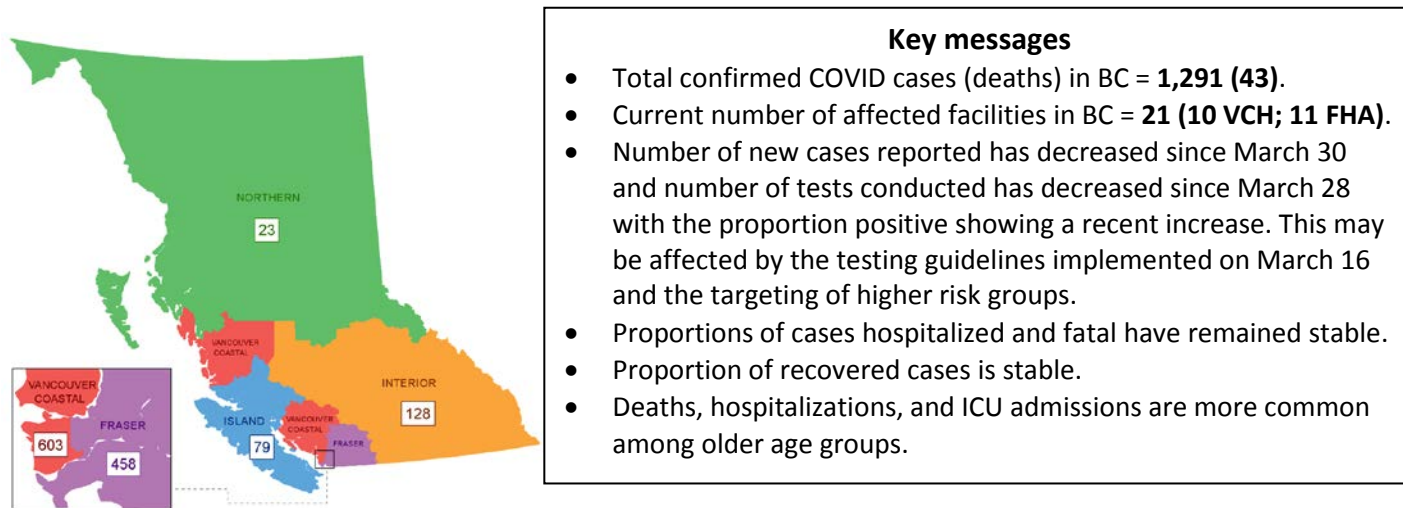


**British Columbia COVID-19 Daily Situation report, April 7, 2020**

All information is based on direct daily report from health authorities to BCCDC as of 10:00 AM PT, except where otherwise noted. Data are subject to change with reconciliation and/or as data become more complete.

Findings are based on laboratory-confirmed case detections in British Columbia (BC) which represent a subset of actual cases and are subject to changes in testing recommendations and practices.

**Figure 1:** Map of COVID-19 confirmed cases by health authority, BC, January 1 – April 7, 2020 (N=1,291)



**Table 1.** Epidemiological profile reported by health authority of case, BC, January 1 – April 7, 2020 (N=1,291)

	Fraser	Interior	Vancouver Island	Northern	Vancouver Coastal	Total N (%) <sup>a</sup>
<b>Total number of cases</b>	<b>458</b>	<b>128</b>	<b>79</b>	<b>23</b>	<b>603</b>	<b>1,291</b>
<b>Number of new cases since yesterday</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>25 (2%)</b>
Median age in years, cases <sup>b</sup>	53	50	55	51	56	54 years (range 0-102 years)
Female sex, cases	249	71	42	14	315	691/1,252 (55%)
<b>Ever hospitalized<sup>c</sup></b>	<b>136</b>	<b>22</b>	<b>18</b>	<b>6</b>	<b>116</b>	<b>298 (23%)</b>
Median age in years, hospitalized <sup>b</sup>	66	61	72	44	70	68 years (range 0-98 years)
<b>Currently in critical care<sup>d</sup></b>	<b>38</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>17</b>	<b>66</b>
<b>Deaths<sup>c</sup></b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>33</b>	<b>43 (3%)</b>
<b>Number of new deaths since yesterday</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>4</b>
Median age in years, deaths <sup>b</sup>	80	NA	88	NA	87	85 years (range 47-100 years)
<b>Recovered<sup>e</sup></b>	<b>249</b>	<b>57</b>	<b>35</b>	<b>9</b>	<b>455</b>	<b>805 (62%)</b>

<sup>a</sup> Denominator for % derivation is total number of cases (N), except sex for which denominator is as specified for those with known information on sex.

