

COVID-19: Going Forward

- Prepared for BC Ministry of Health
- June 4, 2020



Stay Informed Via These Resources:

gov.bc.ca/Covid-19 | bccdc.ca | 1-888-COVID19

Symptom Self-Assessment:

covid19.thrive.health

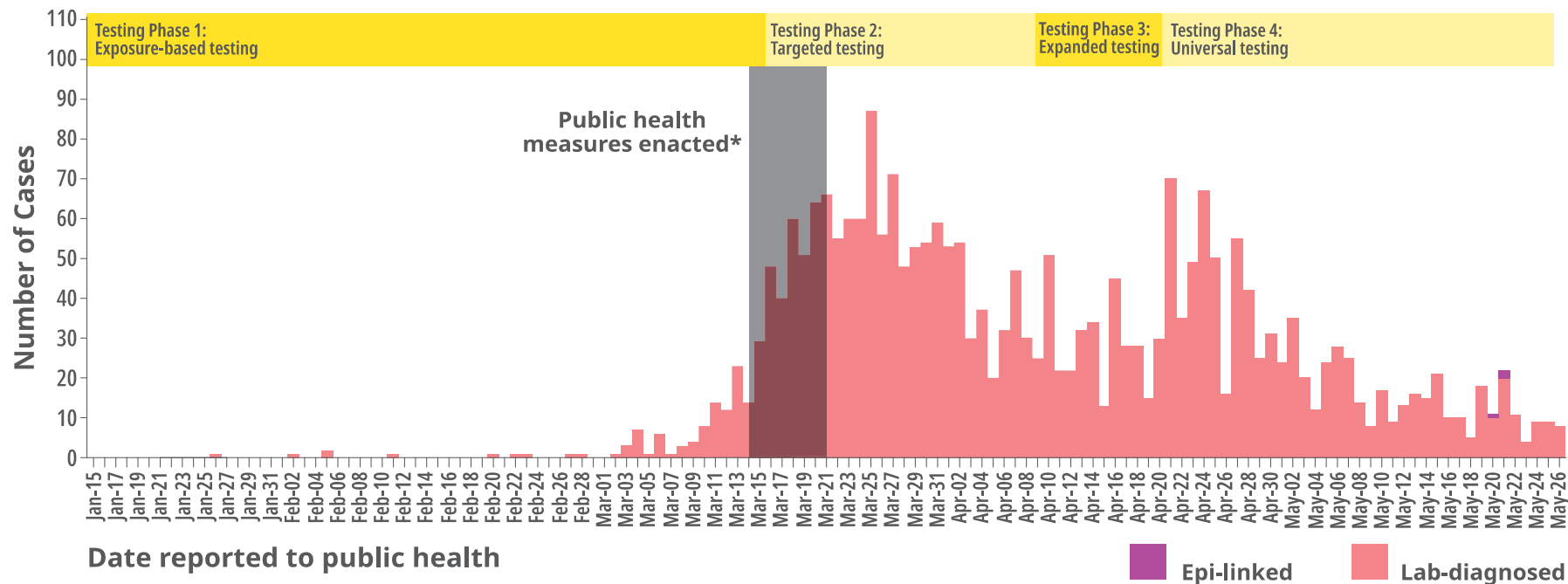


BRITISH
COLUMBIA

Epidemiology

*How and Where the Virus Has
Affected People in BC*

Epidemic Curve: Confirmed COVID-19 cases in BC by reported date January 1 and May 27, 2020 (N=2553).

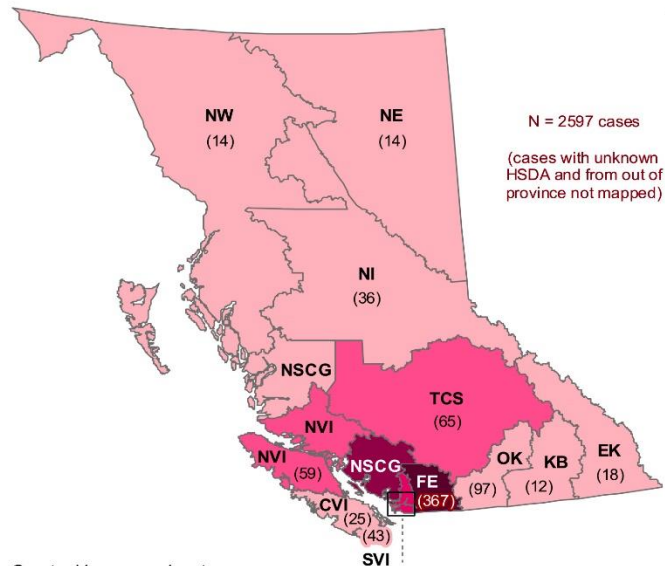


Cases reported on the same day as this report are excluded as only a portion are available at the time the data are extracted. The number of cases reported by day differs from that in Table 1 in previous reports as this figure reflects the date the case was lab-confirmed and reported to the Health Authority.

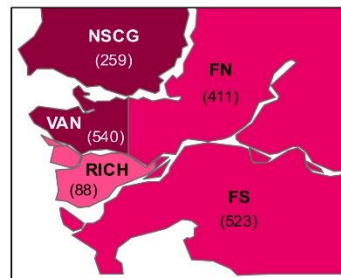
Confirmed COVID-19 Cases in BC by Health Service Delivery Area

Cumulative total: reported January 22 to May 31, 2020

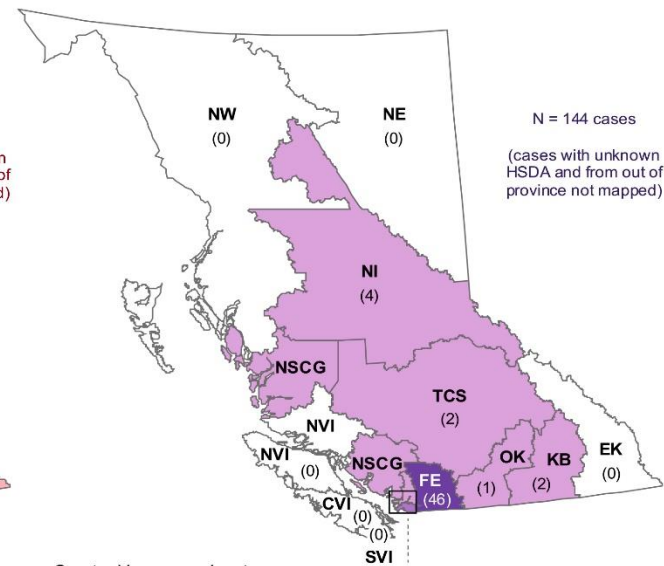
Past 14 days: reported May 18 to May 31, 2020



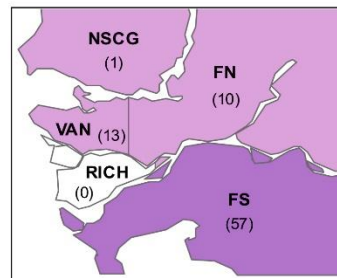
Greater Vancouver Inset



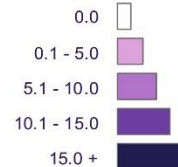
Cumulative rate per 100,000 population of COVID-19 cases



