

Coronavirus Disease (COVID-19) COMMUNITY SITUATION REPORT

FNHA Public Health Response

April 19, 2022

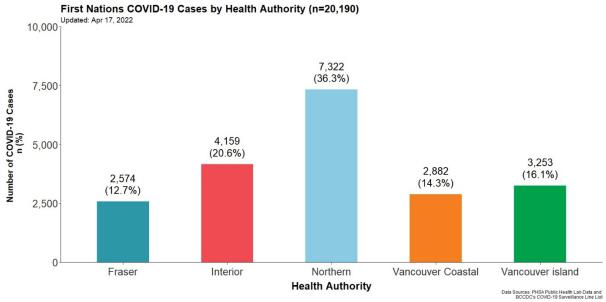
Changes from the previous Community Situation Report are in red.

COVID-19 Updates

As a part of BC's transition plan for COVID-19 surveillance, the province has shifted from daily to weekly COVID-19 data reporting and has transitioned to a new integrated COVID surveillance system: the Provincial Health Services Authority's (PHSA) COVID-19 Monitoring Solution (PCMS). This COVID-19 update includes data from the new integrated system. Please note that this system does not yet include Vital Stats data, which is the new source of death notifications for people who have died within 30 days of testing positive for COVID-19. The hospitalization data nowincludes anyone who has been hospitalized and tests positive for COVID-19. This means that the number of hospitalizations will likely be higher than past reports due to the inclusion of incidental hospitalizations (i.e. people who were hospitalized for non-COVID-19 reasons, but were COVID-19-positive). Going forward, only cases with positive laboratory results are added to the PHSA's PCMS. This is likely an underestimate of cases. As it is no longer possible to estimate active cases accurately, we will no longer be reporting on active cases. These changes align with BCCDC's reporting changes.

First Nations Cases in BC – As of April 17, 2022

- There are 20,192 First Nations COVID-19 cases (19,916 lab diagnosed cases and 276 epi-linked cases). This is an increase of 90 cases among First Nations people in BC since the last published report.
- Out of the 20,192 cases, 8,632 (42.7%) are in or near community; 10,799 (53.5%) are off reserve. Information on in or near community/off reserve is not available for 761 (3.8%) cases.
- Sadly, there have been 258 COVID-19 related deaths reported among First Nations living in BC since the beginning of the pandemic. Deaths have been updated to April 1, 2022.
- There have been 2,123 (10.5%) First Nations people hospitalized due to COVID-19 since March 1, 2020. Of these, 927 hospitalizations are individuals who live in or near community and 1,193 off reserve. Information on in or near community/ off reserve is not available for 3 cases.



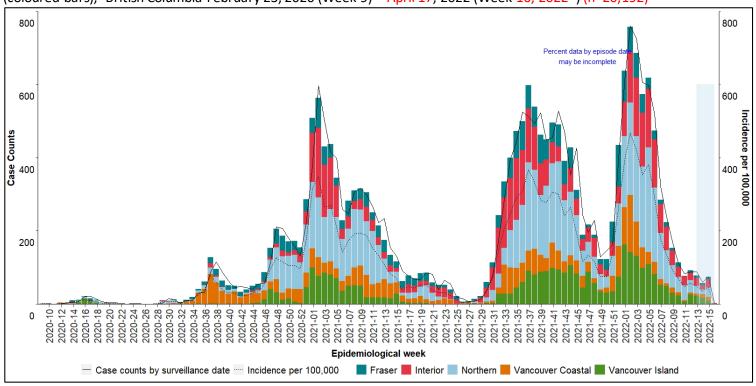
^{*}Total number of cases (n=20,192) includes two (2) cases reported as Out of Country.

¹ Case counts in this report are likely an underestimate of the true number of COVID-19 cases due to changes in testing strategies driven by the Omicron variant (http://www.bcdc.ca/health-info/diseases-conditions/covid-19/testing/when-to-get-a-covid-19-test). Total COVID-19 cases include lab-confirmed, lab-probable and epilinked cases. From January 2020 to April 1, 2022 cases included those reported by regional health authorities and positive laboratory results in the Provincial Laboratory Information Solution (PLIS) or Sunquest. As of April 2, 2022 only cases with positive laboratory results in PHSA's PCMS are included. These case counts do not include people who only tested positive by rapid antigen tests. Self-reporting is also no longer possible through the provincial COVID-19 positive test result reporting form (https://reportcovidresults.bccdc.ca/).

