



# Coronavirus Disease (COVID-19) COMMUNITY SITUATION REPORT

## FNHA Public Health Response

October 12, 2023

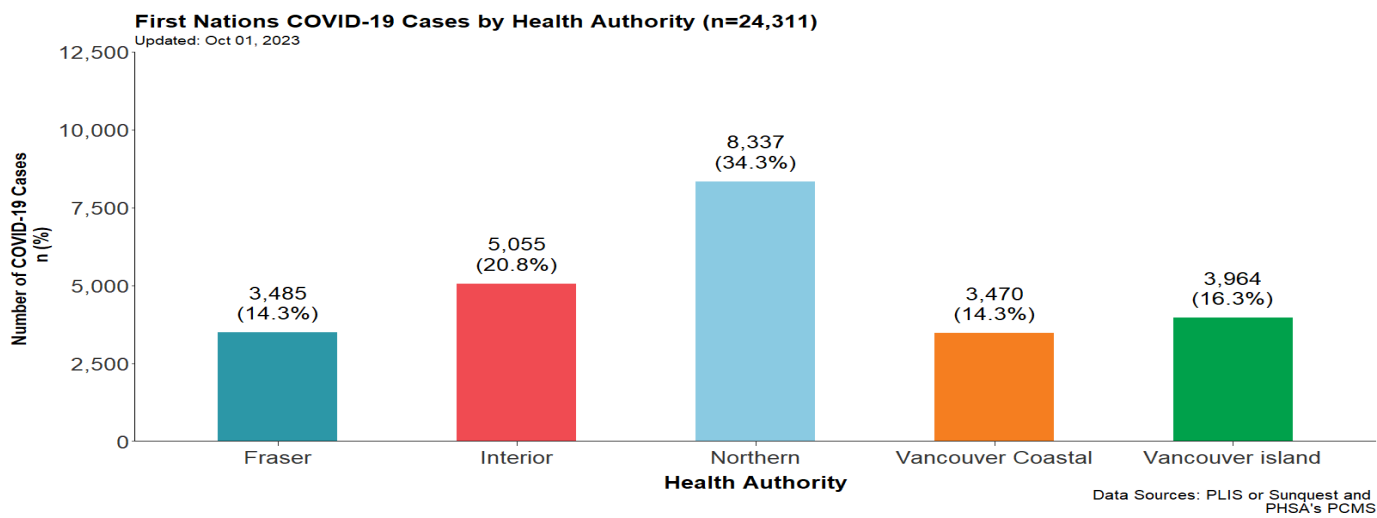
*Changes from the previous Community Situation Report are in red. Please note that the coverage rate by dose at the provincial level, provincial COVID cases including confirmed cases, deaths, critical care, and in hospital cases are no longer included in this report as the BCCDC no longer releases the reports from which those statistics are taken.*

### COVID-19 Updates

COVID-19 surveillance updates from September 2023 onwards are based on the COVID-19 surveillance datasets linked with the 2022 version of the First Nations Client File (FNCF). With implementation of Bill S-3 many First Nations people have newly been able to register for First Nations status, which has resulted in a significant increase (~10.0%) in population in the FNCF, which affects current and historical data. This change has resulted in approximately a 10% increase in identified historical COVID cases.

#### First Nations Cases in BC – As of October 1, 2023 (monthly report)<sup>1</sup>

- There are **24,330** First Nations COVID-19 cases (**23,937** lab diagnosed cases and 357 epi-linked cases).
- Out of the **24,330** cases, **9,892 (40.7%)** are in or near community; **13,857 (57.0%)** are off reserve. Information on in or near community/off reserve is not available for 581(2.4%) cases.
- Sadly, there have been 265 COVID-19 related deaths reported among First Nations people living in BC from the beginning of the pandemic to March 31, 2022. Between April 1, 2022 and **October 1, 2023**, 100 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 monthly basis going forward.
- There have been **2,948 (12.1%)** First Nations people hospitalized due to COVID-19 since March 1, 2020. Of these, **1,232** hospitalizations are individuals who live in or near community and **1,716** off reserve.



\*Total number of cases (n=24,311) includes 19 cases without geographical (RHA) information.