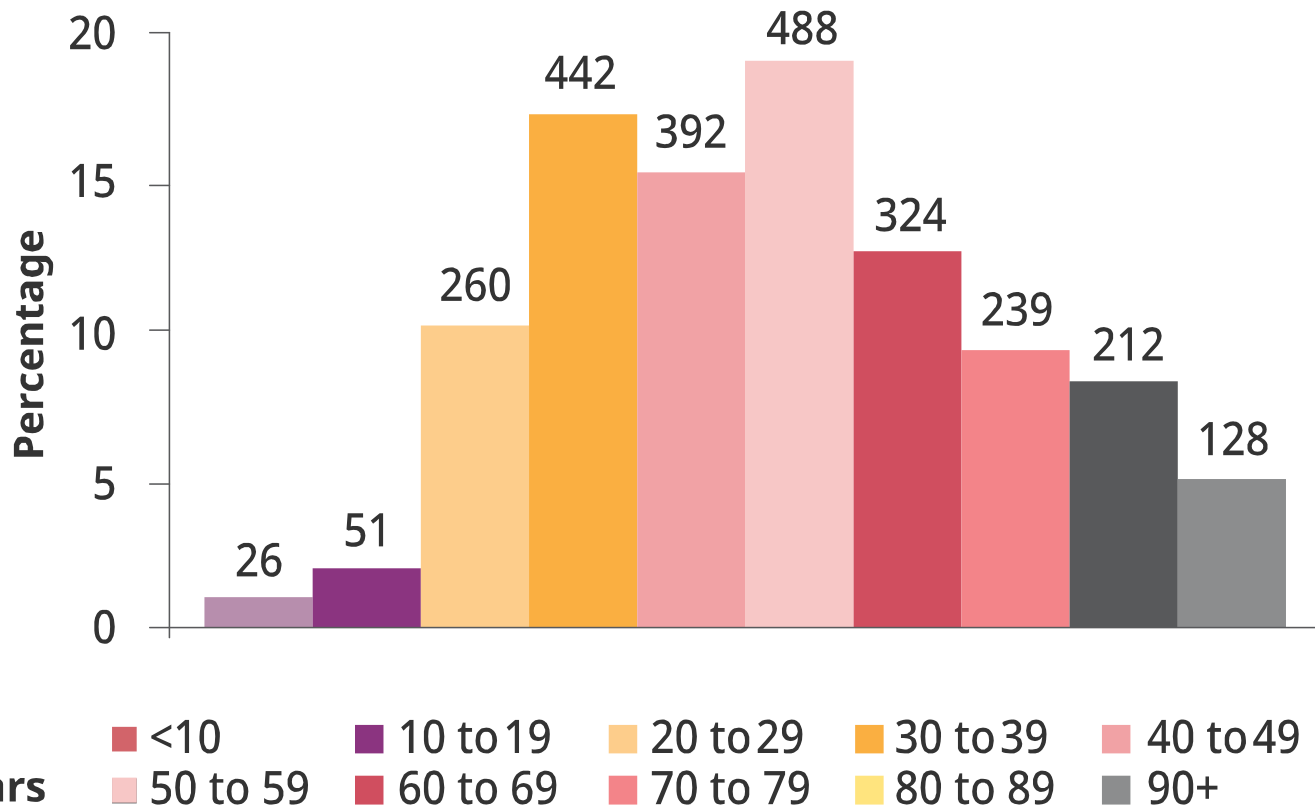
Greater Vancouver Inset



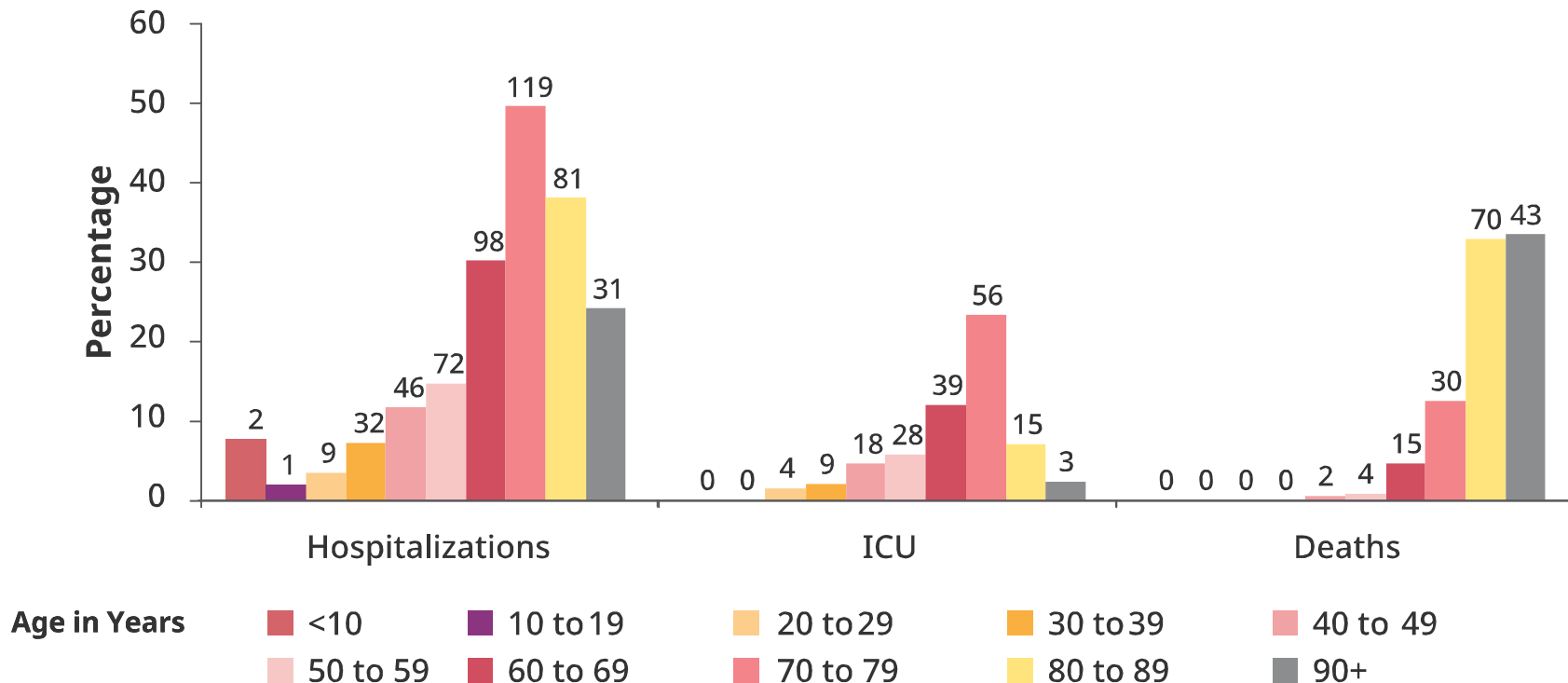
Past 14 days rate per 100,000 population of COVID-19 cases



