

oneVCH COVID-19 Bulletin

April 7, 2022



Fit testing for N95 respirators New fit testing options available for staff and medical staff

People Safety is pleased to announce the new mobile fit test team who are facilitating a number of new ways to access fit testing for staff who require use of an N95 respirator (e.g. perform [aerosol-generating medical procedures](#) or [provide care to patients on airborne precautions](#)). Staff and medical staff must be fit-tested annually, as per [WorkSafeBC requirements](#).

[Read the full story →](#)

Long-term care & assisted living Spring boosters for long-term care and assisted living residents

Yesterday, the Public Health Agency of Canada released guidance on the use of second COVID-19 booster doses in Canada.

In the coming weeks, an increase in COVID-19 illness from the highly transmissible Omicron BA.2 variant is expected. Studies indicate that the first two doses of the vaccine (primary series) are highly effective against preventing severe disease and hospitalization from COVID-19. The first booster adds to this protection but it's unclear how long the protection lasts with studies suggesting some decrease over time.

A second booster is now recommended in Canada for seniors who are at risk of severe illness. This recommendation is based on preliminary data which indicate that a second booster dose provides additional protection, is well tolerated, and there are no new safety concerns.

Beginning this week, all residents of long-term care, tenants of assisted living age 70+, and Indigenous people age 55+ in assisted living, may receive a second booster of COVID-19 vaccine:

- Six months after receiving a first booster dose, or;
- Three months after recovering from a COVID-19 infection, which ever is longer.

COVID-19 testing COVID-19 positive test result reporting changes

As of Apr. 1, self reporting of COVID-19 test results through the [online COVID Positive Test Result Reporting Form](#) will no longer be required.

If you have recently tested positive for COVID-19, visit the [COVID-19 Treatments](#) webpage to see if you may benefit from COVID-19 treatment. Please visit the [If you have COVID-19 webpage](#) for information on what to do if you have COVID-19 and how to manage your symptoms.

You can also call 8-1-1 anytime to talk to a nurse at HealthLinkBC. This service is available in 130 languages. If your symptoms worsen, or if you do not improve after five or six days, call 8-1-1, your family doctor or an Urgent and Primary Care Centre (UPCC), so they can determine if you need to be assessed again.

Go to an emergency department or call 9-1-1 if you:

- Find it hard to breathe
- Have chest pain
- Can't drink anything
- Have a very hard time waking up
- Feel confused

As of Apr. 1, the [online tool webpage](#) will have information for citizens on how to access treatment and how to manage their COVID-19 symptoms.

Update on sotrovimab efficacy and BA.2 COVID-19 variant

Various COVID-19 therapies are available for patients with mild-moderate disease at higher risk of hospitalization due to infection. Of these therapies, the **preferred option is nirmatrelvir/ritonavir (Paxlovid)**, an oral medication that can be prescribed by any physician within 5 days of symptom onset. Please refer to [available resources](#) for prescribing support. For the highest risk patients (those with ≥5% risk of hospitalization), who are unable to take nirmatrelvir/ritonavir (Paxlovid), intravenous therapy is available.

Emerging evidence indicates that sotrovimab (Xevudy), a COVID-19 therapy in use in B.C., may be less efficacious when administered to an individual infected with the BA.2 COVID-19 variant. As provincial whole genome sequencing indicates this variant is dominant in B.C., the province's COVID-19 Therapeutics Committee (CTC) and COVID-19 Therapeutics Review and Advisory Working Group (CTRAWG) are advising that remdesivir (Veklury, an IV antiviral therapy) replace sotrovimab as the first line intravenous agent, when nirmatrelvir/ritonavir (Paxlovid) cannot be safely prescribed.

Remdesivir, like sotrovimab, is administered by intravenous infusion in acute care and community healthcare settings. Remdesivir requires three daily 30-minute infusions which will require additional clinical follow-up and coordination compared to sotrovimab prescribing.

As the province makes this transition, Vancouver Coastal Health is prioritizing setting up appropriate clinical processes to ensure the safe prescribing of remdesivir across our region. Further information will be shared once these have been established to ensure prescribers have information and guidance to prescribe this agent. VCH referral processes for IV infusions will remain unchanged to ensure patients receive efficient access to therapies.

Note, if sotrovimab is used as a last line agent in rare circumstances where remdesivir administration is not possible when potential of benefit outweighs the risk, disclosure to patients of risks and benefits in consideration of individual circumstances (clinical status, patient values, logistics) is necessary.

Medical staff newsletters - spring 2022 edition now available

Check out the Spring 2022 edition of the [VCH Medical Staff Newsletter](#).

The theme of this edition is planetary health, and is filled with a variety of content for medical staff, such as:

- Message from VP & AVP of Medicine, Quality & Safety
- Spotlight on Dr. Andrea MacNeill, VCH Regional Medical Director, Planetary Health
- A 'Did you know' section featuring the latest VCH planetary health-related initiatives
- Green transportation options, photo submissions and other ways to get involved
- Upcoming courses and conferences for medical staff

To submit feedback or content ideas for upcoming medical staff newsletters, please contact: darren.nijer@vch.ca.

