

From: [Wilson, Nicole IGRS:EX](#) on behalf of [Protocol IGRS:EX](#)
To: [Protocol IGRS:EX](#)
Cc: [Khaira, Manjit IGRS:EX](#)
Bcc: s.16
s.16 : ['china.vancouver@gmail.com'](#); s.16 : [Felker, Karen IGRS:EX](#); [Jordan, Annette IGRS:EX](#); [Lobmeier, Lucy S IGRS:EX](#); [Gorman, Frances A IGRS:EX](#); [Elliott, Genevieve IGRS:EX](#); s.16
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Dix/Henry - COVID-19 update

By Legislature Press Theatre

Adrian Dix: Tomorrow and Wednesday we will be briefing at three o'clock here in Victoria. On Thursday we'll be issuing a statement at three o'clock, but there will also be a major briefing, including a technical briefing Friday morning, with respect to modeling, that will be in the morning on Friday. The public briefing will be later. There'll be a press technical briefing beforehand.

And with that, I'd like to introduce Doctor Bonnie Henry.

Bonnie Henry: Thank you, and good afternoon. Today's update covers the last two days here in British Columbia, so, two time periods between April 11th and 12th, and then, between April 12th to today.

Between April 11th and 12th we had 25 new people test positive for COVID-19 in BC, and in the past 24 hours, we've had 20 new cases, bringing us to 45 new cases since our last briefing on Saturday. The total in British Columbia is now 1,490 people who have tested positive for COVID-19 in our province. That includes 650 in the Vancouver Coastal Health region, 591 people in the Fraser Health region, 87 people here on Victoria, 136 in the Interior Health region, and 26 in the Northern Health region.

We have no new long-term care facility outbreaks. That remains at 20, 11 in Fraser Health and nine in Vancouver Coastal Health. We have had a number of new cases in those long-term care facilities, bringing our total to 254 people associated with long-term care facilities, who have tested positive, including 159 residents and 97 staff people.

Given we have a number of community outbreaks, as you're aware of. Primarily in the Interior, we have the outbreak related to temporary foreign workers in a nursery. There has been one additional positive case in that outbreak, bringing the number of people who have tested positive to 20. The ongoing quarantine and isolation of all of the people in that community, and Interior Health is working very closely with the owners and the property owners to make sure everybody is cared for and that they're able to self-isolate or quarantine effectively.

In addition, we've had, as you're aware, one case identified at the Okanagan Correctional Centre. That outbreak remains under observation. As we know, there is a 14-day incubation period, so there is ongoing testing and surveillance being done at the Okanagan Correctional

facility, but to date, only one person has tested positive and there have a number of negative tests in that outbreak response.

The other large outbreak response that we are dealing with we talked a little bit about on Saturday, at the Mission Federal Correctional Institute in the Fraser Valley. The outbreak continues to grow at that facility. We now have 35 people in the facility who have tested positive, including eight who are now in hospital in the Fraser Health area; of course, of great concern to us. We've been working very closely with Fraser Health, with Correctional Services Canada, and with the BC CDC to support the ongoing outbreak investigation, as well as the infection prevention and control measures that are needed within that facility. Our priority, of course, is to protect all of those who are in the facility, but ensure that British Columbians are protected as well, and that our community is able to respond and support people who are working in the facility, as well as the inmates in the facility and our hospital system.

We are working very hard to ensure that the transmission within that facility will be contained. Unfortunately, as we talked about on Saturday, there was quite a lot of transmission that happened before the outbreak was recognized, and we are now seeing people who were exposed over the previous two weeks developing symptoms. There is ongoing testing and surveillance that continues in that facility.

In terms of our cases here in BC, we have 137 people who are hospitalized. Of those, 58 are in critic care or ICU here in British Columbia.

Unfortunately, in the last two days we've also seen the number of deaths increase. We've had a total of 11 new deaths, to bring our total of people who have died from COVID-19 in BC to 69. That majority of those continue to be in long-term care. Our hearts go out to the families and the caregivers (inaudible) that passed away over the last few months, and the challenges that we know are facing the families across British Columbia.

We have 905 people who have recovered fully from this disease in BC.

One of the key things that we have implemented in British Columbia (inaudible) ongoing protection of our communities and our families as we welcome our fellow British Columbians home from where they might be around the world, is our requirement for approved self-isolation plans for all returning travellers. This came into effect on Friday, April 10th and I'm really pleased with the initiative. My thanks go out to the many people who are involved with supporting this. The success of this initiative is really to provide the necessary supports that enable our fellow British Columbians who are returning to self-isolate effectively to make sure that they have what they need so that we can support them, and they join us in making sure we're doing everything we can to stop transmission of this virus.

Since April 10th, 1,701 people have returned from around the world to British Columbia from around the world to British Columbia. That includes either by vehicle or by air, and we have the support systems in place and have been fully activated.

Thirteen travelers have required accommodation because they weren't able to immediately fulfill their self-isolation plan and 207 people have been contacted to ensure that they have what they need in follow-up.

Thank you to our many partners, the many public servants in BC who stepped up to be part of

this initiative and our partners with the Quarantine Service in the Canadian Border Services Agency. This is an important ongoing initiative to ensure that we're doing everything we can to keep our communities and families safe here in BC.

I also want to talk a little bit about personal protective equipment.

As you know, this has been something we have been consumed within the last few months to make sure that we have what we need. We continue to actively source and receive supplies of PPE for all of our health care workers and we want to thank you, particularly to our neighbors in Alberta for their additional supply that they provided to British Columbia over the last few days.

That's fabulous. We have enough PPE to meet our current demand but we are not out of the clear yet.

Many of you have also made very generous donations and we want to thank you for that, but to remind people that the best way for you to donate or to offer services and products is through the supply hub that has been established. You can go to supply hub, and that is an important thing for us because we have a team of a few people able to make sure that anything that is donated meets the specifications that we need, particularly the medical specifications. Even N95 respirators are not all created equal. They are made for many different things and some of them are used in industrial settings may not be appropriate for the medical setting. So, through the supply hub we can make sure that these are all tested and they meet the specific specifications that we need to be used in the health care system.

But we want to thank everybody for their ongoing efforts and contributions in this area.

Finally, around weekend travel, we have asked British Columbians to avoid nonessential travel, and we have received many questions about BC Ferries and about other travel options.

I think it's safe to say that we have been united in keeping our firewall strong across this province. BC Ferries continues to report more than an 80% decline on travelers on all of their routes. That is something that reassures us.

But I do want to say there are many reasons why people may need to travel and essential travel is still required to keep our province going, to make sure that we have the food, the medications, the things that we need in all parts of the province.

Goods and the people to deliver our services still need to move.

Many students, as well, are now returning home as the semesters have ended for our universities and that is an important thing for them.

I also know many people live and work in more than one location and that means that at the start and the end of their week they may need to be on the road.

But I thank you all for doing what you can to limit your need for travel and everybody whose efforts to stay home and stay safe and keep a safe distance from others over this weekend.

Today actually marks our 50th public update since this crisis began. It's a key part of how we are trying to keep you informed and make sure that you know everything that we are doing and that we all have the information that we need to take the actions to protect our families

and our communities.

And Minister Dix and I remain committed to maintaining these updates for as long as they are needed.

It is so important for all of us to keep going with everything that we are doing now. It is holding our line. It is allowing us to deal with these issues in a way that is the best that we can do for our province. We'll keep going without updates and with our 24/7 provincial response on this issue for as long as we need to do that. And I'm asking you as well to please keep on the line. Hold that line. Keep doing what you are doing, and especially for our youth and our young people and our children, remember that this is not forever. But it is for now and what you're doing is making a difference.

Thank you for doing your part with kindness and with care.

Adrian Dix: Thank you very much, Dr Henry.

I wanted to start by joining Dr Henry in expressing condolences for the families, and the friends, and the caregivers of the 11 people who have passed away since Saturday from COVID-19 in BC. It is a huge loss for those families, for everyone involved, for the community of friends around people. And I think it is made particularly difficult by the circumstances of these times where we're often not able to come together to grieve. So I wanted to pass on those condolences to all of the people affected. And I know all of those losses are felt profoundly by communities, and by families.

I wanted to note that Dr Henry talked about the 1,490 cases, the majority, of which, of course, are recovered in BC now. We do have 137 people hospitalized. And those are 75 in Fraser Health. They represent the majority of hospitalizations now in the province. It is, by far, the largest health authority. Thirty-seven in Vancouver Coastal Health, 12 on Vancouver Island, ten in Interior Health, and three in the Northern Health authority.

And just to put it in context, we now have, as reported regularly, 4,844 vacant beds in BC. That means that overall the acute care system is at about 56-57% of capacity. And our critical care units are at 46.8% of capacity. I just wanted to briefly say what I think everyone understands, but sometimes we don't say explicitly, is that is an extraordinary, remarkable effort by people in the community, by primary care physicians, nurse practitioners, and nurses, and others, by all those involved in public health.

That so many people have recovered in their homes, with the support of public health, is a demonstration of where a huge part of the effort have been to fight COVID-19, and to help people recover when they get sick from COVID-19. And I wanted to acknowledge that today -- that you don't have that many people in the community who might regularly be in acute care without an extraordinary effort by everybody in the health care system.

I wanted to say a few things about PPE. That we, of course, are continuing to have success sourcing PPE from some traditional vendors, but also new international vendors, the federal government, and donations. I would like to join Dr Henry in expressing our appreciation for the generous offer from Alberta to share 250,000 N95 respirators with us. This is a great example of provinces working together to ensure that we don't find ourselves in critical situations.

And as I said before, our supply continues to arrive in amounts that is keeping us ahead of the need. We would love to say we're in a position that we're flush for a long time. That is still no longer the case. We still have to work on this, both on the supply side, and ensuring that we use PPE properly. Over the weekend, the Saturday and Sunday, we had an example, for example, a shipment of PPE that arrived with 109,800 N95 respirators, 51,000 face shields, and 1,200,000 gloves. More shipments are expected to arrive this week, but as is our pattern, we're not going to announce shipments until they arrive.

I would like to also reiterate that despite unprecedented international demand for PPE, BC is making sure that our acute care settings, but also long-term care and assisted living, and other areas of the health system that need PPE to keep health care workers, and residents, and populations, and patients safe, get those. We appreciate that there are needs outside of those [inaudible], and we're working hard to bolster our supply so that we can continue to meet needs in the full spectrum of health care.

I would also like to acknowledge, particularly in the provincial health services authority, but all of the health authorities, the work that is being done to sort, and to assess, and to test PPE that is coming from new sources to BC, and make sure that every piece of PPE that comes into the province is safe and effective before it makes its way into the health care system.

Clearly we're very happy, as well, with the work that has happened at land borders and at airports -- a lot of it led by BC public servants. We're very proud of their work, very proud of the fact that so many people who have come have now filled out -- all the people who have come have filled out self-isolation plans where they can. And where they can't, they're being assisted, either to fulfill their self-isolation plan at their place, at their home, or their place of residence, or get assistance through receiving accommodation from the provincial government. And we also want to [inaudible] at the federal level for that.

I think that change, which we're hopeful will be followed up by other jurisdictions across the country, because people who return to BC often do so through Toronto and through Montreal, that those measures will be taken up across the country soon.

I want to acknowledge the work of Vancouver Coastal Health and Fraser Health in establishing new acute care surge capacity, both at the Vancouver Trade and Convention Centre -- that's, I think, 271 beds -- and at Royal Columbian Hospital with the new phase 1 development at Royal Columbian Hospital; a further 80 beds. That work was done extraordinarily quickly, and I'm very proud of the work that has been done.

And finally, I would just say about the weekend -- we had information from BC Ferries and others. And just to put it in context, because I know that there has been a lot of discussion and a lot of frustration in communities about people who may appear, at least, to be travelling unnecessarily. And there is some concern about that. And undoubtedly, there are cases where that is the case.

However, I would like to note that, on the major routes, according to BC Ferries -- and this is information we have received from them, that I think they're making available publicly -- last year, 2019, on the major routes, which are the Swartz Bay-Nanaimo-Tsawwassen routes, 173,284 people from Thursday to Sunday on Easter weekend. This year, 14,633, which is 92% less. On the Horseshoe Bay-Langdale route -- last year 21,398, this year 3,911. The Southern Gulf Island routes -- 23,349, to 3,342. Other minor routes -- 42,904 to 8,908.

I think one of the reasons, and having spent, obviously, time in my home this weekend, and I have been [inaudible] my neighbourhood of Vancouver. One of the reasons why I think there is a lot of focus on people who are not following the rules, or seem not to be following social distancing rules, or physical distancing rules, is the extraordinary work that is being done by everybody. And I am very proud of the people in my neighbourhood and my community, and communities across BC, who are doing extraordinary work. And of course it's not perfect. And maybe it can't be perfect. At least it's not perfect yet. But I remain amazed and respectful at the same time of all those British Columbians who are sacrificing so much in this cause.

It is humbling that our whole communities have been involved. And we have to stay that way. We have to stay 100% committed, and we have to stay 100% all in. Our path is as clear as that achievement of what we see in our communities now. We have to bend the curve, not the rules. We need to follow the rules, and flatten the curve. Continuing to meet this challenge will see us through the weeks and months ahead. Bend the curve, not the rules; follow the rules, flatten the curve.

And with that, we are happy to take your questions.

Q&A

Reporter: Minister Dix, you mentioned following the rules and this is for both you and Dr Henry. There's been a video posted online. I'm not sure if you've seen it in Vancouver. It's been viewed more than 1.7 million times and advocating for breaking those rules and going outside and enjoying the sunshine.

Do videos like this concern you that the message will resonate with people and people will watch this and say, hey -- how about I go out and break these rules as well?

Henry: I'll start by saying that I think there are lots of really great videos out there, including certain cooking shows that I was amused to watch. I think it reflects that people are paying attention, and they may be looking at videos that tell them to break the rules, because of concern. I get a lot of emails about it. But I think if we look, and I look in my neighbourhood, we look at places around the province, the vast majority of people are doing what we need them to do. I do think it is important for us to go outside. I think it's important for our mental health as well as our physical health, and our family health. So I encourage people to go outside, but to do it in a way that maintains that distance. We know this virus can't magically jump between people. So when you are outside, if you have that distance between you, you're being safe. I have seen many, many examples of people who are having a conversation with their neighbours from a safe distance. We can't lose that important connection that we have. People are out with their families, with their housemates, having picnics, sitting in the sun, going for a walk. Those are fine. It is the gathering together inside that we know this is most likely to be transmitted. I'm really grateful that most people are following the rules.

Adrian Dix: Richard, someone told me about this. I think we've seen in the past number of weeks, one or two examples of people behaving very badly. That may be inevitable in these times that people are attempting to, essentially, promote themselves. What I think is genuinely, if you look in any depth at their other views, are marginal views. I think what I'd say to people is focus on what we need to do together and don't allow people who are attempting to promote themselves by using the suffering of others to distract us. Don't promote them. Don't look at them. But focus on what we need to do together.

Reporter: Good afternoon. Dr Henry, I know a couple of weeks I think you said that you hadn't entirely given up hope about a partial reprieve from the summer with influenza, you know, if the virus acts like influenza to some extent and that you've been keeping an eye on countries like Australia and New Zealand. What's your thought about that today?

Henry: It's really challenging to tell. We're now seeing in New Zealand and Australia slight increases. We're at that transition zone right now where we have seen influenza fall away here. People are still early into the influenza season in the southern hemisphere. I really can't tell yet. It's discussion we're having with those who know way more than me about respiratory viruses around the world. I think that the challenge we have is this is such a new virus and there's so little immunity to it that it may still continue at a lower level, even if it wanes somewhat with the warmer weather.