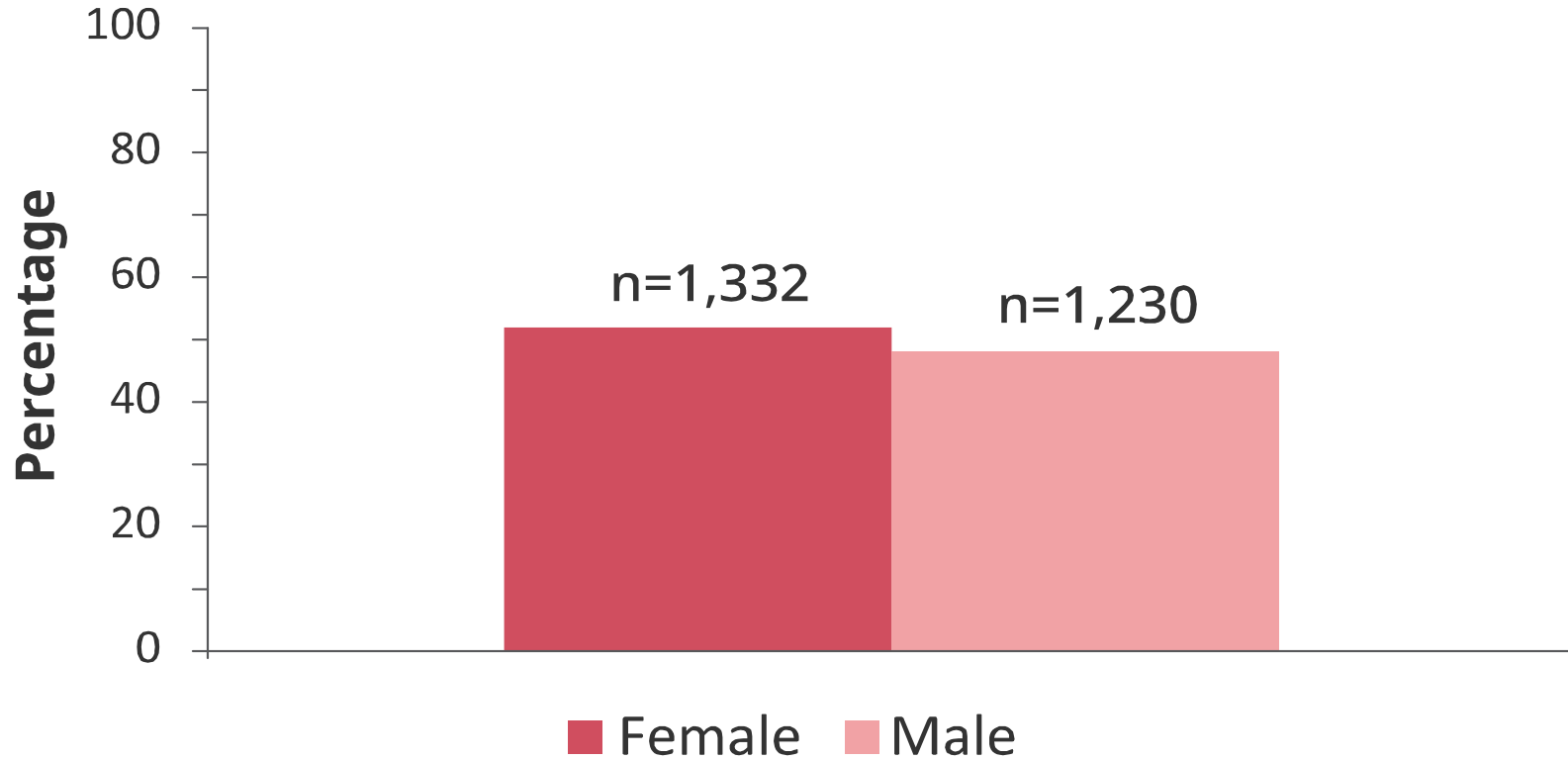
COVID-19 Cases by Age (Total N=2,562)



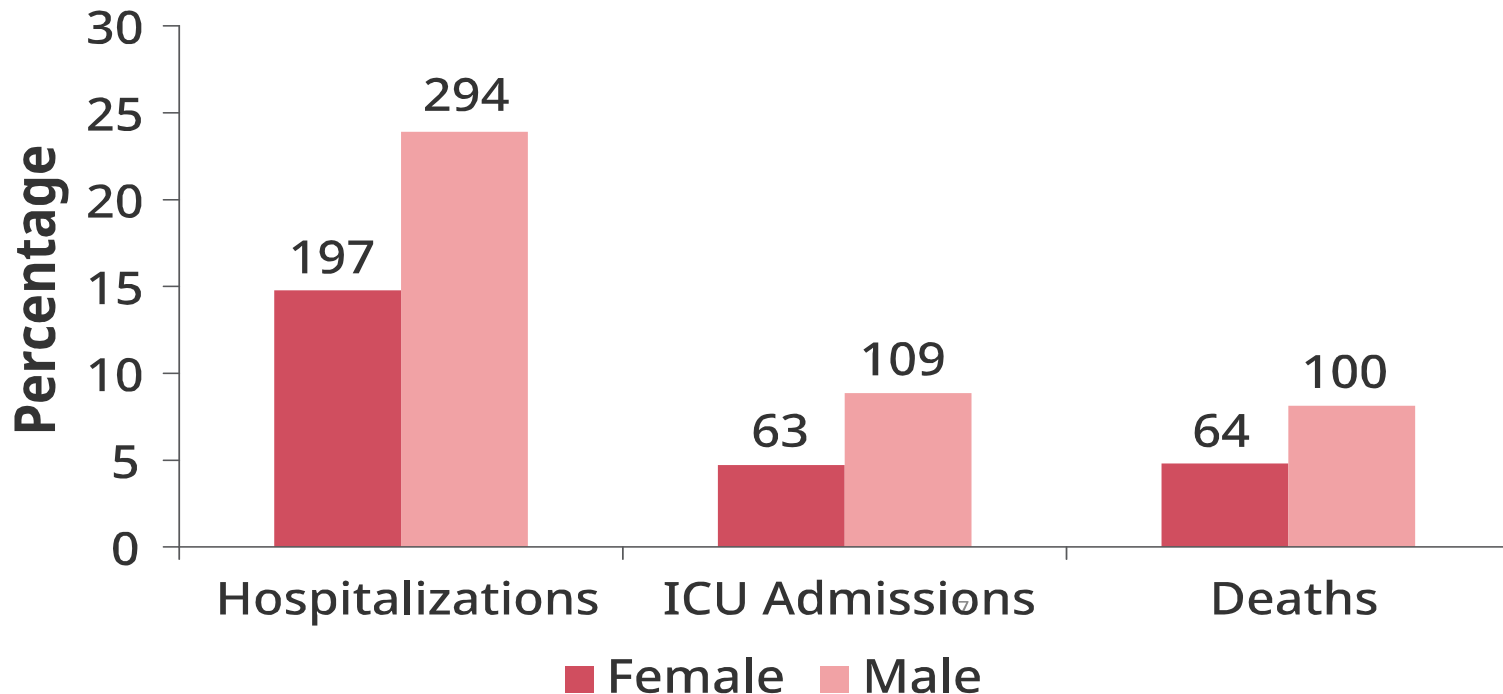
Percentage of COVID-19 hospitalizations, ICU admissions and deaths by age in BC January 1 – May 29, 2020 (N=2,562).