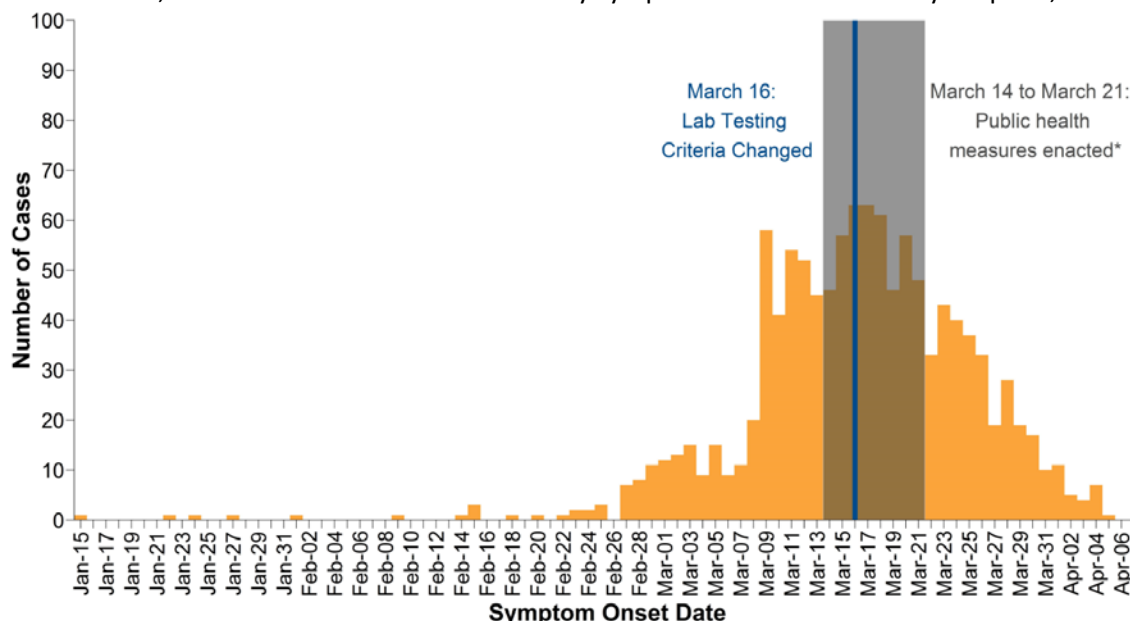
<sup>b</sup> Median age is calculated based on those with known information for all, hospitalized, and deceased cases (n=1250, 288, and 43, respectively).

<sup>c</sup> Serious outcomes (i.e., hospitalization, death) may be incomplete or out of date (i.e., under-estimates) owing to the timing and process for case status update.

<sup>d</sup> Source: PHSA. The number of COVID cases in critical care units is reported daily by each Health Authority and includes the number of COVID patients in all critical care beds (e.g., intensive care units; high acuity units; and other surge critical care spaces as they become available and/or required). Work is ongoing to improve the completeness and accuracy of the data reported. Data are up-to-date as of 10:00 am on Apr 7.

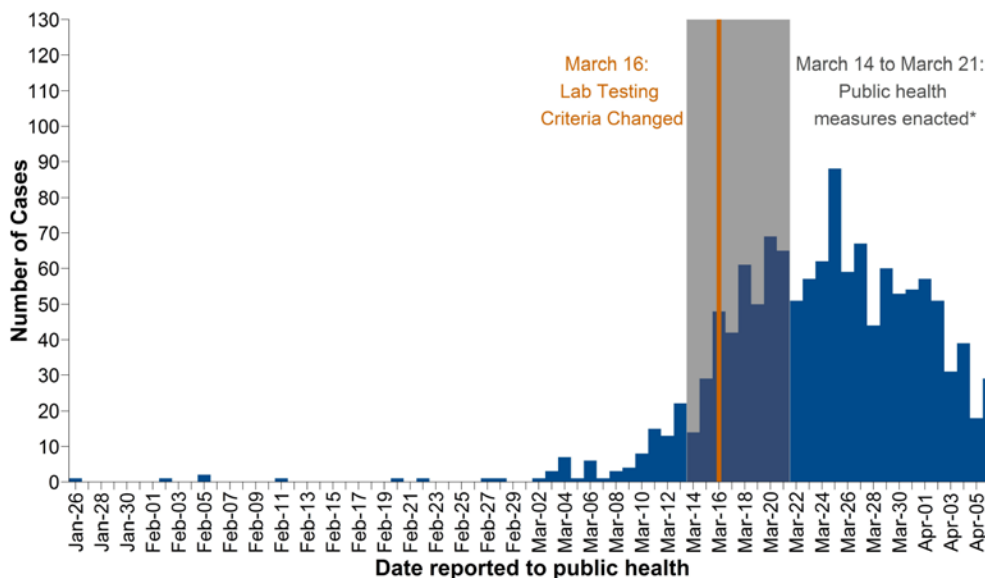
<sup>e</sup> Includes cases considered recovered following 2 lab confirmed negative swabs 24 hours apart or 10 days after symptom onset.

