 5: Number of People Immunized by Treaty Area and Type of Dose

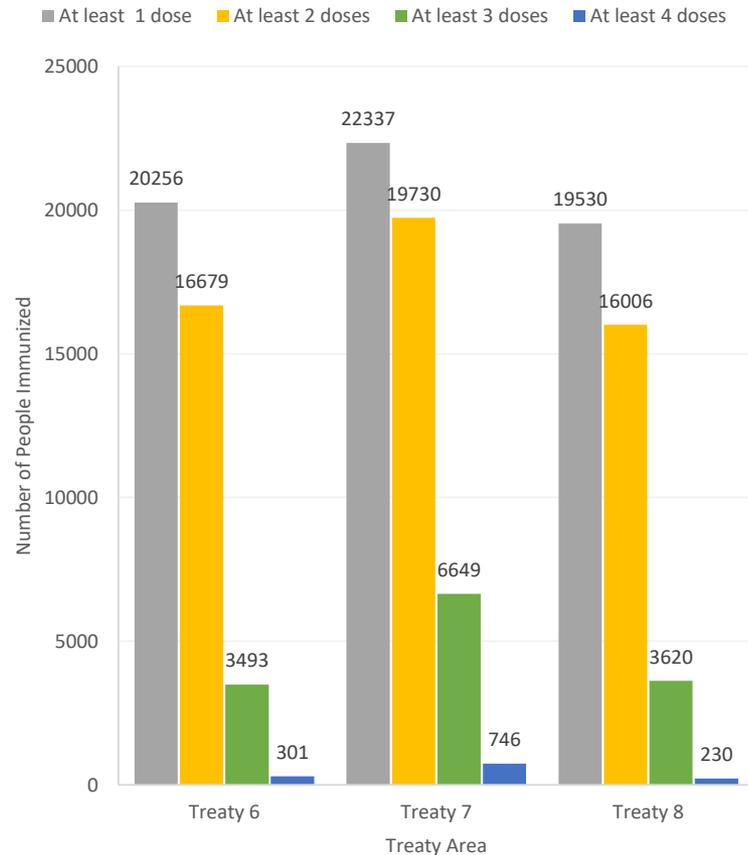
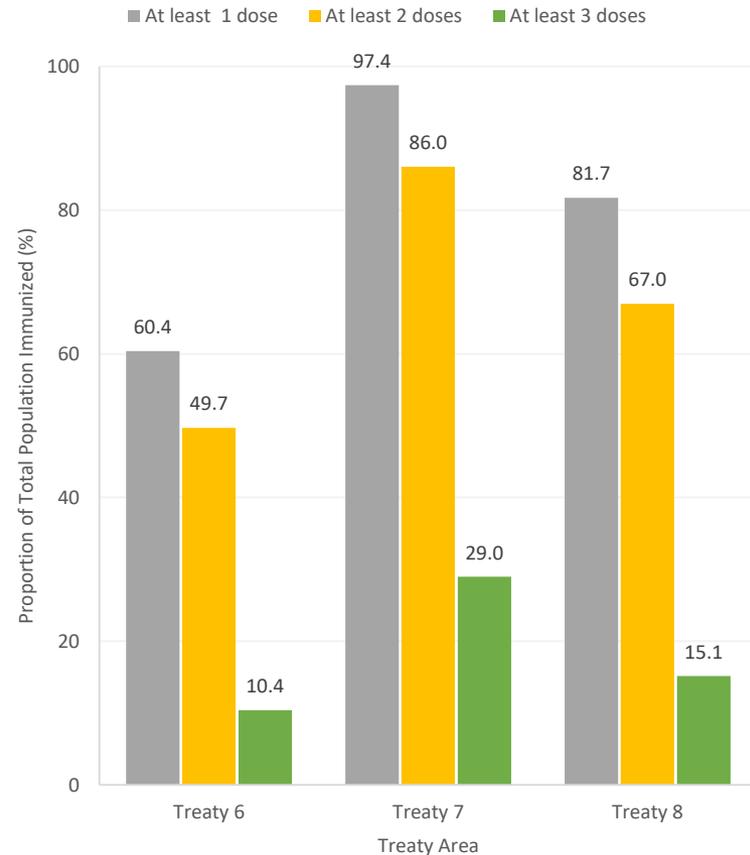


