

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

Medical Home Q&A with Dr. Christine Luelo

Q. I'm considering completing the Expression of Interest to be a vaccination site. What support is available from PCNs and what would a 'partnership' agreement look like?

It's a huge relief to see vaccinations opening up more broadly. With new variants, and reformulations of vaccines to counter them, it is also clear we need to think about the long game. In completing an Eol, consider how your clinic will be able to serve your panel in the short and long term with vaccinations, while still facilitating normal access for your patients. Remuneration is still being discussed (don't assume flu rules apply). In the Eol, there are references to ancillary supplies being provided to deliver vaccines.

In the Calgary Zone, PCNs will play a supportive role with respect to tools for readiness, ongoing communication and panel management to support best practices. Some PCNs may choose to offer targeted clinics or services for certain populations. Large, centralized PCN clinics are not being discussed at this point. Alberta Health Services is already running mass vaccination sites, and you will note a separate option in the Eol is to help staff these clinics. You may consider exploring a collaboration or partnership with a local pharmacy offering vaccinations, or perhaps a neighbouring clinic with a vaccine fridge, to determine how you might work together to improve access.

At the time of writing, just over 80 clinics in the Calgary Zone (about one-fifth of the total) and 140 province-wide had submitted an Eol. We await more detailed guidance, including confirmation of whether and how vaccinations will proceed, when interest levels are determined in the next week or two.

[Eol overview](#) | [Complete the Eol form](#) | [Alberta Vaccine Inventory](#) | [Adverse events policy](#) | [Vaccine storage & handling](#) | [Letter to Health Minister](#) | [Alberta Medical Association toolkit](#) | [Vaccine info](#)

Q. Our clinic will not offer vaccinations, but I'm wondering if you can shed more light on the need for physicians to administer the vaccine at AHS sites and how that might work?

First, I want to remind everyone that the work we do in primary care is so valuable and important. If you decide not to vaccinate in your clinic, it may be the best choice for your patients and allow you to continue to provide care without further disruption. As vaccine delivery ramps up in the coming weeks and months, with larger boluses of vaccine arriving, high-flow clinics will expand or open. At that point, more trained personnel will be required to put "needles in arms." For physicians who choose to support that work, we expect the AMA sessional rate to apply. We have no information on hours of operation, how much notice for booking etc. My advice is that those considering this work should expect to need to be flexible. [COVID-19 immunization booking](#) | [Vaccine booking FAQ for patients](#) | [Phased plan](#) | [Immunization FAQ for physicians](#) | [Vaccine positive clinic summary](#) | [PrOTCT video](#)

Q. With AstraZeneca available in limited amounts, should health-care workers make appointments?

The small amount of AstraZeneca vaccine available this week will allow some Albertans in Phase 2D to be immunized ahead of the initial schedule. That may include you, as a health-care worker, if you are over the age of 50. It's also worth noting that in order to get an AZ vaccine during this window, you may have to go outside your community. Phase 2C (physicians and 'clinical staff') is expected to commence by the end of April, at which time this group is set to be offered one of the mRNA vaccines. While the mRNA vaccines seem to have better overall efficacy, all vaccines showed the same reduction in hospitalizations and no deaths in their trials. [Letter to Albertans](#) | [Vaccine info](#) | [Counselling patients](#)

Q. My patients are asking whether they should proceed with AstraZeneca (or other community vaccines, when available) or hold out for Pfizer and Moderna. What advice are you providing?

The best vaccine is the one that gets into your system. All four of the vaccines approved for use in Canada have been proven to be highly effective in preventing serious illness and death in adults aged 18 to 64. There is emerging real-world data that adds to our understanding of the benefits of vaccines, and their efficacy against variants. For example, in the U.K., AstraZeneca is the main vaccine, and it has shown great efficacy against the B.1.1.7 variant of concern. The quicker we are vaccinated, the quicker we get to the other side of the pandemic. [Video: AstraZeneca explained](#) | [Vaccine biological info](#)

Q. Now that Alberta is extending second dose timelines up to four months, does that change the advice we should be giving to the vaccine-hesitant?

