

British Columbia (BC) COVID-19 Situation Report
Week 6: February 06- February 12, 2022

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Hospital admissions and deaths are declining; provincial COVID-19 incidence continues to decrease.

Due to changes in testing strategies in BC, case counts in this report likely underestimate 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 decreased from 175 per 100K (9,214 cases) in week 5 to 124 per 100K (6,470 cases) in week 6.

Incidence by Health Authority decreased from week 5 to week 6:

- Fraser Health incidence decreased from 120 to 80 per 100K
- Interior Health incidence decreased from 354 to 255 per 100K
- Vancouver Island Health incidence decreased from 152 to 121 per 100K
- Northern Health incidence decreased from 426 to 303 per 100K
- Vancouver Coastal Health incidence decreased from 98 to 68 per 100K

Testing of MSP-funded specimens decreased from the peak of ~88,900 in week 51 to ~23,600 in week 6. The positivity of MSP-funded specimens decreased from 33.6% in week 5 to 29.6% in week 6.

The per capita testing rates decreased in all HAs from week 5 to week 6. Testing rates decreased or stabilized in all age groups from week 5 to week 6.

Age-specific incidence rates decreased across all age groups from week 5 to week 6. Incidence rate decreased the most in the 30-39 and 40-49 age groups.

The number of hospital admissions decreased from 687 in week 5 to 423 in week 6. In week 6, 60-79 year-olds had the highest number of hospital admissions (142 hospitalizations).

The weekly number of deaths decreased from 76 in week 5 to 49 in week 6. Those aged 80+ accounted for the highest number of deaths in week 6 (30 deaths).

In week 6, 7 new outbreaks were declared, based on earliest case onset date. 13 of the 49 deaths (27%) reported in week 6 were associated with care facility outbreaks.

BELOW ARE IMPORTANT NOTES relevant to the interpretation of data displayed in this bulletin:

- Episode dates are defined by dates of illness onset. When those dates are unavailable, earliest laboratory date is used (collection or result date); if also unavailable, then public health care report date is used. Analyses based on episode date (or illness onset date) may better represent the timing of epidemic evolution. Episode-based tallies for recent weeks are expected to increase as case data, in particular onset dates, are more complete.
- The weekly tally by surveillance date (result date, if unavailable then report date) includes cases with illness onset date in preceding weeks. Episode dates for hospital admission, ICU, and death are defined by admission and death dates. When unavailable, surveillance date is used.
- As of June 15, 2021, per capita rates/incidences for year 2020 are based on Population Estimates 2020 (n= 5,147,772 for BC overall) and for year 2021 are based on PEOPLE 2021 estimates (n= 5,194,137 for BC overall).
- Laboratory data include Medical Service Plan (MSP) funded (e.g. clinical diagnostic tests) and non-MSP funded (e.g. screening tests) specimens.
- Data sources include: Health Authority case line list data, laboratory PLOVER data, PHSA Provincial Immunization Registry (PIR), and hospital data (PHSA Provincial COVID19 Monitoring Solution (PCMS)).
- Case data were extracted on February 21, 2022, laboratory data on February 18, 2022, PIR vaccine coverage date on February 18, 2022, and PCMS hospitalization data on February 21, 2022.

A. COVID-19 case counts and epidemic curves

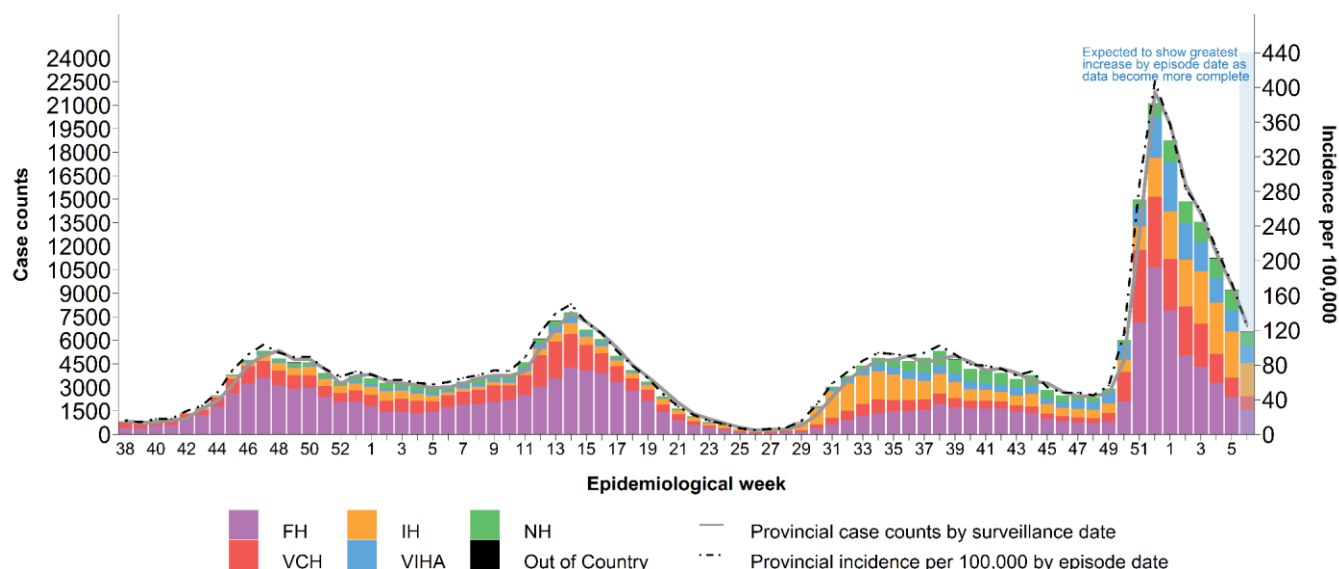
Due to changes in testing strategies in BC, case counts in this report likely underestimate the true number of COVID-19 cases in BC. This underestimation has increased compared to the period prior to the emergence of the Omicron variant in BC. Up to week 6, there have been 340,952 cases for a cumulative incidence of 6,548 per 100K ([Table 1, Figure 1](#)). The provincial incidence by episode date was 124 per 100K (6,470 cases) in week 6, which has decreased from the most recent peak of 407 per 100K in week 52. Incidence by episode date may increase as data become more complete in recent weeks.

