

A stylized graphic of a human figure with arms raised, rendered in shades of blue. The figure is centered in the background, with a circular head and two large, curved arms extending upwards and outwards. The overall design is minimalist and modern.

# Respiratory Illness Seasonal Update

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A decorative horizontal bar at the bottom of the slide, consisting of four colored segments: dark blue, cyan, yellow, and orange.

# Land Acknowledgement

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Senior Executive Team would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dăkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and T̓silhqot'in Nations where we live, learn, collaborate and work together.



# Respiratory Season Status Update



# Respiratory virus season Status update – all ages

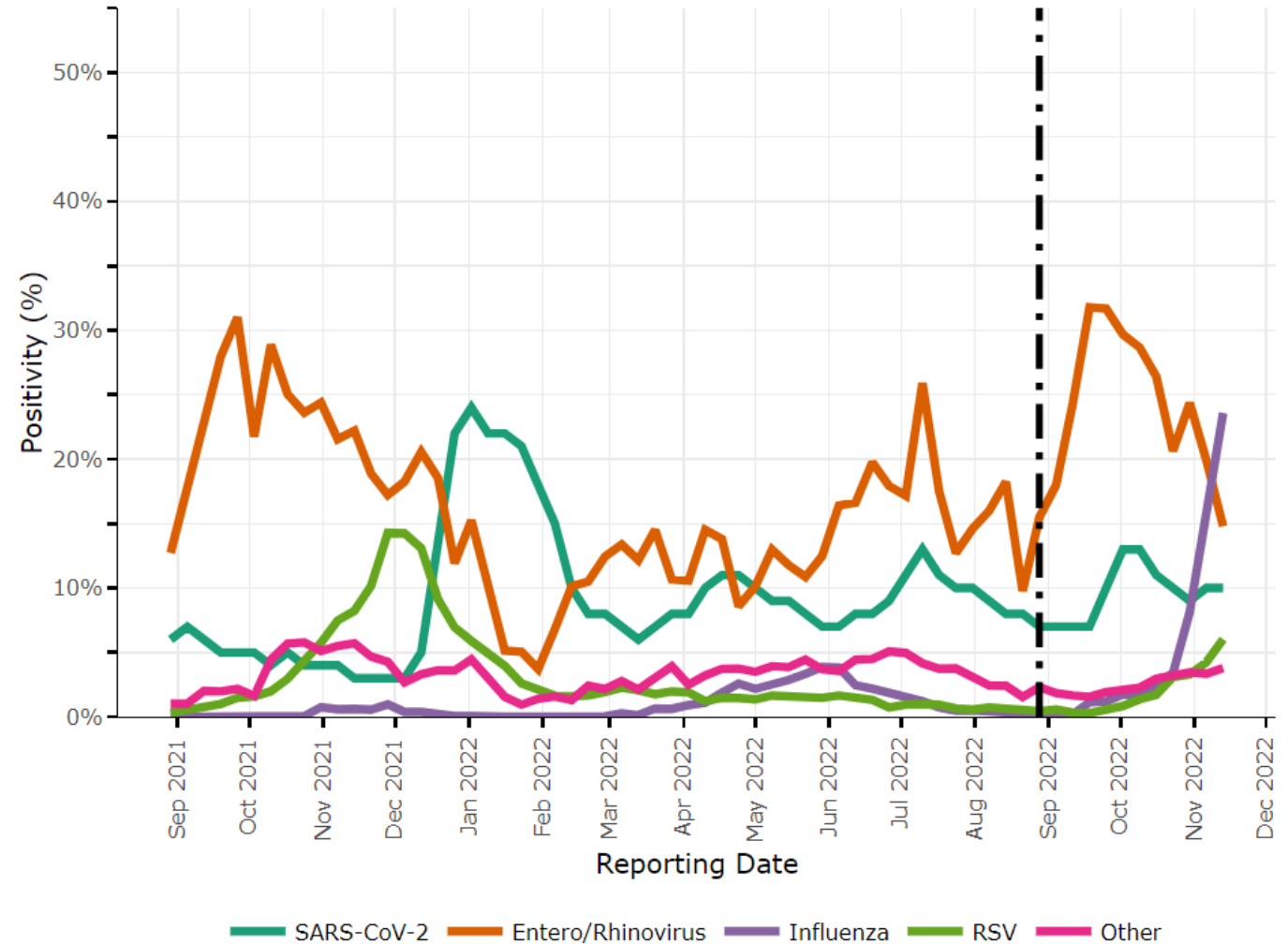
**COVID-19:** Omicron waves of smaller size since its first appearance but still fairly active in our communities. Severity seen with advanced age (age is the single most important risk factor for severe disease). Immunization greatly reduces the risk, more so with more doses (i.e., booster doses)

**Influenza:** very quick recent increase. Affects the very young, the very old, and people with chronic medical conditions more severely.

