

COVID-19 in the Calgary Zone: PCN update — May 14, 2021

Medical Home Q&A with Dr. Christine Luelo

Q. We've had so many COVID-19 cases in the past few weeks that following everyone according to the pathway is not realistic. What approach are you taking in your clinic?

Using the pathways, like everything in medicine, is an art and a science! You know your patients best. You can use the [adult pathway](#) as a guide and think about asking your staff to check in with lower-risk patients, or those you are concerned may not be able to self-monitor successfully, and then triage them to your schedule. Spend time talking to patients that need a higher level of care or are more complex. You do not have to follow everyone daily — and in some cases a touch base at seven days is a smarter use of your time than every two days through the first week, as we see patients decompensate at the seven- to 10-day mark. Also, don't forget access clinics are feeling the pressure right now. Think about how you can shape demand in your clinic by delaying some non-urgent services to make more room for your urgent needs and avoid overflow to access teams. [Adult COVID-19 pathway](#) | [Self-monitoring](#)

Q. If the lab is no longer testing for variants, with some exceptions, what should we be telling patients about isolation and close contact rules?

If you feel like you have whiplash when it comes to isolation and quarantine guidance, you are not alone. With that said, I appreciate the pivots the lab has made to make sure we have quicker access to tests and results during this third wave. Effective May 1, COVID-19 variants of concern testing is being performed only for community sampling and [specific populations](#).

Isolation requirements remain unchanged and are the same for all cases. Quarantine requirements will now be the same for all [close contacts](#). It is highly recommended that all cases isolate away from their household to prevent ongoing exposure — don't forget isolation hotels (call 211). The [adult pathway](#) has been updated to reflect these changes, while the variant pathway has been discontinued. Variant and non-variant cases follow the adult pathway. [Isolation and quarantine requirements](#) | [Isolation hotels](#)

Q. Which antimicrobial treatments or immunomodulatory therapies can or cannot be given to COVID-19 patients?

There is so much scientific and clinical information on social media and in print these days. I had a patient request a cocktail for post-exposure prophylaxis, as suggested by a former world leader last week (my answer was no!). With so much swirl, it can be hard to know what represents the best available care. Alberta Health Services has shared a [resource](#) outlining management of COVID-19 in hospital. I also refer to [this document](#) from the therapeutics working group, which includes management in the community. You may also consider connecting your patients to a study on [post-exposure prophylaxis](#).

Q. The vaccine blood clot conversation is exhausting me. Give me the pearls!

1. VITT (Vaccine-Induced Immune Thrombotic Thrombocytopenia) is a rare auto-immune phenomena not associated with traditional risk factors for thrombosis
2. The risk of clotting with any of the COVID-19 vaccines remains low and the benefits outweigh the risk, so get the vaccine you can! A personal or family history of thrombosis is not a contraindication to the AstraZeneca vaccine
3. There is no role for thromboprophylaxis (e.g., low molecular-weight heparins or direct oral anticoagulants) for those getting the AstraZeneca vaccine
4. Check out this [AHS guide](#) to the management of symptomatic patients who have received a viral vector vaccine
5. [Thrombosis Canada statement](#) from Monday, April 26, 2021
6. AND... Anticoagulation does not need to be discontinued to get vaccine
7. AstraZeneca supply in Alberta is now being set aside for second doses only (see below for details)
8. If you suspect a VITT, reach out for assistance commensurate with the acuity of the presentation (911, RAAPID, Specialist LINK). Please note that thrombosis tele-advice will be available via [specialistlink.ca](#) from Monday, May 31

Q. What resources are available for expectant and new parents?

As we experience the beauty of spring and new life, this [great resource for expectant parents](#) is worth sharing. Life goes on — even in a pandemic!

Q. What are the steps that need to be taken to immunize in-clinic or at an AHS facility?

So, you submitted your Expression Of Interest (EOI) and heard how well the pilot went (watch the [Alberta Medical Association webinar](#) or the [PCN webinar](#)). Now what? We expect more details imminently, but make sure you are fully prepared when the gate opens for a broader rollout. Create a second [Alberta Vaccine Inventory account](#) by Saturday, May 15 and make sure you are fully functioning on IDSM (Immunization Direct Submission Mechanism), with a process in place for who will log vaccines.

Ask your PCN what supports, if any, are available. Also, check out the [AMA toolkit](#) or designate a champion in your clinic whose job it is to “know it all.” If you have not submitted an EOI consider signing up to work at a [high-flow clinic](#). As our vaccine supply grows and stabilizes, we need all hands on deck.

Q. Which codes are available for talking to patients about vaccination, and administering vaccine?

We are still waiting for notification that the codes are live in the system — but you can remind yourself about all the details in the [AMA billing bulletin](#). Check out our [webinar](#) for examples of billing scenarios. Short answer: 13.59V for most situations, add 13.59VA if the physician needs to spend more than 10 minutes with the patient for purpose of vaccine (counselling, overcoming hesitancy, adverse reaction).