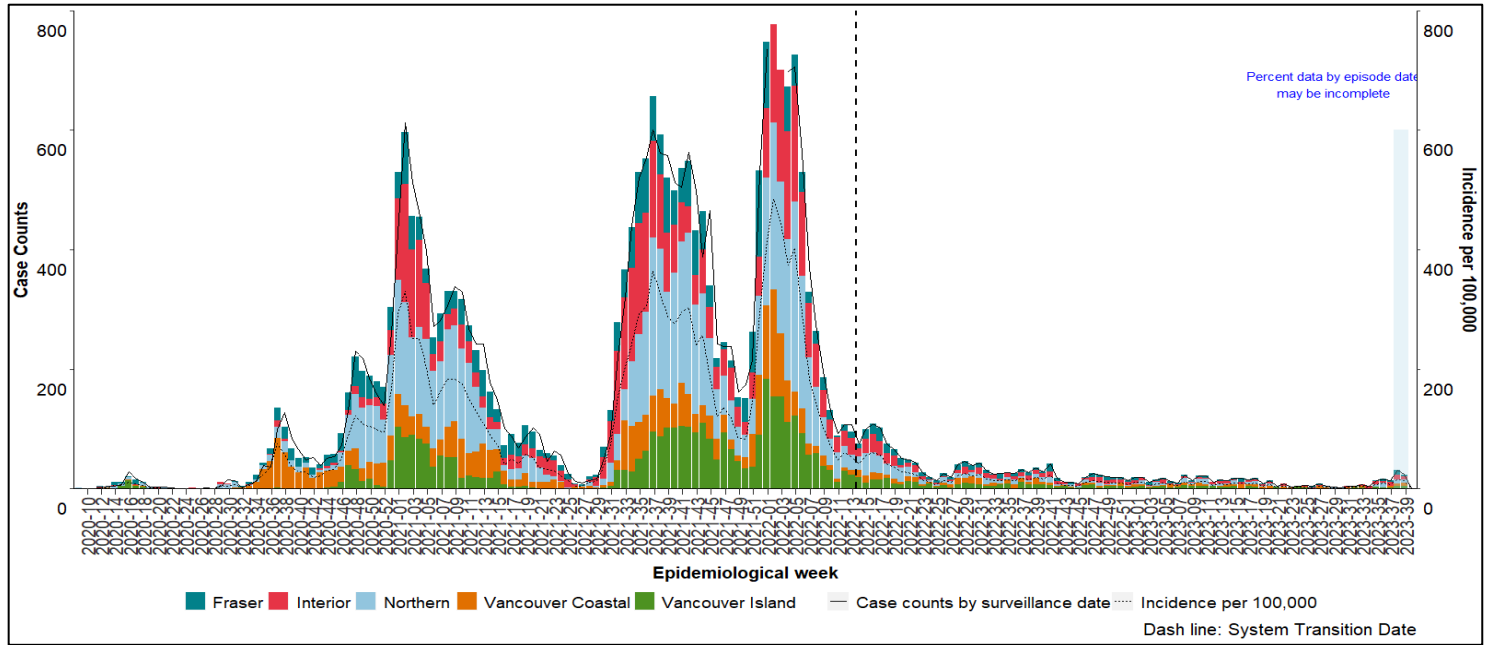
<sup>1</sup> As a part of BC's transition plan for COVID-19 surveillance, the province has shifted away from weekly to monthly COVID-19 data reporting and has transitioned to a new integrated COVID-19 surveillance system: the Provincial Health Services Authority's (PHSA) Provincial COVID-19 Monitoring Solution (PCMS). This COVID-19 update includes data from the new integrated 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 February 2020 to April 1, 2022. From April 2, 2022 to April 22, 2022 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. Going forward, only cases with positive laboratory results will be added to the PHSA's PCMS. This is likely an underestimate of cases. Consequently, 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 (see <http://www.bccdc.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 epi-linked cases. From January 2020 to April 1, 2022 cases included those reported by RHAs 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. 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](https://bccdc.shinyapps.io/respiratory_covid_sitrep/#Supplementary_information)).

**Regional Testing Data for the Past Month (September 1, 2023 - October 2\*, 2023)**

	Fraser Salish	Interior	Northern	Vancouver Coastal	Vancouver Island	Total N (%)
Total persons tested over the past month (Sep 1,2023-Oct 2,2023)	112	128	172	135	123	670
Percentage positivity (%) over the past month	15.2%%	18.8%	13.4%	8.2%	11.4%	13.3%

\*Collection date from test dataset was updated to October 2, 2023.

Epidemic curve for COVID-19 cases among First Nations in BC by episode date, surveillance date (line) and health authority (coloured bars),<sup>a</sup> British Columbia February 23, 2020 (Week-9) – **October 1, 2023 (Week 40, 2023)** (n=24,330)



<sup>a</sup> Total COVID-19 cases include lab-confirmed, lab-probable and epi-linked cases. From January 2020 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 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.