As shown in [Figure 2](#), incidence has decreased in all HAs from week 5 to week 6. From week 5 to week 6, incidence rates decreased the most in Northern Health (NH) and Interior Health (IH) from 426 per 100K to 303 per 100K and from 354 per 100K to 255 per 100K, respectively. In week 6, the incidence rate of 303 per 100K in NH was the highest in BC.

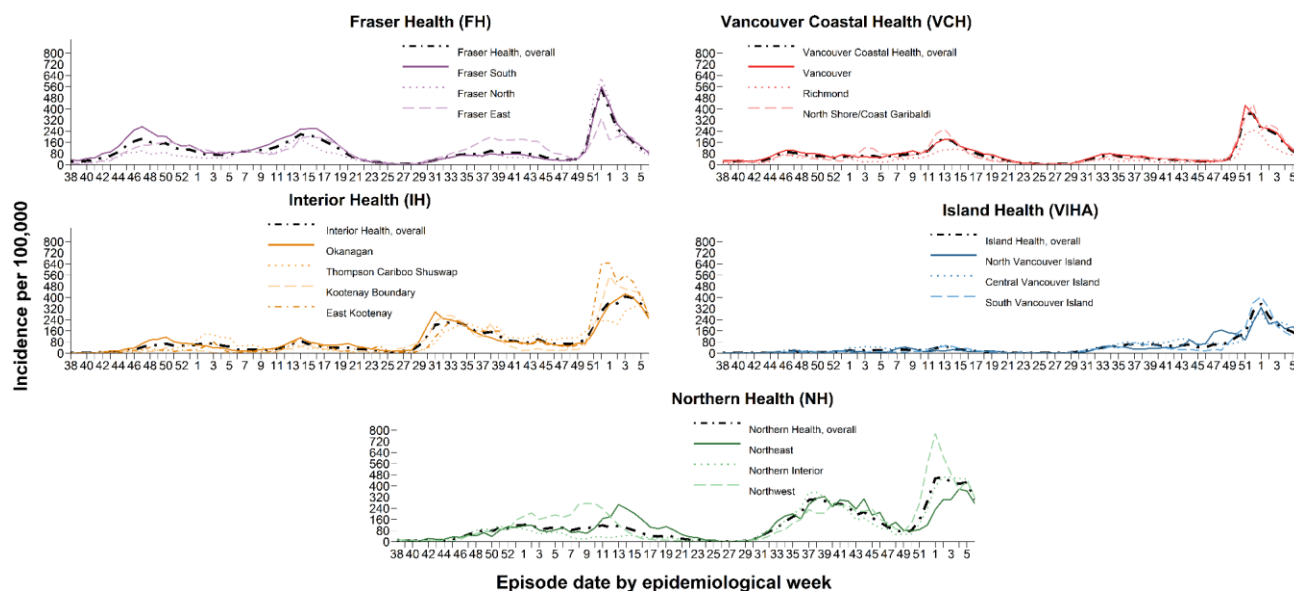
Table 1. Episode-based case tallies by Health Authority, BC, Jan 15, 2020 (week 3) – Feb 12, 2022 (week 6) (N= 340,952)

Case tallies by episode date	Health Authority of Residence					Outside Canada	Total
	FH	IH	VIHA	NH	VCH		
Week 6, case counts	1,582	2,114	1,064	927	852	9	6,548
Cumulative case counts	155,380	57,394	30,285	27,375	70,140	378	340,952
Week 6, cases per 100K population	80	255	121	303	68	NA	124
Cumulative cases per 100K population	7,819	6,928	3,441	8,944	5,558	NA	6,470

Figure 1. Episode-based epidemic curve (bars), surveillance date (line) and Health Authority (HA), BC Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6) (N= 333,105)



**Figure 2. Weekly episode-based incidence rates by HA and health service delivery area (HSDA), BC
 Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6) (N= 333,105)**



