

British Columbia (BC) COVID-19 Situation Report

Week 50: December 6 – December 12, 2020

Table of Contents		Decreasing COVID-19 incidence, with the exception of Northern and Interior Health Authorities
Pandemic phase definitions	2	Cumulatively, there have been 43,628 COVID-19 cases in BC to end of week 50 (847 per 100K population). There were 4,698 new reports in week 50 (91 per 100K), a 19% decrease from the 5,800 reports in week 48 (113 per 100K) and the second week of decrease in reported cases since the start of Phase 3b. Note that weekly tallies by report date include cases with onset in prior weeks. Based on episode date, incidences in weeks 49 and 50 were 89 and 79 per 100K, respectively, subject to change as data (notably onset dates) become more complete, but lower so far than week 47 (the highest week of cases by episode date in Phase 3b (98 per 100K)).
Epidemic curve	2	
Weekly incidence by health authority and health service delivery area	2	
Test rates and % positive	4	Incidence in week 50 exceeded 130 per 100K in Fraser (FHA) and 55 per 100K in Vancouver Coastal (VCHA), Interior (IHA), and Northern (NHA) health authorities. Incidence in Vancouver Island (VIHA) was <10 per 100K. In weeks 48-49, incidence decreased in FHA, VCHA and VIHA, stabilized in IHA and increased in NHA.
Age profile, testing and cases	5	Incidence decreased in recent weeks in all age groups, although it is still elevated for the highest risk group of adults 80+ years at 103 per 100K.
Severe outcome counts	8	Whereas percent positivity increased steadily from weeks 41-46, it remained stable between weeks 47-50 (at about 8%). Positivity in week 50 exceeded 10% in FHA and NHA; 6% in VCHA and IHA; and at 1% in VIHA. In NHA and IHA, positivity continues to increase since week 44, but elsewhere has stabilized since week 46. Positivity was lowest in children 0-9 years (5%) but otherwise similar at about 8% in other age groups, highest in children 10-14 (11%) and 15-19 years (10%).
Age profile, severe outcomes	9	Cumulatively, there have been 2,309 cases hospitalized in BC to end of week 50. Whereas the weekly tally of admissions increased steadily from weeks 41-46 (from 68 to 168), it remained elevated but relatively stable in weeks 47 to 50 (~220).
Likely sources of infection	10	
Care facility outbreaks	11	Cumulatively, there have been 678 deaths in BC to end of week 50. The number of deaths per week increased substantially from weeks 42-49 (from 4 to 111 per week), and decreased slightly to 94 deaths in week 50. In week 50, 73/94 (78%) deaths were associated with a care facility outbreak and 86 (91%) were 70+ years.
Clinical indicators	12	Cumulatively, there have been 224 care facility outbreaks to end of week 50, with 8 reported in week 50 (4 FHA, 2 VCHA, and 2 IHA), all with earliest onset date in prior weeks. The number of care facility outbreaks has been declining since week 46 (26).

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

- Unlike other summaries based on report date, this bulletin mainly adopts episode date defined by dates of illness onset, hospital admission, or death. Only when those dates are unknown, is report date used.
- Data are provided by epidemiological week. Episode-based tallies for recent weeks are expected to increase as case data, in particular onset dates, become more complete.
- Per capita rates/incidences are based on PEOPLE2020 population estimates (n=5,139,568 for BC overall).
- Laboratory data include Medical Service Plan (MSP) (e.g. clinical diagnostic) as well as non-MSP (e.g. screening) specimens. The percent of specimens testing positive is presented here for all specimens tested as well as separately for MSP-funded specimens only. Given the systematically lower likelihood of test positivity among screening vs diagnostic specimens, summary analyses are foremost based on MSP-funded diagnostic specimens unless otherwise specified.

***Table of [pandemic phases](#) defined by implementation or relaxation of population-level mitigation measures in BC:**

PRE-PHASE 1 Before implementation January 15 (wk 3) to March 13 (wk 11), 2020	PHASE 1 Implementation March 14 (wk 11) to May 18 (wk 21), 2020	PHASE 2 Initial relaxation May 19 (wk 21) to June 23 (wk 26), 2020	PHASE 3a Further relaxation June 24 (wk 26) to Sept 12 (wk 37), 2020	PHASE 3b Start of school year Sept 13 (wk 38) to Current (wk 50), 2020
From earliest onset date	From start of March break Additionally: <ul style="list-style-type: none"> ○ Mass gatherings >50 banned (Mar 16) ○ Traveller self-isolation required (Mar 17) ○ Service restrictions (Mar 18) ○ US/Canada border closure (Mar 20) 	Re-opening of services Additionally: <ul style="list-style-type: none"> ○ Gradual/part-time return to school of K-12 students for 2019-20 school year (Jun 1) 	Broader re-opening Additionally: <ul style="list-style-type: none"> ○ Re-opening non-essential travel in BC, hotels, TV/film ○ Return to in-class learning for 2020-21 school year, partial week (Thurs, Sept 10) 	From first complete epidemiological week of 2020-21 school year

A. COVID-19 case counts and epidemic curveReport tallies by week

As shown by the gray line in [Figure 1](#), there were 4,698 (91 per 100K) new COVID-19 cases reported in week 50 which represents a 4% decrease from reports in week 49 (4,869; 95 per 100K) and a 19% decrease from week 48 (5,800; 113 per 100K). This is the second week of decrease in reported cases since the start of Phase 3b, although incidence remains ~11 times higher than the wave one peak of 442 new reports in week 13. Note that the weekly tally by report date includes cases with illness onset date in preceding weeks. Analyses instead based on episode date (i.e. illness onset date and, only if that is unavailable, then case report date) may better represent the timing of epidemic evolution. The bars in [Figure 1](#) display the epidemic curve based on episode date, coloured by health authority. Note that episode-based tallies for recent weeks are expected to increase as case data, in particular onset dates, become more complete (as emphasized by the pale blue shading in [Figure 1](#)).

Episode-based cumulative incidence: provincially and by health authority (HA) (not shown)

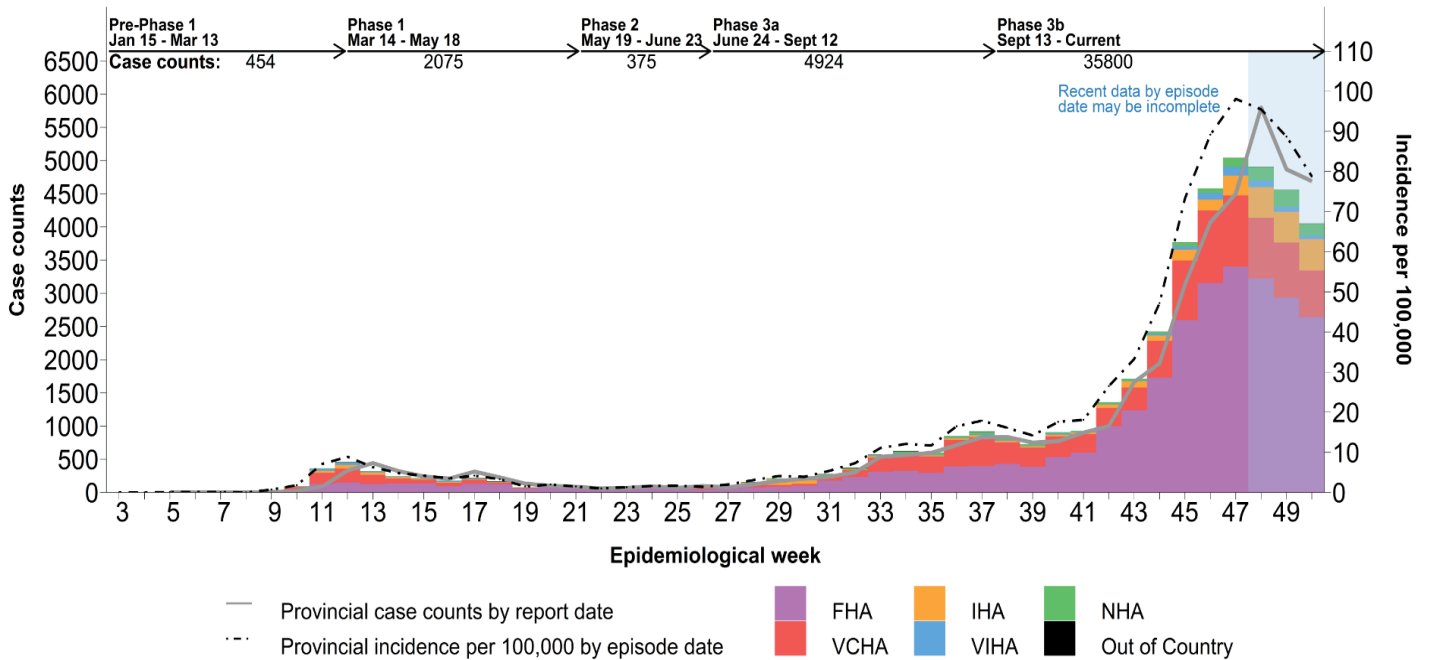
Provincially, between week 3 (mid-January) and week 50 (early December), there have been 43,628 cases in total in BC, corresponding to a cumulative incidence of 847 per 100K. By HA, this cumulative tally (and incidence) includes: 27,871 cases in Fraser Health Authority (FHA: 1,437 per 100K); 10,669 cases in Vancouver Coastal Health Authority (VCHA: 881 per 100K); 2,844 cases in Interior Health Authority (IHA: 341 per 100K); 1,345 cases in Northern Health Authority (NHA: 468 per 100K); and 800 cases in Vancouver Island Health Authority (VIHA: 92 per 100K).

