

## COVID-19 in the Calgary Zone: PCN update — February 11, 2021

### Medical Home Q&A with Dr. Christine Luelo

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**Q. It was a relief to see community physicians being included in the announcement about vaccinations. What role should clinics expect to play?**

We thank the physicians who advocated strongly over many months to make this happen. Conversations will continue locally and at a provincial level to better understand what it will mean for physicians, clinics, teams and Primary Care Networks. The pan-PCN team in Calgary has struck a small working group with partners from communicable disease, Alberta Health Services, and others to help plan next steps. That work will include determining the preparation required for potential delivery sites, and the role PCNs might play in assisting with the medical neighbourhood model. No action is required at this time. We are guided by our Calgary Zone pandemic response principles, which are as follows:

- Maintain the physical, psychological and emotional safety of patients and providers
- Maximize timely access and continuity with the patient's family physician, their medical home, and their PCN
- Support business continuity and financial viability, wherever possible, for family physicians, member clinics and PCNs
- Make evidence-informed decisions
- Allow for flexible and adaptable solutions that work for metro, urban and rural contexts
- Use existing zone leadership structures, Patient's Medical Home and PCN infrastructure to coordinate and implement a COVID-19 response strategy that is integrated with the AHS response and responsive to the current volatile, uncertain, complex and ambiguous environment

[Letter from Dr. Spady and Dr. Greyvenstein](#) | [Vaccination announcement](#) | [Alberta Medical Association vaccine toolkit](#) | [Vaccine distribution](#) | [Vaccine sequencing FAQ](#) | [Vaccine info for health professionals](#)

**Q. Given the cold chain requirements for the Johnson & Johnson vaccine and the fact that it requires a single dose, is this likely to be the vaccine best suited to primary care?**

We think — but don't know for sure — that community delivery will be linked to the availability of a fridge-stable vaccine, such as the Johnson & Johnson product (watch last week's [PCN webinar](#) at 51:59 for trial data). A single vaccine is easier to decentralize. With that said, we have very little information at this time, so please refrain from investing in new fridges etc. If you already have a vaccine fridge and deliver flu shots, thank you for being part of the successful campaign to combat seasonal influenza. As of the end of January, more than 1.5 million doses of influenza vaccine had been administered in Alberta, an increase of over 180,000 compared to the previous year. There are no reported cases.

**Q. Can you explain the new rules related to isolation for variant strains?**

The [variant strains](#) are cause for concern, but still represent a very small percentage of the cases at this time (as of Wednesday, February 11 there were [120 confirmed cases](#), including 113 of B.1.1.7, the U.K. variant, and seven of B.1.351, the South African variant, though [school transmission](#) was also reported for the first time this week). [Isolation](#) requirements are slightly different. If cases choose to stay home (rather than go to a hotel, for example) during their isolation, household contacts also need to quarantine at home until 14 days have passed from the end of the case's isolation period, or 24 days in total.

AHS has dedicated contact tracing and communicable disease teams following up with these patients to help them understand the nuances of the quarantine guidelines, as well as isolation hotel information. Some patients are having repeat testing when a variant is expected. This may be after their isolation is complete, so you may see a follow-up test return a positive result. If a variant is detected, the lab will inform public health, infection prevention and control and communicable disease control, but the variant status is not otherwise shown on the report. This can sometimes be confusing in the medical home. If you are unsure, reach out to the [Medical Officer of Health](#) for assistance.

[Transmission of variants](#) | [Isolation hotel information](#) | [Isolation hotel FAQ](#)

**Q. Community spread of variant strains is causing a lot of anxiety among my patients. Is there any information available to help alleviate patients' fears?**

Chief Medical Officer of Health, [Dr. Deena Hinshaw, spoke about this](#) in her Tuesday, February 9 address. The [transcript](#) is a great resource for your patients. The bottom line is that the variants don't have any special skills. The virus is not any bigger, and it does not move faster. You likely need a smaller dose to get sick. For Albertans: Stay home, wear a mask and, wash your hands. For health care providers: Perform hand hygiene before and after handling your respiratory and eye protection. This is when you are most at risk for self-inoculating. There is no need to double mask — current evidence suggests double-masking increases the risk of self-inoculating while not necessarily resulting in improvements in filtration. [Isolation info](#) | [School outbreak info \(item #22\)](#) | [Variant info](#) | [PrOTCT video](#)

**Q. Why are pharmacies doing private testing? Are these samples jumping the queue?**

Private testing at pharmacies is available to patients who may need it for work or travel-related needs. It is not processed at Alberta Precision Laboratories (APL), but rather at private labs, independently. This is different from the returning traveller testing, which is conducted at a pharmacy. Those samples go to a specific lab at the University of Calgary, which then might send them to APL. There are low volumes overall. Family physicians would not be notified of the test results in either case unless they are identified as such on the lab requisition (unlikely). Test results will, however, be available on Netcare.

