

## British Columbia (BC) COVID-19 Situation Report

**Week 36: September 04- September 10, 2022**

**Data for week 36 (September 04 - September 10, 2022) may differ from the data published in the BCCDC weekly report. Data was extracted on September 19, 2022 for this situation report compared to September 21, 2022 for the latest weekly report.**

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### Report Summary

Due to changes in testing strategies in BC, 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. The provincial incidence by episode date was 11 per 100K (577 cases) in week 36, which was stable compared to 12 per 100K in week 35.

Incidence by Health Authority from week 35 to week 36:

- Fraser Health incidence remained stable at 11 per 100K
- Interior Health incidence decreased from 13 to 11 per 100K
- Vancouver Island Health incidence remained stable at 10 per 100K
- Northern Health incidence increased from 11 to 15 per 100K
- Vancouver Coastal Health incidence decreased from 13 to 11 per 100K

Testing of MSP-funded specimens remained stable at ~3,900 in week 35 and week 36. The percent positivity of MSP-funded specimens remained stable at 17.4% in week 35 and 16.8% in week 36.

The per capita testing rates for MSP-funded specimens between week 35 and week 36 decreased or remained stable in all age groups except in 10-14, 15-19 and 80+ year-olds. Percent positivity between week 35 and week 36 decreased or remained stable in all age groups except 5-9 year-olds where percent positivity increased from 7.9% in week 35 to 12.7% in week 36.

Age-specific incidence rates between week 35 and week 36 decreased or remained stable in all age groups.

The number of people in hospital with a positive COVID-19 test decreased from 181 in week 35 to 151 in week 36. In week 36, 60+ year-olds had the highest number of people in hospital with a positive COVID-19 test, with 56 hospitalizations in 60-79 year-olds and 55 hospitalizations in 80+ year-olds. The number of people in critical care increased from 26 in week 35 to 31 in week 36. In week 36, 60-79 year-olds had the highest number of critical care admissions (n=15).

The weekly number of deaths from any cause among people testing positive for COVID-19 decreased from 40 in week 35 to 23 in week 36. In week 36, 80+ year-olds had the highest number of deaths from any cause among people testing positive for COVID-19, with 16 deaths in this age group. From week 17 to week 32 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 36, based on earliest symptom onset date, 6 new care facility outbreaks (5 in acute care and 1 in long-term care) 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. Please see definition of cases below.
- 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 for the first time and those with first positive laboratory results in the Provincial Laboratory Information Solution (PLIS) up to April 1, 2022. As of April 2, 2022, only first 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 PHS 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, PHS 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 September 19, 2022, laboratory PLOVER data on September 15, 2022, and Health Authority outbreak files on September 14, 2022.
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### A. COVID-19 case counts and epidemic curve

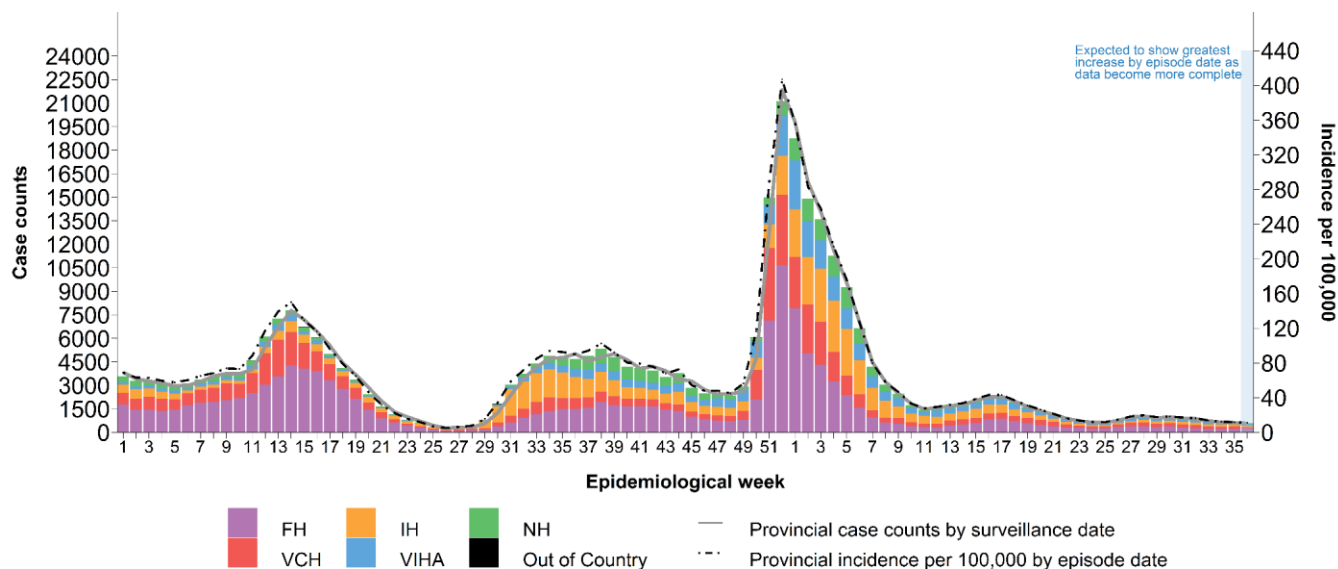
Due to changes in testing strategies in BC in 2022 focusing on targeting higher risk populations, current case counts are an underestimate of the true number of COVID-19 cases in BC. This underestimation has increased compared to the period prior to the emergence of the Omicron variant in BC. Up to week 35 there have been 383,673 cases for a cumulative incidence of 7,289 per 100K (Table 1, Figure 1). The provincial incidence by episode date was 11 per 100K (577 cases) in week 36, which has remained stable since week 35.

