

**April 18, 2020**

Bonnie Henry: Good afternoon, I am Dr Bonnie Henry the provincial health officer for British Columbia and this is our update for April 18th on the COVID-19 situation here in BC. For today, we have 29 new test-positive cases here in BC, bringing our total to 1,647 people who have tested positive for the virus here in BC.

That includes 686 people in the Vancouver Coastal Health region, 680 in the Fraser Health region, 97 people on Vancouver Island Health, 150 in the Interior Health region, and 34 in the Northern Health region.

We have ongoing 20 long-term care or assisted-living facility outbreaks, and one outbreak in the acute-care area.

There are no new long-term care facility or assisted-living outbreaks. However we do have some new cases in that area, bringing our total up to 288 people who have been affected in the long-term care or assisted living area.

In addition, we have ongoing outbreaks, as you are aware, at correctional facilities including the Mission federal correctional facility, where we are now up to 70 people who have been infected by COVID-19, including 60 inmates.

There are no new cases, and active support and outbreak investigation continues at the Okanagan Corrections facility and at the agricultural area in the Interior Health.

Of our cases, 115 are hospitalized, and of those, 54 are in critical care in ICU. Unfortunately, in the past day we've had three more people who have died from COVID-19, all of them in long-term care, bringing our total up to 81.

And as we reflect on the tragedy that has been our outbreaks in long-term care, we again send our condolences and our heart goes out to those people, and their families, the caregivers, and the communities for these people.

We have 987 people who are now considered fully recovered from COVID-19.

As you know, yesterday we presented our latest modelling information, and the latest numbers, and some of the epidemiologic information so that everybody is aware of where we are in BC and how we're progressing through this pandemic, our pandemic, here in BC.

This information, including all of the slides that we presented yesterday and the details, are available on the BCCDC website. In addition, the BCCDC has a new interactive dashboard that allows you to get ongoing real-time information that is posted online. You can look at that and interrogate that by different areas and different aspects of the pandemic.

And I hope that people will go to that and have a good look. It will help answer a lot of the questions that we aren't able to give you in details during our media briefings.

There is also a new searchbot -- which is something new to me, but I understand now that it can help us get the latest information. It's on the BCCDC website. You can type in your questions and get direct access to the information that you need on that website.

This is all, of course, part of our commitment to the people of BC to be transparent and to share as much information as we can, so you know exactly how we are doing together as we're moving through this pandemic.

The modelling, as we talked about yesterday, shows us how we have done in the past few weeks, particularly since we put in place some of these incredibly restrictive measures here in our communities across the province.

It also gives us an idea of where we are now in terms of our pandemic and where we may be going in the coming weeks.

And it also give us some ideas of when and where we may be looking at lifting the restrictions and orders that we have in place now.

We have been trying to think of, you know, how do we describe where we are right now. We really are in a hurricane, in a storm, but we have made considerable progress in our province, and it is because of what everybody has done together.

We have listened to the orders and restrictions that we've put in place. People have shown their compassion to each other, their kindness, and commitment to protecting our loved ones, protecting our seniors and elders as best that we can, and protecting our health care workers and our health system so that it is available for all of us when we need it.

We are also protecting our own families and our own communities by doing the things that we've asked you to do.

And again, the very basic things that we have been talking about from the very beginning continue to be the most important. Washing your hands frequently, not touching our face and eyes, covering our cough, staying away from others, particularly if you have any symptoms at all, staying home, staying away from others -- and importantly right now, continuing to keep a safe distance from people so that we can continue to not only bend this curve, but make sure that we are not transmitting this virus, that we can stop those chains of transmission, and we can bring our numbers down to zero.

We can't lose sight of the fact that we continue to have people who are infected by this. We continue to have outbreaks. We continue to have transmission. So we are not at the point yet where we can let up our guard.

The storm is still raging, and, you know, tragically we see that in the fact that people are still dying from this virus here in BC.

The risk of a spike, or other outbreak, or more clusters of our community is something that's a very real concern for me, and we know it continues to happen. We know as well that we are subject to what is going on around us, and that has become really apparent.