[Lab routing memo](#) | [Lab results: Pediatricians](#) | [Online testing tool](#) | [APL: Booking an appointment](#)

**Q. If a patient has recently recovered from COVID-19, can they still receive the vaccine?**

As per the [AHS guidance](#), there is no mandatory waiting period between having COVID-19 and being immunized. However, it is recommended that people wait until they are feeling better. Patients should not be offered the COVID-19 vaccine if they have active respiratory symptoms, confirmed or suspected COVID-19 infection, or other symptoms of an acute illness. Immunization can be given once they are feeling better. Do be sure that any vaccinations you are considering for a patient as part of their regular care does not interfere with a possible COVID-19 vaccine opportunity — i.e. a Zostavax series that perhaps delays a COVID-19 immunization. [Vaccination fact sheet](#) | [Vaccination info for health providers](#)

**Q. With patients having access to their lab results directly — and sometimes seeing them before their physician — how will that change the way your clinic operates?**

If you missed it, I highly recommend you watch the [AMA webinar](#) on this topic. It's good for patients to know what is going on with their care. However, it means we also may need to take a few moments to explain why we are ordering a specific test, what we hope to learn from the results and how it could change our plan of attack. This is actually good patient-centred practice anyway and may give you a moment of pause to ask yourself, 'Do I really need to order that test?' For your really anxious patients, you might consider a preventative virtual visit to prep them for this change and to let them know you won't necessarily have the results as fast as them. You could also set expectations about your follow-up timelines. [Slides: AMA webinar](#) | [MyHealth Records info](#) | [MyHealth Records provider Q&A](#)

**Q. What about ivermectin for prevention?**

I go to bed every night hoping we will get an accessible therapeutic for COVID-19 treatment or prevention — the “Tamiflu” of COVID-19. So far, a few candidates have been put forward. The most recent is a broad spectrum anti-parasitic called ivermectin, which was the subject of a [Scientific Advisory Group rapid review](#) (also referenced below). It looks like I'll go to bed tonight still hoping! Please see the latest [PEER review of Vitamin D](#) data.

## Other updates

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### 1 Expansion of rapid testing

Alberta is [expanding](#) COVID-19 rapid testing to screen asymptomatic staff in all long-term care and supportive living facilities in the province. The goal is to routinely test all 36,000 employees of the facilities to help protect residents and employees from the pandemic. They are also starting a rapid testing pilot at Suncor Energy's base plant in Fort McMurray and the First Nation and Metis community of Fort McKay.

### 2 Ivermectin not recommended for COVID-19 treatment or prevention

Alberta Health Services' Scientific Advisory Group does not recommend using ivermectin to treat or prevent COVID-19, following a [rapid review](#) of several studies. Laboratory studies performed in monkey cells showed ivermectin stopped the COVID-19 virus from growing in cells, but it is unclear if it prevents or treats the virus. The review identified several studies evaluating ivermectin in COVID-19. All studies were of low quality. The Scientific Advisory Group's recommendations are not to prescribe ivermectin to treat or prevent COVID-19 and that scientists should support clinical trials to clarify if it was effective or not.

### 3 Webinars

- On Friday, February 12, at 8 a.m., *Into the Unknown: Understanding and Managing Long Haulers* will be discussed as part of the University of Alberta's virtual medicine grand rounds series. [Register](#).
- On Monday, March 1, from 6 - 8 p.m., the next webinar in the Calgary Zone PCN COVID-19 and mental health series is scheduled to take place. [Register](#).
- On Wednesday, March 10, from 7 - 9 p.m., the University of Calgary's COVID Corner series continues with Vaccines vs. Variants. [Register](#).
- On Tuesday, March 23, at noon, the second part of *The COVID-19 Pivot: Vaccine Update for Family Physicians* will be hosted by the College of Family Physicians of Canada. [Register](#).