Incidence rates from week 35 to week 36 decreased or remained stable in all HAs except Northern Health (NH). In week 36, the highest incidence rate was in NH at 15 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) – Sep 10, 2022 (week 36) (N= 383,673)**

Case tallies by episode date	Health Authority of Residence					Outside Canada	Total
	FH	IH	VIHA	NH	VCH		
Week 36, case counts	208	94	88	47	140	0	577
<b>Cumulative case counts</b>	<b>168,334</b>	<b>68,280</b>	<b>38,104</b>	<b>30,959</b>	<b>77,605</b>	<b>391</b>	<b>383,673</b>
Week 36, cases per 100K population	10	11	10	15	11	NA	11
<b>Cumulative cases per 100K population</b>	<b>8,471</b>	<b>8,242</b>	<b>4,329</b>	<b>10,114</b>	<b>6,150</b>	<b>NA</b>	<b>7,289</b>

**Figure 1. Episode-based epidemic curve (bars), surveillance date (line) and Health Authority (HA), BC Jan 3, 2021 (week 1) – Sep 10, 2022 (week 36) (N= 327,823)**

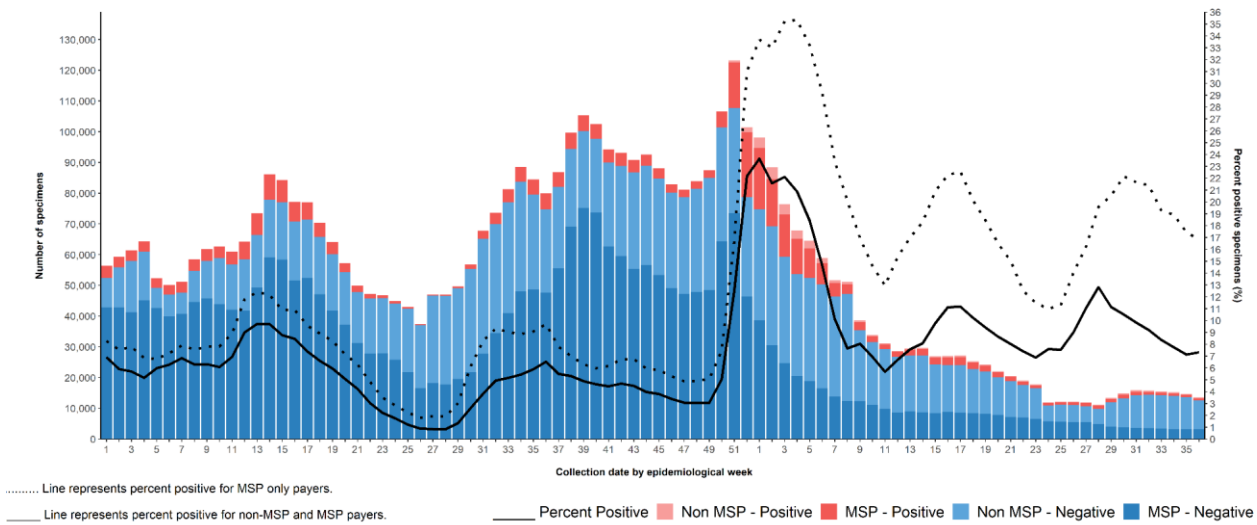


**B. Test rates and percent positive**

[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 remained stable at ~3,900 in week 35 and week 36. The percent positivity of MSP-funded specimens remained stable at 17.4% in week 35 and 16.8% in week 36.

