# COVID-19 Response Questions & Answers: Calgary Zone

Date Updated: Apr 20, 2020

General themes covered by this document:

- Testing patients & lab questions
- Isolation and containment
- Clinical management
- General questions

| Question | Answer |
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| **Theme: Testing and lab related** | |
| 1. Can we do swabs in our clinics? | FP who are comfortable and have the appropriate equipment, the right swabs, ppe but overall recommending going to 811 |
| 2. Please comment on sensitivity, specificity, false neg and false positive rates for np and throat swabs in symptomatic and asymptomatic patients | Sensitivity and specificity of our testing done in the Prov lab is profoundly influenced by the quality of the sample. The assay can detect 10 copies of RNA per ml – very sensitive. While SARS was often missed in upper airway samples – the same does not appear to be the case in COVID-19 (SARS-CoV2). In hospital we can also screen sputum, endotracheal aspirates, BA. |
| 3. Copying the family physician and medical home on the NP and throat swabs for COVID-19 would be incredibly helpful | Starting last week FP's should be cc'd on swabs. 811 is now telling every patient that they should also touchbase with their FP if they get advised to go for a swab |
| 4. Should we consider re-swabbing after a previous negative result? | All swabs remain limited. Re-swabbing while possible is generally not advisable unless it is going to change the management. |
| 5. False negatives? Especially for patients presenting with suspicious symptoms? | Perhaps improper specimen collection was the reason as lab testing itself is quite sensitive. Pathway accounts for false negatives. |

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| 6. Can patients go to the swabbing centres without calling 811? | No, only through 811 and are given an appointment time to stagger arrivals and minimize contact with other individuals. FPs who feel comfortable and have proper swabs can do them, but overall recommending people go through 811 |
| 7. What is the lead time from an invitation to get swabbed to the swab happening and result available at present? | There can be up to 5 days delay in getting the appointment for swabs. |
| 8. I saw a few cases of pts negative for COVID but showing atypical lymph nodes and positve hetrophile antibodies (monotest). Could this be a marker for COVID? | There are no good means by which to diagnose COVID acutely outside of RT-PCR for nucleic acid RIGHT NOW (and of course CT which is non-specific) |
| 9. What is the sensitivity when testing asymptomatic people | Unclear. Issues around a window period between infection acquisition and when viremic (or at least detectable). However those that are positive are irrefutable |
| 10. What if we are sent a swab for someone not your patient? | Please refer back to PCN |
| **Theme: isolation and containment procedures** | |
| 11. Who decides who gets into the hotels? Criteria for admission? When should we consider recommending hotel isolation to families? (For Cargill and Cargill associated cases) | Priority 1 group = lab confirmed cases and symptomatic household contacts.<br>Avoid isolating them together (e.g asymptomatic pending result patients should be isolated separately from symptomatic) |
| 12. In a family/ household where there multiple members who are COVID + can those who asymptomatic go back to work after 14 days ? | If COVID +, isolate for 10 days or until symptoms resolve whichever is longer but if contact with exposed, isolate for 14 days from last contact |

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| 13. If you are following a presumed COVID positive case and they get a negative swab, is return-to-work period still 10 days of being asymptomatic? Do we still call them every day if they are deemed high risk? | People are still advised to self isolate with ILI symptoms for 10 days even if negative COVID swab. There are some difference between HCW (deemed higher risk) and patients for 14 vs 10 days. There is no screening to "clear HCW" to enable return to work. Data shows RNA for weeks when the actual virus could not be recovered after 8 days (notably a small sample of moderately ill patients). To be cleared for patients and HCW - it is not sufficient to "run out the clock" wrt days - but also - to have symptoms resolved. |
| 14. After patients have been diagnosed COVID positive, when is it safe to have them come to the clinic? | 14 days post symptom onset OR resolution of symptoms, whichever comes last |
| **Theme: Clinical management** | |
| 15. Are we meant to call all patients re COVID results, or only those with positive tests for follow-up monitoring? Seems public health is calling everyone - whether result is positive or negative | The pathway just covers COVID positive. Negative swab people receive automated report |
| 16. What is included in daily fitness to work at clinic? | You can use the guidelines in the AHS healthcare worker self-assessment – (https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx)<br>HCW must isolate for 10 days if COVID swab is negative (and resolution of symptoms). If symptoms extend >10 days - must continue on isolation until resolved. |
| 17. Well baby checks by public health? | Public health only weighing babies if there is a concern to shorten the appointment times. |
| 18. How about if patient comes in for drivers medical? | There may be leeway under current circumstances - check with the Alberta Transport website. There is currently a 90 day grace period to provide paperwork. However, when there is a medical *requirement*, there is no grace period. |
| 19. To use Roth score or not? | The Roth score is not validated at this altitude and not validated for COVID, so relying on it as sole indicator for hypoxia is not recommended.<br>Good to look at the whole clinical picture. |

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| 20. Are patients getting secondary bacterial pneumonias? | It is exceedingly uncommon. |
| 21. Patient insists on a face to face visit? | Offer virtual visit first and explain the situation + importance of story/history and risks of coming into clinic. Just a reminder for virtual care, please remember to ensure that you have the address for where the patient is located during the session, in case you have to activate emergency services. |
| 22. Persistent post viral cough? | No evidence in use of ICS so avoid use especially given drug shortage<br>A lot of people will have cough post viral up to 6-8 weeks |
| 23. Respiratory illness - (not asthma) are more susceptible? | People with pulmonary disease or are smokers have more severe disease with COVID |
| 24. Use of anticoagulation drugs? | Higher incidence of VTE with COVID patients, unsure if use of higher dose anti-coagulation would reduce the risk |
| 25. Vulnerable time period of patients with COVID? | China & Italy - seems to indicate day 10 from symptom onset is where people have the most deterioration.<br><br>Calgary observation: If in ward for >24h, usually don't get to ICU |
| 26. Other scientific information that is available? | Asthma alone is not a huge risk factor for COVID.<br>Specialist LINK is available to support family physicians:<br>MFM- has obstetrical Specialist LINK line or ROCA (Regional On Call Application - hospital paging system)<br>If asthma + COVID patient, direct to respirologist vs ID |
| **Theme: General information** | |
| 27. Can cloth masks be worn under surgical masks to avoid contact dermatitis from the new, poor fitting masks we have? | Cotton is a poor choice for masks as they saturate quickly. It is not advisable to wear under a surgical mask. There are protective "stickers" that some individuals are using on their face to prevent pressure related injuries from continuous PPE. |

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| 28. Comments on re-infection of COVID? | Exceedingly unlikely to get repeat COVID infection. Consider intermittent shedding and quality of sampling. |
| 29. Prevalence of respiratory infections seen in hospital? | There has been marked reduction in other respiratory infection rates, particularly influenza A. |
| 30. General advice from our speakers? | Lab: Follow symptoms and observe for deterioration instead of just considering repeat testing.<br><br>GIM: The calls to specialist link have been good and family physicians are showing an impressive level of care and commitment, and the skills showed has been very reassuring.<br><br>Primary Care: The relationship with the family doctor is very important to understand the context of the patient when facing this public health crisis - this is a great opportunity show our value.<br><br>Public Health: Technology enabled contact tracing app soon to be released - encourage patients to use when available. |