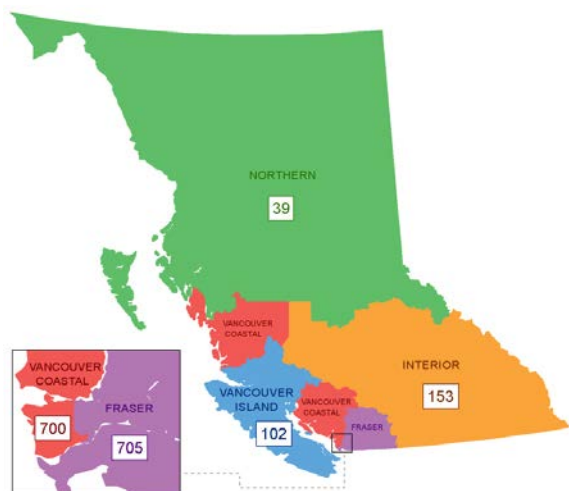


British Columbia COVID-19 Daily Situation Report, April 20, 2020*

Figure 1: Map of COVID-19 confirmed cases reported by health authority, BC, January 1 – April 20, 2020 (N=1,699)



Key messages

- The number of new reported cases has fluctuated since the beginning of April, but is generally lower than in March (Table 1, Figure 3).
- The testing percent positivity has decreased since mid-April (Figure 4).
- There have been 31 outbreaks in care facilities and other settings, of which 25 are currently active. The majority of outbreaks are reported in care facilities (Figure 5).
- The number of cases in critical care and in hospital has decreased since mid-April (Fig 7 and 8).

Table 1: Epidemiological profile of reported cases by health authority, BC, January 1 – April 20, 2020 (N=1,699)

	Fraser	Interior	Vancouver Island	Northern	Vancouver Coastal	Total N (%) ^a
Total number of cases	705	153	102	39	700	1,699
New cases since yesterday	14	2	1	0	6	23
Median age in years, cases ^b	52	49	56	44	57	54 years (range 0-102 years)
Female sex, cases	344	80	53	25	363	865/1,642 (53%)
Ever hospitalized^c	190	27	22	9	132	380 (22%)
Median age in years, ever hospitalized ^b	68	62	72	40	69	69 years (range 0-98 years)
Currently hospitalized ^c	52	11	6	3	32	104
Currently in critical care^d	23	5	2	2	17	49
Total number of deaths^c	24	1	3	0	58	86 (5%)
New deaths since yesterday	2	0	0	0	0	2
Median age in years, deaths ^b	81	- ^e	87	NA	87	86 years (range 47-101 years)
Discontinued isolation^f	372	95	71	30	471 ^g	1,039 (61%)

^a Denominator for % derivation is total number of cases (N), except sex for which denominator is as specified for those with known information on sex.

^b Median age is calculated based on those with known information for all, hospitalized, and deceased cases (n=1639, 373, and 85, respectively).

^c Serious outcomes (i.e., hospitalization, death) may be incomplete or out of date (i.e., under-estimates) owing to the timing and process for case status update.

^d Source: PHSa April 20 @10am. The number of COVID cases in critical care units is reported daily by each Health Authority and includes the number of COVID patients in all critical care beds (e.g., intensive care units; high acuity units; and other surge critical care spaces as they become available and/or required). Work is ongoing to improve the completeness and accuracy of the data reported.

