We will begin right at 6pm!

Physician Wellness presentations from past Physician Town Halls are now available on demand on the Physician Wellness & Support webpage. Scan the QR code for these resources and more!

Physician Wellness and Support

A Mental Health and Psychosocial Support team has developed a program to support physicians in dealing with the distress to more serious disorders. The continuum of supports includes information on COVID-19 planning, readied needed, physicians can access support through the Saskatchewan Medical Association’s Physician Health Program.

Please watch a brief overview or view the full presentation.

Physicians can access direct support through the Saskatchewan Medical Association’s Physician Health Program, Saskatoon and north and Jessica Richardson (306-389-2150) in Regina and the south.

Available Resources

As part of the COVID-19 response, the SHA hosts weekly Physician Town Hall events in order to communicate and part of the weekly event. See the links below to watch past presentations on Physician Wellness.

Physician Wellness Presentations (Physician Town Halls)

- The Five Fundamentals of Civility - Dr. Peter Butt (March 25, 2021)
- Practicing Self Compassion - Jessica Richardson (March 18, 2021)
- Anger - Jessica Richardson (March 4, 2021)
- Managing Anxiety - Dr. Andriyka Papisch (February 25, 2021)
- Accessing Services through the SMA Physician Health Program - Jessica Richardson (February 11, 2021)
- Different Levels of Stress - Dr. Alana Holt (February 4, 2021)
- Enhancing Relationships at Home - Brenda Senger (January 28, 2021)
- Managing Workplace Relationships - Jessica Richardson (January 21, 2021)
- Organizational Resilience - Dr. Andriyka Papisch (January 14, 2021)
- The Mental Health/illness Continuum - Dr. Alana Holt (January 7, 2021)
- Optimizing Time and Energy - Dr. Andriyka Papisch (December 17, 2020)
- Time Management - Dr. Alana Holt (December 10, 2020)
- Building your Resilient Skillset - Dr. Andriyka Papisch (December 3, 2020)

www.saskatchewan.ca/COVID19
Town Hall Reminders

• This event is being recorded and will be available to view on the Physician Town Hall webpage (Names, Polling Results, and Q&A are not posted unless a question is asked verbally).

• Please sign in using your full name!

• Watch for this icon during the event and respond to our live polls.

• Submit your questions using the Q&A function at anytime!

www.saskatchewan.ca/COVID19
We would like to acknowledge that we are gathering on Treaty 2, 4, 5, 6, 8 and 10 territory and the Homeland of the Métis. Recognizing this history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples. I pay my respects to the traditional caretakers of this land.
Panelists joining us this evening...

• Beyond the list of presenters on the agenda, we also have a number of colleagues joining us to support the Q&A.

• Panelists – please introduce yourselves in the chat.

• Ask your questions during the event and panelists will try to answer!
# Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Surveillance and Epidemiological Trends</td>
<td>Dr. Johnmark Opondo</td>
</tr>
<tr>
<td>Offensive Strategy Highlights</td>
<td>Dr. Johnmark Opondo</td>
</tr>
<tr>
<td>Vaccine Strategy Highlights</td>
<td>Dr. Tania Diener</td>
</tr>
<tr>
<td></td>
<td>Dr. Julie Stakiw</td>
</tr>
<tr>
<td>Family Presence</td>
<td>Felecia Watson</td>
</tr>
<tr>
<td></td>
<td>Dr. Steven Goluboff</td>
</tr>
<tr>
<td></td>
<td>Monica Dayman</td>
</tr>
<tr>
<td>Defensive Strategy Highlights</td>
<td>Dr. John Froh</td>
</tr>
<tr>
<td></td>
<td>John Ash</td>
</tr>
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<td>Safety Update</td>
<td>Dr. Mark Fenton</td>
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<tr>
<td>Physician Wellness</td>
<td>Dr. Anita Chakrvartti</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>Opportunity to ask your questions live!</td>
</tr>
</tbody>
</table>
SK now have the 4th highest new case rate in Canada after AB, ON and BC

SK ranks 3rd in rate of total cases in Canada after QC and AB

Almost 11% of Saskatchewan’s population has received at least one dose of a COVID-19 vaccine.
Epidemic curve, SK-COVID-19 pandemic, by zone, Feb 1 2020 – Apr 6 2021 (n = 34,980)

Source: Panorama, IOM

www.saskatchewan.ca/COVID19
New cases and test rates, 7-day rolling average, per 100,000, by subzone, April 4, 2021
COVID-19 cases and test positivity, 7-day rolling average, Nov 1, 2020 – April 4, 2021

Current Test Positivity: 6.6%

Source: Interactive epi file

www.saskatchewan.ca/COVID19
COVID-19 cases (n = 35,171), hospitalizations (n = 1,403) and deaths (n = 447) by age group.

