

OMICRON WEBINAR: QUESTIONS & ANSWERS

1. **What do we know about the severity of omicron disease for the vaccinated and for the unvaccinated at this point?**

Answered in presentation, so far evidence of less hospitalizations in both groups. Omicron variant cases doubling every 2-3 days and it is now dominant strain in Alberta

1. 5.2 X more transmissible than Delta
 2. 5.4 X more re-infections than Delta (evades immunity)
 3. Still uncertainty re: severity
 4. AH and AHS planning for imminent 5th wave
 5. PPCNC has endorsed a task group to meet over the holidays
2. **The website said to encourage daily rapid antigen testing of staff. Is this frequency of testing evidence based? Is it necessary?**
Recommendations for rapid testing and test to stay are evolving quickly. We continue to monitor the best information.
3. **Testing daily or alternate days, will conceivably cause severe staff shortages. Is it possible to work in PPE if positive and asymptomatic?**
At this time, no positive health care worker should be caring for patients. There is planning in place for further recommendations on close contacts of a positive case, and recognition on the potential impact on the health care workforce. These will be adapted in stages as the Omicron story unfolds.
4. **Partially vaccinated 7-year-old boy. He was a close contact and had only a stuffy nose. Tested positive. (Both rapid and PCR) Stuffy nose is gone. Not better gone. No other symptoms. Does he still have to isolate?**
Yes.
5. **What about asymptomatic partially vaccinated siblings? What's their quarantine requirements? Looks like 14d, ironically. What if he tests negative?**
Yes – 14 days.
6. **What about the fully vaccinated adults in his life? Some were triple vaccinated more than one month ago. Looks like no, if asymptomatic.**
Correct. If they are health care workers, they will have to rapid test daily.
7. **I know this is early but maybe trends were seen earlier due to increased case numbers in 5-11 group. But that would have been when delta was predominant strain. Have cases of MIS-C increased with Omicron? Have GB or South Africa or Nigeria shared data on MIS-C?**
Still too soon with Omicron. Need more time for these to emerge.

- 8. Why are household contacts not being advised to quarantine when they have continuous direct contact and are not isolating from their spouse who is PCR positive and symptomatic?**
If NOT fully immunized, strongly recommended to stay home for 14 days and not attend school, childcare, public places, restaurants, sports and recreation activities, social events, and public gatherings. As well, household contacts are advised to get PCR tested as soon as possible and to consider also doing serial rapid tests.
- 9. Further to my question about AZ coverage- if a patient had 2 AZ and one mRNA booster, when should they get another mRNA booster?**
Albertans who had had two doses of AZV as a primary series are eligible to receive an mRNA booster at 5 months following their second dose. There is no plan for a fourth dose at the moment.
- 10. Can you describe the difference between seal tested and fit tested? What does “well fitted “medical mask entail? Are there additional “sealing tools “we can use for medical masks?**
Seal tested is done each time you don a respirator type mask. Instructions are on the package and here is an [infographic](#) and [video](#). There are [devices](#) to help seal medical masks. See link.
- 11. Can we have access to the Emergency stockpile of PPE for N95 masks? We have access to AHS PPE supplies but payment for supplies will be up to Alberta Health.**
We will work at getting an answer, nothing confirmed as of yet on costs. Here is link to order from AHS.
- 12. How can family doctors and other community health professionals get fit - tested?**
Primary care consulting group is working on this stay tuned!
- 13. Are there business supports for additional costs of upgraded PPE?**
None at this time, AMA is meeting with Alberta Health and leadership has this as a priority.
- 14. Family doctors have significant financial pressures, and additional PPE costs are not viable. What supports are in place to keep community practices open and financially viable?**
AMA leadership is working on this.
- 15. Have the issues with covid positive results getting to family physicians been resolved?**
At present 50-60 % of tests get to the PCP. AHS leadership is working on this. It is expected that PCR testing will soon be at capacity and we will be relying on other types of testing. The primary care consulting group is working on processes in this area.
- 16. What is the PCN’s role in this emergency planning? PCN leadership is at all tables and is looking and leading three buckets of work.**

 1. safety in our clinics for staff, patients, and ourselves
 2. Maintaining capacity in community leveraging existing tools and resources

3. Communication to community providers as the situation revolves

17. Should we be going to KN95 or KF94 in clinic at least with symptomatic patients?

Yes, as Dr Salvaterra stated in the webinar, we should be using seal tested or fit tested N95 respirators. Practically speaking we have no system in place to fit test community providers. We need to seal test N 95's and we have shared a video and infographic. We are also working on how to access these upgraded PPE requirements and advocating strongly for free PPE.

18. Is there any way that family physician's offices could get some of those rapid tests? I worked all day the day that they were available at pharmacies.

Can apply as a business [here](#). There will be a delay over the holidays.