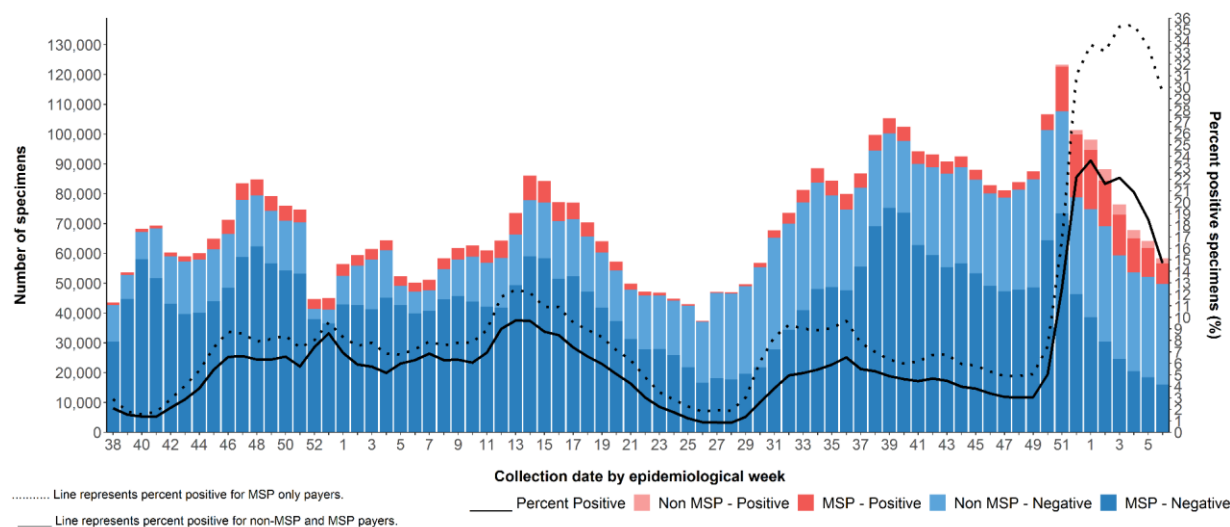
B. Test rates and percent positive

[COVID-19 testing guidelines](#) have been updated to include high-risk individuals with symptoms of COVID-19. As shown by the darker-colored bars in [Figure 3](#), testing of MSP-funded specimens has continued to decrease from the peak of ~88,900 in week 51 to ~23,600 in week 6. The positivity of MSP-funded specimens decreased from 33.6% in week 5 to 29.6% in week 6.

As shown in [Figure 4](#), the per capita testing rates (Panel A) decreased in all HAs from week 5 to week 6. From week 5 to week 6, testing rates decreased the most in IH, from 892 per 100K to 731 per 100K. In week 6, NH had the highest testing rate at 954 per 100K.

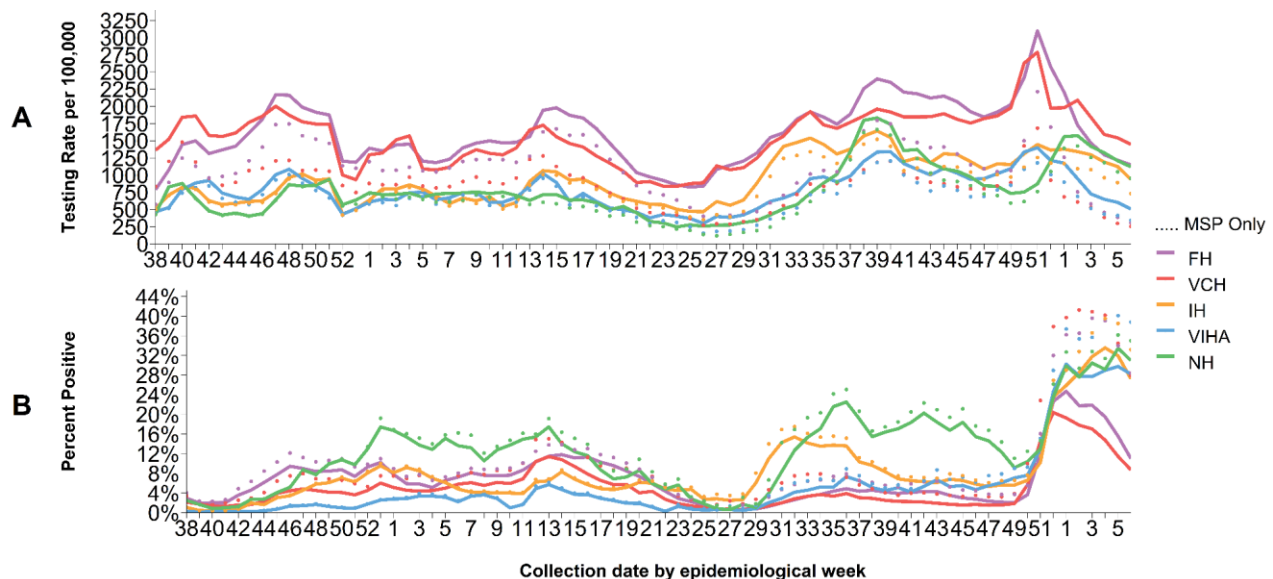
Percent positivity (Panel B) for MSP-only specimens decreased in all HAs from week 5 to week 6. Percent positivity in week 6 ranged from 27.9% in VCH to 38.8% in VIHA.