Regional Testing Data for the Past Week (April 11-17, 2022)

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	Total N (%)
Total persons tested over the past week	55	89	86	89	57	376
Percentage positivity (%) over the past week	12.7%	30.3%	30.2%	15.7%	12.3%	21.5%

Epidemic curve for COVID-19 cases among First Nations in BC by episode date, surveillance date (line) and health authority (coloured bars), a British Columbia February 23, 2020 (Week-9) – April 17, 2022 (Week-16, 2022*) (n=20,192)



^a Total COVID-19 cases include lab-confirmed, lab-probable and epi-linked cases. From January 2020 to April 1, 2022 cases included those reported by the health authorities and positive laboratory results in the PLIS or Sunquest. As of April 2, 2022, only cases with positive laboratory results in PHSA's PCMS are included (up to April 17, 2022). This epidemiological curve represents the weekly cases reported among First Nations in BC. The proportion of cases within each region is colour coded and the case counts each day are represented by the solid black line. The incidence per 100,000 are represented by the dotted line. Regions are represented in the diagram as: Fraser – Dark blue, Interior – Red, Northern – Light Blue, Vancouver Coastal – Orange, and Vancouver Island – Green.

Vaccine Distribution

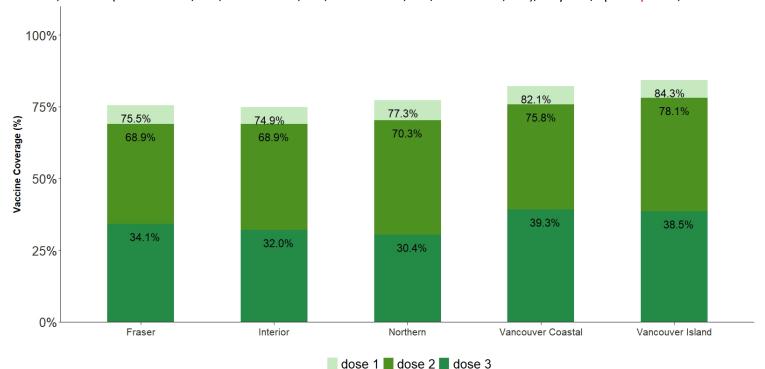
- As of April 17, more than 121,200 individuals 18+ years of age and more than 20,200 individuals aged 5-17 years have received at least one dose of a COVID-19 vaccine in First Nations communities, as well as outside of communities by regional health authorities. These individuals are First Nations people, as well as some non-First Nations people who were vaccinated in community. Of these individuals, more than 111,200 First Nations people 18+ years of age and more than 15,700 First Nations individuals 5-17 years old have received at least two doses. Of these individuals, more than 58,800 First Nations people 5+ years of age have received third doses.
- As of April 17, 84.6% of 18+ years and 79.5% of 5+ years status and status-eligible First Nations people in BC have received at least one dose of a COVID-19 vaccine.²
- As of April 6, 2022, 90.9% (4,530,329) of eligible people five and older in BC have received their first dose of COVID-19 vaccine and 87.5% (4,359,332) have received their second dose.

^{*} Case information is not complete for April 2022. This information will be updated in subsequent reports.

² The data is subject to change due to continuous quality assurance processes and data lag.

First Nations COVID-19 Vaccination Coverage, by Health Authority

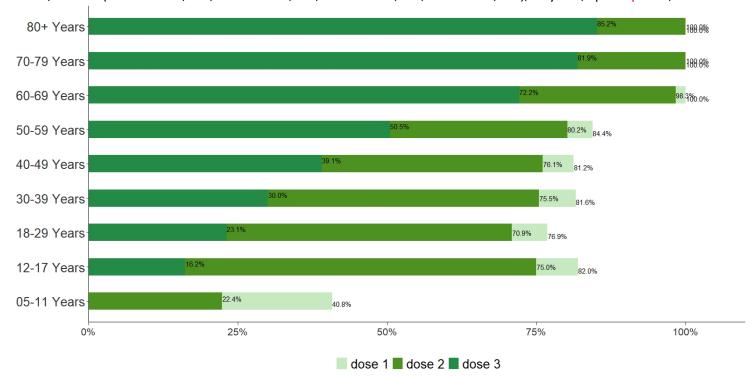
Doses 1, 2 and 3 (PHSA e-form, PIR, dose 1= 121,100, dose 2= 111,155, dose 3= 52,984), 5+ years, up to April 17, 2022



^{*} Health authority information was not available for 2,073 clients for dose 1, 1,492 clients for dose 2 and 399 clients for dose 3.

First Nations COVID-19 Vaccination Coverage, by Age Group

Doses 1, 2 and 3 (PHSA e-form, PIR, dose 1= 123,173, dose 2= 112,647, dose 3= 53,383), 5+ years, up to April 17, 2022



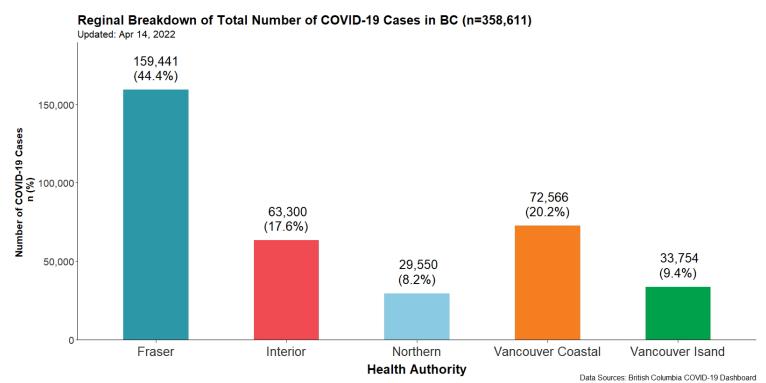
^{*} These analyses were only possible for status and status-eligible First Nations, and do not include non-status First Nations.