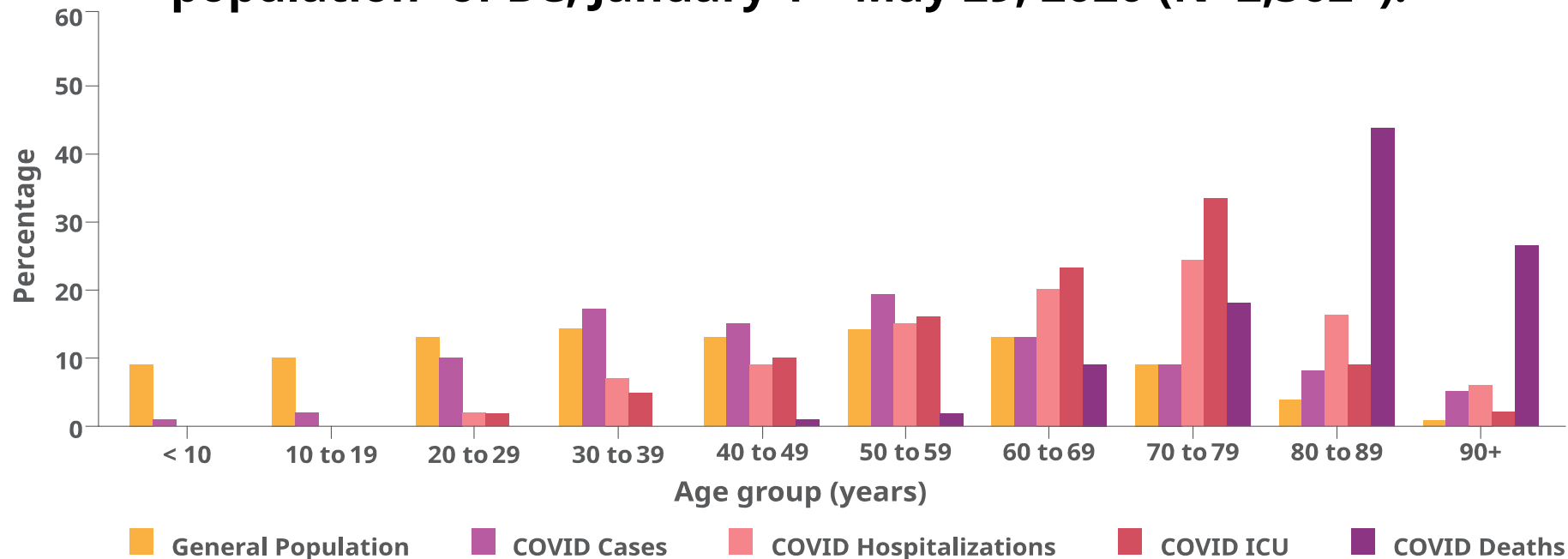
COVID-19 Cases by Sex



Percentage of COVID-19 hospitalizations, ICU admissions and deaths by age in BC January 1 – May 29, 2020 (N=2,562 cases).

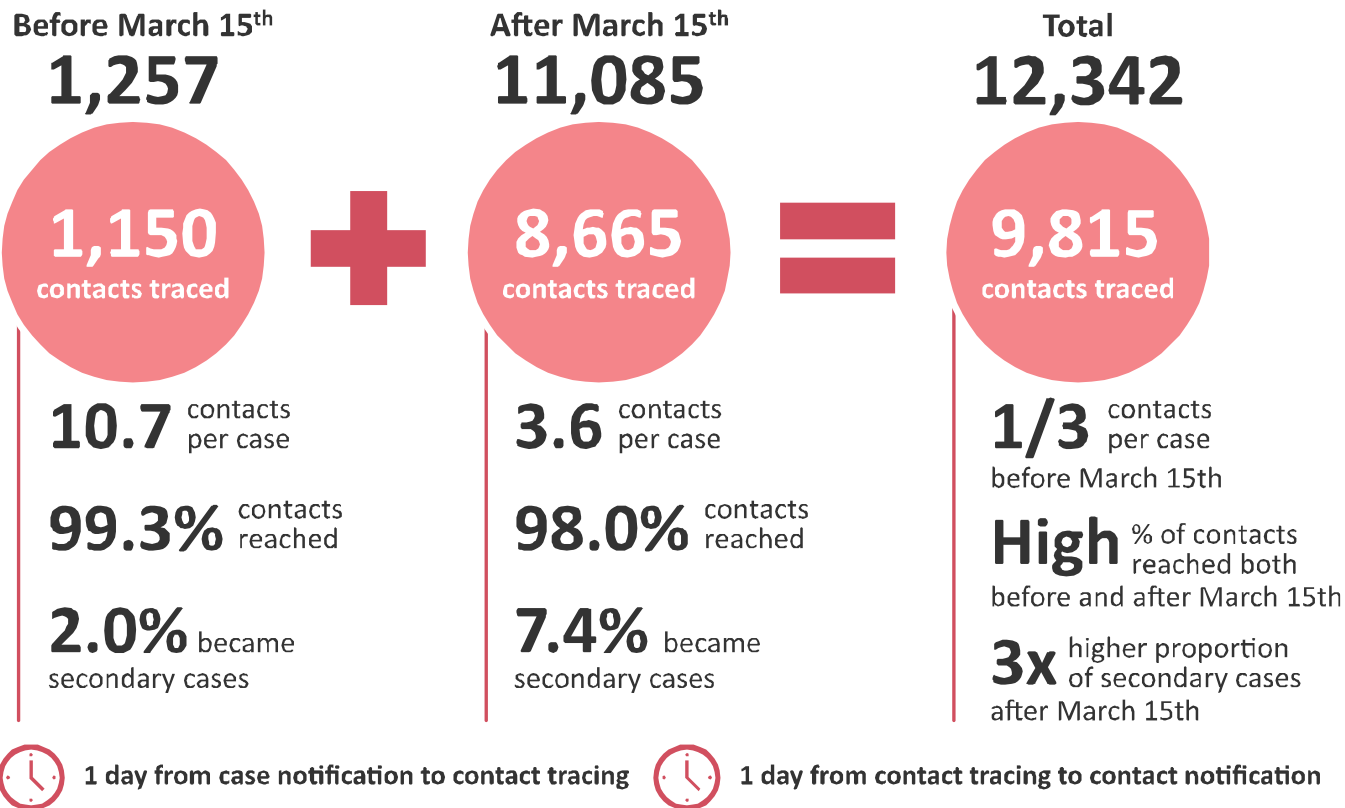


Percentage distribution of COVID-19 cases, hospitalization, ICU admissions and deaths by age, compared to the general population[†] of BC, January 1 – May 29, 2020 (N=2,562*).



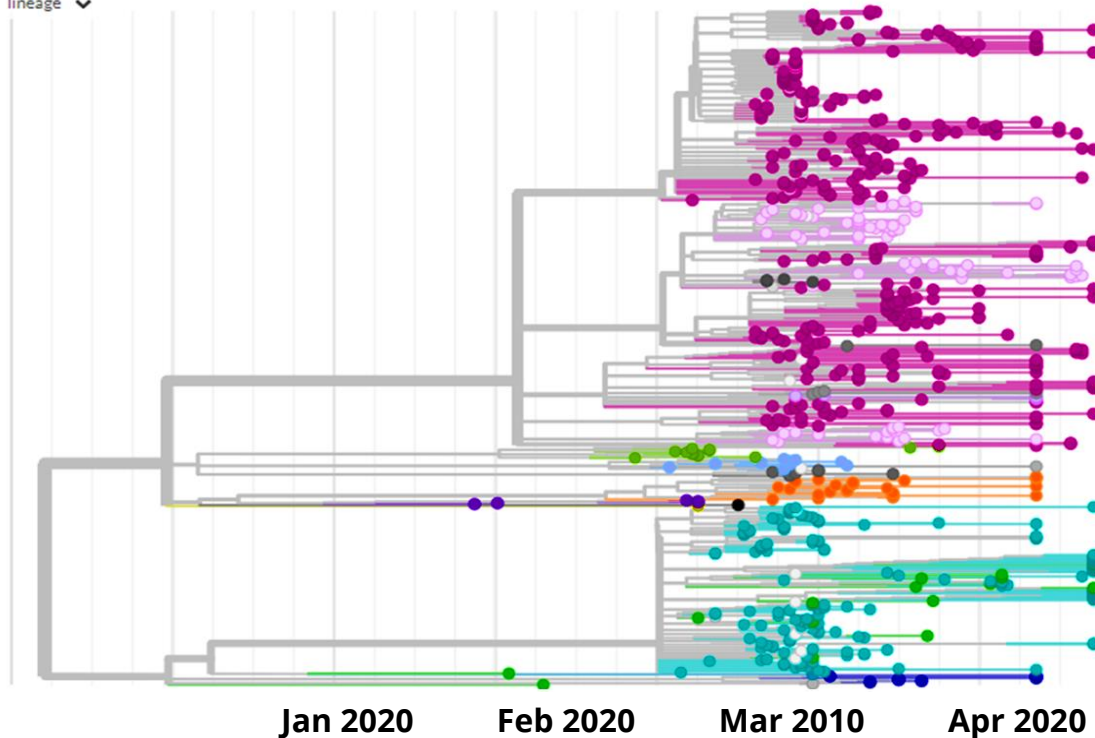
*Includes 2,562 cases, 491 hospitalizations, 172 ICU admissions, and 164 deceased with age information available. † PEOPLE2019-2020 population estimates.
 Note: COVID hospitalizations have been reported in the <10y and 10-19y age groups but represent <1% of hospitalizations and are therefore not visible.

