British Columbia COVID-19 Daily Situation report, March 25, 2020

All information is based on direct daily report to BCCDC as of 10:00 AM PT; 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 - March 25, 2020 (N=659)



Total confirmed COVID cases (deaths) in BC = 659 (14)

Total number of affected long term care facilities (LTCF) in BC = 9 (6 VCHA; 3 FHA)

Table 1. Epidemiological profile reported by health authority of c	case, BC, January 1 - March 25, 2020 (N=659)
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	Fraser	Interior	Vancouver Island	Northern	Vancouver Coastal	n (%) ^a
Total number of cases	218	46	47	9	339	659 ^b
Number of new cases since March 24, 2020	24	5	3	1	9	42 (6%)
Median age in years, cases ^c	51	44	47	56	54	53 years
Female sex, cases	109	22	26	6	164	327/601 (54%)
Ever Hospitalized	55	6	5	1	40 ^{d,e}	107 (16%)
Median age in years, hospitalized ^c	68	53	71	_g	63	64 years
Ever ICU	21	2	3	1	14 ^e	41 (6%)
Median age in years, ICU admission ^c	72	57	71	_g	63	69 years
Deaths	2	0	0	0	12 ^f	14 (2%)
Median age in years, deaths ^c	84	NA	NA	NA	86	86 years
Recovered and off isolation ^h	3	8	6	5	161	183 (28%)

^a Denominator for % derivation is total number of cases (N), except sex for which denominator is as specified for those with known information on sex. ^b 125 confirmed cases are residents or staff associated with nine affected long term care facilities.

^c Median age is calculated based on those with known information for all, hospitalized, ICU, and deceased cases (n=571, 89, 37, and 8, respectively).

^dAs of March 22, a new reporting approach has been adopted by VCH which incorporates data collected directly and systematically from hospitals. This explains the increased tally of "ever hospitalized" without commensurate increase in "currently in hospital" compared to March 20, 2020.

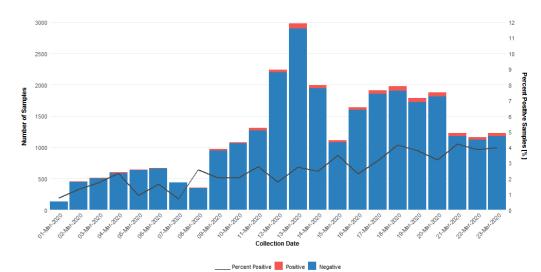
^eData as of March 24, 2020.

^fAll are LTCF deaths.

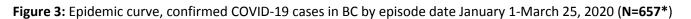
^gMedian age not disclosed due to single case with age available.

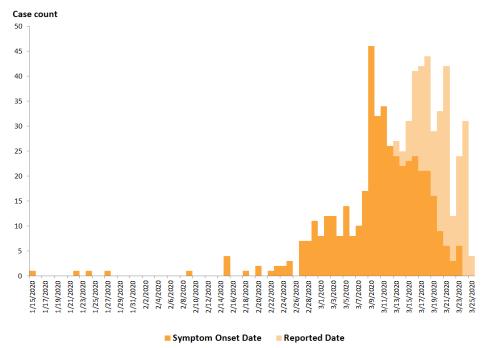
^hIncludes both cases indicated as recovered following 2 lab confirmed negative swabs 24 hours apart or following 10 days after symptom onset and removed from isolation requirements.

Figure 2: Proportion of respiratory specimens testing SARS-CoV-2 positive* in BC, March 1-March 23, 2020 (N=28,289)



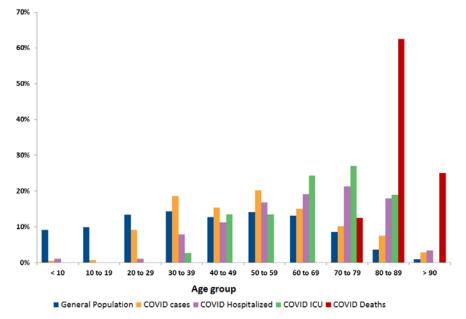
*Participating laboratories include those with confirmatory testing: BCCDC Public Health Laboratory, Vancouver General Hospital, BC Children's & Women's Hospital, St. Paul's Hospital, Victoria General Hospital Microbiology Laboratory, and Kelowna General Hospital Microbiology Laboratory. Data source: PLOVER extract at 9:30 on March 25, 2020. Methods and caveats: Test results are tallied at the patient level by date of specimen collection. Case level data means that an individual is counted once for each specified date. A single individual, however, may subsequently be repeat tested over a span of collection dates (e.g. until clearance). The relative impact of repeat testing may be greater in the earlier part of the epidemic when more routinely undertaken and there were fewer tests being done overall. As of March 16, testing recommendations have changed to focus on hospitalized patients, healthcareworkers , and long term care facility staff and residents or those part of a cluster or outbreak who are experiencing respiratory symptoms.





*Episode date is based on symptom onset date (n=447), if not available then on date COVID-19 was reported to health authority (n=210). There are 2 cases with missing information on these dates.

Figure 4: Percentage distribution of COVID-19 cases, hospitalization, ICU admissions and deaths by age, compared to the general population of BC, January 1-March 25, 2020 (**N=571***)



*Includes 571 cases, 89 hospitalizations, 37 ICU admissions, and 8 deceased with age information available.