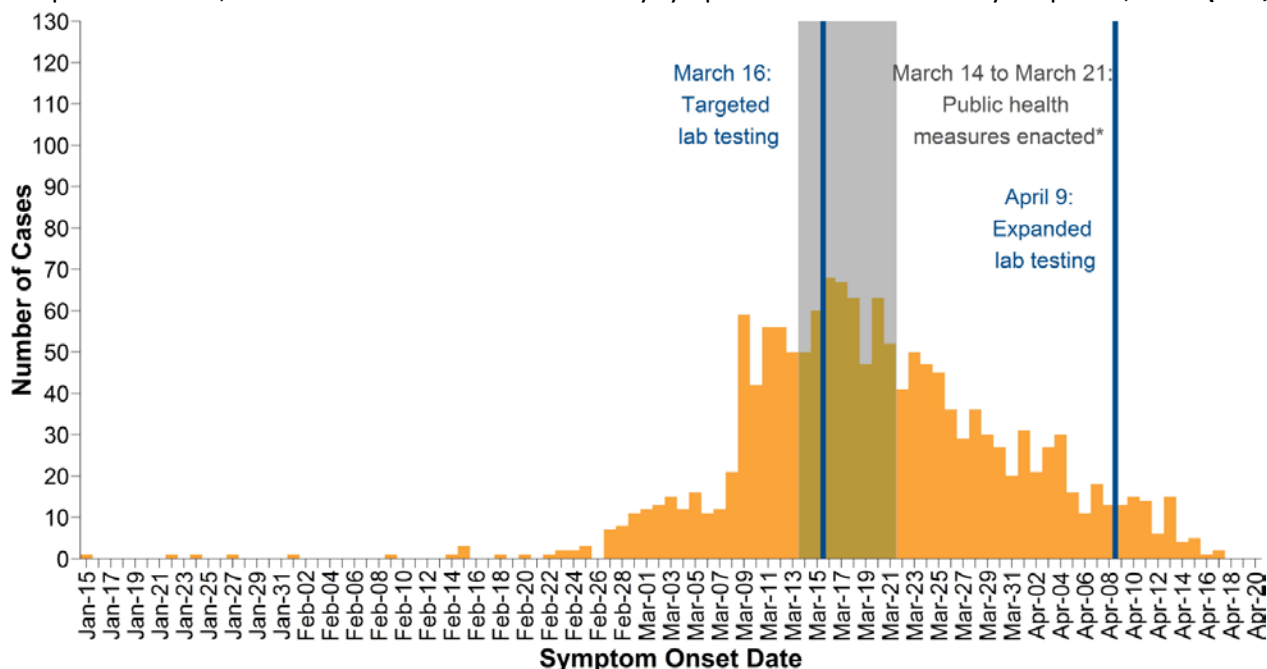
^e Single case, median age not shown.

^f Self-isolation has been discontinued per the criteria outlined in [BC guidelines for public health management of COVID-19](#): (1) resolution of fever without use of fever-reducing medications; AND (2) improvement of symptoms (respiratory, gastrointestinal and systemic); AND (3) either two negative nasopharyngeal swabs collected at least 24 hours apart, or at least 10 days have passed since onset of symptoms. These are the same criteria that had been used in previous reports for "recovered" cases.

^g In reports prior to April 8, the VCH numbers of recovered was determined by an algorithm that counted all cases who had passed 10 days since their onset. Now VCH is counting those that meet the provincial definition above. The decrease in number recovered in VCH can be explained by those who have passed 10 days since their onset, but whose symptoms may not have improved.