So I think it can't hurt us. It may be helping us, particularly over the coming weeks, will see that. Reporter: This is for Dr Henry or I guess Minister Dix. I'm curious whether or not BC is going to be ordering any of the new rapid tests developed by a company out of Ottawa. And if not, why not? And if so, how many?

Henry: The new test developed by Spartan. It's a NAT test, we call it -- a nuclear nucleic acid test, which tests for RNA in this case of the virus that we're looking at.

Our labs are doing that type of test already in British Columbia, so it is a nucleic acid test that we do at BC CDC lab, and we now have, as you know are, our seven linked labs in British Columbia.

We've also been on a more rapid test that we can deploy to some of the areas where we have challenges with transporting specimens back and forth. So it's a very similar type of thing to the Spartan machine, and it's one that uses a gene expert, which is a machine that we have to happen to have some of in British Columbia. Our strategy right now is to deploy those to areas of the province where we are having challenges with turnaround time around testing and that has been rolled out over the next week or so. This new test has very low capacity as well, so you can't do a whole lot at once. It is also good for these types of things in more remote communities, where you can do it within a fairly short turn around time.

But right now we have an already proven machine that can do that, and the tests available to do that that we're deploying.

The other thing that we understand from the Spartan test is the initial ones are also already spoken for, so we wouldn't be until later in the summer that they'd be available. We're focusing right now on the deployment of the tests that we have in hand over the coming weeks, But of course will be watching and seeing where these might be of value for us once they once they become more available later on in the summer.

And the other thing around testing, of course, that we're really focused on, is how we can supplement our understanding of this pandemic in British Columbia with serology testing. And I'm very excited to know that that's going to be coming on line, hopefully in the in the coming week, ten days. And our strategy, and we'll talk more about this later this week, about how we can use serology to better understand the pandemic so far, and how we can use it to support our measures going forward.

So those are the two areas that we're working on right now.

Reporter: Dr Henry you co-authored a paper nine years ago -- Social Distancing As a Pandemic Influenza Prevention Measure.

To sum it up as briefly as possible, you reviewed a lot of scientific studies from around the world and I think you raised some questions about the empirical evidence that shutdowns have an impact, particularly school closures. I don't know if you recall that that piece off hand, but I was just wondering if you could discuss that?

Henry: Sure. As I've said, I've been involved in thinking about these types of things for a number of years, including on a WHO technical advisory group on our Canadian Pandemic Influenza Planning Committee, which I chaired for a number of years.

That paper came out of our experience with H1N1, in particular around the world, and there was a lot of discussion internationally and nationally about whether school closures made a difference in the trajectory of that pandemic.

And my concern, a lot of it is based on modeling. And of course, as you've heard me say, many times, modeling has its challenges. It helps in understanding some aspects of what could be expected. But none of them are perfect, and none of them are right. They're not predictive.

So, in that paper, my concerns were really about balancing the impacts, particularly of school closures. This was a focus that we had been looking at. I'm only one of the authors of it, that we had been looking at a long time, and it is reflected on how we're managing with our schools here in BC now.

We know that if you have school closures, for them to be particularly effective, in an influenza pandemic, it needs to be for a fairly lengthy period of time. We're seeing that as well with coronavirus.

And we know that there are some people that are more disadvantaged during a school closure than others, particularly students who may have a chaotic home life who may have issues with food security in their home life, may have issues with being able to access online resources, for example. And we know that children who are falling behind when we have prolonged school closures, they may never catch up in their lifetime and that has effects on their health and on the health of their families going forward for many generations.

The point of that paper was saying we needed to understand how we could do school closures to minimize transmission risk but still support those most in need in our communities and those children who are most in need so that they don't fall behind so much and that is one of the things that we have been working very hard with the Ministry of Education here in BC, to ensure that we reach out to those families where students have more needs, where the school lunch programs, for example, may be one of the most important meals of the day for many children, and many families across the province.

And there have been some really great initiatives in the school districts around the province to support those children and those families. That was the focus of the paper for me, was really about recognizing the unintended consequences of prolonged school closures, and making sure that if we did them, if they were the thing that needed to be done, as in this case, that we did them in a way that supported the most disadvantaged.

Reporter: Hi Dr Henry, Minister Dix. I'm wondering if there is any explanation why the Fraser

Health authority has more people in hospital than all of the other health authorities combined? I know it's the most populated. But is there something going on there that is not going on elsewhere?

Henry: I think there are a couple of things. Some of it is related to where the outbreaks were in Fraser Health. In particular, now we know that at least eight of the hospitalized patients are related to the Mission correctional facility. So yes it's a little bit of the population affected. Many of the earlier travel-related cases, for example, and where people are living.

So there is nothing particularly different. One of the things in Vancouver Coastal that has led to, perhaps, a lower hospitalization rate has been that many of the cases have been in long-term care. And people have been staying in their residence in long-term care, rather than being transferred to hospital.

Can I just say -- I will be presenting some more data later this week, along with our modeling around the demographics and the epidemiology of who has been affected by this virus -- what are the age ranges what are the locations, the types of epidemiological information that will help you get a better picture of who exactly has been affected.

Reporter: I just wanted to ask you, at the federal level there has been a lot of talk about outbreaks at long-term care facilities. BC introduced stricter measures about a month ago. And I know today you're talking about more cases at some of those facilities.

Can you talk a little bit about why you think we continue to see those, and if it's possible to fully restrict the number of cases that are coming out of those facilities? And also wondering if you can just clarify, out of these 20 cases, does that include South Granville Park Lodge where we are hearing there is another cluster of cases?

Henry: Yes. A couple of things. As you are aware, one of our first outbreaks was the Lynn Valley Care Centre. And it was one of the first cases that we had here in BC. So we recognized very early on that as soon as there are cases in residents in a care facility, that is an indication that there has been transmission that we may not have recognized for some time. And with all of these outbreaks with this virus, once you get behind and are playing catch-up, it's very challenging.

We're seeing that in the Mission Correctional Facility as well. So there are a number of the long-term care facility outbreaks where several cases were identified. And then, of course, once you identify a case, you know that there are people who have been exposed. And we have to wait the two weeks incubation period to understand who is actually going to develop this disease.

We have also been learning about this virus over the time that the outbreak started. We know that, particularly in elderly people, they can have extremely mild symptoms. And that is why we have expanded the testing in long-term care facilities to make sure that even people who are asymptomatic, or have very minimal symptoms who have been exposed are tested and are isolated if need be.

It is incredibly challenging, once you start having an outbreak, when there has been transmission, understanding who has been exposed and who hasn't. And then when they develop disease, even recognizing it in some people. Either elderly people who may have very mild symptoms, or young healthy people -- most of our health care workers -- who also may

have very mild symptoms. So it has been a challenge, and we're seeing that across the country and around the world where we have vulnerable populations who are in those types of settings where they are congregate settings, whether it's a correctional facility, whether it's the nursery where the temporary foreign workers are living in conditions where they're close together, whether it's a cruise ship.

So it's very challenging. We put in very strict measures early on -- reducing visitors, and that itself has its impact in long-term care, when older people who may have dementia or other needs aren't getting the physical contact that they need and the contact with their families that they need -- that can hasten people's decline as well.

We recognized this very early; we're trying to do as much as we can to protect those environments. And it has been very, very challenging. I think made even more challenging several weeks ago by our paucity of personal protective equipment for many of those settings. We are in a much better place now. We are in a much better place with not having health care workers in long-term care moving around. Though that has taken some time to sort out, because it's such a complicated issue. But, as we're seeing with the continuing tragedies in those care homes, once the virus is introduced into those environments, it's very, very challenging to manage.

Reporter: I guess this is for Dr Henry. Thank you for taking my question. At what point are you going to start cracking down on defiant wing-nuts who claim their rights are being violated during a state of emergency, and ordering beaches to shut down?

Henry: We have said this before, and I think that there are, as Minister Dix said, there are some people who are trying to make their name for themselves, to do things that they think are defiant. But we know that most people are following the rules. And that is making a difference. And we know that most people who are flouting things may not appreciate the issues that are going on.

I believe that we are doing the right things, and the vast majority of people are doing the right things, and that we need to give people the understanding and the means to do the right things. So rather than closing down beaches, I think we need to ensure that people are aware of the rules. We need to step up some of the enforcement of those rules. And we have bylaw officers in all of our communities now who are able to do that. And we need to put in measures that make it less easy for people to flaunt the rules, if you will.

So simple things like closing some of the parks to vehicular traffic so that there is more ability for people to have space, and making sure that the beaches are able to support people being with their families, and being outside, and not mingling with others. And quite frankly, when I go out and see the beach, and when I go to the park on my runs, I see most people are doing the right thing.

Reporter: Dr Henry, you mentioned we might be playing catch-up in some of the outbreaks at long-term care centres. In order to try to get ahead of the outbreak at South Granville Park Lodge, in particular, shouldn't all the health care workers and residents there now be tested for COVID-19?

Henry: What we are trying to do for all of the outbreaks that we have and for all long-term care facility is put in those preventive measures. Part of the important part of the preventive measures is assessing health care workers everyday for screening for symptoms, screening

residents sometimes several times a day for symptoms, wearing a personal protective equipment for all of the interactions.

The testing, unfortunately, doesn't tell us the whole story. People can be negative one minute and positive within an hour. The test itself is not as sensitive as we expected it to be at the beginning. We now know the false-negative rate can be as high as 30% early on in infection. The norm is not to test people who do not have symptoms because we know the test doesn't perform very well and we can have false negatives.

Having said that, when we do have outbreaks, and we do recognize that people have symptoms in a care home, then we have a very low threshold for testing anybody to make sure that we can try and get ahead of it as best we can. The testing strategy, as I've talked about, has evolved, and it's evolved around our management in long-term care homes as well.

Reporter: [audio dropout] see some other countries begin to lift restrictions and attempt to begin a path back to normal life, I'm wondering what you would need to see here in BC to seriously considering starting that process of returning to normalcy. What restrictions would be lifted first when that happens?

Henry: I don't have those answers for you yet, just to say there is a whole variety of things we're looking at. Part of it is the context that we're in, both in Canada and in North America, that's important. We need to be cognizant of what's happening across the country and our jurisdictions that are around us because that affects us as well. Things like putting in our border measures are really important. Recognizing that we're at the same place as our neighbours in Alberta, across the prairies, what we're looking at in Ontario and Quebec as well.

Those are some things, what's happening around us. We'll be looking at what's happening in BC, where the outbreaks are, how much we're doing testing in the community, our ability to detect outbreaks, but also, and some of the modeling will help us understand this, what are the signs that we're starting to see increases again. And then we'll be looking at what are the things that are most relevant to get going in our communities and in our health care sector.

There's two different things that we're looking at right now. What are the things that we need to get our economy, our communities, getting people going, and what are the things we need to do in our health care sector that we can manage so that we can take care of increased numbers of COVID-19, should we start to see them, without compromising the rest of the care system.

It's complicated. We, of course, are watching what people are doing in other countries where they're trying to take off restrictions to see if there's ones that we want to stop with. I will say that the basics -- the hand hygiene, the safe distancing, the making sure that our workplaces are able to have the enhanced cleaning, the safe distancing, the working from home -- those are things that are not going to change for a while. Those are things we're going to have to be continuously thinking about doing for the next coming months until we have enough herd immunity that we're not going to get dramatic increases and rapidly increasing infections in our communities.

We're also looking very much at the public health system and how do we support the ongoing testing and contact tracing that's needed to help us keep an understanding of where things are happening in the community.

It is complex and there's lots of very wise people with way more expertise in this area than me that are looking at this over the last coming weeks. We'll be describing some of this in more detail later this week. [sss, adv, agg, mjag, mcfd, ctz, edu, embc, empr, env, fin, forr, hlth, tnf, jtst, lbrr, mhaa, maz, pjjh, pssg, msd, tacz, tran]

From: [Wilson, Nicole IGRS:EX](#) on behalf of [Protocol IGRS:EX](#)
To: [Protocol IGRS:EX](#)
Cc: [Khaira, Manjit IGRS:EX](#)
Bcc: s.16
s.16 "china.vancouver@gmail.com" s.16 ; [Felker, Karen IGRS:EX](#); [Jordan, Annette IGRS:EX](#); [Lobmeier, Lucy S IGRS:EX](#); [Gorman, Frances A IGRS:EX](#); [Elliott, Genevieve IGRS:EX](#);
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Subject: Dix/Henry - COVID-19 update - transcript
Date: April 15, 2020 2:13:00 PM

Good afternoon,

We are pleased to provide the transcript below from April 14, 2020 regarding the latest B.C. Government news on the Novel coronavirus (COVID-19).

Office of Protocol

Intergovernmental Relations Secretariat

[PO Box 9422 Stn Prov Govt](#)

[Victoria BC V8V 1S2](#)

Media Availability, 14-Apr-2020

Dix/Henry - COVID-19 update

By Legislature Press Theatre

Adrian Dix: Both Dr Henry and myself would like to thank the team that are helping deliver our updates to all of you. You may be most familiar with Nigel Howard, who is somewhere beside me, over here, and how is often on camera. But he works regularly with Sara MacFayden, and they make an amazing duo. It's really a team effort, as I think Nigel would be the first to acknowledge. And to the entire team -- Scott, Jennifer, Nicole, Tyler, Jessica, Suzie, Piper and Kristi, thank you for all your work. And I'm happy to introduce Dr Bonnie Henry.

Bonnie Henry: Thank you. Good afternoon.

For today's BC COVID-19 update, I will report that we have 27 new cases who have tested positive in the province in the last 24 hours, bringing our total to 1,517. That includes 658 in Vancouver Coastal Health region, 601 in the Fraser Health region, 89 on Vancouver Island Health region, 141 people in Interior Health, and 28 people in the Northern Health region.

We have, in addition, one additional long-term care facility outbreak reported in Vancouver Coastal Health in the South Granville Park Lodge. And, as always, the list of the long-term care facility outbreaks will be included with the statement release. We have 20 other long-term care or assisted living facilities with ongoing active outbreaks, including 289 cases so far -- 165 residents and 124 staff.

In addition, we have three additional positive cases at the nursery facility in Interior Health where we have had an ongoing outbreak, and monitoring that Interior Health is doing with the premise where we had a number of temporary foreign workers who have tested positive. The facility outbreak at the Okanagan Correctional Centre remains at a single positive case so far. But there is ongoing outbreak measures at that facility.

And, as we have talked about over the last few days, we have an ongoing and concerning outbreak at the Mission medium-security correctional facility in the Lower Mainland. As of official reports, there are 41 test positive cases. We know there is ongoing testing, and cases pending. We currently have seven people from that facility who are in hospital in BC.

In response to that, we have had an ongoing effort over this weekend to beef up the outbreak response, the infection prevention and control measures, and the investigation of the outbreak, and management of the outbreak between the province, Fraser Health authority in particular, and Correctional Services Canada. And as part of that, Abbotsford Regional Hospital has developed a dedicated unit to ensure that people can be safely and securely cared for, if need be, in hospital.

In addition, Fraser Health is looking at redeploying the mobile medical unit that we have in the province that is able to look after people in a hospital setting, and include critical care if need be. This mobile medical unit has been set up at the Vancouver Convention Centre. But it will be redeployed to the Abbotsford area to provide additional support for this ongoing and very concerning outbreak that we have at the Mission correctional facility.

