

COVID-19 / Mental Health Questions & Answers: Calgary Zone

Date Updated: Nov 25, 2020

General themes covered by this document:

- Coping with holiday stress
- COVID-19 Science Update
- COVID:
 - vaccine and treatments
 - PPE
 - isolation and transmission
 - testing and referrals

Question	Answer
Theme: Holiday stress	
1. What do you do with intergenerational conflict during Christmas? (e.g grandparents wanting to see grandchildren)	It is a bit of a negotiation to come up with a plan. Come up with creative solutions (e.g doing something outside), also ok to say “no”
2. Other ideas on how to deal with holiday stress?	Please see Vanessa’s slides
Theme: COVID-19 Science update	
3. Is it possible/likely that people might shed virus (and be contagious) longer than 10-12 days through other routes (eg fecal) ?	Immunocompromised patients and patients with severe infection do shed live virus for longer via respiratory secretions.
4. For the study from India discussed, what were the means of travel – and with or without, masks? How safe is air travel in general?	That particular study was done prior to any mask mandate – travel was mostly in buses and trains.

	There is high air circulation and does depend on the presence of the number of people with the illness - fairly safe overall - but still not endorsed.
5. Any new information on false negative numbers for swabs and need to focus on symptoms to inform isolation vs. test result? Could you comment on % false negative - asymptomatic vs symptomatic and on what day of symptoms to avoid false negative	IF symptomatic then FN is low, Sensitivity is 91-98% If asymptomatic, bets are off Viral load is highest or high from -2 to + 5days from symptom onset
Theme: COVID-19 vaccine and treatments	
6. If you have your choice of vaccine to receive, which would you choose? How do we reassure patients with respect to uptake of a vaccine that was rushed to production?	Dr. Luelo will get whichever vaccine she is offered first! Much of the delay in vaccine creation is around regulatory wait times – COVID vaccines get “front of the line” access to the regulators right now. More funding through government has meant multiple avenues explored at one time in each lab rather than iterative investigations. Finally, producers don’t usually make millions of doses until they are finished and final approval to avoid “wasted” production. All of this adds up to the short timelines we have seen for COVID vaccines being available to the public.
7. Will we as family docs be giving the vaccine? When will children get vaccinated?	Health care providers are listed as being a priority group. In the last pandemic (H1N1) family physicians and their teams were included in this group. We have a primary care representative at the table for discussions on vaccine roll out.
8. How many vaccine doses has AB bought? What is the ETA? When will health care workers get immunized?	AB has not bought any, vaccines are bought at the federal level.
9. Do we know anything about potential long-term side-effects of Pfizer or Moderna vaccines?	No, not at this time.
10. Best guess as to vaccine availability in Canada for (a) high risk populations / HCWs, and (b) everyone else?	See question 8.

<p>11. Why have I had trouble getting Flu vaccine from the vaccine depot but the pharmacists have no issues at all?</p>	<p>Pharmacies do a better job of supply chain management frankly! Last year they did the vast majority of shots – and AHS does look at previous usage to inform this year’s deliveries. We all order from the same place. The challenge is the vaccine depot does not have all of our provincial doses at the start – they are waiting on deliveries to fulfill orders too. Let’s focus on patients getting shots rather than who is doing them.</p>
<p>12. What would cause us to request monoclonals for a patient that had mild to moderate disease?</p>	<p>Given the cost - the benefit of monoclonals will be greatest in those with the highest risk, ability to get the drug (ie funding) AND speed. The earlier it is given the more likely to be effective</p>
<p>13. What is the cost of treatment for the monoclonal antibody?</p>	<p>Not sure on the cost of the monoclonals yet... our RSV monoclonal is very expensive however. To collect the grams of antibody required costs ~\$100-200/gram ... not including admin, development, research etc. They are not affordable at this time.</p>
<p>14. any new update in terms of prescribing medication ? if so when it is indicated ?</p>	<p>There is no role for medication outside of the hospital / congregate living setting unless suggested otherwise by Specialist LINK ID / pulmonary team)</p>
<p>Theme: COVID-19 isolation and transmission</p>	
<p>15. What if you go to someone's house and wear a mask all the time?</p>	<p>Do not go to a house that is not yours, as per Alberta’s new restrictions https://www.alberta.ca/enhanced-public-health-measures.aspx</p>
<p>16. If most transmission sources aren't known isn't is highly possible that it's from restaurants/bars? Whereas it would be easier to trace transmission within a household?</p>	<p>There have been fewer outbreaks recently in these venues and there has more related to household transmission - occurred more early in the summer</p> <p>We think restaurants are safer largely because there are 'backchannel' mechanisms for reporting</p>
<p>17. Can you still go to people within your bubble's homes/have gatherings with your cohort (e.g. sister/parents) or should we not be doing this either?</p>	<p>You are NOT supposed to go to anyone's home even if they are in your bubble. If you live alone you may have two dedicated people that you can have in your home.</p>