Source: RRPL-IOM Data Extract – Updated Mar 25, 2021

www.saskatchewan.ca/COVID19
Confirmed outbreaks are another “tip of the iceberg” where **Workplaces** (n = 114) and **Congregate Living*** (n = 26) account for ~ 2 in 3 outbreaks.

*Includes: group home, LTC facility, PCH, communal living setting, correctional centre, assisted living facility, shelter
The New Normal
COVID transmission is controlled, but there is a risk of community transmission.
High risk that COVID transmission is not controlled.
High likelihood that COVID transmission is not controlled.

Assessed Risk of Epidemic Transmission, by Zone
Mar 31 – Apr 6, 2021

Previous week
Current week

Colour
* Threshold level for Epidemic Spread

“The New Normal”
COVID transmission is controlled, but there is a risk of community transmission.
High risk that COVID transmission is not controlled.
High likelihood that COVID transmission is not controlled.
Variants of Concern as of April 8, 2021

- B.1.1.7 dominant VOC in Canada (~92% of all VOC cases)
- VOC are increasing rapidly in SK. Cumulative total: 951
- SK ranks 5th among all provinces (VOC per 100,000 population)

<table>
<thead>
<tr>
<th>Variant</th>
<th>B.1.1.7 variant</th>
<th>B.1.351 variant</th>
<th>P.1 variant</th>
<th>Total VOC</th>
<th>Total cases</th>
<th>% of total cases</th>
<th>Population</th>
<th>VOC per 100,000</th>
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<td>23</td>
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<td>951</td>
<td>35,171</td>
<td>2.7</td>
<td>1,178,681</td>
<td>80.7</td>
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<td>Quebec</td>
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<td>2</td>
<td>1,580</td>
<td>319,802</td>
<td>0.5</td>
<td>8,574,571</td>
<td>18.4</td>
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<td>PEI</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>160</td>
<td>3.8</td>
<td>159,625</td>
<td>3.8</td>
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<td>10</td>
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<td>28</td>
<td>1,749</td>
<td>1.6</td>
<td>979,351</td>
<td>2.9</td>
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<td>261</td>
<td>20</td>
<td>0</td>
<td>281</td>
<td>34,656</td>
<td>0.8</td>
<td>1,379,263</td>
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<td>NB</td>
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<td>NW Terr</td>
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<td>0</td>
<td>43</td>
<td>-</td>
<td>45,161</td>
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<td>0</td>
<td>395</td>
<td>-</td>
<td>39,353</td>
<td>0.0</td>
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</table>

Source: Public Health Agency of Canada.
Current situation

- **SK has continued with a new high case rate** in Canada – for the past 11 weeks
  - Lab confirmed cases are just the “tip” of the iceberg
- **We are in exponential growth provincially**
  - Not isolated to the southern part of the province
- Testing rates in **Rural SK** are low and VoCs are increasing
  - Moose Jaw, Yorkton, Lloydminster, Weyburn, Rosetown, Carrot River, PA
- **Severity is increasing**
  - Hospitalizations and ICU admissions are rising
  - Younger demographic with more severe illness
    - Highly mobile population
  - Recall: lagging indicators reflecting past infections/behaviour

www.saskatchewan.ca/COVID19
Update from local Public Health

• Younger cases and more severe illness
• Majority of investigations centre around:
  • Workplace exposure
  • Household transmission
  • Small private gatherings between households
  • Schools
    • Continue to be a top setting for contact tracing investigations, but, the setting where a contact is least likely to become a case
    • Public Health measures WORK (masking, distancing, ventilation)

www.saskatchewan.ca/COVID19
Public Health Orders: Update

Public Health Order remains unchanged (in effect to April 8)