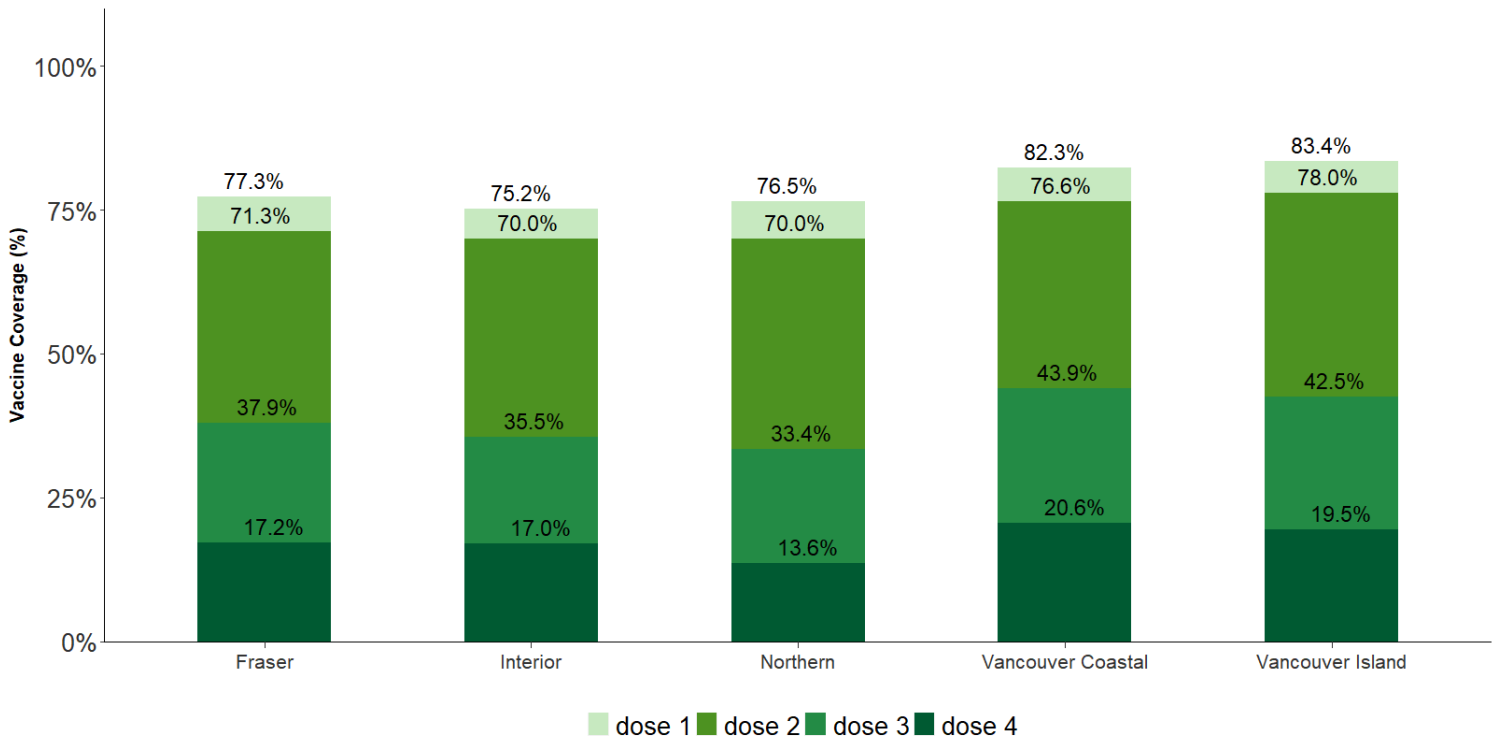
**Vaccine<sup>2</sup> Distribution**

As of **September 29, 2023**, 81.0% of 5+ years status and status-eligible First Nations people in BC have received at least one dose of a COVID-19 vaccine; 74.7% of 5+ years have received at least two doses; 39.0% of 5+ years have received at least three doses; and 17.5% of 5+ years have received at least four doses.<sup>2</sup>

**First Nations COVID-19 Vaccination Coverage, by Health Authority**

Doses 1, 2, 3, and 4 (PHSA e-form, PIR, dose 1= **132,304**; dose 2= **122,624**; dose 3= **64,160**; dose 4= **29,024**), 5+ years, up to **September 29, 2023**