**Figure 2: Epidemic curve, confirmed COVID-19 cases in BC by symptom onset date January 1-April 7, 2020 (N=1,148†)**



†Only cases with symptom onset dates reported are included.

**Figure 3: Epidemic curve, confirmed COVID-19 cases in BC by reported date January 1-April 6, 2020 (N=1,291†)**



†Cases reported on the same day as the report have been excluded as only a portion of the total cases to be reported are available at the time the data are extracted.

\*A number of public health measures were enacted during the week shaded in grey. These include March 14: Spring break starts for most schools; March 16: Mass gatherings public health order implemented (>50 people), entry of foreign nationals banned (except for family of citizens, diplomats, aircrew), symptomatic individuals banned from flights to Canada, international flights restricted to four national airports; March 17: Public health emergency declared, traveller self-isolation public health order implemented; March 18: Provincial state of emergency declared, food and drink service restrictions public health order implemented; March 20: US/Canada border closed to non-essential travel; March 21: Ban personal services.

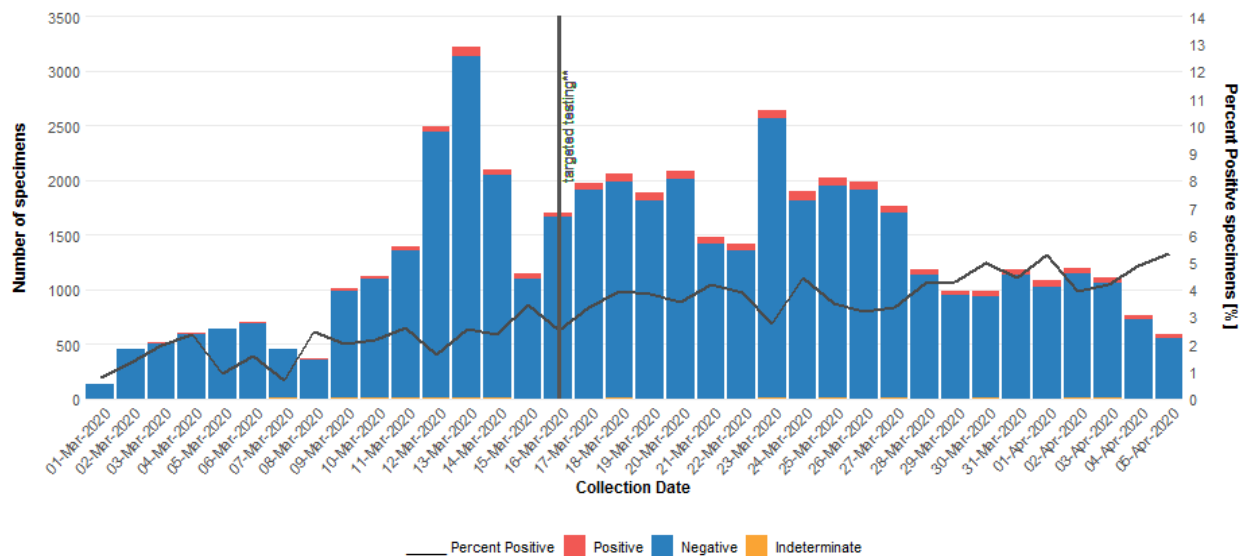
**How to interpret the epidemic curves:** Figure 2 shows the date that a case’s illness started. Figure 3 shows the date the illness was confirmed and reported by the laboratory. There is a delay between the beginning of a person’s illness (symptom onset date) and the date the laboratory confirms and reports the illness (reported date). New cases only have the reported date available and appear on the far right of the curve in Figure 3, but their onset of symptoms would have been prior to this. As information on symptom onset becomes available through public health investigation, cases are expected to appear on earlier dates on the curve in Figure 2.