• **Open letters** to the public from SK-MHOs and MoH to schools
• **Key messages:**
  • Avoid non-essential travel, Stay Home, Stay Safe and Stick it to COVID!
  • Following Public Health orders is the bare minimum
  • Ask yourself ...“**Just because I can do it, should I do it?**”
  • Top cause of transmission is within and between households
    • **DESPITE GOOD WEATHER SOCIAL GATHERING** is concerning
     – do not gather

www.saskatchewan.ca/COVID19
What CAN we do?

• Outdoors is safer than indoors
• Rising case load is NOT ONLY in the Southern portion of the province
  • Southern SK is not an island – ALL behave like we are in Regina
• Get vaccinated as soon as you are eligible
  • The best vaccine to take is the one you are offered
  • Vaccination will not fix the problem in the short-term – not enough individuals protected – Public Health measures still needed
• Fewest interactions, with the fewest people for the shortest time at the greatest distance possible while wearing the best-fitting mask
Offensive Strategy Highlights

Dr. Johnmark Opondo
Medical Health Officer – Offensive Strategy
**Key goal:** prevent, contain and mitigate viral spread and promote population health

**Key work of Public Health:**

1. Emergency preparedness and response, including cross-sector business and service continuity
2. Epidemiology and surveillance: understand patterns of transmission to adjust response measures
3. Case, contact and outbreak investigation and management
   - Population-based measure that aims to interrupt networks of transmission and control epidemic
   - Notification ➔ Isolation/Quarantine ➔ Investigation ➔ Reporting ➔ Monitoring ➔ Evaluation
   - Assisted Self-Isolation Sites (ASIS), ASIS Medical and Secure isolation sites (SIS)
   - Risk assessment: case communicability period, acquisition, exposure setting(s), contacts
4. Testing strategy: symptomatic, active case finding (investigations), public health surveillance
5. Enforcement: Public Health Orders, Public Health inspection, compliance/education
6. Risk communication: public awareness, behavior change, population health promotion
7. COVID-19 Immunization planning and delivery

[www.saskatchewan.ca/COVID19](http://www.saskatchewan.ca/COVID19)
Entry of Variants in SK Pose a New Threat

**VARIANTS POSE NEW COVID THREAT**

A new longer-range forecast that includes variants of concern (VoC) indicates case counts could rise drastically if strict measures and adherence are relaxed.

**REPORTED CASES**

- With spread of VoC and further lifting of public health measures, the epidemic is forecast to resurge rapidly.
- With spread of VoC, current public health measures will be insufficient, and epidemic resurgence is forecast.
- With spread of VOC and if enhanced, combined public health measures and individual precautions are implemented, epidemic control is forecast.

Note: Data as of Feb. 16

SOURCE: PUBLIC HEALTH AGENCY OF CANADA

NATIONAL POST
<table>
<thead>
<tr>
<th>Variant</th>
<th>USA</th>
<th>Canada</th>
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<tbody>
<tr>
<td>B.1.1.7</td>
<td>16,275</td>
<td>14,920</td>
</tr>
<tr>
<td>B.1.351</td>
<td>386</td>
<td>338</td>
</tr>
<tr>
<td>P.1</td>
<td>356</td>
<td>1,014</td>
</tr>
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</table>