Episode-based weekly incidence: provincially and by HA and health service district area (HSDA)

As shown in [Figure 1](#), COVID-19 incidence in week 38, the mid-September start of Phase 3b, was 16 per 100K but showed steady increase from week 41 (18 per 100K) to week 47 (98 per 100K). Week 47 experienced the highest number of cases by episode date to date. As of data extraction for the current bulletin, there were 4,561 and 4,052 cases with episode date in weeks 49 and 50, respectively, corresponding to incidences of 89 and 79 per 100K – about five times higher than the start of Phase 3b, but lower than week 47. These episode-based rates are also subject to change as data (notably onset dates) become more complete, but are so far lower than week 47.

As shown in [Figure 2](#), week 50 incidence was highest in FHA at 136 per 100K, followed by VCHA, IHA and NHA where rates were comparable at 58, 57, and 61 per 100K, respectively. Incidence was the lowest in VIHA at 7 per 100K. In recent weeks 48 and 49, FHA (166 to 151 per 100K), VCHA (76 to 69 per 100K), and VIHA (12 to 9 per 100K) all showed decreasing trends, rates in IHA were stable (at 56 per 100K), while NHA experienced an increase (71 to 88 per 100K). Rates in these health authorities were driven by: Fraser South; Vancouver; Okanagan; Northern Interior; and North and Central Vancouver Island health service district areas (HSDAs).

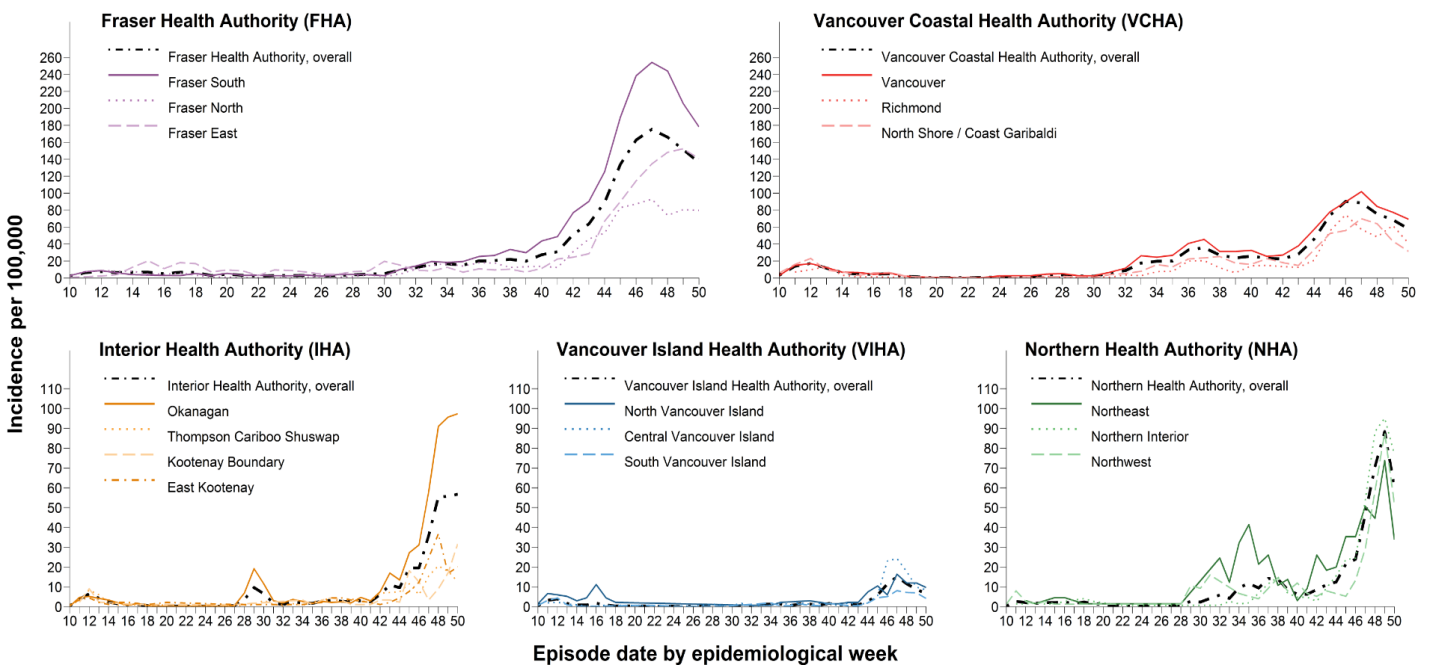
Figure 1. Episode-based epidemic curve (bars)^a, report date (line) and health authority (HA), BC January 15, 2020 (week 3) – December 12, 2020 (week 50) (N= 43,628)



The average weekly rate by phase in Figure 1 is derived as the incidence divided by the number of weeks for: Pre-Phase 1 (8 weeks), Phase 1 (9 weeks), Phase 2 (5 weeks), Phase 3a (11.5 weeks), and Phase 3b (13 weeks).

a. First onset date of a case in BC was January 15, 2020. Displayed data extracted after noon on Friday, December 18, 2020.

Figure 2. Weekly episode-based incidence rates by HA and health service delivery area (HSDA), BC March 1, 2020 (week 10) – December 12, 2020 (week 50)



B. Test rates and percent positive

In BC, laboratory-based surveillance captures mostly symptom-based diagnostic testing conducted under the Medical Service Plan (MSP) funding scheme, as well as any non-MSP funded screening tests. As shown by the bars in [Figure 3](#), the total weekly number of respiratory specimens, both MSP and non-MSP funded, were around 76,000 in week 50.

Screening tests have a lower likelihood of testing SARS-CoV-2 positive (i.e. percent positivity) than symptom-based diagnostic testing; therefore, including screening specimens will tend to lower the overall percent positivity indicator and the impact of that will be greater when more screening specimens are included. Figures below therefore present percent positivity based on all (MSP and non-MSP funded) specimens and separately based on MSP-funded specimens only.

As shown in [Figure 3](#), percent positivity showed steady increase from week 41-46, evident based on all specimens (solid line: 1.4% to 6.5%) and more steeply for MSP-funded specimens only (dotted line: 1.8% to 8.7%). In weeks 47 to 50, percent positivity plateaued based on all specimens (6.6% in both weeks 47 and 50) and based on MSP-funded specimens only (8.5% and 8.4%, respectively). As shown in [Panel A](#) of [Figure 4](#), the per capita testing rate in week 50 was highest in FHA and VCHA. As shown in [Panel B](#), percent positivity for MSP-funded specimens was highest in FHA at 11.0% and NHA at 10.8%, followed by IHA at 7.1% and VCHA at 6.6%, lowest in VIHA at 1.0%. In NHA and IHA, positivity increased from week 44 (5.1% and 3.6% respectively), but elsewhere was relatively stable since week 46.

