

British Columbia (BC) COVID-19 Situation Report
Week 32: August 07- August 13, 2022

Data for week 32 (August 07 - August 13, 2022) may differ from the data published in the BCCDC weekly report. Data was extracted on August 22, 2022 for this situation report compared to August 24, 2022 for the latest weekly report.

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Testing rates and percent positivity 4	Incidence by Health Authority from week 31 to week 32: <ul style="list-style-type: none"> • Fraser Health incidence remained stable at 15 and 14 per 100K • Interior Health incidence remained stable at 21 per 100K • Vancouver Island Health incidence remained stable at 20 and 19 per 100K • Northern Health incidence remained stable at 13 and 15 per 100K • Vancouver Coastal Health incidence remained stable at 18 and 16 per 100K
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Severe outcomes 6	Testing of MSP-funded specimens decreased from ~4,800 in week 31 to ~4,500 in week 32, and the percent positivity of MSP-funded specimens remained stable at 22% in week 32.
Age profile, severe outcomes 7	The per capita testing rates for MSP-funded specimens between week 31 and week 32 decreased or remained stable in all age groups except in 5-9 year-olds, where the testing rates increased from 27 per 100K in week 31 to 29 per 100K in week 32. Percent positivity between week 31 and week 32 increased in all age groups except in 20-39, 40-59, and 60-79 year-olds.
Care facility outbreaks 9	Age-specific incidence rates between week 31 and week 32 were variable. Incidence rates increased the most in the <10 age group from 11 per 100K in week 31 to 14 per 100K in week 32 and decreased the most in 30-39 year-olds from 12 per 100K in week 31 to 7 per 100K in week 32.
Wastewater surveillance 10	The number of people in hospital with a positive COVID-19 test decreased from 229 in week 31 to 192 in week 32. The number of people in critical care decreased from 39 in week 31 to 29 in week 32. In week 32, 60+ year-olds had the highest number of people in hospital with a positive COVID-19 test, with 73 hospitalizations in 60-79 year-olds and 89 hospitalizations in 80+ year-olds. In week 32, 60-79 year-olds had the highest number of people in critical care (15 critical care admissions).
Additional resources 11	The weekly number of deaths from any cause among people testing positive for COVID-19 decreased from 44 in week 31 to 38 in week 32. In week 32, 80+ year-olds had the highest number of deaths from any cause among people testing positive for COVID-19, with 27 deaths in this age group. From week 14 to week 23 where the underlying cause of death (UCD) has been reported for at least 95% of the post-transition deaths, an average of 43% of these deaths were reported to have COVID-19 as their UCD.
	In week 32, no new care facility outbreaks were declared.

BELOW ARE IMPORTANT NOTES relevant to the interpretation of cases, hospitalizations, and deaths:

- Due to changes in testing strategies in BC in 2022 focusing on targeted higher risk populations, current case counts are an underestimate of the true number of COVID-19 cases in BC. This underestimation has increased compared to the period prior to the emergence of the Omicron variant in BC.
- Hospital data include admissions for people who test positive for COVID-19 through hospital screening practices, regardless of the reason for admission. Therefore, reported hospitalizations overestimate the true number of people who are hospitalized specifically due to COVID-19 infection.
- Pre-transition (case line list) deaths include COVID-19 related deaths reported by Health Authorities up to April 1, 2022. As of April 2, 2022, post-transition (automated linkage) deaths include people who died from any cause recorded in Vital Statistics within 30 days of their first positive COVID-19 lab result date. Deaths reported after the system transition use a broader definition and will overestimate the true number of deaths due to COVID-19 since death registration is recorded before the underlying cause of death is determined. Due to the change in data source for death data, the number of pre-transition deaths should not be compared to the number of post-transition deaths.

BELOW ARE IMPORTANT NOTES relevant to the interpretation of data displayed in this bulletin:

- Cases include lab confirmed, lab probable, and epi-linked cases. Case definition can be found at [http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-\(novel-coronavirus\)](http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus)). Cases include those reported in Health Authority case line lists and positive laboratory results in the Provincial Laboratory Information Solution (PLIS) up to April 1, 2022. As of April 2, 2022, only positive laboratory results in the PLIS are included and cases who are residents from outside of BC are not included.
 - Episode date is defined by date of illness onset when available. When illness onset date is unavailable, earliest laboratory date is used (collection or result date); if also unavailable, then public health case report date is used. As of April 2, 2022, episode date reflects earliest laboratory date (collection or result date) only. Analyses based on episode date may better represent the timing of epidemic evolution. Episode-based tallies for recent weeks are expected to increase as case data are more complete.
 - Surveillance date is defined by lab result date, if unavailable, then public health case report date is used. As of April 2, 2022, surveillance date reflects lab result date only. The weekly tally by surveillance date includes cases with illness onset date in preceding weeks.
 - Hospitalizations include those reported by Health Authorities up to April 1, 2022. As of April 2, 2022, hospitalizations are defined as individuals who test positive for COVID-19 and are hospitalized as recorded in the PHSA Provincial COVID-19 Monitoring Solution (PCMS). Hospitalizations for individuals 0-19 years-old are reported by linked hospitalization episodes from the PCMS since the beginning of the pandemic. Episode date for hospitalization is defined by admission date, if unavailable, surveillance date is used.
 - Critical care admissions (HAU, ICU, and critical care surge beds) include individuals who test positive for COVID-19 and are in critical care admission as recorded in the PCMS. Episode date for critical care admission is defined by critical care admission date, if unavailable, surveillance date is used. Previously only ICU admissions were presented in this report. Critical care admissions comprises a broader category than ICU admissions and therefore, the number of critical care admissions should not be compared to number of ICU admissions from previous weeks.
 - Deaths include COVID-19 related deaths reported by Health Authorities up to April 1, 2022. As of April 2, 2022, deaths are any COVID-19 lab positive cases who died from any cause recorded in Vital Statistics within 30 days of their first positive lab result date. Episode date for death is defined by death date, if unavailable, surveillance date is used.
 - As of April 2, 2022, data on Health Authority outbreaks are compiled from outbreak files provided by the Health Authorities.
 - Laboratory PLOVER data include Medical Service Plan (MSP) funded (e.g. clinical diagnostic tests) and non-MSP funded (e.g. screening tests) specimens.
 - Per capita rates/incidences for year 2020 are based on Population Estimates 2020 (n= 5,147,772 for BC overall), for year 2021 are based on PEOPLE 2021 estimates (n= 5,194,137 for BC overall), and for year 2022 is based on PEOPLE 2021 estimates (n= 5,263,772 for BC overall).
 - Data sources include Health Authority case line lists, PHSA Provincial COVID-19 Monitoring Solution (PCMS), Vital Statistics, laboratory PLOVER data, and aggregate outbreak files from Health Authorities.
 - Integrated case data (including surveillance variables created using Health Authority case line lists, PCMS, and Vital Statistics) were extracted on August 22, 2022, laboratory PLOVER data on August 18, 2022, and Health Authority outbreak files on August 17, 2022.
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A. COVID-19 case counts and epidemic curve

