

COVID-19 in the Calgary Zone: PCN update – January 14, 2021

Medical Home Q&A with Dr. Christine Luelo

Q. Can you confirm when family physicians without hospital privileges and their clinic staff will receive the COVID-19 vaccine?

Details about the next phase of a rollout that will include community practitioners and their staff have not yet been announced. We hope to learn more in the next two weeks. Primary care is represented in an advisory capacity at many different tables. Context has been provided about our ongoing risk and the benefit to healthcare system as a whole if family practice can get back to a more normal level of activity.

That being said, immunization does not mean we can revert to pre-pandemic behaviours. Science is still evolving around asymptomatic transmission risk, so expect to wear masks and shields for some time.

Make sure you have up-to-date information on file with your PCN and the College of Physicians and Surgeons of Alberta so that when it's your turn, AHS is able to contact you without difficulty. [Vaccine FAQ for physicians](#) | [Vaccine rollout timeline](#) | [Vaccine safety and side effects](#) |

Q. Once eligible, are healthcare workers expected to get the vaccine? What if they decline?

The COVID-19 vaccine is voluntary for healthcare workers. AHS encourages all workers to get the vaccine once they are eligible to receive it to help protect themselves, their patients and communities.

Q. What discussions are taking place about the role of family physicians in the vaccination roll out?

All possibilities are being considered for the safe and efficient delivery of vaccine as it becomes available. The scarcity of the vaccine itself is a limiting factor, as is the complexity of cold chain storage, especially for the Pfizer vaccine. The role of either PCNs or individual physician offices, in terms of putting needles into arms, is not yet known. At this time, it is not recommended that community immunization providers purchase ultra-low temperature freezers. In Phase 3, Alberta expects to have enough refrigerator-stable vaccine (+2 C to +8 C) for broader distribution to immunization partners outside of AHS.

Q. What can I do while we wait for these decisions to be made?

Family physicians and teams have a critical role to play in talking to patients about the safety and efficacy of vaccines. We are uniquely positioned to help overcome vaccine hesitancy where it exists. Links to the Alberta Medical Association and College of Family Physicians of Canada vaccine webinars are below. Our next Calgary Zone webinar, which takes place on Monday, February 1, aims to share practical tips and discuss processes you could implement in your clinic. The AMA is also building related tools for practice. [Register: February 1 webinar](#) | [Video: COVID Talks for Docs](#) | [Video: The COVID-19 pivot](#)

Q. Can I order my own supply of vaccine to administer in my clinic?

No. Vaccine has been ordered through pre-purchase agreements held by the federal government. Even provincial governments are not permitted to order their own supply (though Premier Jason Kenney said this week that Alberta is [exploring ways of procuring its own vaccine](#)).

Q. As my patients start to be eligible for COVID-19 vaccinations, what resources are available?

Multiple stakeholders are working together to create and distribute tools for practice to support this work. Physicians could decide to pull a list to reach out proactively to patients over 75 or leverage their EMR portal to push notifications to different groups of patients. We know that patients will be able to sign up for vaccine appointments through an online tool similar to COVID-19 swabs (or possibly 811). We do not know how appointments will be offered (healthcare workers receive an email with a link). [Specialist LINK COVID-19 tele-advice](#) | [Vaccine FAQ for patients](#) | [Immunization information](#) | [Second dose information](#)

Q. Are there patients who should not be offered vaccine?

The vaccine should not be given to those who have had a severe allergic reaction to [vaccine ingredients](#). It is not recommended for those who are pregnant, breastfeeding, immunosuppressed or who have an autoimmune disorder, with some exceptions. See the [Primary Care FAQ \(No. 13, page 5\)](#). A [vaccination in pregnancy fact sheet](#) was also published this week. [Adverse event reporting](#)

Q. What post-COVID-19 care is available to patients who are discharged from intensive care?

We are still learning about the complexity of post-COVID-19 symptoms. There is a spectrum of severity, from persistent loss of smell and the so-called long haulers. Work is underway to identify common persistent symptoms for patients and to make rehab services available. Persistent symptoms seem to be clustered around chronic pulmonary symptoms, generalized fatigue, and more complex multi-system issues. Many patients take weeks to improve — so reassurance and close monitoring is a good initial approach. Let's not overwhelm our pulmonary colleagues with referrals for patients still coughing at three weeks. [Chronic COVID-19 symptoms](#)

Q. Given that isolation guidelines differ for some, how would you define immuno-compromised?

Sincere thanks to one of our access clinic physicians, who received the following response to a question they sent to the Primary Health Care team via phc@ahs.ca.