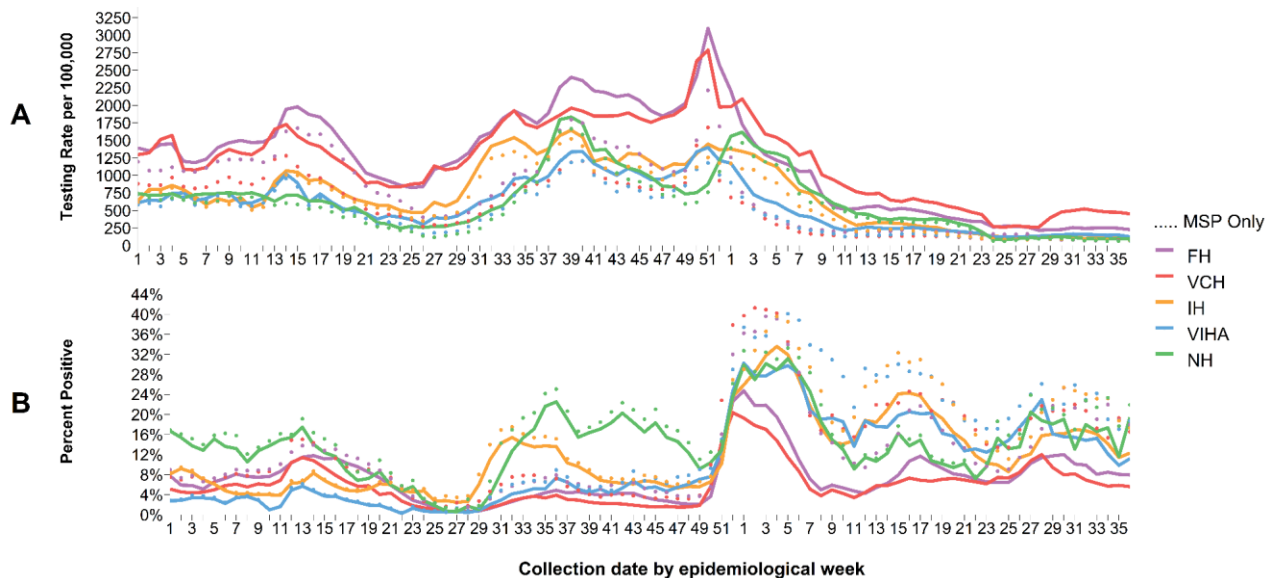
As shown by the dotted lines in [Figure 3](#), the per capita testing rates for MSP-funded specimens (Panel A) decreased or remained stable in all HAs except for Interior Health (IH) and NH where the testing rate increased from 64 per 100K in week 35 to 73 per 100K in week 36 and from 65 per 100K in week 35 to 75 per 100K in week 36, respectively. Vancouver Coastal Health (VCH) had the highest testing rate at 76 per 100K. The percent positivity (Panel B) for MSP-funded specimens decreased or remained stable in all HAs except NH, where the percent positivity increased from 17.6% in week 35 to 21.9% in week 36. In week 36, percent positivity ranged from 16.5% in VCH to 21.9% in NH.

**Figure 2. Number of specimens tested and percent SARS-CoV-2 positive, by collection week, BC Jan 3, 2021 (week 1) – Sep 10, 2022 (week 36)**



Note: invalid (n = 3463) and indeterminate (n = 19618) results have been excluded

**Figure 3. Testing rates and percent SARS-CoV-2 positive by Health Authority and collection week, BC Jan 3, 2021 (week 1) – Sep 10, 2022 (week 36)**



Data source: Laboratory PLOVER data

**C. Age profile, testing and cases**

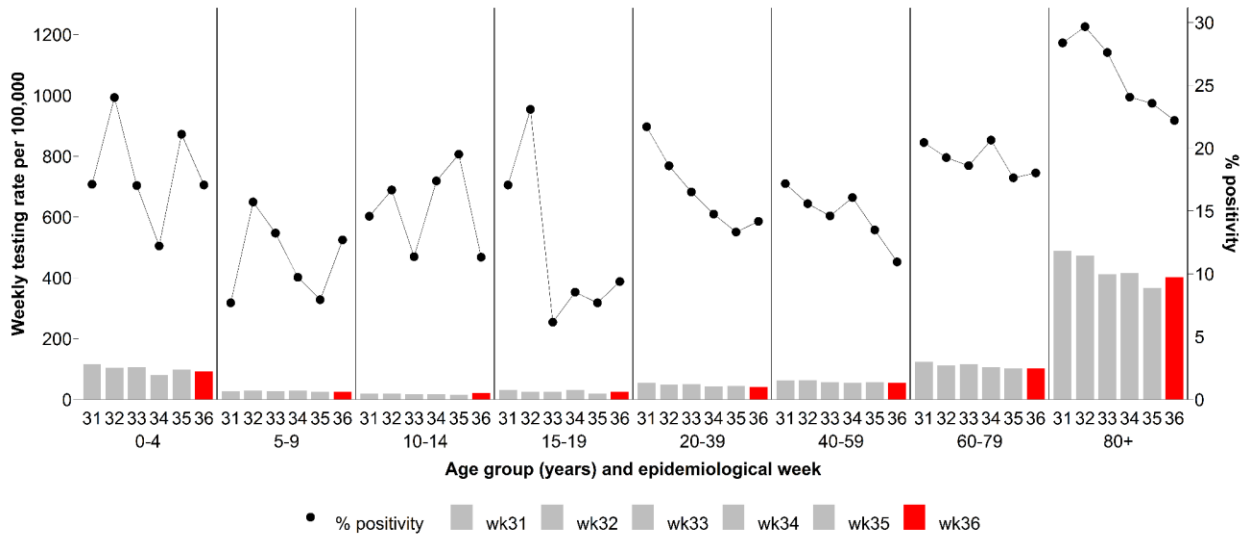
Testing rates and percent positivity by age group

As shown by the bars in **Figure 4**, the per capita testing rates for MSP-funded specimens between week 35 and week 36 decreased or remained stable in all age groups except in 10-14, 15-19 and 80+ year-olds. As shown by the black dots in **Figure 4**, percent positivity between week 35 and week 36 decreased or remained stable in all age groups except 5-9 year-olds where percent positivity increased from 7.9% in week 35 to 12.7% in week 36. Percent positivity decreased the most in 10-14 year-olds, where it decreased from 19.5% in week 35 to 11.3% in week 36. Percent positivity ranged from 9.3% in 15-19 year-olds to 22.2% in 80+ year-olds in week 36.