COVID-19 Public Health Investigations Over Time



Genomic Epidemiology: Virus Origin

Phylogeny
lineage ▼



B.1 European-like & Eastern Canada

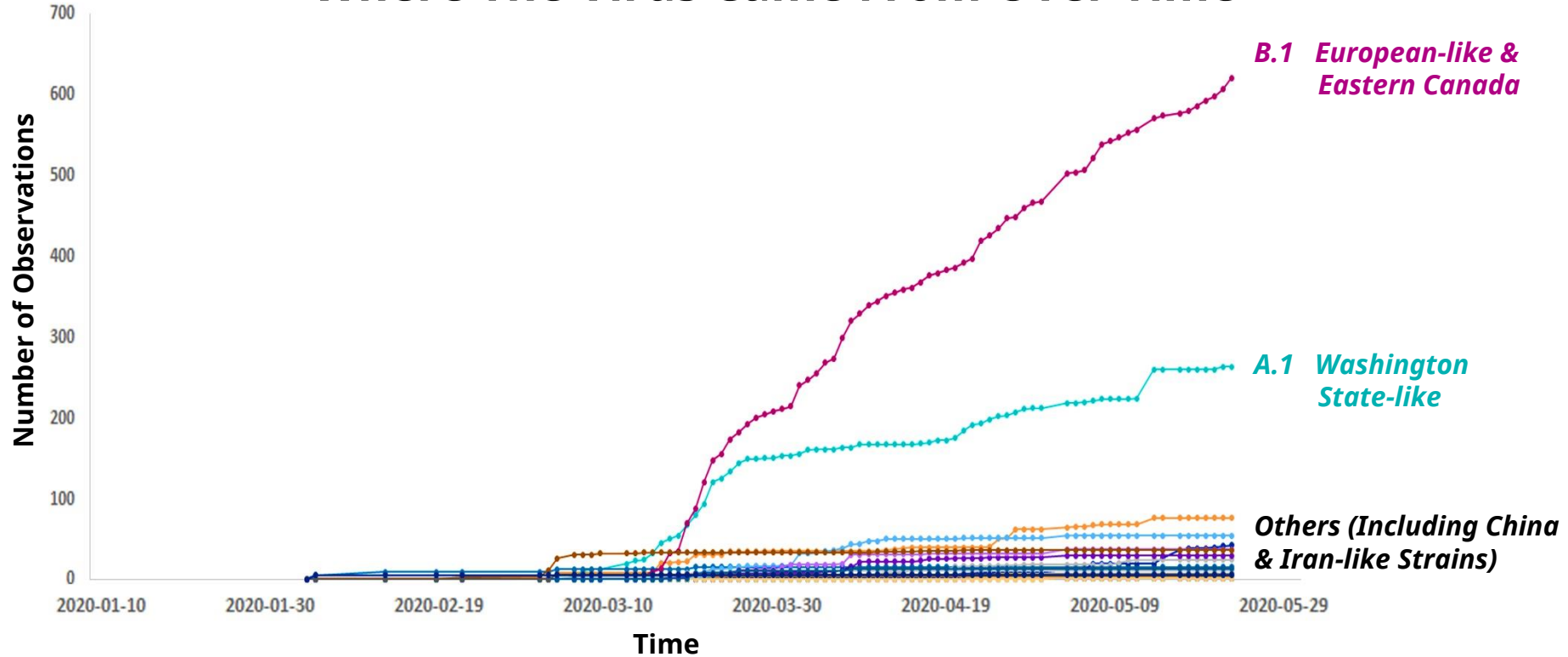
B.4 Via Iran

B.3 Mainly China

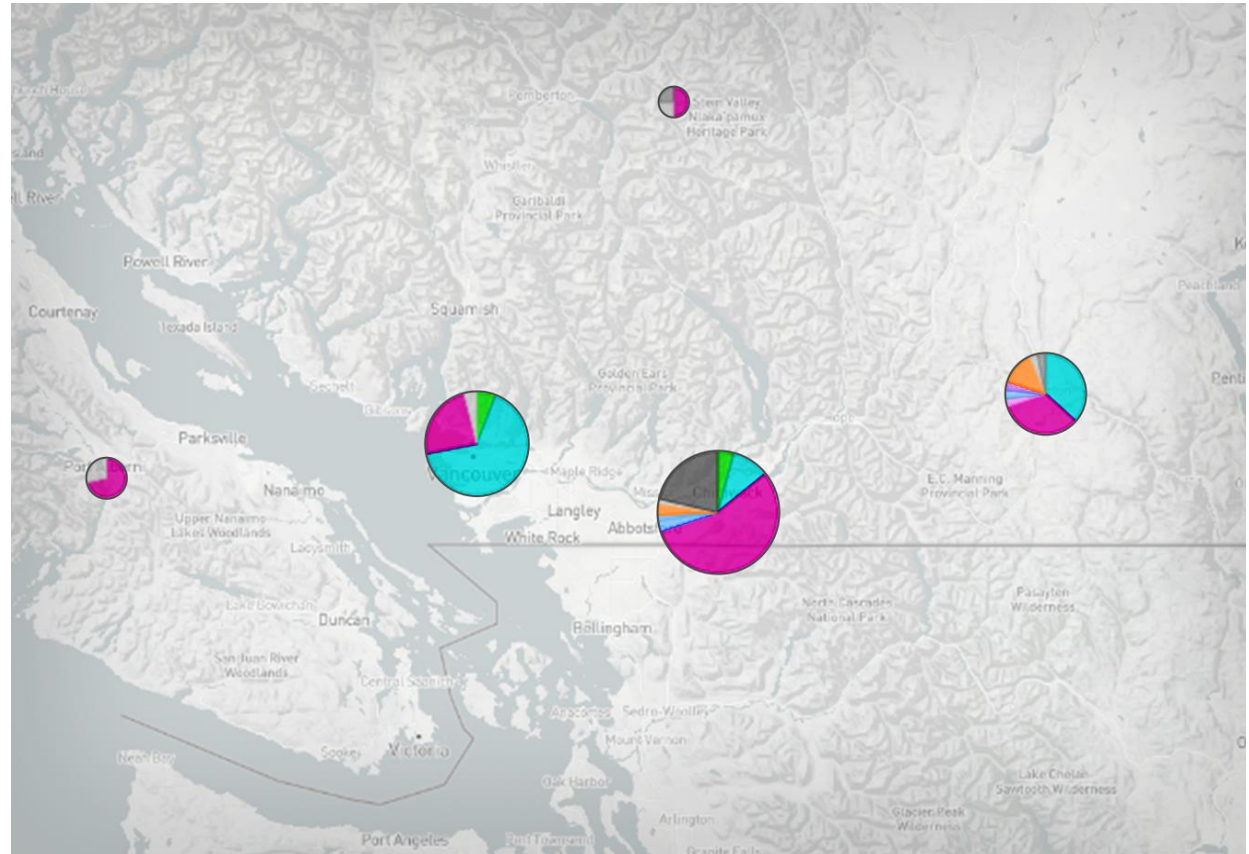
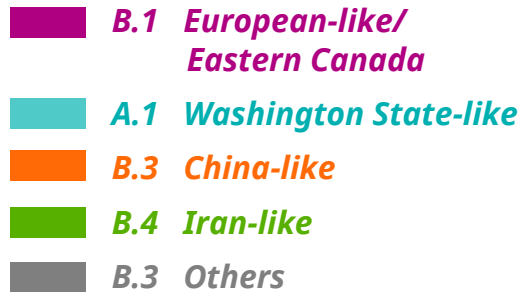
A.1 Washington State-like