This is a global phenomenon, and we know that this is still a major problem in communities all around us. Alberta, for example, has done many great things, very similar to what we've done in BC, but we're still seeing clusters there. And what happens here affects what is happening in Alberta, and vice versa.

We know that there is ongoing challenges in other provinces of Canada, in Quebec and Ontario in particular, and what happens there affects us.

So we need to make sure that we continue to take the measures that we need to do here in BC to protect our families and our communities.

The easing of restrictions -- when they come -- will be gradual, and will be slow and thoughtful.

We took very quick action to get us into this, but we don't want all of the sacrifices that we have been doing across the province to be for naught. We need to make sure that when we open things up, we do it in a measured, thoughtful way that protects us -- and protects all of us -- while opening up our economy, while opening up our health system, as we move forward.

And we've talked over in the last few months about the fact that there is a long incubation period for this virus. People can be exposed and not be sick themselves for up to 14 days, so we have to think in two-week increments.

So what happened on the Easter weekend, for example, we are going to start seeing if there's impacts on our communities in the coming days.

When we start to lift restrictions, we are going to be doing it gradually and thoughtfully, and we are going to be watching. And that watching period will be in two week periods, so that we make sure that we are not getting ahead of us and we don't start seeing rapid and explosive growth that we've seen in other places around the world and in Canada.

So this thoughtful and careful approach will be taken, and if we continue to see sustained improvement in the next two weeks -- and this is really critical -- we look at the modelling and we show that we are still right in the.... we're nearing, maybe, the end of our storm, but we are in the eye of the storm right now.

We are not going to be taking any measures in the next two weeks, but we are planning. We are planning for what it's going to look like when we get to that point, probably in the middle of May, where we are able to take those actions that help increase our social connections, increase our industrial and our business connections, and also increase opening up of our healthcare system.

So the new normal will, however, be a modification of some of the things that we continue to need to do today. So things like cleaning our hands, covering our cough, staying home when we are ill, no matter how mild it may be, those things are going to continue. Our distancing and our safe distances between us are going to continue and we need to look at how we can open our schools, open our businesses, but still maintain those safe distances between us. And that is what we'll be working on with you and for you in the next couple weeks.

What we need to do now is to hold our line and please keep doing what you've been doing. Continue to show the kindness and care that we know is important for all of us to get through this together and that you have been showing across BC, and do all you can to flatten our curve to zero. You are making a difference and we are making a difference together. So we need to continue to be kind, to be calm, and to be safe.

## Q&A

Reporter: Dr Bonnie Henry, I've heard a number of things since yesterday from people trying to figure out plans for the summer around weddings, around celebrations. Obviously there's large scale events that are planned for the summer that of taken a lot of advanced work. What is your recommendation first for the larger scale events, like the PNE or for the Pride parade or any of these big events? What's your advice to them and what's your advice to individuals that have summer weddings planned? Should they be cancelling? Should they be postponing?

Henry: Yeah, those are very good questions and realistically, we will not be having those big events where people gather together this summer. This is going to be -- that is a much riskier prospect than ever before. We do not have enough herd immunity or community immunity to protect everybody and allow that type of event to happen. So I think we'll see in BC and globally those kinds of events, large parades, large mass gatherings where we all come together, those will not be happening this summer.

So I think we can think about how we can celebrate important milestones, important things in our lives, in a way that allows us to have a safe distance and I think that we should start planning that now. Things like the PNE are not likely to happen this year. This is a challenging time around our world and it's not going to be easy for us to get out of it, but those types of large mass gatherings when we have a lot of people together, this is not the time for that and it's not going to be through this summer.

It will be again in our future and I think we have to keep hold of that. That the things that we're doing right now are not forever, but this is a very challenging time for all of us, globally.

In terms of those smaller events, like weddings and family parties and anniversaries and graduations, again, this is a very challenging time and I know that it's really hard for people to think about having these events without getting together, but we've found some very innovative ways of doing that. So I would tell people to think small. We're not going to be having large gatherings. We know that those are the kinds of events that this can be transmitted in, particularly funerals, those family celebrations when we spend time together -- weddings and parties -- where we share food, where we hug, and where we care for each other in a very close way.