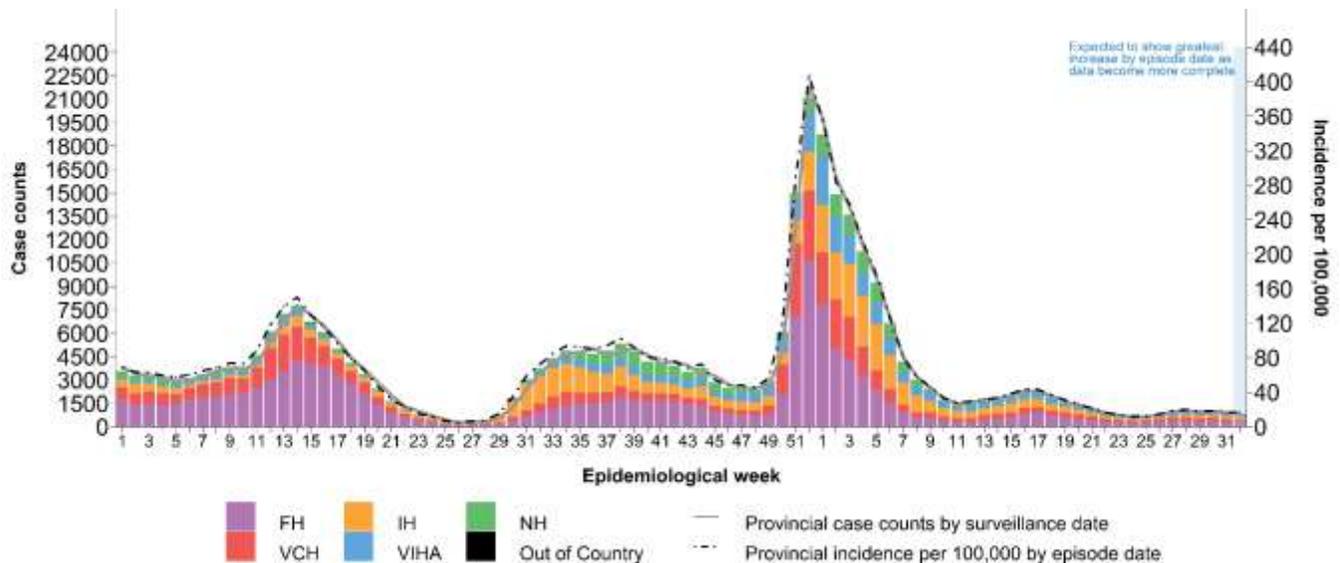
Due to changes in testing strategies in BC in 2022 focusing on targeted higher risk populations, current case counts are an underestimate of the true number of COVID-19 cases in BC. This underestimation has increased compared to the period prior to the emergence of the Omicron variant in BC. Up to week 32, there have been 381,086 cases for a cumulative incidence of 7,240 per 100K (Table 1, Figure 1). The provincial incidence by episode date was 16 per 100K (852 cases) in week 32, which remained stable compared to 17 per 100K in week 31.

Incidence rates from week 31 to week 32 remained stable in all HAs. In week 32, the highest incidence rate was in Interior Health (IH) at 21 per 100K. Incidence by episode date may increase as data become more complete in recent weeks.

Table 1. Episode-based case tallies by Health Authority, BC, Jan 15, 2020 (week 3) – Aug 13, 2022 (week 32) (N= 381,086)

Case tallies by episode date	Health Authority of Residence					Outside Canada	Total
	FH	IH	VIHA	NH	VCH		
Week 32, case counts	273	173	164	46	196	0	852
Cumulative case counts	167,424	67,765	37,668	30,797	77,041	391	381,086
Week 32, cases per 100K population	14	21	19	15	16	NA	16
Cumulative cases per 100K population	8,425	8,180	4,280	10,062	6,105	NA	7,240

Figure 1. Episode-based epidemic curve (bars), surveillance date (line) and Health Authority (HA), BC Jan 3, 2021 (week 1) – Aug 13, 2022 (week 32) (N= 325,237)



B. Test rates and percent positive

[COVID-19 testing guidelines](#) recommend testing for people who have COVID-19 symptoms, and are at risk of more severe disease or live/work in high-risk settings. As shown by the darker-colored bars and dotted line in [Figure 2](#), the number of MSP-funded specimens decreased from ~4,800 in week 31 to ~4,500 in week 32, and the percent positivity of MSP-funded specimens remained stable at 22% in week 32.

As shown by the dotted lines in [Figure 3](#), the per capita testing rates for MSP-funded specimens (Panel A) decreased or remained stable in all HAs except in Vancouver Island Health (VIH), where it increased from 88 per 100K in week 31 to 90 per 100K in week 32. Interior Health (IH) had the highest testing rate at 95 per 100K. The percent positivity (Panel B) for MSP-funded specimens decreased or remained stable in all HAs except for Fraser Health (FH) and Northern Health (NH), where the percent positivity increased from 21.3% in week 31 to 22.7% in week 32 and from 16.9% in week 31 to 22.8% in week 32, respectively. In week 32, percent positivity ranged from 20.7% in VCH to 24.1% in IH.