Q. In light of new evidence about transmission, should physicians use N95s in offices?

N95 masks are appropriate for aerosol-generating procedures. For all other medical care a well-fitting surgical grade mask is sufficient to protect against occupational exposure (along with other PPE, depending on your point-of-care risk assessment). This guidance has not changed. Please see some [notes here](#), which detail the official response from AHS. A reminder that community physicians can email phc@ahs.ca with questions related to the COVID-19 response.

Q. At this point in the pandemic, I feel like rest doesn't work anymore to help me face the day — what's going on?

A recent [CMO update](#) included a [great blog](#) outlining the difference between being simply tired versus depleted. David Lapin writes that, “The way to treat depletion is with restoration, not with relaxation. While relaxation is a passive state of ‘not doing,’ restoration is a deliberate, active choice of activities different from your routine activities, which add energy instead of consume energy.” We need to recognize that we are depleted, in order to make this conscious choice to restore.

Other updates

1 Physicians asked to sign mask exemption letters

Effective Thursday, May 13, Albertans seeking a mask exemption due to a verified health condition must have an exemption letter from a physician, nurse practitioner or psychologist. The only health conditions that would exempt Albertans from wearing a mask in indoor, public settings, include:

- Sensory processing disorders
- Developmental delay
- Cognitive impairment
- Mental illnesses including:
 - Anxiety disorders
 - Psychotic disorders
 - Dissociative identity disorder
 - Depressive disorders
- Facial trauma or recent oral maxillofacial surgery
- Contact dermatitis or allergic reactions to mask components
- Clinically significant acute respiratory distress

Templates can be downloaded from the [College of Physicians and Surgeons of Alberta](#) and [Alberta Health](#). [More information](#).

2 Clinics step forward to join community vaccination campaign

Physicians have stepped forward in large numbers to join the province-wide drive to offer COVID-19 immunization in the community. Clinics that submitted an initial Expression of Interest were asked last week to set up an additional AVI account as the AMA and PCN medical leaders make the final preparations for a broad rollout later this month. The response ahead of the May 15 deadline for the next stage has been extremely strong. Beginning Monday, May 24, up to 100 clinics will be able to participate in vaccination. More clinics will to be added in the following weeks.

“The trusted relationship family physicians have with their patients, which was revealed in high patient satisfaction during the pilot project, will be critical to addressing vaccine hesitancy and removing barriers to vaccination,” said Calgary Zone PCN Physician Lead Dr. Ernst Greyvenstein, co-lead for the project. “With 10 to 15 per cent of patients indicating they would not otherwise have been vaccinated, community clinics have a unique and critical role to play.”

Ten clinics took part in a pilot project to test new processes and procedures. More clinics were added last week in hot spots and there are currently about 20 clinics, province-wide, offering vaccination to eligible patients. Clinics still waiting for an on-site fridge or access to their IDSM account can register for their AVI account when those requirements are met. Reference [the FAQ](#) or email backthevax@albertadoctors.org.

3 AstraZeneca reserved for second doses

Due to limited supply, AstraZeneca (COVISHIELD) is now being reserved for those eligible to receive their second dose, or those who have a contraindication to an mRNA vaccine. Patients are eligible for a second dose 12 to 16 weeks after their first. Call 811 for information. Public health is reviewing emerging evidence on the effectiveness of mixing vaccine types for first and second doses before making a decision about whether to offer a second dose of an mRNA vaccine to those who received a first dose of AstraZeneca.

4 Personal services regulations

With the introduction of new public health measures last week, the College of Physicians and Surgeons of Alberta confirmed that the intent of [personal services restrictions](#) was to restrict all personal services. Physicians and other regulated health professionals are not exempt. However, physicians can continue to offer health, counselling and consultative services by appointment, provided infection prevention and control guidance is followed. [More details](#).

5 World Family Doctor Day

To celebrate World Family Doctor Day on Wednesday, May 19, the Alberta College of Family Physicians has unveiled its latest *Tell a Doctor Why They Rock* campaign. This year's theme is building the future with family doctors. [More details](#).

6 Webinars

- On Monday, June 7, from 6-8 p.m., the next PCN webinar in the series returns with a special focus on mental health. Hosted by Dr. Rick Ward and Dr. Christine Luelo, it will feature segments on transgender health, dialectical behavioural therapy and insomnia, as well as updates on COVID-19 from a family practice perspective. [Register](#).
- On Tuesday, June 8 at 7 p.m., the ACFP hosts *One Year Later with Dr. Jody Carrington*. [More details](#).
- On Wednesday, June 9, the next installment of the University of Calgary's COVID Corner series take place. The topic is *Management of Acute COVID-19 in the Hospital and Long COVID in the Community*. [More details](#).