



Calgary Zone
COVID-19 &
mental health
webinar
series

May 3, 2021

Vaccines & community vaccination



PrimaryCare
Networks
CALGARY AND AREA



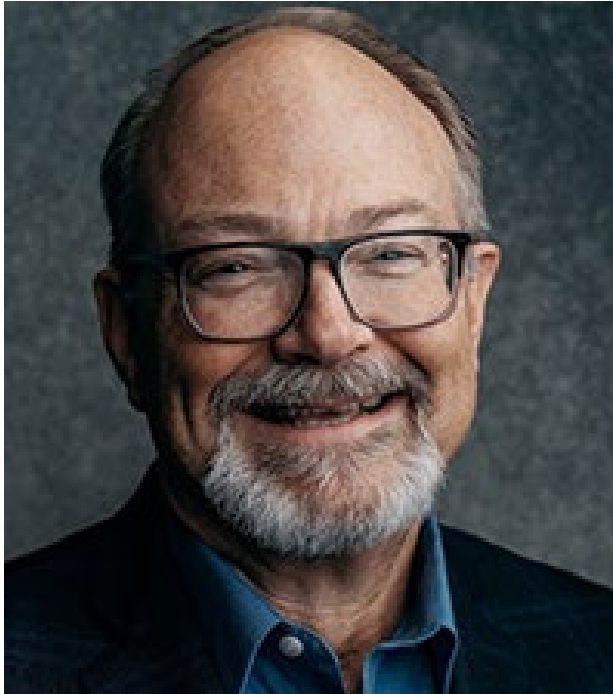
Alberta Health
Services

COMMUNITY VACCINATION

DISCLOSURES



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Dr. Rick Ward

Family Physician

Crowfoot Village Family Practice

Medical Director, Primary Care,

Alberta Health Services (Calgary Zone)

Disclosures

- Shire
- Pfizer
- Merck
- BI
- AZ
- Janssen
- Takeda
- Servier
- BMS

COMMUNITY VACCINATION

AGENDA

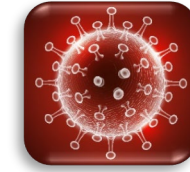


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Time	Topic	Speaker
6-6:05 p.m.	Welcome, overview	Dr. Rick Ward
6:05-6:20 p.m.	Mental health moment: Addiction medicine	Dr. Monty Ghosh
6:20-6:30 p.m.	Mental health Q&A	Dr. Ghosh & Dr. Ward
6:30-6:45 p.m.	Vaccines & primary care	Dr. Deena Hinshaw
6:45-7 p.m.	Vaccine Q&A	Dr. Hinshaw & Dr. Ward
7-7:15 p.m.	Calgary Department of Family Medicine Physician of the Year Awards	Dr. Mike Spady & Dr. Ann Vaidya
7:15-7:30 p.m.	Community vaccination	Dr. Ernst Greyvenstein
7:30-7:45 p.m.	Family practice hot topics	Dr. Christine Luelo
7:45-7:55 p.m.	Panel discussion	All
7:55-8 p.m.	Evaluation link, next webinar	Dr. Rick Ward

ADDICTION MEDICINE

DR. MONTY GHOSH



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Dr. Monty Ghosh

University of Alberta Department of
General Internal Medicine
(Assistant Clinical Professor).
University of Calgary / Department
of Psychiatry

Disclosures

- Grants/Research Support: Health Canada, Gilead for Hep C, Alberta Innovates PRIHS-IV, CIHR (Cannabis use disorder), Alberta Health
- Speakers Bureau/Honoraria: Indivior (no payment or honorarium)
- Consulting Fees: None
- Patents: None
- Other: University of Alberta Hospital, Rocky view Hospital, Opioid Dependency Program, Renfrew Recovery, iOAT program, Addiction Network, The Alex Community Health Centre.



WHAT IS ADDICTION?

SIGNS & SYMPTOMS

- Loss of Control
- Compulsion
- Craving
- Use despite Consequences

- Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences
- Addiction is considered a brain disease because drugs change the brain - they change its structure and how it works.
- These brain changes can be long lasting, and can lead to the harmful behaviours

Principles of Addiction Medicine (4th ed)

ADDICTION MEDICINE

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- Risk of developing addiction differs from person to person
- A person's, **genetics**, gender, ethnicity, developmental stage & the surrounding environment can be risk factors
- Individuals experiencing a **mental health disorder** are at a greater risk for addiction
- Although addiction is a brain disease, it does not develop overnight and it is also affected by the individuals **emotional and psychological** factors
- Addiction takes years to develop depending on the risk factors of the individual as well as the drug used

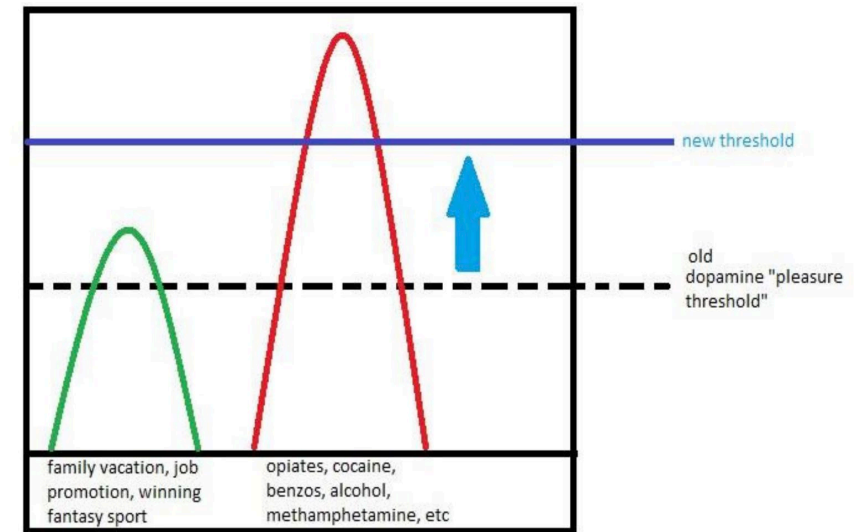


Photo courtesy of Nicole Labor DO



INITIAL SUBSTANCE USE VOLUNTARY

- **To feel good:** Most abused drugs produce intense euphoria. This is followed by other effects, which differ with the type of drug. E.g. stimulants "high" is followed by feelings of power, self-confidence, and increased energy while opiates is followed by feelings of relaxation and satisfaction
- **To feel better:** Some people with social anxiety, stress-related disorders, chronic pain, depression begin using drugs in an attempt to lessen feelings of distress. Stress play a major role in beginning drug use, continuing drug abuse, or relapse in patients recovering from addiction
- **To do better:** The increasing pressure that some individuals feel to chemically enhance or improve their athletic or cognitive performance can similarly play a role in initial experimentation and continued drug abuse
- **Curiosity & "because others are doing it":** In this respect adolescents are particularly vulnerable because of the strong influence of peer pressure; they are more likely, for example, to engage in "thrilling" and "daring" behaviours