Unfortunately, right now those are the things that are risky. So I think we need to start thinking about planning small events, looking at how we can bring people together virtually, how we can support particularly our seniors and elders who are most at risk. Support them being involved without being physically together. And there are lots of great ways that people are starting to do that and we need to think about how do we can do that through the summer.

I do think that there is possibilities in the summer that we're going to have lots of opportunities to have more social interaction, but if we look at the modelling that we did, and we'll be presenting more of this, we need to find a sweet spot, a balancing of connection, that allows us to be with close connections and close families, but still protecting our health care system, protecting those who are more vulnerable to having severe illnesses with this virus. So it's going to be a modification for the next year.

Reporter: Just wondering; we're hearing about a positive case at the Fraser Valley Institute for Women; wondering if you could potentially comment on that, and then just a second follow-up here, we are hearing a lot of cases just in long-term care homes, prisons; I'm just wondering to what extent are the new cases we've been hearing about over the past number of days, are we seeing that from public spaces, like grocery stores, parks, things like that, or are we still generally seeing most of the cases emerge at existing outbreak centres?

Henry: Yeah, most cases are emerging in close contacts. We're are not seeing transmission of the virus, nor have we anywhere in the world, from very fleeting contact outside or in places like grocery stores. For the most part, what we're seeing is people who have spent time together inside in a space together, in close contact with them. So if we look at the prison setting, for example, long-term care, we can see that, but many of the community cases as well are people who may have travelled, may have been exposed to someone, been exposed and not recognized that they were ill and passed it on to family and friends.

That's where we're seeing across-the-board-- it's mostly those close contacts that we are seeing. It's not something like being outside and being, for a very short period of time, next to somebody. So again, really important to continue to keep our safe distances, both inside and outside, and that's why it's so important right now, as well, to not have those gatherings where we're coming together and mixing because we know that people can have very mild symptoms or be early on in their symptoms and not even recognize that they have it. And we're doing some testing in some of the closed settings to see if we can identify people who might be infected and either at risk or are developing symptoms and making sure that they can be isolated and not passing them on to others.

Reporter: Yesterday you spoke about two kinds of processes for herd immunity; through enough people contracting the virus and recovering or from a vaccine. Some people have asked why BC, other provinces, other countries, haven't essentially isolated the most vulnerable and then allowed those healthy enough to withstand the virus allow the virus to essentially run its course. Can you explain why this wasn't and isn't the root being taken here and maybe the implications that come from that kind of way of developing herd immunity?

Henry: Yeah, and there are some countries that had some thought about that early on; the UK being a case in point. The challenge is that when you have lots of people becoming ill with this kind of virus, even young, healthy people will become sick, will need hospitalization, will need ICU care, and some of

them will die. So it's not an effective way and there's been experiments of this -- the UK's the most classic example -- where they recognized that you can't isolate seniors entirely, for example, and that you can't always identify who is at most risk.

So with a virus that is as infectious as this, that causes as much serious illness as this, we know that if we let it take its course, for example, without trying to do measures to prevent transmission then you get explosive outbreaks, you get rapidly increasing number of people who get sick, and you get a number of them, many of them, who need hospital care and need ICU care, and it can overwhelm your health care system, and we've seen that in many places.

Iran was a good start; places like the UK. So that is not a strategy that works for a virus that has such a high case fatality rate as this one.

Reporter: My question is, in terms of this new modelling outline you've presented, how can these conclusions be made if the testing being done here in BC isn't really comparable to other provinces and are there plans to relax testing protocols? Henry: The testing is absolutely comparable to other provinces. I think this has been the challenge. People hear things about test everybody. That's not what the WHO meant when they said test, test, test. They meant making sure you are testing the people who are at risk so you could identify people early, and isolate them.

Our focused testing is aligned with the strategy that has been taken around the world, but also been taken across the country.

We have opened up our testing. Last week we started to do more broad testing in our community. Anybody who has symptoms is tested, or can be tested now. We were focusing our testing on people that we knew might end up in hospital, in clusters and outbreaks and testing around those cases that we found in our community. We are not broadening it as we said we would when you reach a certain phase in the pandemic.

Our numbers are absolutely comparable.

