

Coronavirus Disease (COVID-19)

COMMUNITY SITUATION REPORT

FNHA Public Health Response

May 5, 2024

Please note that from May 2024 onwards, this Community Situation Report will follow a bi-monthly update. The situation report is updated in April 2025 that includes updated results for February-April 2025. The PHO order for the COVID-19 public health emergency was lifted in July 2024 and COVID-19 is no longer considered a public health emergency. Considering the plateauing and stabilization of COVID-19 cases and hospitalizations in this respiratory season, this Community Situation Report includes results from January 2022 to prioritize more recent information, including trends and patterns of COVID-19 cases and severe outcomes.

COVID-19 Updates

First Nations Cases in BC – As of **April 28, 2025** (bi-monthly update)¹

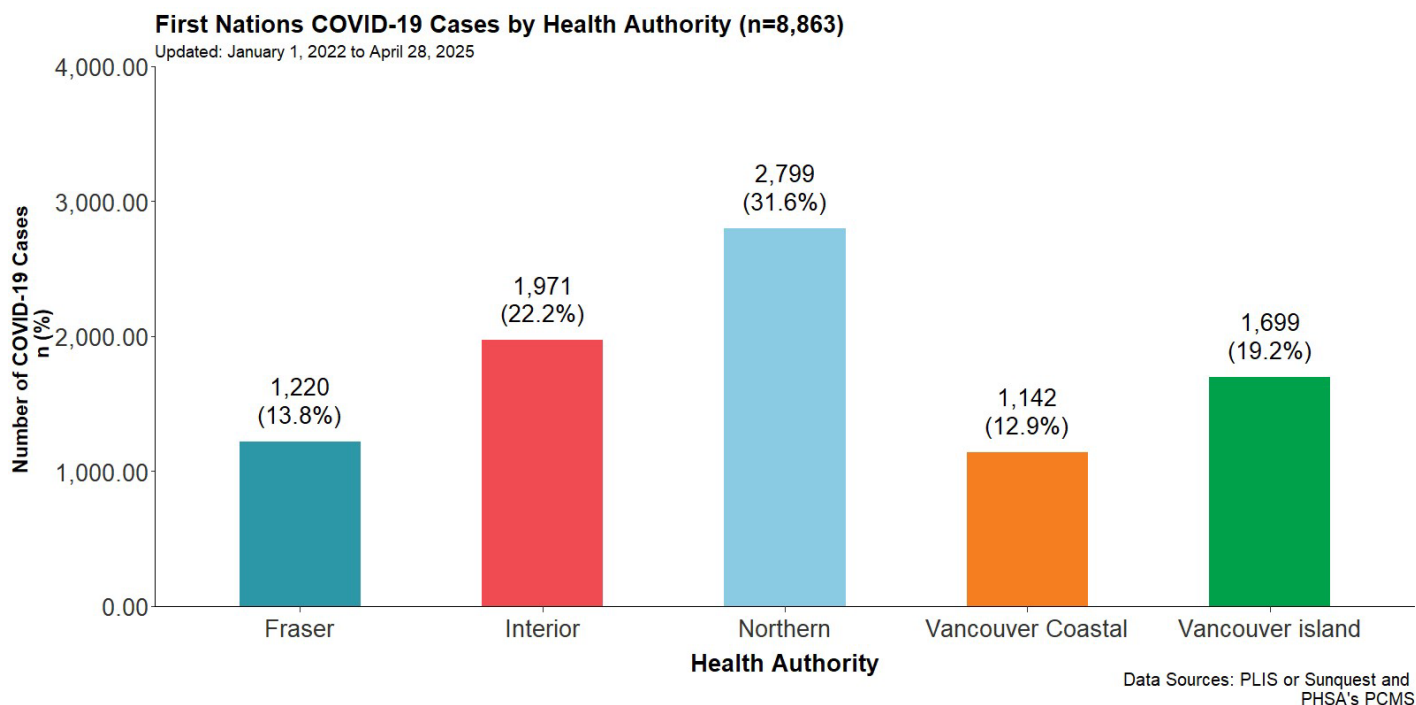
Between January 1, 2022, and April 28, 2025