(CDC/Government of Canada)
Reports VOC SK

Cases infected with a variant of concern (VoC), as of April 8, 2021

<table>
<thead>
<tr>
<th>Zone</th>
<th>VoCs Detected by Screening</th>
<th>VoCs Sequenced (WGS)</th>
<th>B.1.1.7 UK</th>
<th>B.1.351 SA</th>
<th>P 1</th>
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<tbody>
<tr>
<td>Far North West</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Far North East</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
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<tr>
<td>North West</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>North Central</td>
<td>21</td>
<td>9</td>
<td>1</td>
<td>8</td>
<td>0</td>
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<tr>
<td>North East</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>Saskatoon</td>
<td>189</td>
<td>18</td>
<td></td>
<td></td>
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<tr>
<td>Central West</td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Central East</td>
<td>64</td>
<td>15</td>
<td>15</td>
<td></td>
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<tr>
<td>Regina</td>
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<td>802</td>
<td>802</td>
<td></td>
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<tr>
<td>South West</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
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<tr>
<td>South Central</td>
<td>260</td>
<td>60</td>
<td>60</td>
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<tr>
<td>South East</td>
<td>246</td>
<td>43</td>
<td>43</td>
<td></td>
<td>0</td>
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<td>Pending</td>
<td>19</td>
<td></td>
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<tr>
<td><strong>Totals</strong></td>
<td><strong>2,948</strong></td>
<td><strong>951</strong></td>
<td><strong>943</strong></td>
<td><strong>8</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>
Case fatality rates

Patients aged 20 to 29

- Before P.1 variant emerged: 4 in 10,000 (0.04%)
- After P.1 variant emerged: 13 in 10,000 (0.13%)
- Doubled for middle aged adults
Dr. Deena Hinshaw
@CMOH_Alberta

Replying to @CMOH_Alberta

I also want to update Albertans on the #COVID19AB outbreak involving P.1 variants of concern. At this time, the outbreak appears linked to a large employer with multiple sites across Western Canada. (4/10)
Optimal Protection: Testing Plan
3 Scenarios to our BEST Protection...

Scenario 1: PCR-Only Testing

COVID-19 Presentation in the Province*

PCR tests designed for confirming COVID-19 presumptive and symptomatic cases

COVID-19 Outbreaks* and Impact to the System

Scenario 2: PCR & LYT Antigen Testing

COVID-19 Presentation in the Province*

PCR for presumptive and symptomatic cases + Antigen for high-risk populations

COVID-19 Outbreaks* and Impact to the System

Scenario 3: PCR & Provincial Antigen Testing

COVID-19 Presentation in the Province*

PCR for presumptive and symptomatic cases + Antigen for high-risk populations

COVID-19 Outbreaks* and Impact to the System

Legend:
- COVID-19-Free
- Symptomatic COVID-19
- Asymptomatic COVID-19

*not actual scale or case representation

Test to Protect
COVID TESTING
CONCEPT OPERATIONS
(02-25-2021)
Test to Protect

3 Objectives:

1. Test to Protect for Health Care Workers: Implement voluntary regular and timely POC self-testing for HCWs and their households to identify and proactively contain the spread of SARS-CoV-2 in healthcare facilities.

2. Test to Protect in Vulnerable Populations: Implement regular and timely POC testing for targeted populations toward informing and proactively allocating resources and containing the spread of SARS-CoV-2 in at-risk populations.

3. Test to Protect in Communities: Work with third party partners to implement POC testing for the public toward mass screening and reporting to contain the spread of SARS-CoV-2.
Test to Protect: At Home Testing for HCW

• On March 26, the At Home Testing Program for Healthcare Workers was launched in Regina.

• The pilot is taking place at Regina Pasqua and General hospitals and Roy Romanow Provincial Lab, a phased provincial response is being proposed throughout the month of April as supplies become available.

• Training sessions take very little time to complete and all training has been developed for Webex for easy online access.

www.saskatchewan.ca/COVID19
Test to Protect: At Home Testing for HCW

• As of April 6, just over 2000 healthcare workers in Regina have completed training through Thinkific and alternate training programs and over 1600 kits have been distributed. Each kit contains 25 tests.

• Acute care centers will act as distribution hubs for the HCW strategy, allowing for easy pickup by the HCW team.

• With training and the testing kits, healthcare workers can test themselves on a regular basis.

www.saskatchewan.ca/COVID19
Test to Protect: Community Testing

• Agencies, businesses and organizations can provide rapid antigen testing to their employees.

• To date over 175 businesses have expressed their interest in partnering with the SHA!