**Figure 3. Number of specimens tested and percent SARS-CoV-2 positive, by collection week, BC
 Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6)**



Note: Invalid (n = 3270) and indeterminate (n = 15616) results have been excluded

Figure 4. Testing rates and percent SARS-CoV-2 positive by Health Authority and collection week, BC Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6)



Data source: laboratory PLOVER data

C. Age profile – Testing and cases

Testing rates and percent positivity by age group

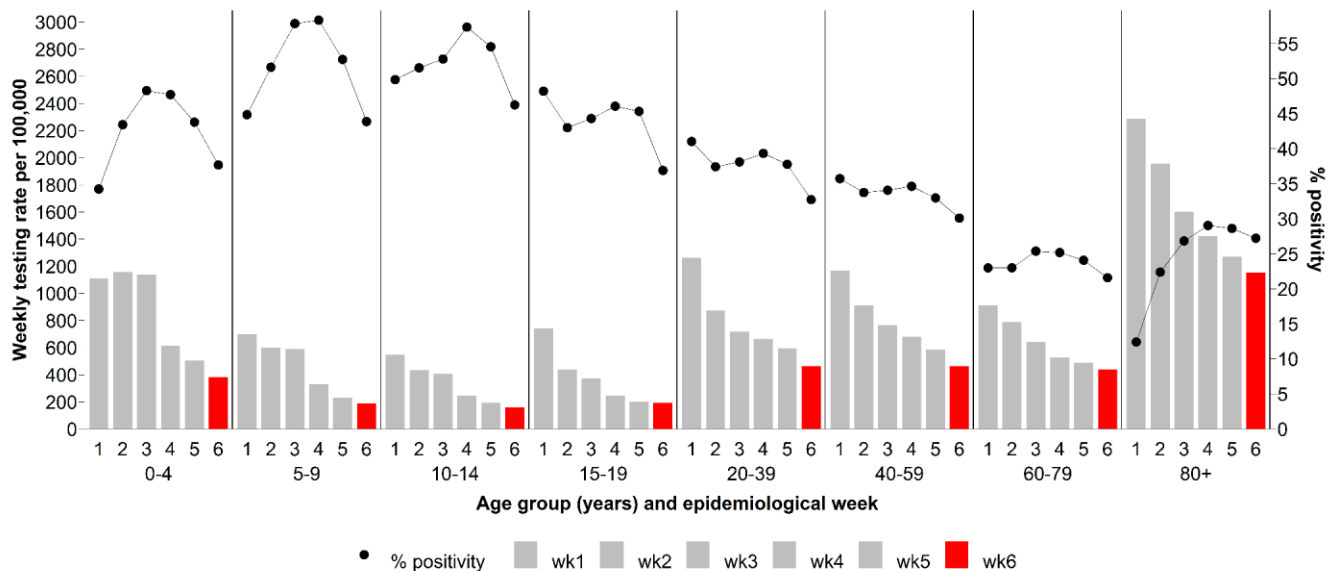
As shown by the bars in [Figure 5](#), testing rates decreased or stabilized in all age groups from week 5 to week 6. Testing rates in week 6 was highest in those aged 80+ at 1,152 per 100K.

As shown by the black dots in [Figure 5](#), the percent positivity decreased or stabilized in all age groups from week 5 to week 6. The highest percent positivity in week 6 was in the 5-9 and 10-14 year-olds at 43.9% and 46.3%, respectively.