As I've also said, we won't know the total number of people who have been infected with this virus until we have a good test that allows us to look at how many people have antibodies, which is a sign that your body has been infected and has responded to the virus.

An antibody test is in our future, and there's lots of work being done on it right now at our BC CDC lab. We have a strategy for how we're going to look at that. There's been some tests done, some studies done. One recently in California, for example, that showed an increased proportion had been exposed than the people were tested with the nucleic acid testing that we're doing now.

We'll be doing very similar studies in the future.

I will also say that we've never stopped what we call surveillance. So, any swab that was submitted to the laboratory here in BC for influenza or any other respiratory virus was automatically tested for

COVID, and that continues. It has continued all along. That's one of the ways that we know. It gives us a measure of what's happening in our community.

Reporter: As you discussed yesterday, it could be up to a year before international travel is allowed again, now along with masks, which are mandatory, which other measures should be in place to guarantee safe travel by air. And are people with fevers going to be kept from boarding a plane as well?

Henry: Those are interesting phenomena. I think we now, and we will in the future, be much more sensitive to people flying when they're ill. I think that's a good thing. We've said this from the beginning, people need to avoid travel, avoid going places, if they're sick themselves. Many of us think oh it's just a bit of a cold, we'll be okay. Yes, I realize Transport Canada has put in place a requirement to wear a non-medical mask, a cloth face mask during transit right now. I think that's probably going to be in place for some time, until we have a better understanding of what this virus is going to do in the future, or we have a way to protect people through things like immunization.

Reporter: When we're talking about the gradual lifting of restrictions and so much care and attention has to go into this, what do we say to businesses. We know there are so many that are anxious and desperate to reopen. We have store owners calling us, well can I run my shoe store the way a grocery store is run by letting limited people in, or different ideas like this?

What can we say to businesses to give them a sense of when maybe they can start to be part of the plans and look to reopen?

Henry: That's a good question. What I would say is start thinking like that. Start thinking about how you can run your business with maintaining the physical distances we need to keep between us.

So yes, if you're a retailer who can operate in the same way as a grocery store is now. That's a great thing to start planning for, how you might do that.

I would also suggest people start planning for hybrids. How do I increase my online presence so people can come by and pick up, rather than coming in and spending time in my store?

Those types of things. Businesses should be thinking about okay, if this is going to be our new normal for the next year, how can I continue my business with making sure that I'm protecting my staff? Maybe I break them up into teams, so not everybody is in the office at the same time, so that some people are working remotely, that I'm able to do my contacts with my customers in a way that allows us to keep our distance from each other.

Modifying how we do things when we go out into the community, and I'm thinking about window washing. That you can do it with notifying people ahead of time, paying online so you don't have to make connections that nobody can be there. I think there's lots of things that we can do to gradually increase the opening of our businesses with the understanding that we are going to have to take precautions over the next year, maybe longer. That will be making sure I have hand hygiene available. Making sure that if any of my staff are ill that they are able to stay home and stay away. Making sure



that I have things in place that allow my employees to be physically distant from each other, as well as from my customers. And how do I do virtual meetings? How do I have a hybrid of my online presence?

I think there's lots of things people should be thinking about now, and what we're doing in the ministry and across government is saying okay, what is the guidance we need to incorporate into each of our different types of business? We are working to provide that support to each of the ministries, and they are connecting with stakeholders in the community. Those are the types of things that we'll be seeing more of in the coming weeks.

As well, we're looking at what do we need to do in our health system to make sure we have the ability to surge if we need to, if we reach a point where we start having transmission and we're able to pick it up quickly, we're able to test quickly, we're able to isolate people. but we're also able to make sure that we protect part of our health care system to be able to manage a surge without stopping all of the other things that we did in our health system, as well.

It's complicated, but those are the types of things that people should be thinking about now.

Reporter: In explaining some of the restrictions brought in in Germany, the Chancellor Angela Merkel did a broadcast where she talked about the consideration of the reproduction rate and how physical distancing could affect that.

I'm wondering, based on what you've seen with all the data here in BC, do we have any sense, yet, of things like that? The mortality rate, the reproduction rate? Do we have any of that yet?

