



This communication is intended to provide timely and important information to our municipal leaders, health system partners, health and hospital foundations, and other community based organizations. Please feel free to distribute among your stakeholders as appropriate.

### **/COVID-19/ Immunization Campaign – 5 Minute Message**

In this week's update, phase two planning is now well underway, and all workstreams are working towards 'full system readiness.'

[Review the 5-minute message.](#)

Please see the Government of Saskatchewan [website](#) for updated information on the vaccine rollout.

### **/COVID-19/ Immune Responses to the COVID-19 Vaccine**

The purpose of the COVID-19 vaccine is to stimulate an immune response to fight the virus should it enter your body. Adverse reactions are rare, and for most people the reaction is similar to that of a flu shot with mild symptoms possibly occurring a day or two after the vaccine.

#### **Common side effects may include:**

- Localized pain, redness or swelling at the injection site
- Joint or muscle pain
- Nausea and vomiting
- Enlarged lymph nodes under the arm
- Mild fever
- Chills
- Headache
- Feeling tired

#### **Serious side effects may include:**

- Hives (bumps on the skin that are often itchy)
- Swelling of the face, tongue or throat
- Difficulty breathing

All those receiving the vaccine will be asked to report any serious side effects or unexpected reactions to your local public health nurse, pharmacist, doctor, or nurse practitioner as soon as possible.

The COVID-19 vaccines from Pfizer-BioNTech and Moderna require two immunizations, with Pfizer-BioNTech's second immunization being 21 days after the first and Moderna's second immunization being 28 days after the first. If you have not yet received a second dose of the vaccine, be sure to inform the individual administering the vaccine of any adverse reaction experienced with the first dose of the vaccine.

#### **Tips to reduce the discomfort of these side effects include:**

- Place a cool, wet washcloth or a wrapped ice pack over the injection site
- Consider an over-the-counter pain medication such as ibuprofen or acetaminophen, if needed.

Side effects should go away within a few days, but contact your physician or HealthLine 811 should you have concerns if the condition remains for longer than this period.



#### **/COVID-19/ What if there are adverse reactions to the COVID-19 vaccine?**

The concern for quality and safety doesn't end at the manufacturing and distribution of the COVID-19 vaccine. For as long as the vaccine is in use in Canada, the Public Health Agency of Canada (PHAC) and Health Canada continue to monitor any adverse events related to the vaccine to ensure quality and safety.

Adverse Events Following Immunization (AEFI) reports are prepared, which are reviewed by local Medical Health Officers (MHO). Recommendations are made and then these are forwarded to the province to collate before being sent to PHAC and Health Canada if concerns are raised related to the use of the vaccine. There is particular note taken when there are unusual AEFIs or when a specific batch of the vaccine may have more AEFIs.

There are numerous ways that AEFI's are reported, including by licensed health professionals, local public health units among other agencies involved in the administration of the vaccine. The COVID-19 vaccine is publicly funded, so adverse events must be reported to the local Public Health Unit for review and recommendations from the local Medical Health Officer. This is in addition to the ongoing work of researchers and manufacturers conducting additional studies and contributing information through an internal network that continues to monitor the vaccine.

These are some of the many ways that the ongoing quality and safety of the COVID-19 vaccine is assured.

For more information on COVID-19, please visit [Saskatchewan.ca/COVID19](https://saskatchewan.ca/COVID19).

#### **/COVID-19/ Vaccine Second Dose Extended to 42 Days**

The National Advisory Committee on Immunization (NACI) recently advised the recommended period between first and second doses of the COVID-19 vaccines can be extended up to 42 days.

The manufacturer's recommended window between doses for the Pfizer-BioNTech vaccine is 21 days, while the Moderna vaccine has a 28 day window. Clinical trials for both of the vaccines had used a 19 to 42 day window for Pfizer-BioNTech and 21 to 42 day window for Moderna.

Immunization within the 42 day limit is still safe and effective for protecting against COVID-19. Some individuals will have their immunization appointments rescheduled due to this change. They will be individually contacted.

#### **/COVID-19/ Point of Care Testing (POCT) Gets Patients Moving**

Providing Point of Care Testing (POCT) – where a patient receives the results of a COVID-19 test in just minutes - has been a goal the Saskatchewan Health Authority has been working towards since the pandemic was first declared last March.

Recently, Abbott ID NOW machines that provide this type of testing arrived in the province and hospitals in both Saskatoon and Regina adopted the new technology to move patients through the system more efficiently. Swabbing a patient, running a point-of-care test and obtaining a results takes an average of only 22 minutes. This saves significant time and helps patients receive the care they need in the right place.