ADDICTION MEDICINE

DR. MONTY GHOSH



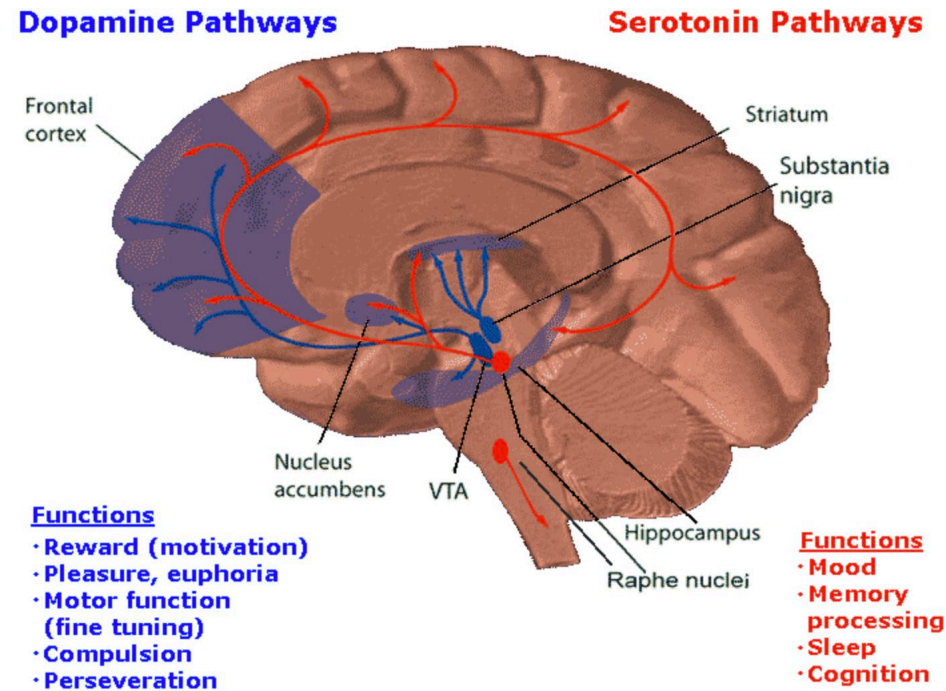
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Frontal cortex





Midbrain/mesolimbic system



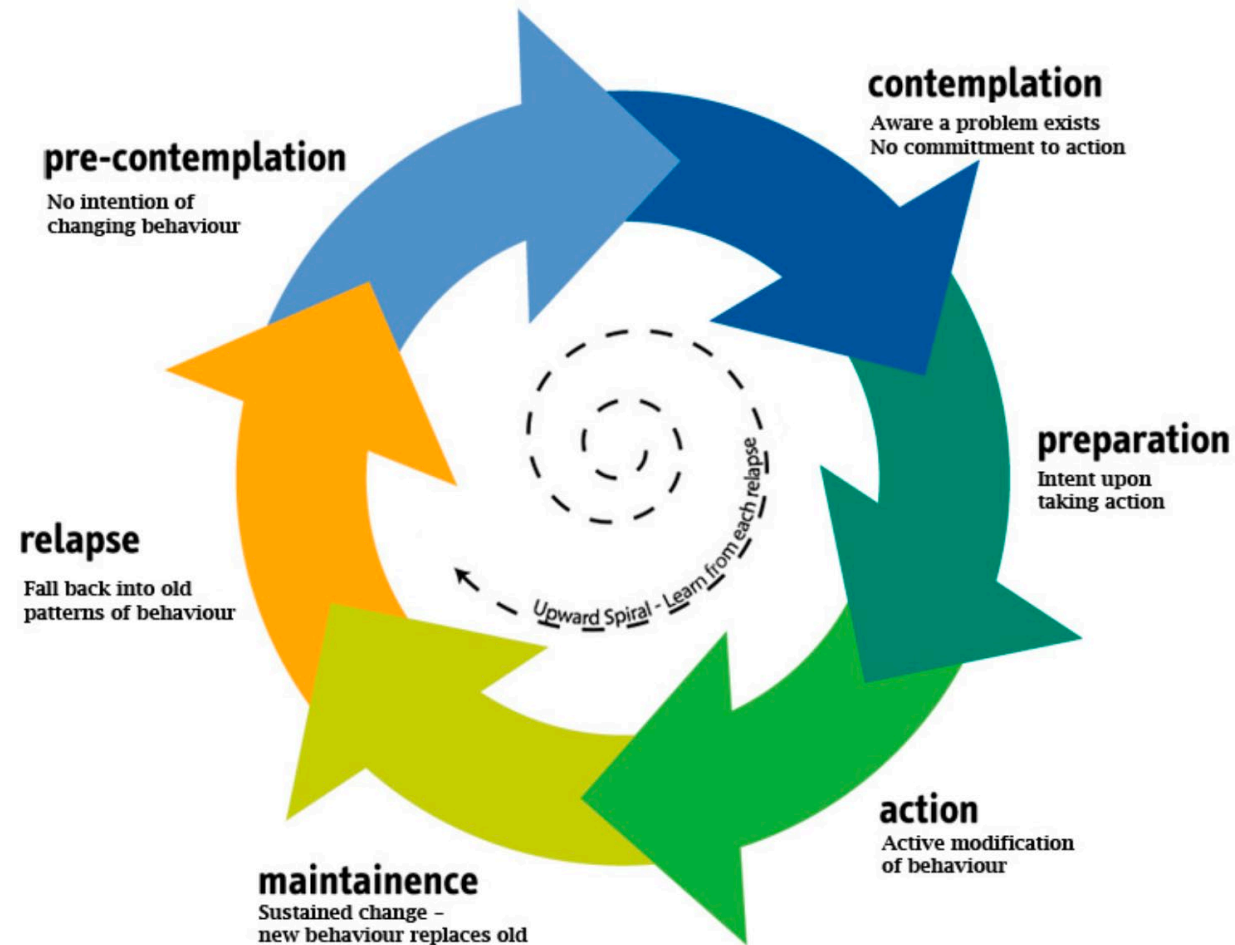


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Transtheoretical Model of Change
Prochaska & DiClemente



