BCCDC Weekly Data Summary

20 May 2021





Purpose

The weekly surveillance deck is a summary of COVID-19 related indicators that can help inform the pandemic response in British Columbia. This surveillance monitoring constitutes the medical chart for population health assessment that guides the public health community of practice. As such this is a working document that reflects a snapshot in time and may differ from other published reports.

Data Sources

The collection, use and disclosure of case data is subject to the Public Health Act. COVID-19 cases are reported under the Public Health Act to the health authority of residence. Public health case notification, clinical management, contact tracing and follow-up contributes surveillance data for regional and provincial COVID-19 monitoring. Each regional health authority have their own workflows and information systems for capture of relevant data. This data foremost serves the public health and clinical management of the case and their contacts.

Disclaimer

- Data and key messages within these documents are not finalized and considered to be work in progress that is subject to retroactive changes as more data and information become available.
- Accurate interpretation of figures may be difficult with the limited inclusion of data notes and methodology descriptions in this document.





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Overall Weekly Summary

- Case rates are stable or declining in all HAs; test positivity is at 8.5% provincially for publicly funded tests and 6.8% for all tests.
- New hospitalizations are elevated, but continuing to decline; hospital/critical care census is stable or declining across BC; new deaths are stable and low.
 - Majority of hospitalizations are among individuals aged >40 years
 - Number of deaths is small and decreasing.
- The share of VOCs among screened cases in BC is ~85% in epi week 19 (May 9-15). Among sequenced samples provincially based on information for epi week 18, P.1 (~41%) and B.1.1.7 (~57%) remain two dominant VOCs.
 - B.1.617 (newly declared by WHO as a VOC) currently represents 2% of VOCs
 - Ongoing monitoring of VOCs and variants of interest
- As of May 19, 58% of adult population in BC has received at least one dose of vaccine; the majority of individuals ≥ 55 years have received at least one dose (86% of those over 70 years and 77% of those 55-69 years).





May 13 to May 19: BC COVID-19 Profile



Provincial Health Services Authority Province-wide solutions. Better health.



Case rates are declining or stable in all HAs; new hospitalizations continue to decline; new deaths are stable and low.





Data Source: BCCDC. Data are by surveillance date for cases and deaths, and admission date for hospitalizations

Data from Aug 01 2020 - May 18 2021

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Hospital and critical care census is stable or declining in all regions.





Data source: DARE (Data, Analytics, Evaluation and Reporting), PHSA

Data from Apr 01 2020 – May 18 2021



Number of hospitalizations decreasing recently, primarily among individuals ≥40 years. The number of hospitalizations among <40 remains relatively low. Deaths are low and decreasing.



Data extracted on 19 May 2021; hospitalization and death data from BCCDC





Data incomplete





(PHRDW) integrated COVID dataset; we operate in a live case information is updated location of residence: cases with unknown residence and mapped. Data are by date of first positive test, or date reported to public health for epi-linked cases. Population denominator from BC Stats PEOPLE estimates for 2021



For latest version of this map, see the new (note: change symbols not included) COVID-19 Surveillance Dashboard

GF

British Columbia

(Local Health Areas)

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FRASER

Greater Vancouver insel

on separate map layout







For latest version of this map, see the new (note: change symbols not included) <u>COVID-19 Surveillance Dashboard</u>





new COVID-19 Surveillance Dashboard

Total cases by local health area, May 12 - May 18, 2021



Average daily rate of new cases per 100,000 population, by local health area, May 12 - May 18, 2021







Incidence is decreasing or stable in all HAs. Percent positivity is below 10% in all HAs.

BC Fraser Interior 380 % positivity in the Incidence Rate of Positive Cases per 1M Population (7-day rolling average) 285 201 past week=8.2% 134 190 6.2% 9.7% Day 95 67 av Rolling Northern Vancouver Coastal Vancouver Island 380 7.6% verage 285 201 9.8% 190 134 2.5% 67 95 05.05.119.10 10/19 10 24 07 30 0 05 8 13 8 8 o \mathcal{C} S 0 7 0 0 4 8 ∞ σ 0 4 4 8 80 80 Oct Oct Nov Nov Jan Jan Feb Nov Nov Dec Jan Feb May May Sep Oct Oct Mar Mar Apr Apr May Aug Aug Sep Sep Oct Aug Sep Sep Nov Oct Nov Νον Feb Mar Feb Mar Mar Apr Dec Dec Jan Jan Feb Mar May May Apr **Result Date** 7-Day Rolling Average Percent Positivity $= \begin{array}{c} <0.1\% \\ 0.1\% \text{ to } <1\% \end{array} = \begin{array}{c} 1\% \text{ to } <2\% \\ = \begin{array}{c} 3\% \text{ to } <5\% \\ = \begin{array}{c} 5\% \text{ to } <1\% \end{array}$ 10% to <20%</p> Data source: PLOVER 18-May-2021

Case incidence rate, test percent positivity, and testing rate (Public Payers Only). Aug 1 2020 - May 18, 2021.





Vaccination progress in BC by age group as of May 19, 2021



Data extracted on 2021-05-19; hospitalization and death data from BCCDC; vaccination data from PHSA DARE







Greater Victoria Inset (Community Health Service Areas)











Provincial Health Services Authority Province-wide solutions. Better health.