Case distribution and weekly incidence by age group

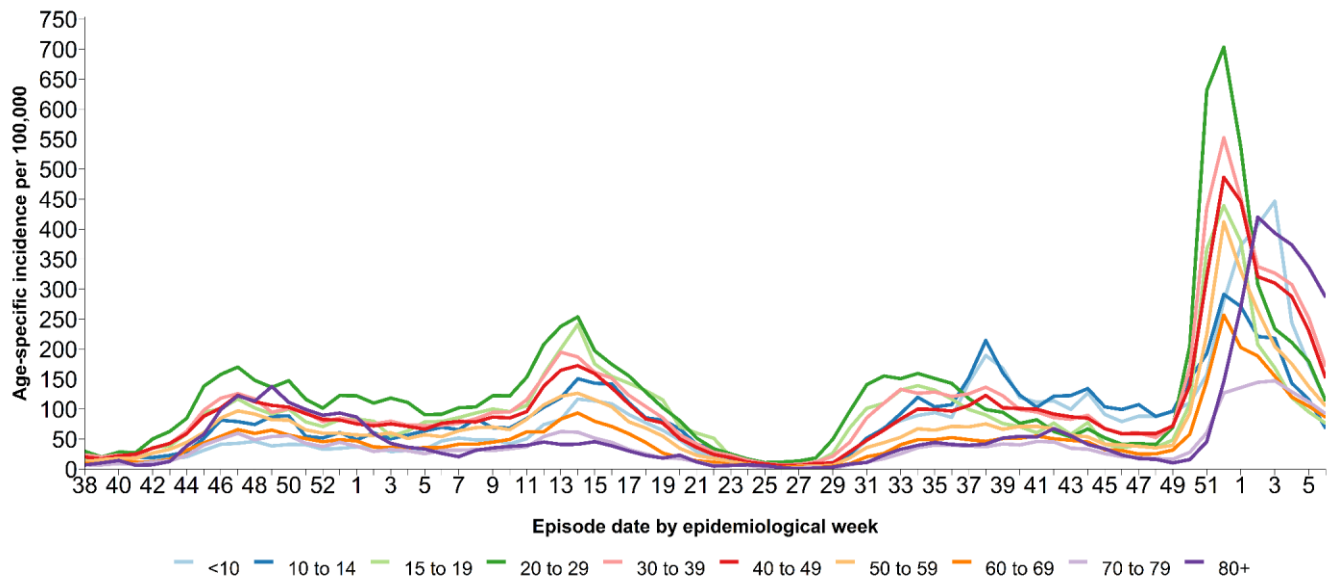
As shown in [Figure 6](#), age-specific incidence rates decreased across all age groups from week 5 to week 6. From week 5 to week 6, incidence rates decreased the most in the 30-39 and 40-49 age groups from 252 per 100K to 170 per 100K and 230 per 100K to 151 per 100K, respectively. Age-specific incidences may increase as data become more complete. Detailed information about age-specific incidence by vaccination status can be accessed at [BCCDC COVID-19 Regional Surveillance Dashboard](#).

Figure 5. Average weekly SARS-CoV-2 MSP testing rates and MSP percent positive by known age group, BC Jan 08, 2022 (week 1) – Feb 12, 2022 (week 6)



Data source: laboratory PLOVER data

Figure 6. Weekly age-specific COVID-19 incidence per 100K population by epidemiological week, BC Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6) (N= 333,022)



D. Severe outcome counts and epi-curve

The number of hospital admissions decreased from 687 in week 5 to 423 in week 6. In week 6, 60-79 year-olds had the highest number of hospital admissions (142 hospitalizations). Hospital data include admissions for people diagnosed with COVID-19 through hospital SARS-CoV-2 screening practices, and will overestimate the number of people who are hospitalized specifically due to severe symptoms of COVID-19 infection. The weekly number of deaths decreased from 76 in week 5 to 49 in week 6. Those aged 80+ accounted for the highest number of deaths in week 6 (30 deaths) ([Table 2, Figure 8](#)). Detailed information about outcomes by vaccination status can be accessed at [BCCDC COVID-19 Regional Surveillance Dashboard](#).

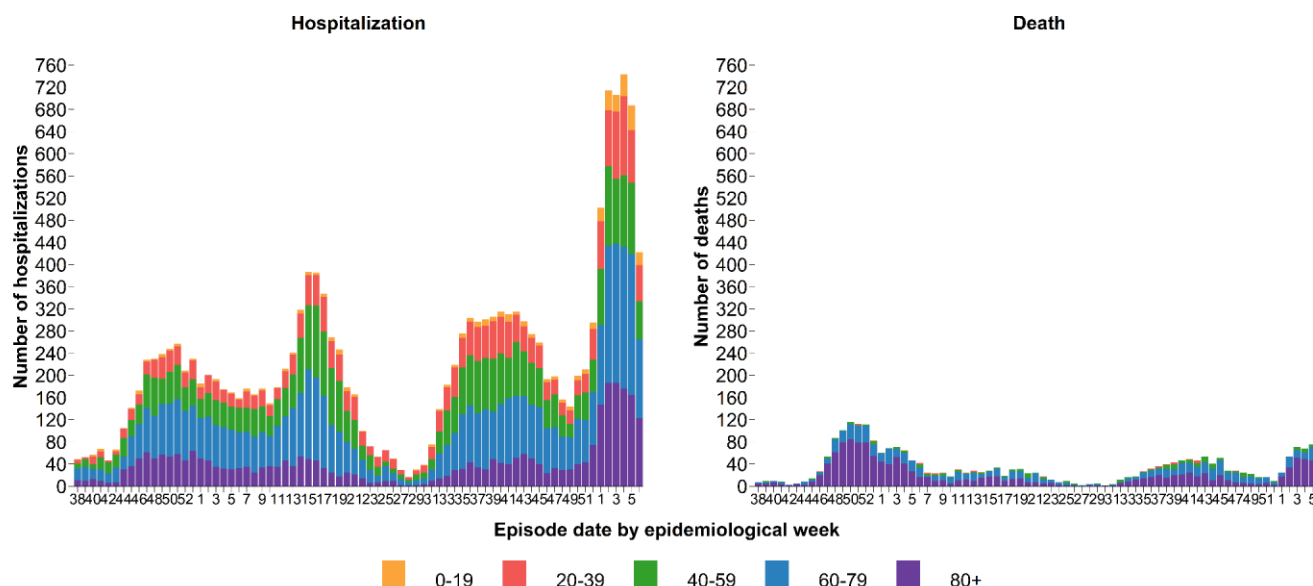
Cumulatively, there have been 24 confirmed cases of [Multi-system Inflammatory Syndrome in children and adolescents \(MIS-C\)](#) in BC since January 1, 2020. There has been one new confirmed case of MIS-C since the last report. The median age of all cases is 9 years old (range from 1 to 16 years old).