- There are **8,863** First Nations COVID-19 cases. Out of these **8,863** cases, **3,422 (38.6%)** are in or near community; **5,247 (59.2%)** are off reserve. Information on in or near community/off reserve is not available for 194 (2.2 %) cases.
- Sadly, there were **31** COVID-19-related deaths reported among First Nations people living in BC between January 1, 2022, and March 31, 2022. Between April 1, 2022 and **April 28, 2025**, **145** First Nations people died from any cause (COVID-19 and non-COVID-19) within 30 days of testing positive for COVID-19. Due to a reduction in the number of deaths occurring from COVID-19, this will be reported on a quarterly basis going forward.
- There have been **1,809** First Nations people hospitalized due to COVID-19 between January 1, 2022 and April 28, 2025. Of these, **719** hospitalizations are among individuals who live in or near community and **1,090** off reserve.

¹ The PHO orders for the COVID-19 pandemic related public health emergency were lifted in July 2023, and COVID-19 reporting is merged with surveillance of respiratory pathogens (<http://www.bccdc.ca/health-professionals/data-reports/respiratory-virus-data#Dashboards>). This COVID-19 update includes data from the integrated COVID-19 surveillance system. Hospitalization data now includes anyone who has been hospitalized and tests positive for COVID-19. This means that the number of hospitalizations will likely be higher due to the inclusion of incidental hospitalizations (i.e. people who were hospitalized for non-COVID-19 reasons, but were COVID-19-positive). Total deaths include all COVID-19-related deaths reported by regional health authorities (RHAs) from January 1, 2022 to March 31, 2022. From April 1, 2022 to April 22, 2023 all COVID-19 lab-positive cases of people who died from any cause within 30 days of their **first** COVID-19 lab-positive result, and from April 23, 2023 onwards, all COVID-19 lab-positive cases of people who died from any cause within 30 days of their **any** COVID-19 lab-positive result.

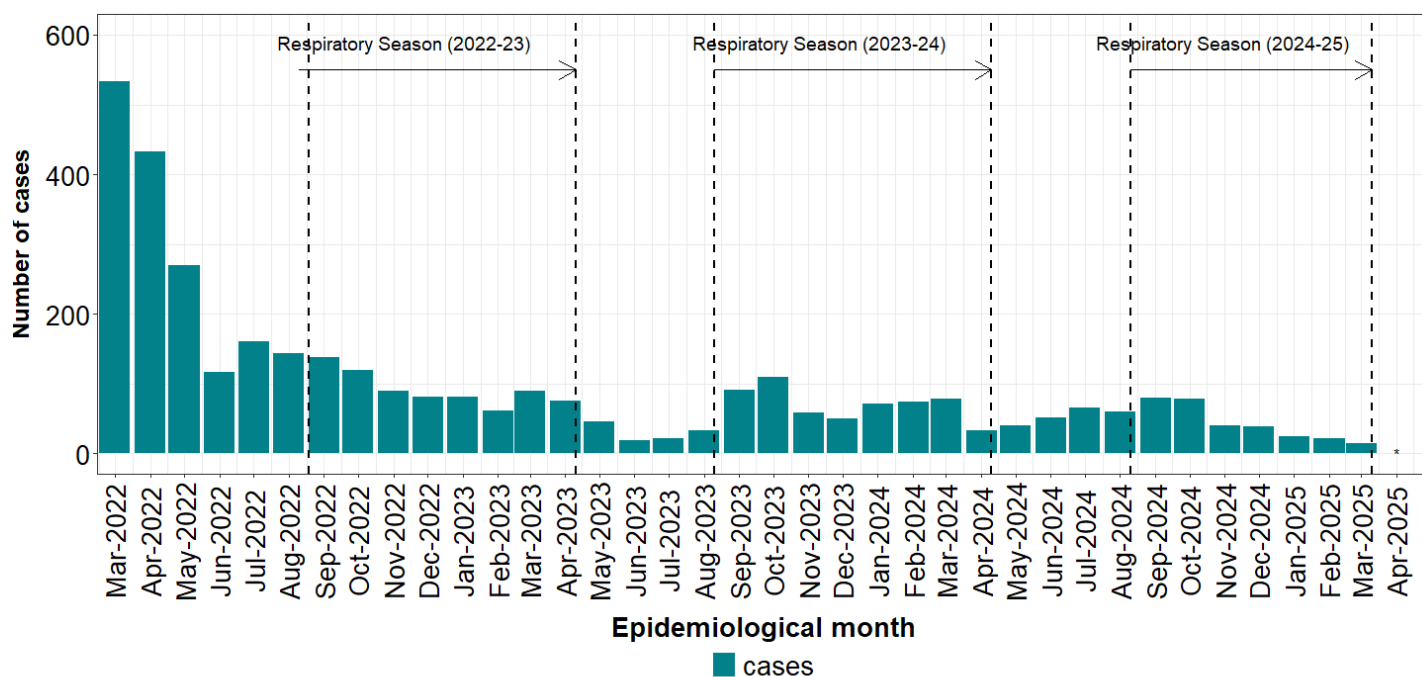
In the updated COVID-19 surveillance system, lab COVID-19 positive tests occurring within 30 days of each other for the same person will be grouped together and classified as one COVID-19 infection episode. If an individual has another positive test that occurs more than 30 days from their last positive test, the system will create a new, separate COVID-19 infection episode. This marks a change from the previous system which was limited to first-time lab positive tests, and did not count individuals more than once. Going forward, we will report on all COVID-19 infection episode(s) in a given time period, thus capturing multiple infection events per person.