• All interested agencies, businesses and organizations are required to take training and sign a Memorandum of Understanding with the SHA and will be prioritized through an establish intake process.

www.saskatchewan.ca/COVID19
Vaccine Strategy

Dr. Tania Diener
COVID Vaccine Strategy Chief

Dr. Julie Stakiw
Physician Lead, Vulnerable Populations
Immunization Campaign Goals

- Protect those most vulnerable
- Minimize serious illness & death
- Protect health care capacity
- Minimize spread of COVID-19
- Immunize as many people, as quickly as possible; safely.
Vaccine Administration per 100,000 Population

Doses Administered
Per 100,000 population
As at April 8, 2021
https://covid19tracker.ca/vaccinationtracker.html

Canada 18391.2

Counties:
- 90025.1
- 85579.2
- 56759.5
- 18385.6
- 17068.9
- 19883.8
- 16101.2
- 19873.8
- 18503.8
- 19080.5
- 12579.3
- 16551.1
- 17384.9
- 17185.8
- 12579.3
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<tr>
<th>Region</th>
<th>1st Doses Given</th>
<th>2nd Doses Given</th>
<th>Total Doses Given</th>
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<td>5,424</td>
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<td>Total Saskatchewan</td>
<td>205,216(^1)</td>
<td>39,430(^2)</td>
<td>244,646</td>
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Phase 1: Progress this week

Who has been immunized?

Long Term Care
1st doses = 7,730
2nd doses = 6,475

Personal Care Homes
1st doses = 4,973
2nd doses = 3,456

Age 80+
1st doses = 41,544
2nd doses = 11,080

Age 70-79
1st doses = 56,366
2nd doses = 4,489

Age 60-69
1st doses = 51,703
2nd doses = 3,732

Age 50-59
1st doses = 22,698
2nd doses = 5,557

Age 40-49
1st doses = 9,812

Age 30-39
1st doses = 10,118

www.saskatchewan.ca/COVID19
## Drive-Thru Sites
as of April 8, 2021

<table>
<thead>
<tr>
<th>Site</th>
<th>Daily Targets</th>
<th>2-Apr</th>
<th>3-Apr</th>
<th>4-Apr</th>
<th>5-Apr</th>
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<td>207</td>
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<td>2277</td>
<td>2207</td>
<td>3162</td>
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</table>
Changes to the Drive-Thru Site in Regina

Released on April 8, 2021:

• The Regina drive thru will begin administering Pfizer/Biotech vaccines starting Friday, April 9, 2021

• Residents aged 53 and 54 years old only will be eligible for vaccination on a first come first serve basis
Modern Delay

- 19,300 doses impacted – 8,400 appointments need to be rescheduled

Clinics originally taking place April 12-16 will be moved to April 19-23. April 17/18 unaffected.

- Public Service Announcement listing all clinics will be distributed Friday.

- If trend continues, may look to alternate ways of scheduling Moderna in future; particularly difficult to track confidently.

www.saskatchewan.ca/COVID19
If I have a patient that I think is clinically extremely vulnerable (CEV) but does not fit the criteria and definitions listed on the Government of Saskatchewan COVID-19 website, can I still give them a letter for priority vaccination anyway?

- At this time, please do not provide priority letters to patients who do not fit the identified eligibility criteria.
- Criteria is available on the Government of Saskatchewan COVID-19 website.

What do I tell patients about the safety and efficacy of the vaccine if they are on the CEV list?

- The four Health Canada approved COVID-19 vaccines are considered safe for all populations on the CEV list.

Are there any conditions where the second dose of the vaccine might not have to be delayed up to four months?

- Still in review with NACI.
- No specific populations outside of Long Term Care (LTC) and Personal Care Home (PCH) residents have been identified to receive the 2nd dose of vaccine sooner than others.
Specific populations:

There have been some recent studies reporting variable immune response levels following the first dose of a COVID-19 vaccine in some specific population groups with medical conditions (solid organ transplants, cancer) who have been studied so far. We have no efficacy data on two-dose series in these populations, as they were excluded from clinical trials. There is currently no real-world effectiveness data on how the vaccine works in these groups and there is not yet an established direct link between antibody levels or other immune responses to protection against COVID-19 disease. In addition to direct protection by vaccination, vulnerable populations are also expected to be protected by lower levels of disease in the community through fast and broad rollout of first doses and public health measures to contain the spread of the virus. NACI will continue to monitor evolving evidence on risk factors for severe disease, as well as vaccine immune responses in high-risk groups and vaccine effectiveness over time, and will adjust recommendations if needed.
What about patients on immunosuppressive medications?