Medical staff forum Upcoming medical staff forum to focus on Planetary health and COVID-19 updates

Join us for a presentation from Dr. Andrea MacNeill, Regional Director for Planetary Health, Vancouver Coastal Health, on the environmental effects of the healthcare industry and how medical staff can help make a positive impact. There will also be a COVID-19 update and a live Q&A session.

Panelists: Dr. Chad Kim Sing (host), Dr. Ross Brown, Dr. Patricia Daly, Dr. Andrea MacNeill, Dr. Titus Wong

Date and time: April 20, 5 p.m. to 6 p.m.

Topic: Planetary health and COVID-19 updates

[REGISTRATION HERE](#)

Submit questions in advance using the registration link, or via email to: darren.nijer@vch.ca.

See [VCH Medical Staff Intranet](#) for content from previous medical staff forums.

COVID-19 DATA

COVID-19 data, including for long-term care, assisted living and independent living sites, is available on the B.C. Centre for Disease Control (BCCDC) website, including outbreak and case information.

[BC COVID-19 Dashboard →](#)

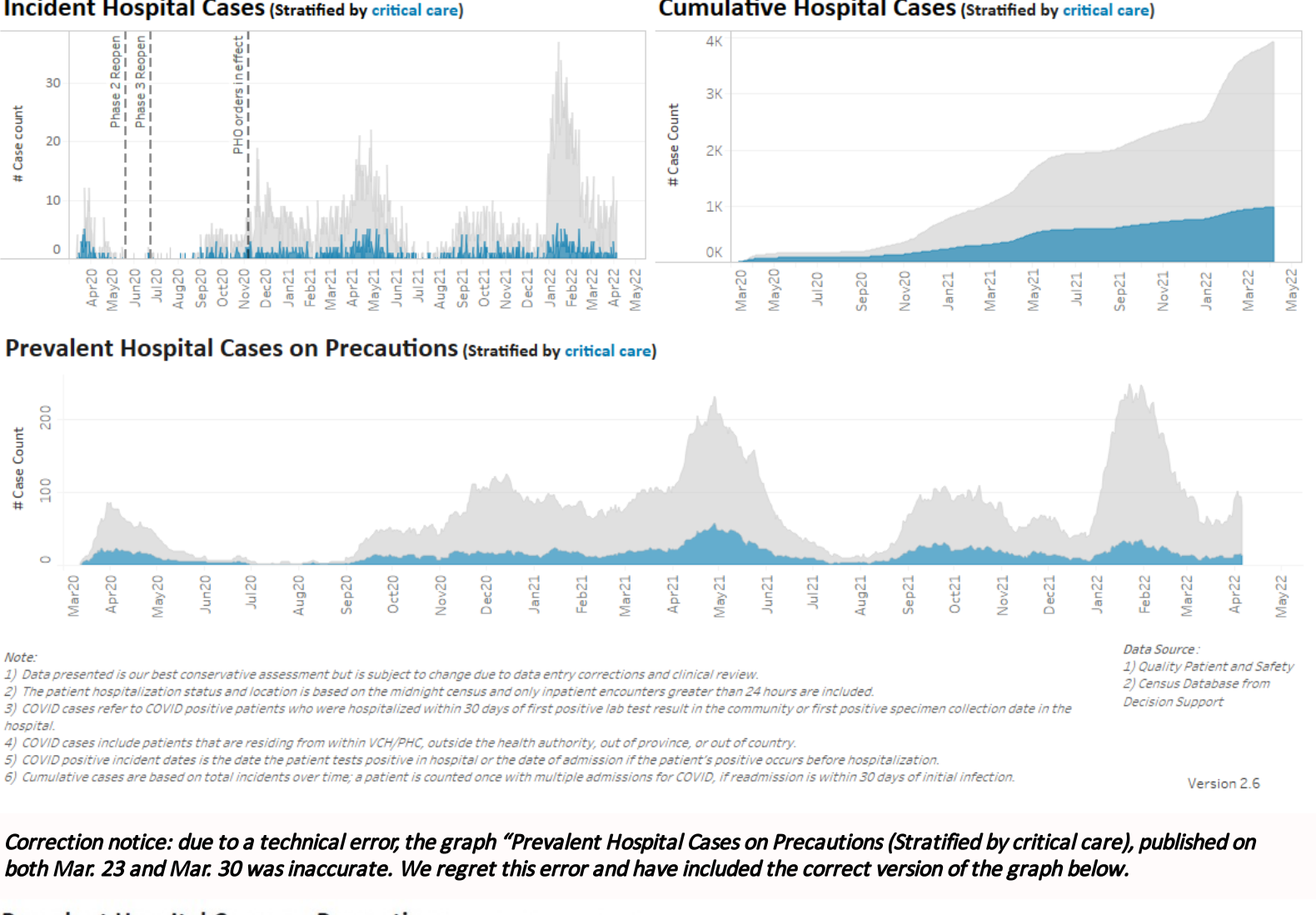
Incident and Prevalent Cases of COVID-19 in Hospital and Critical Care Across VCH/PHC

