

# COVID-19

## Public Health

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## Update

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# Alberta overview

- **Cases:** 661 (~2/3 in Calgary Zone)
  - **Hospitalized:** 41
  - **ICU:** 14
  - **Deaths:** 3
- **Major clusters:**
  - Prayer Group
  - Medical Bonspiel
  - LTCs – McKenzie Towne
- **Tests:** 45K+ tests done
- **Test rate:** ~3000+/day historically; recent decrease (~2000/day over the last couple days)

# 5 problems to solve

## Public health measures

1. Increase lab testing
2. Do case & contact follow-up for all confirmed cases
3. Effective self-isolation / quarantine + social distancing

## Health system measures

1. Have enough stuff (PPE, ventilators)
2. Increase hospital capacity

# Our strategy

- Containment rests on 3 pillars (always done with mitigation)
  1. **Lab capacity that allows for aggressive testing** (ideally test all ILI)
  2. **Accessible testing w/ low TAT** (assessment centres, China's TAT was ~4 hrs)
  3. **Case & Contact follow-up of every single case**
- Easy to give up on this strategy as work will increase dramatically, but consequences of failure are dire
  - New York State: ~0.3% infected
  - Italy: ~0.2% infected
  - Imagine what even a 30% infection rate (100x New York) would look like
  - Economic consequences: WCS traded at <\$5/barrel; trillions lost from equity markets; Canada will 'definitely' see double digit unemployment

# FAQs

- **What happens if a staff member or patient gets COVID?**
  - PH will do a risk assessment – in general no concerns if person was never at work while asymptomatic
  - If symptomatic while at work, then PH will work w/clinic to do rapid risk assessment and tell all contacts to self-isolate
  - PH will **almost never recommend practice closure**
- **Who do we swab?**
  - Recent guidelines from Mar 23 recommended focus on high-risk populations (e.g., HCWs, LTC, etc.) but is vague and allows for leeway
  - Shift due to a **temporary decrease in lab capacity** → this is expected to change

# FAQs

- **Do we need N95s?**
  - Only if AGMP – COVID-19 not believed to be airborne spread
- **What about asymptomatic transmission?**
  - This is complex – current evidence & recommendations from reputable public health agencies suggest this is a small part of transmission
  - Evidence on this is evolving

# FAQs

- **Should we test in office?**

- Ideally not – goal is to have patients go to assessment centres
- However, if patient is already in office and PPE is available, testing is a good idea

- **How long will this COVID-19 last?**

- Predictive modelling has evolved regarding peak & duration
- Ultimately, I believe this will end when we have immunity, whether through vaccine or infection

- **What impact will this have?**

- This depends on how good our control measures are 😊