19. Will there be any AHS funding or support in acquiring upgraded masks (to N95 or KN95) for community clinics?

AHS has offered access; payment is left to Alberta Health and AMA leadership has this as a priority and it is under discussion. <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-distribution.pdf>

20. Should our vaccine policies in clinic recommend 2 vaccines or 3 vaccines for our medical staff and physicians?

I would certainly recommend that EVERYONE get a booster, particularly HCWs and staff - I wouldn't necessarily mandate anything yet (that's up to your clinic) as it's pretty early days that the booster eligibility has been broadened.

21. If a senior was accidentally given 50mcg instead of 100mcg moderna, what should be done?

I'd do nothing for now - but you can call me about this question later.

22. Should we be using eye protection with all patients?

YES!

23. Will Dr Deena Hinshaw be in attendance today?

She can't make it today - was pulled into a last-minute meeting, but Rosanna's here and she's awesome!

24. If someone has had two Moderna vaccinations is there any advantage to having a Pfizer booster rather than a third Moderna?? Or vice versa

I am personally pretty agnostic between the mRNAs - for some populations the higher dose (100 mcg Moderna) is recommended (older, LTC) but for others I would say Pfizer and Moderna (50 mcg) are equal, and this is the conclusion that NACI also has come to.

25. Rapid Ag testing is increasingly being requested by the public (and some physicians) in many and varying situations. Can you provide some perspective on this testing and it's use and appropriate role?



Needless to say, this is rapidly evolving. Here is the to current advice as of December 23. In practices physicians may want to consider testing to stay for individuals who are close contacts of positive cases. Dr Hinshaw has asked the public to use rapid tests for individuals with symptoms and recommended no confirmatory PCR unless in high-risk setting. Check this document out. [Rapid testing](#)

26. Do we know how many people gets reinfected the second or third time, and how long after the previous infection?

Not too much data on this yet Bao - based on the studies that came out yesterday on severity, it does seem that prior infection is quite protective against severe Omicron infection which is probably the most salient question these days: <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-50-severity-omicron>

27. Is there any evidence or guidance on 4th doses for immunocompromised patients for whom the 3rd dose was done because of the risk of diminished response to the first 2 doses rather than as a booster?

There isn't much evidence - a 4th dose can be considered per NACI's latest booster guidance that came out Dec 3 - <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/guidance-booster-covid-19-vaccine-doses/guidance-booster-covid-19-vaccine-doses.pdf> this isn't based on much evidence either way and AB doesn't offer it yet I believe.

28. How long after the third dose will we need another dose?

It isn't clear - we have no data at all on duration of immunity w/ Omicron since Omicron is super new.

29. If people got AZ vaccine first, then followed by 2 mRNA doses, do they get the 3rd mRNA booster as well, if it's been 5 months?

30. If patient has been already Omicron positive is booster still recommended, how soon post infection?

No data on this, but I would say yes - 'hybrid immunity' (that is, vaccination post natural immunity) seems to be more robust than natural immunity alone.

31. Should we still be waiting 8 weeks for the 2nd COVID shot for children 5-12, or try to get the 2nd shot earlier for possible protection against omicron?

We discussed this at NACI recently and currently we (NACI) are not planning on shortening the interval. I believe AB isn't currently shortening the interval, but I think we're keeping an eye on the evidence pretty closely on this...

32. How can we message take first available when data shows Pfizer is better and the reasoning around offering it preferentially to 18-29 years?

It's basically the risk of myocarditis is severalfold higher for Moderna than Pfizer for this age range - which is why there's that preferential recommendation for Pfizer -

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-recommendation-use-covid-19-vaccines-individuals-aged-12-years-older-myocarditis-pericarditis-reported-following-mrna-vaccines/summary.pdf>

33. Any possibility of booster shots for ages 12 to 17, given many had their doses less than 8 weeks apart. Thanks.

Under discussion.

34. I give vaccines in my clinic and it is a very slow process getting vaccines delivered, so I cant book pts ahead of time, can we please change to picking up from ahs sites, I have capacity to give vaccines, but I cant get them any time the demand increases:

We will forward this on to our colleagues that distribute vaccines.

35. The NACI recommendations for timing between kids (age 5-12) vaccine doses is 8 weeks. In light of the Omicron wave upon us, is there any utility in shortening that interval?

We discussed this at NACI recently and currently we (NACI) are not planning on shortening the interval. I believe AB isn't currently shortening the interval, but I think we're keeping an eye on the evidence pretty closely on this...

36. how well are the patients with two doses of AZ vaccine and one dose of an mrna vaccine protected?

Probably not very well at all, unfortunately monoclonal infusions in Calgary and Edmonton are now being done at a site - not in homes - program change yesterday to allow EMS capacity support.