Fig 7: Proportion of Total Population Immunized by Treaty Area and Type of Dose

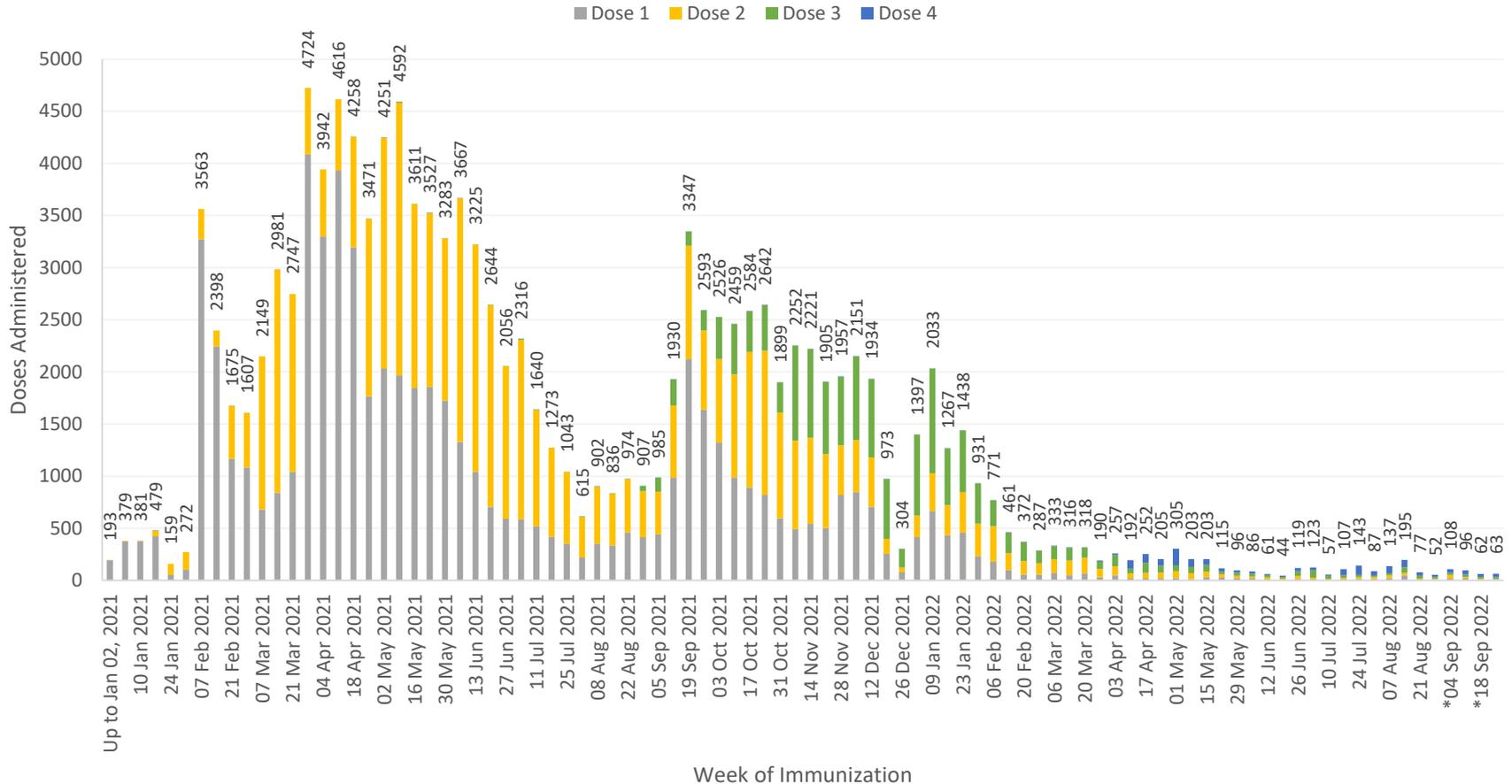


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COVID Immunization Activity – On Reserve in Alberta

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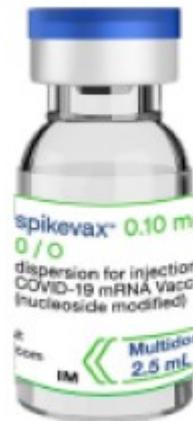
COVID-19 Doses Administered by Week of Immunization and Type of Dose



*May be incomplete due to late reporting

Moderna Bivalent Vaccine Information

- The bivalent COVID-19 vaccine triggers a stronger immune response and provides additional protection against both **Omicron and the original SARS-CoV-2 virus strain**.
- When administered as a second booster dose, Moderna SpikeVax Bivalent (50 mcg) elicited higher neutralizing antibody responses against the original strain, Omicron BA.1 and Omicron BA.4 and BA.5 among individuals with and without prior infection when compared to a second booster dose of Moderna SpikeVax original (50 mcg). This effect was consistent across age groups studied, in individuals 18-65 years of age and individuals >65 years of age. (*Recommendations on the use of Bivalent Omicron-Containing mRNA COVID-19 Vaccines*, National Advisory Committee on Immunization, September 1, 2022)