**Table 2.** Likely acquisition/exposure of COVID-19 cases in BC, January 1 – April 7, 2020\* (N=1,001)

Exposure type	Health Authority by patient residence					Total (%)
	Fraser	Interior	Northern	Vancouver Coastal	Vancouver Island	
International travel	60	25	9	76	21	191 (19%)
Local transmission	111	43	7	145	32	338 (34%)
Unknown exposure	86	42	4	109	13	254 (25%)
Data pending	9	2	3	204	0	218 (22%)

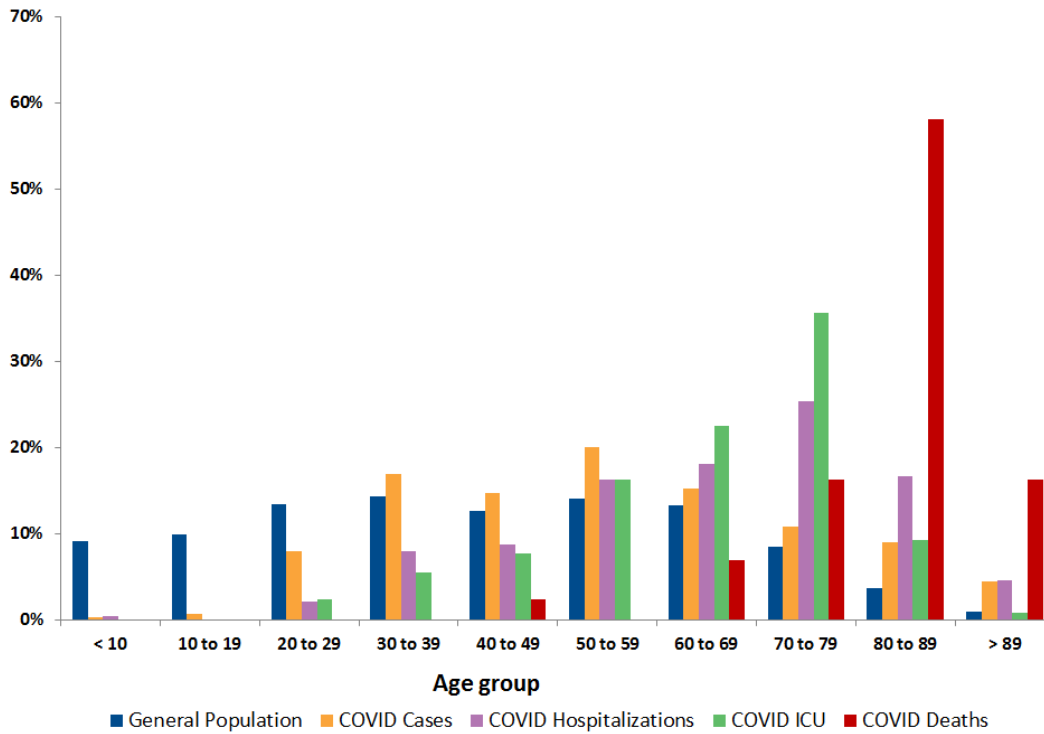
\*Data source for this table is different from Table 1. Information in this table is from the public health information system which experiences normal delay of data entry and update.

**Figure 4:** Number and proportion of respiratory specimens testing SARS-CoV-2 positive\* performed in BC, March 1- April 5, 2020 (N=48,382)



\*Participating laboratories include those with confirmatory testing: BCCDC Public Health Laboratory, Vancouver General Hospital, BC Children’s & Women’s Hospital, St. Paul’s Hospital, Victoria General Hospital Microbiology Laboratory, Kelowna General Hospital Microbiology Laboratory, and LifeLabs® laboratories. Data source: PLOVER extract on April 7, 2020. Methods and Caveats: SARS-CoV-2 specimens are tallied at the specimen level by date the specimen was collected. The proportion positive on a given date may not represent only new positive cases and this may lead to an over-estimation of proportionate positivity; similarly, individuals may be tested repeatedly after becoming negative and this may lead to an under-estimate of proportionate positivity. The relative impact of these considerations may be greater in the earlier part of the epidemic when repeat testing was more routinely undertaken and there were fewer tests being done overall. Specimens collected in the Yukon and tested at the BCCDC PHL are included. ^^On March 16, testing recommendations changed to focus on hospitalized patients, healthcare workers, long term care facility staff and residents, and those part of a cluster or outbreak who are experiencing respiratory symptoms.

**Figure 5:** Percentage distribution of COVID-19 cases, hospitalization, ICU admissions and deaths by age, compared to the general population of BC, January 1-April 7, 2020 (N=1,250\*)



\*Includes 1250 cases, 288 hospitalizations, 129 ICU admissions, and 43 deceased with age information available.