Figure 3. Number of specimens tested and percent SARS-CoV-2 positive, by collection week, BC March 15, 2020 (week 12) – December 12, 2020 (week 50)^a

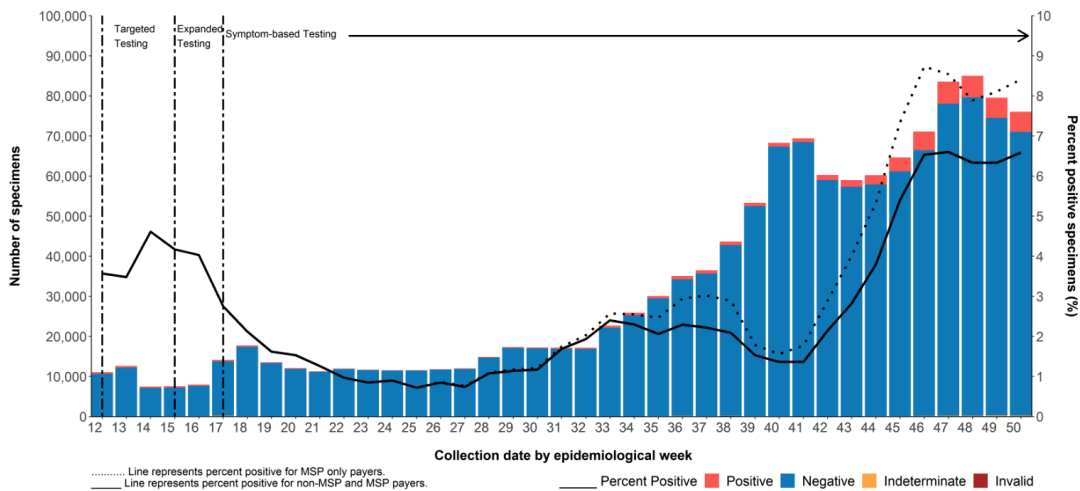
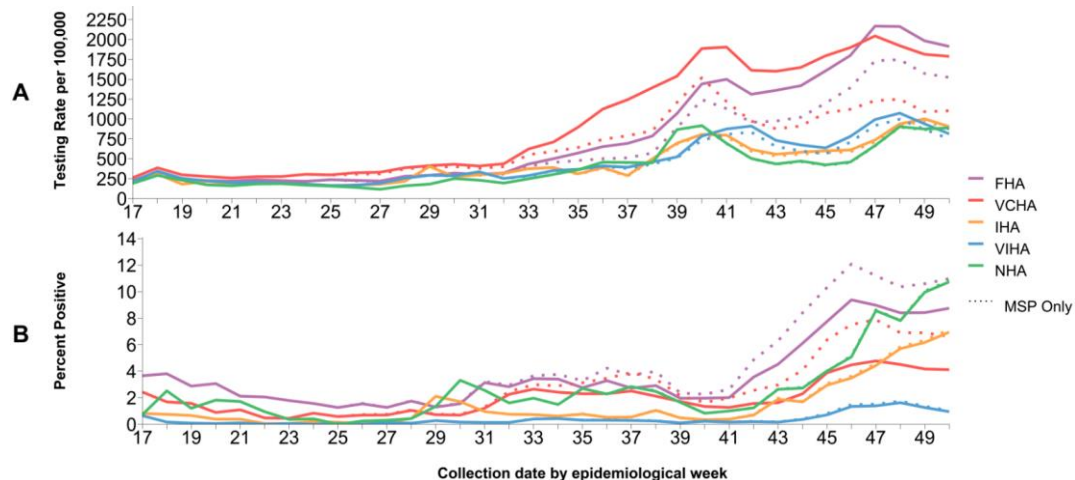


Figure 4. Testing rates and percent SARS-CoV-2 positive by health authority and collection week, BC March 15, 2020 (week 12) – December 12, 2020 (week 50)^a



a. PLOVER extract on Thursday, December 17, 2020.

C. Age profile – Testing and cases

Testing rates by age group

As shown by the coloured bars in [Figure 5](#), testing rates in week 50 compared to prior weeks 38-49 of Phase 3b were lower in children <15 years old, but higher in all other age groups. The highest testing rates in week 50 were among adults 20-39 years, similar to weeks 38-49 of Phase 3b.

Percent positivity by age group

As shown by the dots in [Figure 5](#), the percent positivity in week 50 remains elevated and was substantially higher than prior weeks 38-49 of Phase 3b whether based on all specimens (black dots) or restricted to MSP specimens only (grey dots). With restriction to MSP specimens only, percent positivity was lowest in children 0-9 years (5.1%), but otherwise exceeded 8% in all other age groups, highest in children 10-14 (11%) and 15-19 years (10%).

Case distribution by age group

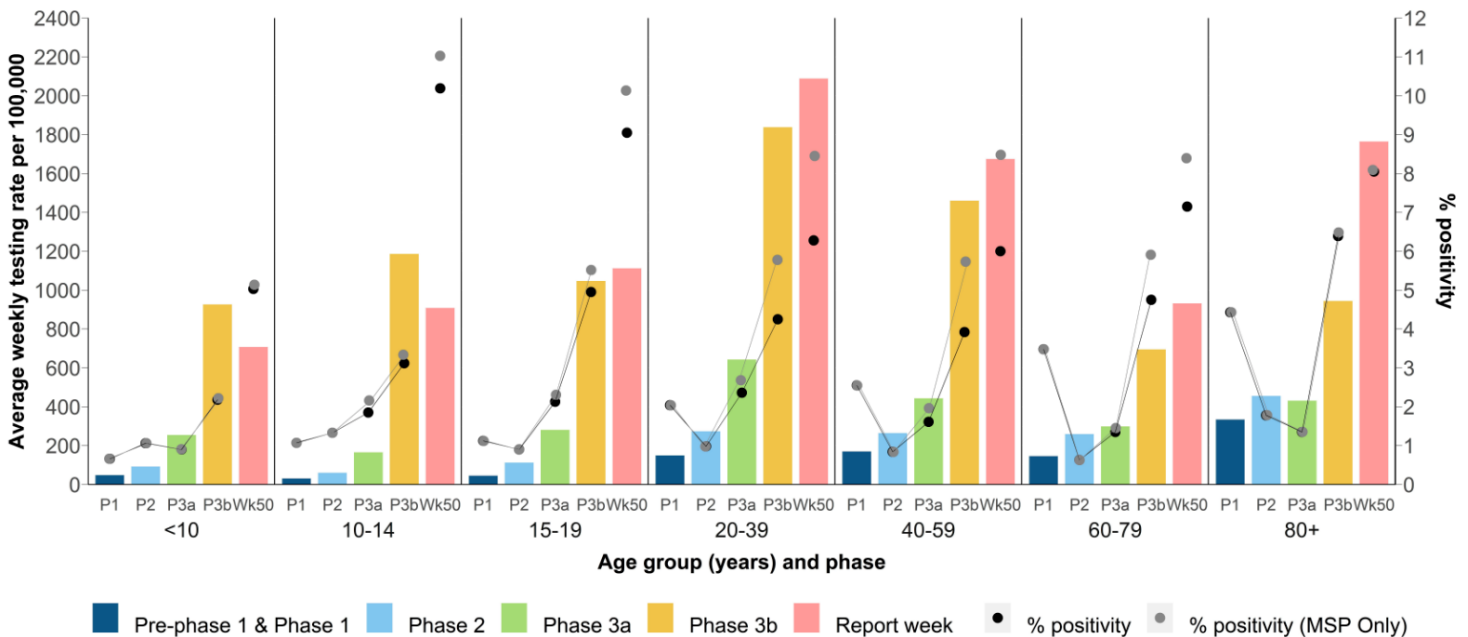
As shown in [Figure 6](#) and [Figure 7](#), the percentage contribution of most age groups has been relatively stable in week 50 compared to weeks 38-49 of Phase 3b. Whereas in Phase 3a adults 20-39 years comprised more than half of all cases (53%), they contributed less in weeks 38-49 (41%) and current report week 50 (38%). From week 43 to week 50, the contribution of adults 80+ has increased from 1.4% to 6.2% of cases.