Figure 2. Number of specimens tested and percent SARS-CoV-2 positive, by collection week, BC Jan 3, 2021 (week 1) – Aug 13, 2022 (week 32)

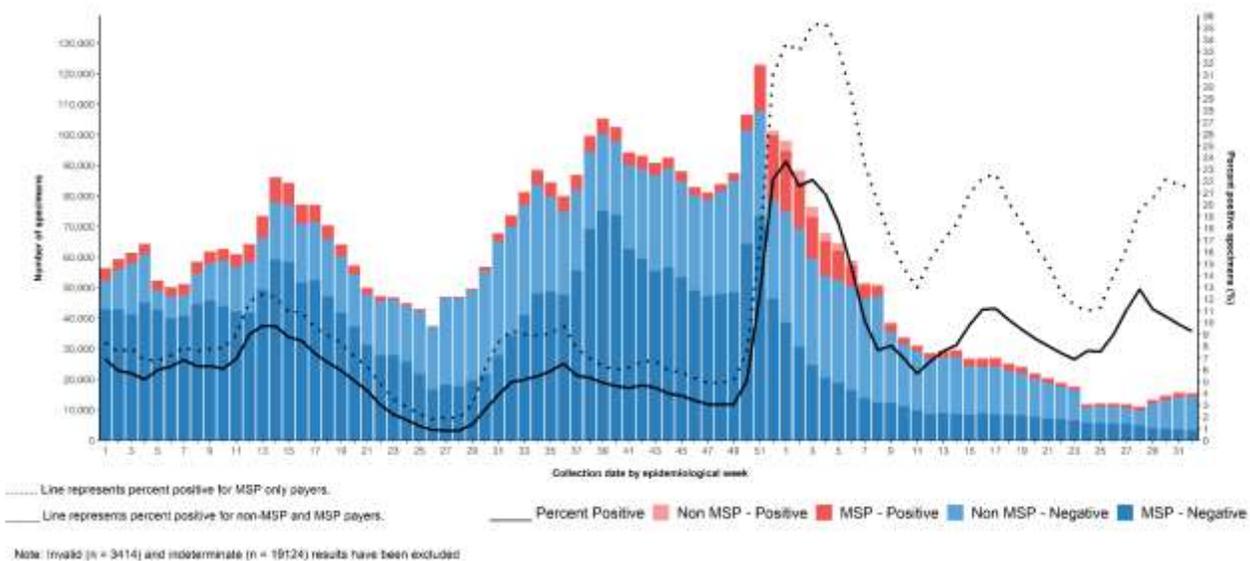
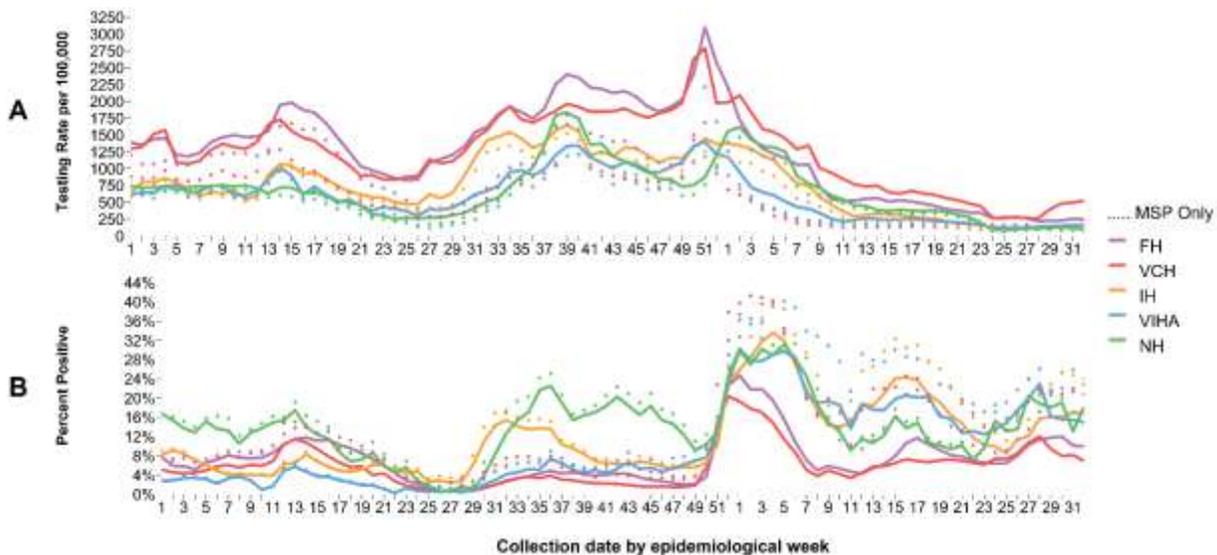


Figure 3. Testing rates and percent SARS-CoV-2 positive by Health Authority and collection week, BC Jan 3, 2021 (week 1) – Aug 13, 2022 (week 32)



Data source: Laboratory PLOVER data

C. Age profile, testing and cases

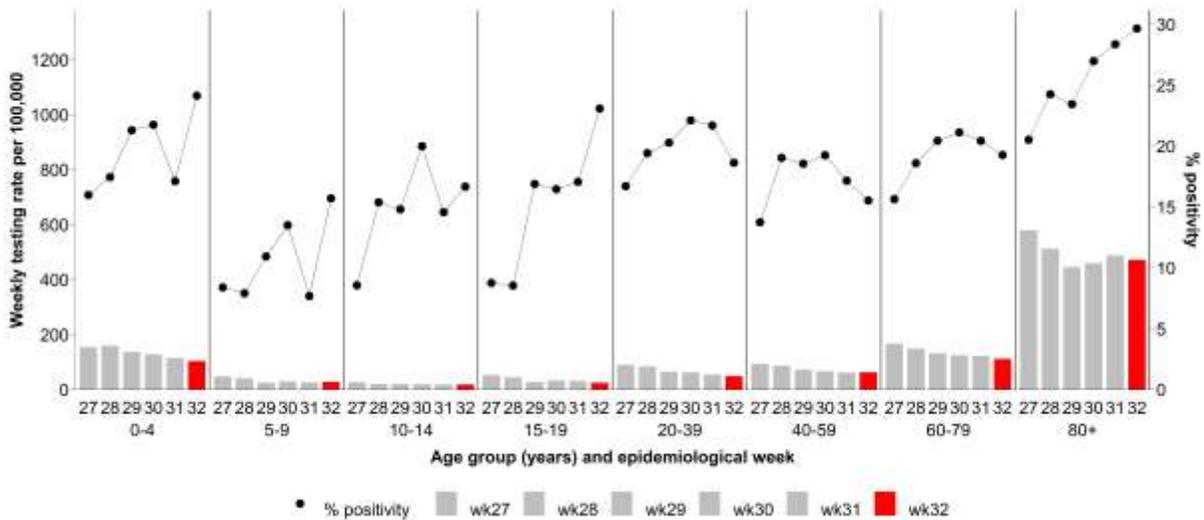
Testing rates and percent positivity by age group