And the other thing I wanted to ask you about, because you said the other day that BC is not keeping track of potential cases the way it's been done in other places. has the province kept track of people who have been asked to self-isolate but never been tested? Because I think from what you said about the serology test, that might provide a pool of people to be tested to see if they have the antibodies?

Henry: To answer your last question first, yes. People who have been close contacts. And I don't believe I ever said we're not keeping track of people in the same way that others are. I think we are keeping track of people in the same way that most people are.

Where I don't always know is people who have travelled outside the country who we have said there is a period of time, as you will recall, where there were lots of people coming back, and we had no way of knowing who they were because our borders were still relatively open. And what we said to them was, you are at risk and if you have mild symptoms, you all need to self isolate. You need to stay home, and you call 8-1-1. Let us know if you get sick enough that you need health care.

There's a group of people that we don't know that were people who travelled, and may have developed symptoms. But yes, we do know people who were close contacts in a lot of the clusters, and we know that we have a broad understanding of our health care workers. Yes, those are all people we will be targeting for serology testing when it's available. But we also have a research protocol that we have had in place for some time, where we've got a random sample of blood from tests that people had. It's



all completely anonymous. But it allows us to understand by different age groups if there was people with this virus with antibodies early on.

The blood is from prior to us seeing a lot of this virus circulating in BC, and then we're going to get some samples again. so we will do systematic sampling across the province to give us a sense of how many people have been infected with this. That's part of the ongoing work that BC CDC is doing, that we've been supporting through the Michael Smith Foundation and through the Canadian Institute of Health Research. There's also a broader initiative across the country to look at how we can use antibody testing to get an understanding of how all of us have been affected across the country.

I think there was one other part of your question that I forgot, sorry.

Reporter: I was wondering if you could just talk a bit about schools. You've talked about this measured and thoughtful way of easing restrictions. Yesterday you talked about 12 and 18 months, today you talked about these two-week increments. For people with kids in school, or not in school right now, do you anticipate that students may not be able to return to their schools as before for as long as 18 months?

Can you talk possibly about that scenario?

Henry: I think what I've said is that we would have modifications over the coming months. And yes, I absolutely think we'll have some children back in school this year. But it may be modified. I don't have the exact blueprint or answers yet. These are all the things that the Ministry of Education, the superintendents are working out, depending on system, depending on the size of the school. So there may be different strategies in different parts of the province. But we will be looking at how do we best support all children in their learning needs. And also with a special focus on children who are at the most disadvantaged to make sure that they don't fall farther behind. Those are the principles that we're talking about. Making sure we have appropriate child care and schooling for children of essential workers across the board, and scaling that up as best we can. But there may be certain groups where in-classroom learning is not necessarily the right answer.

I've not said that, and I absolutely do not think, that kids will be out of classrooms for the next 18 months. Absolutely not. I did not say that. What I said is what we need to do is, starting in May, looking at how we modify things and making sure we're doing everything we can to support those children who are most disadvantaged and most need the in-class exposures and learning in schools.

It's a bit of a modification. I don't have the blue print and the answers yet, but those are the things that people are thinking about, and will be able give you better answers to once we reach that point where these are the options. We're looking at the middle of May, end of May.

I will go back to the other question, which is one of my favourite things, talking about R0, the reproductive number, which Angela Merkel talked about.

We talked about that quite a bit, and the modelling helps us understand what R is, or the reproductive number, is how many people somebody transmits the virus to when they're infectious. It's a

combination of things. It's a combination of how long I'm infectious to others, how many people I come in contact with, whether I have symptoms, whether there's immunity in the community. So when we first look at the reproductive number, we call it zero or nought, because everybody is susceptible. It's when the virus is first introduced into a community. And the modelling showed that when it was first introduced into Wuhan, for example, most people transmitted to three, to four, to as many as six other people. That's why you get these massive, explosive outbreaks.

But then if you put in measures that reduce. that keep sick people away from well people, essentially, then you can bring that down. We know that if you get it under one, which means that for every person, they transmit to less than one other person. so, you work it out on averages, then an outbreak will die out.

So what we've been doing, all of these measures about distancing, is what we call breaking those chains of transmission. Bringing that reproductive number under one, so that if I get sick with this virus, I'm isolated and I'm not going to pass it on to anybody else.