In addition, right now we have 134 people in BC who are hospitalized. And of those, 58 are in critical care ICU. We have an additional three deaths to report today, bringing our total of people who have died from COVID-19 in BC to 72. All three of these were deaths that occurred in our long-term care homes -- two in Vancouver Coastal, and one in Fraser Health. And our condolences and our thoughts and prayers go out to the families and the care providers for these people who have been affected by this virus. We have 942 people who have recovered fully in BC now.

I wanted to talk a little bit about the pandemic response, and want to thank a number of people who have been really actively engaged in helping us build our firewall that we will need to continue for some time to come here in BC. First, the mobile medical unit that I mentioned. The team is going where the need is greatest at the moment. And we appreciate their flexibility and their expertise in being able to support our response.

In addition, I really want to thank the many public servants at our land and air borders. People from the public service in BC who recognized what we needed, and stepped up to a call for volunteers. They are supporting travellers who are coming back to BC to self isolate. They're assessing their self-isolation plans, and ensuring that this is done safely so that everybody can meet what we need them to do -- our expectation that they self isolate for 14 days.

We are in this together. And this is our way of supporting other British Columbians who are coming back home. We need this for now, and we need this for our future, because this is going to be an important piece that we do going forward to make sure that, if and when we're at the point where we can reduce some restrictions here in BC, we're not reseedling, or adding more sparks to our province in people coming from around the world. So we expect that this border control effort will be going on for some time. And we were happy to hear that the federal government has now put in place an order in council that extends these same types of supports and a requirement for self-isolation plans to all the borders in Canada, as we feel that is an important way for us to protect ourselves going forward from this virus.

And just to give you a sense of the numbers, there were 2,337 arrivals over the last few days, since this was put in place in BC. And 24 people have been offered accommodations. Everybody else has been supported to self isolate. So that, I think, is a big success story, and

an important part of our firewall for the future.

Today, as well, I want to recall and talk about the fact that COVID-19 is not our only public health emergency in BC right now. Four years ago today, we declared a public health emergency because of the overdose crisis that is was affecting our communities, again, around this province, affecting our families, our brothers and sisters, our uncles, our friends. And this crisis also continues. I am acutely aware, and continue to be acutely aware of the suffering and loss that is being felt by people who use drugs, by their families, and by their communities. Many have lost loved ones. In particular, the challenge that people have around stigma, and around the concern about accessing help, and getting the help that they need.

I want you to know that you are not alone; that we are not slowing down our response, or taking our focus off the importance of being able to support people who use drugs, and their families, and our communities. We're not letting this crisis overtake the importance of our response to our overdose crisis here, and the work that we need to do to continue to support people who use drugs.

We have teams that have come together to address these two emergencies, and dedicated to providing support to people who are at risk of both of these crises. We are working diligently. There have been a number of movements already. You have heard from Minister Darcy around this, around emergency housing options. And we are continuing to work on making sure that people who need those housing options are able to access them in the coming days.

So people who are experiencing homelessness and other issues, mental health crises, along with their concerns around substance use, are able to get the support they need to effectively isolate, but also to care for their needs. Their access to overdose prevention sites, the appropriate access to supervised consumption services. And some of these have had to be modified and changed. And that is a challenging thing.

We have also increased and expanded our ability to provide people with pharmaceutical alternatives to what we know is an incredibly and increasingly toxic street drug supply. We also know that many of the more vulnerable people in this community are challenged now for even accessing the basics, such as food. And there are many things that we're putting in place to support you and to continue to support you through these two crises.

We want all of those who are living with substance use and addiction, and other major health issues, to know that you are not forgotten, and we are continuing to make sure that we have those safety nets in place for you. What you are doing today, and what all of us in BC are doing, is making a difference, and it matters. And there have been incredible sacrifices. And we're very much aware of that. But your efforts, and the efforts of everybody in BC, to keep our communities and our families safe, and to contribute, has made a difference in our collective wellbeing.

So, as these crises continue, I want to remind people take care of yourself, and to take care of those around you. Everyone, we all have a stake in this. And we need to continue to look after ourselves and to look after our communities. And to remind you to be kind to each other in doing this, to be calm, and to stay safe.

Adrian Dix: Thank you very much, Dr Henry.

I wanted to join Dr Henry is expressing my condolences to the families of the three people

who died in the last 24 hours from COVID-19 in BC. All three are in either the long-term care assisted living sector, and living there. And that makes it, in many ways, all the harder, because those sectors right now are very difficult for loved ones to visit. And it makes, I think, the grief that many people are experiencing right now with people who have passed away in long-term care homes, or assisted living homes even worse.

The personal contact, the final moments sometimes aren't there. And I want you, and I know this is certainly Dr Henry's view, but everyone's view who is working on the COVID-19 question, to know that we aren't living your grief in the same way, but we see your grief, and we want to extend our condolences to all of you.

As Dr Henry said, there are 134 people hospitalized with COVID-19 in BC today. That's 73 in Fraser Health, 11 in Interior Health, ten in Vancouver Island Health, three in the Northern Health authority, and 37 in the Vancouver Coastal Health authority. And when we look at our acute care sector, that is 4,703 beds that are currently empty. And that means an occupancy rate of 58.1% across the system, and 45.7% in critical care beds in BC -- in ICU beds, and other critical care beds. So that is the situation in the province.

I wanted to thank all of the people who are working at 8-1-1. Again, yesterday, response times, on average, were well under a minute. And I know that they continue to do dedicated and committed work. I think it is also a reminder, on this very significant day, the fourth anniversary of the declaration of the other state of emergency in health care in BC, the opioid crisis, to note what people are doing across the province.

I want to note the statement released today by my colleague, the Minister of Mental Health and Addictions, Judy Darcy, and all of the efforts being made that are continuing to be made in that ongoing state of emergency, that ongoing crisis that has so affected our society. So we have two states of emergency, and we continue to be hugely dedicated to dealing with both.

I also want to say that there is, of course, a lot of other things happening in health care right now. And we have talked about surgeries. I can say, on surgery cancellations, and the decision to cancel elective surgeries -- to date, I can report that 13,938 surgeries have been cancelled. And that is obviously a very significant thing.

But what's also true is that there continue to be surgeries in BC for people in emergency circumstances, for example, who might break their leg -- it will be set in the ER -- and other surgeries that may be elective in the sense that they scheduled surgeries, are going on.

I just want to note that in the same period I described, 13,938 cancelled in that period, 8,221 surgeries have been completed in that time and a little more than half of them are scheduled, urgent surgeries that required action right away. That's about 4,500 and the remainder were unscheduled or emergency surgeries for various reasons. What it tells you is that people are continuing to work in other aspects of the health care system.

One of those areas, and one of the groups of people who struggle most, who we feel are people who dealing with or have family members dealing with ALS. For example, we are contributing and letting people know that this happened a little while ago. We provided \$1m to the ALS Society of BC to develop an ALS Centre of Excellence in Vancouver to help, not only serve patients in Vancouver, but also province-wide through mobile clinics.

It's an indication of the enormous pressure in health care right now, where people continue.

People living with ALS may be unaffected -- and hopefully unaffected by COVID-19 -- are dealing with a debilitating medical condition and they continue to require our support and we're continuing to work on all of those issues from the other state of emergency around opioids to many other issues affecting health care.

Finally, I want to say that what these cancellations of surgery remind us of is the need to be committed ourselves, to continue to be 100% all in on all the measures that Dr Henry has put forward over the last number of months, because there are people who are sacrificing a great deal, who maybe do not even choose to sacrifice but are sacrificing and that requires those of us who may be sacrificing less than that an absolute commitment. People are struggling in every way from economically to medically with these circumstances.

What that tells us is that we have to continue to be 100% all in for those we love and for those we don't know, but those who are struggling in our society. I ask everybody to recommit today, as every day, to our joint effort to fight COVID-19 in BC.

We're happy to take your questions.

Q&A

Reporter: According to a directive on April 10th, regional health boards are to establish working groups to facilitate the restriction of care aides to a single care home site, and these medical health officers may make exceptions to this single site rule. Fraser Valley currently has made an exception stating there are no restrictions in terms of the numbers of facilities care workers can work at except those care workers currently working in a home with an outbreak.

Care workers and LPNs continue to travel between multiple sites in a single day, and sometimes using a single mask and single pair of gloves at multiple sites throughout the day. Based on these concerns, do you think you're doing enough to protect vulnerable care home residents across all health authorities, and will you establish a timeline for these health authorities to comply with your single site recommendation?

Henry: It's not a recommendation, it is an order and yes, we do expect compliance across the province. Some areas of the province are ahead of others and there have been some exceptions made in the short-term. Fraser Health is working on this and will be in compliance.

There is not, as far as I am aware, a blanket exception within Fraser Health. I think you are probably referring to orders that were in place prior to us having this system in place to come up with the approach we're doing over the past week to ten days. Yes, it will happen. It is complicated, and much more complicated in the Lower Mainland where you're dealing with two quite large health authorities that have a number of facilities. I know Fraser and Vancouver Coastal are working on this right now.

Reporter: My question is twofold. I'm wondering if you could outline specific details of moving the mobile medical unit out to the Abbotsford area, what that will look like logistically. And on that note, with the Mission Institution outbreak growing, it seems that prisons are facing the same issues as long-term care facilities. Is there a need for a non-movement order directly targeted towards corrections employees, inmates to ensure they're not moving between federal and provincial prisons?

Henry: There is not, as far as I'm aware, movement between federal and provincial correctional facilities. We do have outbreak protocols in place at both. Clearly we're much more closely connected to the provincial ones, but Correctional Services Canada does have protocols they have put in place over the past several months at the other ones, and yes, it's a challenge, as we talked about yesterday. Once an outbreak starts in a closed facility it's a very difficult thing to get ahead of it, particularly when people are living in close quarters like they are at Mission. We are working very closely with them on this and that includes enhanced testing, making sure the protocols are in place to recognize people in enhanced infection prevention and control.

Logistically, it's a matter of packing the mobile medical unit -- it is designed exactly that way. This was a unit that we brought into BC prior to the 2010 Olympics and was used as part of a contingency staging up at Whistler at Function Junction to support the Olympics. It's an incredibly versatile tool, it's been used since then in several locations to essentially be a backup to an emergency department in a hospital, and we've used it through some of the crises we've had around flooding and forest fires.

They are quite adept at moving it -- there's a cadre of physicians and nurses who work with the mobile medical unit who know how to reconfigure it effectively and have the protocols in place to be able to care for people. It's kind of an amazing thing and it's a great asset that we have here in the province. I'm really thankful they're able to set it up, and they have been asking from the very beginning. This is a resource that is now under provincial health services' authority, and they've been looking for where and how we could best support the COVID-19 response using the mobile medical unit.

I will also mention that it was deployed to the DTES four years ago when we started seeing the dramatic increase in overdoses and deaths in that community. It is a great asset that we have and I'm really pleased it's going to be able to support our response to this very challenging outbreak at the correctional facility.

Reporter: With health authorities focusing on additional staff, such as re-registering retired or fast-tracking trainees and health care professionals, a significant number of international medical graduates are saying that they want to help too. What's your stance on fast-tracking accreditation for these graduates, and if you support it, how can government support professional colleges to do this?

Henry: I've talked about international medical grads before. I think there's important roles they can play. I think the challenge that we have, and where the colleges have a very important role, is making sure that people who are responding -- whether it's recently retired people, whether it is international medical graduates -- are not practicing beyond their skill set and their scope of practice, and that is where the college comes in.

International medical graduates can do a number of things, but this is not the time to start new training programs, for example, where they need supervision to be able to do certain types of activities. The College of Physicians and Surgeons has a separate licensing or approval process for international medical graduates that do allow them to be part of the response in specific roles and I think that's a really great thing. For example, we know they can be incredibly helpful in supporting the public health work that we do under supervision from medical health officers and others.

Reporter: I asked you about the changing view of ventilators a few days ago, and you talked

about the changing information we're getting about this unique virus. But since then, a couple of respiratory therapists have contacted us saying that they have patients where the ventilators simply aren't working and have had to resort to other measures. Royal Columbian sent us a note saying they're using, I think it's called something called Optiflow. What do we know now about the virus that we didn't know before, because those respiratory therapists say this is not behaving like an influenza virus.

Henry: I think that's something that we have been saying from the beginning. This is not influenza and it does cause a different type of inflammation to the body in many ways.

And so this is not surprising to me, and as I mentioned, we have a group of critical care specialists, including a respiratory therapist and others who are involved in looking at the data from around the world. We do know that a certain proportion of people will not respond well to a ventilator. There's also people that will respond to high flow oxygen, like you have mentioned.

And we know that there are some people who don't respond at all, and there has been use of extracorporeal membrane oxygenation. It depends on the individual. I don't think there's anything new about that. I know that they continue to evaluate information from around the world as we get more and more information around this. It depends on the individual's clinical response.

Reporter: I just wondering if you could elaborate a little bit on the rapid testing, BC's own version of this technology coming out of the Ottawa company to rural areas where the turnaround time might be an issue. The timing of that rollout, and what it will entail.

Henry: There's a whole bunch of tests that are in the works and the vast majority of them are similar to the Spartan tests from Ottawa which are nucleic acid amplification tests, or NAT tests, as we call them. So it picks up pieces of the RNA, the genomic sequence from the virus, from a swab that you will do through the throat or the nose. And that is the test that the BC CDC developed developed initially, but the tests that are done at the BC CDC need to be done in a lab, and that's why it took us some time to roll out those tests and we now have seven other accredited labs around the province, including LifeLabs. That is been helpful in terms of LifeLabs having the transportation network and the laboratory network closer to the North and some of the more remote communities.

We have also been looking at other NAT tests, including ones that run on a platform called Genexpert, and we happen to have those Genexperts in BC. Not all provinces use the platform for other testing. So because we have it available and because we have the tests available for that, that is our first step in deployment to some of the areas, particularly in the Interior and the North, where the transportation of specimens and turnaround time has been a challenge.

We haven't written off, by any means, the Spartan test, and it is nice because it is all self-contained. But it is a very similar type of test, so if and when it becomes available to us, we are looking at where it would be deployed, as well, in our province, to supplement the testing that is ongoing now. My understanding is that it would not be available to us for some time, a few months from now, anyway. So it is absolutely part of our plan of looking at how we can scale up testing, but we are currently focused on the ones we have in province at the moment.

Reporter: Yesterday, you used BC Ferries data to support the argument that most people stayed home over Easter weekend, but residents in the Shuswap tell us that their community

was bumper-to-bumper with tourists last weekend, many of whom who had Alberta licence plates. Will it be up to individual communities to prevent these influxes like the village of Tofino has done with their roadblock?

Henry: If you talk to the village of Tofino, they don't actually have a roadblock, and they will say that most people who are there have a legitimate reason. I think there's a lot more concern, and we need to be thoughtful about people and not just assume because you see a license plate or you see someone you don't recognize, that they don't have a valid reason for doing what they are doing.

There is no benefit, and we've seen that around the world, to trying to block people from coming into an area. It's not going to prevent the transmission of this virus, necessarily. Having said that, what we want is everybody to lay low and stay home. But you do need essential services. We do know that there are people, for example, we know there's a bunch of students this past weekend who finished their university and are returning home. There are legitimate reasons why people may need to check up on family and friends. I would say be patient. Don't assume that people don't have legitimate reasons to be somewhere.