As shown by the bars in **Figure 4**, the per capita testing rates for MSP-funded specimens between week 31 and week 32 decreased or remained stable in all age groups except in 5-9 year-olds, where the testing rates increased from 27 per 100K in week 31 to 29 per 100K in week 32. As shown by the black dots in **Figure 4**, percent positivity between week 31 and week 32 increased in all age groups except in 20-39, 40-59, and 60-79 year-olds. Percent positivity increased the most in 5-9 year-olds, where it increased from 7.7% in week 31 to 15.7% in week 32. In week 32, percent positivity ranged from 15.5% in 40-59 year-olds to 29.6% in 80+ year-olds.

Case distribution and weekly incidence by age group

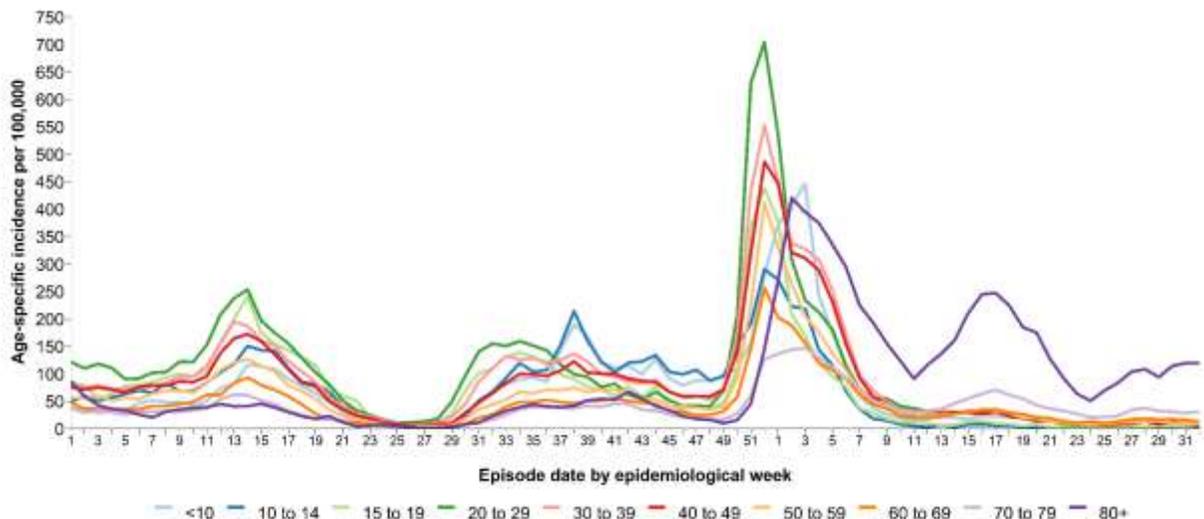
As shown in **Figure 5**, age-specific incidence rates between week 31 and week 32 were variable. Incidence rates increased the most in the <10 age group from 11 per 100K in week 31 to 14 per 100K in week 32 and decreased the most in 30-39 year-olds from 12 per 100K in week 31 to 7 per 100K in week 32.

Figure 4. Average weekly SARS-CoV-2 MSP testing rates and MSP percent positive by known age group, BC Jul 09, 2022 (week 27) – Aug 13, 2022 (week 32)



Data source: Laboratory PLOVER data

Figure 5. Weekly age-specific COVID-19 incidence per 100K population by epidemiological week, BC Jan 3, 2021 (week 1) – Aug 13, 2022 (week 32) (N= 325,145)



D. Severe outcomes

Hospital data include admissions for people who test positive for COVID-19 through hospital screening practices, regardless of the reason for admission. Therefore, reported hospitalizations overestimate the true number of people who are hospitalized specifically due to COVID-19 infection. The number of people in hospital with a positive COVID-19 test decreased from 229 in week 31 to 192 in week 32. The number of people in critical care decreased from 39 in week 31 to 29 in week 32.

As of April 2, 2022, death data include people who test positive for COVID-19 and died from any cause (COVID-19 or non-COVID-19) within 30 days of their first positive lab result date. The weekly number of deaths from any cause among people testing positive for COVID-19 decreased from 44 in week 31 to 38 in week 32 (Table 2).

Cumulatively, there have been 32 confirmed cases of [Multi-system Inflammatory Syndrome in children and adolescents \(MIS-C\)](#) in BC since January 1, 2020. There have been no new confirmed cases of MIS-C since May 20, 2022. The median age of all cases is 9 years old (range from 4 months old to 16 years old).

Table 2. COVID-19 severe outcomes by episode date, Health Authority of residence, BC Jan 15, 2020 (week 3) – Aug 13, 2022 (week 32)

Severe outcomes by episode date	Health Authority of residence					Residing outside of Canada	Total n/N ^a (%)
	FH	IH	VIHA	NH	VCH		
Week 32, hospitalizations	56	38	40	9	49	0	192
Cumulative hospitalizations	12,188	4,445	2,693	2,156	5,376	17	26,875/381,086 (7)
Week 32, critical care admissions ^b	10	6	8	1	4	0	29
Cumulative critical care admissions^b	2,536	1,011	432	801	1,136	4	5,920/381,086 (2)
Week 32, deaths	12	10	11	1	4	0	38
Cumulative deaths, pre-transition (case line list)^c	1,348	367	241	330	716	0	3,002/356,498 (1)
Cumulative deaths, post-transition (automated linkage)^c	362	216	199	44	236	0	1,057/24,588 (4)

