British Columbia COVID-19 Disclaimer and Data Notes

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BCCDC/PHSA/B.C. Ministry of Health data sources are available at the links below:

- [Case Data (spatial)]
- [Case Details]
- [Laboratory Testing Information]

Data Sources

- Case Details and Laboratory Information are updated daily Monday through Friday at 5:00 pm.
- Data on cases is collected by Health Authorities during public health follow-up.
- Total COVID-19 cases include laboratory diagnosed cases (confirmed and probable) as well as epi-linked cases. Definitions can be found at: [http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus)]. Prior to June 4, 2020, the total number of cases included only laboratory diagnosed cases. Starting June 4, probable epi-linked cases became reportable as a separate category. Epi-linked cases identified during case investigations since May 19, 2020 – the date BC entered Phase 2 of its Restart Plan - are now included in the case total, but are not considered New Cases unless they were reported in the last 24 hours.
- Laboratory data is supplied by the B.C. Centre for Disease Control Public Health Laboratory; tests performed for other provinces have been excluded.
- Data on intensive care unit (ICU) admissions is provided by the PHSA Critical Care Working Group.

Data Over Time

- The number of laboratory tests performed and positivity rate over time are reported by the date of test result. 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. The current day is excluded from all laboratory indicators.

- The number of new cases over time are reported by the date they are notified to public health.

**Epidemiologic Indicators**

- Cases have ‘Recovered’ when the criteria outlined in BC guidelines for public health management of COVID-19 are met: (1) resolution of fever without use of fever-reducing medications; AND (2) improvement of symptoms (respiratory, gastrointestinal and systemic); AND (3) either two negative nasopharyngeal swabs collected at least 24 hours apart, or at least 10 days have passed since onset of symptoms. These are the same criteria that are met for cases to “Discontinue Isolation” and the terms are sometimes used interchangeably.

- New Cases are those reported daily in the Provincial Health Officer’s press briefing and reflect the difference in counts between one day and the next as of 10:00 am. This may not be equal to the number of cases reported to public health by calendar day, as: (1) cases reported prior to 10am would be included as new cases in the current day’s count and cases reported after 10am would be included in the next day’s count; and (2) there may be some delays between cases being reported to public health and then reported provincially. Because of the 10:00 am cut-off, the most recent day in time series graphs may contain only partial information. On Mondays, the number of new cases includes the number of new cases in the 24 hr period between Sunday 10am and Monday 10am.

- ICU values include the number of COVID-19 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). Current ICU admissions are those reported daily in the PHO press briefing and may change over time due to small adjustments and improvements in data quality.

**Laboratory Indicators**

- Total tests represent the cumulative number of COVID-19 tests since testing began mid-January. Only tests for residents of B.C. are included.

- New tests represent the number of COVID-19 tests performed in the 24 hour period prior to date of the dashboard update.

- COVID-19 positivity rate is calculated as the number of positive specimens that day/total number of specimens tested (positive, negative, and indeterminate) that day.

- Turn-around time is calculated as the daily average time (in hours) between specimen collection and report of a test result. Turn-around time includes the time to ship specimens to the lab; patients who live farther away are expected to have slightly longer average turn around times.


- Testing context: As of March 16, testing guidelines changed to focus on hospitalized patients, healthcare workers, long term care facility staff and residents, and those part of a cluster or outbreak who experienced respiratory symptoms. As of April 9, previous testing guidelines were expanded to include individuals with fever (>38°C) and cough or shortness of breath, including (a) residents of remote, isolated or Indigenous communities, (b) people living and working in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors’ residences, (c) people who are homeless or have unstable housing, (d) essential service providers (e.g. first responders), or (e) returning travellers identified at a point of entry to Canada. In addition to these priority groups, health care providers can order a COVID-19 test for any patient based on
their clinical judgment. As of Apr 21, universal testing guidelines were implemented to include all symptomatic individuals with fever (>38°C) and cough or shortness of breath.

Health Authority Assignment

- Health Authority is assigned by place of residence; when not available, by location of the provider ordering the lab test. Delays in assignment may occur such that the total number of BC tests performed may be greater than the sum of tests done in specific Health Authorities.

For the latest caveats about the data, please refer to the most recent BCCDC Surveillance Report located at: http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data

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