**Respiratory Syncytial Virus (RSV):** continues to increase. Affects the very young and the very old more severely.

**Other respiratory viruses:** contribute to sickness, and to some extent to severe disease.

Positivity of respiratory viruses since 2021-2022 Season, in BC



# Respiratory virus season Status update – COVID-19

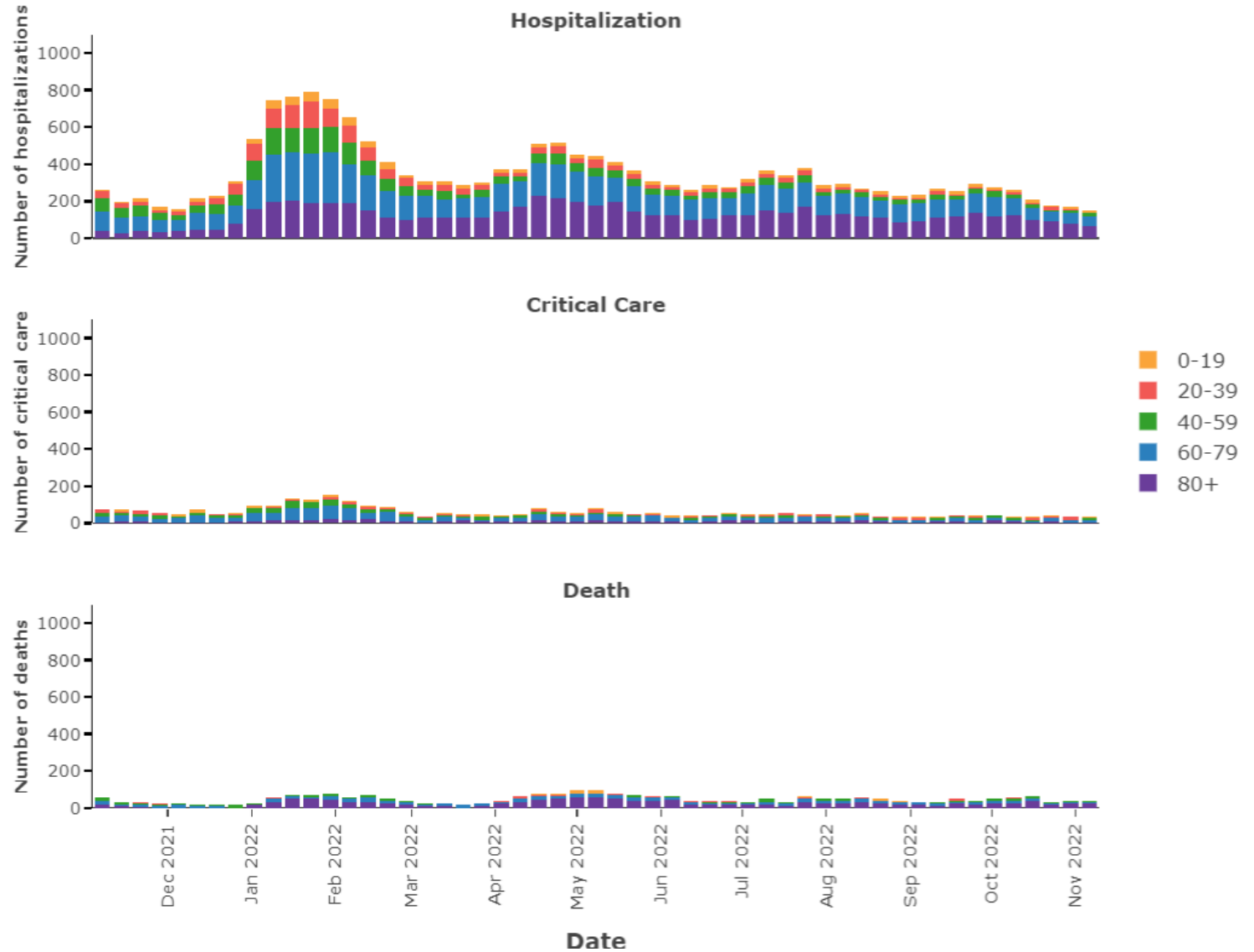
Omicron waves since winter 2021 have decreased in size and severity.

