

COVID-19 in the Calgary Zone: PCN update — March 26, 2021

Medical Home Q&A with Dr. Christine Luelo

Q. What can we do in our clinics to prepare to be part of the vaccination campaign?

If you have already completed an Expression of Interest (EOI), you can start to plan for success by building on past experience from flu campaigns. We will be providing some practical tips and answering more of your questions at our webinar on Tuesday, April 6 ([register here](#)). I suggest designating at least one person in your clinic to be your vaccination champion. They would be tasked with reading (not just skimming!) all the vaccination documentation and determining what would work best for your clinic. They could be your 'source of truth.' It's particularly important that we maintain ethical standards around wastage mitigation — the Alberta College of Pharmacy has released immunization program dose wastage [mitigation guidance](#). [Vaccine preparation](#) | [Commitment to comfort](#) | [Vaccine positive clinic](#)

Q. What billing codes are available for vaccination?

Billing codes for COVID-19 vaccination are outlined in this [bulletin](#). The new codes, which are not yet live (pending a system update), are not included in daily caps. Alberta Medical Association billing experts tell me the codes come with a pretty clear caveat that the 03.03A plus 13.59A combination should only be used when the patient visit is for a reason separate from the vaccination, and a vaccination still occurred.

Q. When will we start administering vaccines?

A pilot cohort of two to three clinic sites, per zone, is being selected to test the processes for safe and efficient vaccine delivery to, and by, primary care. This is expected to take place in the first few weeks of April. That will be followed by additional onboarding later in the month, if all goes well.

Q. If a patient does not have Alberta health-care insurance, can they still be vaccinated?

Patients who do not have Alberta health-care insurance may be immunized if they are living in the province. They should call 811 for access.

Q. I submitted my IDSM (Immunization Direct Submission Mechanism) application weeks ago but haven't heard anything back. Is there a backlog of requests?

IDSM reporting for all vaccines became mandatory on January 1, 2021. A backlog of registrations is expected to be cleared by the end of March. IDSM reporting is a key facilitator for COVID-19 vaccine tracking throughout the system. Ideally, vaccinations should be logged through this simple process on the same day they occur, although providers have up to one week. It might be worth delegating this task to one person (with a backup) so that they can do the work in batches and avoid back and forth between systems. [IDSM FAQ for providers](#) | [IDSM training materials](#)

Q. Can you explain rules for Phase 2C and health-care workers?

Health-care workers in the community are included in Phase 2C (expected mid to late April) — unless they have already been vaccinated. We are waiting for more details about proof of eligibility. Some common scenarios: If you work in an administrative capacity at a site where patient care takes place, you would qualify. If you are virtual and have no plans to work on-site, you wouldn't qualify. If you are likely to be deployed to patient-facing duties within the next month, you would qualify. [Vaccine sequencing](#)

Q. The isolation rules for patients who test positive for variants of concern are confusing and challenging to follow, especially for household or close contacts. Are there any strategies we can pass on to patients facing many weeks of isolation at home?

Many of you would have already seen a positive COVID-19 result followed by a Variants of Concern (VOC) negative report. The patient is positive — just negative for a variant! If they were positive for a variant, public health would reach out to the family, so the follow-up is not all on you. That being said, you know your patients better than anyone, and your comfort, advice and reassurance can go a long way to supporting a successful isolation period. We have added a new [Variants Of Concern Pathway to specialistlink.ca](#) that includes and explains the additional isolation requirements.

If a case is unable to leave the home to isolate at an isolation hotel, the contacts will only begin their 14-day quarantine at the end of the 10-day isolation for the index case. Twenty-four days is a long time to stay home without leaving. Make sure families have access to food, someone to walk their dog, and support for mental health. This would be a good reason to do more follow-up calls to a family, even if not indicated from a physical health perspective. Patients with a variant who leave quarantine early put us all at risk. If you have tips for strategies that have been successful with your patients, please email us at info@calgaryareapcns.ca so we can share them here. [Variants Of Concern Pathway](#) | [Variant lab results memo](#) | [Adult pathway](#) | [Info about variants](#) | [Isolation information](#) | [Isolation hotel information](#)

Q. I have a patient who pointed to religious reasons for not being vaccinated. Are there any messages you can share about how best to respond?