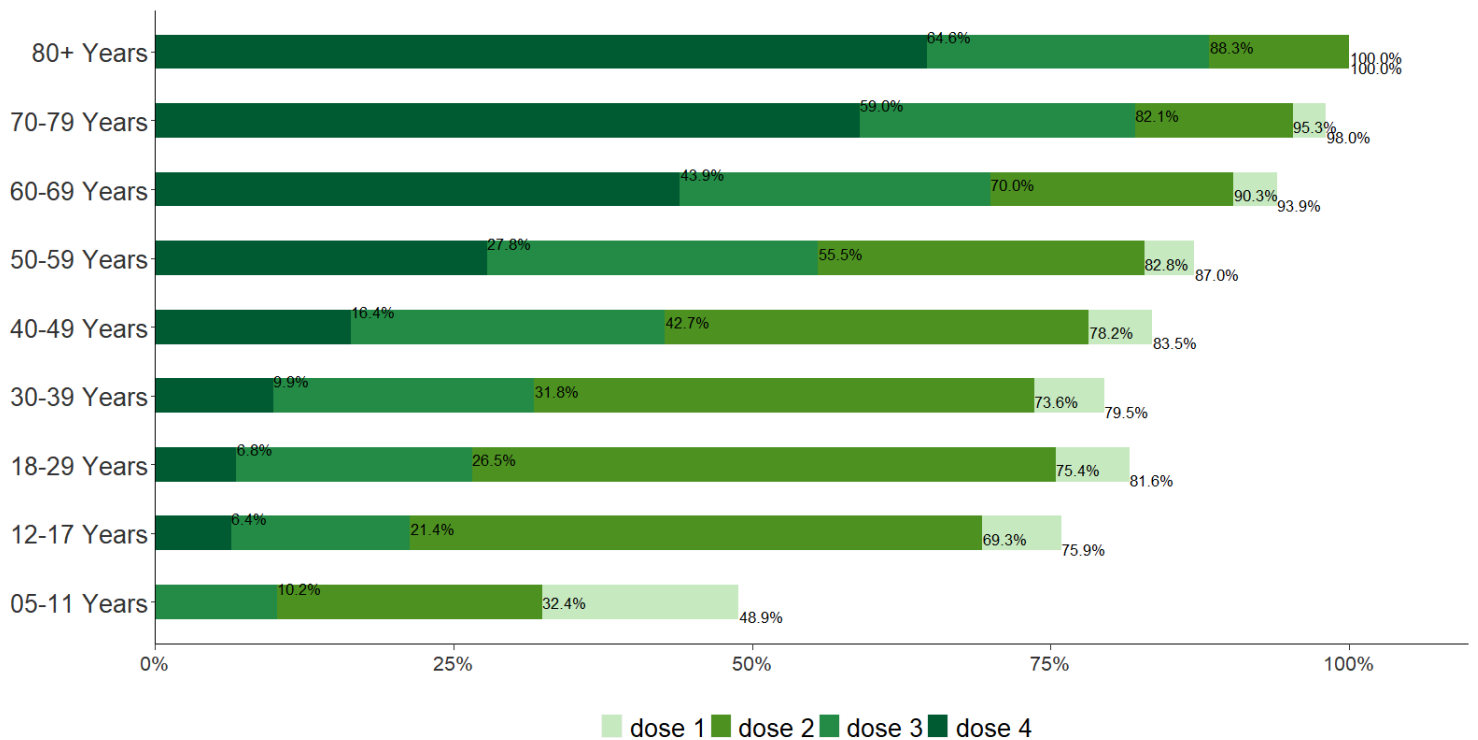
<sup>2</sup> Due to certain changes in the FNCF-linked datasets and the new flow of data following the rescinding of the COVID-19 public health emergency, FNHA’s Health Surveillance team is no longer able to aggregated doses of the Community Situation Report, as the data presented in this section is no longer available.



\* Health authority information was not available for 4,672 clients for dose 1; 3,747 clients for dose 2; 1,733 clients for dose 3; and 600 clients for dose 4.  
 \*\*These analyses were only possible for status and status-eligible First Nations, and do not include non-status First Nations

### First Nations COVID-19 Vaccination Coverage, by Age Group

Doses 1, 2, 3, and 4 (PHSA e-form, PIR, dose 1= 136,976; dose 2= 126,371; dose 3= 65,893; dose 4= 29,624), 5+ years, up to September 29, 2023<sup>2</sup>



\* These analyses were only possible for status and status-eligible First Nations, and do not include non-status First Nations.  
 \*\* Please note that coverage rates are approximations and are capped at 100%.

## 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](#), [self-isolation](#), [testing and symptoms](#), 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, 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

- [The Flu Shot and COVID-19 Vaccine: Stronger Together](#), September 28, 2023

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:

- Maintaining essential services to support First Nations communities during the COVID-19 pandemic
- See the [FNHA Community Support Guide](#) for information
- 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 and Climate Readiness, Ministry of Health, First Nations Leadership Council, and Indigenous Services Canada to proactively identify needs and address issues