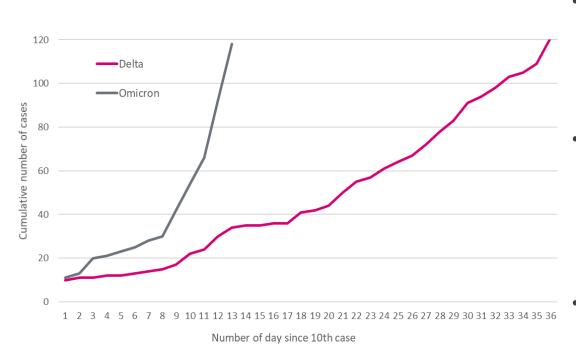


Omicron – Alberta cases

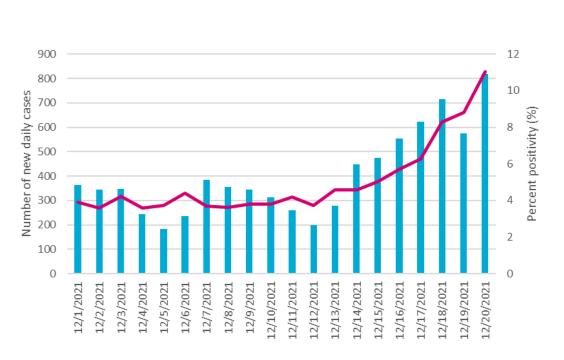


- Omicron case growth rate is substantially higher than what was witnessed with the Delta variant.
- The number of Omicron cases identified remains too low for robust estimates; however, preliminary analyses suggest that doubling time may be 2-3 days.
- This is in line with what is being reported in other jurisdictions.



Cases in Alberta: current status

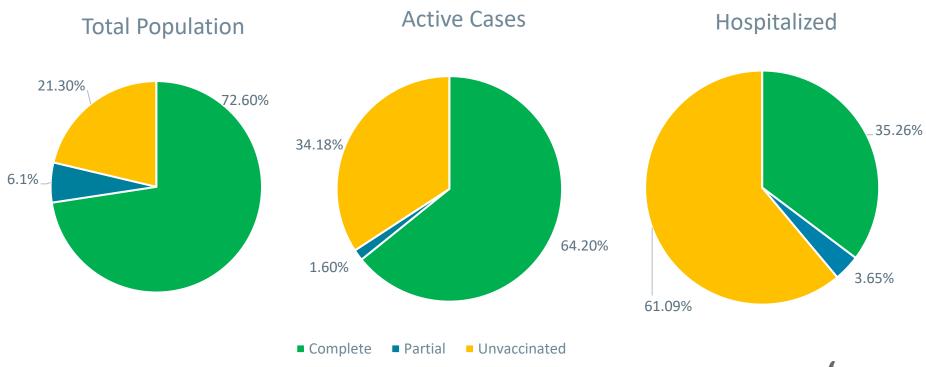
(As of December 20, 2021)



- The number of daily new cases in Alberta is increasing rapidly: they increased from around 320 per day in early December to 818 new cases on December 20.
- Percent positivity is also climbing: daily positivity increased from 5.7% to 11% in just five days (Dec 16 to 20).
- These increases are driven largely by increasing case rates in the Calgary Zone (percent positivity: 16.6%), where Omicron cases are highest.
- Total hospitalizations have been decreasing but remain high. The number of current ICU hospitalizations has remained around 70 while non-ICU has been dropping.

Classification: Protected A

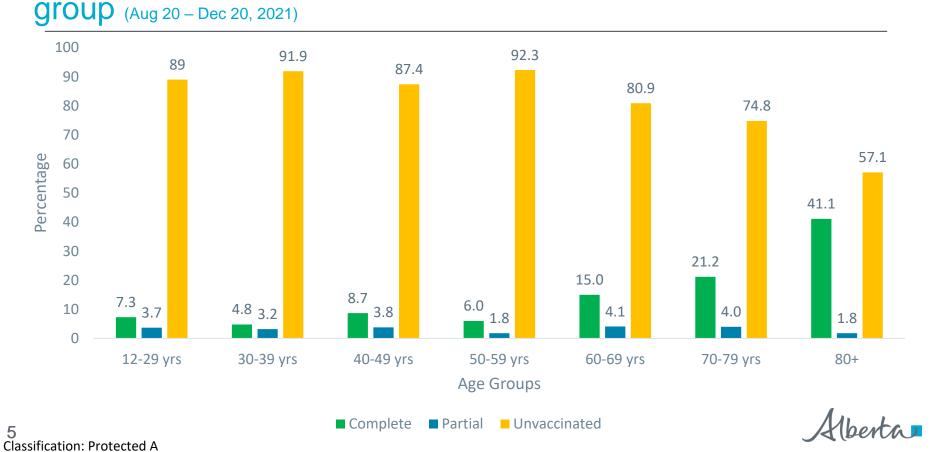
Current State by Vaccination Status (December 20, 2021)