Table 2. COVID-19 severe outcomes by episode date, Health Authority of residence, BC
Jan 15, 2020 (week 3) – Feb 12, 2022 (week 6)

Severe outcomes by episode date	Health Authority of residence					Residing outside of Canada	Total n/N ^a (%)
	FH	IH	VIHA	NH	VCH		
Week 6, hospitalizations	100	131	55	39	98	0	423
Cumulative hospitalizations^b	8,012	2,927	1,237	1,597	3,459	17	17,249/340,952 (5)
Week 6, ICU admissions	16	18	6	10	9	0	59
Cumulative ICU admissions^b	1,379	747	303	378	787	2	3,596/340,952 (1)
Week 6, deaths	16	8	10	4	11	0	49
Cumulative deaths	1,271	342	204	294	669	0	2,780/340,952 (1)

- a. Cases with unknown outcome are included in the denominators (i.e. assumed not to have the specified severe outcome).
 b. Data source: Health Authority case line lists only. Data may be incomplete and subject to change.

Figure 8. Weekly COVID-19 hospital admissions and deaths by age groups, BC, Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6)



- a. Among those with available age information only.
 b. Data source: Health Authority case line list data only. Data may be incomplete and subject to change.

E. Age profile, severe outcomes

Table 3 displays the distribution of cases and severe outcomes. In week 6, median age of hospital admissions, ICU admissions and deaths was 63 years, 62 years and 82 years, respectively, based on Health Authority case line lists only (data not shown).

Since week 1 of 2022, there has been a weekly average of 1 death in those <50 years of age, 3 deaths in 50-59 year-olds, 6 deaths in 60-69 year-olds, 10 deaths in the 70-79 year-olds, and 38 deaths in the 80+ year-olds (data not shown). The number of deaths may increase over time as data becomes more complete.

Table 3: Age distribution: COVID-19 cases, hospitalizations, ICU admissions, deaths, and BC population by age group Jan 15, 2020 (week 3) – Feb 12, 2022 (week 6) (N= 340,850)^a

Age group (years)	Cases n (%)	Hospitalizations n (%) ^b	ICU n (%)	Deaths n (%)
<10	28,706	311 (1)	28 (<1)	2 (<1)
10-19	34,818	248 (1)	33 (<1)	0 (<1)
20-29	69,084	1,043 (2)	120 (<1)	6 (<1)
30-39	65,154	1,809 (3)	301 (<1)	31 (<1)
40-49	50,439	1,822 (4)	389 (1)	59 (<1)
50-59	40,134	2,516 (6)	722 (2)	156 (<1)
60-69	26,608	3,092 (12)	899 (3)	324 (1)
70-79	13,477	3,141 (23)	792 (6)	598 (4)
80-89	8,305	2,403 (29)	294 (4)	918 (11)
90+	4,125	912 (22)	31 (1)	686 (17)
Total	340,850	17,297	3,609	2,780
Median age ^c	35	63	62	82

- Among those with available age information only.
- Data sources: Health Authority case line lists and a subset of PHSA Provincial COVID19 Monitoring Solution (PCMS) data for children <20 years of age. PCMS data were included as of June 8 2021. Due to this change in data source, additional admissions that occurred since the start of the pandemic are now included in age groups 0-9 and 10-19 years.
- Median ages calculated are based on Health Authority case line lists only.

F. Care facility outbreaks

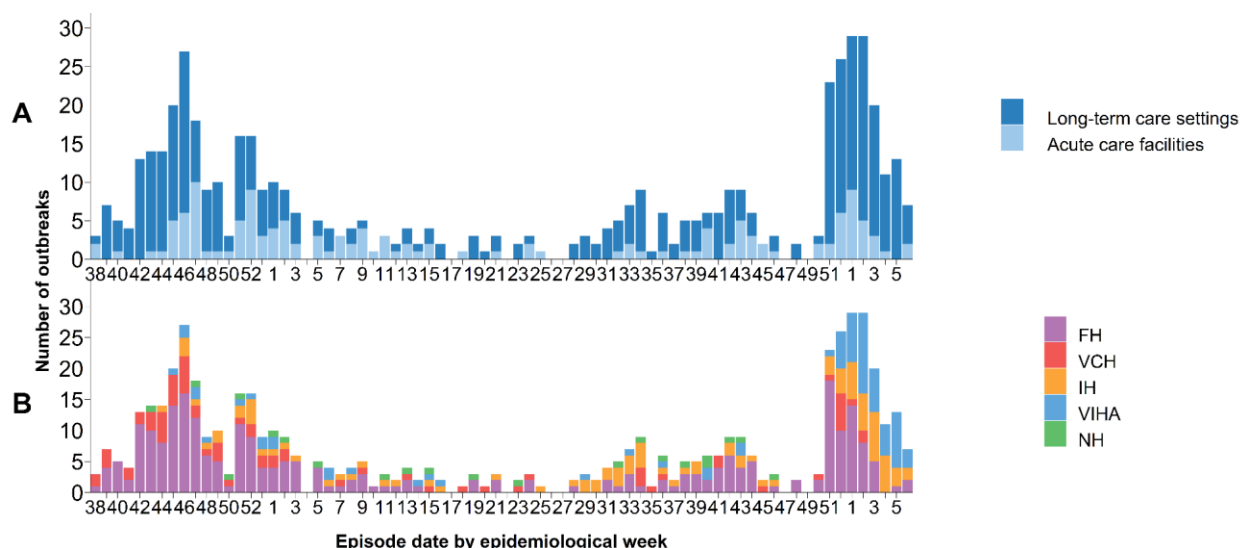
As shown in [Table 4](#) and [Figure 9](#), 589 care facility (acute and long-term care setting) outbreaks were reported in total in BC to the end of week 6. In week 6, based on earliest case onset date, a total of 7 new outbreaks were declared in FH, IH, and VIHA. Since week 1 of 2022, the number of new outbreaks have been declining and the majority have been in long-term care facilities. 13 of the 49 deaths (27%) reported in week 6 were associated with care facility outbreaks. The number of deaths may increase over time as data becomes more complete.