Dix: Just to say, I think what is happening in BC is that overwhelmingly, and we see this, overwhelmingly people have heard the message from Dr Henry and they are following both the orders and the advice that have been provided. And, like everything else, when that happens, when people don't do it, it amplifies its significance because everyone is doing it and many people are sacrificing to do it. So I think we just have to continue to be aware of this. There was a feeling, I know, in some places, that was much stronger than the data from BC Ferries supported on the Coast during the Easter weekend, where we saw on the main route, a 92% decline over the previous Easter weekend in travel. I absolutely agree that people in the Shuswap would have seen Alberta plates.

But it is very hard to be comparative about these things. Both myself and the Alberta Health Minister Tyler Shandro spoke last week and we continue to work and speak with one voice about people from BC not travelling unnecessarily to Alberta, and people from Alberta not traveling unnecessarily to BC. But I do think that sometimes we have to make sure we are following the evidence, and that is the direction that Dr Henry has led all of us in, to follow the evidence and to follow her advice. That's what we're trying to do. As well, though, to be kind, to understand that we sometimes don't know other people's circumstances, and we have to be, in these times, extra vigilant about being generous in times that are difficult for everybody.

Reporter: Dr Henry, you talked about the hydroxychloroquine, but out of the 54 people, four patients have died. I wonder, in our province, if some of the experiments with that have been ongoing, or what is your opinion, by using this experimental drug, what is the danger that we should be watching for?

Henry: We've talked about hydroxychloroquine. There are other drugs, as well, that are being trialed in clinical trials around the world. None of them have proven yet to make a difference in terms of curing or helping people who have COVID-19 or preventing infection. So there is experiments. Randomized controlled trials are what we need to help understand if somebody just got better on their own despite the drug or if the drug made a difference. Those are ongoing.

There's a big international trial called Solidarity that Canada is participating in and BC is

participating in, to help us understand which drugs works best for which people. There's some people for whom it may not work. There's some people that other drugs may work. And I think we to be very careful with hydroxychloroquine, as well, because even though it has been around for a long time, there are people who are dependent on it for their ongoing health, including people with rheumatoid arthritis and lupus, and it's a very important treatment for them. So right now, there's still what we call called equipoise. We don't know if it is a benefit or not. And so those studies are ongoing, and as soon as we have a definitive answer, we will of course adopt that as best we can for people here in BC.

Reporter: I wanted to talk about the numbers of people hospitalized or in ICU. If you kind of look at the numbers, they are about where they were two weeks ago, and I want to reach out to you and ask if those numbers tell the whole story? The reason is one, we have a limited, albeit very deliberate testing strategy, and two, those who are enduring their symptoms at home or long-term care. My question to you is, do the hospitalization numbers reflect the big picture? And can you also talk about where we might be in terms of true cases?

Henry: Stay tuned for Friday. I will be presenting exactly that in some detail. Yes, I do believe the hospitalization is a much more stable number that tells us how many people are in that more severe group. And it is representative of how many people may be infected in the population. So we do use that to project a little bit, and we talked about that when I presented the modelling a while ago. I will be updating that. It is a more stable number because people, even if we didn't know that somebody had COVID-19, if they have a severe enough illness that requires them to seek medical attention and be hospitalized, we will be able to detect and find them. So it is a good representative number of what is happening with our pandemic, with our outbreak in BC. It is something we're monitoring carefully and ICU is also a much more stable number, although that started a little bit later, so we don't have as many data points, if you well.

The other piece around our testing, of course, we've expanded it in the last week and a bit. As you can see, if you see the testing numbers, is that it has not gone up dramatically. So that tells us some stuff too. That tells us about how many people are not getting sick right now, and we know a lot of that has to do with the influenza season fading away. Which is good news, because we now have less chaff to find the wheat in when we are looking for people who have this disease, which is also a really important part going forward. So right now, we know that the things that we are doing, and everybody is doing across BC around social distancing, around cleaning our hands regularly, covering our cough, staying home and staying away from others when we are the least bit sick, these are making a difference and that is reflected in the numbers that we are seeing.

Reporter: I was hoping to ask the question today, perhaps Health Minister Adrian Dix can answer this. There are concerns that I'm hearing from teachers, educators, people in health care, about the use of Zoom to conduct virtual conference calls, and people being hacked and whether or not that is the best way to try to do virtual health care at a time like this, when a lot of people are tense about what's going on?

Henry: I don't know the answer to that. I know there has been some concerns expressed to us from some religious leaders about nasty messages that people are hacking into zoom meetings. I think it's really deplorable.

I have not heard concerns about anything in the education or certainly not the health care realm. I'm not sure that zoom is what is widely used for the virtual care. There are many

platforms that can be more secure than that.

Dix: I think there's more virtual health care than we've ever seen in the history of BC.

I don't believe that's the platform that it's being carried out on. There's many platforms that are working very well with family practice doctors and patients. The whole idea, I think, of the Zoom, as we envision anyway with many people participating, is not the idea of primary care medicine, which is to have private exchange and provide private advice.

I think a reasonable person would say that we're using more virtual care than we ever have before by a factor of several times. And that this is going to have important long-term implications, because for many people it's succeeding.

I'll just note the numbers that Dr Henry talked about today. The number of people who have recovered from COVID-19 at home with the daily support of public health, and with the support of primary care doctors and nurse practitioners around BC, which indicates that those practices are working for people. Whether they're telephone consultations or some form of video conferencing our virtual care, they're working for people.

I realize there's some complaints about Zoom as a technology, and some concerns about it in education. Maybe others are way more qualified than I to speak to that. But in terms of virtual care, we're seeing some success and I think we're going to take the learnings of the success forward hopefully after we've got through dealing with this pandemic.

Reporter: Hi minister, Dr Henry. This one might be for both of you.

The number of empty beds reported right now is more than 4,000, and there's thousands of BC families worried about an outbreak at a seniors home where their loved ones might be.

Yesterday, Dr Henry, I believe that you said that most of the cases in the Vancouver Coastal Health region were in long-term care homes. But most were staying in residence and not in hospital.

So if seniors do get sick, are they immediately set to hospital and put on a respirator if needed, or as needed, given that there is room right now?

And the reason why I'm asking this is because there was a story out of Ontario that Global News did that health officials sent a document to a long-term care home saying that seniors in nursing homes should be kept comfortable if they contract the virus, instead of sent to hospital.

Henry: Currently our practice is to confer with the family and with the seniors themselves about their expectations around care.

These are challenging discussions.

They are offered hospitalization and the full spectrum of care if they want. I think this is a challenging conversation that many families are having right now about advanced directives, about understanding what their loved one wants should they become ill in this challenging situation.

For the most part, people are not being transferred to hospital. Although in some cases they

certainly have. They are offered all of the aspects of care that they desire at this point.

We do have, and I think I've talked about this before, we do have an ethical framework that we've developed, which is posted online. Part of that ethical framework worked out for how we would allocate ventilators should it become necessary to have a process for allocation of scarce resources. The underpinning of all of these really challenging and difficult decisions is about that all lives are created and seen as equal. That's where we're starting with all of our ethical frameworks, including for ventilator allocation.

But then there is some criteria that are objective criteria about people's ability to recover and other things that underpin how we would do that, should we be in that position.

We are not in that position. We have not had to invoke the measures that we would consider around allocation of scarce resources at this point.

We're still in the final version of. there were some additions being made to the ventilator allocation framework, the ethical framework underpinning that, and I hope to have that put up publicly in the coming days.

Reporter: My question is about BC's recent move to centralized staffing at long-term care homes and temporarily offer a uniform wage to all workers. I'm wondering which workers this applies to and how those payments work. For example, are contractors advised to the new wage they must pay and then they're reimbursed by the ministry? Does the ministry pay the workers directly or is it some other method?

Henry: I will leave that detail to Minister Dix. It is complicated and there has been a new agreement in place under the order for the duration of the pandemic.

Dix: What we might do, Andrea, is provide you with some of that information. But this has been worked out with, obviously, the many players in the area, including unions and many of the care homes themselves.

It's been worked out, but there is an agreement as to how this would take place. It's to ensure that workers are kept whole in the circumstance because we don't want that to be the primary decision-making point, as to which facility is chosen and which is supported. We need to support care in all of them. But it's part of a basic agreement, and we'll be able to provide you with some information about that. [sss, adv, agg, mjag, mcf, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran]

From: [Wilson, Nicole IGRS:EX](#) on behalf of [Protocol IGRS:EX](#)
To: [Protocol IGRS:EX](#)
Cc: [Khaira, Manjit IGRS:EX](#)
Bcc: s.16
s.16 'china.vancouver@gmail.com" s.16 Felker, Karen IGRS:EX; Jordan, Annette IGRS:EX; Lobmeier, Lucy S IGRS:EX; Gorman, Frances A IGRS:EX; Elliott, Genevieve IGRS:EX; s.16
Subject: Dix/Henry - COVID-19 update - transcript
Date: April 16, 2020 1:17:00 PM

Good afternoon,

We are pleased to provide the transcript below from April 15, 2020 regarding the latest B.C. Government news on the Novel coronavirus (COVID-19).

Office of Protocol

Intergovernmental Relations Secretariat

[PO Box 9422 Stn Prov Govt](#)

[Victoria BC V8V 1S2](#)

Media Availability, 15-Apr-2020

Dix/Henry - COVID-19 update

By Legislature Press Theatre

Adrian Dix: As you know, tomorrow we will be issuing a written statement at about three o'clock to give you the information of the day, and that Friday morning it will be here at this podium at 11:00am there will be a technical briefing for media before that. We will be presenting an update to the modelling that we have done about COVID-19 in British Columbia.

With that I'm happy to introduce Doctor Henry.

Bonnie Henry: Thank you, good afternoon.

This is the update on COVID-19 in BC for today, April 15th.

We have 44 new cases that have been diagnosed in the last day in BC, bringing our total of people with positive for COVID-19 in BC to 1,561.

That includes 670 people in the Vancouver Coastal Health region, 623 in the Fraser Health region, 92 in Vancouver Island Health, 146 people the Interior Health region and 30 people in the Northern Health region.

We have no new long-term care facility outbreaks but there are ongoing outbreaks at 21 long-term care and assisted living facilities in Fraser Health in Vancouver Coastal and currently we are up to 265 cases associated with those outbreaks.

We also have been ongoing outbreak in a nursery in the interior Health and we have three additional cases who have tested positive in that outbreak, bringing the total number of test positive in that cluster 26.

We continue to have the single case at the Okanagan correctional facility and ongoing management of that facility is going.

As well, we are now up to 48 cases associated with the Mission federal correctional facility in the Fraser Valley, including seven people from that facility who are hospitalized in hospital here in British Columbia.

Of the cases we have, 131 people are hospitalized and of those, 59 people are in critical care or ICU in the province.

We have, unfortunately, another three deaths in the last day here in British Columbia, to bring our total of people who have died from COVID-19 to 75. That includes, for the first time, a death in the Interior Health region, a man in his sixties who had been in recovery at home.

Nine hundred and fifty-five people are now fully recovered from COVID-19 here in British Columbia.

I want to talk a little bit about some of the work that we've been doing, the hard work we've been doing to ensure the needs of all communities across the province have been addressed when it comes to preparing for and being able to respond effectively to cases of COVID-19.

We recognize, and have recognized from the beginning, that every community is unique and they have different needs, both health care needs [and] essential service needs, and they require different levels of support.

And particularly, our smaller communities and more remote and First Nations communities may have limited resources in services. It makes it much more challenging to address COVID-19, both in preventing it from entering those communities and responding. We know this is especially great in some of our more remote and First Nations communities.

One thing we do all have in common across the province, and has been driving our response to this pandemic, is that we share our understanding and the value of our elders and seniors. That is why we have been paying so much attention to what we can do to best protect them and to protect all of those who are more vulnerable to more severe illness around the province.

Resources are being created to support communities around the province, provide them with the resources they need. And importantly, we talked about some of the testing strategies that we have and we have been able to deploy testing to better support our communities, our more remote and indigenous communities around the province. That is something I think is going to be incredibly important for us to be able to detect cases early, to detect clusters of cases, and to appropriately and safely manage in these communities.

One of the other things that has come to my attention in the last little while is that there have been concerns, and I have mentioned this before, that people are fearful of going into hospital or seeking medical care for the issues that they have, that are not related to COVID-19. And part of that is the concerns that we have been putting in all of this preparation around being able to care for people who do have this disease.

It is safe to go to the hospital. I want to reassure people that if you have diagnostic tests that have been booked that you have been waiting for it is safe to go for those.

It is safe to call 9-1-1 if you need that urgent medical care. Do not hesitate to call for help if

you need it.

As well, we want to make sure that we are doing our best to protect people in our communities from all of the other issues that arise that may affect our health. In particular, I want to encourage people with young children, parents of young children, to make sure they continue with their childhood immunization programs.

These are critical programs that we are preserving within our public health communities to make sure that young children in particular receive their basic immunizations and their childhood immunizations. So please be reassured that these services are still available to you and it is still incredibly important to protect our children from the other infectious diseases that we know can spread in our communities.

And finally, we have been receiving and I have been talking a lot about the importance of us being kind, and supporting each other. We are in this together, and we are in the midst of it still.

We'll be presenting some of the modelling about where we are in the midst of it and some of the thinking that we have about going forward. But we are not at the point yet where we can let up. I know that is very challenging for people. And we have heard some anecdotes, mostly of people getting frustrated and angry.

And I think we have to realize that this is often a manifestation of anxiety and fear that we have, not knowing about the future, not knowing what is going to happen with our jobs, now knowing what is going to happen with our families, and being affected by not being able to see our loved ones. This is a time where we really need to stand together, to support each other to respond to anger with kindness; to make sure that we can support each other as we go through the coming weeks and months, because we are all in this together.

What we do today and what we do every day through this really matters. We are all making a difference and we are getting through this together. We are supporting our health care workers. We are supporting our people who are caring for this virus. And we need to continue to support each other in our communities, to make it through this.

We need to be kind and we need to be calm, and to help each other and stay safe.

Dix: Thank you very much, Dr Henry.

I want to start by joining Dr Henry in expressing our condolences to the families of those who've passed away from COVID-19 in the last 24 hours; one, as Dr Henry has said, in the Interior Health Authority, one in Vancouver Coastal Health and one in Fraser Health.

These are significant losses. We understand that families will be grieving. And I think they tell us in the most profound way possible why we do have to be kind and pull together because there are some people who are either directly, or through a family member, or from taking care of someone, associated with that grieving. I want everybody to know that we not only extend our condolences. Both Dr Henry and I reflect on it every single day before we come down here; the cost of this for many individuals who've lost loved ones so far.

And I want to note that, as we do, to talk about the acute care sector. One hundred and thirty-one people are in acute care hospitals today, of which 68 are in Fraser Health, 11 are in

Interior Health, nine on Vancouver Island, four in the Northern Health Authority and 39 in Vancouver Coastal Health.

We have 4,632 vacant hospital beds. That's a capacity level closer to 59 percent -- close to 59 percent. In critical care units we have an occupancy rate of 46.3 percent. I want to the data I gave about surgeries yesterday that -- there was one data point missing from one health authority. In fact, we've completely, in the period in question, which was March 16th to April 12th, 9,552 urgent and emergency surgeries, so, urgent elective and emergency surgery.

While we have cancelled many surgeries that are elective surgeries, there continues to be work done in our health care system.

Equally, yesterday, there were 3,595 emergency room visits across BC. This compares to 6,559 on March 9th. So it's significantly under. And it reinforces what Dr Henry has just said to you, statistically, which is that it is safe to go to the hospital, and there will be people there to help you if you have conditions or need to either do a diagnostic test or receive care, emergency care, in our health care system. So that is an important point to recognize.