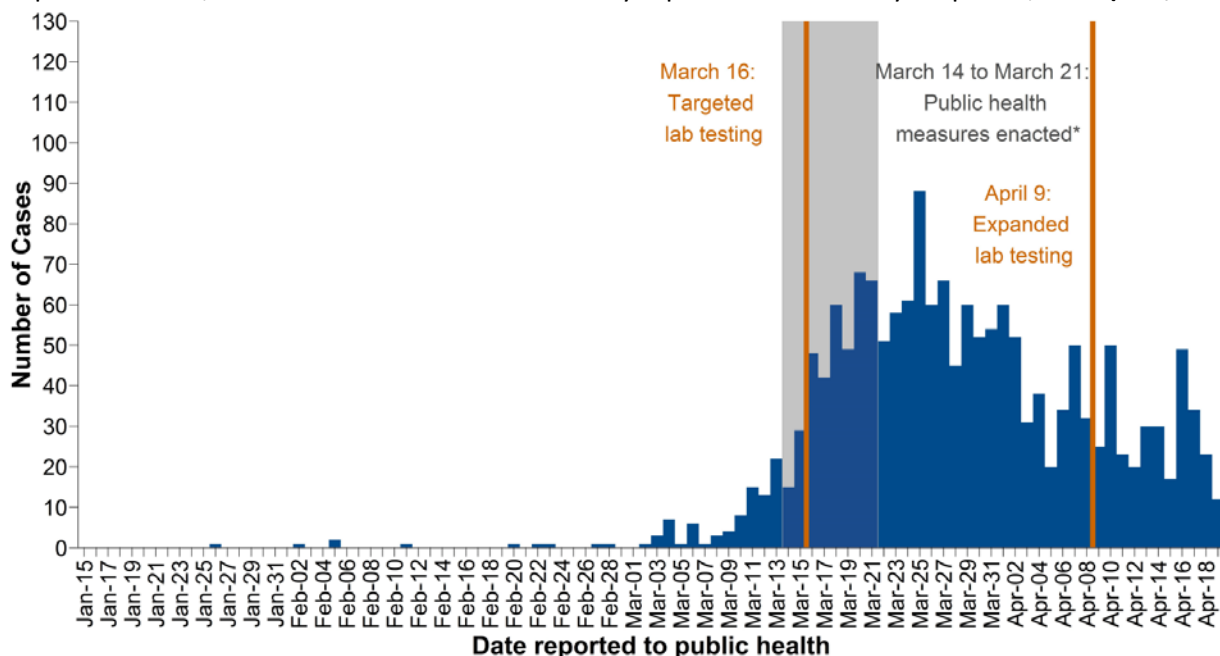
*All findings are based on laboratory-confirmed cases reported from Health Authorities to BCCDC as of 10:00 AM PT, except where otherwise noted. Data represent a subset of actual cases and are subject to change with changes in testing recommendations and practices, reconciliation and/or as data become more complete.

Figure 2: Epidemic curve, confirmed COVID-19 cases in BC by symptom onset date January 1-April 20, 2020 (N=1,494[†])



[†] Only cases with symptom onset dates reported are included.

Figure 3: Epidemic curve, confirmed COVID-19 cases in BC by reported date January 1-April 19, 2020 (N=1,696[‡])

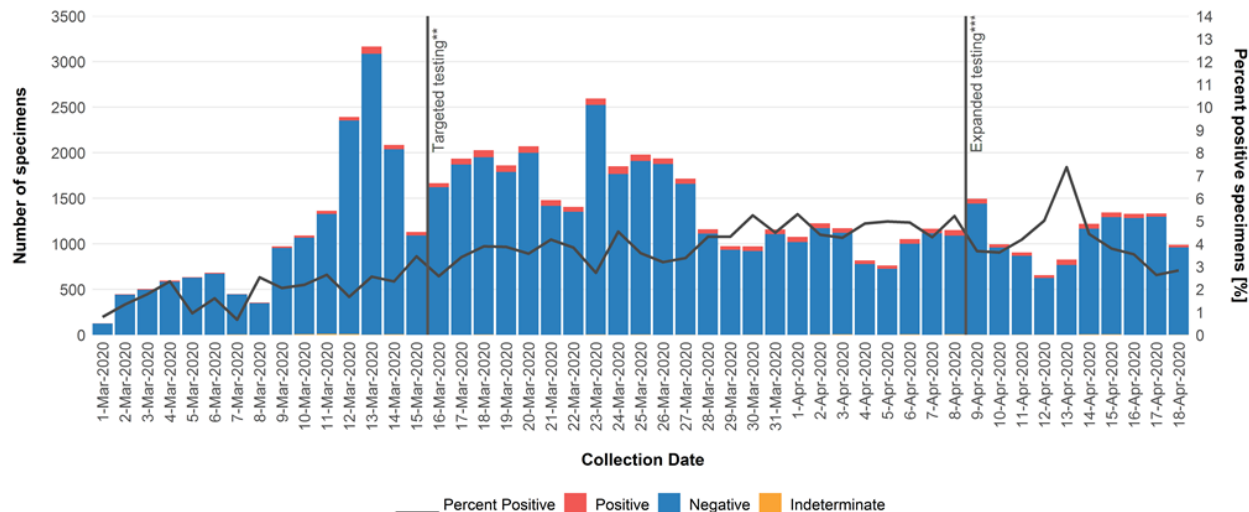


[‡] Cases reported on the same day as this report are excluded as only a portion are available at the time the data are extracted.