Are there any timing recommendations between dosing of certain medications on the immunosuppressive medications list and the vaccine administration?

- The use and timing of immunomodulatory medications is primarily based on evidence extrapolated from their immunologic effects as they relate to other vaccines and vaccine types.

- It is suggested that all individuals on the CEV list talk with their health care provider before receiving the vaccine, however, the only individuals that MUST discuss COVID-19 vaccination with their health care provider prior to vaccination administration include:
  - i. Bone marrow and stem cell transplant recipients
  - ii. Neurologic autoimmune conditions (except for Multiple Sclerosis where guidelines have been developed for vaccine administration)

- Guidance for the immunization team is provided in the Saskatchewan Immunization Manual.

www.saskatchewan.ca/COVID19
<table>
<thead>
<tr>
<th>Drugs</th>
<th>Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rituximab or other monoclonal antibodies directed at B lymphocytes</td>
<td><em>Vaccine administration approximately</em> 4 weeks prior to next scheduled rituximab cycle; after vaccination, delay RTX for 2-4 weeks</td>
</tr>
<tr>
<td>Sulfasalazine; Leflunomide; Mycophenolate; Azathioprine; Cyclophosphamide (oral); TNFi; IL-6R; IL-1; IL-17; IL-12/23; IL-23; Belimumab; oral calcineurin inhibitors; Glucocorticoids, prednisone-equivalent dose ≥ 20mg/day**</td>
<td><em>No modifications to either immunomodulatory therapy or vaccination timing</em></td>
</tr>
<tr>
<td>Methotrexate</td>
<td><em>Hold MTX 1 week after each vaccine dose, for tose with well controlled disease; no modifications to vaccination timing</em></td>
</tr>
<tr>
<td>All other drugs</td>
<td><em>No modifications unless specifically indicated by prescriber</em></td>
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</tbody>
</table>
AstraZeneca and hematologic complication (VIPIT)

***FAQ and clinical documents were emailed to physicians on April 1, 2021!***

What is VIPIT?

- Vaccine-Induced Prothrombotic Immune Thrombocytopenia (VIPIT) is an adverse effect following the AstraZeneca COVID-19 vaccine which leads to blood platelets and blood clots between 4 to 20 days after vaccination.

How common is VIPIT?

- Exceptionally rare – 4 in 1 million (0.0004%) people who have received the vaccine.
- No reported cases in Canada.
- Same order of risk of being injured by lightning on any given year.

Who is at risk of VIPIT?

- Difficult to determine due to few cases
- Cases out of Europe report on women under the age of 55
AstraZeneca and hematologic complication (VIPIT)

Who should be evaluated for VIPIT?
• Patients should be encouraged to speak to a health care professional if they develop unusual or severe symptoms after any COVID-19 vaccine
• Difficulty moving part of your body, new blurry vision, difficulty speaking, shortness of breath, chest pain, severe abdominal pain, new severe swelling, pain, or color change of an arm or a leg symptoms may require further evaluation.

Is VIPIT treatable?
• Blood product called intravenous immunoglobulin appears to be effective in preventing further blood clots.
• With early diagnosis and treatment, VIPIT should be considered a treatable disorder.

Can patients who have received one dose of the AstraZeneca vaccine safely receive a second dose? Can they receive another COVID-19 vaccine?
• At this time it is not known how subsequent doses of COVID-19 vaccines should be managed in individuals in the groups who may be at risk (age <55, history of HIT, or history of thrombotic anti-phospholipid syndrome) and we would suggest awaiting additional data before proceeding with a second dose.

Can VIPIT occur with other COVID-19 vaccines?
• There have been no reported cases of VIPIT with other vaccines.
Bottom Line

• The risk of blood clots due to COVID-19 is significantly higher at approximately 20 percent for hospitalized patients and 1 to 2 percent even in uncomplicated COVID infections.