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. As it is no longer possible to estimate active cases accurately, FNHA will no longer be reporting on active cases. These changes align with BCCDC's reporting changes (see https://bccdc.shinyapps.io/respiratory_covid_sitrep/#Supplementary_information).



*Total number of cases (n=8,863) includes 32 cases without geographical (RHA) information.

Figure 1. Epidemic curve for COVID-19 cases among BC First Nations by surveillance episode date^a, March 1, 2022 – April 28, 2025 (n=3,601 cases)

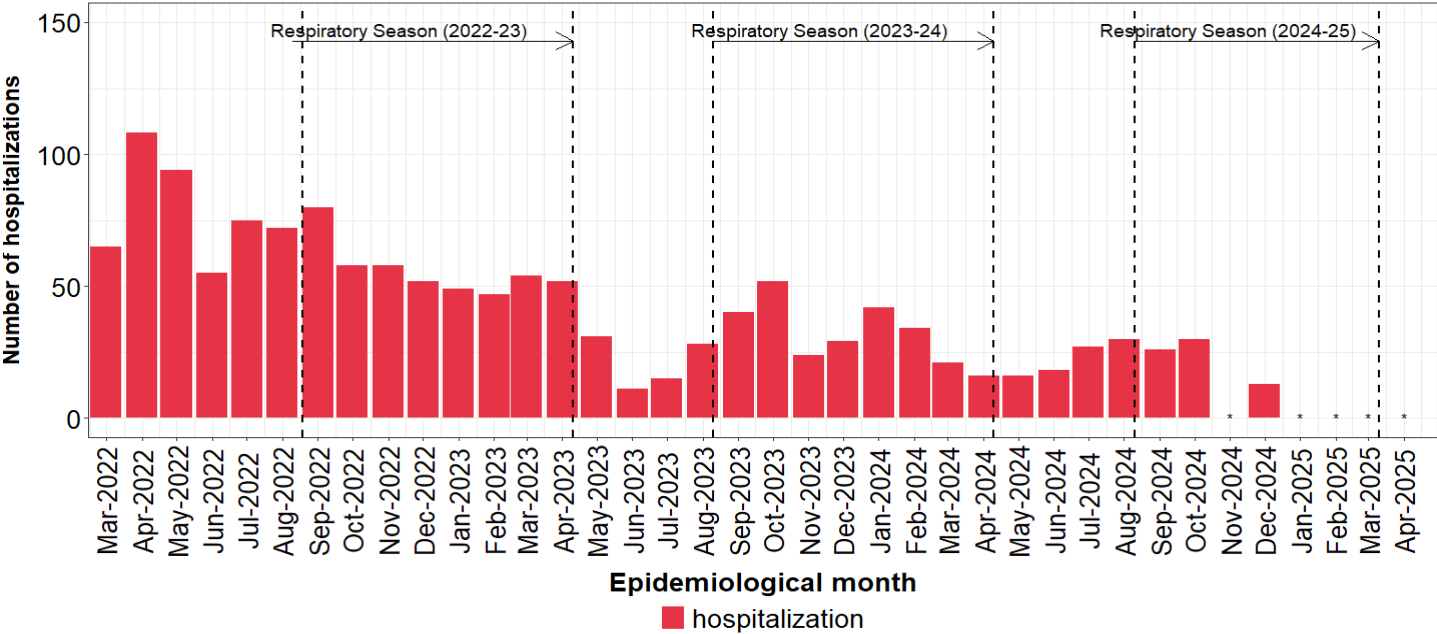


*suppressed when numbers are less 11

Note: y-axis scale is from 0 to 600.

^aTotal COVID-19 cases include lab-confirmed, lab-probable and epi-linked cases. From January 2022 to March 31, 2022 cases included those reported by the health authorities and positive laboratory results in the PLIS or Sunquest. From April 1, 2022 to April 22, 2023, only cases with positive laboratory results in PHSA's PLIS are included. From April 23, 2023 to present, positive lab-confirmed COVID-19 test(s) belonging to the same individual are grouped together and considered part of the same infection episode if they are within 30 days. Positive lab-confirmed COVID-19 tests that are 30 or more days apart (regardless of negative tests in between) are considered a separate infection episode, and therefore an individual may have more than one infection episode of COVID-19. This epidemiological curve represents the monthly cases reported among First Nations in BC.

Figure 2. COVID-19 related hospitalizations among BC First Nations by hospital admission date^a, March 1, 2022 – April 28, 2025 (n=1,452 hospitalizations)