Table 4. COVID-19 care facility^{a,b} outbreaks by earliest case onset^{a,c}, associated cases and deaths by episode date, BC^d Jan 15, 2020 (week 3) – Feb 12, 2022 (week 6) (N=589)

Care facility outbreaks and cases by episode date	Outbreaks	Cases				Deaths			
		Residents	Staff/other	Unknown	Total	Residents	Staff/other	Unknown	Total
Week 6, Care Facility Outbreaks	7	219	34	0	253	13	0	0	13
Cumulative, Care Facility Outbreaks	589	7,203	3,513	8	10,724	1,346	0	0	1,346

a. New outbreaks reported since the last report with an earliest case onset date prior to the current reporting week will be included in the cumulative care facility outbreak total.

Figure 9. COVID-19 care facility^b outbreaks by earliest case onset^c, facility type (A) and Health Authority (B), BC^d Sept 13, 2020 (week 38) – Feb 12, 2022 (week 6) (N=521)



- b. Care facility settings include acute care or long-term care settings (defined as long-term care facility or assisted living).
 c. Earliest dates of onset of outbreak cases are subject to change as investigations and data are updated.
 d. As of week 46, VCH and FH no longer declare outbreaks with single staff cases unless there is evidence of transmission within the facility.

G. Modeling

Current Rt estimates for BC are considered unreliable due to recent and ongoing changes in the ascertainment of case counts, including capacity limitations of PCR testing and the use of rapid antigen tests.

H. Wastewater surveillance

The BCCDC and Metro Vancouver have been testing for SARS-CoV-2 in wastewater at five wastewater treatment plants (representing 50% of BC's population) since May 2020, in order to assess whether COVID-19 virus is present and how it might be changing over time. To account for possible effects of wastewater volume, SARS-CoV-2 concentrations have been normalized by daily wastewater flow. As shown in [Figure 10](#) and [Figure 11](#), viral signal from the wastewater surveillance correlates with COVID-19 case counts.

Key messages with results through to February 16:

SARS-CoV-2 viral loads in VCH and FH wastewater continue to decline from their peak in early January, in all five wastewater treatment plants tested.

