

COVID-19 UPDATES

The Calgary Zone and the second wave

Nine out of 10 COVID-19 patients in the Calgary area are being treated by Primary Care Network (PCN) doctors and teams as part of a coordinated response strategy that is unique in Alberta.

The statistics are detailed in an [infographic](#) released this week and show the value of harnessing primary care's power in the coordinated pandemic response.

During the second wave from mid-October through to today:

- 35,225 patients who tested positive for COVID-19 locally received care in the community.
- Hospitalization rates in the Calgary Zone were just four per cent during this period — the lowest of all five zones in Alberta.

In the spring of 2020, the seven PCNs in the Calgary Zone worked closely with East Calgary Health Centre, Public Health, community groups and Alberta Health Services (AHS) leadership to develop a strategy for triaging, following and attaching patients to their physician or medical home.

- Patients without a family doctor were attached to a new physician to ensure continuity of care.
- Access clinics or strategies established by each PCN — both virtual and in-person — were a key part of the plan, leveraging the power of 1,700 family physicians in the Calgary area and more than 400 nurses and health team members.
- Patients with mild or moderate symptoms were connected with their physician or medical home in rural and urban areas, freeing up vital beds for the critically ill and easing the burden on hospitals.

PCNs also developed primary care pathways, offered COVID-19 tele-advice and staged monthly educational webinars, which averaged more than 1,000 views, to support family physicians.

All three initiatives were successfully scaled and spread to other zones in Alberta.

[View the infographic.](#)

Calgary Zone PCN webinar

On Monday, March 1 at 6 p.m., a panel of experts will answer physicians' *COVID-19 Conundrums* during the next two-hour webinar in the Calgary Zone's series.

The education session will feature a Q&A on some of the grey areas and seemingly contradictory advice and recommendations that have challenged primary care providers during the pandemic.

Hosted by Dr. Rick Ward and Dr. Christine Luelo, the webinar will include speakers from Infectious Disease and Public Health.

There will also be an update on vaccination and a mental health moment.

Physicians can submit their COVID-19 conundrums or questions for the panel in advance by emailing them to info@calgaryareapcns.ca.

[Register today!](#)

Adult pathway update

The Calgary Zone's [primary care pathway](#) for adult COVID-19 patients has been updated with more details about isolation and post-COVID-19 care.

Many patients experience ongoing symptoms past 14 days, such as a residual cough or fatigue. The update clarifies when to manage them with conservative care and reassurance and when to request [Specialist LINK](#) COVID-19 tele-advice.

There is also information about new post-COVID-19 clinics located at the Peter Lougheed Centre and Rockyview General Hospital that will assess patients with respiratory symptoms that have persisted for more than 12 weeks after illness onset. Referral is through AHS Pulmonary Central Access Triage.

[Download the pathway.](#)

First developed in the spring of 2020 by a team of Family Practice, Infectious Disease and Pulmonary specialists, the pathway is intended to support physicians to manage:

- Presumed or confirmed positive patients
- Individuals with influenza-like symptoms who are waiting for a test result
- Patients with a negative result who present with strong clinical suspicion

In addition to the adult pathway, a pediatric outpatient clinical management [pathway](#) and pediatric testing and isolation [pathway](#) can also be downloaded from [Specialist LINK](#).

Mask refusal guidance

AHS has developed [guidance](#) to support physicians and their teams to reduce transmission risk when patients refuse to wear face coverings in clinics.

AHS's guidance document includes practical suggestions and a summary of the advice from the College of Physicians and Surgeons of Alberta (CPSA). Some key points:

- Physicians have a responsibility to explain why a mask is required and determine if other options are possible. Make sure to chart clearly what was discussed.
- Ask patients if wearing a face shield would help, depending on why they refuse a face covering and in consideration of clinic supplies.
- Reschedule routine care for confirmed cases of COVID-19, individuals with COVID-19-like symptoms not related to a pre-existing condition, individuals returning from travel within the 14-day isolation, and close contacts.
- Recommend virtual care instead for patients whose care cannot be delayed.
- If care cannot be delayed or done safely via a virtual visit, ask patients to disinfect their hands with hand sanitizer before moving them to an isolation room if they refuse to wear a face covering.
- Health-care providers should wear proper [personal protective equipment](#).

Please note: If you feel a patient is unreasonably jeopardizing the safety of your staff or other patients, you may consider consulting with the Canadian Medical Protective Association for a medical-legal opinion about your clinic's rights and obligations on patient masking and refusal of care: email inquiries@cmpa.org or call 1-800-267-6522.

Variant testing update

As of Wednesday, February 3, Alberta Precision Laboratories (APL) is [testing](#) all COVID-19 positive samples for the variants of concern.

Previously, APL had only done targeted variant testing on certain positive cases, such as international travellers. While APL now tests all positive samples, variant screening is not always possible for samples with low viral loads.

Physicians identified by the patient as their primary care provider will continue to receive the positive or negative results of the COVID-19 test.

[Isolation](#) requirements are slightly different for variant strains. If cases choose to stay home (rather than go to a hotel, for example) during their isolation, household contacts also need to quarantine at home until 14 days have passed from the end of the case's isolation period, or 24 days in total.

AHS has dedicated contact tracing and communicable disease teams following up with these patients to help them understand the nuances of the quarantine guidelines, as well as isolation hotel information.

Quick links

Travel update

As of Monday, February 22, the federal government will [require](#) travellers flying into one of four designated Canadian airports to have a COVID-19 test upon arrival and again near the end of their mandatory three-night quarantine at an authorized hotel. They will also require proof of a negative test within 72 hours for non-essential travellers entering by land. The Alberta border pilot project will be [suspended](#) while these measures are in effect.

Keeping kids healthy, happy in a pandemic webinar

On Monday, February 22 at 7:30 p.m., the Cumming School of Medicine and the Alberta Children's Hospital Research Institute host a one-hour webinar on the mental health impacts and inequities for parents and children with neurodiverse needs and the long-term effects of prenatal stress during the pandemic. [Register](#).

COVID Corner webinar

On Wednesday, March 10 at 7 p.m., the U of C's COVID Corner series hosts a two-hour anniversary edition webinar, *Vaccines vs. Variants*. [Register](#).

COVID-19 Pivot: Vaccines webinar

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, *Vaccine Update for Family Physicians Part 2*, with Dr. Isaac Bogoch, Dr. Noni MacDonald and Dr. Morgan Price. [Register](#).