Weekly incidence by age group

As shown in [Figure 8](#) incidence in week 50 and recent weeks showed signs of decrease or stability in all age groups compared to prior weeks. As compared to prior bulletins, the difference in incidence between current week 50 and all prior weeks 38-49 of Phase 3b shown in [Figure 9](#) is narrowing for each year of age, with the exception of the very old. In week 50, incidence was highest in adults 20-29 years (127 per 100K), 4 times higher than week 38 (30 per 100K). Of particular concern, incidence also remains high in elderly adults 80+ years (106 per 100K), 15 times higher than in week 38 (7 per 100K).

Median age of cases across the pandemic is 37 years: 52 years in Pre-/Phase 1; 40 years in Phase 2; 33 years in Phase 3a; 37 years for prior weeks 38-49 of Phase 3b (excluding week 50) and 38 years in week 50 (not shown).

Figure 5. Average weekly SARS-CoV-2 testing rates and percent positive by known age group and phase^a, BC January 20, 2020 (week 4) – December 12, 2020 (week 50)^b



a. Phase based on specimen collection date, of which January 20 was the earliest. The average weekly rate by phase is derived as the phase-specific per capita test rate divided by the number of weeks for Pre-Phase 1 + Phase 1 (P1: 17 weeks), Phase 2 (P2: 5 weeks), Phase 3a (P3a: 11.5 weeks), and Phase 3b, excluding the current report week (P3b: 12 weeks). The current report week, although part of Phase 3b, is excluded from Phase 3b as displayed here to enable comparison.

b. Laboratory extract from PLOVER on December 17, 2020. Testing rates displayed are based on all specimens (MSP and non-MSP).

Figure 6. COVID-19 case distribution by known age group (years) and episode date, BC March 15, 2020 (week 12) – December 12, 2020 (week 50) (N= 43,053)^a

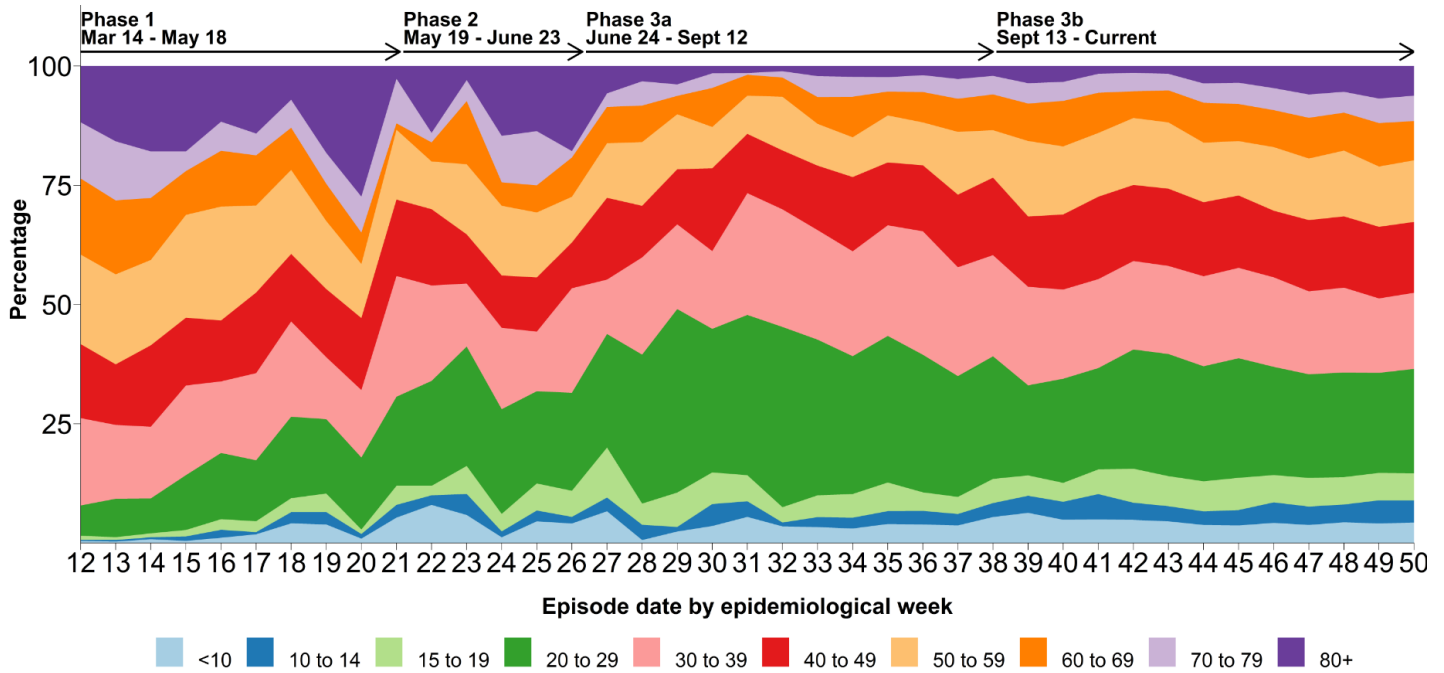
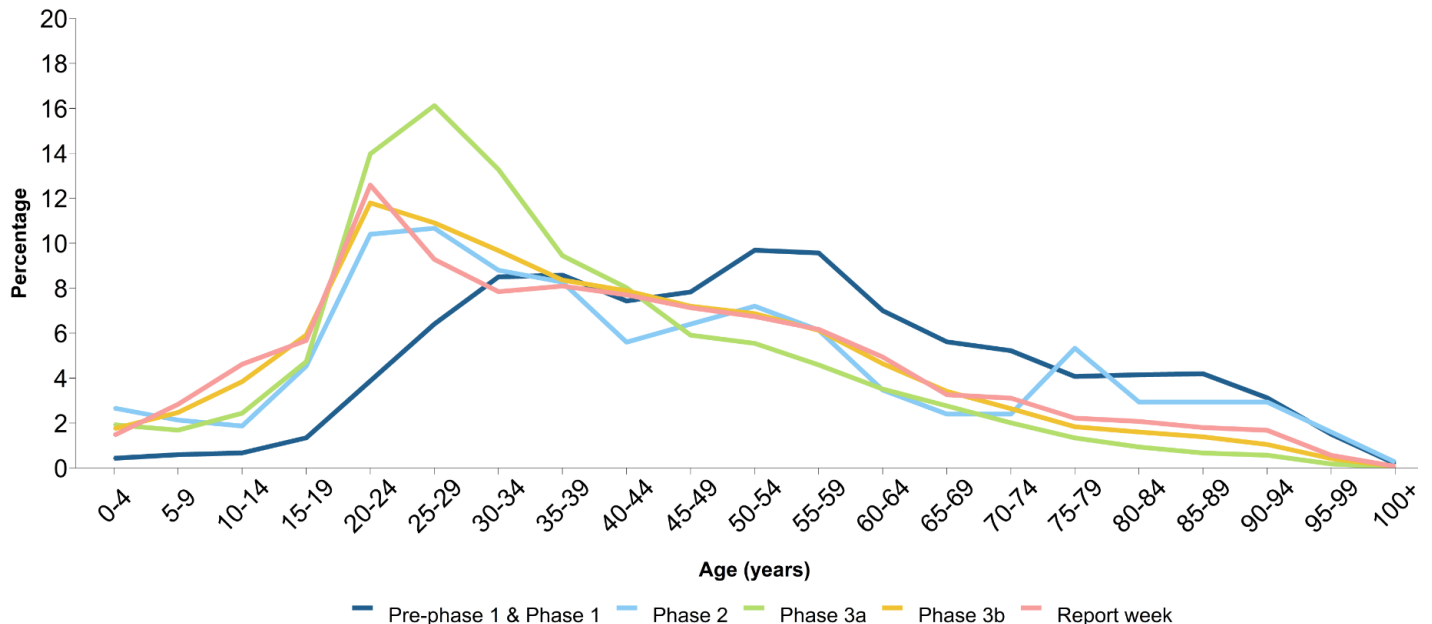


Figure 7. COVID-19 case distribution by known age group (years) for pandemic phases and current report week^b, BC January 15, 2020 (week 3) – December 12, 2020 (week 50) (N= 43,558)^a



- a. Among those with available age information only.
- b. The current report week, although part of Phase 3b, is excluded from derivations across prior weeks of Phase 3b to enable comparison, as displayed.