COVID-19 Vaccines in First Nation Communities

Vaccine	Age	Purpose
Moderna (Blue Cap)	6 months – 5 years	<ul style="list-style-type: none"> • 2-3 dose primary series for children aged 6 months to 5 years.
Moderna (Red Cap)	6 years – 11 years 12 years and older	<ul style="list-style-type: none"> • 2-3 dose primary series for children and adults aged 6 years and older. • 1st booster dose for children aged 12-17 years.
Moderna Bivalent (Royal Blue Cap & Green Label)	18 years and older	<ul style="list-style-type: none"> • Since Sept 22, 2022 - booster for all adults. • 5 month spacing from primary series or previous boosters.
Pfizer (Orange Cap)	5 – 11 years	<ul style="list-style-type: none"> • 2-3 dose primary series for children 5-11 yrs. • 1st booster dose for children 5-11 yrs.
Pfizer (Purple Cap)	12 years and older	<ul style="list-style-type: none"> • 2-3 dose primary series for children and adults aged 12 years and older. • Preferred over Moderna for PS (12-29 yrs) • 1st booster dose for children aged 12-17 years.

Co-Administration of COVID-19 & other Vaccines

- Alberta Health has determined that COVID-19 vaccines may be co-administered with, or at any time before or after other inactivated or live vaccines (dTdap, Hepatitis B, Influenza, HPV, PNEUMO-P, MMR etc.) to those 5 years and over.
- **COVID-19 and influenza immunizations can be given at the same visit or in another visit without concern about spacing between vaccines.**

2022-2023 Flu Vaccine

Week of October 3, 2022: vaccine arriving in HCs

- Soft roll out – not advertised
- Can begin immunizing individuals at greatest risk (home care clients, elders, HCWs etc.)

October 17, 2022: Provincial program begins

- Advertised Influenza vaccine clinics can begin.
- Routine Quadrivalent Vaccine – 6 months to 64 years
- High Dose (QIV) vaccine – 65 years and older

Posters/Fact Sheet available for printing at the GOC Website below.

SHARE TRADITIONS, NOT THE FLU



Adults **65 years and older** are at higher risk of complications from the flu.

Contact your health centre or local healthcare provider to find out how to get your flu shot.

TO LEARN MORE, VISIT CANADA.CA/FLU

Protect yourself, your family and your community:

-  Get the flu vaccine every year
-  Clean your hands often
-  Cough and sneeze into your arm
-  Keep shared surfaces and objects clean
-  Stay home and away from others if you feel sick

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Indigenous Services Canada Services aux Autochtones Canada

SHARE TRADITIONS, NOT THE FLU



Children **under 5 years** are at higher risk of serious complications from the flu.

Contact your health centre or local healthcare provider to find out how to get your flu shot.

TO LEARN MORE, VISIT CANADA.CA/FLU

Protect yourself, your family and your community:

-  Get the flu vaccine every year
-  Clean your hands often
-  Cough and sneeze into your arm
-  Keep shared surfaces and objects clean
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Canada

Indigenous Services Canada Services aux Autochtones Canada

THE FLU SHOT: Protect yourself, protect your community



The flu can spread easily and quickly to anyone, even before you know you are sick. Indigenous people with chronic health conditions or living in overcrowded homes are at a higher risk of hospitalization and serious health complications from the flu.

Getting the flu shot can help keep you and your community healthy!

THE FLU SHOT CAN SAVE LIVES

- ▶ Young children, people over age 65, pregnant women, and those who are in poor health are more likely to become very sick from the flu.
- ▶ The flu shot can help protect you and your family from the flu.

THE FLU SHOT WORKS

- ▶ There are many different types of flu viruses. Every year, the flu shot protects against the expected 3 or 4 most common types of the virus.
- ▶ Everyone responds differently to the flu shot. The shot can either prevent the flu entirely or reduce the severity of the sickness.
- ▶ It usually takes 2 to 4 weeks to build protection after you get the flu shot.
- ▶ The flu shot does not prevent colds because they are caused by different germs.

THE FLU SHOT IS SAFE

- ▶ You cannot get the flu virus from the flu shot.
- ▶ Most people do not have significant side effects from the flu shot.
- ▶ Serious side effects are very rare.
- ▶ If you have concerns or questions about the flu shot, talk to your nurse or doctor.

WHO SHOULD GET THE FLU SHOT

- ▶ **Everyone** 6 months of age and older.
- ▶ If you are pregnant or have an allergy to eggs, you can still safely get the flu shot.

Visit your community health centre, nursing station, or local healthcare provider to get your flu shot! | To learn more about the flu shot and other ways to prevent the flu, visit: Canada.ca/flu



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<https://www.sac-isc.gc.ca/eng/1570037443226/1570037485313>



Questions?

VCHELP@FNTN.CA



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Acknowledgements

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

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

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

FNIHB Technical Team