*A number of public health measures were enacted during the week shaded in grey. These include: March 14: Spring break started for most schools; March 16: Mass gatherings public health order implemented (>50 people), entry of foreign nationals banned, symptomatic individuals banned from flights to Canada, international flights restricted to four national airports; March 17: BC public health emergency declared, traveller self-isolation public health order implemented; March 18: Provincial state of emergency declared, food and drink service restrictions public health order implemented; March 20: US/Canada border closed to non-essential travel; March 21: closure of personal service establishments. Please refer to footnote in Figure 4 for laboratory testing criteria changes.

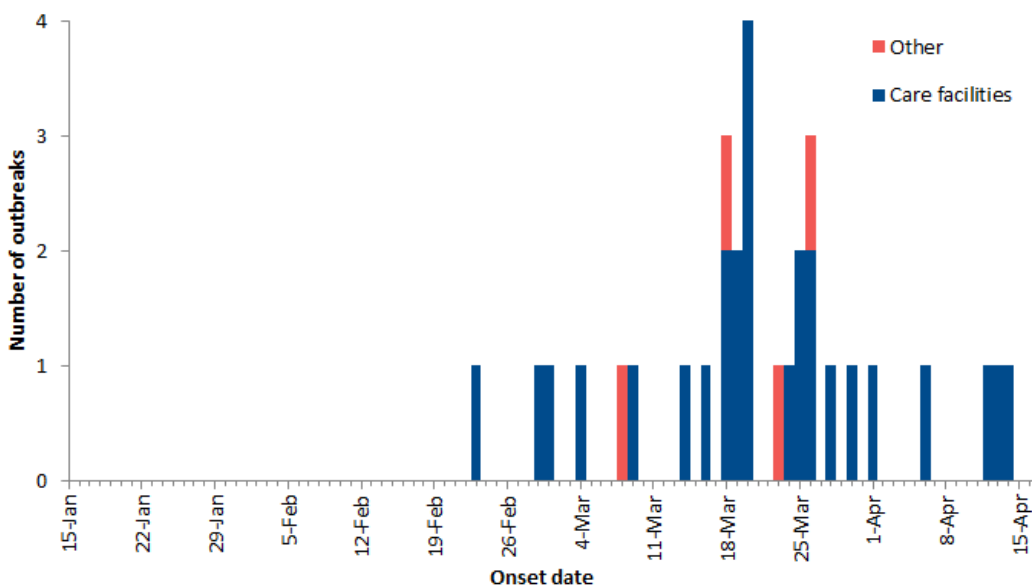
How to interpret the epidemic curves: Figure 2 shows the date that a case’s illness started. Figure 3 shows the date the illness was confirmed and reported by the laboratory. There is a delay between the beginning of a person’s illness (symptom onset date) and the date the laboratory confirms and reports the illness (reported date). New cases only have a reported date available and appear on the right of the curve in Figure 3, but their symptom onset would have occurred prior. As information on symptom onset becomes available through public health investigation, cases are expected to appear on earlier dates in Figure 2.