This can be a real challenge. Based on the [PrOTCT guidance](#), it's best not to get into a debate. It's worth noting that the Canadian Conference of Catholic Bishops released a [statement on vaccination](#).

Q. Given that higher rates of axillary adenopathy are being reported following vaccination with Moderna and Pfizer, should I change how I schedule breast imaging exams?

There are three scenarios to consider, based on the [latest guidance](#).

- Screening asymptomatic patients, just because a reminder pops up in your EMR. Better to delay until four to six weeks after the final vaccination.
- Imaging due to new findings; make sure you indicate the vaccine status and location when making a request. That will enhance interpretation of the findings.
- Work up of lymphadenopathy. Have a conversation with your patient and consider the need for imaging in light of vaccine status and timing.

Other updates

1 Community vaccination pilots to begin next month

More than 1,700 physicians province-wide have expressed an interest in joining Alberta's vaccination campaign. Pilot projects are planned for early April to test ordering, distribution and reporting processes

before more clinics are onboarded later in the month. Meanwhile, Phase 2A of Alberta's vaccine rollout is continuing. Visit Alberta's [vaccine program webpage](#) for the latest information. Note: The limited supply of the AstraZeneca (COVISHIELD) vaccine had been fully booked earlier this week. AHS will resume bookings when more supply is available. Phases 2B and 2C are due to start in April.

2 Management of resolved COVID-19 cases

[Guidance](#) has been released for patients infected with a VOC within 90 days of a previous positive test, either for a different VOC or a non-VOC. These are considered new cases and subject to isolation rules.

- If a patient has a new exposure to a B.1.1.7 case within 90 days of testing positive for non-VOC COVID-19, they would not be required to quarantine if asymptomatic. Current evidence doesn't indicate the B.1.1.7 variant is associated with increased risk for COVID-19 re-infection within that timeframe.
- There may be an increased re-infection risk associated with the B.1.351 and P.1 variant. Please consult the local Medical Officer of Health if an individual has a new exposure to a B.1.351 or P.1 variant case within 90 days of testing positive for a non-VOC COVID-19.

Please reference the Calgary Zone's [Variants of Concern Pathway](#) for more details.

3 Employers set to be given free rapid testing kits

Rapid testing kits are being made available to Alberta employers upon request. The Alberta Government announced Tuesday that public or private employers can apply for free kits. Priority will be given to organizations that work with vulnerable populations or operate in high-risk settings, essential services or in sectors that support the reopening of economic and social activities. Successful applicants must ensure their program is overseen by an "approved health care provider." [More details](#).

4 Specialist LINK holiday hours

Specialist LINK tele-advice services will not be available on Good Friday (April 2). The following tele-advice lines will also be closed on Easter Monday (April 5), while all other services will operate as normal.

- Community Pediatrician
- Congestive Heart Failure
- OB Internal Medicine

To access tele-advice, visit [specialistlink.ca](#) or call 403-910-2551.

5 Overdose prevention app

The Alberta Government is testing a new app that aims to reduce opioid and other substance-related deaths by those using alone. The Digital Overdose Response System (DORS) triggers a call from the STARS emergency centre if the user becomes unresponsive to a timer. [More details](#).

6 Webinars & podcasts

- An AHS podcast that references a commitment to comfort [measures](#) for immunizers is [now available](#).
- On Wednesday, March 31, from noon to 1 p.m., the seventh instalment of the AMA's COVID Talks for Docs will focus on managing chronic symptoms of COVID-19. [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. The main topic is COVID-19 vaccination. [Register](#).
- On Wednesday, May 12, the next webinar in the University of Calgary's COVID Corner series is set to take place. Sign up for [notifications](#).