Figure 8. Weekly age-specific incidence per 100K population by epidemiological week, BC January 15, 2020 (week 3) – December 12, 2020 (week 50) (N= 43,558)^a

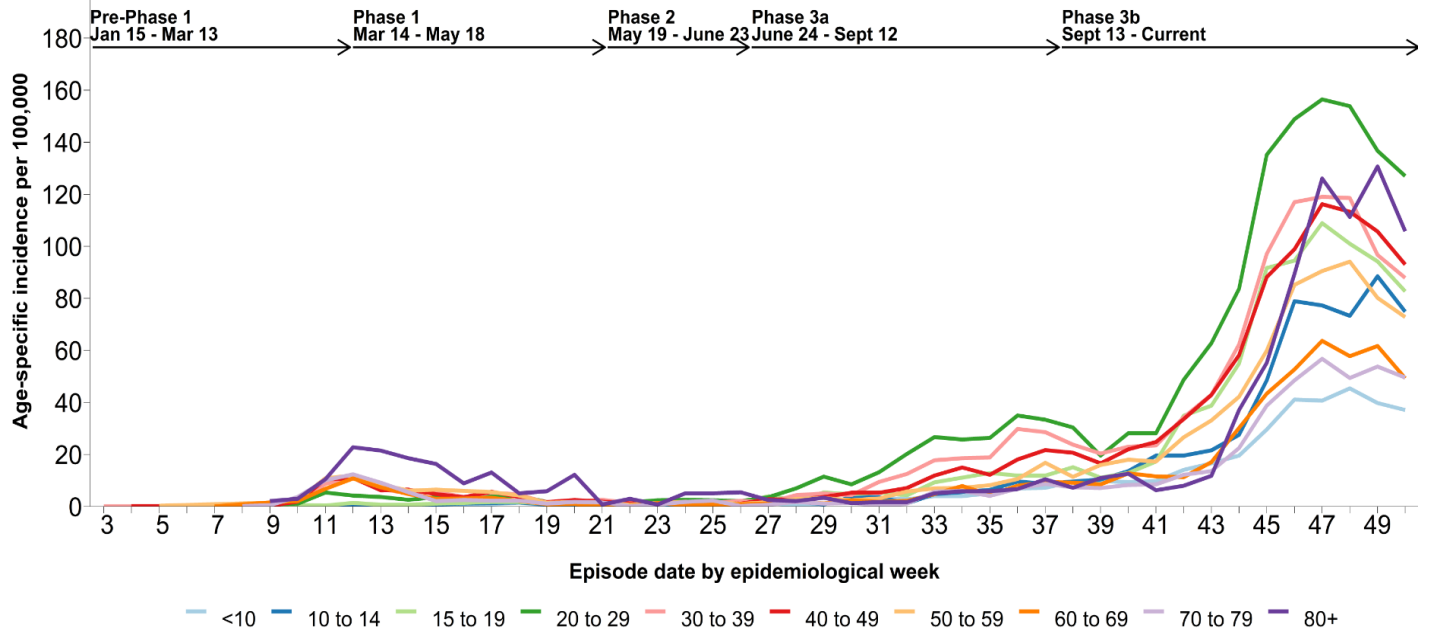
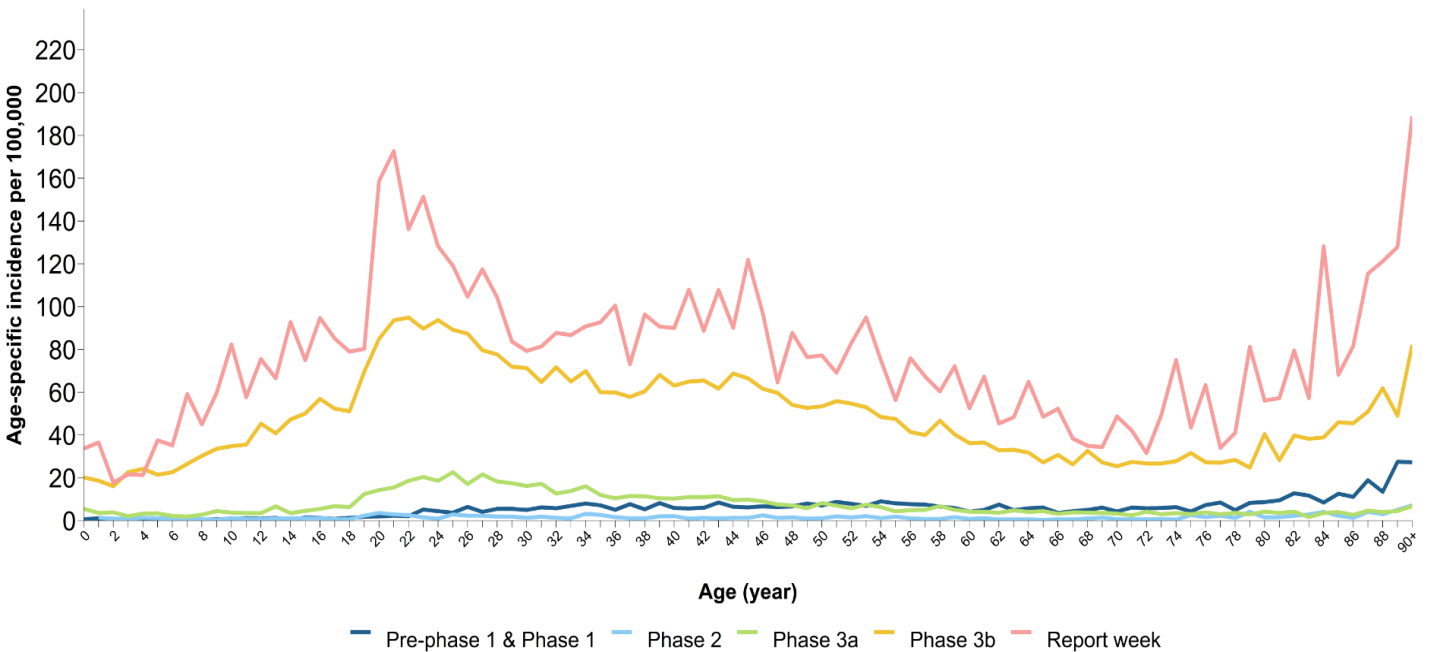


Figure 9. Average weekly incidence per 100K population by single year of age for pandemic phases 3a and 3b and current report week 46^b, BC January 15, 2020 (week 3) – December 12, 2020 (week 50) (N= 43,558)^a



a. Among those with available age information only.
b. The current report week, although part of Phase 3b, is excluded from derivations across prior weeks of Phase 3b to enable comparison, as displayed.