Figure 4: Number and proportion of SARS-CoV-2 positive respiratory specimens, BC, March 1-April 18, 2020 (N=62,313; Positive=3.5%)



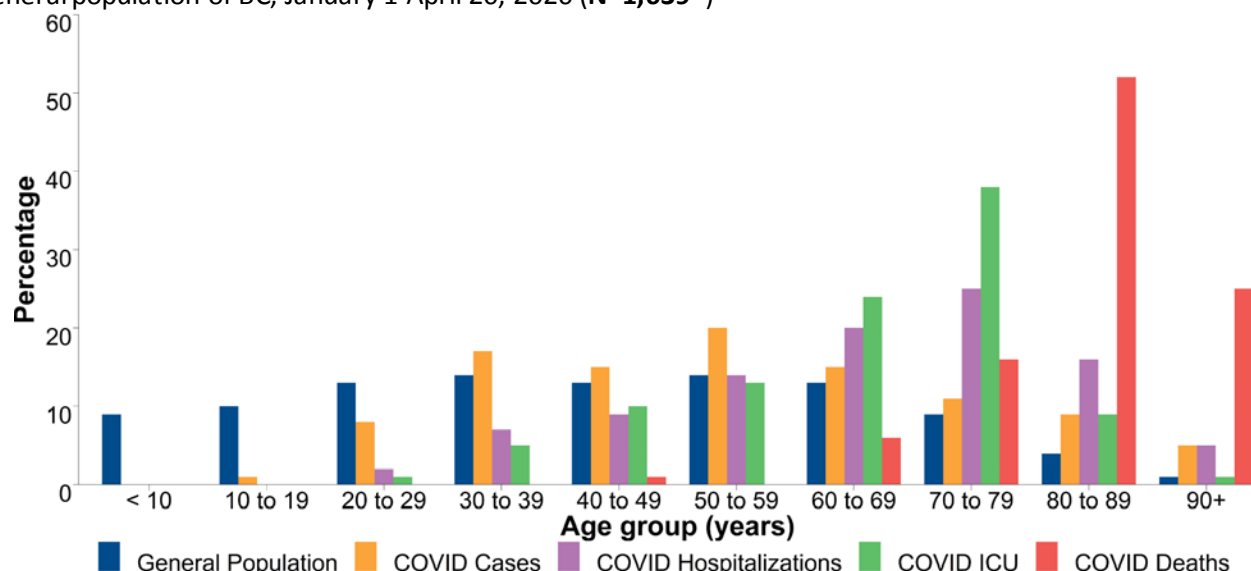
Data source: PLOVER extract on April 20, 2020. Participating laboratories include: BCCDC Public Health Laboratory, Vancouver General Hospital, BC Children’s & Women’s Hospital, St. Paul’s Hospital, Victoria General Hospital Microbiology Laboratory, Kelowna General Hospital Microbiology Laboratory, and LifeLabs® laboratories. Methods and Caveats: SARS-CoV-2 specimens are tallied at the specimen level by date the specimen was collected. The proportion positive on a given date may include new positive cases and retested positive cases; this may over-estimate proportionate positivity. Similarly, individuals may be tested repeatedly after becoming negative; this may under-estimate proportionate positivity. The relative impact of these considerations may be greater in the earlier part of the epidemic when repeat testing was more routinely undertaken and there were fewer tests being done overall. **As of March 16, testing guidelines changed to focus on hospitalized patients, healthcare workers, long term care facility staff and residents, and those part of a cluster or outbreak who experienced respiratory symptoms. ***As of April 9, previous testing guidelines were expanded to include individuals with fever (>38°C) and cough or shortness of breath, including (a) residents of remote, isolated or Indigenous communities, (b) people living and working in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors’ residences, (c) people who are homeless or have unstable housing, (d) essential service providers (e.g. first responders), or (e) returning travellers identified at a point of entry to Canada. In addition to these priority groups, health care providers can order a COVID-19 test for any patient based on their clinical judgment.

Figure 5: COVID-19 outbreaks* by earliest date, BC, January 15-April 20, 2020 (N=31)**



* Care facility (acute/longterm care/independent living) outbreaks have at least one lab-confirmed COVID-19 staff or resident. Other outbreaks have two or more lab-confirmed COVID-19 cases diagnosed within a 14-day period in closed or common settings (e.g. penitentiary, shared living setting).
** Earliest date is date of onset of earliest case in the outbreak (or reported date of earliest case when onset is unavailable).
Note: One facility outbreak with March 16 onset has been removed due to data correction.