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Please note that the coverage rates shown include 5-11 year olds and cannot be directly compared to previous rates for 12+ years as the total population eligible for vaccination is now larger.

^{**} Please note that coverage rates are approximations and are capped at 100%.

Provincial COVID-19 Cases

- Since the start of the pandemic, there have been 359,002 confirmed cases in BC, and 3,036 deaths from COVID-19 as of April 9, 2022
- There are 364 people currently hospitalized on April 14, 2022



*Total number of cases (n=359,002) include 391 cases reported as "Out of Canada" residents. Above figure provides regional distribution of COVID-19 cases (n=358,611) reported as BC residents.

* A geographic distribution of COVID-19 by Local Health Area can be found here.

First Nations Community Statistics from Indigenous Services Canada (April 7, 2022):

Access Restrictions: 128 (same) Security Checkpoints: 66 (same)
Band Offices Inaccessible: 83 (same) State of Local Emergency: 46 (same)

EOC Activations: 119 (same)

FNHA Resources and Supports

Information for First Nations individuals

Visit: https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public to find out more including information on https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public to find out more including information on https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public to find out more including information on https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public to find out more including information on https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public to find out more including https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/public to find out more including https://www.fnha.ca/what-we-do/coronavirus/public to find out more including https://www.fnha.ca/what-we-do/coronavirus/public to find out more including https://www.fnha.c

Information for community leaders

Visit: https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/community-leaders to find out more including information on COVID-19 vaccines, past COVID-19 Community Situation Reports, support and funding, resumption of services, personal protective equipment, and Health Benefits

Resources for health professionals

Visit: https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/health-professionals to find out more including information on COVID-19 management, COVID-19 vaccines, infection prevention and control, personal protective equipment, and nursing practice

Latest News

- British Columbia to Launch Spring Booster Campaign. April 5, 2022.
- Do Eased Restrictions Mean the COVID-19 Pandemic Is Over? March 31, 2022.
- Singing in the Rain and Bringing Light through a Dark Pandemic. March 21, 2022.
- FNHA Statement on the Societal Consequences of BC's COVID-19 Response. March 11, 2022.
- COVID-19 Mask Mandates and Other Restrictions Easing in BC. March 11, 2022.
- "It Wasn't My Time to Go": Personal and Cultural Survival during the COVID-19 Pandemic. February 23, 2022.
- COVID-19 Restrictions in BC Eased But Masks, Vaccine Cards Essential. February 15, 2022.
- The COVID-19 Booster Vaccine Is Important in Reducing the Risk of Severe Illness with COVID-19 Infection. February 15, 2022.
- Masks 101: Your Questions Answered. January 26, 2022.
- Omicron The Myth of Mildness That's Putting People and Health Systems at Risk. January 19, 2022.
- Boosters Best Way to Boost Protection against Omicron. January 19, 2022.
- COVID-19 Rapid Tests Rolling Out But Not Needed for Mild Cases. January 12, 2022.
- Keep Your Guard Up Against the Dangerous Omicron Variant. January 7, 2022.
- The Loss of Culture, Family, and Connection Due to COVID-19. January 4, 2022.

For more latest news visit https://www.fnha.ca/about/news-and-events

FNHA Response

The FNHA is working in partnership with First Nations communities to ensure communities' needs are met, including by:

- Maintaining essential services to support First Nations communities during the pandemic
- Providing COVID-19 funding resources and wrap around supports including for medical transportation, selfisolation and quarantine; see the <u>FNHA Community Support Guide</u> for more information; support requests can be sent to <u>COVID19needs@fnha.ca</u>
- Supplying First Nations communities with personal protective equipment; requests can be sent to COVID19needs@fnha.ca; the form for ordering personal protective equipment is available at: <a href="https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA-Process-and-Considerations-for-obtaining-additional-PPE-for-BC-First-Nations-Communities-Annex-A.pdf
- Supporting First Nations communities in refreshing their Communicable Disease Emergencies Plans
- Maintaining virtual care services including First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Service
- Deploying community based testing for COVID-19, and ensuring that rapid tests are available to all First Nations communities
- Maintaining regular communication and updates with regional health authorities, Emergency Management of BC, Ministry of Health, First Nations Leadership Council, and Indigenous Services Canada to proactively identify needs and address issues

COVID-19 vaccines prioritized for First Nations people

The FNHA has worked closely with First Nations communities and other health partners to support vaccine distribution and planning and to prioritize available doses for all communities. First, second and booster dose clinics in First Nations communities have been completed. However, the FNHA continues to support communities' vaccination clinics, as needed, and is working with regional health authorities to ensure adequate vaccine supply is available at local health units so that communities can order them as part of their established ordering pathways.