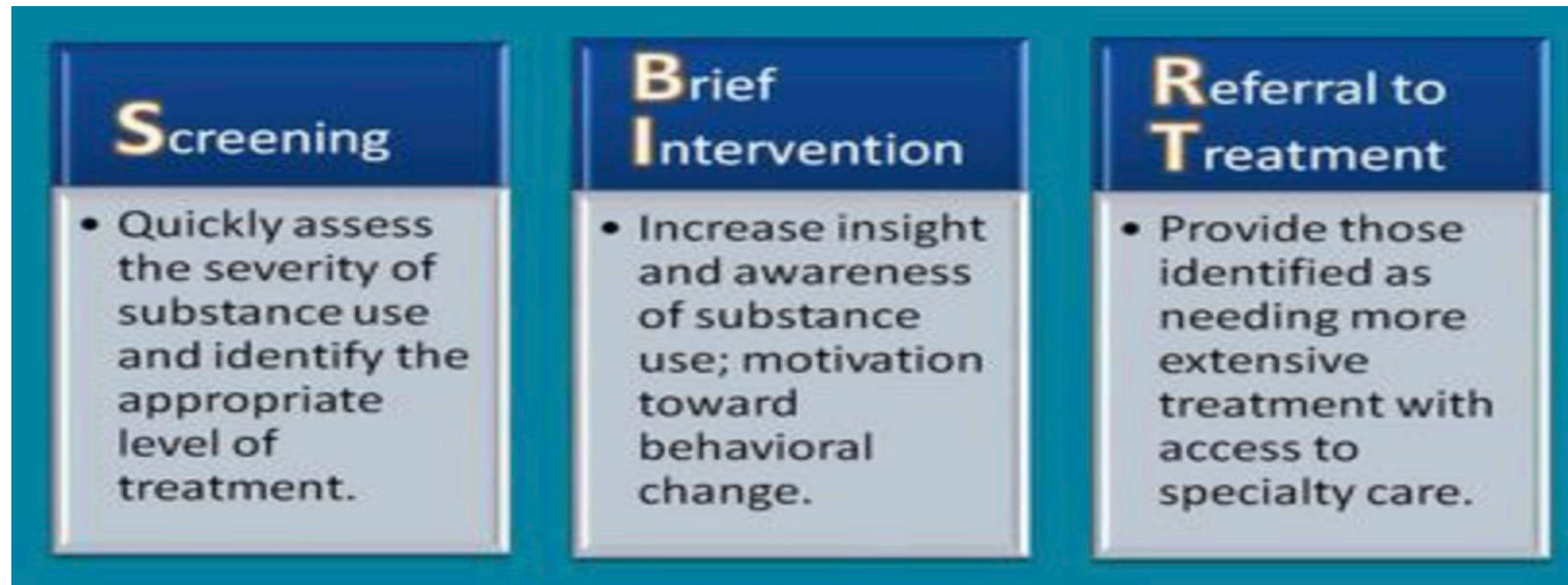
Identifying addiction and prescreening

- Patients or families may come forth. Examine the 4 “C”s
- Screening can take time to do....
- Pre-screen for Alcohol:
 - How many times in the past year have you had “X” or more drinks in one sitting ?
 - Where X = 5 for men, and 4 for women or anyone older than 65
- Drug Pre-Screens: How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
 - If >1, then you must do a full screen



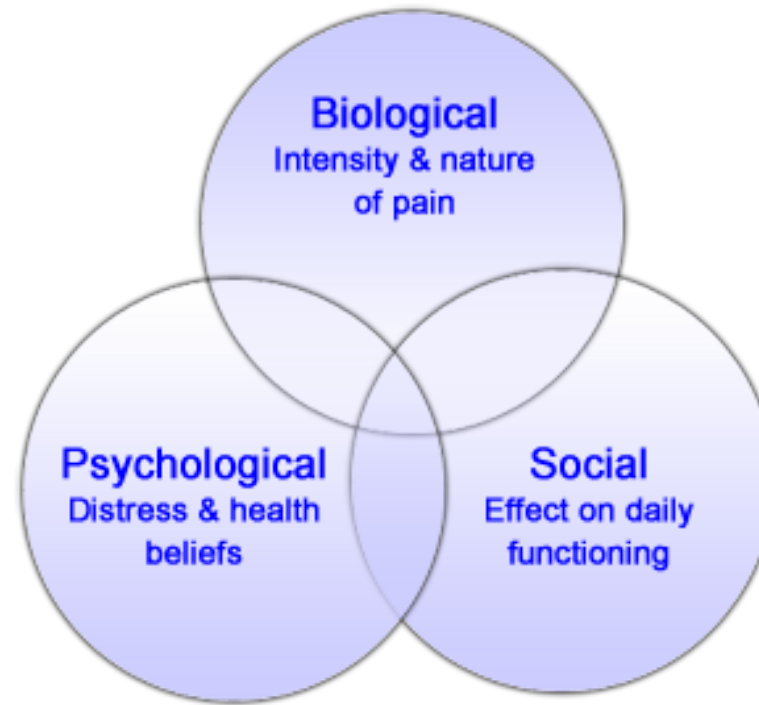
How do we screen then manage addiction?

- SBIRT: Screening, Brief Intervention, and Referral for Treatment





How do we treat addiction and prevent relapse?

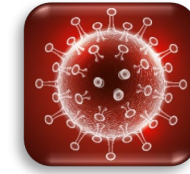


<https://www.hampshirepsychology.co.uk/chronic-pain-management/>



BIOLOGICAL IMPACT AND PHARMACOTHERAPY





Treating the bio aspect: pharmacotherapy

Exclusively Opioids:

- The Opioid Dependency Program including Intravenous Opioid Agonist Treatment
- Virtual ODP
- Metro City / ACT Clinic /SMART clinic
- CUPS Calgary and The Alex (special criteria)

All Substances:

- AHS RAAM (8 a.m. – 5 p.m. Monday to Friday)
- The Alex RAAM (9 a.m. to 11 a.m. Monday to Friday)

Behaviors:

- AHS RAAM (8 a.m. to 5 p.m. Monday to Friday)





Detoxification services

- Inpatient: All four hospitals take inpatient detox
- Medically supervised: Renfrew
- Community based but medically supported: Alpha House
- Home Detoxification: Adult Addiction Services RAAM/AHS

PSYCHOLOGICAL ASPECT AND BEHAVIORAL MANAGEMENT



Psychological counselling

Outpatient counselling:

- Adult Addiction Services: M-T 8 a.m. – 8 p.m. and Fridays 8 a.m.-5 p.m.
- Calgary Eastside Family Centre: Late afternoons
- NAM clinic: South Asian Focused Clinic
- Calgary Community Resource Team 24/7 Phone Counselling
 - 9 a.m. to 10 p.m. text chat. Mobile response team 12-7 p.m.

SOCIAL ASPECT AND RECOVERY SUPPORT



Social supports

Group and Step Programming:

- Alcoholics Anonymous: <https://calgaryaa.org/>
- Al Anon – For family and friends.
- SMART Recovery: <https://smartrecoveryalberta.org/>
- Buddhist Mindfulness
- AAWEAR: People with lived experience of previous or current substance use supporting others.
- Aboriginal Friendship Centre: Supporting connectivity within Indigenous Communities.



Online resources

[AA Sober Living](#)

Online recovery help for those in all stages of recovery, family, friends and loved ones including message boards, chats, blogs, and daily and weekly readings.

www.aasoberliving.com

SMART Recovery

This website includes message boards, chat rooms, online meetings, and an online library of recovery resources.

<https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/>

.....

AND IF THEY DON'T WANT
HELP?

HARM REDUCTION
RESOURCES

.....



Harm reduction

SafeWorks

- Supervised Consumption Site at the Sheldon Chumir
- Safeworks Outreach

HIV Community Link

- Outreach to support clients all over the city

DOAP Team:

- Provide harm reduction supplies to vulnerable clientele

AAWEAR:

- Harm Reduction Outreach to Community



Specialist Link (specialistlink.ca)

- Launches Tuesday, May 4
- Any substance or behavioural addiction concern
- Advice on system and resource navigation

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QUESTIONS:

monty.ghosh@albertahealthservices.ca

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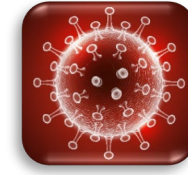
Dr. Deena Hinshaw

MD, MPH, CCFP, FRCPC

Chief Medical Officer of Health

Disclosures

- Contract employee of the Government of Alberta
- Associate Clinical Professor, Department of Medicine, University of Alberta
- Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
- Member of Alberta Precision Laboratories Advisory Committee