• VIPIT is treatable

• The fact is that you have a greater chance of getting a blood clot from flying on an airplane that you do from AstraZeneca – by a sizeable margin. If we don’t take every chance we have to be immunized and end this pandemic, none of us will have an opportunity to get on a plane and take that risk anytime soon.
Family Presence

Monica Dayman
Patient Family Advisor

Felecia Watson
Executive Director – Patient & Client Experience

Dr. Steven Goluboff
PFCC + Family Presence = Patient Safety

Patient & Family Centered Care + meaningful engagement among patients & family members and care providers =

- Improved health outcomes
- Quality & safety
- Patient & provider satisfaction

www.saskatchewan.ca/COVID19
At a Glance: Family Presence Levels during COVID-19

Acute Care - Family Presence

**Level 1: Pandemic Restrictions**

- Two essential family/support persons can be designated for each patient.
- **NOTE:** That more than two essential family/support persons can be designated for patients in these areas: critical care, intensive care, end of life/palliative care.
- One person can be with the patient at a time.
- **NOTE:** That two essential family/support persons can be present at the same time in these areas: critical care, intensive care, end of life/palliative care.

**Frequency of Family Presence:**
- Daily, as can be accommodated by the care team.

**Level 2: Increased Pandemic Restrictions**

- One essential family/support person can be designated for each patient.
- **NOTE:** That more than one essential family/support person can be designated in these areas: critical care, intensive care, end of life/palliative care.
- One person can be with the patient at a time.
- **NOTE:** That two essential family/support persons can be present at the same time in these areas: critical care, intensive care, end of life/palliative care.

**Frequency of Family Presence:**
- Daily, as can be accommodated by the care team; reduced frequency or staggered presence may be needed.

**Level 3: Highest Pandemic Restrictions**

- Two family/support members can be present at the same time for:
  - Palliative care, hospice care, or for those who are at high risk for loss of life
  - Supporting patients and residents who have experienced a significant loss in function
  - Patients and residents who are unlikely to leave the hospital or home
  - One essential family/support person can be designated for all patients and residents to assist with care if needed (self-care, mobility, nutrition & behavioural needs). This must be approved by the care team.

**Frequency of Family Presence:**
- Daily, as can be accommodated by the care team; reduced frequency or staggered presence may be needed.

Long-term Care - Family Presence

**Public Health Order: Compassionate Care Family Presence**

Currently, all long term care facilities are restricted by Public Health Order to compassionate care reasons only. This means that each resident can designate two essential family/support persons for quality of life or care needs under the following conditions:

- One person can be present at a time indoors, for end-of-life situations, more than two people can be designated and two people can be present at a time. See Compassionate Care Family Presence for more details.

If a LTC home is in an outbreak or the MHO decides to further restrict Family Presence, LTC homes will follow Level 3 of the SHA Family Presence Policy Directives.

At any level, in either acute care or long term care, family/support persons should consult with the care team to discuss children attending in person. Children must be accompanied by an essential family/support person.

See SHA Family Presence policy.

Saskatchewan Health Authority

saskatchewan.ca/COVID19

March 4, 2021
Family Presence Dashboard Demo

www.saskhealthauthority.ca/news/service-alerts-emergency-events/Pages/service-alerts.aspx
SHA Family Presence Expert Panel, Task Team, Family Presence Support Team and Consultation Groups

SHA Family Presence during Pandemic Policy Directive

Guidance to support interpretation of PHO family presence restriction to compassionate care reasons only

Resources to support Safe Family Presence

- SHA Website – Family Presence and Visitation
- Government of Saskatchewan COVID-19 Website

www.saskatchewan.ca/COVID19
Maximizing Safe Family Presence: Physician Partnership

• Share policy direction and interpretation of LTC compassionate care reasons only with patients, residents and families.

• Advocate for safe family presence; dispel the myths and fears surrounding family presence.

• Encourage those with concerns to follow up with managers and/or Quality of Care Coordinators.

• Partner in future efforts to re-integrate essential caregivers, family members and visitors.
Defensive Strategy Highlights

Dr. John Froh
Deputy Chief Medical Officer - Pandemic

John Ash
Executive Director of Acute Care Regina

COVID-19 Health System Update

www.saskatchewan.ca/COVID19
Defensive Strategy

Key Goal: Adapt/expand to meet projected COVID-19 demand in hospitals.