- Cases with unknown outcome are included in the denominators (i.e. assumed not to have the specified severe outcome).
- Due to the change in data source for hospitalization data, ICU admissions are no longer available. Critical care admissions are now being provided, which comprises a broader category than ICU admissions (please see Important Notes on Page 2 for more information). Number of critical care admissions should not be compared to number of ICU admissions from previous weeks.
- Pre-transition (case line list) deaths include COVID-19 related deaths reported by Health Authorities up to April 1, 2022. As of April 2, 2022, post-transition (automated linkage) deaths are any COVID-19 lab positive cases who died from any cause recorded in Vital Statistics within 30 days of their first positive lab result date. Deaths reported after the system transition use a broader definition and will overestimate the true number of deaths due to COVID-19 since death registration is recorded before the underlying cause of death is determined. Due to the change in data source for death data, the number of pre-transition deaths should not be compared to the number of post-transition deaths.

E. Age profile, severe outcomes

Table 3 displays the distribution of cases and severe outcomes. In week 32, median age of hospital admissions, critical care admissions, pre-transition deaths, and post-transition deaths with underlying cause of death (UCD) as COVID-19 was 67 years, 63 years, 82 years, and 85 years, respectively.

In week 32, 60+ year-olds had the highest number of people in hospital with a positive COVID-19 test, with 73 hospitalizations in 60-79 year-olds and 89 hospitalizations in 80+ year-olds. In week 32, 60-79 year-olds had the highest number of people in critical care (15 critical care admissions). In week 32, 80+ year-olds had the highest number of deaths from any cause among people testing positive for COVID-19, with 27 deaths in this age group ([Figure 6](#)).

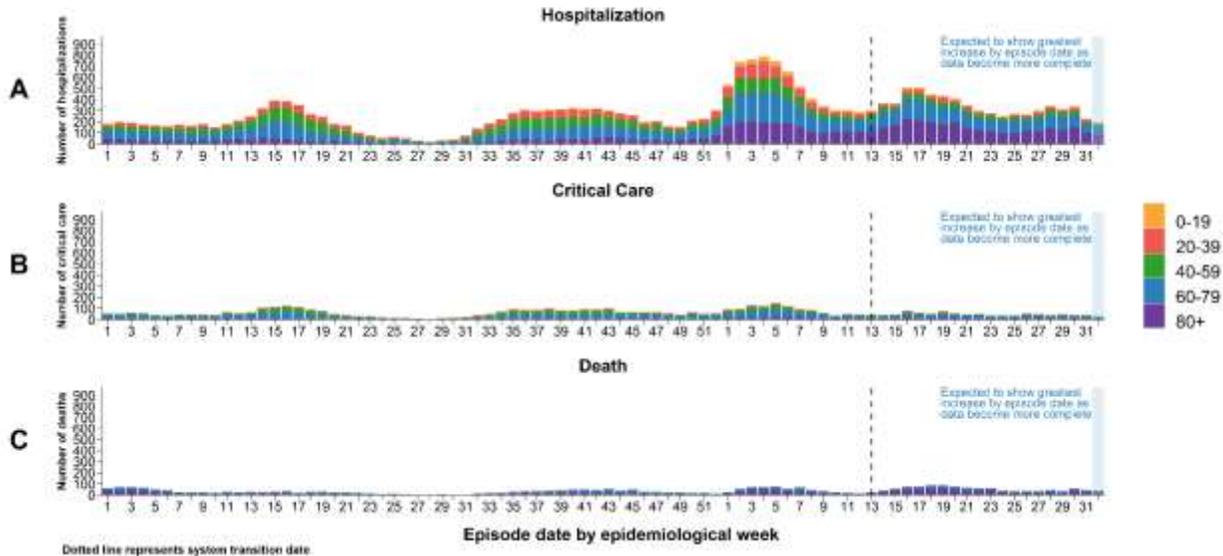
In the past four weeks (from week 29 to week 32), there has been a weekly average of 4 deaths in those <60 years of age, 3 deaths in 60-69 year-olds, 11 deaths in 70-79 year-olds and 24 deaths in the 80+ year-olds (data not shown). The number of deaths may increase over time as data becomes more complete.

Table 3: COVID-19 cases, hospitalizations, critical care admissions, and deaths by age group, BC, Jan 15, 2020 (week 3) – Aug 13, 2022 (week 32) (N= 381,055)^a

Age group (years)	Cases	Hospitalizations n (%)	Critical care admissions ^b n (%)	Pre-transition (case line list) deaths ^c n (%)	Post-transition (automated linkage) deaths ^c		
					UCD as COVID-19 ^d n (%)	UCD as non-COVID-19 ^d n (%)	UCD pending ^d n (%)
<10	30,979	571 (2)	69 (<1)	2 (<1)	2 (<1)	2 (<1)	0 (<1)
10-19	35,849	365 (1)	52 (<1)	0 (<1)	0 (<1)	2 (<1)	0 (<1)
20-29	73,570	1,385 (2)	210 (<1)	6 (<1)	1 (<1)	7 (<1)	0 (<1)
30-39	70,535	2,367 (3)	437 (1)	31 (<1)	1 (<1)	8 (<1)	0 (<1)
40-49	54,466	2,260 (4)	585 (1)	64 (<1)	1 (<1)	8 (<1)	1 (<1)
50-59	44,394	3,202 (7)	1,071 (2)	166 (<1)	4 (<1)	30 (1)	6 (<1)
60-69	30,979	4,450 (14)	1,461 (5)	353 (1)	35 (1)	48 (2)	7 (<1)
70-79	18,523	5,255 (28)	1,344 (7)	655 (4)	79 (2)	129 (3)	25 (1)
80-89	14,153	4,916 (35)	607 (4)	989 (10)	137 (3)	169 (4)	54 (1)
90+	7,607	2,104 (28)	84 (1)	736 (15)	135 (5)	137 (5)	29 (1)
Total	381,055	26,875	5,920	3,002	395	540	122
Median age	36	67	63	82	85	81	84