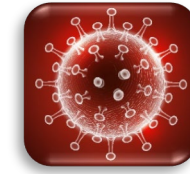


Vaccines and Primary Care: Lessons Learned and Next Steps

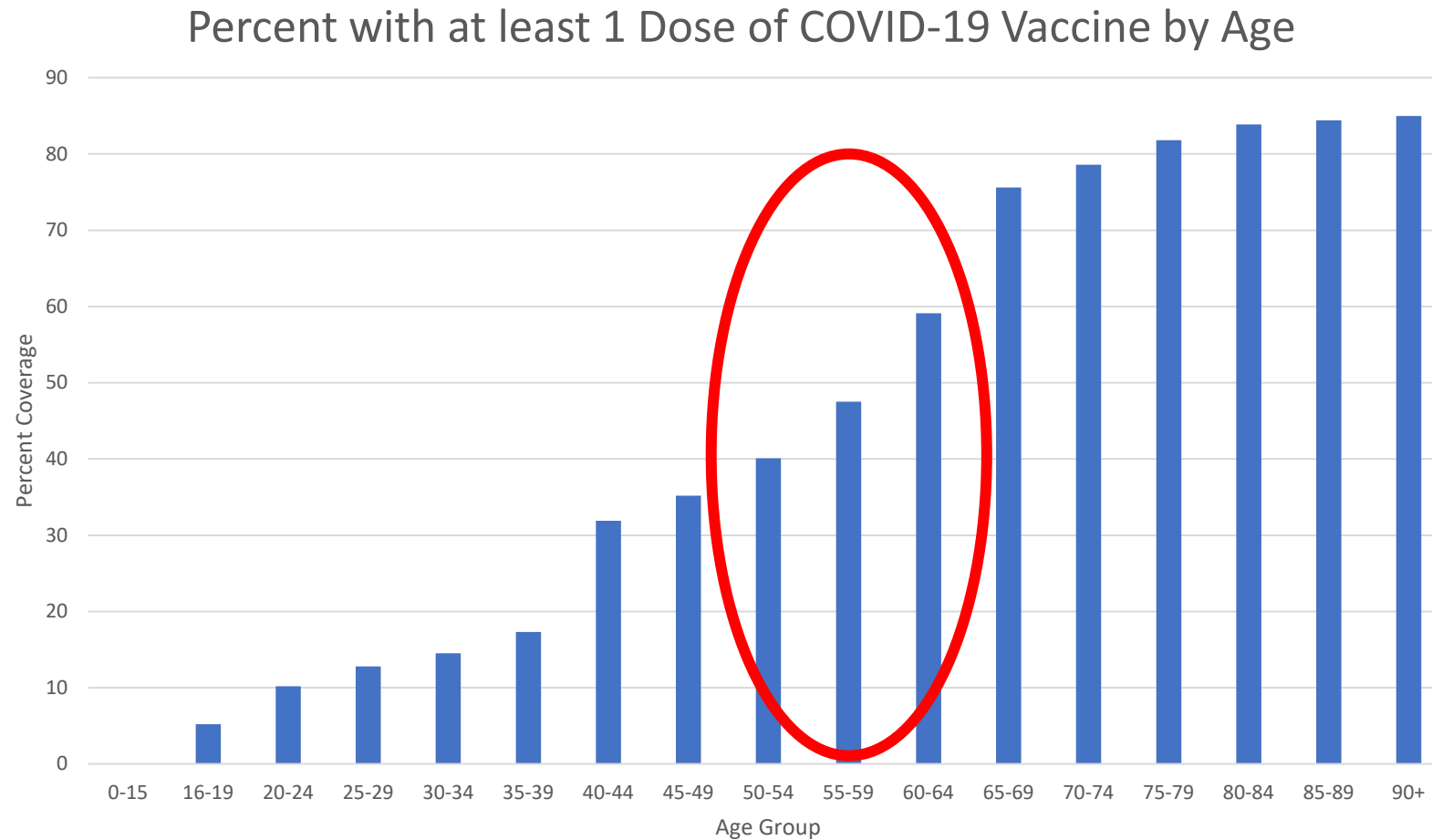
- Vaccines: Current state
- Clinical Lessons Learned
- Operational Lessons Learned

VACCINES: CURRENT STATE

DR. DEENA HINSHAW



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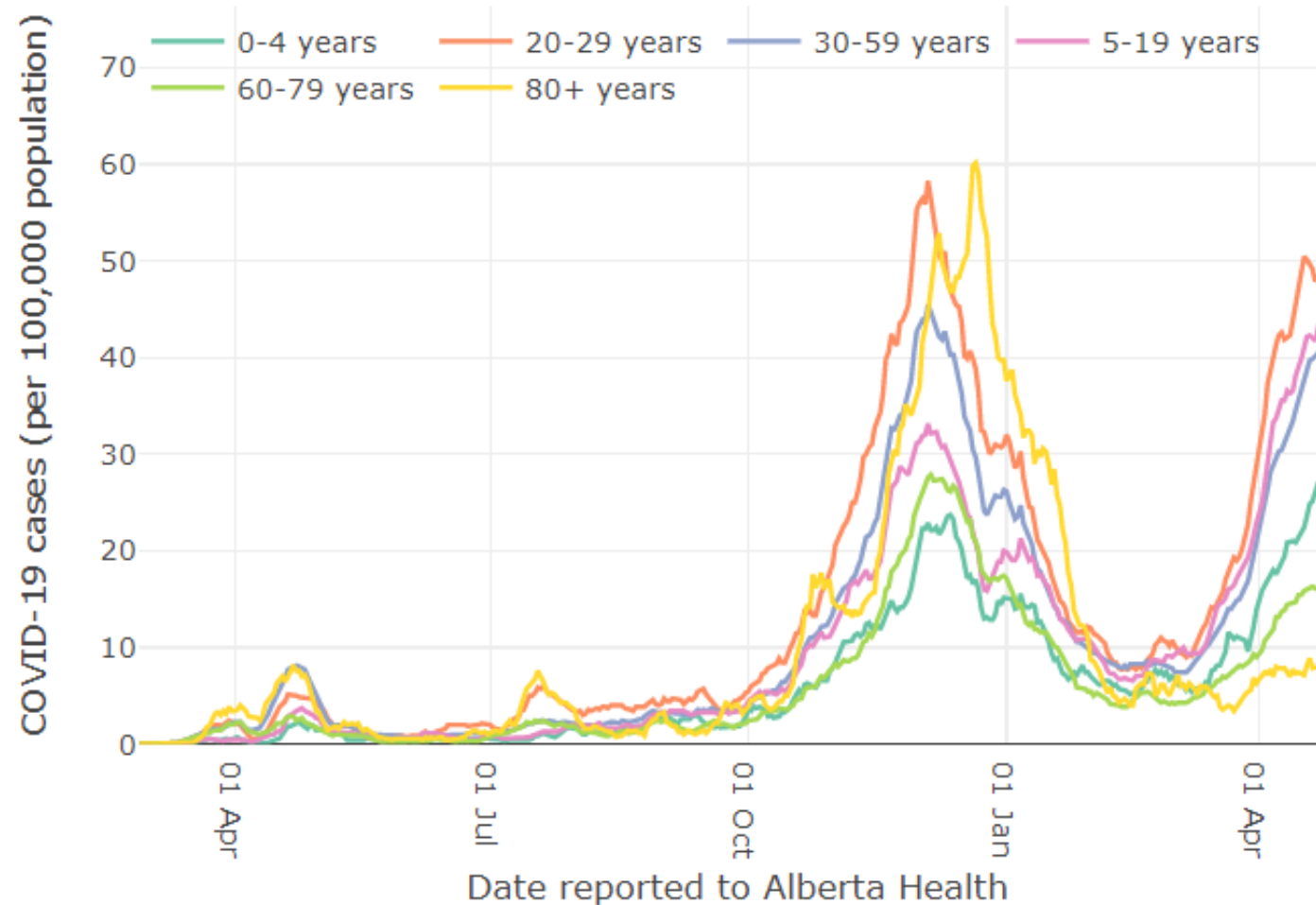
<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#immunizations>, accessed May 2, 2021