Key Strategies:

- Surge acute capacity through use of surge spaces/processes.
- Utilize and balance capacity across the SHA to manage the care needs of COVID and non-COVID patients.
- Convert hospitals to Alternate Level of Care where required.
- Enhanced outbreak management mitigation and response capacity.
- Field hospitals for contingency scenario only.

Performing well across all strategies despite extremely high hospitalization rates over the last 2-3 months.

Key Factors Going Forward

<table>
<thead>
<tr>
<th>Acuity of patients is higher than what was experienced in the fall/winter</th>
<th>Patients presenting to Acute Care are decompensating quicker</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7 variant is 50% more infectious, 60% more severe and is impacting a younger demographic</td>
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</table>

www.saskatchewan.ca/COVID19
Defensive Strategy: Activation of Acute Surge Plans

Healthcare teams across the province are reviewing their acute care surge plans and adjusting them based on the impact of variants of concerns.

Teams are:

• Adjusting their plans based on:
  • Increased ICU demand
  • Younger COVID-19 patients admitted
  • Increased number of patients requiring high flow oxygen
  • Rapid daily increases in COVID-19 admissions.

• Reviewing service slow down plans to ensure emergent and urgent capacity is maintained.

• Implementing healthcare worker antigen testing.

• Transferring patients who no longer require specialized care in urban centres to lower acuity hospitals that can safely meet their care needs as close to home as possible.

COVID-19 variants of concern are 36 to 70 percent more transmissible, meaning the virus spreads more easily. All current COVID-19 testing in Saskatchewan will detect all variants of the virus.
Shifting ICU Covid Age Demographic

Regina

Updated to April 7: Regina ICU Covid census, with age groups, Mar 1-Apr 7 2021

www.saskatchewan.ca/COVID19
Safety Update

Dr. Mark Fenton
Saskatoon – Pandemic Area Chief of Staff
Scan the QR code below for the latest Safety Bulletins:

- No new Safety Bulletin this week!
- Health Canada recently put out a safety Alert indicating that face masks that contain graphene may pose a health risk,
- PriMED and Supermax procedure masks are the two procedure masks the SHA has purchased as part of the COVID-19 response,
- The SHA has received written confirmation that procedure masks from both Primed and Supermax DO NOT contain graphene.
Mindfulness in Professional Practice

Dr. Anita Chakravarti
Wellness Lead, CME, College of Medicine
Faculty and Certified Facilitator Mindful Practice®

COVID-19
Health System Update

www.saskatchewan.ca/COVID19
Mindful Practice

- Clinician well-being
  - Improved mood
  - Lower burnout

- Quality of care
  - Safe, timely, accessible, effective, patient-centered

- Quality of caring
  - Empathy
  - Compassion
  - Responsiveness

A Mindfulness Hack

Stop
Take a breath
Observe what is happening
Proceed

- On waking
- Before logging on to your computer or checking your phone
- Before entering the room
- Before starting the next meeting
- Noticing silent moments

www.saskatchewan.ca/COVID19
Mindfulness in Professional Practice

Would you be interested in signing up for FOUR virtual one-hour sessions, once a week, on experiential Mindfulness Practices that may be incorporated into your day?

www.saskatchewan.ca/COVID19
Thank you for all that you do!

Saskatoon, NE, NW: Brenda Senger
306-657-4553

Regina, SE/SW: Jessica Richardson
306-359-2750

Saskatchewan Medical Association
Physician Health Program

Your Physician Health & Wellness Supports

Town Hall Physician Wellness Webex Series available: Physician Wellness and Support webpage

Health Care Worker Mental Health Support Hotline: 1-833-233-3314 8am – 4:30pm, Monday-Friday
Q&A

Please enter your question in the Q&A section

OR

Raise your hand and we will unmute you so you can comment or ask your question live

Please respond to the live poll!
Good News Story!

Dr. Bruce Cload – Intensivist

• Travelled to Yorkton to provide Physician Skills Enhancement ICU program
• Pilot site for the program skill enhanced five local physicians
• Overall went really well and lessons learned will be applied for future regional sites

Have a good news story to share? Send us an email at news@saskhealthauthority.ca
www.saskatchewan.ca/COVID19
Next Town Hall

Thursday April 15, 2021 - 18:00-19:30

Thank you for attending!