

COVID-19 Response Questions & Answers: Calgary Zone

Date Updated: May 4, 2020

General themes covered by this document:

- Testing patients & lab questions
- Isolation and containment
- Clinical management
- ABTraceTogether contact tracing app
- General questions

Question	Answer
Theme: Testing and lab related	
1. Should COVID testing be repeated if the cough persists?	Don't repeat the test, there are almost no reasons to repeat a test on a known COVID+ as they are known to be positive for weeks after the acute illness.
2. How long do COVID + pts shed virus after a positive test? Pt wants a repeat test and CXR - how long should they stay at home?	The virus shedding is for 8 days. COVID test does not indicate active viral shedding; they should stay home for 10 after the onset of symptoms.
3. Can you comment on serology / antibody testing?	There currently is not a good antibody test that can be used, and no testing available at this time.
4. Is there a plan to have the person at 811 also book the appt for swabbing to save a step in the process ?	Calgary is currently piloting a new process. When a patient completes the on-line assessment it automatically is submitted to a SharePoint site and picked up by our call centre staff without going through Health Link - we are booking today so there is no wait.
5. Is there any idea that there could be variability in the strains of COVID - some more virulent than others?	There is no evidence that different strains will result in different outcomes
6. If a patient needs re-testing eg. got worse although covid neg, does the patient call	Have them repeat online assessment

811/online or does the Dr. have to call someone to send her for retest?	
7. for the throat swabs should patients refrain from eating/drinking fluids for a specific amount of time prior to the swab and do we tell them that before they come for swab via 811?	Nothing in the Prov Lab Bulletin regarding not eating or drinking before throat swab
Theme: Isolation and containment	
8. Can Covid positive patients return to work after isolating for 14 days?	Isolation is determined by not just running out the clock in terms of time for isolation - but also resolution of symptoms. For health care workers, please see https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-return-to-work.pdf
9. If known Covid+, when can they go back to work? Why are HCW diff - 14 vs 10 days ?	Non-HCWs can go back to work (i.e. are cleared) 10 days after Sx onset or when Sx end, whichever is longer; post-viral cough is not considered a Sx - HCW need to self isolate for 14 days or until symptom free, whichever is longer
10. I have a patient who tested positive April 13. He did his quarantine for 2 weeks and is now symptom free. He now has a contact at his house that tested positive. Does he need to quarantine again?	No need
11. Does public health tell patients when they are off quarantine ?	Yes, although ensure patients are symptom free before being cleared.
Theme: Clinical management	
12. In terms of using the pathway, did RNs partake in the baseline assessment to determine risk stratification? Or did MDs do all the baselines?	Some clinics- risk stratification by MD and f/u by MD or NP or RN Some clinics- RNs do baseline assessment
13. Are we going to develop a primary care pathway for post hospitalization follow up?	Yes, it is on the Specialist LINK website
14. What features may suggest persistent COVID cough vs post viral cough ?	Post viral cough is not usually associated with sputum production.

	<p>If the other symptoms have resolved and only has a residual cough left - (especially in light of a previous hx of post viral cough) this will be highly suggestive of a post viral cough</p> <p>Those who are immunocomprised may be more infectious for longer</p>
15. can COVID toes be a reason we can order testing?	Covid toes isn't on the symptom list yet, but anosmia may be suggestive
16. Was under impression COVID toes was a late immunological sequelae not necessarily useful for case finding?	COVID toes is often late - but as people secrete viral nucleic acid for long periods can still identify cases in the community (and potential contacts)
17. How long does it take for COVID toes to resolve?	Many days to a few weeks for resolution
18. Does cough associated with COVID go on as a post-viral cough?	Patient can be off isolation if cough is considered post-viral cough and has completed their time in isolation
19. Does the COVID + patient need to be completely asymptomatic	People can be cleared if they it is a post viral cough, and they have completed isolation time
20. Any useful treatment for post viral cough ?	No specific helpful treatments, but asked us not to use ventolin as there is a shortage. also no data supporting its use for post viral cough in any viral infection
21. Thoughts on immunity after Covid infection?	No evidence that relapse/early reinfection can occur. More than likely these relate to persistent RNA shedding and a second trigger
Theme: ABTraceTogether app	
22. Are there any privacy/security concerns with the tracing app? Heard stories that people have had to leave their phone unlocked with screen on for the app to work. does bluetooth have to be switched on?	<p>The data is stored within AHS only, and cannot be accessed by government and is deleted within 21 days. The app has a very high level of encryption.</p> <p>It also does not track location, doesn't collect any information about the user, and is based on Bluetooth range. This is not a "quarantine app" that tracks where you are.</p>
23. Any issues with the use of different operating systems for the phone app	There have been problems with the iOS version that needs to run in the foreground and this will be fixed in a few weeks to work in the background
24. Should we have app on when seeing patients?	For health care setting known to interact with COVID+ patients, need to have a system (turn off app, etc)- stay tuned.
25. Do we need a smartphone to have the app?	This app will not run for people without smart phones
26. Any chance of a national app?	We're trying to get national consensus. It's important to be inter-operatable across provinces.

Theme: General Questions	
27. What's CPAR?	<p>Central Patient Attachment registry - you sign up and then upload your validated panel to NETCARE and then netcare pushes admission/ discharge information to you right into your EMR eg: WOLF, Medaccess, healthquest</p> <p>Contact your PCN or check out AMA website information</p>
28. Do we have any assurances that the virtual billing codes will continue as we relaunch	We hope so - there are no assurances as yet - AMA will continue to fight for it
29. Take home message from speakers?	<p>Download the app, use your networks and gain public trust/support</p> <p>Family Doctors can make a difference so get involved</p> <p>Take a look a specialist link website as there are many specialties involved</p> <p>Offering to connect with patients and providing support = powerful</p> <p>Focus on common sense approach- test/repeat testing only if will change the management, save for post hospitalized patients</p> <p>Family Practice is still open, virtual care will be part of our life going forward</p>