VACCINES: CURRENT STATE

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<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#characteristics>, accessed May 2, 2021



Second dose interval

- AstraZeneca: single dose efficacy 76% against symptomatic infection up to 12 weeks after the first dose; a booster at less than 6 weeks resulted in only a 55% efficacy compared with a booster at 12 or more weeks resulting in 81% efficacy.¹
- Real world evidence on AstraZeneca, Moderna and Pfizer from England, Quebec and BC shows 60 to 80% protection from infection after the first dose of vaccine, and higher protection against severe disease, for up to two months with no significant waning.^{2,3,4} Indirect evidence indicates generally, a longer time between the first and second dose improves overall immune response, while a shorter interval can lower the overall response.⁵
- Increased population effectiveness in reducing the number of COVID-19 cases and severe outcomes can be achieved by administering one dose to more people quickly when there is limited vaccine supply and widespread community transmission.⁶

1. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32661-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32661-1/fulltext), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00432-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00432-3/fulltext),
2. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3790399,
3. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971017/SP PH VE report 20210317 CC JLB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971017/SP_PH_VE_report_20210317_CC_JLB.pdf),
4. <https://www.inspq.qc.ca/en/publications/3111-vaccine-effectiveness-strategy-vaccination-shortage-covid19>,
5. [https://www.who.int/immunization/documents/Elsevier Vaccine immunology.pdf](https://www.who.int/immunization/documents/Elsevier_Vaccine_immunology.pdf),
6. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/extended-dose-intervals-covid-19-vaccines-early-rollout-population-protection.html>

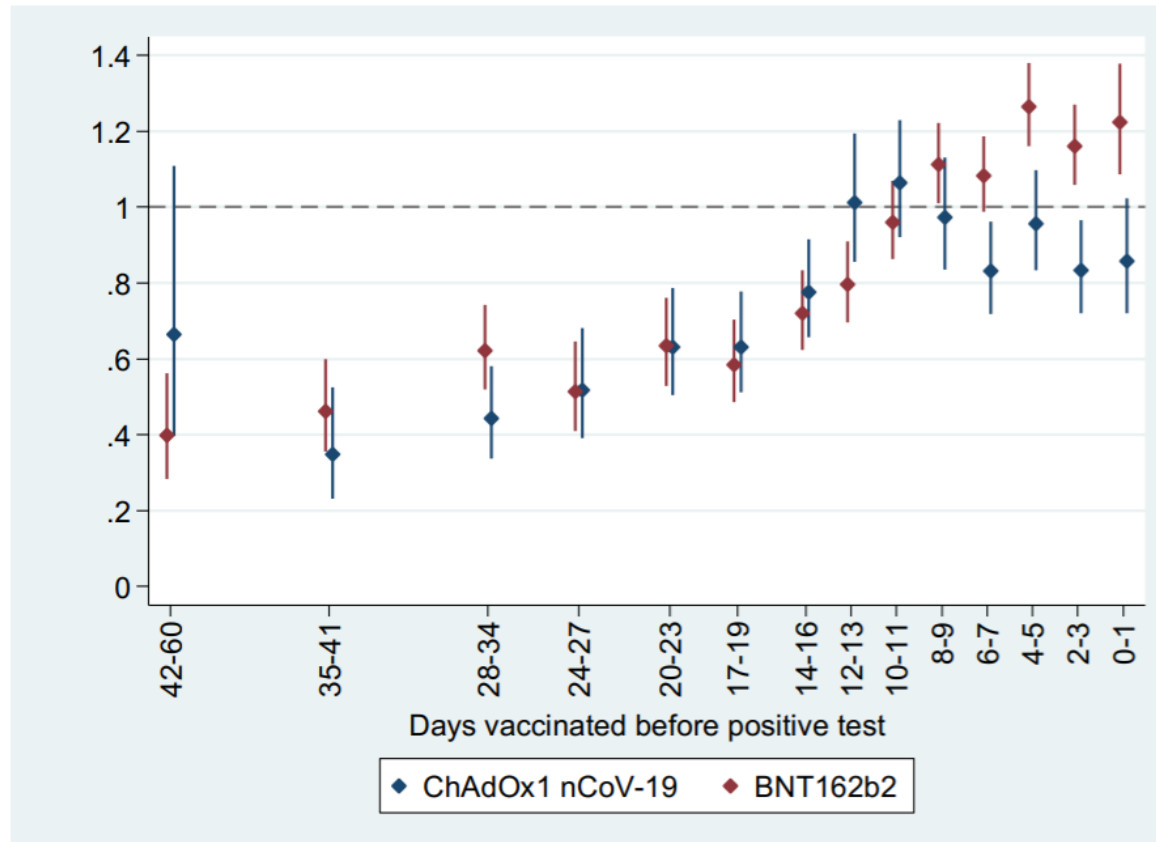
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Figure 2. Odds ratios for contacts becoming a secondary case according to vaccination timing of the index case (days before testing positive) by type of vaccination, vs. contacts where the index case was not vaccinated. Results from multivariable logistic regression.



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AstraZeneca use:

- First only for those under 65 years old
- Then only for those 55 and up (including those 65 and over)
- Then 40/30 years and up
- Why?

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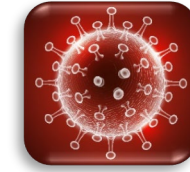
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Age group	ICU risk from COVID infection once diagnosed	Relative risk COVID:VITT
20-29	0.1%	1,000:1
30-39	0.2%	2,000:1
40-49	0.6%	6,000:1
50-59	1.3%	13,000:1
60-69	2.9%	29,000:1

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#severe-outcomes>

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Table 18. Daily and weekly incidence rates of infection under five different scenarios used for benefit-risk analysis

Scenario	Daily incidence per 10,000	Weekly incidence per 100,000
Very low	0.06	4.20
Low	0.30	21.00
Moderate	0.75	52.50
High	3.00	210.00
Very high ^a	6.00	420.00

Alberta is High to Very High

^a The very high scenario was considered for the purposes of this benefit-risk analysis only, and is not based on a category of activity within the COVID-19 Activity Levels Framework

Table 19. Proportion of COVID-19 events of interest by age group based on Canadian surveillance data

Age Group	Distribution of cases	Proportion of cases who are hospitalized	Proportion of hospitalized who require ICU	Proportion of cases who die
20 to 29	18.80%	0.94%	13.83%	0.02%
30 to 39	16.10%	1.79%	15.61%	0.05%
40 to 49	14.65%	2.69%	20.91%	0.13%
50 to 59	13.33%	4.99%	25.06%	0.47%
60 to 69	8.40%	10.62%	27.17%	2.15%

Table 20: Projected wait time to mRNA vaccines from mid-April 2021 based on anticipated supply of mRNA vaccines

Age Group	Projected wait time (weeks)
20 to 29	7
30 to 39	6
40 to 49	4
50 to 59	3
60 to 69	1

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

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Results

Table 21. Expected VITT cases by age group (based on VITT incidence rate of 1 per 250,000) compared to expected COVID-19 ICU admissions prevented by early AstraZeneca vaccination under five different COVID-19 activity scenarios