We now have a mix of many different Omicron “siblings” circulating in our communities.

Critical care numbers are getting smaller.

Number of deaths continues to be relatively low.

Weekly number of COVID-19 new hospital admissions, new critical care admissions, and deaths by age group



# Respiratory virus season Status update - children

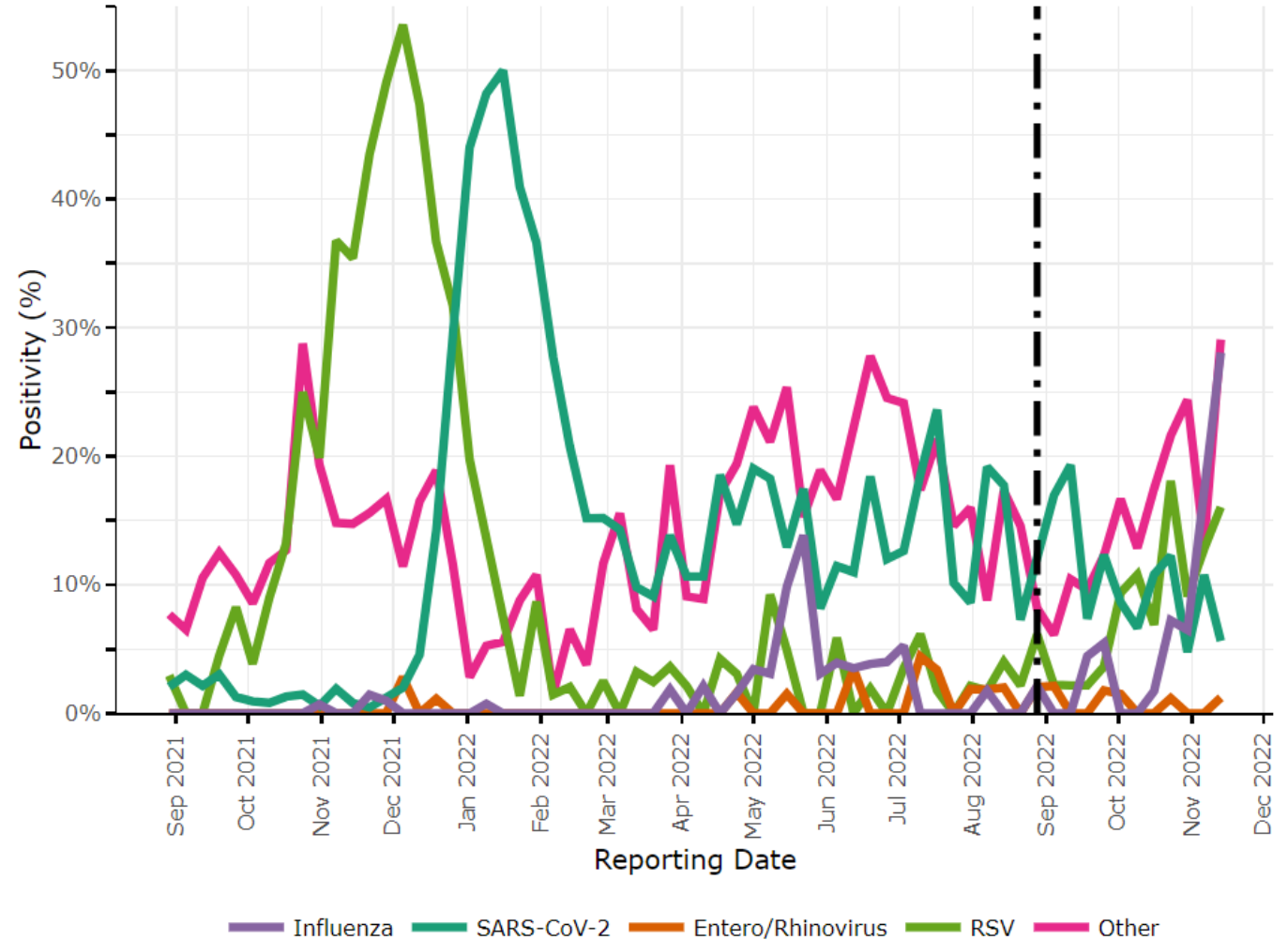
**COVID-19:** similar pattern to situation for all ages, but severity decreases with younger age. Those numbers reflect continued spread of COVID-19 in the community.