The work continues in long-term care. And I just wanted to reach out to everyone again who works in long-term care. There were, as we have said, no further deaths in long-term care, but we continue to face significant issues around long-term care, and not just issues around people with COVID-19. We understand, I think very much, the impact in a personal way, but also in looking at the changes that have been made to protect people. The consequences of that.

People do pass away from things other than COVID-19 in long-term care. And one would hope that they would be surrounded, of course, in those times, by family members. And that is not what was possible now. So we want everybody to understand that there is a cost to these measures. And while the measures, I think, are absolutely necessary, and the evidence shows they're absolutely necessary, and they're some of the strongest that have been taken anywhere, we understand, with all measures that are taken to protect people, that they are not without cost. And we wanted to reach out, and I particularly want to reach out to all the families, and people who have relatives, loved ones, friends in long-term care, that we understand how difficult this time is.

I also want to acknowledge all of the health sciences professionals that are working across the system. We think of respiratory therapists, but so many more across health sciences professions, who are doing remarkable work in supporting people, both with COVID-19 in acute care, and other patients, in what is a very difficult time.

I want to let people know, over the next week there are going to be five virtual town halls -- one in each health authority. They will be hosted by members of the Legislature from the NDP and from the opposition. Each with have a co-host, and each with involve the CEOs of the health authorities, and the medical officers of health.

The first one will be Friday April 17th in Vancouver Coastal Health, and will involve Mary Ackenhusen, Dr Patricia Daly, Bowinn Ma MLA, and John Yap MLA. And there will be more such town halls coming up. I just wanted to express my appreciation to my colleague in the Legislature, Norm Letnick, whose idea this was originally. And we have worked together on this idea.

I think it's very important that we have an opportunity, and especially in regions, for the

people who are leading our efforts in these regions -- the CEOs of health authorities, and medical health officers -- to be able to answer directly questions that people in regions have.

I also want to acknowledge the work that essential service providers have done to find new ways of delivering their services safely. As an example, financial institutions have made online and telephone services more available. And we encourage you to make sure of these virtual storefronts. While some transactions, obviously, require people to come in branch, we ask that everybody apply the same diligence as you would to trips to the grocery store, and keep them to a minimum.

I also want to acknowledge all people with disabilities in the province, so that they understand that services and supports will be there for them if they require acute care services related to COVID-19. Their concerns are of significant importance, both to people who work with people with disabilities every day, and to the health care system, in what is a difficult time. And that we are focused on their concerns, and sometimes their circumstances, which require special treatment.

For example, the need to ensure, in hospital, for people who have hearing or sight disabilities may have more need for support in hospital from people who are regularly there to support them. And we are absolutely working on all of those questions.

On Friday, we will be presenting modelling. And I wanted to say, finally, just a word about that. We won't be doing a briefing tomorrow, but we will be providing all of the information that you have come to expect every day with respect to new cases. But with respect to modelling, I want to say this -- what we're trying to do, and what we have tried to do from the beginning -- it's why we were the first province to present modelling, why Dr Henry and the deputy minister Stephen Brown gave a detailed technical briefing some weeks ago, and why we're updating it now.

We want everyone to understand and see what we're seeing. This is not a turning point day. There isn't major changes coming out of what we do Friday. It's just our continuing effort to ensure that you see what we see. And what we see is people around BC who are taking part, who are participating, who are all in, who are helping to bend the curve. And now more than ever, as we see, I think, some positive indications about that, and some challenges.

You look at the Mission Institution, you look at other circumstances around the province, and you see what can happen in circumstances, and in communities of people when COVID-19 is present. So we have to continue our work, continue to be 100% all in. But I want to acknowledge every person in the province who has been part of this effort that Dr Henry, and Mr Brown, and so many others have led the modelling. And to acknowledge when we do models, and we present what the circumstances are in BC, we see your effort, your commitment, your work, and yes, your sacrifice.

And if anything, what we need to do as this is working, to a degree, is to continue to be 100% all in in this effort in BC. And I wanted to thank everybody out there for that.

Q&A

Reporter: SafeCare BC has released a survey of its members -- almost 500 in long-term care and assisted living facilities. Seventy percent say they are experiencing a critical shortage of personal protective equipment, N95 masks, eye protection equipment, and so on. First of all, I

guess, are you aware of this concern, and is it going to be addressed?

Henry: Absolutely. And yes, that is an issue that we have been working on, as you know, for some time. I will note that this survey was done a few weeks ago, at a time when PPE was continually tenuous in our supplies. I will also note that some of it refers to things like respirators. And there is not a great use for respirators in long-term care, for example.

And they need to be preserved -- so N95s, for example, are respirators. They are used for aerosol-generating medical procedures, things that we avoid doing in long-term care. So the focus is on what is the appropriate personal protective equipment, how is it to be used? And we do know that many people in long-term care are not as familiar with using personal protective equipment for interactions with the residents in their home.

So that has been a transition. We are absolutely working in every long-term care facility in our province, to ensure that every encounter with a person, a patient, a resident in that facility, is done safely. And that, for the most part, includes health care workers wearing a mask for those encounters, and ensuring that we have access to masks, gloves, hand hygiene, and all the other important measures that help us reduce transmission in those settings. So very much working on this.

Reporter: Talked a bit in the past about what's needed to go back to normal. In the last couple of days, we've had, I think, the EU put out a 15-page document on guidelines of what's needed, WHO had a six-point summary of things they thought jurisdictions should be looking for. California put out its own roadmap.

I'm wondering what you think of those approaches, and when we might expect to see a similar roadmap for BC, and what it would need to include, in your view?

Henry: Absolutely. I'm very familiar with them, particularly the WHO one that we have been involved with, and a number of ones -- ECDC has a very good one -- there are a number of others. Our special advisory committee, nationally, has been looking at this, and addressing this issue about how do we make this relevant to where we are in our pandemic here in BC, and across Canada.

So we are at different places in different parts of the world, and certainly even in different parts of Canada. So there are things in there that are very relevant and that we have talked about. How many cases we have, how much our health care system has capacity to contract or expand, our PPE supply, and how secure we are with access to it in the longer term.

In the community, how secure we are with our testing capacity, which has been, as we have reported here in BC, we have increased our testing capacity. I think the other piece that is really important around our testing capacity is having access in all parts of the province. And once again, within BC, we're not at the same point in all parts of BC either. And also, having access to a serology test that helps us understand who has been exposed, and who has been infected, and who has some immunity to this would help us guide our direction.

So those are all the things that we are also considering. And we are developing our roadmap, both for how we will look at the health care sector, but also how we will look at measures that we need to continue, and what we can lift within our community. So on Friday, we will talk some more about where we are in our pandemic, and how that might be reflected. And then, in the coming weeks, the planning that we're doing now will be available and we will be sharing

it with everybody as well.

But I think it's really important to recognize that we are not at the end of our beginning yet. We're maybe partway through it. We're not at anywhere near the end of what we're going to do with this. And normal is going to look quite different for some time. It's not going to be the same as what it is today, perhaps, but there are some measures that we are not going to be able to stop doing until we have enough immunity in our community -- what we call herd immunity in public health -- until we have enough to prevent transmission, and prevent lots of people becoming sick in a very rapid way.

So that is the important part. And part of that is understanding who has immunity already, and the other part of it is the ways that we increase community immunity is either from people being infected and surviving, or vaccine. So those are two really important pieces that we need to consider, and we will be talking more about that on Friday.

Reporter: With regards to this first death in the Interior Health region, can you say what date this man passed away on? And you also said he was recovering at home when he passed. Had he been in the hospital prior to his death? And how long before he died was he released from the hospital?

Henry: I don't have all the details. This gentleman, unfortunately, died and we were notified of it in the statistics today. So yesterday was when the death was notified. I will tell you that he was mostly at home, but had gone into the hospital with an acute condition just prior to his death.

Reporter: How concerned are you about the proposed transit cuts that TransLink is warning about? [inaudible] emergency funding if health care and other essential workers were already saying the reduced service was leading to overcrowding on certain buses.

Henry: My perspective is making sure that we have guidance that TransLink is following that allows us to continue this essential service -- and it is absolutely an essential service for many people. For those who live on the Lower Mainland, for example, health care workers to be able to get to work to do the things that we need. My important piece in this is ensuring that we have the appropriate guidance and that they're able to manage that.

Dix: Obviously TransLink is a very essential service for those of us who are responsible for health care. It's important for many people in health care to get to work, to get to the long-term care homes, assisted living facilities, the community, or hospital they work in so transit is a very important thing.

I know these issues are being worked on between TransLink and the appropriate ministries -- there is work going on everywhere because as all of you know, the impact of COVID-19 on all governments, on the economy, on people is profound. This is one area where it's significant; we hear from municipalities, we also hear from lots of people who are struggling. In my community of Vancouver-Kingsway I hear lots of that as well.

I think you're going to hear more about these issues as nobody -- absolutely nobody -- disputes the central importance of people being able to get around and get to essential work in the community, and I know lots of people are working to see that continue.

Reporter: With regards to the single site order for health care staff in long-term care, what is

your expectation for when all homes should have this implemented? Would that be summer, or at least before a possible second wave? Can you explain why group homes aren't included, or that something you're thinking about?

Henry: Group homes tend to be smaller, there's smaller numbers of people, and the workers who work in group homes are somewhat different than the health care workers in our long-term care sector. We have been looking at the important part of how we support workers who do work in our group homes, and we best protect people in that sector across the province.

With respect to long-term care, assisted living facilities, and our acute care facilities, it is a complicated process in the Lower Mainland in particular between Vancouver Coastal and Fraser Health to work it all out but I know it is ongoing. I do expect it will be substantially implemented within the next week to two weeks. It's going to take a little bit of time for all the dust to settle, but I know that in Island Health where there are fewer people who are involved, and in the Interior and the North it's moving ahead as well. I do expect that it'll be substantially complete within the coming weeks.

Reporter: I just wanted to ask about community deaths again. I understand that the death in the Interior is not technically a community death, but when we talk about people enduring their symptoms and working through them at home -- after the last community death, the one in Richmond, you talked about how you were going to look back at the process, at the monitoring and the reaching out you were doing at that point to see what changes could be made. I'm just curious to know -- what have you learned? What changes have been made in the last week or so?

Henry: We focus more attention on assessing people's symptoms during the second week of illness.

We've come to recognize, and this is not a surprise having lived through SARS a number of years ago, that people who have a mild illness early on, it's a critical period of time around days 5-7 where they either start to really get better and shrug it off, or some people can very quickly go downhill.

That is a critical period of time where we're having more contact with people, we making sure that if they are experiencing any shortness of breath, chest pain, or other things that might come with having an infection that affects the lungs and other parts of the body -- we have a low threshold for bringing them in to hospital, at least for observation, where they can be closer to critical care if needed. That's one of the things.

The other one is that we're making sure our algorithms for who can safely recover at home -- we've always known that as you get older, your chances of having a more severe illness go up, but also covering things like people who have underlying illnesses that might put them at more risk and making sure that we have ongoing connection to make sure that if there's any concern at all that somebody might be not getting better, to call 8-1-1 that we have the ability to get them into a facility much quicker, just in case.

Reporter: Regarding the outbreak at Mission Institution -- people are being released from prison all the time I assume, I don't know how many, but given that's a cluster and they're all living close together, are there any efforts being made to track people when they leave that facility, where they go? Are they required to self-isolate? When you say the new normal is going to look a lot different for a long time, are you referring to social distancing being here

for a long time?

Henry: In terms of Mission -- yes. We have reiterated our expectations and are working with Correctional Services Canada to be sure that when people are released, and as you say they can be released quite quickly into our community, the expectation in BC is that when you have been in an outbreak situation like that, that you will self-isolate for 14 days.

We have had people who have been released from correctional facilities that have developed illness in the community, so we are going to be actively supporting people who are released from Mission who are staying in BC to make sure that they can safely self-isolate, they have the provisions they need, and they have the follow-up they need in case they do become ill in that critical incubation period. That is one of the things that we're developing the protocols, or have developed the protocols, with correctional services on.

In terms of the new normal, the for-now normal. Some of the things we'll be thinking about are the physical distancing. We do know that these are the things that help prevent transmission. Things like cleaning our hands regularly, so you will see us talking about that continually for the next while; it's an important thing that we know works to protect ourselves.

The concept of covering our cough and keeping that distance -- maybe it's in a workplace where you divide people up so you don't have as much crowding in your workplace, you're not all in there at the one time, you continue to have a mix of working at home but having physical distancing when you are perhaps in the office. Or not having the meetings the way we have, getting used to some combinations of virtual and in-person meetings when you can maintain those safe distances. Enhanced cleaning in our environment.

I don't believe there's going to be any changes to the way we grocery shop or go to the pharmacy in the near future. We'll need to keep those safe distances between us for some time.

Reporter: I was going to ask you to elaborate on that, because I know that on Friday you're going to be giving us more projections about what we can expect, but can you give us any idea as to what kind of safeguards you would like to see in place, as someone who has gone through SARS. When we're hearing that the wet markets in China are going to be allowed to reopen. Things that have made people very concerned in recent weeks about what the source of this particular virus may have been. What are you hoping evolves from this situation?

Henry: Those are some of the bigger international questions. Those are challenging ones. And I do have great concerns about things going back to so-called normal when we know the amount of destruction and suffering that this has caused around the world. And I can't even begin to think that we would allow that sort of return to a practice that puts people at risk again.

And it's not only putting the rest of the world at risk, but putting people in those communities and in China, for example, at risk too. We are not yet through this pandemic, either here in BC, in Canada, or globally. And there's a lot of work that still needs to be done to understand how we can get through this safely. So here in BC, we'll be looking at making sure we continue to have our safe distance measures in place. Our hand washing.

Those things that I just mentioned. And how can we reopen those critical services that we need in our community, those businesses, our economics, without losing that safety distance? But also connect our communities again and continue to connect in communities.

We'll also be looking at the health system. So how do we restart those pieces of the health system that we have put on hold for a while, but do it in a way that's safe. And part of that will mean having the adequate testing that we need in our community, and we're getting there with that.

Having things like serologic testing to support us in investigation. Having public health on the ground to investigate every single case and make sure that we stop those chains of transmission, so we don't get explosive outbreaks like we've seen in other parts of the world.

So those are the critical things we need to find that balance. The balance between opening up, letting us get back to some of the important things that we have in our lives, including our health system, but being prepared that if we start to see cases, we start to see a surge again, we're able to manage that effectively and protect people, both who have the disease, and those who are in communities that need health care for other reasons. So the details are things we're working out right now, but it's going to be a fine balance, and it's going to be a learning experience. We're learning from watching what others are doing who are farther ahead of us in their trajectory, and we'll continue to follow that over the coming weeks.

Reporter: The Premier was talking earlier about discussions and planning for possible staged resumption of activities in the not-too-distant future. Does the extension of the state of emergency for two more weeks today suggest that you're going to stand pat and hold the line for at least that period of time?

Henry: The short answer is absolutely. We've said before, and we'll continue to say, what we're thinking about is after the end of April, I don't foresee any changes to what we're doing in the coming two weeks, three weeks. But in the meantime, we're still planning for what we can do once we start to get to that point where we're tipping over the edge, where the curve is not just flat, but it's come down. We're not there yet. We still need to hold the line.