Figure 6: Percentage distribution of COVID-19 cases, hospitalization, ICU admissions and deaths by age, compared to the general population of BC, January 1-April 20, 2020 (N=1,639*)



*Includes 1639 cases, 373 hospitalizations, 131 ICU admissions, and 85 deceased with age information available. ICU admissions have decreased due to removal of cases in high acuity care by 1 HA.

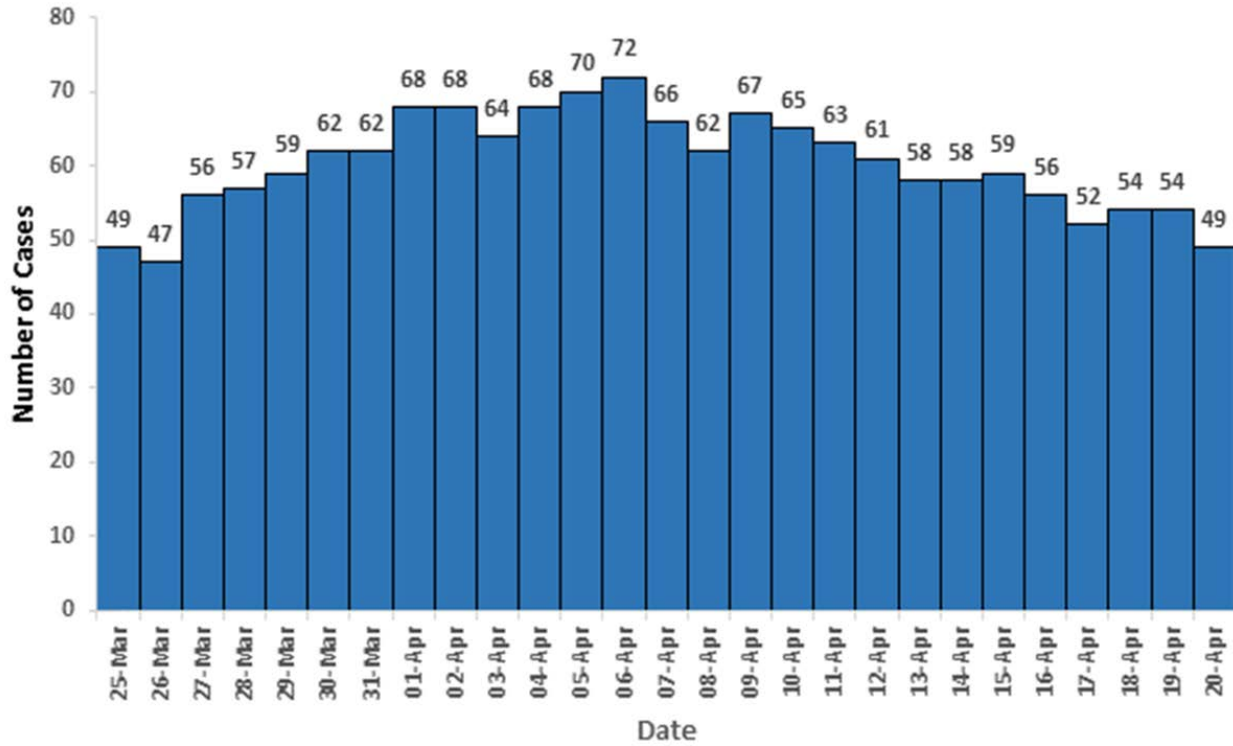
Note: COVID cases and hospitalizations have been reported in the <10y age group but represent <1% of cases and hospitalizations and are therefore not visible.