**Influenza:** similarly, a very quick increase in the number of cases is being seen.

**RSV:** quick increase in number of cases, which reflects more children seeking medical care.

**Other respiratory viruses:** children are impacted by the spread of many other respiratory viruses.

Positivity of respiratory viruses since 2021-2022 Season among children  
BCCH Laboratory



# Respiratory virus season

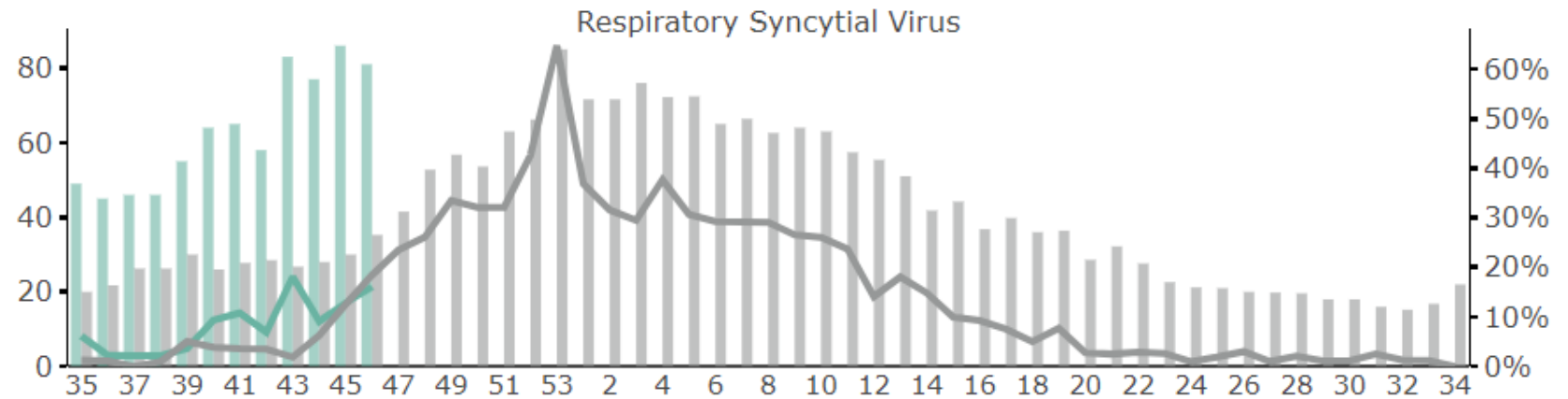
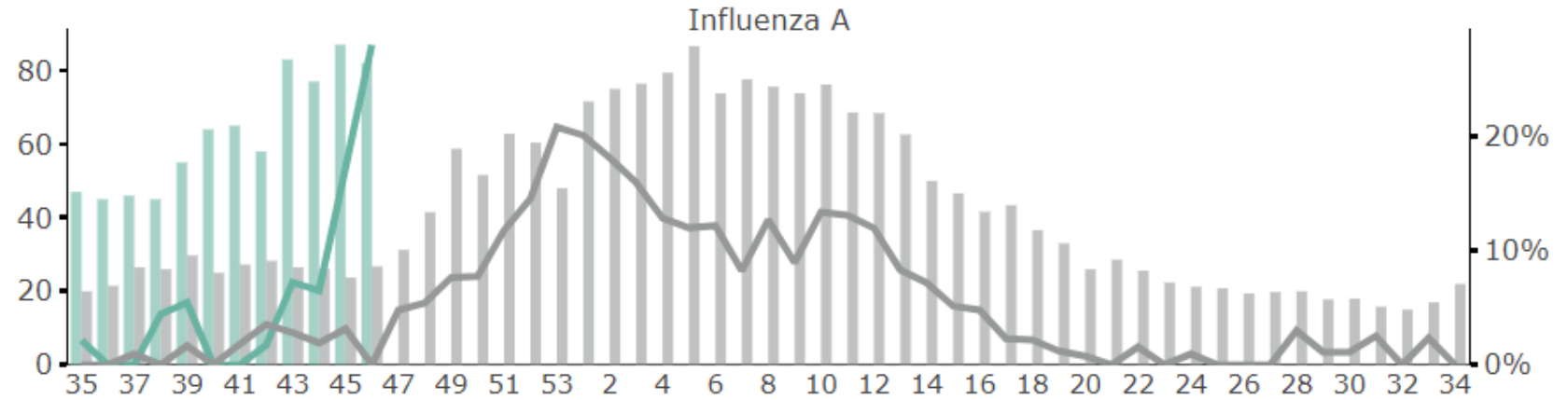
## Pre-pandemic vs. this year

