COVID-19 / Mental Health Questions & Answers: Calgary Zone

Date Updated: May 3, 2021

General themes covered by this document:

- Addictions medicine
- COVID-19:
    - Management
    - Vaccination
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Presenters: Dr. Monty Ghosh, Dr. Deena Hinshaw, Dr. Mike Spady, Dr. Ann Vaidya, Dr. Ernst Greyvenstein, Dr. Christine Luelo, Dr. Rick Ward

Question	Answer
Theme: Addictions Medicine	
1. What supports do you recommend for families of the patient? (additions)	There are addiction hotlines - Al-Anon also good, PChAD for peds, AHS RAAM has counsellors as well The Alberta Family Wellness Initiative is a great website for families to navigate to learn more about addiction, ACES, brain science etc.
2. Can MDT access Specialist Link for Substance Use Disorder?	Specialist link is for MD/NP to MD/NP at this time only
Theme: COVID management	
3. Are we going to adjust the primary care pathway to triage resources for primary care as they are having to do in ICU?	We are working on a number of pathway updates, please check back soon.
4. Given recent announcement that variant analysis WON'T be done for every +ve case, does this mean that we now assume	We anticipate some more clarity to come in the next few days, please check back soon.

P1 for every positive case and isolate them accordingly? Same with close contacts/household members? If not, why not?	
5. Patient still breathless and coughing (isolation done May 02). I opted for CXR, but how should this be best managed?	Reasonable to do CXR after consulting with Specialist Link team as there is risk in sending patient to community locations – likely better to send to ER if truly concerned about a pneumonia - also consider community paramedics to attend and assess patients and do pulse oximetry
6. Please explain about 10 days isolation and + 14 with additional + 14 days	A person sick with COVID needs to isolate for 10 days from start of symptoms – this is their infectious period - during that entire period they are infectious – so anyone who continues to be in close contact in the home during that whole time cannot start their 14 day QUARANTINE until that ongoing contact is stopped – so either separate outside home in iso hotel OR start fourteen days AFTER the 10 = 10+14 = 24 days. If the sick patient can isolate in the home in a separate bedroom with bathroom (like a master suite or basement bedroom /bathroom not shared with anyone) then that is sufficient. If you are not sure call AHS team for guidance.
Theme: COVID vaccination	
7. Have the blood clots occurred after only the first dose or have clots occurred after the second dose as well of AZ? Particularly if the patient had no issue after the first dose.	Vast majority have been after first dose, but that is because there is a lack of data for 2nd dose at this point. There are studies underway looking at using PFIZER to boost an AZ first dose
8. Do patients who are highly immunosuppressed but not in the categories on the list qualify for reduced dose spacing or will they? Ie. multiple DMARDS +biologic, high dose biologics, multiple biologics?	This is currently under evaluation and the CMOH is open to feedback with regard to these groups - consider sending an email to PHC (phc@ahs.ca)

9. Any thoughts on swabbing in community physician offices to reduce delays in testing?	Delays should be improving with changes in double swabbing for variant contacts that went in to place last week. Supplies for swabbing need to be prioritized for central AHS run clinics so having swabbing at all primary care offices is not actually a good logistical plan AND risks COVID exposure in our practices
10. To reassure our patients, can you tell us if the longer interval from initial dose to booster of mRNA vaccines provides better immunity than the 21-28 d interval?	Dr. Hinshaw covered this in her remarks and in fact the follow ups and past vaccine science support a longer interval as more efficacious. In Alberta the 4 month interval is a worst case scenario – based on expected supply, we should be able to start offering second doses by mid June to those who received first doses in late March when we made to the change to single dosing.
11. Can you please comment on NACI recommending mRNA vaccines over AZ and J&J. This is so confusing for patients and for physicians.	The best vaccine is the vaccine that gets in your arm. In hot spot areas any risk associated with an adenovirus vaccine platform is outweighed by the underlying risk of COVID infection itself. Alberta has the highest per capita infection rate of ANYWHERE IN NORTH AMERICA RIGHT NOW!!
12. Any feedback on symptoms not mentioned in the initial announced/common symptoms such as effect on menstrual cycles? There is a growing number of women reporting effects and a formal study underway.	Interesting…. That said almost anything can throw a cycle off, including physical stressors like major infections.
13. Can you comment on vaccine efficacy on the newer variants, and protection from wild type covid infection against VOC?	Any vaccine still has a benefit and important to get, we must treat all cases of COVID as deadly. All generally good against UK variant, AZ not as well against SA but small number of cases. Not too much data on P1 yet.
14. Any comments on 3rd dose / fall boosters?	This will depend on mutations and variants - to be determined. There are some trials in the UK on have subsequent doses using different vaccine than first dose
15. Pfizer announced need for 'booster' in 12 months-please explain?	Hold off on using this information - as it was announced by Pfizer CEO so take this with a grain of salt.

	What we need to focus on is shutting down community reservoir of the virus so it does not have a chance to form new variants or be endemic in the first place. Boosters would only be needed if the disease was endemic.