B.3 Mainly China

Temporal Distribution of Virus Lineages: Where The Virus Came From Over Time



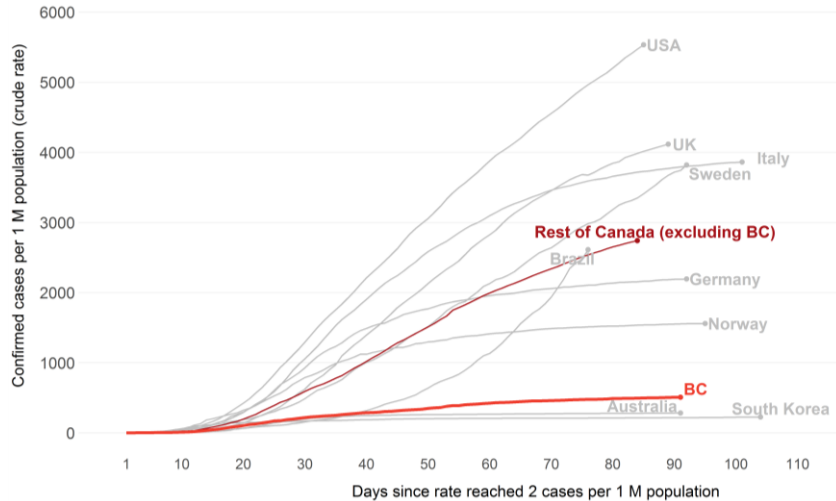
Geographic Distribution of Virus Lineages



Case Rate Comparison

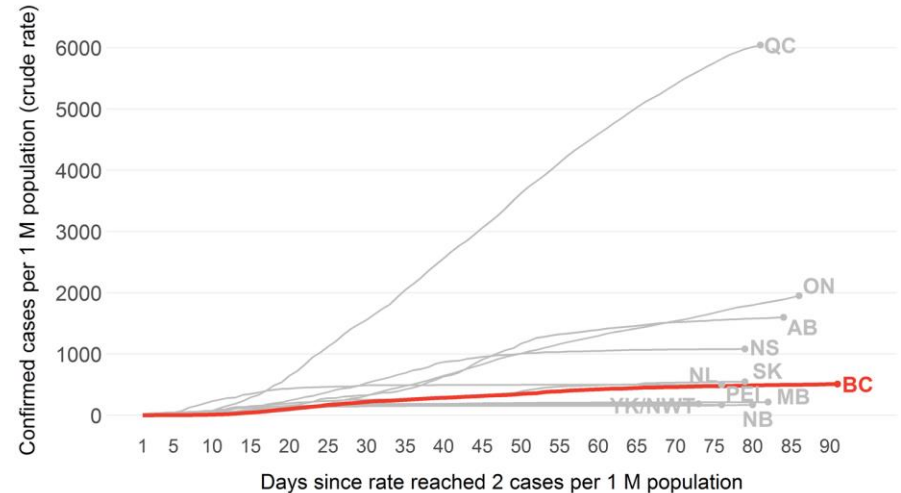
International Case Rates Comparison:

Cumulative diagnosed COVID-19 case rates by select countries vs BC and rest of Canada.



National Case Rates Comparison:

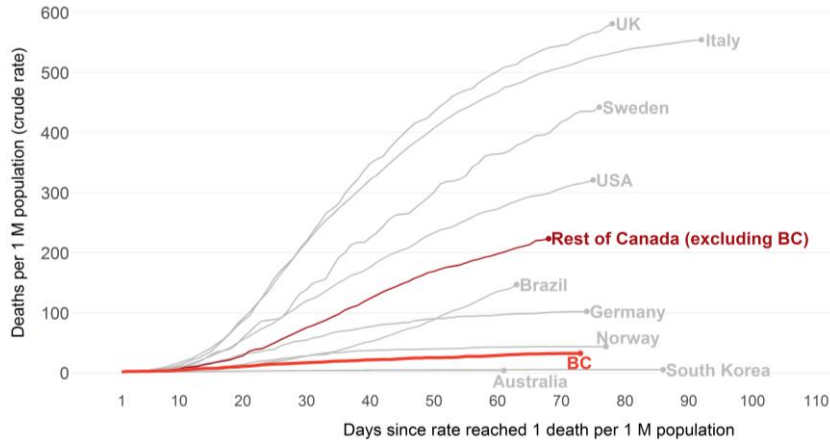
Cumulative diagnosed COVID-19 case rates by Canadian provinces.



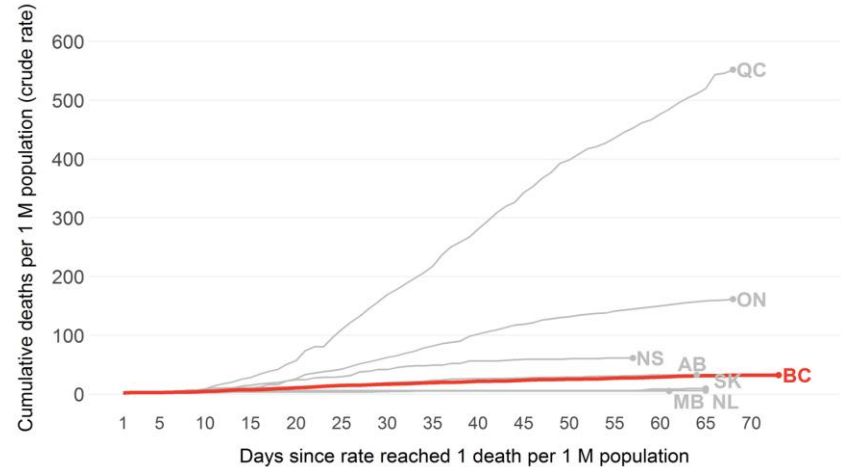
Note: QC, and, to a lesser extent, ON, account for most of the deaths count for the Rest of Canada.

Death Rate Comparison

International Death Rates Comparison:
Cumulative COVID-19 death rates by select countries vs BC and rest of Canada.



National Death Rates Comparison:
Cumulative COVID-19 death rates by Canadian province.