Age Group	Expected ICU admissions due to VITT per 100,000	Scenario activity level (daily incidence of COVID-19 infection)				
		Very low (0.06 per 10,000)	Low (0.30 per 10,000)	Moderate (0.75 per 10,000)	High (3 per 10,000)	Very high (6 per 10,000)
		Potentially prevented ICU admissions due to COVID-19 per 100,000				
20 to 29	0.40	0.04	0.21	0.53 ^a	2.12 ^a	4.24 ^a
30 to 39	0.40	0.07	0.33	0.82 ^a	3.29 ^a	6.58 ^a
40 to 49	0.40	0.09	0.43 ^a	1.08 ^a	4.32 ^a	8.64 ^a
50 to 59	0.40	0.12	0.60 ^a	1.50 ^a	6.01 ^a	12.03 ^a
60 to 69	0.40	0.07	0.33	0.83 ^a	3.32 ^a	6.64 ^a

N.B. Unless noted, the potential event of interest prevented by earlier AstraZeneca vaccination compared to waiting for mRNA vaccine is lower than the event of interest due to VITT.

^a Potentially prevented ICU admissions due to COVID-19 exceeds expected ICU admissions due to VITT

Table 22. Expected VITT cases by age group (based on VITT incidence rate of 1 per 100,000) compared to expected COVID-19 ICU admissions prevented by early AstraZeneca vaccination under five different COVID-19 activity scenarios

Age Group	Expected ICU admissions due to VITT per 100,000	Scenario activity level (daily incidence of COVID-19 infection)				
		Very low (0.06 per 10,000)	Low (0.30 per 10,000)	Moderate (0.75 per 10,000)	High (3 per 10,000)	Very high (6 per 10,000)
		Potentially prevented ICU admissions due to COVID-19 per 100,000				
20 to 29	1.00	0.04	0.21	0.53	2.12 ^a	4.24 ^a
30 to 39	1.00	0.07	0.33	0.82	3.29 ^a	6.58 ^a
40 to 49	1.00	0.09	0.43	1.08 ^a	4.32 ^a	8.64 ^a
50 to 59	1.00	0.12	0.60	1.50 ^a	6.01 ^a	12.03 ^a
60 to 69	1.00	0.07	0.33	0.83	3.32 ^a	6.64 ^a

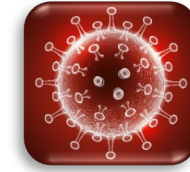
N.B. Unless noted, the potential event of interest prevented by earlier AstraZeneca vaccination compared to waiting for mRNA vaccine is lower than the event of interest due to VITT.

^a Potentially prevented ICU admissions due to COVID-19 exceeds expected ICU admissions due to VITT

In Edmonton, vaccinating 175,000 40-49 year olds would be expected to directly prevent 8 ICU admissions in 4 weeks, and could result in 1 - 2 VITT cases at the highest estimated incidence. Benefit of ICU admissions prevented grows over time.

CLINICAL LESSONS LEARNED

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VITT Recognition and Management

- If a patient presents with symptoms and diagnostic investigations consistent with blood clotting within 4 to 28 days after receiving an AstraZeneca vaccine, in association with a low platelet count, an urgent hematology consult would be indicated.
- Diagnostic and treatment information for an outpatient setting is available at <https://covid19-sciencetable.ca/sciencebrief/vaccine-induced-prothrombotic-immune-thrombocytopenia-vipit-following-astrazeneca-covid-19-vaccination-interim-guidance-for-healthcare-professionals-in-the-outpatient-setting/>
 - Please note: this Ontario document references a 4 to 20 day time frame, however, Alberta is following the most up to date guidance from the Public Health Agency of Canada and applying a 28 day cut-off.
- If this condition is identified, it should be reported immediately by completing and submitting [an AEFI report form](#). If unable to complete the form, call 1-855-444-2324. For more information about AEFI reporting:
<https://www.albertahealthservices.ca/info/Page16187.aspx>.

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DR. DEENA HINSHAW



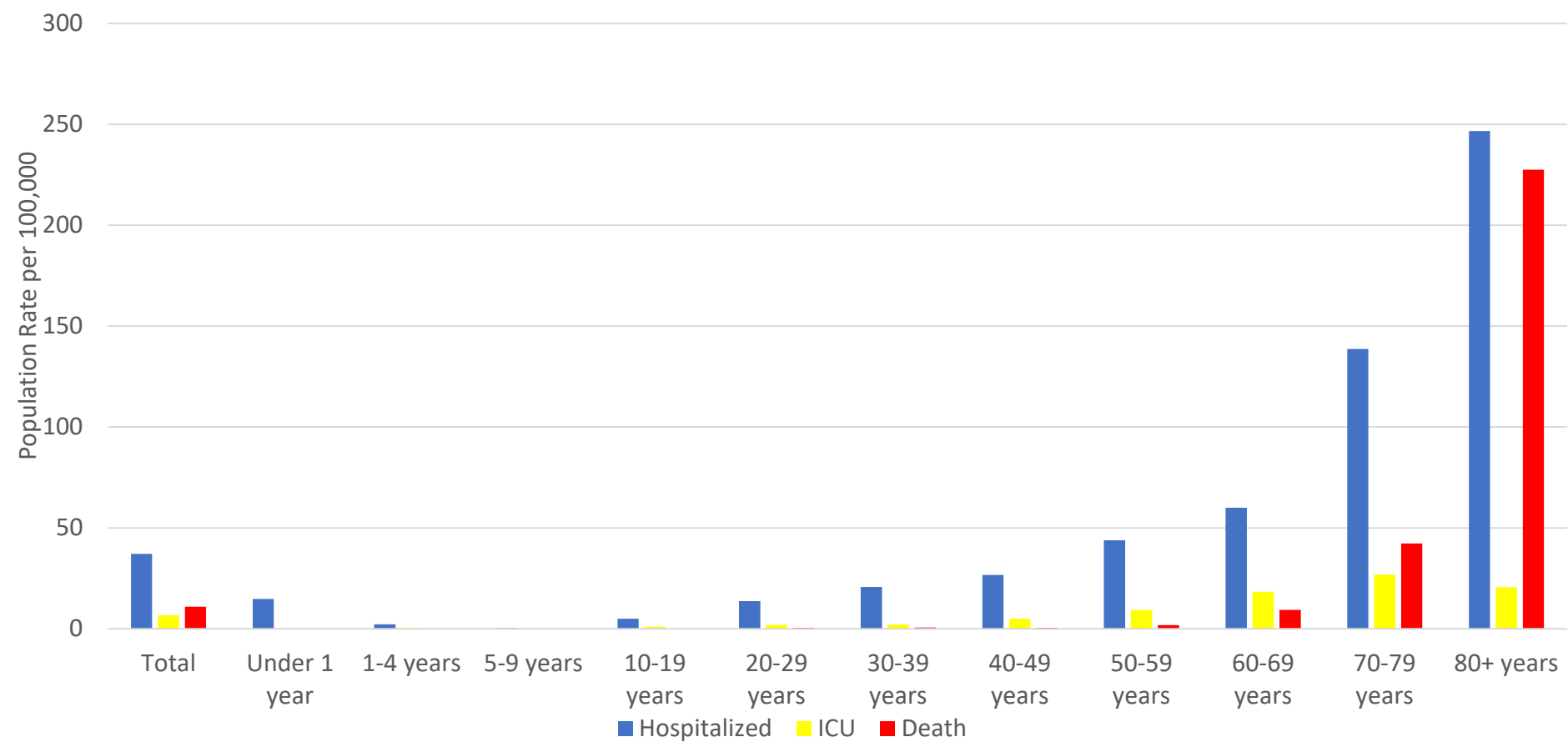
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Vaccine Eligibility and Sequencing

