Fall Update - Respiratory viruses in BC

November 16, 2022
Our focus throughout the pandemic

Protecting people at the highest risk of severe illness or death.

Protecting our health care system capacity.

Keeping people and communities safe.

Bringing people back together, safely.
Where we are today, 16 November, 2022

51% of eligible kids 5-11 have received their first dose of the COVID-19 vaccine.

86% of British Columbians 5+ have received two doses of the COVID-19 vaccine.

57% of British Columbians 5+ have received a booster* or third dose.

335 COVID-19 positive people are in hospital. The reason for hospitalization may not be related to COVID-19.

*5+ only recently eligible for booster

Updated November 14, 2022
COVID-19 hospitalizations and deaths
1 Jan 2022 – 9 Nov 2022

Number of new daily hospitalizations/deaths (7-day moving average)

New daily hospitalizations

New daily deaths

Reporting Transition
Hospitalization rates per 1M by age
1 Jan 2022 – 9 Nov 2022

Date range: Jan 01 2022 - Nov 10 2022
COVID-19 30-day mortality
12 Jun 2022 – 29 Oct 2022

*Each bar shows data for a single week, and the labels represent the start date of that week.
Age-standardized hospitalizations, critical care admissions and deaths by vaccination status
1 Jan 2022 – 5 Nov 2022

Hospitalizations
- Unvaccinated
- Vaccinated 2 doses
- Vaccinated 3+ doses

Critical Care
- Unvaccinated
- Vaccinated 2 doses
- Vaccinated 3+ doses

Deaths
30-day mortality, cause of death is COVID-19
- Unvaccinated
- Vaccinated 2 doses
- Vaccinated 3+ doses

COVID-19 IN BC
Most prevalent SARS-CoV-2 lineages
1 June 2021 – 5 Nov 2022

*SARS-CoV2 samples genome sequenced by BCCDC
7-day rolling frequency since June 1, 2021. Top 20 lineages only shown, remainder classified as ‘Other’

- **Alpha**: B.1.1.7
- **Delta**: AY.44, AY.74
- **(Omicron)**: BA.1.1, BA.1.1.1, BA.1.1.4, BA.1.1.10, BA.1.1.16

*Other includes: BA.4.6, BA.5.1.1, BA.5.1.2, BA.5.1.27, BA.5.1.3, BA.5.1.5, BA.5.1.6, BA.5.1.7, BA.5.2.20, BA.5.2.22, BA.5.2.27, BA.5.2.3, BA.5.2.34, BA.5.2.37, BA.5.2.5, BA.5.2.6, BA.5.3.1, BA.5.5, BA.5.5.1, BA.5.6, BA.5.6.2, BE.1.1, BE.1.2.1, BF.10, BF.28, BF.27, BF.28, BF.4, BF.5, BF.7, BF.7.4, BF.7.5, BF.7.7, BN.1.3, BO.1, BO.1.1, BO.1.1.8, BO.1.1.4, BO.1.1.5, BO.1.10.1, BO.1.11, BO.1.12, BO.1.2, BO.1.3, BO.1.5, BR.4, BW.1, BY.1, other BA.2.*

*Note that lineages included in "Other" change over time and therefore not included in the legend.

Pangolin version: 4.1.3, Usher version: 1.16, Pango version: 1.16. Total Pango assignments: 55 588; Total Usher assignments: 76 192
Weekly distribution of SARS-CoV-2 Variants of Concern among sequenced specimens, 18 Sep – 5 Nov 2022

*Lineages with less than 10 samples sequenced a week are binned into ‘Other’*
Load is the total viral signal detected over a 24-hour period in the sampled wastewater.
Community visits to healthcare practitioners for respiratory symptoms

Community Visit Rates for Respiratory Symptoms

Epi Week

% of the total visits

Data source: Unadjudicated MSP data, Adjudicated MSP data. Chart creator.

Note: Symptom-groups based on ICD-9 codes. Numbers in the light purple area are more likely to change after adjudication and once the data are complete.
Community visits to healthcare practitioners for symptoms related to acute respiratory infections by age
Test % positivity of respiratory viruses since Sep 2021

positivity of respiratory viruses since 2021-2022 Season, in BC

Positivity (%)

Reporting Date

Reporting Date

Line represents percent positivity per epi-week

"Other" includes parainfluenza, adenovirus, human metapneumovirus (HMPV), and seasonal coronaviruses

Dashed line indicates the end of 2021-2022 Flu Season

COVID-19 IN BC
Respiratory viruses detected at BC Children’s Hospital Laboratory since 2021

Excluding SARS-CoV-2

COVID-19 IN BC
SARS-CoV-2 detected at BC Children’s Hospital Laboratory since Sept 2021
Respiratory Syncytial Virus (RSV) detected at BC Children’s Hospital Laboratory since Sept 2021
Influenza detected at BC Children’s Hospital Laboratory since Sept 2021

Count and percent positivity of viruses detected among children since 2021-2022 Season

Total tested samples
Total positive samples

Reporting Date

Count

Positivity (%)
COVID-19 hospitalizations are at levels similar to September but below October

Hospital occupancy is slightly higher than September

- Average base bed occupancy:
  - 95.4% November to date
  - 94.4% in September

- Overall occupancy (including surge beds):
  - 82.7% November to date
  - 80.5% in September
Children’s Critical Care Capacity

- NICU occupancy is lower than September rates
- PICU rates are highly variable due to the number of beds with particular sites having been over capacity in recent days
ED visits demonstrate considerable variation day-to-day.

However, average daily visits were approximately 6,700 in September and October.

In November to date, daily ED visits are slightly up, averaging 6,765.
Bed Management Update

Priority actions identified by Emergency Department and Hospital Capacity Task Group
- Priority actions being integrated into health authority surge response plans
- Implementation underway or in planning stages
- Task Group will continue to action these throughout the fall/winter

Examples of work underway include:
- Improvement to emergency department triage processes including piloting new models like physician triage and further implementation of quick response teams to connect patients with care in the community to avoid unnecessary hospital stays or shorten emergency department length of stay;
- Hiring additional patient care coordinators to support better patient flow through hospitals, including on evenings and weekends
- Increased integration with Urgent and Primary Care Centres
- Improved communication about services for patients
- Supporting rural and remote care and transport
Bed Management Update

A dedicated provincial pediatric table led by BC Children’s Hospital has been activated to coordinate pediatric resources and rapidly respond to increased demand across the province.

- Pediatric ICUs are located at BC Children's, Victoria General and University of Northern BC Hospitals.

High demand scenario planning continues and will be used as a last resort.

- Where needed, service reductions including postponing surgeries could be required.
Increasing Capacity in Community

The Ministry is working closely with health authorities and operators to open/access long term care (LTC) beds.

All health authorities are focused on solutions to support their teams to provide high quality care for patients and families. This includes:

- **Interior Health** has physicians supporting emergency department triage and is working to expand this, is hiring patient care coordinators and creating dedicated access and flow teams.
- **Island Health** enhanced rapid community response supports.
- **Fraser Health** are exploring opportunities to improve integration between the ED and UPCCs, opening additional hospital beds to create capacity now.
- **Northern Health** is investing in quick response teams to support avoidable admissions in the ED, and support patients who are admitted to hospital to return home through investment in discharge supports.
- **Vancouver Coastal Health and Providence Health Care** increasing active daily bed management to improve discharged from the hospital as well as opening 15 mental health beds.

Supporting Patients in Community

Since October we have stabilized the number of Alternate Level of Care patients.