Case distribution and weekly incidence by age group

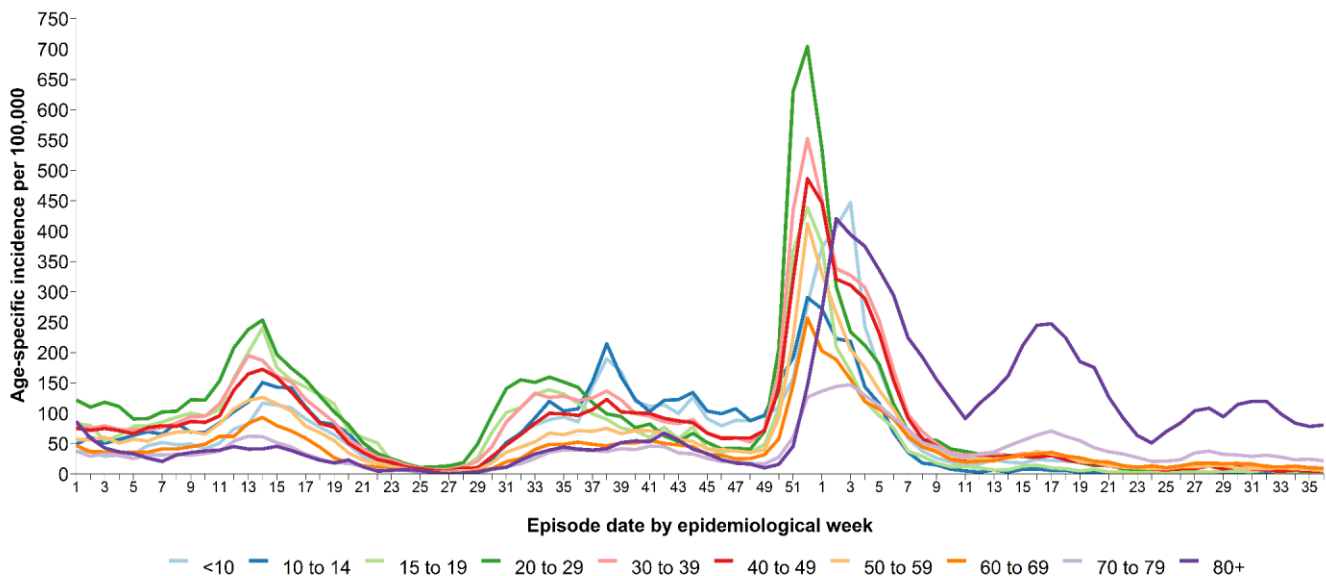
As shown in **Figure 5**, age-specific incidence rates between week 35 and week 36 decreased or remained stable in all age groups. Incidence rates decreased the most in the 70-79 year-olds from 25 per 100K in week 35 to 22 per 100K in week 36.

**Figure 4. Average weekly SARS-CoV-2 MSP testing rates and MSP percent positive by known age group, BC Aug 06, 2022 (week 31) – Sep 10, 2022 (week 36)**



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) – Sep 10, 2022 (week 36) (N= 327,731)**



## 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 181 in week 35 to 151 in week 36. The number of people in critical care increased from 26 in week 35 to 31 in week 36.

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 40 in week 35 to 23 in week 36 ([Table 2](#)).

Cumulatively, there have been 33 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 case of MIS-C since the last report. 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) – Sep 10, 2022 (week 36)**

Severe outcomes by episode date	Health Authority of residence					Residing outside of Canada	Total n/N <sup>a</sup> (%)
	FH	IH	VIHA	NH	VCH		
Week 36, hospitalizations	62	18	25	13	33	0	151
<b>Cumulative hospitalizations</b>	<b>12,611</b>	<b>4,614</b>	<b>2,868</b>	<b>2,225</b>	<b>5,573</b>	<b>17</b>	<b>27,908/383,673 (7)</b>
Week 36, critical care admissions <sup>b</sup>	19	1	4	1	6	0	31
<b>Cumulative critical care admissions<sup>b</sup></b>	<b>2,618</b>	<b>1,037</b>	<b>447</b>	<b>815</b>	<b>1,162</b>	<b>4</b>	<b>6,083/383,673 (2)</b>
Week 36, deaths	6	7	6	0	4	0	23
<b>Cumulative deaths, pre-transition (case line list)<sup>c</sup></b>	<b>1,348</b>	<b>367</b>	<b>241</b>	<b>330</b>	<b>716</b>	<b>0</b>	<b>3,002/356,471 (1)</b>
<b>Cumulative deaths, post-transition (automated linkage)<sup>c</sup></b>	<b>409</b>	<b>258</b>	<b>237</b>	<b>49</b>	<b>273</b>	<b>0</b>	<b>1,226/27,202 (5)</b>

- 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 36, 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 68 years, 63 years, 82 years, and 85 years, respectively.