**\*\* Note that we test more often than we used to.**

### Focus on two viruses:

**Influenza:** the speed at which influenza is spreading is much faster than before. An abrupt resurgence.

**RSV:** While we test more often than before, the speed at which the wave is coming in is similar to what we usually see.



■ Current testing volumes (2022/23)    ■ Historical testing volumes (2014/15-2018/19)  
— Current positivity (2022/23)    — Historical positivity (2014/15-2018/19)



# Respiratory virus season

## Are predictions possible?

**COVID-19:** we continue to monitor the situation globally. This is possibly the slow “fizzing out” period... or just a lull until another variant of concern emerges – situation in China is concerning.

**Influenza:** very quick recent increase. This might be more rapid and also maybe shorter-lived. But we are in a very unusual and new immunologic situation at the population level... so an exact prediction is difficult to make. Vaccine effectiveness expected to be moderately good but too early for first estimates.

**RSV:** continues to increase. The wave has not peaked yet, so we probably have many more weeks of RSV activity.

**Other respiratory viruses:** the increase will probably continue for many more weeks.

### What should we remember?

- it's not over. The respiratory virus season continues very actively.
- We can reduce the impact with key preventative measures: reduce transmission, and reduce risk of severe disease.
- Handwashing, staying home when sick, use of mask, vaccines, antivirals (old and new), etc.