St. Paul's Hospital (SPH) in Saskatoon dedicated five Licensed Practical Nurses (LPNs) to lead the work of implementing this technology within the hospital as a pilot project. The team has set up mini labs in the Emergency Department (ED), on the fifth floor and on unit 4B. LPNs deliver the test kits to the various units, the unit nurse does two swabs on the patient, and the LPNs return to the mini labs to do the analysis. A second swab was also sent to the lab at Royal University Hospital (RUH) for a second analysis and confirmation for the duration of the pilot. Once the result is back, a paper copy is delivered to the unit and placed in the patient's chart. The team is also working to develop a way to include the result electronically in the patient record.

"It's not just St. Paul's Hospital doing this great work," said Graham Blue, the Saskatoon Integrated Health Incident Command Centre Defensive Strategy Chief. "Royal University Hospital is also running a pilot project for POCT. The two processes will be compared and a final adoption will be made. We also have plans to expand this to Saskatoon City Hospital in the near future."

Regina General and Pasqua Hospitals have also taken on POCT to assist with patient movement and investigation of patients who have screened as either high or low probability to be COVID-19 positive. Similar to Saskatoon, the use of the POCT confirms a patient's COVID-19 status before they are moved onto a hospital unit. This testing has reduced the time to move patients to less than 60 minutes, from the previous 12 to 24 hours.



*Members of the Point-of-Care testing team await analysis of a swab during the Abbott ID NOW pilot project. From left: Licensed Practical Nurses Annabelle Desalisa, Stephanie Balaski and Lianne Itterman.*

"The POCT has been going to inpatient units with high numbers of patients isolated or patients under investigation for COVID-19," said Tom Stewart, the Regina Integrated Health Incident Command Centre Defensive Strategy Chief. "By completing a POCT along with a physician review and alternate diagnosis, the team is able to remove select patients from isolation. This improves overall patient flow and reduces the amount of time ED patients who need to be admitted have to wait for a bed."

The screening tools are very sensitive and the POCT devices can detect COVID-19 in patients with various symptoms, whether they are presenting as COVID or other illnesses. A team assesses a patient with their physician, an Infectious Disease physician and Medical Microbiologist to assess their clinical status, conduct a rapid POCT swab, and safely remove precautions if indicated. It also allows for confirmation of a negative test before transferring patients back to long-term care or personal care homes, prior to receiving urgent or emergent

surgery, and for reassurance before patients undergo procedures, such as MRIs.

POCT is one tool the SHA is using to make significant improvements to the COVID-19 response in acute care facilities. It is still imperative that everyone follows all current public health orders, maintains physical distancing, wears a mask and practices good hand hygiene so, together, we can slow the spread of COVID-19.

## / COVID-19 / COVID point-of-care testing improving patient care across Sask.

Now that [the pilot project using Abbott ID Now](#) machines to provide point-of-care testing at hospitals in Regina and Saskatoon is complete, this testing platform is being deployed to acute care locations across the province. As of January 27, SHA Laboratory Medicine had deployed 47 instruments to these hospitals, and have completed 2,250 tests since December 4.



“The deployment of POCT is a full SHA effort across many teams,” said Lenore Howey, Executive Director of Laboratory Medicine. “It has not been easy, as pressures are high on all staff within the health system. But with patient care as our main focus, our teams are working hard to meet our goals on this project.”

Laboratory Medicine is also working with Continuing Care to deploy a second POCT platform, Abbott Panbio (antigen test), following the completion of a pilot project. This pilot included testing of asymptomatic residents and staff in long-term care (LTC) homes for assurance purposes, with the ability to identify early detection of the virus in asymptomatic residents and staff. As of January 27, this testing was taking place in 50 LTC homes with more than 6,000 tests completed, and training is currently underway with an additional 25 locations.

“Point-of-care testing gives us more opportunities to identify cases earlier and quickly, which gives health care members the opportunity to adjust care plans and precautions accordingly to limit the impact and spread,” said Howey. “It is another tool we can use to limit the spread of COVID-19 and ensure the best quality care for our patients and residents in our facilities.”

Antigen tests, like the Abbott Panbio, and PCR tests, like the Abbott ID Now, differ in that antigen tests detect the viral protein, and PCR tests detect the viral RNA. A third POCT platform, the BD Veritor Plus (another antigen test), is also being acquired, and Laboratory Medicine is working on training documentation which will lead to the next pilot project.

Health Canada has now approved a variety of POCT platforms, and the federal government has a procurement agreement for these three platforms. Distribution is based on population base across Canada, and Saskatchewan is projected to acquire three per cent of the procurement allocations.