D. Severe outcome counts and epi-curve

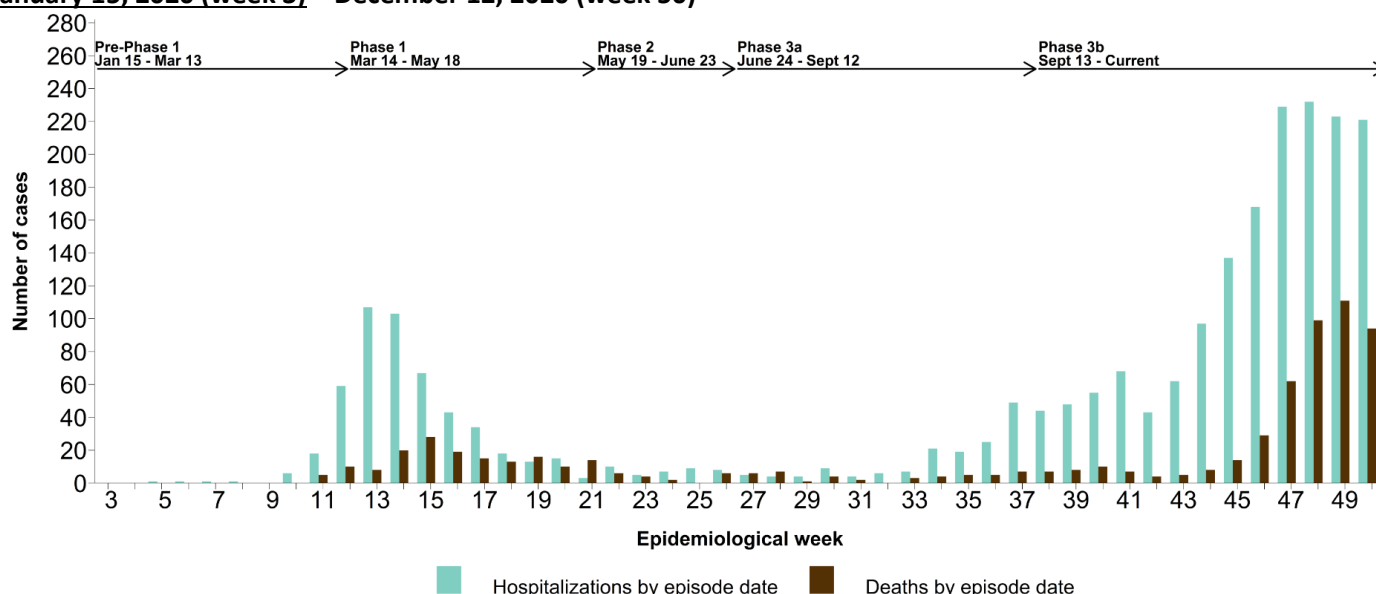
The tally of severe COVID-19 outcomes by pandemic phase is shown in [Table 1](#) and by week in [Figure 10](#). Whereas hospital admissions increased steadily from weeks 41-46 (from 68 to 168 per week), the number of admissions remained elevated but stable in weeks 47 to 50 (~220), which is about double the first wave peak of 107 admissions in week 13. The number of deaths per week also increased substantially from weeks 42-49 (from 4 to 111 per week), and then decreased slightly to 94 deaths in week 50. These recent death tallies are more than 3.5 times higher the first wave peak of 28 deaths in week 15. In week 50, 86/94 (91%) deaths were in 70+ year olds. Of the 678 total deaths in BC to date, 496 (73%) were associated with a care facility outbreak and 606 (89%) were 70+ years old. Overall, males comprise 22,123/43,508 (51%) cases, 1,343/2,304 (58%) hospitalizations, 349/565 (62%) ICU admissions, and 379/678 (56%) deaths to date (not shown).

Table 1. COVID-19 severe outcomes by episode date, health authority of residence, and phase, BC January 15, 2020 (week 3) – December 12, 2020 (week 50)

Health authority of residence:	FHA	IHA	VIHA	NHA	VCHA	Outside Canada	Total n/N (%)
Ever Hospitalized	1,353	119	47	131	650	9	2,309/43,628 (5)
Pre-Phase 1 & Phase 1 (17 weeks)	245	29	24	12	176	2	488/2,309 (21)
Phase 2 (5 weeks)	26	1	0	2	6	1	36/2,309 (2)
Phase 3a (11.5 weeks)	100	5	0	11	40	2	158/2,309 (7)
Phase 3b (12 weeks, excluding week 50)	865	57	17	84	380	3	1,406/2,309 (61)
Week 50	117	27	6	22	48	1	221/2,309 (10)
Ever ICU	301	32	12	56	162	2	565/43,628 (1)
Pre-Phase 1 & Phase 1 (17 weeks)	76	13	8	7	67	1	172/565 (30)
Phase 2 (5 weeks)	6	0	0	1	2	0	9/565 (2)
Phase 3a (11.5 weeks)	25	1	0	7	15	1	49/565 (9)
Phase 3b (12 weeks, excluding week 50)	163	16	3	38	70	0	290/565 (51)
Week 50	31	2	1	3	8	0	45/565 (8)
Deaths	376	6	8	15	273	0	678/43,628 (2)
Pre-Phase 1 & Phase 1 (17 weeks)	55	2	5	0	84	0	146/678 (22)
Phase 2 (5 weeks)	22	0	0	0	6	0	28/678 (4)
Phase 3a (11.5 weeks)	20	0	0	1	25	0	46/678 (7)
Phase 3b (12 weeks, excluding week 50)	215	4	1	9	135	0	364/678 (54)
Week 50	64	0	2	5	23	0	94/678 (14)

a. Cases with unknown outcome are included in the denominators (i.e. assumed not to have the specified severe outcome).

Figure 10. COVID-19 hospitalization admissions (n= 2,309) and deaths (n= 678) by episode date^a, BC January 15, 2020 (week 3) – December 12, 2020 (week 50)



a. Note that in previous reports (week 48 and earlier) this figure was displayed only using available admission and death dates. With this week's report, data are displayed by episode date (i.e. date of hospital admission or date of death, and if those dates are missing, then report date).

E. Age profile, severe outcomes

As shown in [Table 2](#) and [Figure 11](#), adults 70+ years comprise 10% of COVID-19 cases, commensurate with their share of the general population of BC (13%), but are greatly over-represented among hospitalizations (44%) and deaths (89%).

Older adults 60-69 years comprise 8% of COVID-19 cases, and a greater proportion of hospitalizations (17%) but a commensurate proportion of deaths (7%) relative to their share of the BC population (13%).

Adults 40-59 years comprise 28% of COVID-19 cases and 24% of hospitalizations, which is commensurate with their share of the BC population (27%), but they are under-represented among COVID-19 deaths (4%).

Adults 20-39 years comprise a greater share of COVID-19 cases (41%) than their share of the BC population (28%), but are under-represented among COVID-19 hospitalizations (13%) and deaths (<1%).

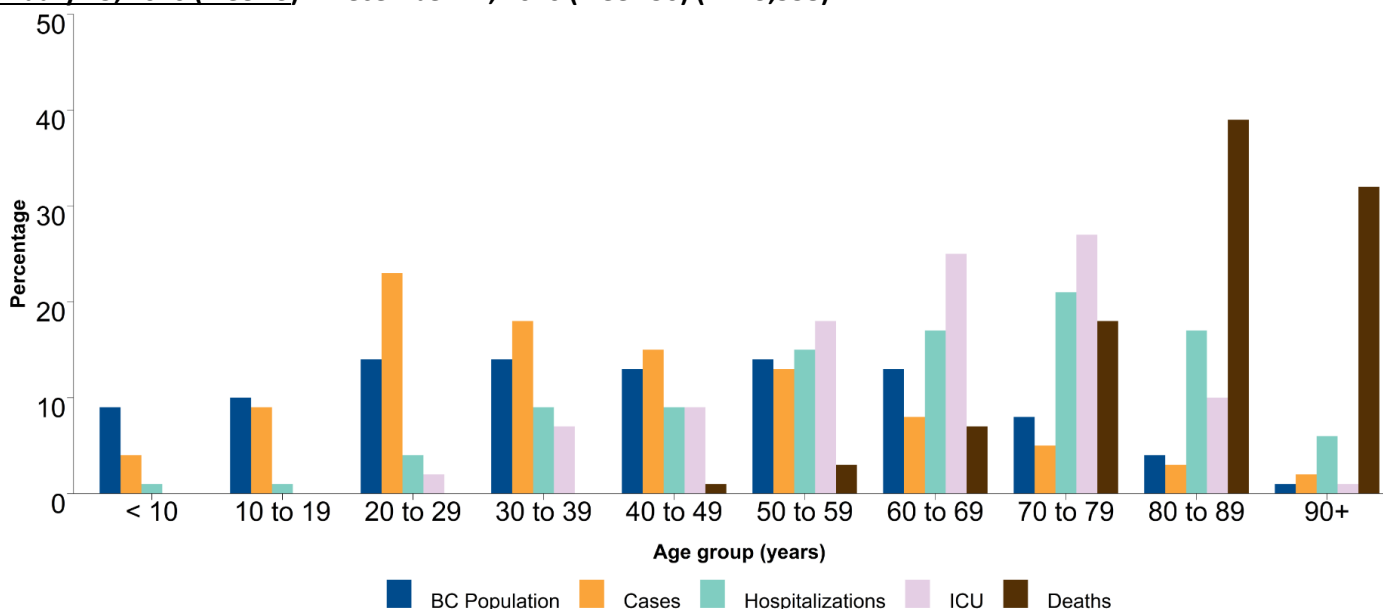
Children <20 years are under-represented overall among COVID-19 cases (13%) as well as severe outcomes (2% or less), relative to their share of the BC general population (19%).