Absolutely we are looking at that, and that's one of the measures that we can use to help see if we're getting increased transmission in the community.

It's one of those epidemiological indicators that we follow.

Reporter: Just wanted to square your middle of May timeline, with your counterparts in Alberta who are saying end of May. I say that because we're up here in the north so close to the Alberta border.

I just wanted a follow-up question about your literal Facebook cover from the province, about your actions make a difference. Is that a real graphic of anything, or is that just an image?

Henry: I'm not sure what that's referring to. I'll have somebody get back to you on that. Sorry about that.

Let me just be clear again, when we say middle of May, that's best case scenario. That's what we're aiming to think about starting. It's not a hard date. I'm not saying May 15th, this is what's going to happen. What I'm saying is if things keep going the way they're going, because we're not out of this yet and we saw that from the modelling yesterday, we still have a period of time, if we start to open up and increase our social activities and our connectedness and we start getting more outbreaks in our community because it is still circulating in our communities in BC, we are not at the point where we can start opening up now. We won't be, for several weeks.

What we need to see is our number of new cases per day going down to zero, and as you know we're not there yet. That's the first marker we need to be watching for. Then we can start looking at, very thoughtfully, slowly moving things.

I think absolutely sometime in May is what we're looking at. Maybe, if things keep going the way they're going now.

That's how important it is that we don't stop doing what we're doing right now, because that will just delay our ability to start increasing and opening up. We're pretty much the same as Alberta, as I was mentioning.

Our pandemics have followed very similar trajectories, and I think we'll be working very closely with Alberta. I do talk with my counterparts in Alberta on a near-daily basis. Yes, we're watching. We're tracking very similar pandemics to what's happening in Alberta as well. It's going to be very important for us. As I mentioned, not just Alberta, but we have a lot of people who move back and forth for a variety of reasons between Ontario and Quebec. So what happens there matters to us too.

Those are all very important considerations.

Reporter: There were reports a couple of weeks ago about, I believe, a positive test amongst an animal.

Just wondering if you have comments about how realistic pet-owner transmission is, particularly with dogs?

Henry: There's a couple of case reports of dogs in Hong Kong, but it was human-to-dog transmission, and there doesn't seem to be a risk to humans from animals. They don't seem to get that sick with it, at least not dogs or cats.

There was a tiger in the Bronx Zoo, I think, that tested positive as well. We have been following this. There's some information posted on the BC CDC website about that as well. Our public health vet has been following it.

There does not seem to be a risk to humans from getting it from their pets. It doesn't seem to be going back and forth. Humans can transmit it to their companion animals. Some companion animals. It doesn't seem to be transmitted to birds, for example. We've seen that as well.

There's been some testing of livestock to see if it goes between humans and livestock and so far there doesn't seem to be an issue there, either. But there have been a few very small number of case reports with cats and dogs.

Reporter: The Interior Health Authority today has warned people about an outbreak at an oil sands work camp in Fort McMurray. I'm curious, how worried are you of potential community spread from work camps? You know, transmissions coming to different parts of BC, potentially from work camps, either from BC or Alberta. And what measures can you say are in place to prevent these kinds of work camp outbreaks within the work camps that are in our province?

Henry: We've been watching very carefully. We know there's a lot of flow of essential workers across the border, and workers in the oil sands in Alberta and in northern BC in particular. We have quite detailed guidance and very similar to what they're using in Alberta for detecting people who may have this, for ensuring that there's precautions around isolating people, as well as plans for removing them if they need health care.

As well as steps to minimize introduction both into the camps, but also from camps into communities. We know there have been some people who have returned home to BC who were exposed, potentially, in Alberta and vice versa. They are being monitored by Public Health and self-isolating. That is part of our whole way we need to approach this.

We can't stop all movement in our province. We need to have essential work done, but we need to make sure that we have the things in place to do our best, to prevent it. Again, it goes back to those basics we need within work settings, but also all of us individually. Plus having Public Health to be able to do the case contact management for people who are coming back who may be at risk.

We are watching that and working with our colleagues in Alberta to make sure that we're all exchanging information and supporting people who might be at risk.