- Allocation of vaccine can be done by risk factors, exposure risk, or a combination of both
- Majority of eligibility to date has been based on risk factors for severe outcomes and locations with high risk for large outbreaks
- Some targeted vaccine provided for hot spot immunization recently
- Pending decisions on next steps following Phase 2



Severe Outcomes by Age

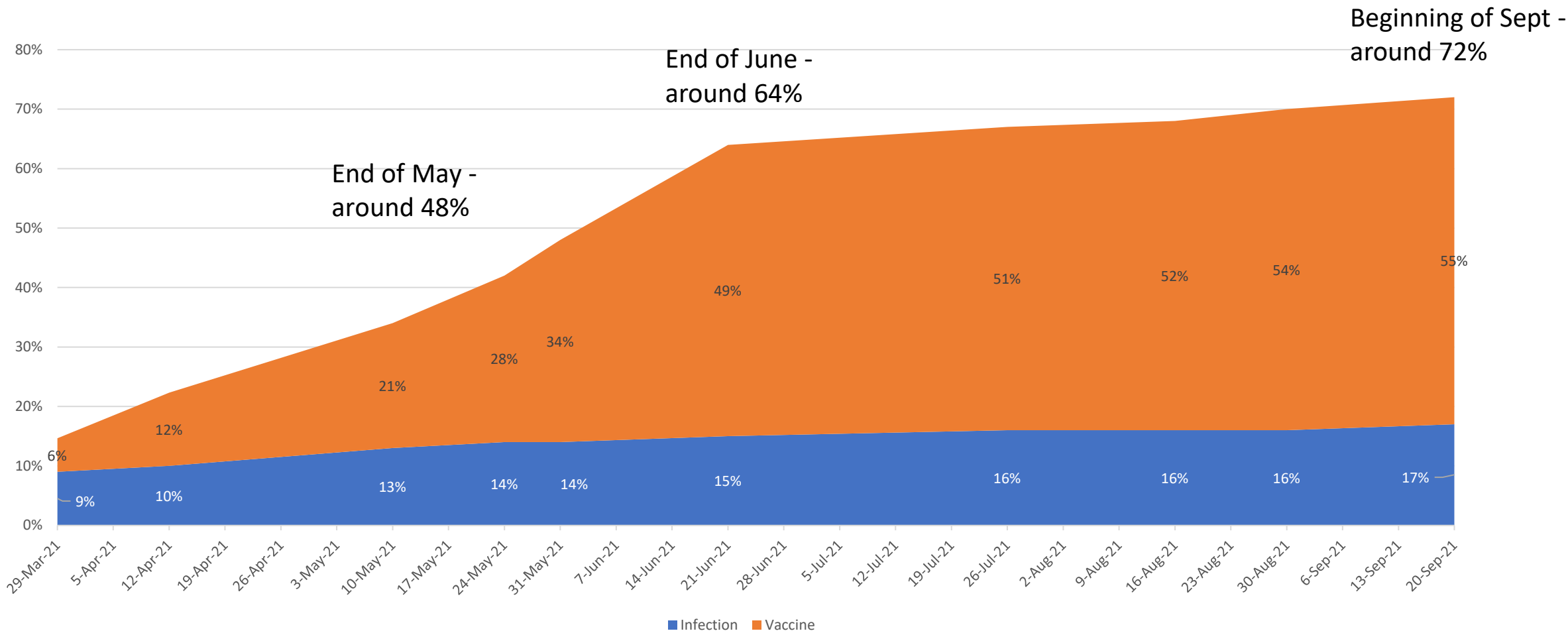


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Operational Lessons Learned

- Importance of Clear and Regular Communication
- Importance of Feedback Channels, and Adjustments as Needed
- Importance of Partnerships for Public Communication

COMMUNITY VACCINATION

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Disclosures

- PCN Physician Lead, Calgary Zone
 - Physician Leads Executive
 - Family physician, South Calgary
- Allergan – honoraria (speaking engagements)

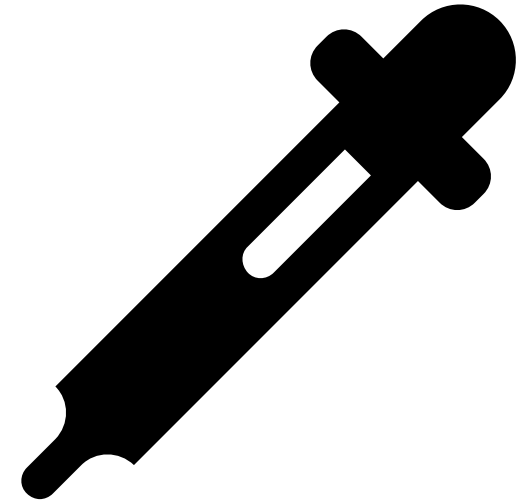
Dr. Ernst Greyvenstein

Family Physician



Community vaccination pilot: Phase 1

- 10 pilot clinics, two in each Zone
- 2,119 patients immunized (7 of 10 clinics able to draw 11 doses)
- High level of patient satisfaction
- High success rate with vaccine-hesitant patients
- Trusting relationship between patient, physician key
- Clinic staff, physicians enjoyed being part of pilot
- Distribution/delivery/reporting processes smooth
- Billing codes updated



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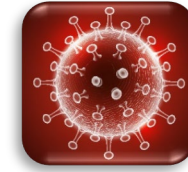
Community vaccination pilot: Clinic perspective

- Pre-pilot planning
- Impact on staffing
- Using EMR, tools to identify eligible patients
- The patient experience
- The clinic experience



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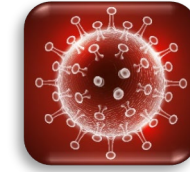
Next steps

- Second phase to begin shortly
- Other vaccines suitable for primary care
- Alberta addressing hot spots with vaccine distribution
- Alberta Vaccine Inventory: Ordering process
- IDSM and reporting



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Role of PCNs, clinics

- Role of PCNs:
Vaccine hesitancy,
vulnerable populations,
education, knowledge
translation
- Cargill pilot project
(Dr. Vyse, Dr. Coakley:
1,200+ immunizations in first day)
- Meat-packing plants:
Highland PCN immunizing
this week at Cargill Case Ready,
Lilydale, Harmony Beef
- Every clinic has a part to play



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COMMUNITY
vs. COVID-19



Dr. Christine Luelo
Family Physician

Disclosures

- Family Physician:
McKenzie Family Practice (fee for service)
- Medical Director:
South Calgary Primary Care Network (contract)
- Co-Chair:
Calgary Zone Operations Coordinating Committee (contract)
- College of Physicians and Surgeons of Alberta: Assessment
Program Advisory Committee (honorarium)
- Pharma: Nil

GRAB BAG OF UPDATES

DR. CHRISTINE LUELO

Yesterday 7:01 AM



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I hope someone thanked you, too....