In week 36, 60+ year-olds had the highest number of people in hospital with a positive COVID-19 test, with 56 hospitalizations in 60-79 year-olds and 55 hospitalizations in 80+ year-olds. In week 36, 60-79 year-olds had the highest number of people in critical care (15 critical care admissions). In week 36, 80+ year-olds had the highest number of deaths from any cause among people testing positive for COVID-19, with 16 deaths in this age group. (**Figure 6**).

In the past four weeks (from week 33 to week 36), there has been a weekly average of 3 deaths in those <60 years of age, 5 deaths in 60-69 year-olds, 8 deaths in 70-79 year-olds and 26 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) – Sep 10, 2022 (week 36) (N= 383,641)<sup>a</sup>**

Age group (years)	Cases	Hospitalizations n (%)	Critical care admissions <sup>b</sup> n (%)	Pre-transition (case line list) deaths <sup>c</sup> n (%)	Post-transition (automated linkage) deaths <sup>c</sup>		
					UCD as COVID-19 <sup>d</sup> n (%)	UCD as non-COVID-19 <sup>d</sup> n (%)	UCD pending <sup>d</sup> n (%)
<10	31,147	600 (2)	77 (<1)	2 (<1)	2 (<1)	3 (<1)	0 (<1)
10-19	35,897	374 (1)	53 (<1)	0 (<1)	0 (<1)	2 (<1)	1 (<1)
20-29	73,724	1,401 (2)	213 (<1)	6 (<1)	1 (<1)	8 (<1)	0 (<1)
30-39	70,730	2,405 (3)	446 (1)	31 (<1)	1 (<1)	8 (<1)	1 (<1)
40-49	54,604	2,285 (4)	590 (1)	64 (<1)	2 (<1)	9 (<1)	0 (<1)
50-59	44,625	3,276 (7)	1,091 (2)	166 (<1)	5 (<1)	36 (1)	4 (<1)
60-69	31,296	4,608 (15)	1,495 (5)	353 (1)	38 (1)	62 (2)	9 (<1)
70-79	18,987	5,509 (29)	1,391 (7)	655 (4)	100 (2)	150 (4)	16 (<1)
80-89	14,711	5,194 (35)	637 (4)	989 (10)	179 (4)	202 (4)	32 (1)
90+	7,920	2,256 (28)	90 (1)	736 (15)	157 (5)	162 (6)	36 (1)
<b>Total</b>	<b>383,641</b>	<b>27,908</b>	<b>6,083</b>	<b>3,002</b>	<b>485</b>	<b>642</b>	<b>99</b>
<b>Median age</b>	<b>37</b>	<b>68</b>	<b>63</b>	<b>82</b>	<b>85</b>	<b>81</b>	<b>86</b>

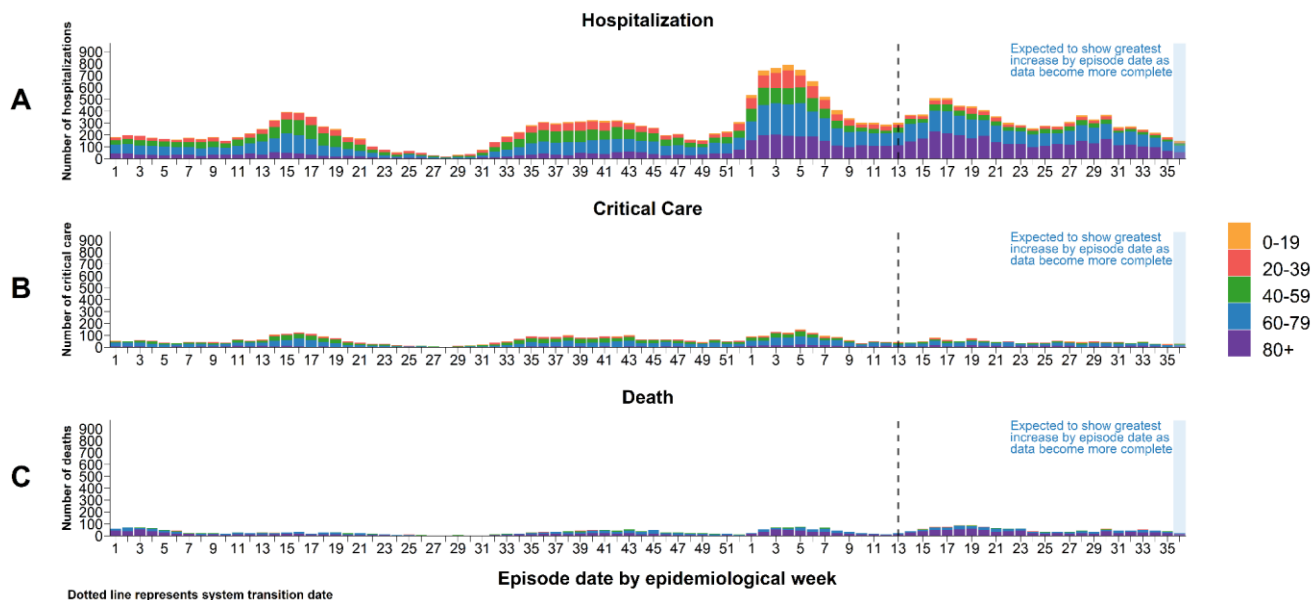
a. Among those with available age information only.

b. 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.

c. 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.

d. 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.