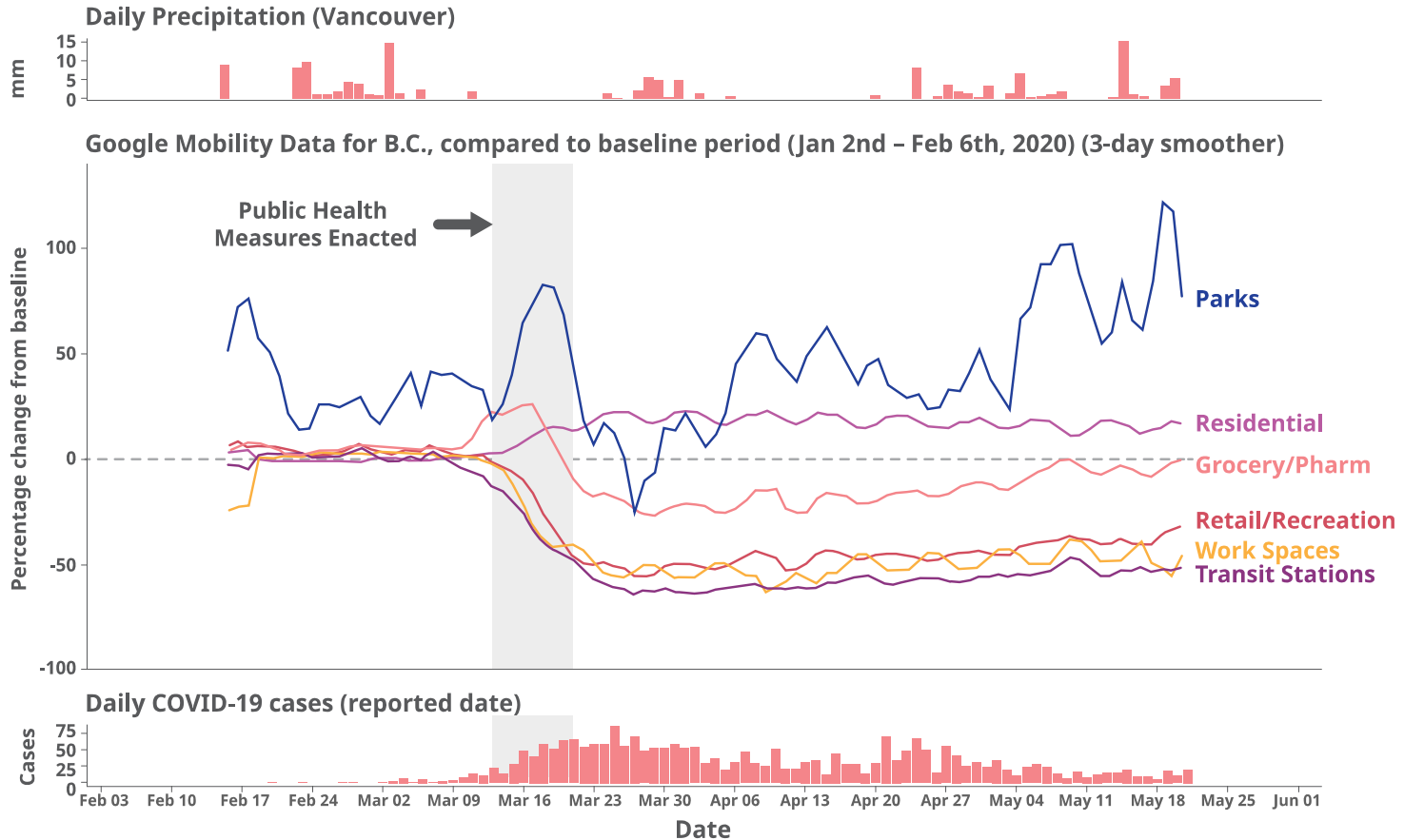


Note: QC, and, to a lesser extent, ON, account for most of the deaths count for the Rest of Canada.