Really importantly, we need to hold the line for the coming weeks here in BC. We are doing okay, and we're seeing that in the fact that people get the health care that they need, people are able to manage in our communities. And that's why it is so important for us to be patient right now, to be kind to each other, because it is going to be some weeks before we can let up even a little bit.

Dix: The answer to the question is yes. I think I said, Dr Henry said some weeks ago, that there is zero chance of any changes of this direction in the month of April. I think that continues to be true. We have to do the work. This is an unprecedented situation in our lifetimes, I think it's fair to say. And so there's lots of work to be done, and what it says to us, when so many people have sacrificed so much, sometimes by choice, sometimes not by choice, that we really have to be 100% all-in now. We have to continue to do what we've been doing.

We have to continue to hold the line, as Dr Henry says. Continue to bend the curve. And this is critically important in the coming weeks, because what we need to do is organize in a planned way into the future. But to do that, we have to flatten the curve now. And so those actions need to continue, as we show the results of those tremendous efforts by people in BC, and all of those sacrifices. And what we can do in the future. So I think the answer to the question is pretty clearly yes.

Reporter: Thanks for taking my question. It's regarding seniors in the long-term care facilities.

As we've heard, seniors who do come down with COVID in those scenarios are offered hospital care. But in many cases, or some cases, they're declining, which in a way precludes their fate. I'm wondering if there is a plan to space out, physically distance the people who live in these long-term care facilities, whether you can use them of that overflow space, say at the Vancouver Convention Centre, to literally reduce the number of people in these facilities so they have a fighting chance.

Henry: I think we need to put it in a bit of context in that we have had hundreds of cases of residents. That's an important thing. These are people's homes. It's not as easy as moving people out into an unfamiliar place that we know can have challenges for people, particularly people who have dementia. It's a very fine balance. We do try and find ways within the home to isolate people, particularly anybody who has illness is moved out. But I also will say most people who have this in long-term care, even elderly people, have recovered from it. That's the positive thing.

There was a beautiful story last weekend of a 99-year-old man who had COVID-19, and he recovered from it. There's quite a few of those stories. There's many of those stories. It's not as grim. Unfortunately, the chances of having severe disease and succumbing to it are very high, as we know.

So yes, there are physical distancing things, measures being put in place at homes as best as possible, and looking at how people can be separated from others, particularly if they show any signs of illness. That is something that is part of the outbreak protocol that we have in place in the long-term care facilities. [sss, adv, agg, mjag, mcfd, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran]

From: 郑欣涛
To: Khaira, Manjit IGRS:EX
Subject: 回复: hand over of donation from Jiangsu
Date: April 27, 2020 4:40:32 PM
Attachments: Jiangsu+letter+of+donation+intent-BC同意函-April9+2020.pdf

Hi, Manjit,
Thank you for the coordination.
I heard that there will be 20 boxes of items and the details are attached here.
The latest information is that, Thursday will probably be a better day for the hand over.
Thank you.
Best regards,

Xintao

发件人: Khaira, Manjit IGRS:EX <Manjit.Khaira@gov.bc.ca>
发送时间: 2020年4月27日 14:58
收件人: 郑欣涛 .s.22
主题: Re: hand over of donation from Jiangsu

Hi Xintao,

The Province is very appreciative of Jiangsu. Would you be able to provide details on what is arriving so we can coordinate transportation. We are in the process of determining a representative from the province who can be there to accept it and will let you know as soon as we can.

Best regards,

Manjit

On Apr 27, 2020, at 11:15 AM, Khaira, Manjit IGRS:EX <Manjit.Khaira@gov.bc.ca> wrote:

Good morning Xintao,

I am very glad to hear that the donation of PPE from Guangdong was a success. I will follow-up regarding the delivery from Jiangsu in regards to provincial representation.

Best regards,

Manjit

From: 郑欣涛 .s.22
Sent: April 27, 2020 11:01 AM
To: Khaira, Manjit IGRS:EX <Manjit.Khaira@gov.bc.ca>
Subject: hand over of donation from Jiangsu

Good morning, Manjit,
As you may already knew that last week, the Consulate held a hand over of donation of PPE from Guangdong to BC. Minister George Chow attended on behalf of the Province.

This week, we are expecting another batch of PPE from Jiangsu Province delivered to the Consulate on Tuesday. We are making arrangement for a similar short event on either Wednesday morning or Thursday, depending on the availability of representative from the Province.

According to the last experience, we realized it's better to ask assistance from your office to find some official attend on behalf on the Province. Would you kindly assist or refer me to the right person to make the relevant arrangement?

Thank you.

Xintao

Letter of Donation Intent

To: Province of British Columbia, Canada

In order to support Province of British Columbia, to cope with the outbreak of novel coronavirus (COVID-19), Foreign Affairs Office of Jiangsu Provincial People's Government intends to donate 50,000 pieces of disposable surgical mask, equivalent to the total value of ¥115, 000, to BC Government. Please see attached the list for the details of donated assets. These assets will be sent to BC Government for their prevention and control of COVID-19. The quality of these goods meets the requirements and the international standards indicated by EU, and their shelf lives remain more than 1 year. Please prepare to accept and deliver the goods.

Donor : Foreign Affairs Office of
Jiangsu Provincial People's Government

Donated Assets

<i>Donor</i>	<i>Name</i>	Foreign Affairs Office of Jiangsu Provincial People's Government
	<i>Contact Person</i>	Ms. Zhao Jing (Tel: ^{s.22} Email: ^{s.22}
	<i>Address</i>	No. 15 Xikanglu, Nanjing, P.R.China ,210024

No.	Item / Model No.	International Standard Certificates (ISO, EN c(c)	Quantity	Value Amount	Volume (cm)	Gross Weight (kg)	Expiry Date	Origin
<i>1</i>	Disposable Surgical mask	EN14683:2 019	50,000 Pieces	¥115,000	52×42× 46cm/box	11.5kg /box 230kg	March 24,2022	Made in China

<i>Consignee</i>	BC Government
<i>Transportation</i>	By air
<i>Special Note</i>	Value for customs purposes only without commercial value

Waiver & Release

By signing this document, I (the donee) agree as follows:

1. **Donated Materials.**

Donor is donating to me the following item(s):

50,000 pieces of disposable surgical masks (the "Donated Materials")

2. **Condition "As Is".**

Donor is not making any representations, warranties, or guarantees about the Donated Materials, including any implied warranties of merchantability and/or fitness for any purpose.

I am accepting the Donated Materials "as is". I understand that Donor will not provide any instructions or follow-up services, replacement parts or repairs.

3. **Assumption of Risk.**

I understand that there are certain risks of injury that may arise from the possession, use or misuse of the Donated Materials, including the risk of injury, disability, or death of my child or other persons, or damage to property. I assume full responsibility for all risks arising directly or indirectly from my possession, use or misuse of the Donated Materials, both known and unknown, regardless of the cause.

4. **Waiver and Release.**

I waive and release any and all claims against donor, its officers, agents and employees (collectively, "Donor Parties") with respect to any and all injury, disability, death, loss or damage to property resulting from possession, use or misuse of the Donated Materials, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Donor Parties on the basis of these waived and released claims. I also waive and release other claims not known to me at the time I signed this document.

5. **Indemnity.**

I will defend, indemnify and hold the Donor Parties harmless from and against any and all liability, loss, damages, claims and attorney's fees that may be suffered by any Donor Party resulting directly or indirectly from the possession, use or misuse of the Donated Materials by me or any other person, except and only to the extent the liability is caused by the gross negligence or willful misconduct of a Donor Party.

6. I have read and understand the terms of this agreement. I understand that this agreement covers each and every item of Donated Materials which I am receiving. I sign it freely and voluntarily.

Signature:



Executive Vice President, Commercial Services
Provincial Health Services Authority

Date: April 9, 2020

From: [Khaira, Manjit IGRS:EX](#)
Cc: [Protocol IGRS:EX](#)
Bcc: s.16
s.16 "china.vancouver@gmail.com"s.16 [Felker, Karen IGRS:EX](#); [Gorman, Frances A IGRS:EX](#); [Jordan, Annette IGRS:EX](#); [Elliott, Genevieve IGRS:EX](#); [Lobmeier, Lucy S IGRS:EX](#)
Subject: Second Revision: 28-Apr-2020: Henry/Dix - COVID-19 update - transcript
Date: April 28, 2020 6:50:43 PM

Good evening,

We are pleased to provide the transcript below from April 28, 2020 regarding the latest B.C. Government news on the Novel coronavirus (COVID-19).

Office of Protocol

Intergovernmental Relations Secretariat

[PO Box 9422 Stn Prov Govt](#)

[Victoria BC V8V 1S2](#)

Learn More:

For non-health related information, including financial, child care and education supports, travel, transportation and essential service information, visit: www.gov.bc.ca/Covid-19
Or call 1 888 COVID19 (1 888 268-4319) between 7:30 a.m. and 8 p.m. (Pacific time), seven days a week.

For the latest medical updates, including case counts, prevention, risks and testing, visit: <http://www.bccdc.ca/> or follow @CDCofBC on Twitter.

For provincial health officer's orders, notices and guidance, visit: www.gov.bc.ca/phoguidance

For more information on the B.C. Business COVID-19 Support Service, including access to the dedicated website and resources area, visit: <https://covid.smallbusinessbc.ca>

For more information on the Government of Canada's COVID-19 Economic Response Plan, visit: www.canada.ca/en/departement-finance/economic-response-plan.html

BEGIN TRANSCRIPT

Media Availability, 28-Apr-2020

Henry/Dix - COVID-19 update

By Legislature Press Theatre

Adrian Dix: We're honoured to be here on the territory of the Lekwungen speaking people of the Esquimalt and Songhees First Nations. With that, I'm honoured to introduce Doctor Bonnie Henry.

Bonnie Henry: Thank you, and good afternoon.

For today's update, we have 55 new cases to report today, of test positive here in British Columbia, bringing our total to 2,053. That includes 803 people in Vancouver Coastal Health region, 918 now in the Fraser Health region, 119 on Vancouver Island Health region, 168 people in Interior Health region and 45 people in Northern Health. There are no new long-term care facility outbreaks today and 12 now have been declared over. We have 391 cases that are associated with long-term care facility outbreaks. That includes 20 long-term care facility or assisted-living facilities that are active currently, and three acute care units.

Right now, we have, as people are aware, a number of community outbreaks as well. The majority of our cases today come from the ongoing investigations in two poultry producing plants, including 46 cases now associated with Superior Poultry, and that's the largest increase related to that today, and 34 cases related to United Poultry. We have an additional two people who have been identified, inmates at the Mission Federal Correctional facility in the Fraser Health region, bringing the total there to 120 inmates and 12 staff.

In terms of our cases, we have 94 people who are in hospital right now in British Columbia. And of those, 37 are in critical care or ICU. And 1,190 people have fully recovered from COVID-19. Today we unfortunately have another two people who have died from COVID-19, bringing the total to 105 here in British Columbia. And today is the national day of mourning. As you may know, this is a time to honour those who were killed, injured, or made ill, as a result of workplace injuries. We remember friends and loved ones, and we include a number of people who are in our COVID-19 as well. We are reminded that everybody, and how important it is to have good health, and good health and safety conditions in our workplaces, and that everyone deserves a safe workplace, as well as a safe home and a safe community. And the work that we are doing over these last few months reminds us of that.

With this pandemic, COVID-19, our number one focus has been on protecting the health of everybody here in British Columbia.

Every decision, every order that we have done, every restriction is based on that risk assessment that we have been doing, and focused on breaking those chains of transmission of COVID-19 in our families and communities.

We use science and we have talked about that quite a lot, as much as there is science. And we use our experience and the need that we have, the modelling that we have been doing, and the evidence that is accumulating from around the world on what is the best way to control this virus in our communities.

That is an ever evolving and changing thing. And you will know that our recommendations and the things that we have implemented across BC, and of course across Canada and the world have changed, as we've learned more about the virus.

Currently, whether it is in the provincial ministries, returning travellers, or businesses, we absolutely recognize that the actions we have taken have significant social, financial, emotional and health impacts on all of us. We have been trying to use the data and the science that we have to find that delicate balance of making sure we have just enough restriction that we can control this virus, but enough that we can continue to function as a community.

And we have seen that delicate balance and now we're at the point where we need to find how do we translate that into our BC plan for our new normal in the coming weeks and months.

It continues to be a whole-of-government approach here in British Columbia. And we are providing, I provide with my team, the public health advice and the health advice. But since, I believe it was on March 9th, when we announced that we were implementing the government pandemic plan, all of government has been involved.

The Premier will be speaking more about this and more about our plans in the days and weeks to come.

We must all remember the importance of the work we are doing and the actions we are taking together, and particularly the importance of these actions to protect our elders and seniors, as well as those with underlying health conditions that are at the highest risk of getting severely ill with COVID-19 and being in hospital. We must continue to protect them and to protect our families and communities as we are going through this transition period in the coming weeks and months. We need to ensure the capacity and tools that we have developed in our health care system, in our public health system, are ready to rapidly respond to any increases that we are seeing, and that the outbreak can be maintained over the next few months.

More importantly, we can't lose sight of the role that each of us plays. The decisions that we each make, every day, makes a difference to all of us in the coming weeks and months. The personal efforts and public health measures are directly related to bending that curve. And we've seen that. And we've seen the actions that everybody is taking, and how important they are.

And these actions will form the foundation of the work that we are doing going forward; so things like washing our hands regularly, making sure we are not touching our face and eyes, environmental cleaning, making sure we are cleaning places, especially high-touch surfaces; our safe physical distancing that we have all been doing, and most importantly, of course, staying home and staying away from others if you get sick.

These are the core tenets that will keep us in good stead, that will keep us safe moving forward, even as we increase our social connections and we increase economic connections and we move forward in this pandemic together. What you do does -- and will continue to -- make a difference in the days and weeks ahead.

We look forward to sharing more details around some of the modelling that we are using and the details about our plans for going forward in the coming days. For now, we need to continue to hold this line, and to continue to be kind to each other, to be calm, and to stay safe.

Adrian Dix: Thank you very much, Dr Henry.

I wanted to join Dr Henry, first of all, in reaching out and sending our condolences to the family's of the two people who passed away. One in Interior Health, one in Vancouver Coastal Health, in the last 24 hours. They, and other families in similar circumstances, have lost a great deal. It is a very difficult time to lose a loved one. It's a time when we're not able to come together as much as we normally would be able to come together and support one another.

We want to reach out and say that every person is important. That has been at the heart of our response, of Dr Henry's response, of everyone in the health care system's response, everybody is important, and it's one that we continue to try and reach for in these difficult times. We want to pass on, again, our condolences to those families.

As Dr Henry has said, we're now at 2,053 cases. Fifty-five more today. Again, it underlines the serious nature of particular outbreaks, particularly the outbreaks in the poultry industry in BC that have affected us in the last week. Of the 55 cases reported on by Dr Henry, 39 of them are in the Fraser Health Authority, reflecting the situation that's going on at Superior Poultry, and that tells us why we have to continue to be vigilant, especially in work places, to ensure that people are kept safe.

As you know, there are 94 people now hospitalized with COVID-19 in BC. That's 50 in Fraser Health, five in Interior Health, six in Island Health, three in Northern Health, and 30 in Vancouver Coastal Health for a total of 94, which is slightly down from yesterday. Thirty-seven in critical care. That's slightly up from yesterday. There's 4,115 beds available in BC that are currently vacant, as a result of the changes we've made.