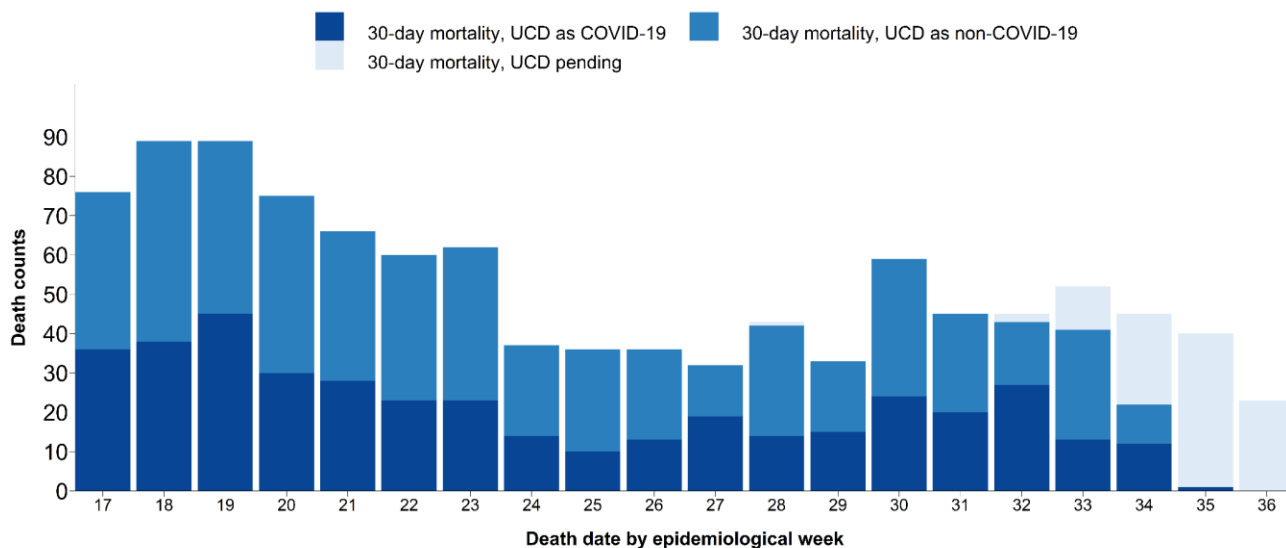
**Figure 6. Weekly COVID-19 hospital admissions (A), critical care admissions (B), and deaths (C) by age groups, BC, Jan 3, 2021 (week 1) – Sep 10, 2022 (week 36)<sup>a</sup>**



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 17 to week 36 in 2022. From week 17 to week 32 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. Post-transition deaths by underlying cause of death, BC, Apr 24, 2022 (week 17) – Sep 10, 2022 (week 36)<sup>a,b</sup>**



- a. 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.



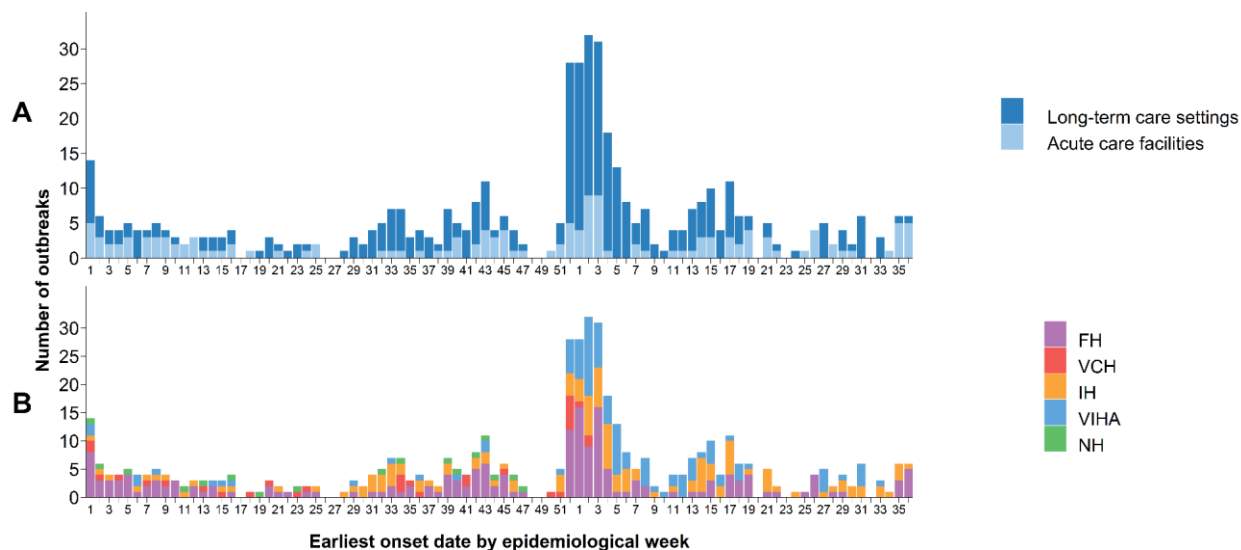
## F. Care facility outbreaks

As shown in [Table 4](#) and [Figure 8](#), 715 care facility (acute care and long-term care settings) outbreaks were reported in total in BC to the end of week 36. In week 36, based on earliest symptom onset date (if unavailable, then outbreak declared date is used), 6 new care facility outbreaks (5 in acute care and 1 in long-term care) were declared. In the past four weeks (from week 32 to week 35), there has been a weekly average of 4 care facility outbreaks.

