



Greater Victoria COVID Community Task Group | October 4, 2021 Update

Dear Colleagues,

Over the past two weeks we have had a number of conversations with our colleagues in Public Health in order to update the information we have previously shared with you. We would like to dive into some of the details, and also encourage you to come to a Public Health webinar we've organized.

In this update

1. Webinar: get your questions answered by Public Health.
2. A deep dive in the numbers.
3. Contact tracing and announcements in schools.

1. Get your questions answered by Public Health.

On **Thursday, October 7, from 6:30-7:30 pm**, local Medical Health Officers Drs. Sandra Allison and Mike Benusic, as well as Infection Prevention and Control colleagues Dr. Pamela Kibsey and Lisa Young will hold an open Q&A session for Family Physicians, Community-based Consultants, Allied Health as well as other clinic staff. We have 500 virtual "seats" so please encourage your colleagues to attend. **Note that this presentation is NOT aimed at the general public**, so please don't share the link publicly.

1. **October 7, 6:30-7:30 pm:** [meeting link](#). If you are unable to connect your device to audio, or if you have to dial in: call **778-907-2071 or 1-833-955-1088**, Meeting ID **686 2608 4791** Passcode **650295**.
2. To ensure your question gets answered, submit it in advance via [slido](#).

2. A deep dive into the numbers

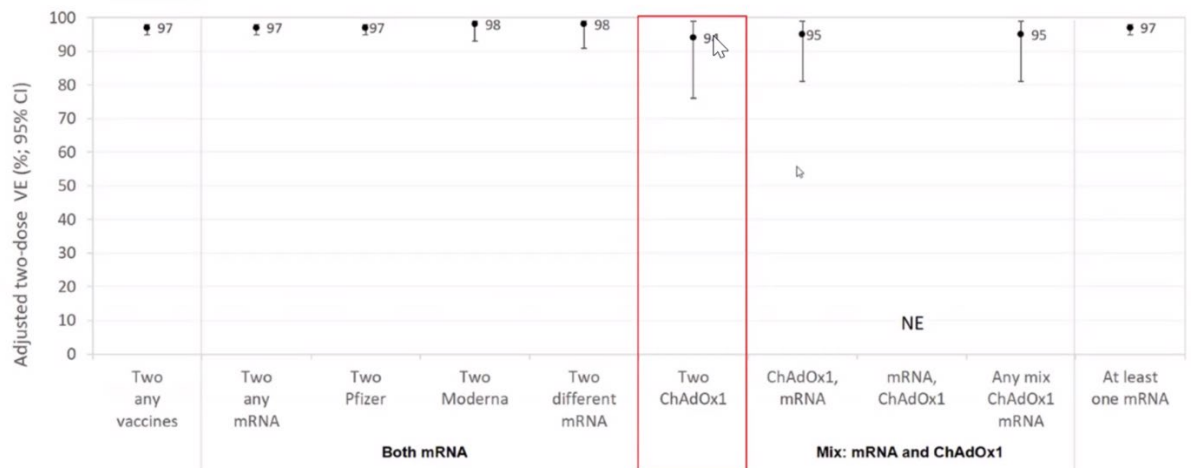
Last time we shared information about your risk of infection if you're doubly-vaccinated; your risk of transmission, etc. Here's where that **Island-specific** information came from, leveraging further discussion with our Drs Mike Benusic and Sandra Allison, as well as data from Island Health's internal COVID dashboard.

- Within the Island Health region, there are 775,349 individuals 12 years of age or older.
- As of September 16, 81.6% have received their second dose of vaccine (88.6% have had at least one).
- As of September 16, 83% of local hospital admissions, and 92% of ICU Admissions come from the 18% of our population who are unvaccinated.
- Vaccine effectiveness for two doses of an mRNA vaccine, or a mixture of vaccine types is the same at roughly 92%. There is, somewhat decreased effectiveness with two doses of AstraZeneca (71%).

However, when looking at the important end-point of hospitalization, there is no statistical difference if someone received two doses of AstraZeneca (error bars are larger because far fewer people in BC received two doses of AZ):

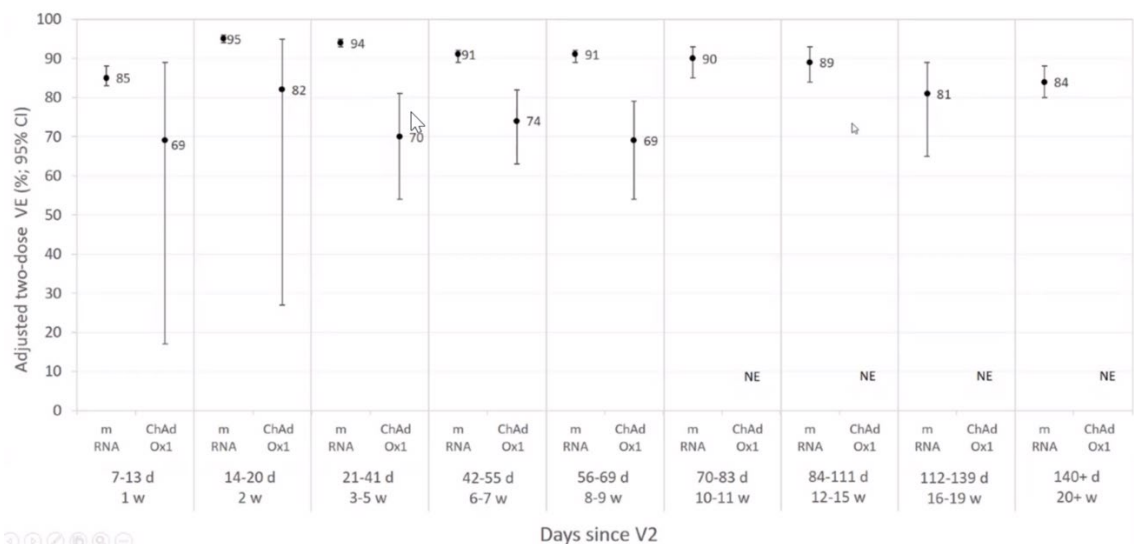
Two dose VE by vaccine type, hospitalization