## / COVID-19 / Half a Million COVID-19 Lab Tests Processed

Congratulations to our Laboratory Medicine and our Population and Public Health teams! As of January 28, 2021 these teams have collected and processed **over 500,000 COVID-19 tests** across the province.

Along with that specimen collection and processing comes test result notification to our patients, advice on self-isolation and care, case management and investigation of outbreaks and so much more.

Our heartfelt thanks to everyone on both of these teams for everything they do every single day to help us slow the spread of COVID-19. Thanks to them and their work, we are stronger, together.



## / COVID-19 / Regina Cardiologist on the forefront of COVID-19 Research Project

Regina cardiologists have been at the forefront of a clinical trial based out of the University of Manitoba regarding the use of blood thinners to treat COVID-19 patients which announced preliminary results last week.



Dr. Andrea Lavoie, a Saskatchewan Health Authority interventional cardiologist, has been principal investigator for this clinical trial, with Dr. P. Dehghani and Dr. A Wong acting as sub-principal investigators.

“We haven’t seen the final paper yet, and we need all the data before we do any celebrations,” cautioned Dr. Lavoie. “However, it’s still great to be a part of trying for change, and the preliminary results are promising.”

Three clinical trial platforms spanning five continents in more than 300 hospitals have been working together since May 2020 to test whether there is a greater benefit of full doses of heparin (blood thinners) to treat moderately ill hospitalized adults with COVID-19, compared to the lower heparin dose typically administered to prevent blood clots in hospitalized patients.

Moderately ill patients are those not in intensive care and who did not receive organ support such as mechanical ventilation at trial enrollment.

According to the clinical trial, the use of full-dose blood thinners on patients hospitalized for COVID-19 decreased the need for life support and improved outcomes for these patients.

Based on the interim results of more than 1,300 moderately ill patients admitted to hospital, findings showed that full doses of blood thinners were not only safe, but superior to the doses normally given to prevent blood clots in hospitalized patients.

Regina was one of the first partners in the trial, and the only Saskatchewan site, noted Dr. Lavoie.

Trial investigators are now working as fast as possible to make the full results of the study available so clinicians can make informed decisions about treating their COVID-19 patients.

As is normal for clinical trials, these trials are overseen by independent boards that routinely review the data and are composed of experts in ethics, biostatistics, clinical trials, and blood clotting disorders. Informed by the deliberations of these oversight boards, all the trial sites have stopped enrollment.

However, research questions remain about how to further improve the clinical care of COVID-19 patients. This adaptive protocol has been designed to allow different drugs to be started, stopped or combined during the study in response to emerging scientific data. This approach enables the rapid testing of additional agents without compromising safety and the study will evolve accordingly.

For more information, [check out the University of Manitoba article](#).

## **/COVID-19/ Know the Facts, Share the Facts**

### **Getting the COVID-19 vaccine where it needs to go**

Saskatchewan is over 650,000 square kilometres with 16 cities, 147 towns, 250 villages and 41 resort villages of which 24 are northern municipalities dotting the landscape. Supply Chain is familiar with the challenges of keeping inventory supplied to a province with far reaching needs. The COVID-19 vaccine is no different, other than special demands related to storage.

“Our distribution model has been developed around the storage requirements for the two vaccines available to us at present, Pfizer-BioNTech and Moderna,” said Perry Froehlich, Logistics Lead, Vaccine Distribution, Saskatchewan Health Authority. “Although both





vaccines are equal in terms of safety and effectiveness, the storage differences have led to the Pfizer-BioNTech vaccine being better for urban use, while Moderna is best suited for rural distribution.”

The Pfizer-BioNTech vaccine must be maintained at -80 degrees until it’s reconstituted for use, so the vaccines are currently sent to four urban hubs in the province. From these locations, the vaccine is dispersed to local facilities for immunization.

The Moderna vaccine does not require the same ultra-cold storage (only -20) so it can be delivered to a central location by the manufacturer and then distributed to various locations.

Vaccines are then shipped to secondary hubs located across the province by contracted courier services and then from the secondary hubs the process follows existing local vaccine delivery processes primarily performed by our ever efficient Public Health nursing teams, just as is the process for other immunization campaigns.

For more information on the Vaccine Delivery Plan visit [Saskatchewan.ca/COVID19-vaccine](https://saskatchewan.ca/COVID19-vaccine).

## /COVID-19/ Faces of the Fight



**Laveena Tratch**

*Laveena Tratch is the Immunization Chief for Regina Integrated Health Incident Command Centre (IHICC).*

The immunization campaign brings hope: hope to our most vulnerable; hope for families who are afraid for their parents, their children, their neighbours, themselves; hope to our healthcare workers, our essential service workers, our teachers, our community.