*suppressed when numbers are less 11

Note: y-axis scale is from 0 to 150.

^aIn March 2022, hospitalizations include those reported by the health authorities. From April 1, 2022 to April 22, 2023 a single hospitalization is linked to a **FIRST** positive lab test and counted as a hospitalization if the hospitalization was related to an individual identified as a COVID-19 patient by the facility, based on a positive lab test and/or the hospitalization was initiated within 0-14 days of the first positive lab test regardless of whether they were identified by the facility as being a COVID-19 patient. From April 23, 2023 to present: all hospitalizations related to an individual identified by the facility as COVID-19 patient (based on a lab positive test). Single day hospital stays (e.g., admission, discharge on same date) are excluded.

Vaccine Distribution

As of **April 28**, 2025, 83.7% of 5+ years status and status-eligible First Nations people in BC have received at least one dose of a COVID-19 vaccine; 77.0% of 5+ years have received at least two doses; 41.7% of 5+ years have received at least three doses; and 22.7% of 5+ years have received at least four doses.

Focusing on doses administered within the current respiratory season reduces the risk of discrepancies and inaccuracies arising from ongoing data updates and corrections in cumulative reporting. Therefore, moving towards reporting doses received during the current respiratory season enhances the agility, accuracy, and effectiveness of COVID-19 vaccination monitoring and response efforts, ultimately contributing to achieving population immunity and controlling the spread of the virus.