“Immuno-compromised patients have at least one of the following:

- Hematopoietic stem cell transplant patients in the first 24 months after transplant
- Patients with neutrophil count < 0.5 x 10⁹ / L for duration ≥ 48 hours
- Patients receiving corticosteroid therapy equivalent to prednisone ≥ 20mg/day for ≥ two weeks
- HIV positive patients with CD4 < 200 x 10⁶ / L
- Patients with inflammatory bowel disease, rheumatologic conditions, multiple sclerosis, or solid organ recipients receiving immunosuppressive therapy, such as infliximab, etanercept, and methotrexate
- Oncology patients receiving chemotherapy
- Oncology patients receiving active radiation other than internal radiation (e.g. brachytherapy) or radiation therapy limited to very small focused areas (e.g. for localized skin cancers)
- Patients with extensive loss of skin/mucous membrane barrier defenses, e.g., graft versus host disease, Steven-Johnson syndrome, scalded skin syndrome, major burns
- Patients with congenital or acquired hypogammaglobinemia or agammaglobinemia, severe combined immunodeficiency or other congenital immune deficiency syndrome. Other conditions causing

immunocompromised patient status may be identified or require consultation with IPC staff. [Infection Prevention and Control Considerations for Immunocompromised Patients](#) (2017)”

Q. Can patients who are required to isolate still shovel their sidewalks?

A reminder that isolation requires an individual to stay on their property. This means a COVID-19 positive patient may “get fresh air in your back yard, if you have one, but you must remain on private property not accessible by others. Your sidewalk is public property and, as such is off limits. While under isolation or quarantine, you will have to ask a neighbour to shovel your sidewalk.” Those seeking an isolation hotel should call 211. [Isolation requirements](#) | [COVID-19 patients at home](#) | [Close contacts](#)

Q. Are there any changes to the rules about back-to-work re-testing?

There is now specific language that confirms patients do NOT need a negative test to return to work after COVID-19 isolation is completed. See page 2 of the [primary care FAQ](#). [Video: Dr. Hinshaw on re-testing](#)

Other updates

1 Lab results added to My Health Records

Albertans will have more access to lab test results in My Health Records (MHR) in the coming weeks. Results will be viewable as soon as they are released by the lab.

- By Monday, February 1, about 95 per cent of the most commonly ordered lab results will be available
- By Thursday, July 1, all remaining lab tests, including more complex results in microbiology, pathology and genetics, will be available

Lab results ordered from all sites will be available, including labs ordered during inpatient and emergency visits. New users will see an 18-month retrospective of results slated for release. Existing users will not have labs added retroactively, but they will be able to see the expanded results. Physicians will continue to have access to results through their usual channels, including Alberta Netcare. [My Health Records Q&A](#)

- On Wednesday, January 20, at noon, the AMA will host a webinar to discuss these changes. [Register](#). The webinar will be repeated on Wednesday, January 27, at 5 p.m. [Register](#).

2 Expansion of second dose window

Alberta Health announced on Tuesday that the province will be offering second doses of the COVID-19 vaccine within 42 days of the first dose. Residents of long-term care and designated supportive living will continue to be offered immunization three to four weeks after the first dose. [More information](#).

3 Report: Vitamin D not effective in COVID-19 prevention or treatment

The latest Scientific Advisory Group report examines current scientific evidence related to vitamin D in the treatment and prevention of COVID-19. [Read the report](#).

4 Other webinars

- On Thursday, January 21, from 5 - 6 p.m., Dr. Heather Laborde is among the speakers for an Alberta Medical Association webinar on *Building Blocks to Successful Transitions of Care*. [Register](#)
- On Monday, February 1, from 6 - 8 p.m., the Calgary Zone’s mental health and COVID-19 webinar series returns. Vaccination and alcohol use disorders are the topics of discussion. [Register](#)
- On Wednesday, February 10, from 7 - 9 p.m., part two of *The Shadow Pandemic* will be featured on COVID Corner. [Register](#). *Vaccines vs. Variants* will be held on Wednesday, March 10. [Register](#).