- Among those with available age information only.
- Due to the change in data source for hospitalization data, ICU admissions are no longer available. Critical care admissions are now being provided, which comprises a broader category than ICU admissions (please see Important Notes on Page 2 for more information). Number of critical care admissions should not be compared to number of ICU admissions from previous weeks.
- Pre-transition (case line list) deaths include COVID-19 related deaths reported by Health Authorities up to April 1, 2022. As of April 2, 2022, post-transition (automated linkage) deaths are any COVID-19 lab positive cases who died from any cause recorded in Vital Statistics within 30 days of their first positive lab result date. Deaths reported after the system transition use a broader definition and will overestimate the true number of deaths due to COVID-19 since death registration is recorded before the underlying cause of death is determined. Due to the change in data source for death data, the number of pre-transition deaths should not be compared to the number of post-transition deaths.
- Since underlying cause of death (UCD) takes approximately 8 weeks to be recorded, all-cause mortality is initially reported and then retrospective evaluations of underlying cause of death are provided here to better understand true COVID-19 mortality. UCD as COVID-19 are deaths that have been determined to be caused by COVID-19 in their Vital Stats record. UCD as non-COVID-19 are deaths that have been determined to be not attributable to COVID-19 in their Vital Stats record that are reported as deaths due to a lab positive COVID-19 test within 30 days of death. UCD pending are all post-transition deaths that do not yet have a recorded UCD.

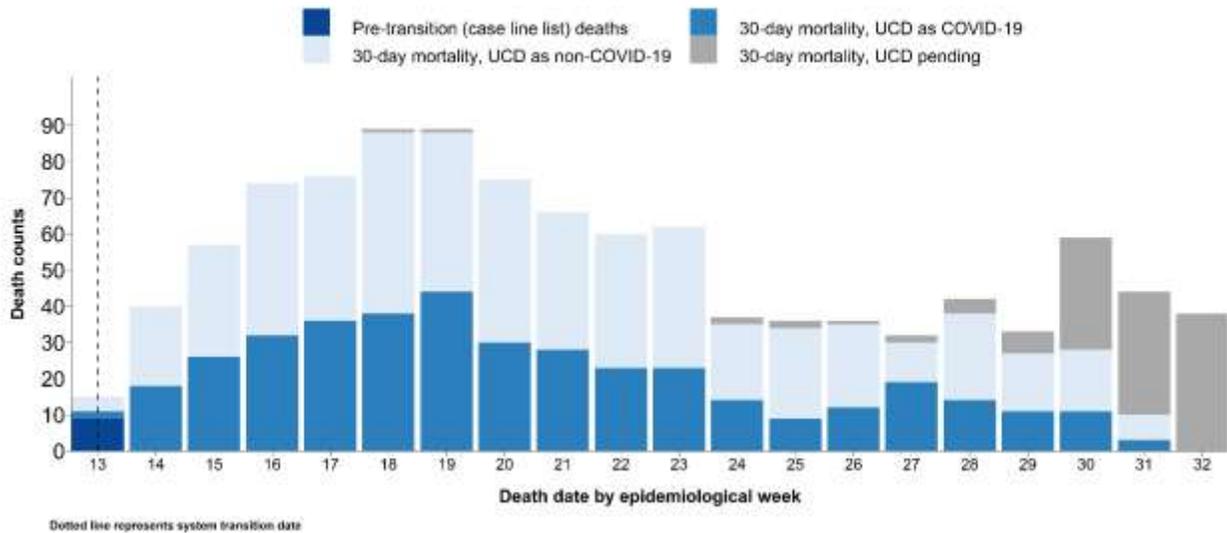
Figure 6. Weekly COVID-19 hospital admissions (A), critical care admissions (B), and deaths (C) by age groups, BC, Jan 3, 2021 (week 1) – Aug 13, 2022 (week 32)^a



a. Among those with available age information only.

Figure 7 displays the number of pre-transition deaths and post-transition deaths (i.e. people who test positive for COVID-19 and died from any cause within 30 days of their first positive lab result date) by underlying cause of death as recorded in Vital Statistics from week 13 to week 32 in 2022. From week 14 to week 23 where the UCD has been reported for at least 95% of the post-transition deaths, an average of 43% of these deaths were reported to have COVID-19 as their UCD. Post-transition deaths with complete UCD are expected to increase over time.

Figure 7. Pre- and post-transition deaths by underlying cause of death, BC, Mar 27, 2022 (week 13) – Aug 13, 2022 (week 32)^{a,b}



- a. Pre-transition (case line list) deaths include COVID-19 related deaths reported by Health Authorities up to April 1, 2022. As of April 2, 2022, post-transition (automated linkage) deaths are any COVID-19 lab positive cases who died from any cause recorded in Vital Statistics within 30 days of their first positive lab result date. Deaths reported after the system transition use a broader definition and will overestimate the true number of deaths due to COVID-19 since death registration is recorded before the underlying cause of death is determined. Due to the change in data source for death data, the number of pre-transition deaths should not be compared to the number of post-transition deaths.
- b. Since underlying cause of death (UCD) takes approximately 8 weeks to be recorded, all-cause mortality is initially reported and then retrospective evaluations of underlying cause of death are provided here to better understand true COVID-19 mortality. UCD as COVID-19 are deaths that have been determined to be caused by COVID-19 in their Vital Stats record. UCD as non-COVID-19 are deaths that have been determined to be not attributable to COVID-19 in their Vital Stats record that are reported as deaths due to a lab positive COVID-19 test within 30 days of death. UCD pending are all post-transition deaths that do not yet have a recorded UCD.