Median age after vs. before Phase 3a is younger for hospitalizations (65 vs. 69 years) but similar for deaths (86 vs. 85 years).

Table 2. Age distribution^a: COVID-19 cases, hospitalizations, ICU admissions, deaths and BC population January 15, 2020 (week 3) – December 12, 2020 (week 50)

Age group (years)	Cases n (%)	Hospitalizations n (%)	ICU n (%)	Deaths n (%)	General BC population n (%)
<10	1,736 (4)	21 (1)	0 (0)	0 (0)	469,351 (9)
10-19	3,944 (9)	20 (1)	0 (0)	0 (0)	527,805 (10)
20-29	9,914 (23)	103 (4)	13 (2)	0 (0)	697,691 (14)
30-39	7,986 (18)	197 (9)	37 (7)	1 (<1)	735,052 (14)
40-49	6,506 (15)	215 (9)	53 (9)	8 (1)	646,035 (13)
50-59	5,685 (13)	340 (15)	102 (18)	17 (3)	718,272 (14)
60-69	3,539 (8)	402 (17)	141 (25)	46 (7)	673,131 (13)
70-79	2,067 (5)	491 (21)	153 (27)	124 (18)	435,062 (8)
80-89	1,418 (3)	385 (17)	59 (10)	262 (39)	187,443 (4)
90+	763 (2)	132 (6)	7 (1)	220 (32)	49,726 (1)
Total	43,558	2,306	565	678	5,139,568
Median age	37	66	65	86	41

Figure 11. COVID-19 cases, hospitalizations, ICU admissions and deaths by age group, and BC population January 15, 2020 (week 3) – December 12, 2020 (week 50) (N=43,558)^a



a. Among those with available age information only.

F. Likely sources of infection

As shown in [Table 3](#) and [Figure 12](#), local contact with a known case or cluster has most often been considered the source of infection across all pandemic phases to date.

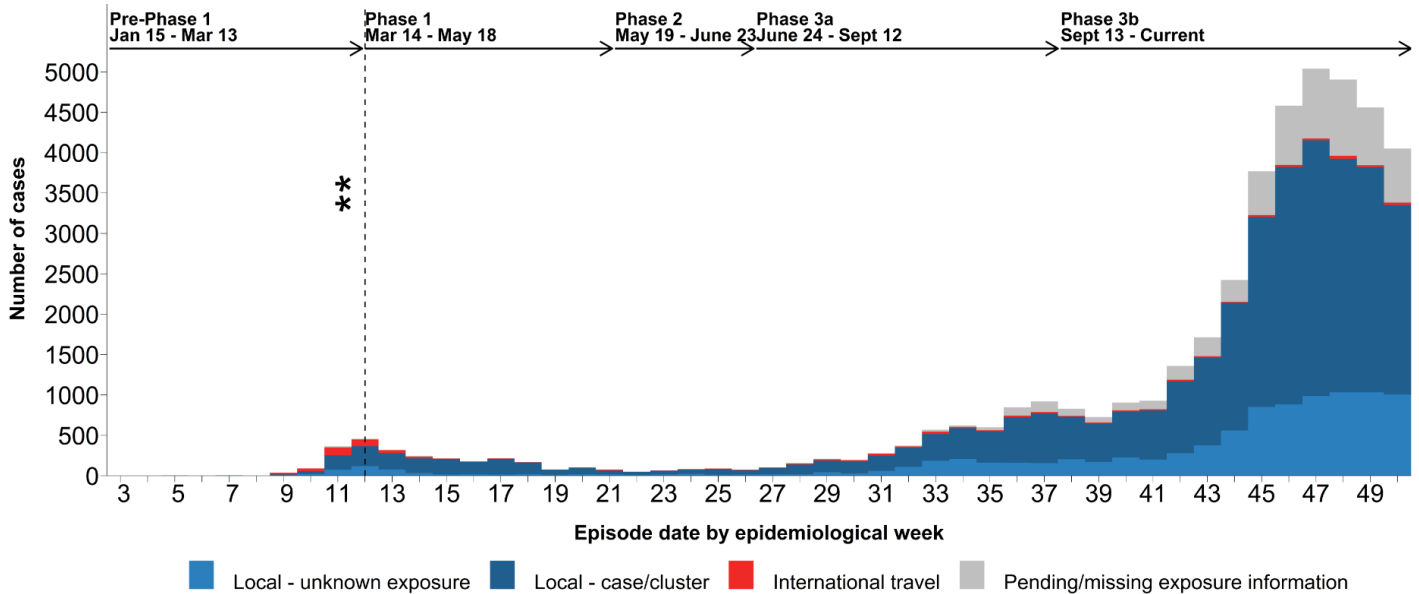
Prior to Phase 1, international travel was also a frequently cited source of SARS-CoV-2 infection in part reflecting high risk testing that targeted returning travelers. However, travel-related restrictions introduced in Phase 1 limited that contribution thereafter with clusters, such as in care facility settings, becoming a more prominent source.

Since around mid-Phase 3a more cases have cited unknown local exposure or that information remained pending or missing. International travel has been cited less often since Phase 3b and these patterns have been generally maintained through week 50 during which international travel was cited 1%.

Table 3. Likely source of COVID-19 infection by pandemic phase of episode date, BC January 15, 2020 (week 3) – December 12, 2020 (week 50)

Phase n (row %)	International travel	Local – case/cluster	Local - unknown	Pending/missing
Pre-Phase 1	135 (30)	209 (46)	96 (21)	14 (3)
Phase 1	188 (9)	1,500 (72)	346 (17)	41 (2)
Phase 2	30 (8)	260 (69)	83 (22)	2 (1)
Phase 3a	181 (4)	3,241 (66)	1,155 (23)	347 (7)
Phase 3b (excluding week 50)	233 (1)	19,871 (63)	6,814 (21)	4,830 (15)
Week 50	31 (1)	2,347 (58)	1,005 (25)	669 (17)
Total	798 (2)	27,428 (63)	9,499 (22)	5,903 (14)

Figure 12. Likely source of COVID-19 infection by episode date, BC January 15, 2020 (week 3) – December 12, 2020 (week 50)



** March 16: Travel related restrictions introduced.

G. Care facility outbreaks

As shown in [Table 4](#) and [Figure 13](#), 224 care facility outbreaks were reported in total in BC to the end of week 50. There were 8 new care facility outbreaks reported in week 50 (4 of which were reported by FHA, 2 IHA, and 2 by VCHA), with all 8 of these outbreaks having earliest onset date in preceding weeks. Facility outbreak tallies by earliest onset date are highest thus far in week 46 (26 outbreaks).

Seventy-three of the 94 deaths in total (78%) reported in week 50 in BC involved adults in a care facility setting in FHA (49 deaths), VCHA (20 deaths), NHA (2 deaths) and VIHA (2 deaths). Of the 73 deaths, 69 were elderly adults 70+ years.