37. Is there any role for monoclonal antibodies in vaccinated individuals who are at higher risk of severe disease - eg high BMI, medical comorbidities?

Yes - look here: [https://www.albertahealthservices.ca/topics/Page17753.aspx?text=Sotrovimab is for use in, Age 55 and older](https://www.albertahealthservices.ca/topics/Page17753.aspx?text=Sotrovimab%20is%20for%20use%20in%20Age%2055%20and%20older) for eligibility criteria which do include some folks who are vaccinated.

38. The evidence is becoming clear that Omicron is not nearly as severe as Delta. As was pointed out this has been shown in 4 preprint studies as of today. If this is the case, how soon will public health relax their current restrictions.

The evidence of reduced hospitalizations is excellent news, the problem is the expanded denominator of cases, so if 50% less hospitalizations with omicron but exponential surge of growth with daily cases above 10,000 the system can still be overwhelmed, hence restrictions are in place until real time evidence is clear.

39. Is our testing capacity for PCR going to be overwhelmed with the exponential growth of Omicron? What is testing turnaround?

Testing turnaround in Alberta and all over Canada will be quickly overwhelmed by Omicron. As such, some sort of prioritization (e.g., for HCWs), high-risk people, etc., is being deliberated all over the country. Current TAT is ~2-3 days as of this morning, at least in Calgary.

40. Approximately how many monoclonal doses will be available in Alberta per month?

We need to back to you on this. Supplies are limited and changing as situation evolves.

41. How expensive are Monoclonal Abs per patient?

Drug prices are pretty secret (negotiated at the federal level and given to the provinces). In the US its sticker price is ~\$2000 but we almost always get cheaper than that.

42. How are pregnant women identified for possible monoclonal Ab treatment?

All positive patients are sent a text or are informed by phone about the possibility:
[https://www.albertahealthservices.ca/topics/Page17753.aspx?text=Sotrovimab is for use in, Age 55 and older](https://www.albertahealthservices.ca/topics/Page17753.aspx?text=Sotrovimab%20is%20for%20use%20in%20Age%2055%20and%20older)

same way that others are identified - all COVID+ receive a text and when texted they are also told they can call a number if they're interested in AB treatment. Right now, uptake is generally quite low in AB and across the country, so anything you can do to make patients, including pregnant patients, more aware of the Sotrovimab (and hopefully soon Paxlovid / Molnupiravir) would be awesome!

43. For children turning 12 in 2022 do they get the adult dose for booster as of January or does it now go by age at the time of vaccinations?

So far still by year of Birth.

44. Thoughts on 5-11 yo having their 2nd dose with <8-week interval?

see the other answers around narrowing the interval for peds vaccines - short answer is not currently but NACI/Alberta/every province is monitoring things v closely.

45. comment - oral meds might be difficult due to timeline - patient has sx 1-2 days, then swab then result gives turnaround very short and demanding on family docs to monitor

Agree - it's something the folks in charge of the antibodies are trying to figure out. This will involve way to streamline testing (prioritizing for pts eligible for treatment) - but from what we've seen to date in AB and across the country, awareness is low. So, it's a bunch of things we need to streamline.

46. Will community clinics receive some guidelines as far as how to manage patients with respiratory symptoms? Receive funding for any PPE? We have been funding all PPE for almost 2 years without any support. It is a huge cost for a busy clinic that actually sees patients like mine.

All excellent questions and these issues are being worked on. AMA and primary care leadership has been united in advocating strongly on this topic.



47. Is there good evidence that non-fit tested N95 is significantly better than medical grade surgical mask?

Most of the evidence is expert opinion and studies are difficult to analyze as multiple interventions are being done at one time, including handwashing, gowns gloves, social distancing. That being said, more evidence is mounting that N95's seal checked are helpful.

48. What is "seal-checked" as compared to "fit tested"?

See Infographic and video as above. Fit testing is a more complicated procedure requiring test with a substance while wearing the mask. Practically speaking we cannot fit test all community providers so seal testing which is done when putting on the mask is the next best thing.

49. Any evidence of more severe outcomes with Omicron in immunocompromised groups?

I mean, I haven't seen it specifically but I'm pretty sure they'd be at risk of worse outcomes from any type of COVID variant, including Omicron. But TBD.

50. Link to Rapid testing for business - <https://www.alberta.ca/rapid-testing-program-for-employers-and-service-providers.aspx>

51. Is there a thought about how physicians manage if they are asymptomatic and still test positive with the screening? Can they work if they wear appropriate PPE? This will be a phased approach recognizing the impact on service continuity.

As of today, if rapid tests are positive no they would not work. If we hit the threshold to keep the system working, they may work in full PPE, with Covid patients only or some such arrangement. AHS has a pandemic plan that phases in these depending on workforce requirements.

52. Do the rapid tests test for Omicron????

Yes.