For latest version of this map, see the new COVID-19 Surveillance Dashboard





Greater Victoria Inset (Community Health Service Areas)











COVID-19 Vaccination Coverage by CHSA: Ages 50+ 1st Dose (up to May 17, 2021)





Nationally, BC's vaccination rate is very close to Canadian average; internationally, Canada is one of the countries with the highest proportion of the population with at least one dose.



Lab - Key Messages

- 1. Percent positivity among publicly funded tests is 8.5% and among all tests, it is 6.8%.
 - Testing rates decreased 12% this week (~56,000 total tests May 9 to 15)
- 2. There are regional differences in percent positivity, which range from 2.5% in VIHA to 9.8% in NH.
- Incidence continues to decline in all age groups. Percent positivity is >10% in individuals aged 13 to 24 years.
- The provincial weekly median turnaround time (time from specimen collection to lab result) is 13 hours, indicating good testing capacity; only 1 in 4 tests took ≥20 hours to result.
- 5. Among SARS-COV-2 screened samples, the proportion that were presumptive VOCs for the past epi week was ~85%.
- 6. VOCs have been detected in all regions of the province.
 - Among sequenced samples provincially based on information for epi week 18, P.1 and B.1.1.7 remain two dominant VOCs, accounting for roughly 41% and 57% of VOCs respectively.

Weekly Summary of ALL lab tests performed



Data source: PLOVER extract at 10:30am on May 20, 2021. Epi week 19 (May 9 – 15)



Greater Victoria Inset (Community Health Service Areas)







For latest version of this map, see the new (note: change symbols not included) <u>COVID-19 Surveillance Dashboard</u>





Better health.

Incidence remains elevated, but is stable or decreasing across regions; positivity is >10% in health service delivery areas in FH and NH

Case incidence rate, test percent positivity, and testing rate by HSDA (Public Payers Only). Aug 1 2020 - May 18, 2021.



Better health

Incidence continues to decline in all age groups. Percent positivity is >10% in individuals aged 13 to 24 years.









The proportion of screened samples remains high >85%



Presumptive VoC, Screening and overall testing proportions, Jan 3, 2021 - May 15, 2021

As of week 13, we now include dual assay qPCR SNP screening for N501Y and E484K mutations for BCCDC PHL



Of all COVID-19 positive test samples in epi week 19 (May 09 - May 15) in BC, ~85% were presumptive VOCs. Note that in Northern Health the proportion was lower, ~63%.



Epidemiological week (based on collection date)

Data from the PLOVER system at the BCCDC Public Health Lab.



This figure can also be found in the weekly VOC report



Among sequenced samples provincially based on information for epi week 18, P.1 (~41%) and B.1.1.7 (~57%) remain two dominant VOCs



Relative Proportion of VoCs in BC Detected through Quasi-Random Sample Selection by Epiweek of Collection Date

B.1.1.7 B.1.351 B.1.617 P.1

* the B.1.1.7 VoC lineage is captured either by qPCR SNP screen or WGS for randomly selected samples; all other circulating VoCs are WGS confirmed and exclude samples sequenced for cluster and/outbreak investigation. In week 12, we used a qPCR SNP that is comprised of a dual N501Y and E484K assay Weeks 13 onward include specimens from qPCR SNP screening that resulted as presumptive positive for B.1.1.7 and P.1.





This figure can also be found in the weekly VOC report



Across Canada, cases are stabilizing in MB and NU and declining or low everywhere else. Hospital census increasing in AB, MB, and NS and declining or stable everywhere else. Deaths rates are stable.



Provincial Health Services Authority Province-wide solutions. Better health.

Data to 19 May





Compared with other large provinces, BC currently has the 2nd lowest case rate and hospitalization census



New daily hospitalization census per 100K population (7-day moving average)





BC's case rate and hospitalization census is similar to what is observed in the Nordic countries







Data to 19 May

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Dynamic compartmental modeling: recent trends

Our model shows that Rt remains at or below 1 in all regions in BC.



Solid black line: median R_t , modeled using all reported cases up to May 18, 2021; Grey band: 5%-95% credible interval; Purple bars: all reported cases. Due to lag from symptom onset to reporting, most recent case counts and Rt are not shown. Recent trend shown comparing 7 day average R_t from (last week \rightarrow this week). Data source: BCCDC HA linelist.





Model notes and assumptions

- R_t modelling: a dynamic compartmental model was fit to COVID-19 data for BC using a Bayesian framework (Anderson et al. 2020. PLoS Comp. Biol. 16(12): e1008274). Results are presented as provincial and regional time-varying estimates of average daily transmission rate (R_t).
 - the model does not consider importation of cases, hence all transmission is assumed to arise from local cases
 - the model does not distinguish cases arising from variants of concern (VoCs) versus 'wild-type' COVID-19, hence model estimates represent average rates of transmission





Additional Resources

- *NEW* BCCDC COVID-19 Surveillance Dashboard showing maps, vertical plots, and trends by LHA can be found <u>here</u>
- More BC COVID-19 data, including the latest Situation Report, maps, and BC COVID-19 public dashboard, can be found <u>here</u>
- For more information on variants of concern and whole genome sequencing, the latest report is posted <u>here</u>
- To put BC provincial, Health Authority, and HSDA trajectories into national and international context, see <u>BCCDC COVID-19 Epidemiology app</u>
- <u>COVID SPEAK 2020 Round 1 Survey results</u>
- Slides for previous public and modelling briefings by Dr. Bonnie Henry can be found <u>here</u>
- PHAC's COVID-19 Epidemiology update can be found <u>here</u>