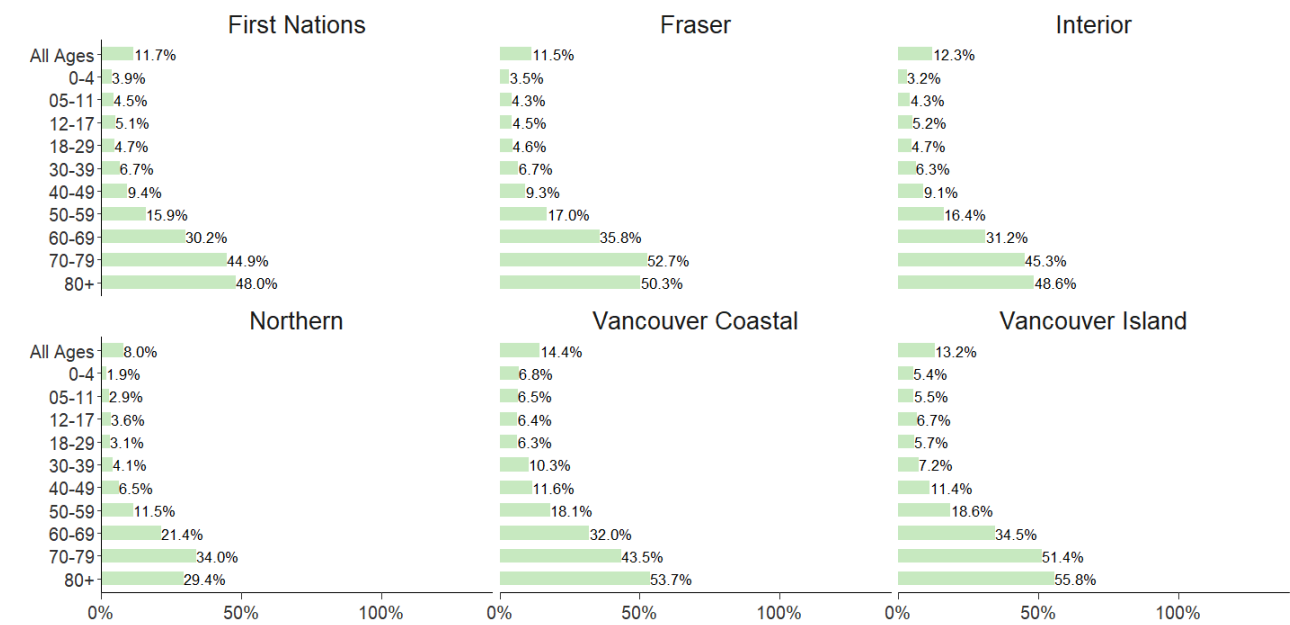
- As cumulative COVID-19 vaccination doses (1, 2, 3, and 4) have remained steady in previous reports, we have updated the reporting format to focus on single-dose recipients in the current respiratory season.
- Focusing on doses administered in the current respiratory season helps track and evaluate the immediate impact of the vaccination efforts on current disease dynamics.

Table 1. COVID-19 vaccine doses administered at First Nations sites, by region and current respiratory season (August 25, 2024 to April 28, 2025).

Region	Doses administered in First Nations Sites during Respiratory Season (2024-25) Aug 25, 2024 onwards	
	Total Doses Administered	Percent of First Dosages among all doses (%)
FHA	3,484	4.2
IHA	4,729	1.6
NHA	3,625	1.3
VCHA	3,983	3.5
VIHA	5,298	2.9
Unknown	204	6.9
Total	21,323	20.4

*Data source: COVID-19 vaccination eForm and Provincial Immunization Registry (PIR). Data shown includes both Status/Status eligible First Nations and non-Status individuals who were vaccinated at First Nations sites (First Nations Service delivery locations) and regional health authorities. The data is subject to change due to ongoing quality checks.

Figure 3. Fall 2024 Campaign COVID-19 vaccine uptake by Health Authority (October 15, 2024 to April 28, 2025)



*RHA information is not available for 201 doses. First Nations population is derived from FNCF-2022 to calculate the coverage.
** These analyses were only possible for Status and Status eligible First Nations, and do not include non-status First Nations.

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 [COVID-19 vaccines](#), [testing](#), medical support including [First Nations Virtual Doctor of the Day service](#), and [mental health and cultural supports](#)

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, resumption of services, personal protective equipment, and Health Benefits

Latest News

- [“You are worth protecting”: A journey of resilience and HPV cancer prevention](#) April 24, 2025
- [For you, your future, your community: learn more about the HPV vaccine](#) April 24, 2025
- [FNHA launches HPV vaccine campaign](#) April 23, 2025
- [World TB Day: The best defence is prevention education and awareness](#) March 20, 2025
- [National Day of Observance for COVID-19](#) March 06, 2025
- [Potential Measles Exposure Advisory at Vancouver International Airport](#) February 19, 2025
- [FNHA now covering RSV vaccine for pregnant people](#) December 20, 2024
- [Holiday season is also flu season](#) December 05, 2024

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

FNHA Response

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

- 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: <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, Ministry of Emergency Management and Climate Readiness, Ministry of Health, and Indigenous Services Canada to proactively identify needs and address issues.