53. Would you please link to a website re: how to access the N95 masks? These can be ordered through AHS as well as privately. AHS link

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-distribution.pdf>

54. What's the rationale for not isolating close contacts of positive cases?

If NOT fully immunized, strongly recommended to stay home for 14 days and not attend school, childcare, public places, restaurants, sports and recreation activities, social events and public gatherings. As well, household contacts are advised to get PCR tested as soon as possible and to consider also doing serial rapid tests.

55. patients are calling with a positive rapid test but non symptomatic-do we advise them to do PCR test?

Apparently as of today only if they are eligible for FYI - new direction from Dr. Kristin Klein: As of December 23, anyone who tests positive with RAT no longer needs confirmatory PCR unless they are eligible for monoclonal antibodies.

56. Do we know how good J&J vaccine is against Omicron?

Probably not very - <https://www.nbcnews.com/health/health-news/jj-sinopharm-sputnik-v-covid-shots-not-effective-new-variant-study-fin-rcna9135>

57. boosters are 3months in qc Ontario, can severely immunocompromised people get an earlier booster following their 3dose primary series.

Not in Alberta yet.

58. What is the status of the Virtual codes? We will be required to do WAY MORE calls in the upcoming weeks.

AMA meeting today and advocating tirelessly on this!

59. what planning is in place with respect to rapid testing to keep schools open in person?

Will update when we receive the information on this.

60. At the St. Pauls's CME last month, they stated there may be more false negatives in rapid tests among those who are vaccinated - is there any more evidence on this one way or the other?

FNs are still quite rare for the rapid tests - so I wouldn't be too fussed about this, particularly in our current environment w/ very high disease incidence - if you want some studies on it shoot me an email - our lab has done lots of validation.

61. What about long Covid? Do patients not need to have a positive test to get diagnosed with this condition?

We may need to utilize serology for confirmation, but it is under discussion.

62. Further to my question about AZ coverage- if a patient had 2 AZ and one mRNA booster, when should they get another mRNA booster?

63. Is it possible that Alberta Health Utilize Media Broadcast To encourage people with upper respiratory symptoms to stay home? I notice in my practice that symptomatic people frequently come to the clinic which constitute a huge factor in spreading the infection.

WILL pass this on!

64. Why are household contacts not being advised to quarantined when they have continuous direct contact and are not isolating from their spouse who is PCR positive and symptomatic?

If NOT fully immunized, strongly recommended to stay home for 14 days and not attend school, childcare, public places, restaurants, sports and recreation activities, social events and public gatherings. As well, household contacts are advised to get PCR tested as soon as possible and to consider also doing serial rapid tests.

65. Please discuss false neg false positive rapid test numbers:

FNs are still quite rare for the rapid tests - so I wouldn't be too fussed about this, particularly in our current environment w/ very high disease incidence - if you want some studies on it shoot me an email - our lab has done lots of validation jia.hu@ahs.ca

66. Is there an update on planning for schools - will proof of vaccination be required for children to attend? (Many docs and staff may require childcare and advance notice of this would be helpful)

I doubt that's coming anytime soon.... no province in Canada has done this yet and it's not really being discussed seriously in places like ON, so I don't think it's currently on the table in AB.

67. If we don't have the capacity to test everyone, for those that are presumed positive or rapid test positive, will they be supported if they develop long-covid symptoms from a disability point of view (without having any documented proof of covid infection).

Under discussion may need to get serology to confirm infection.

68. are they changing the time of getting a booster after getting covid?

No - vaccinate any time after pt no longer actively infectious.

69. Do visitors to Canada who are not citizens or PR's have any access to covid testing if they become symptomatic?

Yes - people who don't have Alberta HC can get both vaccines and tested and have always been able to.

70. Are pregnant patients offered monoclonal treatment only if non-vaccinated?

Yes pregnant individuals qualify. <https://www.albertahealthservices.ca/topics/Page17753.aspx>

71. Patient with two AZ doses and an mRNA third dose. Do they get a second MRNA Booster?

Albertans who had had two doses of AZV as a primary series are eligible to receive an mRNA booster at 5 months following their second dose. There is no plan for a fourth dose at the moment.

72. Is there a link to the official AHS recommendation for wearing N95 for all suspected covid-19 patients while in hospital or clinic?

We expect an announcement of the changes outlined in the presentation today tomorrow from the Public Health Agency of Canada.

73. Do we still "have" to offer care for a patient who refuses to wear a mask (with no exemption)?

Yes according to the CPSA.

74. We have held on by our fingernails to practice survivability. Virtual codes have to be changed to account for time.

AMA is working tirelessly on this issue.



75. So, what are family docs supposed to do? We have limited access to proper N-95, limited HR if people get sick - do we close doors and not see patients and only virtual? Question is rhetorical but we are seeing the same cycle we saw last year when we got swamped.