I wanted to note that yesterday there were 4,488 ER visits in BC. That continues to be, of course, considerably down from the pre-COVID-19 period. There were about 6,550 on March 9th, but considerable up from our low, which was just under 3,000 three weeks ago, showing that people who need health care can go to emergency rooms and get care and that they're responding to our appeals to do so.

I just wanted to provide a brief update today personal protective equipment, on PPE. We're still keeping pace with demand for PPE in our health system. We've managed to maintain some supply from our traditional vendors, and our hard work to seek out new and credible suppliers has yielded some good results.

I provided a brief update last Tuesday. You'll recall, part of that update was three million N-95 masks, respirators, that had come to BC at that time. another three-quarters of a million KN-95 masks, and other supplies. Today I can tell you that since that time, since I reported last Tuesday, April 21st, we've received the following from vendors and donors: over 170,000 N-95 respirators, over 350,000 pieces of eye protection, that's face shields and goggles, over 100,000 surgical masks, over 185,000 gowns, and almost five million pairs of gloves.

As another key indicator of the success since the start of COVID-19 in BC, we have not yet had to move to any alternative N-95 respirators into use in our health system. This has given us the opportunity to secure a contingency of alternate sources from a reliable and credible vendors. And, importantly, to take the time to test these products for their filtration, fluid resistance, fit, and overall effectiveness.

If the day comes, and we expect it to, when we introduce those products, we'll know they're safe and effective and will have had the time to make sure health care workers have the knowledge that they're protected and safe.

I wanted to express my appreciation to everybody in health care, but in particular health care workers all across BC, from emergency departments to long-term care to ICU, to assisted living settings, for doing your part to conserve and use PPE in an appropriate way.

As always, you're keeping yourselves, your colleagues, and your patients safe.

As you know, it was three months ago when we established a provincial coordinating committee chaired by Dr Henry and Stephen Brown, the Deputy Minister of Health, focused on protecting our most vulnerable. Preparing our health care system to be ready for a surge, and providing the guidance its citizens, institutions, and employers can use to be safe.

Our approach for flattening the curve has been to turn down the volume of our in-person interactions. In some cases, others in other jurisdictions have tried to press mute. This is important that our orders to completely close businesses have been very limited in BC. Other jurisdictions are making announcements this week to reopen businesses that were never closed in BC because of our nuanced response.

This response allowed businesses to work with us to adapt and to innovate while protecting their customers and employees. Moving to a new normal will also be a partnership, with guidance from the provincial health officer and her colleagues, all of the medical health officers and the health authorities and all the people in the health system, of course, of how we can increase economic activity in a safe way. This is the way that BC has acted in the beginning, founded in science, and it will still require a 100% commitment from British Columbians. We must balance the needs, of course, of our social and economic activity with our absolute need to ensure and to fight transmission of COVID-19.

As the Premier has said, he'll be talking to British Columbians in the days and weeks ahead on how, and when, we can renew BC, reopen some activity in BC that hasn't been happening. That's welcome news for all of us.

But I want to say today, again, thank you to each and every one of you for being 100% committed to our BC fight, for staying 100% all-in. Everybody who's watching today, and everyone around you, has helped save lives and keep people well in our province. We are appreciative of your strength, of your courage, of your generosity, of your empathy. These efforts keep us all going.

Renewing BC without rebooting the virus means our next steps must be the right ones for BC. And, right now, here's something to consider, that protecting employees -- your employees on the business side -- protects your business and protects all British Columbians. It's a partnership all of us can support, and that we must support. Having committed to what Dr Henry has asked us to do, and with anticipation about the new BC future we'll continue to build for ourselves, one thing holds true. We have to stay all-in. We have to stay all-in now for the ones that we love, we have to stay all-in now for the ones that we don't know, and hope to know. Physical distancing, over time, saves lives. And staying 100% committed to this gives us the best chance for all of us to have a better future.

Thank you, and we'll be happy to take your questions.

Q&A

Reporter: I was just wondering if you could speak a little bit to the policies around admissions into long-term care. Is it known, at this point, whether any of the outbreaks that we've seen in BC can be linked or attributed to transfers or new admissions into long-term care?

Henry: We do have a policy of people, and you will recall that we decanted, as they call it, a number of people from alternate levels of care into, in some cases, long-term care. As well transfers from the community into long-term care. There is a policy that requires them to be on their own, to be isolated from others for 14 days, after going into long-term care to be sure that if somebody is incubating the virus that it's detected before they have contact with others in the care home. That has been the policy for some time.

I'm not aware that any of our outbreaks are as a result from transfers either from the

community or from acute care into long-term care.

Reporter: I was wondering if you could tell me, of the people who have recovered, 1,190, how many of them recovered after staying in the ICU? And is BC seeing the complications that are being reported in other countries with post-ICU patients who are having problems with their lungs, their heart, brain, muscular systems, and even their liver and kidneys? Is that something we're seeing in our recovery cases here, or is anything different about the cases you've seen in BC?

Henry: That's a really good question. I don't have the exact numbers, but I can tell you that our ICU case fatality rate -- the people who have been ICU and been on ventilators in particular -- is much lower than that's been reported in other places around the world.

I actually had a meeting with some of our critical care leaders earlier this morning, and we were talking about some of these issues. So, yes, we have seen a number of the complications that are being seen in other places, including somebody who, unfortunately, died of a pulmonary embolism, so clotting of the blood we've seen. We've seen strokes in some people. We've seen the cytokine storm that has been noted in some people.

I can get the numbers on the survival rate, people who have been ICU. There's absolutely been many people, including -- we talked about this very early on -- a woman in her 80s, who was on a ventilator for a number of days, but then was released from hospital and home and is recovering. We have, thankfully, not as many people in ICU as other places. We may not be seeing all of the same complications that have been seen in other places, but I can get more details around that for you.

I will say that we have not seen some of the complications that had been reported, mostly recently from the UK, in children, here in BC yet. We have very small numbers, and this bears out around the world. We have five cases in children who are less than ten years of age, including an infant, and 14 cases in young people between the ages of 10 and 19. So, we've had only one hospitalization and no ICU admissions in our children, but we're obviously watching that very carefully, and particularly some of the issues we're seeing arise in the UK.

Reporter: I'm wondering Ontario has put out some modelling done by an organization that looked at data to estimate how many people may have been impacted by rescheduling or cancelling and delaying surgeries. They came up with 35 as the number. I'm wondering if BC is doing any of that type of work to look into those numbers to see what the impacts would be. I think they came up with a number of 35 deaths. I'm just hoping you can comment on that.

Henry: One thing that we are looking at, and have been monitoring for some time, is excess deaths in the community that are related to both COVID and other issues in the community. It's one way of doing surveillance to see if we're missing things in our communities. That is something that we've been using in our day-to-day monitoring.

The other thing that we are doing, and I don't have the data from that yet, is looking at the unintended consequences of the impact of all of the measures that we've put in place, whether it's on mental health, whether it's on violence in the home, whether it's on other exacerbations of chronic diseases. That would fit into that as well as the impact on people having delayed surgeries.

We are doing quite a lot of work on that and looking at it by a variety of different measures,

but I do not yet have the data to talk to that. I know in the plan for reopening of scheduled surgeries, that is something that's being taken into account. How long can you delay this surgery without probability of having adverse effects. We can look at that in more detail, for sure.

Reporter: Can you, Dr Henry, address concerns being raised about people going overboard in interpreting physical distancing guidelines? Do you think that some of the guidelines have been taken too literally and may have cost lives in the downtown east side, for example, due to people using drugs alone, for example?

Henry: Those are some really complicated things. Particularly in some of those situations, I know early on there was a lot of how do we manage this in the best way that protects people who are more vulnerable, but as well as staff who are working at places like shelters, like the food banks. I know there was some movement to close and consolidate food banks, for example, and move them in different areas.

Public health has been working with a number of agencies at the front lines to try and address some of those issues. We have had occasional spikes in people overdosing, for example. You're right, we were and are continuing to be concerned about people using alone. The other thing that has risen, of course, and it's hard to tease these apart sometimes, is the toxicity of the street drug supply has increased dramatically, as importing of the drugs has been a challenge given international borders and all of the transportation routes being slowed down or stopped.

There's been a complex mixture there. That is one of the reasons why we have developed, and it was announced on the weekend, the very ongoing plan to house people safely. The tent cities that had risen, a number of them, particularly in Vancouver and here in Victoria, had become very dangerous places for people for a variety of reasons. This is the initiative to ensure that people who are in those under housed or homeless situations are put in places where they can be safe and where they can have access to one meals, but also overdose prevention services in a safe way.

There's been a lot of modifications as well of overdose prevention sites and our supervised consumption sites and at shelters to try and ensure physical distancing, increased hand hygiene availability. I will say things like our overdose prevention sites and our supervised consumption sites are very clean anyway, and they're quite amenable to putting in things like barriers and distancing. There's been a lot of work done on that.

I think early on there was a lot of confusion about how do we do this in a way that protects everybody, but I know that a lot of work has gone into that, particularly in our communities in the downtown east side and here in Victoria, and across the province.

Reporter: I know the hospitals are almost half empty right now, but for some reason a number of nurse have contacted us saying they feel pressured to work when they don't think they should be working. They're not feeling 100%. They haven't tested positive necessarily, and a number of them are very anxious about returning to work. Are there hard and fast rules or protocols in place in health authorities to determine what happens in situations like that?

Henry: There's not hard and fast rules, but there are protocols. Absolutely, we look at a variety of different things. There's some skills sets that are in short supply. It may be that people are asked to come in if they were potentially part of an outbreak, but we can't provide safe care without that skill set or that person or that number of people there to support people.

I know in some outbreak situations, for example, people who are asymptomatic are asked to come in. We are all wearing appropriate personal protective equipment to make sure that there's no risk or that minimize, as much as possible, any risk, both to health care workers to each other as well as to patients or residents.

It is a challenging thing and it is on a case-by-case basis with your supervisor, manager, and it depends on the situation in the unit that people are working on, whether they are needed on any particular day.

Reporter: You said that you wanted to see two incubation periods pass before easing up on orders. How much of the recent community outbreaks, namely at the poultry plant, set you back or have set back any hope that you have of lifting some of these restrictions as early as mid-May?

Henry: I still think we're looking at mid to end May. I still want to see things going down, but these outbreaks are known outbreaks. Some of the other things that we are watching very carefully and that we're measuring around the province is those cases that we're seeing. As you know, we've expanded our testing again, as we've moved into this phase, to make sure that we're picking up anybody in the community who has respiratory symptoms that might have COVID-19.

Picking up unlinked cases, or non-epi-linked cases is what we call them. People who are sick without a known source that we can trace to very easily. Those are some of the things that we're watching very carefully. We still have a few of those, but most, as we're moving into this phase, most people are linked.

We're seeing people who are linked. They may be a household contact of somebody who worked in the poultry plant, for example. We know we've had household contacts of people who've come back from Kearsley Lake, who, retrospectively we say that's where they got it from. We can link people and trace people. That's the really important part, is being able to do that contact tracing very effectively and efficiently. And that's the work of public health.

It doesn't set us back, necessarily, but it is important for us, as one of the indicators that we are watching very carefully, that we're ready to get to that place where we can start lifting restrictions and having more contact within, of course, the core fundamentals of the distancing, the hand hygiene and the absolute staying away and staying home when you're sick.

Reporter: Just some more information about this death in the Interior Health region, do we know the age of the person? And was this person in hospital when they passed or were they recovering at home? And is there any indication of where this person contracted the virus from? Is it related to the outbreaks that were here in the IH region?

Henry: I'm sorry, I do not have the information today but we will get that to you.

Reporter: I was wondering, are there any updates on when a serology test could be available in Canada and BC? And also, you touched upon this before, but can you tell us the framework for who is in line for having a serology test administered and if there are guidelines in place to roll that out?

Henry: The BC CDC -- this is one of those things where there are hundreds, and you have read

about them around the world and people are using them and doing different studies and the challenge has been, and we talked about that earlier last week I think, where some of the tests, for example in Santa Clara and California, the parameters of the test or not that great. So there is both both the false-positive false-negatives.

The BC CDC lab has been doing testing on 17 different types of serology tests here in BC. There are a couple that are very promising. We had some discussions about them as late as last night.

One of the key things that we need to do is to be able to have people that we know have the disease and test them and see if their antibodies show up.

Some of the people who have recovered from COVID-19 are in line to help us validate, as we call it, the test. That is happening even this week. We have the protocols for doing that and that is very exciting for us because that helps us understand where to best use these.

The other things we have in place are a research protocol and we already got blood samples from people of different ages and the community that have been stored, waiting for a test to be developed. That will give us a measure of how many people before this outbreak started, whether anybody had antibodies. Then we are doing another cross section of the population early in May, because that gives some time for antibodies to be developed for those who have it.

We will do it again in six months.

That gives us an idea of how many people -- a random sample across the province -- might have been infected. That tells us the numbers of cases we missed.

The other place that we have a protocol that we are developing is about, as we go forward and we identify cases or clusters in the community, how can we use serology to see who might have had it and been missed in the past so that we can use it to link people?

We are still working on that protocol.

I expect that we will be able to use the test for some of these, at least within the next week or so.

Reporter: Vancouver Coastal put out a statement today that they are going to start to implement the inner city COVID-19 response strategy and base it on prevention, testing, and tracing people. How do you feel that is going to work in the downtown east side?

Henry: I think it is a great initiative, it's something that they have been working on. We have been doing enhanced testing and surveillance and monitoring of people in that community, recognizing that many people have a number of underlying health issues that would make them more at risk of having severe illness and that if they are living in some of the communal settings we've talked about, like the SRO hotels or shelters, that it can pass quite easily between people. Both to staff who are working in those areas but also between people living in the community.

I think this is a really important initiative to continue that and move it in the next stage, particularly aligned with the announcements around housing and ensuring that we have supported housing that has both food and social supports and medical supports for people in

the coming months and long-term.

So, it is part of a strategy that has been worked on for quite some time.

Reporter: Dr Henry, on the outbreak at the Mission Institution, and just generally around inmates, why was the policy not to test inmates prior to their release and when did testing of inmates start?

And for Minister Dix, on the vaccine side of things, do you expect that it will be rolled into the policies that exist now with schools to ensure that schools know when parents have vaccinated their kids for COVID-19 and is there any sense of making it mandatory for schools to have that vaccine? Henry: In terms of immunization, we have no mandatory immunization in the province and I do not expect we will have mandatory COVID-19 immunization.

We know that young people are less affected by COVID-19 but, once a vaccine is available we will have a strategy to roll it out across the whole province, and it will be voluntary for those who want it and need it.

Obviously, we will be looking at people who it will protect the most and at health care workers, as giving health care workers protection to be able to support people who have the disease.

At Mission, again, the outbreak was recognized somewhat late and it took some time to recognize people had this and that COVID was being transmitted. Everyone at the mission facility has been tested now and that is our protocol that we've been using in long term care homes for example and actually at the poultry outbreaks as well.

People are tested but we need to remember that a negative test is not necessarily helpful. So someone who was exposed to somebody with COVID-19, if they are still within the incubation period, they could test negative today but they could develop symptoms 24-48 hours in the next day or two.

It does not mean we can stop monitoring and making sure we do health assessments on a regular basis. Or stop isolating somebody who has been a close contact of someone else.

Dix: On immunization, it was this time last year that we were dealing with, you will recall, a measles outbreak and a real effort was made by public health, the extraordinary people who are doing so much of the work now on COVID-19, to increase the especially the immunization of children and youth from measles and other immunizations.