Alberta

Classification: Protected A

Alberta's COVID-19 cases in ICU by vaccine status and age



What Do We Know Now about Omicron?

- Peak onset is 3 days following exposure
- Virus replicates faster with higher levels in the bronchus
- Doubling every 2 to 3 days
- 5.2X more infectious than Delta
- Higher immune evasion, whether natural or acquired 5.4X more reinfections than Delta
- Hospitalization rates in Denmark: 1.5% Delta and 1.2% Omicron



Classification: Protected A

Vaccine protection

- 14 days after an mRNA booster: 54 77% effective
- Alberta response: Expansion of booster doses to everyone 18 and over
- 5 month interval
- "Take the first mRNA vaccine available to you. Both Pfizer and Moderna offer a high level of protection. People 18 to 29 will be offered the Pfizer vaccine."



Severity?

- Despite limitations of early SA data, showing decreased hospitalization, there are now 4 preprint studies showing reduced severity (SA, Scotland, England, Denmark)
- England: 20-25% reduction in hospital attendance and 40-45% reduction in admissions within 14 days of + PCR
- Shorter length of stays
- 2 doses of vaccine protective against hospitalization
- Previous infection reduced hospitalization by 50%



Rapid Test Kit Program

- Program launched Dec 17 with initial distribution of 500,000 test kits distributed through select pharmacies and AHS locations.
- Rapid Test Kits for continued distribution at pharmacies and AHS centres will be replenished as quickly as supply is received.
- Going forward:
 - 2 million more tests (400,000 kits) on-hand to be distributed in coming days.
 - 1 million additional tests (200,000 kits) arriving later this month.
 - Alberta pursuing direct purchase of up to 10 million additional tests to support the Rapid Testing Program
 - Intention to increase distribution to 10 million tests per month beginning in January.

Access to Monoclonal Abs (Sotrovimab)

- Targets those at highest risk of hospitalization, NNT=20
- Must be administered within 5 days of symptom onset
- IV infusion at px's home/AHS site, followed by 1 hour observation
- Two groups eligible: Unimmunized and Immunocompromised
- Unimmunized: 55 yrs plus OR pregnant OR 18 plus with chronic kidney disease, CHF, COPD or mod-severe asthma
- Immunocompromised: transplant OR active oncology treatment since December 2020 OR systemic immunosuppressive Rx since December 2020



Alberta Experience to Date (Dec 20):

- 6,149 Albertans with a positive result received notification of monoclonal antibody option
- 167 called to enquire
- 74 were deemed eligible
- **55**/74 accepted treatment
- Outcomes being actively tracked



Oral Antivirals

- Two in process of approval by HC: Merck's Molnupiravir and Pfizer's Paxlovid (Nirmatrelvir and Ritonavir combo)
- Expected timeline January 2020
- May be first or second line drugs
- Must be administered within 5 days of onset of symptoms
- CADTH conducting consultations to create clinical guidance
- Active planning in progress



12

Changes to recommended PPE

- SARS-CoV has both short and long range aerosols
- Masking for the full duration of the shift, with either a well-fitting medical mask, KN-95, or N-95
- Point of care risk assessments
- Anyone providing direct care to suspect, probable or confirmed case should wear PPE: gown, gloves, eye protection and either a fittested, seal-checked N-95 OR non-fit-tested, seal-checked N-95 OR a seal-checked KN-95
- ?Quality of the evidence



13 Classificati

Rapid tests in the workplace

- Primary care is eligible to apply for rapid testing of staff (currently twice weekly)
- Online application:
 https://www.alberta.ca/rapid-testing-program-for-employers-and-service-providers.aspx
- Expect delay over the holidays
- Stay tuned for potential changes



Questions?



Albertan