**Table 4. COVID-19 care facility<sup>a</sup> outbreaks by earliest case onset<sup>b,c</sup>, associated cases and deaths by episode date, BC Jan 15, 2020 (week 3) – Sep 10, 2022 (week 36) (N=715)<sup>d,e</sup>**

Care facility outbreaks and cases by episode date	Outbreaks	Cases			Deaths		
		Residents	Staff/other	Total	Residents	Staff/other	Total
Week 36, Care Facility Outbreaks	6	52	0	52	0	0	0
<b>Cumulative, Care Facility Outbreaks</b>	<b>715</b>	<b>10,108</b>	<b>3,818</b>	<b>13,926</b>	<b>1,457</b>	<b>0</b>	<b>1,457</b>

**Figure 8. COVID-19 care facility<sup>a</sup>, outbreaks by earliest case onset<sup>b,c</sup>, facility type (A) and Health Authority (B), BC Jan 3, 2021 (week 1) – Sep 10, 2022 (week 36) (N=464)<sup>d,e</sup>**



- 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.

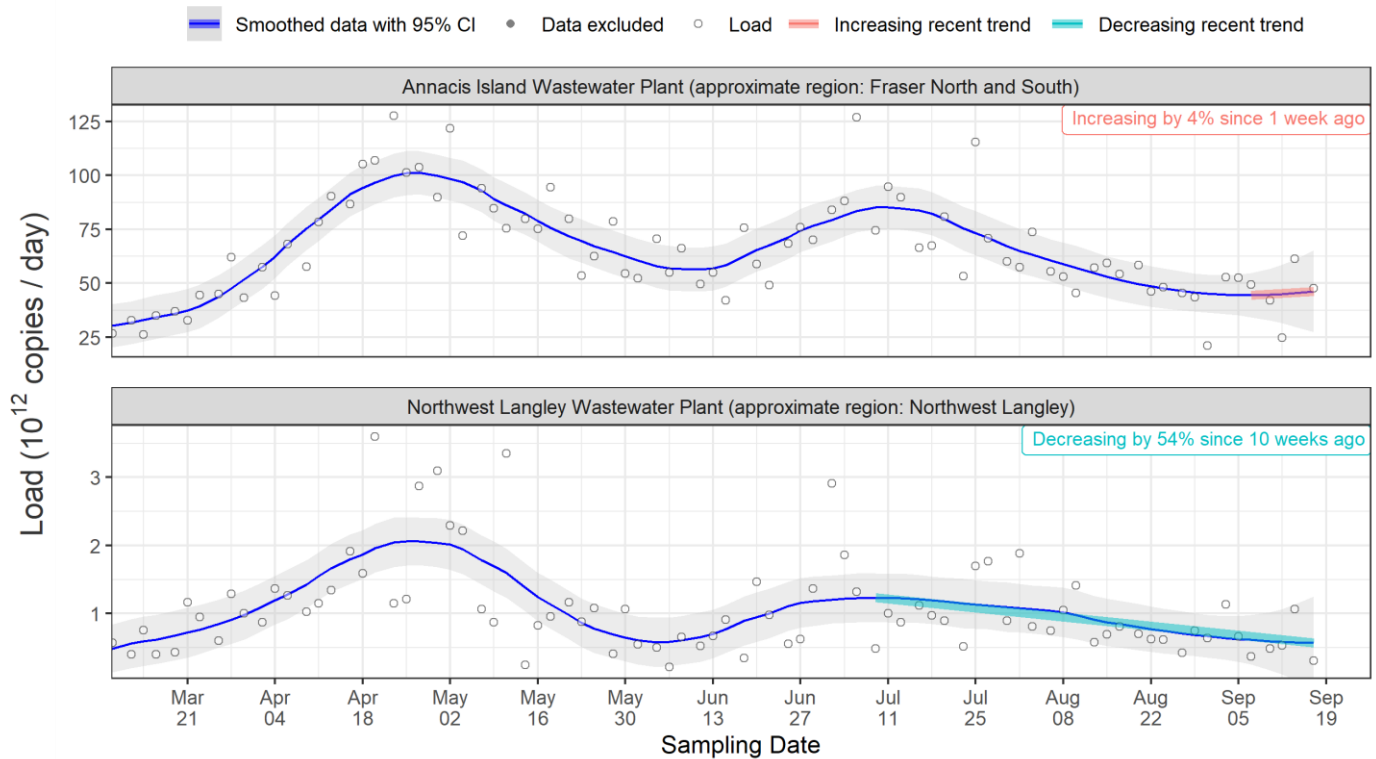
## G. Wastewater surveillance

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.

