

primary cares

News & updates from the Calgary Zone



Saskatoon Farm update

It is strongly recommended that patients presenting with gastrointestinal symptoms who visited Saskatoon Farm between July 1 and 18 and consumed food or beverages or water at the restaurant complete stool testing (bacterial enteric panel and stool parasite screen).

Symptomatic individuals are advised to see their primary care provider or reach out to 811 Health Link for a Virtual MD assessment. Those individuals can be clinically assessed using the Alberta Precision Laboratories (APL) [microbiology requisition](#) for stool testing. Please include the exposure investigation number (EI 2025-855) and indicate that they are symptomatic in the clinical information/suspected organism section to link to the Saskatoon Farm outbreak.

Asymptomatic individuals still require testing but do not need assessment. [Read the memo.](#)

The pathogens presumptively identified and linked to the presumed E.coli and amoebiasis outbreak are *Enteroinvasive Escherichia coli* and *Entamoeba histolytica*. Other incidental gastrointestinal viruses, including norovirus, sapovirus and rotavirus, have also been identified. However, at this time, there is not sufficient evidence to link these pathogens to the outbreak.

Latest updates: A new AHS web page is available for primary care providers and patients regarding the presumed E.coli and amoebiasis outbreak. Visit ahs.ca/saskatoonfarm.

Difficult to treat depression pathway

A new Calgary Zone mental health pathway has been developed to support the management of [difficult to treat depression](#).

It was created to help guide enhanced treatment of patients with depression who are not responding to first line management. The pathway provides both nonpharmacologic and pharmacologic management strategies for treatment in the medical home, including augmentation recommendations.

The Calgary Zone's [anxiety pathway](#) has also been updated and now includes revised guidance on medication use to reflect current best practices.

Nephrology pathways: A link to the [chronic kidney disease pathway](#) has been relocated on the Specialist Link website and can now be found under the nephrology dropdown on the pathways page. A link to the [chronic kidney disease in diabetes mellitus 2](#) pathway has also been added.

Canada Disability Benefit, AISH implications

A [July update](#) to the Assured Income for the Severely Handicapped (AISH) policy manual summarized regulation amendments for the program to coincide with the start of the Canada Disability Benefit ([CDB](#)):

- The federal CDB (up to \$200/month) will be non-exempt income and impact monthly AISH benefits – except for recipients of a modified living allowance.
- AISH clients are “expected to apply for the CDB in a reasonable amount of time” and update the program; a letter to clients set a Friday, September 5 deadline to begin the application. Physicians do not need to have completed their portion by this date.
- Failure to apply for the CDB or update the AISH program “may result in a deduction of \$200 per month.”

Being approved for the disability tax credit ([DTC](#)) is a critical eligibility requirement of the CDB, and the DTC application involves a medical practitioner.

[Two options](#) to apply for the DTC:

1. Applicant fills out their part of a digital form through their CRA account or by calling the CRA, provides the reference number to a medical practitioner who completes the form via the [digital application](#) for medical professionals, and the completed form is automatically submitted to the CRA.
2. Applicant fills out their part of the “paper” form [T2201](#) by hand or using the fillable PDF, medical practitioner completes their part and signs it, either individual [submits it](#) to the CRA.

The CRA has a dedicated toll-free phone line (1-800-280-2639) for medical practitioners who have questions about the DTC or who need help filling out the form. The CDB [application](#) does not require a medical practitioner’s involvement.

Home Care Primary Provider Report

The Calgary Zone Home Care program is introducing a new *Home Care Primary Provider Report* that will be sent via fax to primary care providers, starting this summer.

The report, prepared by Home Care case managers, is designed to enhance communication, improve care continuity, and strengthen relationships between Home Care providers and primary care teams. It will include information such as:

- The Home Care case manager’s name and team telephone number.
- A Home Care update, detailing the client’s involvement in the Home Care program (assessment, treatment plan, or discharge information).
- Requests for follow-up actions.

- The client's health goals and priorities.
- Applicable physician billing codes for interactions with home care teams.

For more information including contact details and program services, please visit [the website](#).

Pneumococcal vaccine expansion

Effective Friday, August 1, provincially funded 20-valent pneumococcal conjugate vaccine (Pneu-C20 or Prevnar 20™) eligibility has been expanded to:

- Adults 65 years of age and older, regardless of risk factors, who have never received a dose of Pneu-C20 vaccine.
 - Adults 18 years of age and older who belong to one or more of the groups at increased risk for Invasive Pneumococcal Disease (IPD) will continue to be eligible for one dose of Pneu-C20, provided they have not received a prior dose.
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Lab bulletins

Effective Tuesday, August 5, Urea Breath Testing (UBT) has resumed after samples were sent out-of-province to Dynacare. All UBT testing will now be performed by APL and will be reported via the usual reporting channels under the UBT fields.

For samples that were referred out to Dynacare, a copy of the UBT result will be faxed or mailed to the ordering clinic. These results will also appear under "Miscellaneous External Test" folder in Connect Care. [More information](#).

CSF Prion Disease Testing Panel: Effective Friday, August 1, the National Microbiology Lab (NML) updated its prion disease cerebrospinal fluid (CSF) test panel. Only the EP-QuIC will be performed routinely. [More information](#).

Reminder about delays: Due to an instrumentation upgrade, there is a delay in lab test result reporting for Calgary Zone. Changes at the Clinical Biochemistry Hub Lab mean a typical 24-hour turnaround for routine chemistry and immunoassay tests will now take up to 48 hours. [More information](#).

Reminder about UTM, VTM collection process: All samples submitted to labs in expired universal transport medium (UTM) or viral transport medium (VTM) are no longer being processed. Please check the expiry date. [More information](#).

Measles resources

Measles resources are available to support providers and clinics. They include the following:

- Measles resources for providers [document](#)
- Perinatal measles [IPC recommendations](#)
- Precautions, management: [Perinatal measles](#)
- Local [exposure location information](#)
- [Case numbers](#)
- Lab bulletin: [Specimen collection pathway](#)
- [Printable poster](#) for clinics promoting vaccination
- Measles 101 [fact sheet](#); [fact sheet for parents](#)
- Childhood [immunization dashboard](#)

All practitioners in the Calgary Zone are advised to consider measles in under-vaccinated individuals presenting with a febrile illness. A measles hotline is available at 1-844-944-3434. Physicians can also report suspected and probable cases to the physician reporting line at 1-844-343-0971 (option 1).

Quick links

Alberta Virtual Pain Program webinars

Providers are invited to attend two-hour virtual webinars to learn more about the latest evidence in chronic pain treatment for adults.

- Friday, September 12, 9–11 a.m. [Register](#).
- Tuesday, October 7, 5–7 p.m. [Register](#).
- Thursday, November 20, 3–5 p.m. [Register](#).
- Tuesday, December 16, noon–2 p.m. [Register](#).

PPIP webinars

On Wednesday, August 27, from 6–7:30 p.m., the next session in the AMA's Physician Practice Improvement Program (PPIP) series focuses on learning the ins and outs of billing, liability and patient location as part of quality virtual care. [Register](#).