Vaccine hesitancy has lots of drivers. Sometimes it is lack of trust, and changes to protocols can undermine trust further. It's important to use the PROTECT strategy when discussing patients' concerns. Direct them to your trusted sources (it's always good to review them regularly to make sure you are up to date, too!). Chief Medical Officer of Health, Dr. Deena Hinshaw and her team are making decisions with the best possible information available to them. Sometimes that information may not be available to the public (nope, can't always find it on Twitter!) I like to think of it in terms of a small increased personal risk (increased interval for me) weighed against a huge population benefit (everyone getting their first shot, faster). [Spacing recommendations](#) | [PROTECT plan for discussions](#) | [Vaccine Q&A](#)

Q. The constant updates to restrictions and vaccine availability are becoming impossible to follow. Is there one place where we can find the information we need to support our patients?

The AHS [immunization FAQ](#), which is updated on an ongoing basis, is a great resource. We try to bring forward the most common issues that arise in the two-week span between these Q&A offerings, or address them in our COVID-19 news, which is shared on alternate weeks. Please send your questions to info@calgaryareapcns.ca. There's also a COVID-19 page on specialistlink.ca, where you can find pathways and webinars, as well as previous Q&As and newsletters. One final tip: I [entered my email](#) on the Alberta government website and receive an email each time something new is announced. I find it useful to see what my patients receive, so I'm ready to respond. [Register: April webinar](#)

Q. My patient is not immunocompromised but has a history of allergic reactions to previous vaccinations. What advice should I give her about proceeding with the COVID-19 vaccine?

AHS issued the following advice for patients with a history of allergy. I have added editorial comments!

- Individuals with a history of severe allergic reaction to a component of the COVID-19 vaccine should not receive the COVID-19 vaccine (*this type of advice always makes me chuckle because obviously, for the very first dose, we would not know this!*).

- COVID-19 vaccines should not be given simultaneously with monoclonal antibodies or convalescent plasma (*this is basic immunology math here!*).
- Anaphylaxis has been reported, and of the limited list of ingredients in these vaccines, polyethylene glycol is one that has been known to cause anaphylaxis (*beware polyethylene glycols/PEG allergic patients*).
- People with a history of allergic reactions to previous vaccinations, mast cell activation syndrome, or idiopathic anaphylaxis should have a review of risk and benefits (*they likely have an allergist who may help with the informed decision*) and be monitored for 30 minutes if vaccine is given. (*Prompt your patient to flag this for staff on arrival at the vaccination site to allow for the extended observation time. I would suggest that they don't get vaccinated at a pharmacy in this instance*).
- People with common allergies (to medications, foods, inhalants, insects and latex) appear to be no more likely than the general public to have an allergic reaction to the mRNA COVID-19 vaccines.

Q. Is there an update on whether we will be notified about variant cases and if so, what advice should we be offering about isolation and use of isolation hotels?

We are in the process of updating the primary care COVID-19 pathway on specialistlink.ca (not completed at time of writing) to reflect the very important nuances for variant cases. These cases are now being reported, but the numbers are still very low overall. Because variants are more easily spread, isolating under the same roof is not effective. As a result, others in the home are considered “exposed” to the index case for the duration of the index case’s 10-day infectivity. The other household members start their 14-day quarantine after the initial 10 days. For this reason, it’s recommended variant cases isolate away from the home, or unaffected household contacts leave the home for their 14-day quarantine to avoid 24 days of lockdown. Isolation hotels can be accessed for this purpose. [Access clinics variants script](#) | [Clinic scripts for COVID-19 results](#) | [Info about variants](#) | [Isolation information](#) | [Transmission of variants](#) | [Isolation hotel information](#) | [Isolation hotel FAQ](#)

Q. Mask-use exemptions continue to be challenging. What advice do you have when patients cite cultural or religious reasons for not wearing a mask?