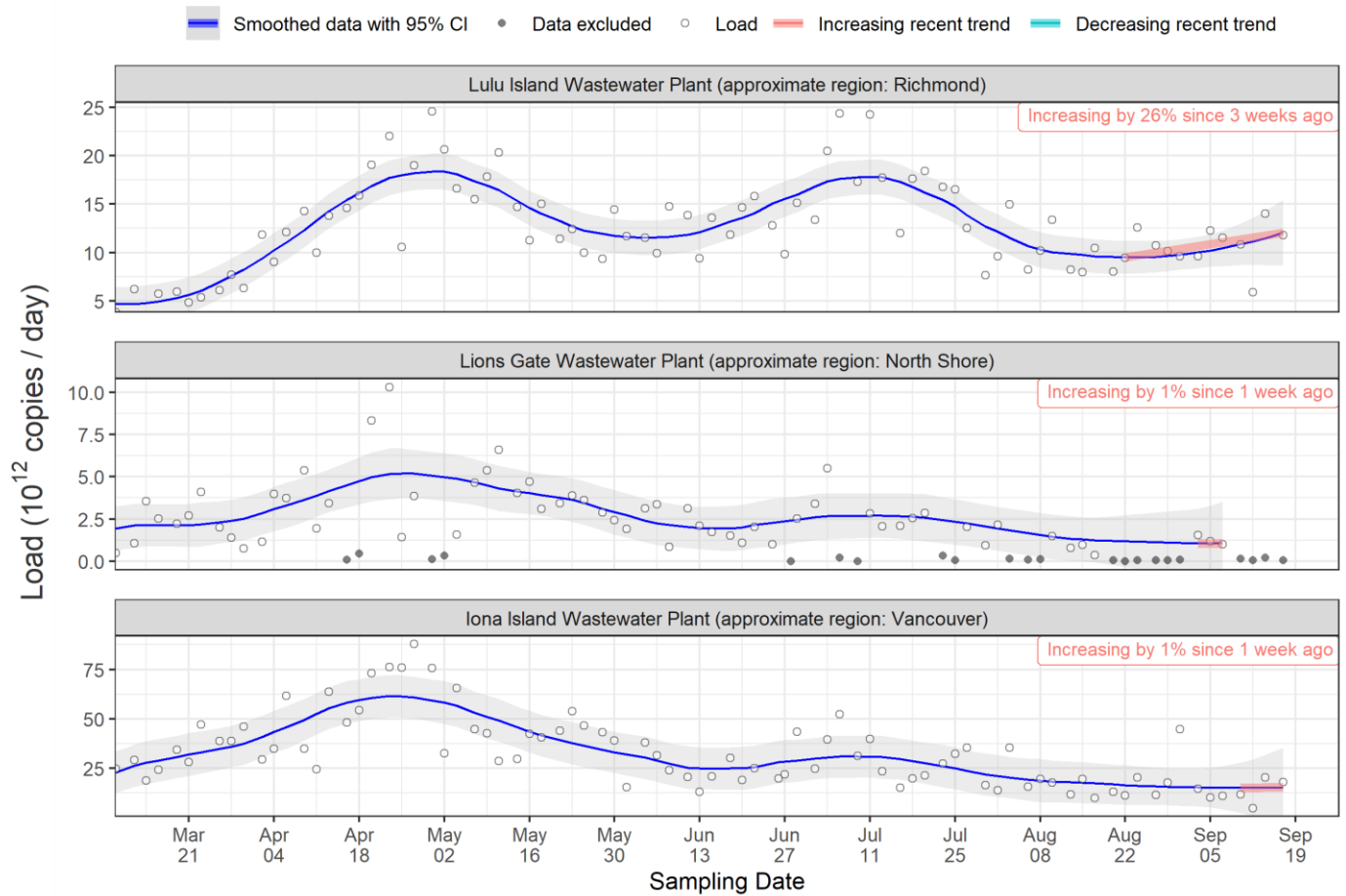
Key messages with results through to September 17, 2022:

- After a prolonged period of stable/decreasing SARS-CoV-2 viral loads at wastewater plants in Metro Vancouver, viral loads have increased at two plants.
- Recently, data from Lion’s Gate plant are more variable than expected. This may be due to unique features of the plant’s operation, though the exact cause is under review. During this review, we are excluding data from our calculation of viral load trends at Lion’s Gate plant if our quality checks indicate higher than expected variability. Though not included in our analysis, these data are included in our figure and identified as excluded.
- Over the past week, viral loads at Annacis Island WWTP (covering Fraser North and South), have increased by 4%.
- Over the past ten weeks, viral loads at Northwest Langley WWTP (covering Northwest Langley), have decreased by 54%.
- Viral loads at Iona Island WWTP (covering Vancouver) are unchanged.
- Over the past three weeks, viral loads at Lulu Island WWTP (covering Richmond), have increased by 26%.

**Figure 9. Wastewater surveillance, FH**



**Figure 10. Wastewater surveillance, VCH**



Note: Data are smoothed using LOESS (Locally Estimated Scatterplot Smoothing).

**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/](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>