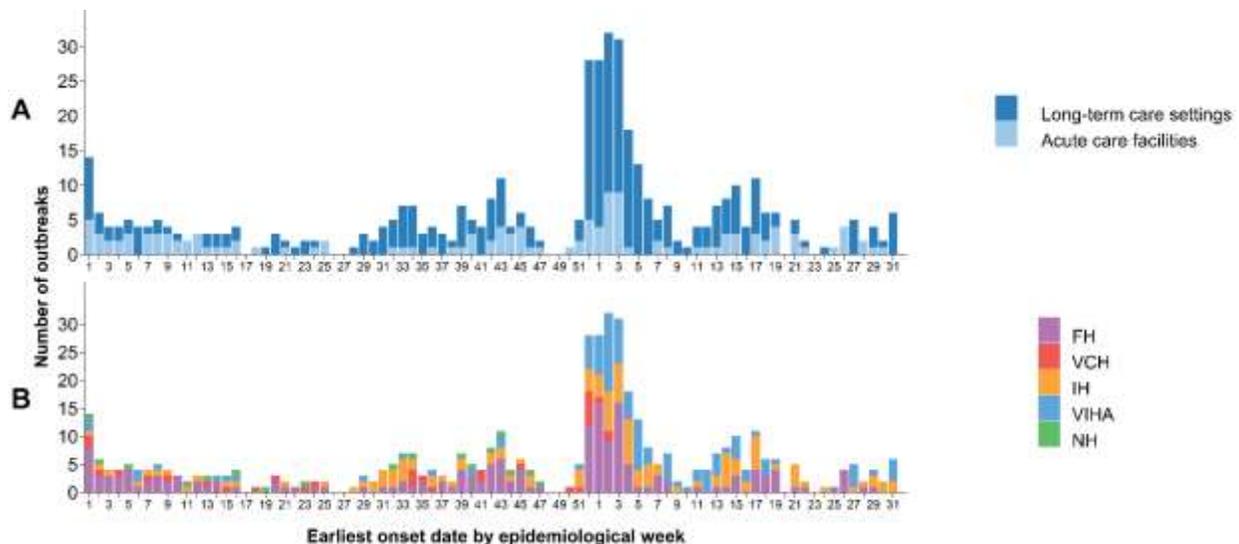
F. Care facility outbreaks

As shown in [Table 4](#) and [Figure 8](#), 699 care facility (acute care and long-term care settings) outbreaks were reported in total in BC to the end of week 32. In week 32, based on earliest symptom onset date (if unavailable, then outbreak declared date is used), no new care facility outbreaks were declared. In the past four weeks (from week 29 to week 32), there has been a weekly average of 3 care facility outbreaks.

Table 4. COVID-19 care facility^a outbreaks by earliest case onset^{b,c}, associated cases and deaths by episode date, BC Jan 15, 2020 (week 3) – Aug 13, 2022 (week 32) (N=699)^{d,e}

Care facility outbreaks and cases by episode date	Outbreaks	Cases			Deaths		
		Residents	Staff/other	Total	Residents	Staff/other	Total
Week 32, Care Facility Outbreaks	0	NA	NA	NA	NA	NA	NA
Cumulative, Care Facility Outbreaks	699	9,919	3,817	13,736	1,456	0	1,456

Figure 8. COVID-19 care facility^a, outbreaks by earliest case onset^{b,c}, facility type (A) and Health Authority (B), BC Jan 3, 2021 (week 1) – Aug 13, 2022 (week 32) (N=448)^{d,e}



- Case and death counts include PCR positive cases only for outbreaks in NHA and VIHA. Vancouver Coastal Health, Fraser Health Authority, and Interior Health Authority outbreaks may also include those diagnosed by rapid antigen tests or considered as suspect reinfection.
- Earliest dates of onset of outbreak cases are subject to change as investigations and data are updated. If unavailable, outbreak declared date is used.
- New outbreaks reported since the last report with an earliest case onset date (if unavailable, outbreak declared date is used) prior to the current reporting week will be included in the cumulative care facility outbreak total.
- Cases with unknown role are included in the case count for Staff/other.
- Data might be incomplete or vary from what was reported previously due to updates by Health Authorities.

G. Wastewater surveillance

The BCCDC and Metro Vancouver measure SARS-CoV-2 in wastewater at five wastewater treatment plants (treating wastewater from 50% of BC’s population). To account for changing wastewater volume due to rainfall or snowmelt, SARS-CoV-2 concentrations are normalized to wastewater flow. Normalized SARS-CoV-2 wastewater levels (measured as viral copies per day) are shown alongside incident COVID-19 cases in each wastewater catchment area in [Figure 9](#) and [Figure 10](#). The BCCDC’s test results are obtained from the liquid fraction of the wastewater sample. Other organizations, such as the National Microbiology Laboratory, test from the solid fraction of wastewater and therefore, their results are not directly comparable.

Key messages with results through to August 20, 2022:

- Though there continues to be week-to-week variability, SARS-CoV-2 viral loads generally continue to decrease from their most recent peak in late-June or early-July in Metro Vancouver wastewater. Increases were only detected at the Annacis Island treatment plant.
- Over the past week, viral loads at Annacis Island WWTP (Fraser North and South) have increased by 11%.
- Over the three weeks, viral loads at Northwest Langley WWTP (Northwest Langley) have decreased by 49%.
- Over the three weeks, viral loads at Iona Island WWTP (Vancouver) have decreased by 50%.
- Over the past six weeks, viral loads at Lulu Island WWTP (Richmond) have decreased by 57%.
- Over the two weeks, viral loads at Lions Gate WWTP (North Shore) have decreased by 69%.