# Plan & Control Measures



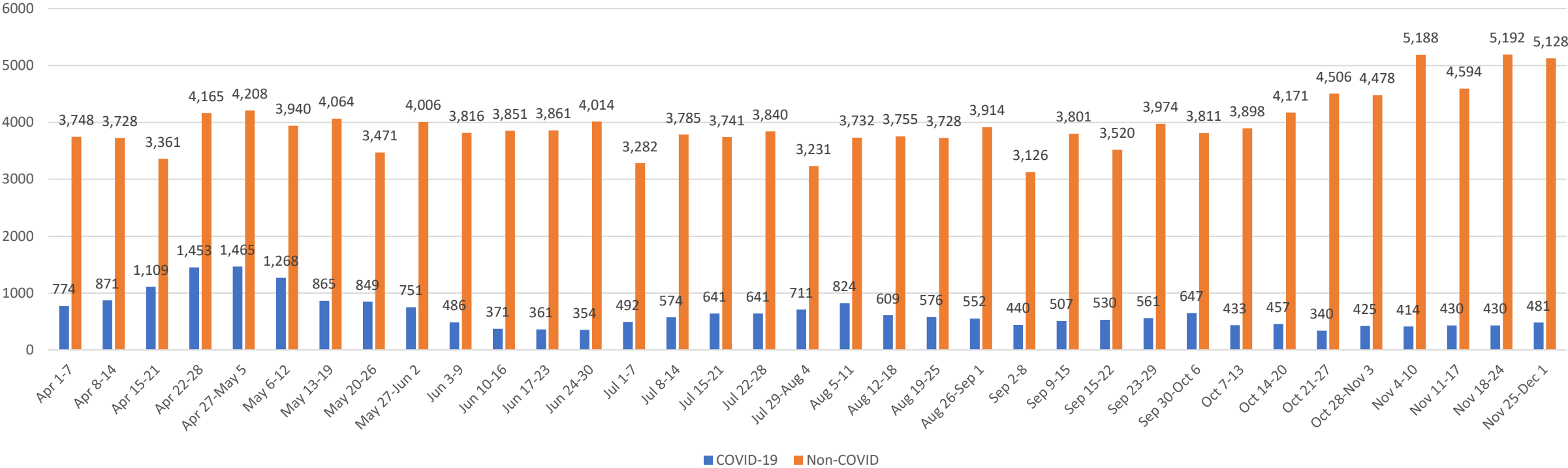
# IPAC –LTC and Acute Care

- Outbreak guidelines for gastrointestinal and respiratory illnesses – including COVID - and have been updated based on lessons learned through the Pandemic
- New processes have been implemented for resident transfers from acute care to long-term care locations and patient co-horting
- Staff are to self-monitor for signs and symptoms of COVID-19 prior to each shift and to take a self-test if they suspect they may have COVID-19
- Medical masks are to be worn by staff and visitors at all times when in patient care areas
- All visitors to LTC must take a rapid COVID-19 test prior to visiting, positive visitors will be asked to reschedule
- Visitors are instructed on proper hand hygiene upon entry to healthcare facilities



# Employee Sick Rates COVID-19/Non-COVID-19

Weekly Employee Sick Rates COVID-19/Non-COVID-19



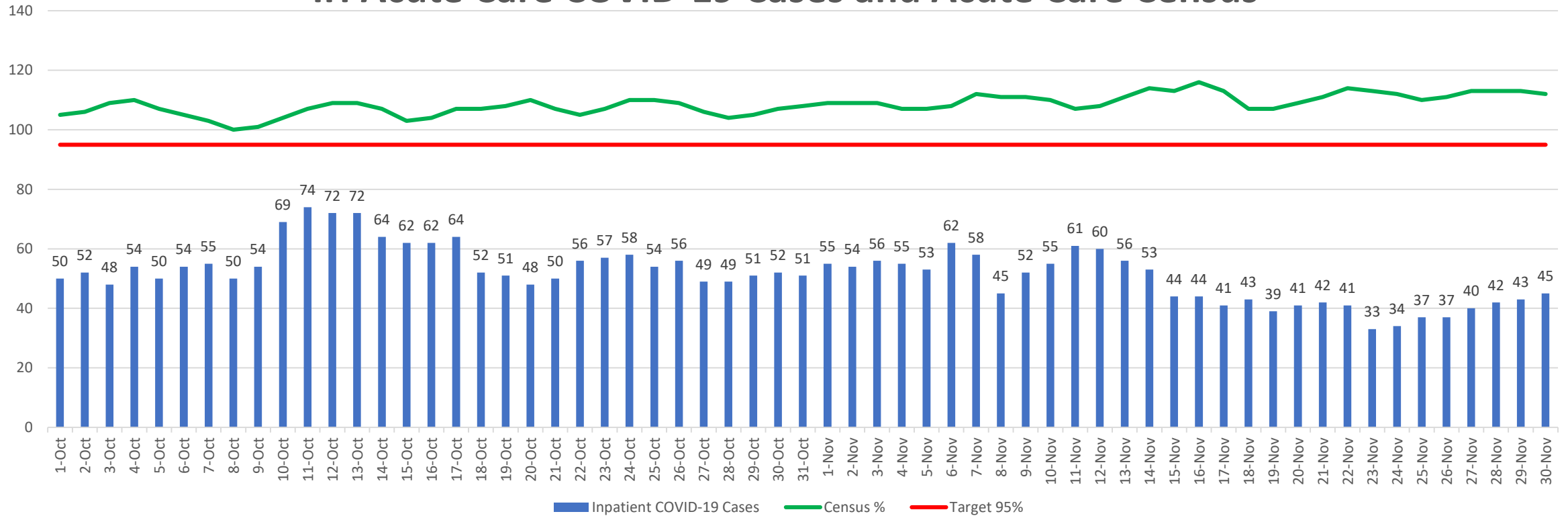
# Facility Surge Planning

- All 22 Hospitals in IH are updating and revising surge plans based on anticipated patient demand provided by the Ministry of Health
- Regionally-coordinated Access and Flow meetings are held daily with guidance from the Access and Capacity Management Steering Committee
- Increased the number of access and flow managers, patient care coordinators, long-term care coordinators, shift Coordinators to support inpatient flow
- Implemented ED physician triage model at select hospitals