Figure 10. Wastewater surveillance, FH

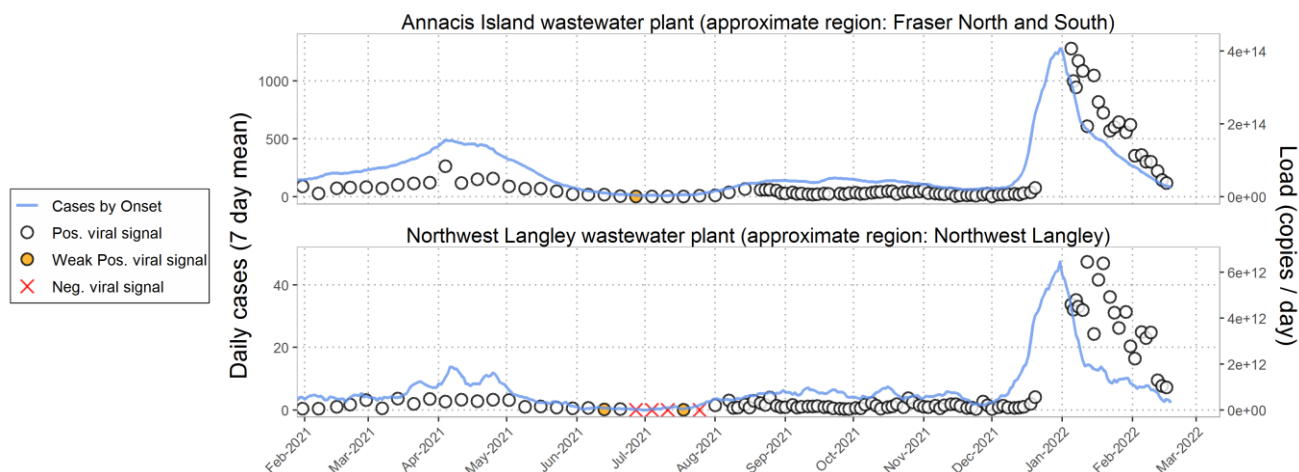
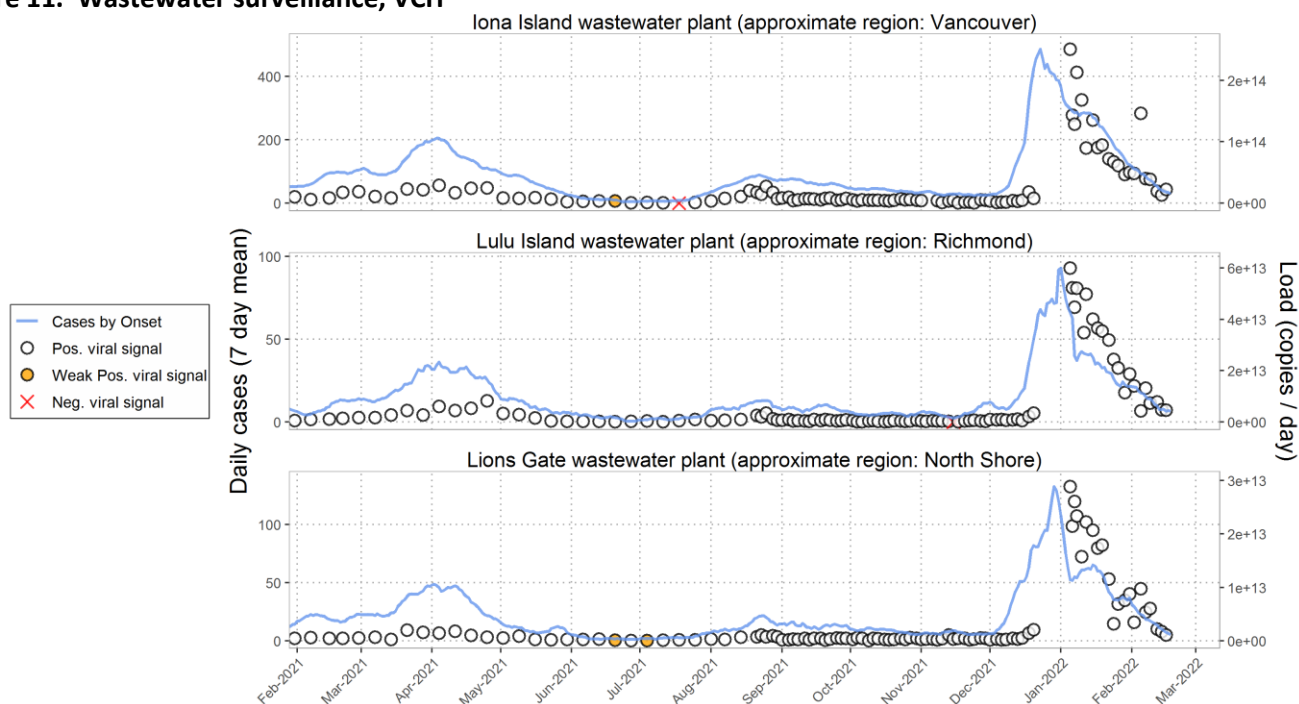


Figure 11. Wastewater surveillance, VCH



I. Additional resources

Variant of concern (VOC) findings are available weekly here: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data#variants>.

For maps and geographical distribution of cases and vaccinations, visit the BCCDC COVID-19 Regional Surveillance Dashboard here: <http://www.bccdc.ca/health-professionals/data-reports/covid-19-surveillance-dashboard>

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/

J. Appendix

[Vaccination phases](#) defined by vaccine eligibility of target populations in BC

Vaccination Phase 1 (December 2020 – February 2021)

Target populations include residents, staff and essential visitors to long-term care settings; individuals assessed and awaiting a long-term care placement; health care workers providing care for COVID-19 patients; and remote and isolated Indigenous communities.

Vaccination Phase 2 (February 2021 – April 2021)

Target populations include seniors, age ≥80; Indigenous peoples age ≥65 and Indigenous Elders; Indigenous communities; hospital staff, community general practitioners and medical specialists; vulnerable populations in select congregate settings; and staff in community home support and nursing services for seniors.

Vaccination Phase 3 (April 2021 – May 2021)

Target populations include people aged 60-79 years, Indigenous peoples aged 18-64 and people aged 16-74 who are clinically extremely vulnerable.

Vaccination Phase 4 (May 2021 – November 2021)

Target populations include everyone 12+ years. In September, third dose is available for people who are clinically extremely vulnerable.

Vaccination Phase 5 (November 2021 – February 2022)

Target populations include everyone 5+. Children aged 5-11 are eligible at the end of November. Everyone 18 and older will be invited to get a booster dose within 6-8 months of their second dose.

Vaccination Phase 6 (February 2022 – Present)

Target populations include everyone 5+. Everyone 12 and older will be invited to get a booster dose within 6-8 months of their second dose.