Hope is a powerful emotion; I have had the privilege to see the vulnerability that hope creates in our staff and leaders. The excitement that our teams have as they prepare for their day, knowing they are impacting the lives of those who receive the vaccine. The excitement in the long-term care homes and personal care homes as our teams enter to give them their vaccines. This excitement is hope.

I have also witnessed the anguish they experience when we need to make difficult decisions regarding the sequencing of our limited vaccine resources; they do this within an ethical framework and handle this responsibility with professionalism and dedication.

No one person or service can carry out this vaccine campaign alone. Over the last weeks, I have witnessed leaders and staff from continuing care, occupational health, primary health care, acute care, outpatient services, security, lab, physicians, our support services and others work side by side with our community partners to deliver this vaccine. Before the pandemic, this would not have likely occurred. We were all busy doing our work, in our own way and didn’t need others to accomplish our tasks.

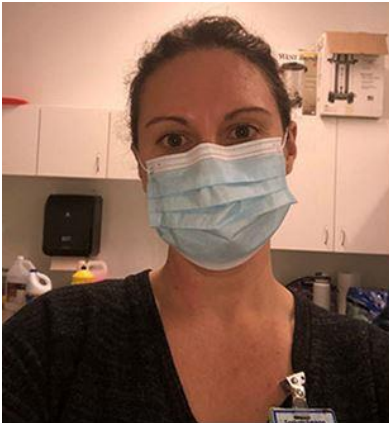
To be successful with this campaign we need each other. We cannot work like we have previously worked. We must work differently, with different partners, and community members.

I have seen our teams building new relationships with other colleagues, building new teams, and a new way of working together to share the work in ways we have not done before.



It gives us hope that the work we do together will support our residents, their families, our community to be safe and healthy, It gives us hope that when this pandemic is finally over, we will be stronger because we did it together.

### Jodie Johnson, RN



My name is Jodie Johnson and I am a Registered Nurse and a supervisor for population and public health in central Saskatchewan.

Recently, I had the privilege of being a part of the team charged with defeating COVID-19 in our communities by providing the first dose of Pfizer vaccine in part of the province. I've been called a hero, but the following stories are the true heroes in Saskatchewan.

I met health care workers and volunteers who have been selflessly working in outbreak facilities share stories of hope and resiliency while taking selfies and crying as they receive their first immunization.

I saw a 90-year-old gentleman do a little jig as he danced up to see the nurse for his first immunization.

I had long-term care staff and residents cheering and clapping as we arrive with the vaccine, knowing that this is the beginning of the end of the outbreak in their homes.

I met a woman who came from across town, braving the wind and snowy streets with her walker to come to our clinic.

I overheard a resident say, "I've been waiting and waiting for this day and I am so happy it's finally here."

I watched as a resident Facetimed his son while receiving his first immunization and heard his son celebrate on the other end.

As I reflect on the hundreds of "thank you for coming" messages I heard doing this work, I can't help but say thank you back.

Too often, the negative voices are loud and meant to discourage. But when I was doing this work, I couldn't hear those negative voices, because the quiet, kind and grateful majority were louder. My faith in humanity has been restored.

For those that weren't able to get an appointment yet; your time will come. Continue to watch for public service announcements, continue to wear a mask, follow public health guidelines and protect yourself and others. Know that when your time comes to roll up your sleeve, the vaccine you receive is being constantly monitored from delivery to injection.

No step or detail is missed and we are working around the clock to get a vaccine safely into arms as quickly as possible.

Stay safe and stay kind.



## **/COVID-19/ Victoria Hospital Foundation: Keeping Long Term Care Residents Connected & Engaged**

COVID-19 has been difficult for many residents in long-term care homes. Victoria Hospital Foundation saw an opportunity to support residents' well-being and secured numerous devices, iPads and Android Tablets, as well as \$600 in phone cards for the residents at the Herb Basset Home and Pineview Terrace in Prince Albert.

The devices, provided by the Foundation, have been put to great use with the residents, allowing them to connect with family near and far. Staying connected is so important, for families just as much as for residents. Video calls let them spend time visiting with loved ones virtually, making it feel more personal for everyone.

The foundation also knew entertainment was important to residents and purchased three smart televisions for the homes for easy connectivity to streaming services. Who doesn't want to watch re-runs of the Golden Girls at the press of a button?

The Victoria Hospital Foundation has made it their mission to ensure that we get through this pandemic together, by staying connected and staying safe.

Thank you to the Victoria Hospital Foundation for supporting our residents and their families through a very difficult time.