# Impact of COVID-19 Cases to Acute Care Census

## IH Acute Care COVID-19 Cases and Acute Care Census



# Pediatric Patients Admitted to Critical Care for Respiratory Illness

Monthly Pediatric Admissions Critical Care  
November, 2022

KGH	5
RIH	2
VJH	0
PRH	0
KBH	1
EKH	7



# Immunization Strategy

- Invitations to book appointments timed based on priority, eligibility and system capacity starting Sept. 8 (COVID-19) and Oct. 5 (influenza)
- ImmsBC system used for invitations, eligibility reminders and appointment bookings
- Offer co-administration once influenza vaccine arrives
- Prioritize long term care and assisted living to protect our most vulnerable clients
- Outreach to clients who cannot attend a clinic
- Work closely with community vaccine providers to ensure timely access



# Immunization Progress Update

IH offered immunizations through clinics in 59 locations across 39 communities, 10 whole community clinics, and several pop up locations – nearly 1200 total clinic days since Sept. 1<sup>st</sup>

Thank you to our partners, especially community pharmacies, who have delivered a large component of this campaign





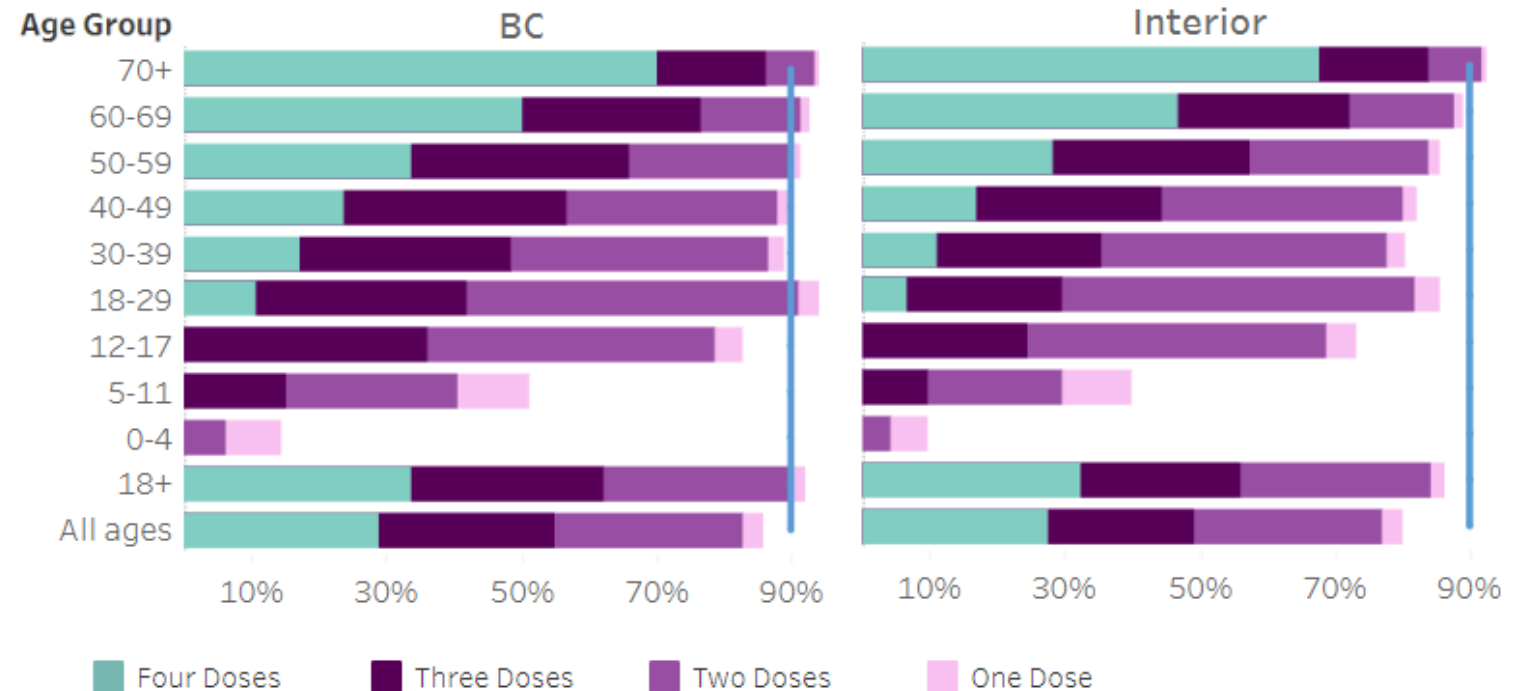
# Respiratory virus season Status update