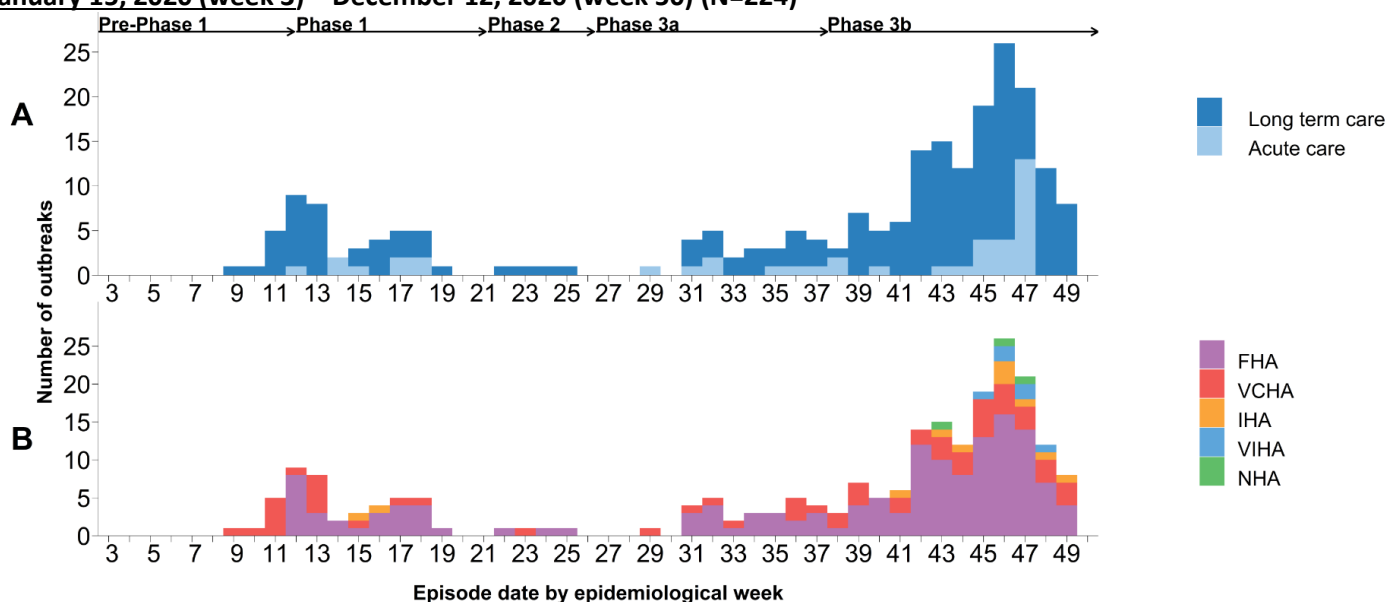
Of 35,800 cases overall in BC with episode date in Phase 3b (i.e. weeks 38-50), 2,539 (7%) were associated with a care facility outbreak, a proportion slightly higher than Phase 3a overall (185/4,924; 4%), but lower than before Phase 3a (605/2,904; 21%).

Almost three-quarters of all COVID-19 deaths in BC have been associated with care facility outbreaks (496/678; 73%). Of those 496 facility outbreak-associated deaths, more than half have occurred since the week 38 start of Phase 3b (336; 68%).

Table 4. COVID-19 care facility outbreaks^a and associated cases and deaths by phase of episode date, BC January 15, 2020 (week 3) – December 12, 2020 (week 50) (N=224)

	Outbreaks	Cases				Deaths			
		Residents	Staff/visitors	Unknown	Total	Residents	Staff/visitors	Unknown	Total
Total	224	2,009	1,295	22	3,326	496	0	0	496
Pre-/Phase One (17 weeks)	45	326	207	0	533	96	0	0	96
Phase 2 (5 weeks)	4	51	18	0	69	25	0	0	25
Phase 3a (11.5 weeks)	27	92	93	0	185	39	0	0	39
Phase 3b (12 weeks, excluding week 50)	148	1,281	839	13	2,133	263	0	0	263
Week 50	0	259	138	9	406	73	0	0	73
Active outbreaks ^b	66	-	-	-	-	-	-	-	-
Outbreaks declared over ^b	157	-	-	-	-	-	-	-	-

Figure 13. COVID-19 care facility outbreaks^a by earliest case onset^c, facility type (A) and health authority^d (B), BC January 15, 2020 (week 3) – December 12, 2020 (week 50) (N=224)



- a. Long term care facilities include: group homes (community living), independent living, assisted living, and other residential facilities. Care facility (acute/long-term care/independent living) outbreaks have at least one lab-confirmed COVID-19 staff or resident.
- b. As of December 12, 2020
- c. Earliest dates of onset of outbreak cases are subject to change as investigations and data are updated.
- d. FHA=Fraser; VCHA=Vancouver Coastal; IHA=Interior; VIHA=Vancouver Island; NHA=Northern Health Authorities

H. Clinical indicators

HealthLink calls ([Figure 14](#)) related to COVID-19 have shown an overall increasing trend from week 32 to 40 at ~13,500 calls per week but decreasing in later weeks reaching just over 10,000 calls in week 43. Calls gradually increased thereafter, to ~15,000 calls in week 47, to later decrease to ~12,500 in week 50.

BC Medical Services Plan (MSP) general practitioner claims ([Figure 15](#)) related to COVID-19 (including telehealth billings) showed slight increase from week 37 reaching >5,000 visits in week 40 but decreasing thereafter to around 3,300 visits in weeks 42 and 43. Visits then gradually increased reaching >6,000 visits in week 48. MSP claims have decreased slightly in weeks 49 and 50 to ~4,500 visits.

Figure 14. HealthLink BC calls related to COVID-19, BC
March 1, 2020 (week 10) – December 12, 2020 (week 50)

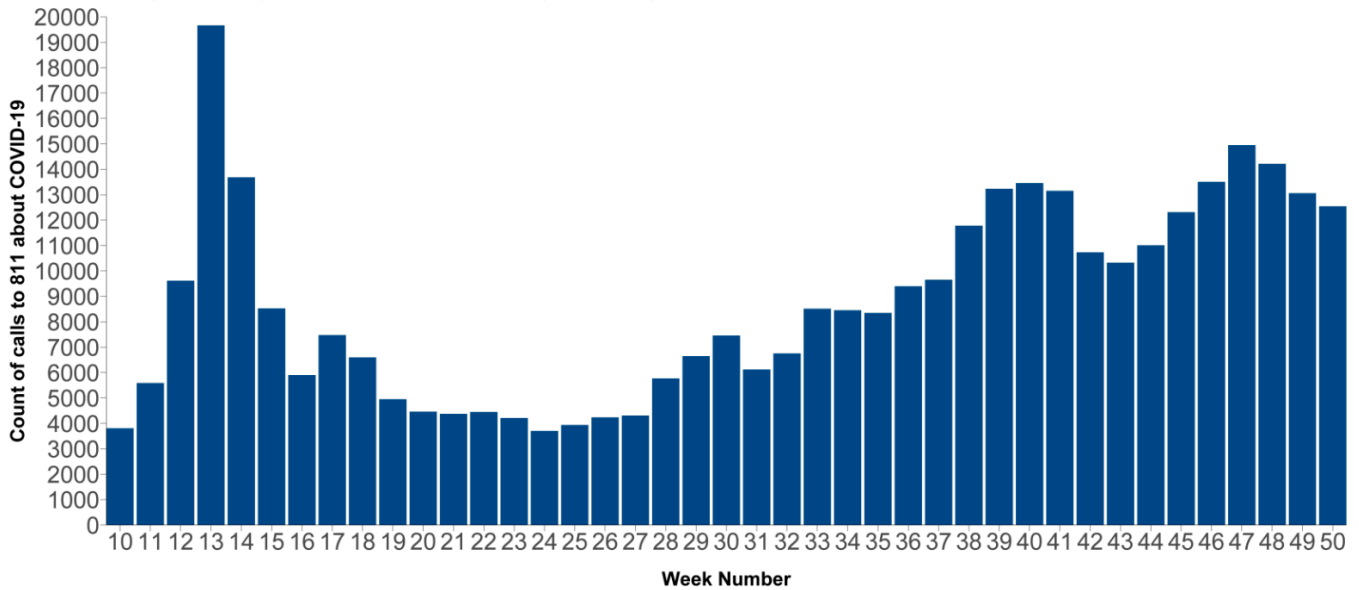


Figure 15. Medical Service Plan (MSP) claims (including telehealth billings) for COVID-19, BC
March 1, 2020 (week 10) – December 12, 2020 (week 50)