Modelling Analyses to Date

Keeping the Curve Flat

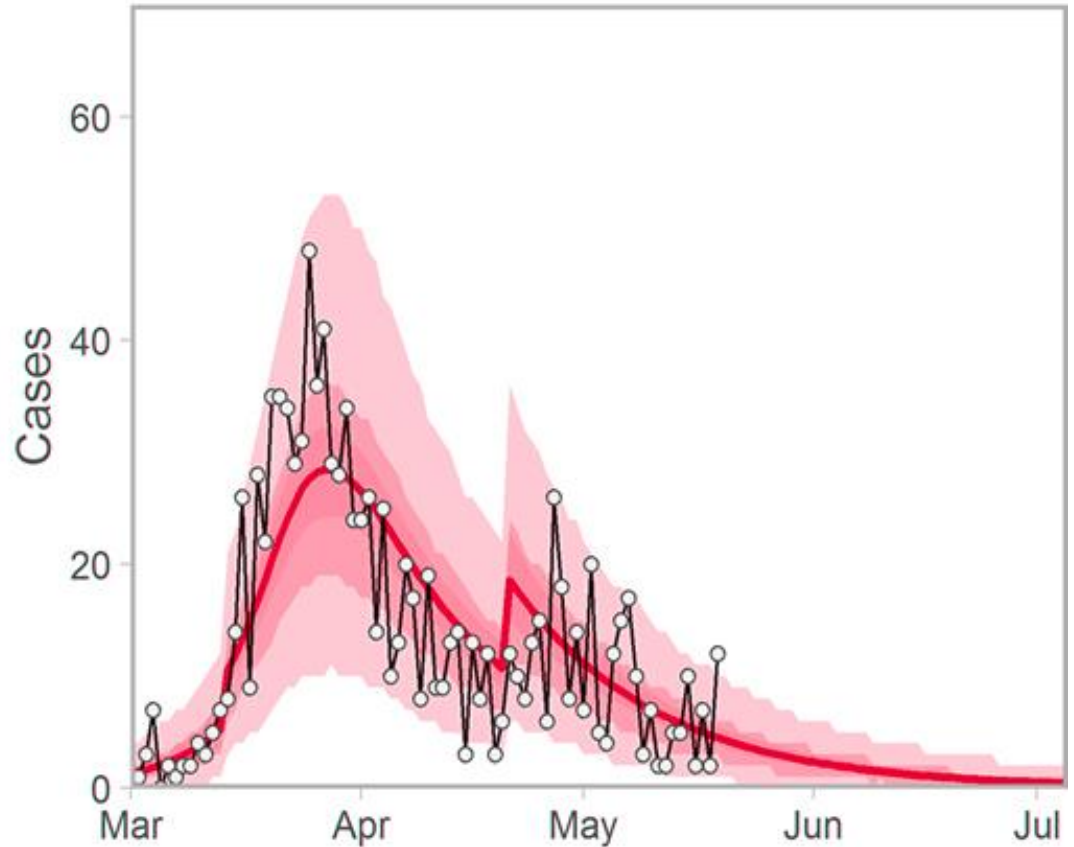
British Columbians' Mobility



Dynamic Compartmental Modelling

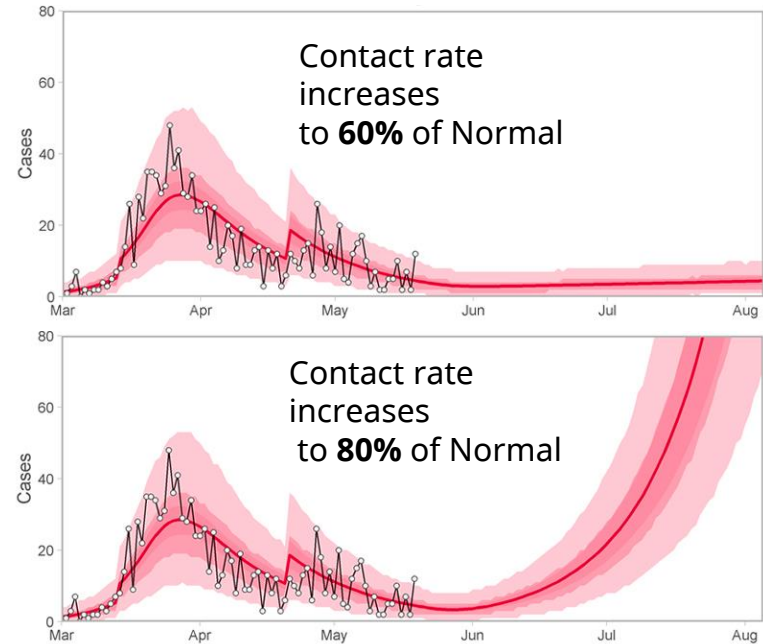
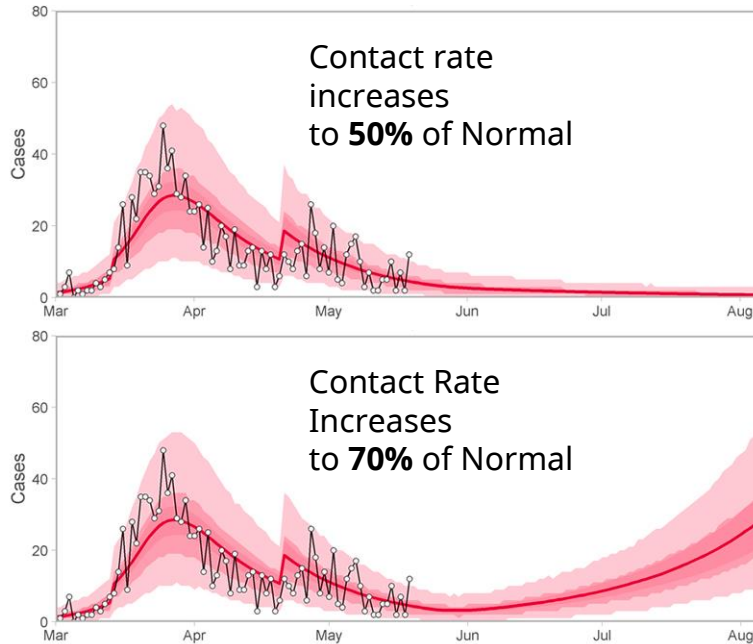
Our model suggests continued declines in transmission, resulting from ongoing physical distancing.

*Solid line: mean; shaded bands: 50% and 90% credible intervals;
Open circles: reported cases. Cases used for model fitting exclude
those attributed to outbreak clusters.*



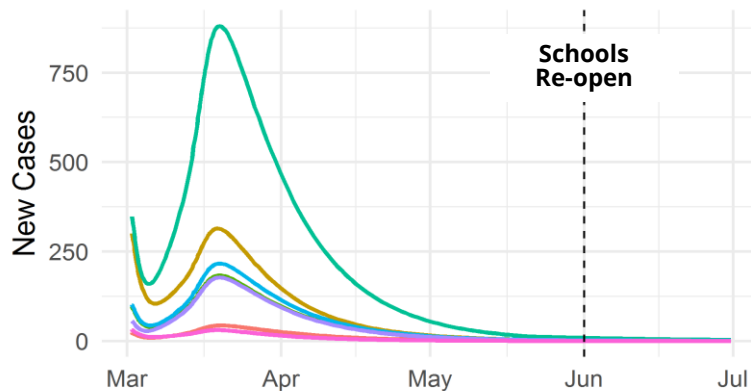
Dynamic Compartmental Modelling:

If too much relaxation of distancing occurs, it may result in a rapid rebound in transmission.

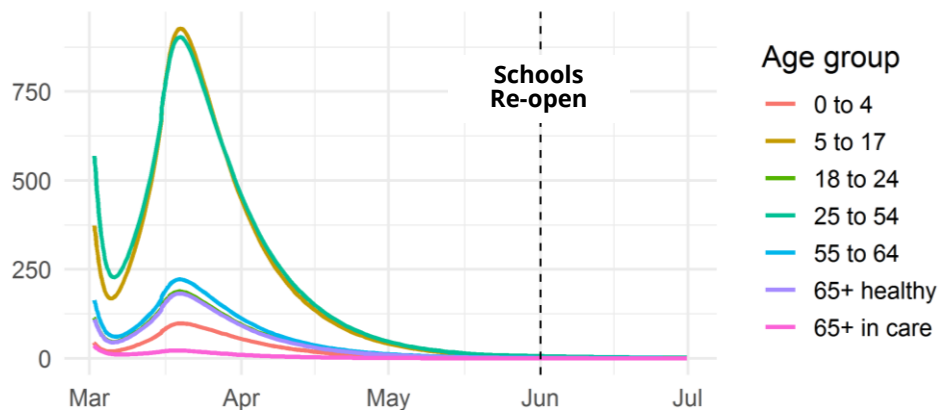


Age Structured Modelling: The susceptibility of children to infection (50% vs 100% compared to adults).

Susceptibility of Children = 50%

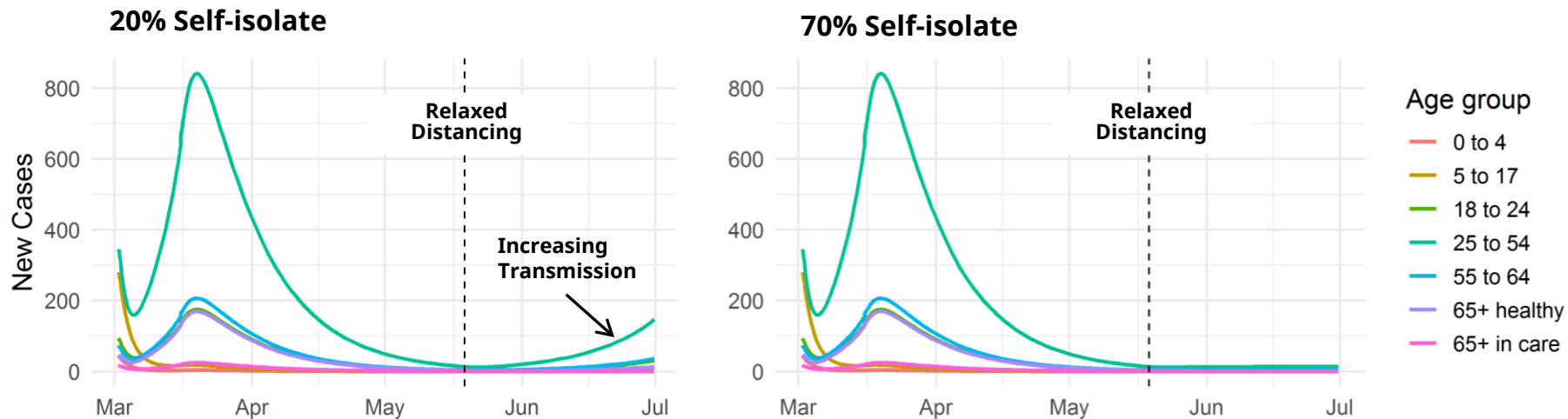


Susceptibility of Children = 100%



Partial re-opening of schools in June have minimal impact on transmission in the short-term, provided vulnerable adults maintain physical distancing.

Age Structured Modelling: Self-isolation (20% vs 70%).



As schools re-open and distancing measures relax, self-isolation by sick individuals can prevent renewed epidemic growth of cases.

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