<p>Do those recommendations of not getting together in a home apply only to people not in your bubble?</p>	
<p>18. So if by day 9 most patients are done with viral shedding, if some patients still have some residual symptoms like a cough or fatigue by day 14, can they come out of isolation?</p>	<p>The new release from isolation text at day 10 tells you that you cannot end isolation if you have had a fever in the last 24 hours, or if your other COVID sx have resolved or have a weakened immune system, in which case you should remain in isolation until 14 days at least. As per the pathway if a patient still is symptomatic you should reach out to specialist link COVID line to get advice on next steps.</p>
<p>19. I have not received any covid results for my patients, even when I personally sign them up and enter my name as their family md to receive results. Who do I contact about this?</p>	<p>You should verify your information with Alberta precision laboratories (APL).</p>
<p>20. How long does it take the sense of smell and taste to recover in a patient who has tested + for Covid? 21. Do loss of taste or smell need to isolate until symptom resolves?</p>	<p>Anosmia/dysgeusia do NOT constitute symptoms you need to isolate for after 10 days.</p>
<p>22. How do we know about the flu numbers if we are only testing for covid?</p>	<p>Tarrant clinics are still testing, and hospital admits are swabbed for viral panels – full respiratory panels including influenza are not being done at covid assessment centres</p>
<p>Theme: COVID-19 PPE</p>	
<p>23. What PPE should an MD wear at hospital or their clinic seeing pts to not be told weren't wearing proper PPE and need to go off work for 14 days. Mask, Goggles, Gown, Gloves -</p>	<p>https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-modified-ppe-for-suspect-or-confirmed-covid19-in-vulnerable-populations-outside-healthcare-facilities.pdf</p> <p>If practicing in community – and there are zero symptoms = continuous masking sufficient (even if pt develops symptoms, mask is enough)</p> <p>If you see a patient with any symptom, will need full droplet contact PPE to considered “not a contact” (eye protection, mask, gown, gloves but gown and gloves less critical if hand hygiene is good and no touching of the face)</p>

	Eye protection at all visits not what AHS recommends but exclusions apply to community
24. if we wear eye protection + mask and later find out they had super mild symptoms, do we self-isolate?	No need to isolate – but do confirm through MOH. Further written confirmation on this expected in the coming week.
25. do we use eye protection on top of our spectacles? And what type of eye protection is appropriate - goggles vs mask vs visor	Yes to better cover the sides.
26. Can someone clarify what happens if we see an asymptomatic patient in our clinic, and then either develop symptoms or test positive within 24-48h? Hearing so much conflicting info about this	See Jia's slides If patient is truly asymptomatic at the time, and appropriate PPE was worn (medical grade mask), then you are not a close contact.
Theme: COVID-19 testing and referrals	
27. Can anyone home care/community paramedics do any in home testing if patient unable to get to lab but exposed to +ve relative?	YES! I send them when we need the testing and can't leave the home. Please make sure this is a last resort as capacity is limited.
28. Do the positive and negative results come out at the same time when they are done or are the texts prioritized?	Yes, linked to the lab system reporting system. Priority is given to swabs of high risk groups (eg: health care workers) but this speeds up the front end - reporting once test done is the same.
29. I have a patient with BC health number, her result is not on Netcare, gave her my lab numbers but didn't come to me. Pt knows her result. Where can I get a hard copy of the result	Call APL. Only Alberta residents have NETCARE profiles. AHS will assign a temporary PHN to non-Alberta residents for testing at swab sites. When someone signs up online for a test and does not have an Alberta PHN they will be called by 811 to actually set this up. If you swab them in your office things are not as easily managed.
30. Can you get a private COVID test?	Yes, but know the limitations of the test - what are the details of the test - are they approved by Health Canada, etc.
Theme: COVID-19 other questions	
31. Question about schools. The data from schools is that there are about 900 students who	Cases of students who happen to go to school are almost all related to community transmission. There have been under 200 schools where in school transmission has

<p>tested positive since September. That actually represents 20% of the total since September assuming a 5000 case total (all Calgary related). To me that sounds like a significant number. Any thoughts?</p>	<p>occurred and in just under 100 of those, there was only one other student infected. Schools are really safe. What school aged children do outside of school is not in the sphere of influence of the school unfortunately.</p>
<p>32. What about those patients who need O2 supplement and have fluctuating O2 level and ++ symptoms?</p>	<p>There is limited capacity through Hospital at Home team that the specialist link team may be able to connect you to, that allows for in home monitoring and enhanced at home care. Also remember there are home O2 monitors available for patients you have a higher level of concern for.</p>
<p>33. My pt with O2 sat fluctuating from 86 to 92 % with severe respiratory distress called 911 x 2 based on pathway as I asked her, and was told should stay at home. what should we do?</p>	<p>Call specialist link COVID line and discuss the case with your specialist colleagues during the day or call RAPPID to review. Your worst nightmare in the community may not look too bad to the ER and admitting teams in a hospital. Also ,you can better advocate for a transfer via EMS for your patient than when they make that call themselves and perhaps down play their symptoms.</p>
<p>34. If someone appears high risk at day 1... can we safely step them down to every other day phone call if seem to be doing well (in addition to self monitor)?</p>	<p>The pathway is meant as a tool to help you with clinical decision making and it is meant as a guide. You know your patients best and who is reliable to report in if feeling worse, or call 911 if significantly worse. Recall many patients can decompensate quickly around about day 5-7. Also, don't forget to weigh the social isolation and social red flags issues in your decisions. Some people will really benefit from a daily call just to keep them sane. This could be a great call for a team member if you don't have capacity in your schedule.</p>
<p>35. Is there a chance there may be another PCN webinar in December - given how rapidly the numbers are escalating, and how quickly processes are changing and developing?</p>	<p>Next one is scheduled for Feb 2021 to resume but may open up possibility of webcast if new info warrants it. Any particular topics you want to hear about? Let us know! (I think something on how to talk to your patients about vaccine hesitancy might be timely!)</p>