

From EARNSCLIFFE

British Columbia COVID-19 Modeling Update, 1:30 pm PT May 4, 2020

Provincial Health Officer Dr. Bonnie Henry and Health Minister Adrian Dix
(Q&A below)

*Premier Horgan is confirmed for an update Wednesday, May 6.

New Updates

- Today, Dr. Henry said "this is the end of the beginning." She added that "we don't know what to expect next, but we know we have an opportunity to begin to open up our connection base"
- Minister Dix said that the costs have been high, but that the social and economic sacrifice has shown us that we have been able to flatten the curve. We need to continue to flatten the curve.
- Minister Dix added, "for now, physical distance is our new friend and a key part of our economic renewal. Distancing enables us to continue." We must be 100% committed to stay all-in.
- Regarding Kearsy Lake - Dr. Henry said that if there are no other outbreaks by end of May, then they will declare that outbreak over.
- This outbreak - and the others we have seen in BC - prove that we must continue to self-isolate when people are returning from an outbreak if we want to continue to flatten the curve. From now on we have to stay home when we feel sick and continue to avoid all non-essential travel.

Upcoming updates

- Wednesday @ 3pm -Premier Horgan, Minister Dix and Dr. Henry to give update on, "going forward strategy"

Goals for Our Go Forward Plan

We must find the right balance to:

- Protect lives by suppressing transmission to lowest rate possible for at-risk populations
- Ensure the health system has capacity to offer quality care to both non-COVID-19 and COVID-19 patients
- Meet the physical-and-mental Health challenges that come with restricting social interaction
- Rebuild a resilient economy and provide supports for people to safely return to work
- Strengthen the social fabric of our families and communities

FYI only - topline summary of public health modelling:

- Epidemic Curve - Dr. Henry said that we have had a dramatic and sustained decrease in number of cases
- Outcomes by age and gender
 - Age between 30-60 (More women than men)
 - % of hospitalizations (older age groups 60s-70s, more men than women)
 - % of people in ICU (older age groups 60s-70s, more men than women)
 - Deaths (majority is those over 90 y/o)
- Outcomes for healthcare workers, represent 21% of COVID-19 cases reported, majority have fully recovered
- Outcomes for people with additional risk factors

- 1373 of the confirmed cases reported having additional risk factors (stroke, cancer among others)
- Critical care - 199 admitted to critical care to date, 28 died, 110 have fully recovered
- Intention to expand ambulance and transportation services in the future for people needing to access critical care – especially if we think about future outbreaks or surge needs.
- Additional adult ventilators are expected to arrive in the weeks forward

Q&A

Q: As indicated in the modelling graphs that BC will still be able to manage the outbreak from easing social distancing measures from 30% to 60% - what will this look like?

A: This means increased connections with people, or safer connections with people. With retailers, we have a good idea of what this looks like in grocery stores, so we need others to look at what this will look like for other sectors. For example, how can we lift the restrictions for restaurants and pubs with safe interactions? *We will not be changing the orders of people who can congregate together in the near future, that number is currently at 50.* Smaller is better, Outside is better than inside. No buffets for example because that is an opportunity to share the virus.

Q: Looking at the numbers that we're seeing - it looks like we'll be at zero by Canada day. Are we going to be seeing a big difference by Canada Day?

A: The modelling is not a prediction, it speaks to the possibility of where we can be. We have to be sure that we keep things down to current levels and not have other outbreaks. We know that the virus can smolder amongst those that are younger, so it's hard to say.

Q: Regarding the “60% sweet-spot” - what does this look like with regards to expanding our social circles, and can people start now?

A: No. We're not at that point yet. But we're at the point where we need to start thinking about this. We can discuss further on Wednesday. We need to think about having a zero threshold to stay home when we're not feeling well. More details in the next few days.

Q: With regards to excess deaths - are there other issues that have impacted this number?

A: We don't know yet. We need to get the information from vital statistics.

Q: Regarding the epidemiologic graph and cases linked to community outbreak by unknown source - is this graph something that you're comfortable with?

A: You'll notice that the community outbreak by unknown source goes back to the beginning - you'll notice that it decreases by the end of April. This is what we are focusing on now. We're building up the public health capacity to rapidly assess everybody and do that contact tracing.

Q: Regarding social distancing, do you worry that if you give an inch, the public will take a mile?

A: We know that people are taking this seriously. We have a public interest in doing this correctly. We're presenting today's modeling so that we know what we have to do and we know what the impacts are. We are convinced that people will do the right thing.

Q: Can you shine light on outbreak at Lions Gate Hospital and Lynn Valley Care Centre?

A: No new cases at Lynn Valley. We're still waiting for the end of the second incubation period - we're still holding our breath on declaring the outbreak over. No details on unit at Lions Gate. We know that there was unrecognized transmission in the last few days but that there are outbreak response measures and a response team.

Q: Regarding additional risk factors - can you elaborate?

A: diabetes, strokes, cancer, lung disease are diseases that we've been looking for. There is some theory that women's immune systems react differently than men's to these diseases (none proven yet). We're continuing to do our research and look at the data.

Q: One of the things that the NHL is looking at is hub leagues, do you think Vancouver could be a hub city? Would you approve of this? What are the issues that you have with the idea?

A: Dr. Henry referred to a WHO group that looks at mass gathering and how you might have this sport take place safely across the world. It's an interesting idea and there is a way that we can look at ways to play in BC especially this summer. We might not be able to have an ice audience, but maybe we can look at broadcasting. We need to ensure that players are kept safe.