Table 2: Percentage distribution of COVID-19 cases, hospitalization, ICU admissions and deaths by age, compared to the general population of BC, January 1-April 20, 2020 (N=1,639*)

	COVID cases (%)	Cases ever hospitalized (%)	Cases ever in ICU (%) ^a	COVID deaths (%)	General population (%)
<10 Years	<1	<1	0	0	9
10-19 Years	1	<1	0	0	10
20-29 Years	8	2	1	0	13
30-39 Years	17	7	5	0	14
40-49 Years	15	9	10	1	13
50-59 Years	20	14	13	0	14
60-69 Years	15	20	24	6	13
70-79 Years	11	25	38	16	9
80-89 Years	9	16	9	52	4
90+ Years	5	5	1	25	1

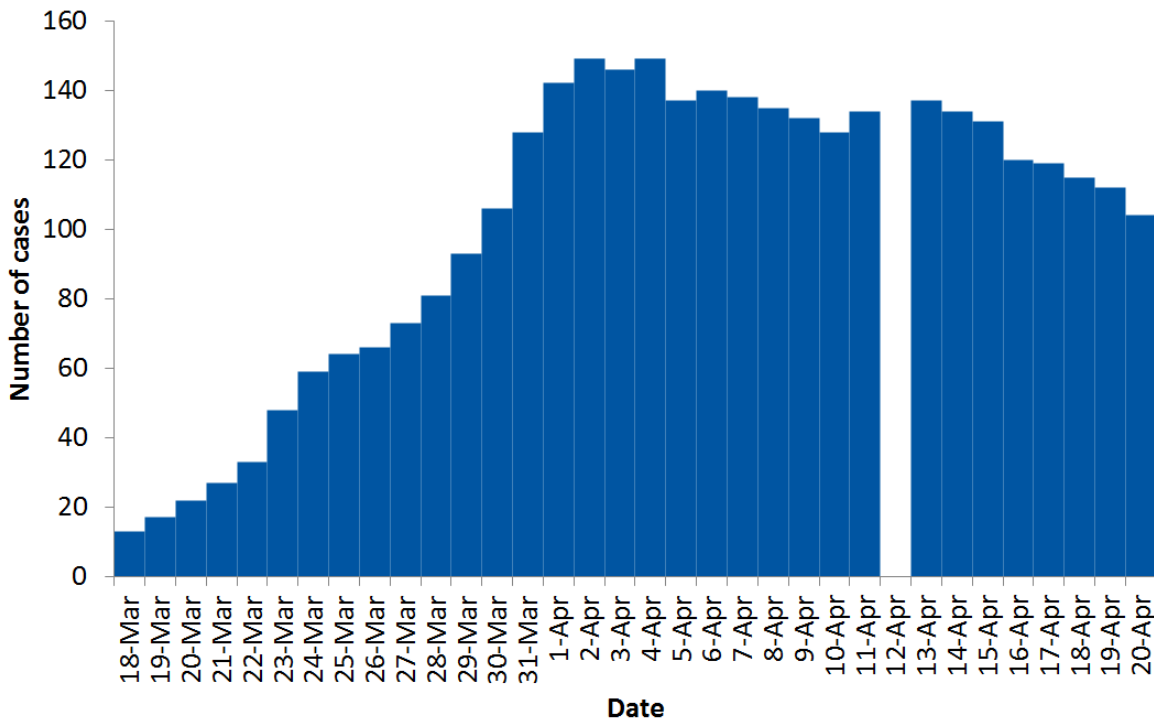
*Only cases with age information available are included. ICU admissions have decreased due to removal of cases in high acuity care by 1 HA.

Figure 7: Total positive COVID-19 cases in critical care by day, BC, March 25- April 20, 2020



Data source: PHSA April 20. Note: critical care data may change over time due to small adjustments and improvements in data quality.

Figure 8: Number of confirmed COVID-19 cases in hospital by day, BC, March 18- April 20, 2020



Data source: HA lab-confirmed case reports. Data available starting March 18 and not available for April 12.
Note: Hospitalization data may be incomplete or out of date (i.e., under-estimates) owing to the timing and process for case status update.