Figure 9. Wastewater surveillance, FH

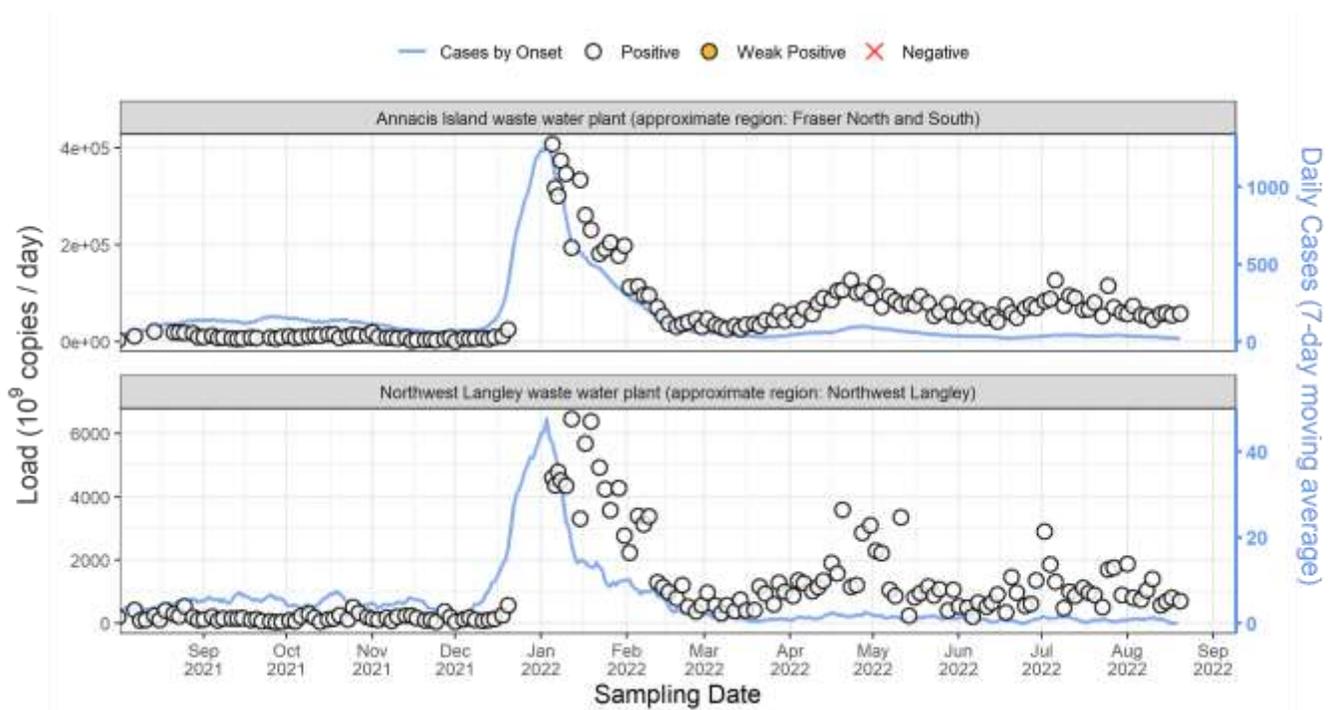
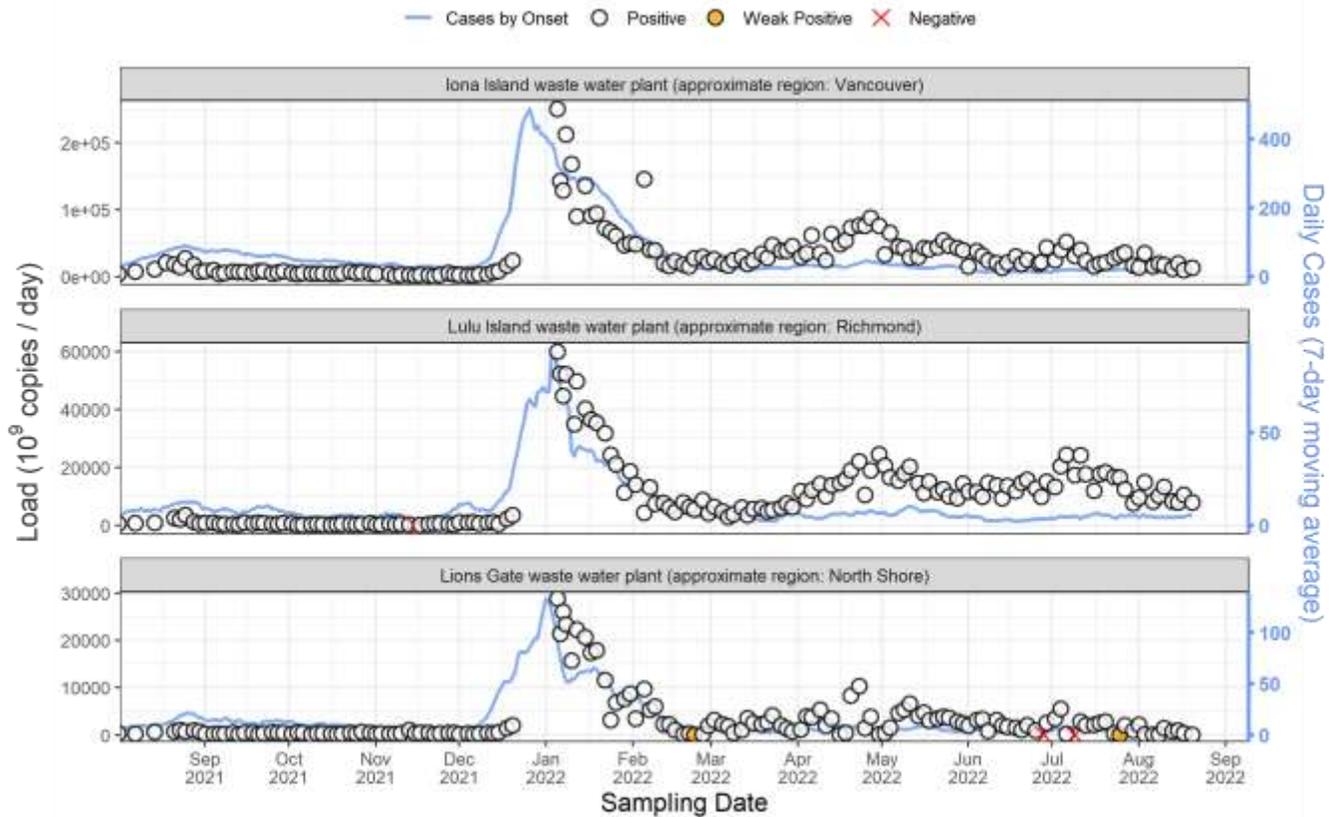


Figure 10. Wastewater surveillance, VCH



H. Additional resources

For COVID-19 vaccination coverage data, visit the COVID-19 Vaccination Coverage Dashboard here:

<http://www.bccdc.ca/health-professionals/data-reports/covid-19-surveillance-dashboard>

Variant of concern (VOC) findings are available weekly here: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data#variants>

For local, national, and global comparisons of BC to other jurisdictions on key epidemiological metrics, visit the BCCDC COVID-19 Epidemiology App here: https://bccdc.shinyapps.io/covid19_global_epi_app/

BC’s COVID-19 Immunization Plan is updated regularly here: <https://www2.gov.bc.ca/gov/content/covid-19/vaccine/plan>