

COVID-19 UPDATES

Family physicians set to join vaccination campaign

The first family physicians are [expected](#) to begin administering vaccines in their clinics in April.

Alberta Health is reviewing all Expressions of Interest and will contact interested physicians to:

- Validate their interest
- Organize logistics for supply distribution and record management

Initially, a limited number of clinics will be able to offer the vaccines until supply increases and more clinics can participate. Some physicians are already assisting AHS with vaccine administration through other mechanisms.

More than 500 Expressions of Interest have been received as of the morning of March 16, with over 200 clinics and 1,200 physicians province-wide expressing an interest in administering vaccinations and more than half being from the Calgary zone. A further 429 physicians in Alberta expressed an interest in vaccinating at planned AHS high-flow sites.

New temporary billing codes specific to the COVID-19 vaccine are being added to the schedule of medical benefits for this service, and a medical bulletin with details will be issued imminently.

It is not too late for physicians or clinics to submit an [Expression of Interest](#).

PCNs in the Calgary area are working on plans to:

- Provide knowledge translation for physicians and their teams regarding evidence related to vaccines including educational resources for patients
- Support clinic processes to proactively identify at-risk populations in panels

At this time, local PCNs are not able to hire or redeploy staff, buy equipment, support the distribution of vaccines or supplies, or open centralized PCN vaccination clinics (though some may explore clinics for specific patient populations, where appropriate).

Please reach out to your PCN directly for more information or email info@calgaryareapcns.ca.

Variant of concern test results reporting, new pathway

Effective immediately, Alberta Precision Laboratories (APL) will report the [variant of concern test results](#) for COVID-19-positive samples to the ordering clinician, Netcare and Connect Care.

APL will report the variant of concern test results as “COVID-19 Variant Nucleic Acid Test,” separately from the routine COVID-19 diagnostic tests.

Results and interpretations:

- Negative: No variant of concern detected; patient has COVID-19
- Positive: A variant of concern is detected; strain reported as B.1.1.7, B.1.351, P.1 or “See Lineage Conf” that means the strain result is pending
- Unresolved: Viral load too low for variant testing; could still potentially be a variant of concern

A new [variant of concern pathway](#) can be downloaded from Specialist LINK to help guide the care of patients who have tested positive for a variant.

The pathway explains the different guidelines regarding isolation for those patients.

Calgary Zone webinar

On Tuesday, April 6, from 6 – 8 p.m., join Dr. Rick Ward and Dr. Christine Luelo who will once again bring together a panel of experts to discuss how primary care can continue to make a difference in the pandemic.

Whether you choose to be a vaccinator or not, you can learn your important role and details of the provincial plan in the vaccine roll-out.

There will also be our popular mental health moment, updates from public health and the latest vaccine science. [Register](#).

Eligibility details for Phase 2B and 2C

The province has added more details about eligibility for Phase 2B and 2C to the [COVID-19 vaccine program](#) web page, including a [clinical breakdown](#) of the eligible health conditions for Phase 2B.

Phase 2B will begin once Phase 2A is complete, currently projected for April. When Phase 2B begins, all eligible individuals can book via [participating pharmacies](#) immediately. AHS will continue to open booking stages by year of birth.

Phase 2B will offer vaccinations to Albertans born from 1957 to 2005 with high-risk underlying health conditions:

- Asplenia or dysfunction of the spleen
- Cancer (anyone with a new diagnosis of or treatment for all forms of cancer in the last year, except non-invasive skin cancer)
- Chronic heart disease and vascular disease, chronic kidney diseases requiring regular medical monitoring or treatment, chronic liver disease, chronic neurological disease and chronic respiratory diseases (excluding mild or well-controlled asthma)
- Diabetes requiring insulin or other anti-diabetic medication to control
- Immunosuppression, including anyone undergoing chemotherapy or treatment for HIV, genetic disorders of the immune system and people receiving long-term medical treatment to control severe inflammation such as rheumatoid arthritis or systemic lupus
- Pregnancy
- Severe mental illness or substance use disorder requiring a hospital stay in the past year
- Severe obesity BMI > 40
- Severe or profound learning disabilities or severe developmental delay (excluding attention deficit hyperactivity disorder)
- Solid organ, bone marrow or stem cell transplant recipients

These conditions are associated with a higher risk of death or hospitalization due to COVID-19 compared to individuals of the same age with no underlying conditions.

A physician's or pharmacist's note is not required to receive the vaccine, but people are directed on the Alberta Health website to contact their provider if they need help understanding if their health condition is eligible.

Phase 2C will begin when Phase 2B is complete, with timelines subject to change based on vaccine supply.

Phase 2C will include:

- Health-care workers providing direct care in the community, on First Nation reserves or in patient care facilities, including family physicians and their staff
- Residents and support staff at eligible congregate living and work settings at risk for large outbreaks, including correctional facilities, homeless shelters, group homes and front-line police
- Caregivers of Albertans most at risk of severe outcomes: Individuals in long-term care, designated supportive living and licensed supportive living facilities; and up to two caregivers for children under 16 who have an eligible health condition but are too young for the vaccines

Rapid review: Cancer treatment

AHS's Scientific Advisory Group (SAG) conducted a [rapid review](#) to provide guidance to teams for COVID-19 positive patients either starting or resuming cancer treatment.

These recommendations supersede the recommendations presented in the last guidance document (dated June 2020).

Updates in the recommendations include an extension of the time period from at least 14 days to at least 21 days that patients who experienced critical COVID-19 illness or who are highly immunosuppressed have to wait until they can visit the cancer centre.

This report also emphasizes the need for oncologists to consult with an infection prevention and control physician to determine the optimal timing for removal from isolation. Family physicians should direct their patients to consult with their treating oncologist and team.

PPE coach program expansion

AHS has [expanded](#) their Provincial PPE Safety Coach Program to primary care clinics and PCNs.

A [PPE Safety Coach's](#) role is to help increase proper selection and use of PPE through friendly, informal feedback and guidance.

How to participate:

- Interested clinics can identify a potential coach based on their team member's experience and communication, collaboration, and coaching skills
- The potential coach (with approval from their supervisor) completes the two-hour [training course](#) to support their primary care team
- After completing the first four online training steps, a member of the program will contact the potential coach to complete a competency check.

Contact phc@ahs.ca if you have any questions.

Quick links

CMA: Vaccine hesitancy resources

The Canadian Medical Association has compiled [multiple resources](#) to build confidence in discussing vaccines, including tips for talking to patients, medical-legal considerations and specific vaccine information.

Rapid review: Colchicine recommendations

AHS's SAG does not recommend prescribing colchicine to treat COVID-19 at this time based on their [rapid review](#) of the related scientific research.

Smoking and COVID-19 evidence

AHS has shared a [summary of evidence](#) on smoking or vaping and COVID-19 infection, outlining the growing evidence that smoking puts people at higher risk of more severe symptoms and outcomes. An [FAQ for patients](#) and a [clinical support primer](#) are available.

COVID-19 Pivot

On Tuesday, March 23 at 10 a.m., the College of Family Physicians of Canada will host the next one-hour webinar in the COVID-19 Pivot series: *Putting vaccines into action and more updates*, featuring Dr. Isaac Bogoch, Dr. Noni MacDonald and Dr. Morgan Price. [Register](#).