One of our concerns in this period is that all of those people are working on COVID-19 right now and we want to ensure that people are immunized. As to the problem of a vaccine for COVID19, I think it is fair to say that we will be delighted to have that problem. People around the world are working on that, and I think the implementation of a vaccine regime will be very important at that time.

As Dr Henry said, there is not mandatory immunization whether it will be in public schools and all schools in BC, mandatory registration to ensure that everybody knows, especially public health knows, who is immunized and who isn't. We will continue the extraordinary day-to-day work of public health in ensuring people are protected.

That will be the case if and hopefully when a vaccine is available for COVID-19 but I think all

of us feel that we will be able to work hard on that problem and resolve issues around that problem.

The key with all of this is to not focus on a very small group of people who don't want to be immunized, but to focus on the largest group who will want to be immunized.

I think everyone in every part of the world wants to see a vaccine for COVID-19.

Reporter: Just a question on clarifying the number of recoveries. He said 1,190 which was the same number as yesterday, is that to say there were no recoveries in the past 24 hours? And also, is at one of the numbers you are looking at in terms of going towards reopening the province?

Henry: I'm sorry, I transposed the wrong number onto my piece of paper, but it's 1,231, rather than 1,190.

Apologies for that.

It is an important piece but as you can tell, it is not a huge number and we have been, because of the work everyone has done here in BC, we have not had dramatic increases in large numbers of people infected. What that tells us is we don't have enough people who are immune in our population to have that community immunity that we needed to prevent transmission.

It is a factor, it is a factor that speaks to how prepared we were in the work that we all did to prevent transmission and that people were able to recover from this virus.

So it is not a factor necessarily that will help us know when we are ready to re-open connections where there is a possibility that transmission may increase again.

Reporter: Hi Dr Henry.

This plays into the mental and emotional health issues related to and [inaudible] with the orders and decisions around COVID-19. One of the animal rescue groups has approached us asking if the homeless people who are being moved from the streets into hotels and motel rooms with supports will be allowed to take along their pets to their new location.

Henry: I know that is something that's a very important consideration for all of us. When we're in a time of crises, ensuring that our family and our pets are part of that, very much. So, there are provisions for pets and it varies depending on the place and where they are, but it's also a consideration for where people might be placed, depending on their needs. One of those needs that is considered is whether they have a companion pet.

END TRANSCRIPT

From: [Rochon, Jake PREM:EX](#)
To: [Cameron, Tara D IGRS:EX](#)
Subject: FW: Letter from the Consulate General of the People's Republic of China in Vancouver
Date: April 29, 2020 11:55:19 AM
Attachments: [image001.jpg](#)
[20200428162059.pdf](#)

Hi Tara! We received this through Minister Chow's office. Does IGRS advise a response or should we file? Thank you!

From: Chow.MLA, George

Sent: April 28, 2020 4:24 PM

To: Minister, HLTH HLTH:EX ; OfficeofthePremier, Office PREM:EX

Cc: Chang, Stephanie JEDC:EX

Subject: Letter from the Consulate General of the People's Republic of China in Vancouver

Hi:

As requested, please see the scanned copy of the letter package from the Consulate General of the People's Republic of China directed to the Office of the Premier and the Minister of Health.

Warm regards,

Aaron



Aaron Leung

Constituency Assistant to the Hon. George Chow, MLA for Vancouver-Fraserview

604-660-2035 | #112 - 2609 E 49th Ave, Vancouver, BC V5S 1J9

George.Chow.MLA@leg.bc.ca | www.georgechowmla.ca

While our office will not be taking in-person meetings as part managing the COVID-19 virus, we will continue to provide services for constituents via phone and email contact.

Thank you for your understanding.



中 华 人 民 共 和 国 驻 温 哥 华 总 领 事 馆
The Consulate General of the People's Republic of China in Vancouver

No. CGC-2020-07

The Consulate General of the People's Republic of China in Vancouver presents its compliments to the Office of the Premier of British Columbia and has the honour to inform the latter of the hand-over of Personal Protection Equipment (PPE) donated to the Province of British Columbia by the Province of Guangdong to support the Government of BC in the fight against COVID-19. This is also a demonstration of international cooperation and the 25-years sisterly friendship between the two provinces. Enclosed herewith is the list of the PPE items.

The Consulate General of the People's Republic of China avails itself of this opportunity to renew to the Office of the Premier of British Columbia the assurances of its high consideration.



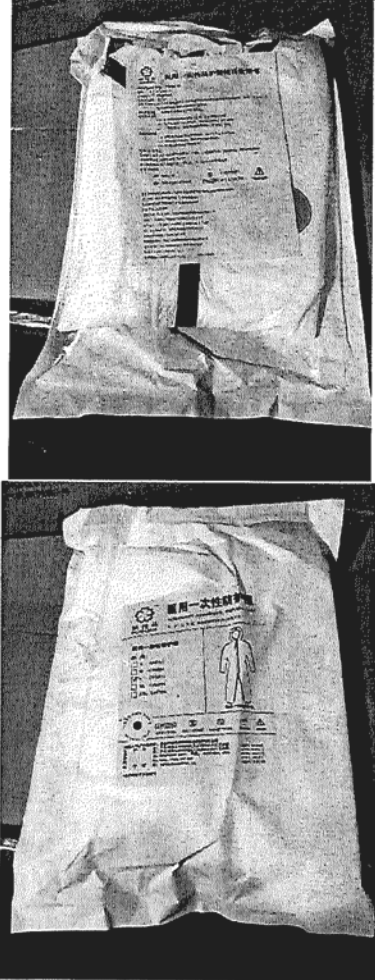
To: Office of the Premier, Government of British Columbia

CC: The Ministry of Health of British Columbia

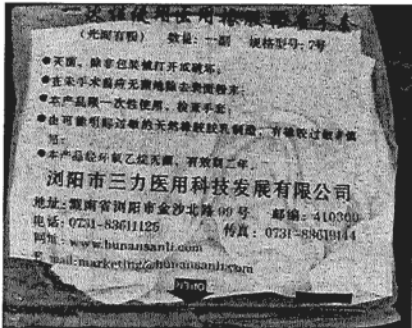

The Provincial Health Services Authority of British Columbia

Enclosure: PPE Donation List from Guangdong Province

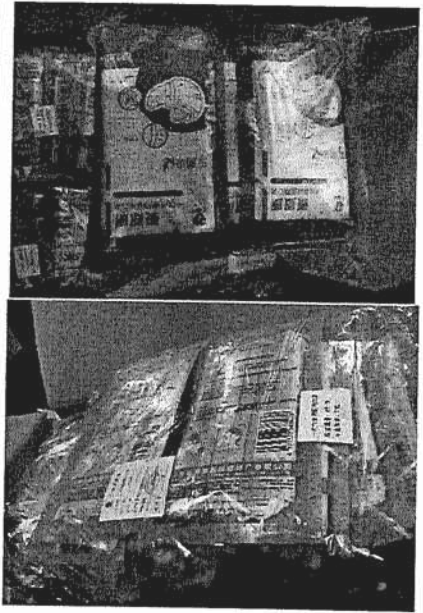
PPE Donation List from Guangdong
April 4, 2020

No	Item 物品	Product Photo 产品照片	Brand & Specification 品牌规格	Model Numbers 型号	Standards 标准	FDA or CE Certification
1	Coveralls 防护服		<p>佛山市南海康德福医疗用品有限公司 Plus Medical http://www.plusmedical.cn/en/</p> <p>Disposable Protective Clothing</p> <p>20 套/箱, 25 箱, 20pieces/carton, 25cartons</p> <p>49.2cmx41.6cmx37.4cm 6.8kg/carton</p>	coverall L 173	<p>粤械准注 20162641261</p> <p>经环氧乙烷灭菌 Sterile EO</p>	否 no

PPE Donation List from Guangdong
April 4, 2020

No	Item 物品	Product Photo 产品照片	Brand & Specification 品牌规格	Model Numbers 产品型号	Standards 标准	FDA or CE Certification
2	Medical Exam Gloves 医用检查手套		浏阳市三力医用科技发展有限公司 SANLI http://www.hunansanli.cn/ 一次性医用检查手套 disposable medical exam gloves 1000 副/箱, 10 箱 1000 pairs/carton, 10 cartons 41.5cmx34cmx32cm 11kg/carton	Size 6.5 Small With Powder 6.5 小号 光面有粉	湘械注准 20172660117 经环氧乙烷灭菌 Sterile EO	否 no
3	Surgical Masks. 医用外科口罩		佛山市顺德区康正卫生材料有限公司 一次性使用医用外科口罩 disposable medical surgical mask 2000 个/箱, 5 箱 2000 pieces/carton, 5 cartons 50cmx40cmx44cm 8kg/carton	挂耳式 Earhook 17cmx17c m	粤械注准 20152640214 (YY0469-2011) *4 月 26 日起新的注册证号为 (new permit starting on April 26, 2020): 粤械注准 20152140214 经环氧乙烷灭菌 Sterile EO	否 no

PPE Donation List from Guangdong
April 4, 2020

No	Item 物品	Product Photo 产品照片	Brand & Specification 品牌规格	Model Numbers 产品型号	Standards 标准	FDA or CE Certification
4	Medical Mask 医用口罩		<p>汕头市泰恩康医用器材厂有限公司 GUANGDONG T&K PHARMACEUTICAL CO.LTD http://www.tai-kang.com.cn/qicai/qc-about.htm</p> <p>Disposable Medical Mask (Recommended for Civilian Use) 一次性医用口罩</p> <p>3200 个/箱, 16 箱 3200pieces/carton, 16 cartons (50000 pieces in total)</p> <p>57cmx50cmx48cm, 12kg/carton</p>	挂耳式 Earhook	<p>粤械注准 20162640663 (YY/T 0969-2013)</p> <p>经环氧乙烷灭菌 Sterile EO</p>	NO 否

OOP FOI PREM:EX

From: Howlett, Tim GCPE:EX
Sent: April 17, 2020 4:22 PM
To: Aaron, Sage PREM:EX; Holmwood, Jen PREM:EX; Smith, George PREM:EX
Subject: RE: Phone Call Request from Chinese Ambassador

Why is the Chinese embassy using a gmail address?

From: Aaron, Sage PREM:EX
Sent: April 17, 2020 2:11 PM
To: Holmwood, Jen PREM:EX ; Smith, George PREM:EX ; Howlett, Tim GCPE:EX
Subject: RE: Phone Call Request from Chinese Ambassador

Sage
778-678-0832

From: Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca>
Sent: April 17, 2020 1:41 PM
To: Aaron, Sage PREM:EX <Sage.Aaron@gov.bc.ca>; Holmwood, Jen PREM:EX <Jen.Holmwood@gov.bc.ca>
Subject: FW: Phone Call Request from Chinese Ambassador

Please advise

From: Chinese Embassy <chineseembassy.ca@gmail.com>
Sent: April 17, 2020 1:32 PM
To: Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca>
Subject: Re: Phone Call Request from Chinese Ambassador

Good afternoon,

Ambassador appreciates the nice discussion with Premier Horgan. Generally, we will post a piece of very brief news (about showing our common will to fight against COVID-19) in the embassy's website for this phone call.

Please let me know whether it is acceptable to do so?

Regards,

Nan

Chinese Embassy <chineseembassy.ca@gmail.com> 于2020年4月17日周五 下午2:04写道 :

Hello,

Received the information.

Thank you.

Nan

Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca> 于2020年4月17日周五 下午1:46写道 :

Hi Again,

My apologies but we will need to use a conference line as one of the Premier's Staff will be joining by call. He will be joined by Amber Hockin, Deputy Chief of Staff and Bobbi Plecas, Deputy Minister Intergovernmental Relations.

Please confirm that you have received this new number.

Tel: s.15; s.17

Participant code: s.15; s.17

Sincerely,

Jarrett

Jarrett Hagglund | Executive Coordinator to the Premier

Office of the Premier

Office: 236-478-1561 | Cell: 604-817-1458

Jarrett.Hagglund@gov.bc.ca

From: Chinese Embassy <chineseembassy.ca@gmail.com>

Sent: April 17, 2020 10:06 AM

To: Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca>

Subject: Re: Phone Call Request from Chinese Ambassador

hello,

Yes, 1:00p.m(PST) is available(4:00p.m Ottawa time). Could you please give me a number for the call? And Amb will reach Premier Horgan on appointed time.

In case of need, Ambassador also could be reached at the following number: **1 613-789-0032**

regards,

Nan

Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca> 于2020年4月17日周五 下午12:27写道 :

Hello Again,

Is it actually possible for 1:00pm to work?

Sorry about this.

Jarrett

From: Chinese Embassy <chineseembassy.ca@gmail.com>

Sent: April 17, 2020 8:52 AM

To: Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca>

Subject: Re: Phone Call Request from Chinese Ambassador

Good morning,

I will try to rearrange and get back to you soon.

Thank you very much.

Nan

Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca> 于2020年4月17日周五 上午11:28写道 :

Hello,

Unfortunately it is proving difficult to make 1:30pm work. If there is any way Ambassador Chong could make 12:30pm (PST) possible it would be greatly appreciated. Please let me know if it just isn't possible and I will work to find another time.

Thank you again,

Jarrett

Jarrett Hagglund | Executive Coordinator to the Premier

Office of the Premier

Office: 236-478-1561 | Cell: 604-817-1458

Jarrett.Hagglund@gov.bc.ca

From: Chinese Embassy <chineseembassy.ca@gmail.com>
Sent: April 17, 2020 6:12 AM
To: Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca>
Subject: Re: Phone Call Request from Chinese Ambassador

Good morning,

If 12:30 p.m. (PST) is the only time works today, please also let me know. We will try to rearrange Amb's schedule in the afternoon.

Regards,

Nan

Chinese Embassy <chineseembassy.ca@gmail.com> 于2020年4月16日周四 下午9:01写道 :

Dear Jarrett,

Thank you for your reply.

Ambassador Cong is glad to have the phone call with Mr. Horgan tomorrow.

But he already has arrangement around 12:30 p.m (PST), would it be possible to schedule the call at a later time such as 13:30(PST).

Please let me know whether it is available.

Best regards,

Nan

Hagglund, Jarrett PREM:EX <Jarrett.Hagglund@gov.bc.ca> 于2020年4月16日周四 下午8:25写道 :

Good Afternoon,

I hope this note finds you well and thank you for reaching out with this kind request.

Would it be possible for us to schedule a call tomorrow at 12:30pm (PST).

If this timing could work please let me know and we can coordinate the best number to call.

Sincerely,

Jarrett

Jarrett Hagglund | Executive Coordinator to the Premier

Office of the Premier

Office: 236-478-1561 | Cell: 604-817-1458

Jarrett.Hagglund@gov.bc.ca

From: Chinese Embassy <chineseembassy.ca@gmail.com>

Sent: April 16, 2020 8:26 AM

To: OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>

Subject: Phone Call Request from Chinese Ambassador

Good Morning,

I hope this letter finds you well.

Chinese Ambassador CONG Peiwu would like to kindly request a courtesy phone call with Premier John Horgan next week or in the coming weeks.

Ambassador Cong would like to exchange ideas about COVID-19 with Premier John Horgan through this phone call.

Could you please kindly check if Mr. Horgan will be available for the call?

Best regards,

Nan

--

Embassy of the People's Republic of China in Canada

515 St Patrick Street, Ottawa Ontario K1N 5H3

Tel : 613-7890058

Fax : 613-7891412

[Http://ca.china-embassy.org/eng/](http://ca.china-embassy.org/eng/)

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