Love you! Xoxo



Patient Care

- With majority of cases B1.1.7 beware the 7-10 day “crump”
 - Some patients may start to get better or be minimally symptomatic and still end up very unwell
 - Very different from the previous waves due to demographics of cases
- No longer testing for variant status with exceptions
 - Outbreaks, health care workers, returning travelers, hospitalized and ER patients
- Access clinics are experiencing massive volumes
 - Please manage your own patients once you know about them
 - You may note variability in the communication you receive or process depending on postal code of patient
 - Please carefully consider your own access and avoid overflow to access clinics as much as possible



Laboratory access

- STAT and urgent bookings (within three days for STAT need) patient can call lab for an appointment
 - Patient will need to explain why STAT
 - Clinical need NOT preference
- Time-sensitive lab bookings PILOT to be rolled out more broadly
 - Healthcare providers tab on APL website
- Sunridge mall changes, effective May 10, 2021
 - Monday to Friday – **Walk-in only** service **6:30 a.m. to 8 a.m.**
 - **APPOINTMENT ONLY** service **9 a.m. to 6 p.m.**
 - Saturday and Sunday – **Walk-in** service available **7 a.m. to 3 p.m.**

GRAB BAG OF UPDATES

DR. CHRISTINE LUELO



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**COMMUNITY
VACCINATION**

Vaccine

- Don't waste any opportunity to ask about vaccine/talk about vaccine/agree with vaccine
- What is your process for getting the right data into your chart?
- Letters for 12-15-year-olds who qualify under Phase 2B
 - Need for letter rescinded Friday April 30, 2021
 - Immunizer will be responsible for reviewing fact sheet available online
 - <https://www.alberta.ca/assets/documents/covid-19-vaccine-high-risk-children-youth.pdf>
- Pregnancy considerations fact sheet updated
 - <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-immunization-in-pregnancy.pdf>

GRAB BAG OF UPDATES

DR. CHRISTINE LUELO



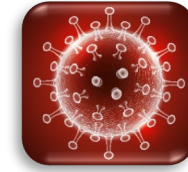
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Vaccine....some advice from hematology Specialist Link team

- VIIT is a rare autoimmune phenomena and not associated with traditional risk factors for thrombosis
- The risk of clotting with any of the COVID-19 vaccines remains low and the benefits outweigh the risk so get the vaccine that you can! A personal or family history of thrombosis is not a contraindication to the AZ vaccine
- There is no role for thromboprophylaxis (e.g. LMWH or DOACs) for those getting the AZ vaccine
- Thrombosis Canada statement on AZ from April 26, 2021
 - <https://thrombosiscanada.ca/astrazeneca-covid-19-vaccine-statement-april-2/>
- AND.....Anticoagulation does not need to be discontinued to get vaccine

GRAB BAG OF UPDATES

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Vaccine Billing – 3 scenarios

- Vaccine only, by you (under 10 min) or your staff use **13.59V = \$25**
- If physician spends more than 10 minutes with patient (for example post-injection issue, longer consultation for hesitancy) add **13.59 VA = \$20**
- These new codes:
 - Not yet active in system
 - Not included in daily cap
- Visit for some reason and you give COVID-19 vaccine as added item use appropriate visit code (03.03A or 03.04A) PLUS 13.59A

GRAB BAG OF UPDATES

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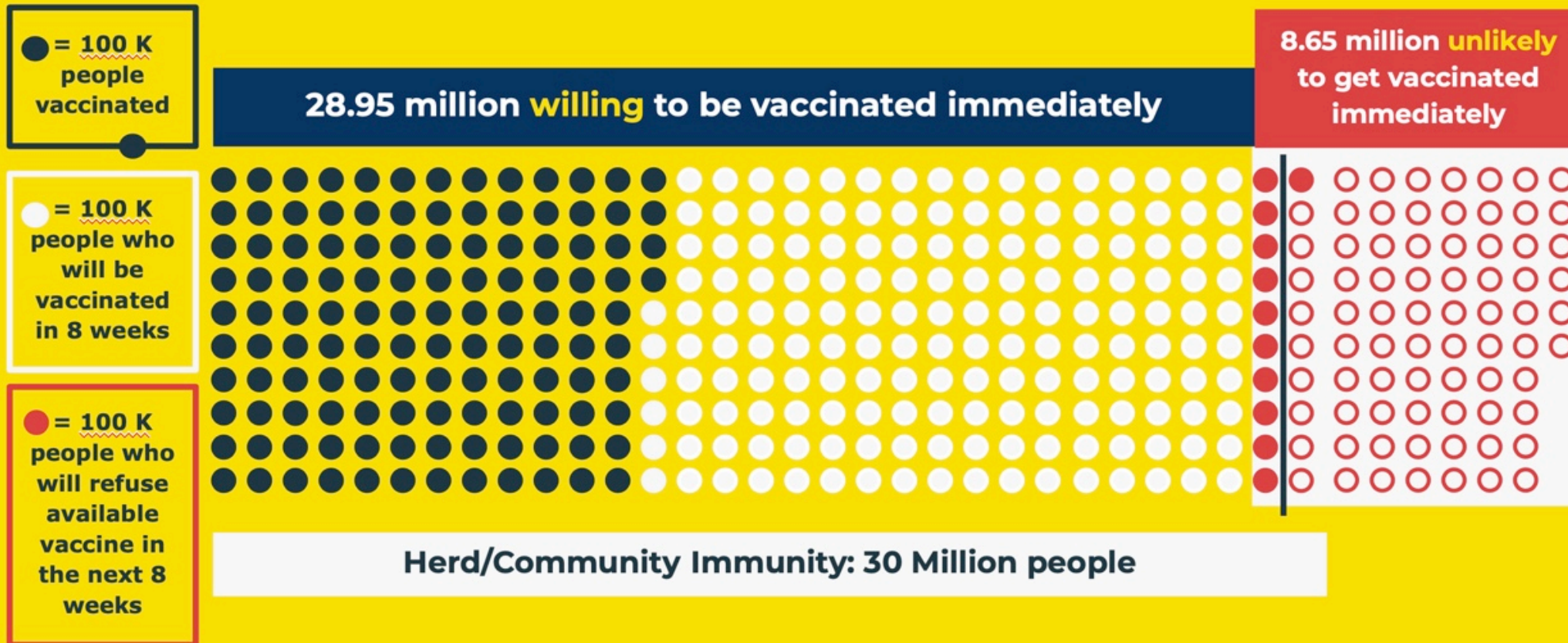
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VACCINATION**

Vaccine.... And now for the hope slide!

- Finishing phase 2
 - 4 months to get here = 13.7 M doses CAN
- Phase 3 coming next and get ready to swim
 - +40 M doses in 8 weeks projected

VACCINATION GAP: ~1.05 MILLION PERSON GAP TO REACH COMMUNITY IMMUNITY

Of 37.6 Million Canadians...



(March 24 = only 7 blue dots !!)

Leger, 2021

COMMUNITY VACCINATION

Q&A DISCUSSION

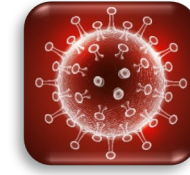


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SURVEY LINK, SLIDES



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Thank you for attending!

- Next webinar: To be confirmed!

Don't forget ...

- Complete the online evaluation form to receive your ticket of attendance:

<https://survey.albertahealthservices.ca/TakeSurvey.aspx?SurveyID=m8L2l86L0>

*Link to survey, video, slides posted on www.specialistlink.ca under COVID-19 tab