COVID-19-related hospitalizations on or after specimen collection and within 30 days of specimen collection



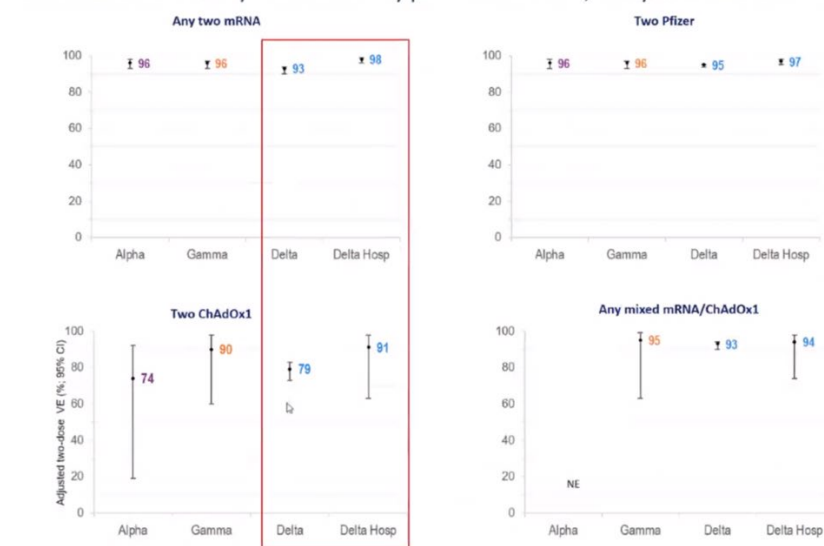
- If we look at vaccine efficacy over time, there may be some waning, however, hospitalization hasn't changed. In the future this may mean a booster dose is necessary, but not at the present time. The only individuals being offered boosters are those whose weakened immune systems haven't mounted a sufficient response after immunization.

Two dose VE by vaccine type and days since V2, any infection



- Our existing vaccines are just as effective against the delta variant, with regards to the endpoints of interest:

Two dose VE by vaccine type and VOC, any infection



Among all week 22-32 cases	N= 6268
Not characterized	519 (8%)
Genetically characterized	5749 (92%)
Delta	4472 (78%)
Delta Hospitalizations	185
Gamma	652 (11%)
Alpha	610 (11%)
Non-VOC	15 (<1%)

3. A collection of other information

Schools

With rising immunization rates and increased use of masks in school settings, Public Health decreased notifications of infectious students to just clusters and outbreaks of Public Health significance in schools. The goal was to reduce anxiety. Since then, with rising case counts amongst the unvaccinated (i.e. the younger population), Public Health has resumed posting all exposures, as well as clusters and outbreaks, in schools—and this morning an expanded mask mandate went into affect, covering all school-aged children.

Breakthrough cases

This refers to doubly-vaccinated individuals who are getting COVID. As mentioned in our last update, the risk of this is 0.016%. The vast majority of those who experience this are (as per Dr. Benusic), “90 year olds with multiple comorbidities, and their COVID symptoms are a runny nose.” That’s considered a success.

Rapid testing

The federal government provided provinces with a supply of rapid testing kits. Many have asked how those are being used in BC. Here, the decision was to use them in Long Term Care/Assisted Living, with a current requirement for rapid testing if an individual is unvaccinated—given the potential consequences.

Where are we headed

Ultimately, we will all get exposed to COVID. The question people must consider, is do they want to minimize symptoms, hospitalization and risk of death through vaccination, or do they want to get COVID without improved odds.

Physician COVID testing

If a HealthCare Worker needs priority testing, be sure to call **1-833-737-9377** 7 days a week, 8:30-4:30 pm.

As always, please reach out if you have questions, concerns, or new and improved ideas that you feel your colleagues could benefit from. Let's all continue to be kind, be calm, be safe, and be reassured that we will get through this fall season together.

Please join us Thursday, October 7, 6:30-7:30 pm for the [Q&A with Public Health](#) and [submit your questions in advance](#).

Regards,

Drs Aaron Childs and Jaron Easterbrook

Co-Chairs, Greater Victoria COVID Community Task Group

A collaborative partnership between the Victoria and South Island Divisions of Family Practice and Island Health