The College of Physicians and Surgeons of Alberta recently [updated its guidance](#) on this important and sometimes frustrating issue. As more Albertans are immunized, there may be a more relaxed atmosphere about masking and some may feel they can “get away with it.” It’s helpful to practice how to manage this conversation with your staff, who may encounter this at the front desk more often as they greet patients. [Masking and eye protection memo](#) | [Contact and droplet precautions](#)

Other updates

1 AHS PPE ordering option extended

Physicians and clinics have the option of ordering AHS Personal Protective Equipment (PPE) through their PCN until at least the end of September. AHS agreed to supply PPE to family physicians and PCNs on a cost-recovery basis until March 31, 2021, but that date has now been extended until September 30, when the agreement will be reviewed. There are no changes to ordering or billing processes.

Ordering PPE through AHS is just one of the options available to primary care providers. There is no obligation and no commitment term. Physicians can also opt in or out of purchasing supplies. Please contact your PCN for more details or [read the AHS memo](#).

2 Patient notification process amended for imaging appointments

AHS Diagnostic Imaging has started contacting patients directly to inform them of their appointment and any preparatory information they need for exams. This is expected to eliminate the need for physicians and ordering practitioners to contact their patients to advise them of their appointment times. AHS will also confirm these appointments with providers so they know the appointment has been scheduled. [DI memo](#).

3 AstraZeneca bookings brisk as vaccine rollout continues

Bookings opened on Wednesday for Albertans who wanted to take advantage of the early availability of the AstraZeneca vaccine. More than 11,000 appointments were made by early afternoon on Wednesday via Alberta's [online tool](#) and 811. Pharmacies are not currently offering AstraZeneca. Phase 2D isn't due to commence until later in the year, but those aged 50 to 64 who do not have chronic illness can book an appointment online now or wait for the Pfizer or Moderna vaccine. Bookings opened Wednesday for those born in 1957, with appointments opening up to those born in 1958 and Indigenous individuals born in 1973 (via Health Link) on Thursday morning. Depending on supply (which is limited), Albertans born from 1959 to 1971 will be able to book in the following days, rolling one year at a time.

Starting on Monday, March 15, appointments will be offered by age group to Albertans aged 65 to 74 as part of Phase 2A. On the first day, those born in 1948 will be able to book an appointment, followed by those born in 1949. Booking days will continue to open up by year until all those aged 65 to 74 have been offered the chance to be vaccinated. More details will be announced shortly. Appointments can be made via Alberta's [online booking tool](#), Health Link 811 and [participating pharmacies](#). Staff and residents of supported living facilities not included in Phase 1 can also book as part of Phase 2A, as well as First Nations. The single-dose Johnson & Johnson vaccine was approved by Health Canada last week.

4 Step 2 restrictions eased

Updated health measures are in place with immediate effect for retail, hotels and community halls, performance groups, and youth sports, performance and recreation. The changes were announced Monday as a follow-up to the easing of restrictions initiated the previous week. Any decisions on [Step 3](#) will be made on March 22, at the earliest, based on hospitalizations and COVID-19 spread. [More details](#).

5 DBT training sessions wait list

The Calgary Zone's virtual [DBT training course](#) for physicians is now full, but more sessions are being planned. Eighty available spots were filled within an hour of the invitation going out last week. If you are interested in being notified about upcoming sessions, please join the [wait list](#).

6 Webinars & events

- A recording of the panel discussion at the Alberta College of Family Physicians' 2021 Family Medicine Summit is available. [Processing the Pandemic](#) features Dr. Luelo, Dr. Heidi Fell and Dr. Hinshaw.
- On Wednesday, March 17 at noon, the AMA's latest COVID Talks for Docs webinar will focus on vaccine planning. [Register](#).
- On Tuesday, March 23 at 10 a.m., the College of Family Physicians of Canada hosts the next one-hour webinar in the COVID-19 Pivot series. [Register](#).
- On Tuesday, April 6, from 6 – 8 p.m., the next webinar in the PCN COVID-19 and mental health series will take place. [Register](#).