## Vaccine Coverage – COVID-19

### COVID-19 Vaccines:

- **Highly effective** at reducing risk of severe disease
- **Booster doses** are very important
- **Coverage** decreases with age
- **Omicron evades immunity** – can't prevent all infections, particularly true for asymptomatic and mild infections.
- **Risk** if not vaccinated vs. partially vaccinated vs. fully vaccinated with boosters is very different

Vaccination Coverage Progress in BC by age and by Health Authority, 20 Nov. 2022



# Influenza Uptake by Age Grouping, Priority Population and Health Authority

(As of November 13<sup>th</sup>, 2022 at 11:59PM)

Note:

1. Priority populations and age groupings are mutually exclusive.
2. Population denominators (i.e., Total Eligible Population) subject to change as MoH/HSIAR is currently finalizing 2022 population estimates.
3. Age data is only available in 1-year increments in the current HSIAR population file. Ages 6 months - 4 years population is approximated (i.e., removes children younger than 6 months from the 0 - 4 years old population).
4. The table below provides volumes based on where clients are located.
5. Health Care Workers are identified from two datasets: those in WHITE, and those who are not in WHITE but have self-identified in ImmsBC. The two groups are mutually exclusive.

Health Authority <sup>4</sup>	Percent of Total Population Vaccinated with Influenza Vaccine <sup>1</sup> (Total Population) <sup>2</sup>								
	Data as of November 13, 2022 at 11:59 PM								
	CEV 1/2	CEV 3	Health Care Workers <sup>5</sup>	Age 65+ Years	Age 50 - 64 Years	Age 18 - 49 Years	Age 5 - 17 Years	Age 6 Months - 4 Years <sup>3</sup>	Total Ages 6 Months+
Fraser Health	31.2% (52,008)	26.1% (59,008)	32.1% (68,860)	42.6% (298,905)	20.3% (338,031)	10.2% (813,530)	10.5% (277,067)	8.5% (84,094)	18.5% (1,991,503)
Interior Health	33.9% (30,261)	27.9% (34,018)	32.4% (31,561)	44.2% (183,561)	17.2% (157,129)	7.0% (294,463)	6.8% (106,855)	7.9% (29,555)	19.4% (867,403)
Northern Health	24.0% (8,228)	19.4% (12,204)	25.6% (10,251)	36.7% (42,336)	14.1% (52,032)	5.1% (114,454)	4.1% (46,695)	3.7% (13,955)	12.7% (300,155)
Vancouver Coastal Health	32.3% (33,147)	27.2% (28,557)	37.4% (51,300)	41.0% (205,785)	22.4% (219,660)	15.1% (536,722)	15.2% (133,299)	14.0% (41,231)	22.3% (1,249,701)
Vancouver Island Health	37.6% (29,383)	29.6% (29,519)	31.6% (41,858)	51.2% (198,432)	23.7% (155,406)	11.4% (298,015)	12.3% (103,050)	16.9% (28,310)	25.2% (883,973)
<b>British Columbia Total</b>	<b>32.8%</b> <b>(153,027)</b>	<b>26.8%</b> <b>(163,306)</b>	<b>33.1%</b> <b>(203,830)</b>	<b>44.2%</b> <b>(929,019)</b>	<b>20.5%</b> <b>(922,258)</b>	<b>10.9%</b> <b>(2,057,184)</b>	<b>10.7%</b> <b>(666,966)</b>	<b>10.4%</b> <b>(197,145)</b>	<b>20.3%</b> <b>(5,292,735)</b>