Reporting from 3/12/2020 to midnight of 4/6/2022 - *New streamlined version of the report with focus on cases that are on precautions as of July 14, 2021*

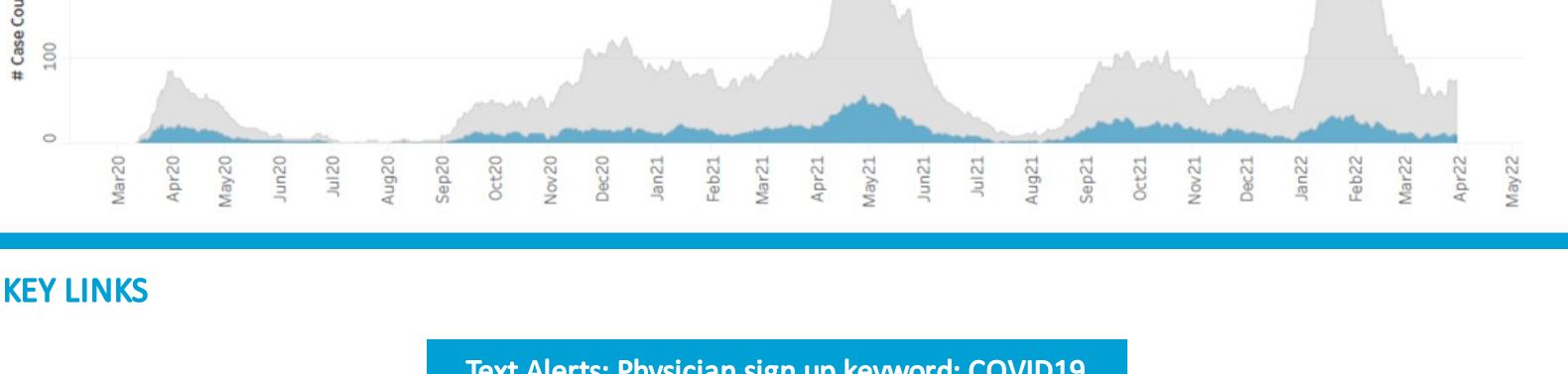
	New Cases/Incidents Since Yesterday	Today's Total/Prevalent Cases on Precautions	Cumulative Cases
Hospitalized	4	69	3,926
Critical Care (Ventilated)	0 (0)	12 (4)	978 (511)
Not in Critical Care	4	57	2,948
COVID-related Readmission within 30 Days of First Onset		0	265
Discharged (Deaths)	12 (2)		3,783 (484)

Note:
1) Data presented is our best conservative assessment but is subject to change due to data entry corrections and clinical review.
2) The patient hospitalization status and location is based on the midnight census and only inpatient encounters greater than 24 hours are included.
3) COVID cases refer to COVID positive patients who were hospitalized within 30 days of first positive lab test result in the community or first positive specimen collection date in the hospital.
4) COVID cases include patients that are residing from within VCH/PHC, outside the health authority, out of province, or out of country.
5) COVID positive incident date is the date the patient tests positive in hospital or the date of admission if the patient's positive occurs before hospitalization.
6) Cumulative cases are based on total incidents over time; a patient is counted once with multiple admissions for COVID, if readmission is within 30 days of initial infection.

Version 2.6



Correction notice: due to a technical error, the graph "Prevalent Hospital Cases on Precautions (Stratified by critical care), published on both Mar. 23 and Mar. 30 was inaccurate. We regret this error and have included the correct version of the graph below.



KEY LINKS

[Text Alerts: Physician sign up keyword: COVID19](#)

[Text Alerts: Staff sign up keyword: ALERT](#)

[Staff supports during COVID-19](#)

[Medical staff resources during COVID-19](#)

TOOLS AND RESOURCES

- [BC COVID-19 Symptom Self-Assessment Tool](#)
- [Wellness Together Canada: Mental Health and Substance Use Support](#)
- [COVID-19 Multilingual Resources](#)
- [LifeWorks Employee and Family Assistance Program Services](#)
- [VCH Virtual Health website](#)
- [Infection Prevention and Control \(IPAC\) website](#): Staff resources on how to assess, test and treat patients and protect patients and staff.
- [Infection Prevention and Control Policy](#): Ministry of Health
- [VCH Regional Pandemic Outbreak Response Plan](#): VCH Communicable Disease Control website
- [VCH Intranet](#): COVID-19 updates

REGIONAL EOC ORGANIZATIONAL STRUCTURES

- [COVID-19 VCH-PHC Regional EOC](#)

COMMENTS OR QUESTIONS?

[Please click here to submit questions or comments.](#)

REMINDER ABOUT MEDIA

If you receive a media inquiry, please contact our Public Affairs team immediately for support. Our media line is **604-202-2012** or email media@vch.ca.

The bulletins are distributed on Thursdays. Past bulletins are available on the [COVID-19 section of our VCH staff intranet](#).

Vancouver Coastal Health | one vch

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