

Rapid Testing

In BC, we have two “rapid tests”:

1. **Abbott ID Now** (nucleic acid technology) = **a machine where it has a certain type of nasopharyngeal swab that you can put into the machine. Requires a healthcare worker to take the swab.**

- We do not have enough to test all of our health care workers in the long-term even once at this point
- These are only licensed by Health Canada for use in people who are symptomatic—so people who have symptoms
- We are working on how we can best deploy these machines to help us understand when outbreaks are happening, when people need to be tested rapidly in a community

2. **Panbio antigen test** (antigen technology) = **a tickle test (nasopharyngeal swab) with a coloured line requiring a tickle of the back of the throat for several seconds. Requires a healthcare worker to take the swab**

- These are also only licensed by Health Canada for use in people who are symptomatic
- These tests are not as sensitive and do not work well in the cold
- They're not as able to pick up the virus as the regular NAT/PCR tests that we do on an ongoing basis that go to the lab

Effectiveness of the rapid tests:

- Rapid testing in long-term care homes is not what is going to solve our issues because the tests have faults and limitations, and you have to test everybody everyday.
- The rapid tests that have been sent to BC are not successful or effective in dealing with asymptomatic testing; Rapid tests are not licensed for asymptomatic testing
- The number of rapid tests sent to BC is not effective to implement province-wide rapid-testing program in long-term care facilities.
- We're going to continue to follow the science, to follow the advice from our public health leaders—Dr. Bonnie Henry and the BC CDC—in terms of testing in the province and make all the decisions necessary to protect our seniors

Rapid Test Deployment Plans

- According to the Eagle Report, BC has advised Health Canada it will use the *Abbott ID Now* in the following situations:
 - Emergency room and critical care assessment;
 - Health care worker assessment;
 - In outbreak investigations in hot spots around the province;
 - In targeted Long Term Care facilities (patients and care workers); and
 - For rural/remote/First Nations sites that are not able to get sufficient reagents for the other Health Canada-approved point-of-care test (Cepheid).
- BC has advised Health Canada it will use the *Panbio* in outbreak management, in marginalized populations (homeless), a subset of LTC facilities, and in rural and remote communities.

- Detailed deployment plans are being developed, focussed on these four priority settings:
 - Long-term care facilities and staff
 - A pilot project to assess feasibility and utility using the Panbio rapid antigen kits launched December 7, 2020, at Holy Family Hospital LTC in VCH.
 - Rural and remote testing
 - Correctional facilities (provincial facilities, and working in collaboration with the federal government responsible for federal facilities)
 - Outbreak detection
 - Testing continues in Vancouver's DTES and VIHA has expressed interest in piloting a similar program in Victoria.
 - All health authorities have expressed interest in using the PanBio for outbreaks.

BC usage:

	FHA	VCH	IHA	VIHA	NHA	FNHA	PHSA
LTC HCW	✓	✓	✓	✓	✓		
Rural and Remote			✓	✓	✓	✓	
Correctional facilities	✓						✓
Outbreak detection	✓	✓	✓	✓	✓	✓	✓

Vs. Ontario:

- According to Health Canada's Eagle Report, Ontario advised Health Canada it will use the *Abbott ID Now* as follows:
 - Focus on remote or isolated settings and for hot spot allocation to Toronto, York, Peel and Ottawa.
 - Will work with hospitals and local public health units to deploy to areas experiencing outbreaks.
 - Potential for use in long term care homes.
 - Initiated dialogue with First Nations.
- Ontario advised Health Canada it will use the *Panbio* as follows:
 - Asymptomatic screening, specifically in LTC homes - asymptomatic staff and visitors.
 - Have broadened potential uses in workplaces, at the border, large manufacturers and other health care sectors.
 - Not exploring use in schools due to use of Nasopharyngeal (NP) swab and regulatory hurdle.

Distribution of the Rapid Tests:

ID Now *(as of Dec 14)*

- 106 instruments in warehouse with about 21,000 kits in stock.
- 25 instruments have been issued along with some kits as follows:
 - CDC – 2 instruments + 550 kits
 - C&W – 1 instrument + 250 kits
 - VCH – 7 instruments + 1,000 kits
 - VIHA – 4 instruments + 1,000 kits
 - FHA – 4 instruments + 550 kits
 - NHA – 2 instruments + 500 kits
 - IHA – 4 instruments + 950 kits
 - PHC (SPH) – 1 instrument + 240 kits

Panbio *(as of Dec 14)*

- 618,000 Panbio tests none issued as public health has not made any decision on where / when these will be allocated.

Additional References

Oral Questions

COVID-19 RAPID TESTING PROGRAM FOR LONG-TERM-CARE FACILITIES

S. Bond: Day after day British Columbians, including every member of this assembly, feel heartbroken when we hear about transmission, about outbreaks and, ultimately, about deaths in our long-term-care homes. The images of families being separated from the seniors that they love and the fear of losing that loved one should compel all of us to do absolutely everything possible to lower transmission rates and protect our most vulnerable citizens.

Yesterday the government announced the limited use of rapid tests in a small number of long-term-care homes in two health authorities.

My question is a straightforward one to the Premier. Rapid tests would provide an additional level of protection for vulnerable seniors. Knowing that, will the Premier immediately commit to the implementation of a rapid-testing program in long-term-care homes across the entire province?

Hon. A. Dix: Thank you very much to the Leader of the Opposition for her question. She'll know that outbreaks in long-term care, the situation in long-term care, affects everyone in the province, from Rotary Manor in her hometown to Three Links in my constituency. I think it's fair to say that every day, everybody in the health care system, including Dr. Bonnie Henry and all of us, are working and doing everything we can to both assist people in long-term care and to stop outbreaks in long-term care. It's for that reason that a number of measures have taken place in B.C. that have not taken place in other places in the country, and we've had relative success compared to other jurisdictions in dealing with it.

But I don't think people are that concerned with what happens in other jurisdictions. They want us to do everything we can here, and we are. The fact is that rapid testing, as Dr. Henry has explained many times.... The rapid tests that have been sent to us are not successful or effective in dealing with asymptomatic testing and, in any event, haven't been sent to us in the numbers available to put in place such a system. It would not be effective.

That said, as with everything else, we are trying absolutely everything, including a pilot project, to see in what ways they could be effective in our province. Rapid testing is also being used and being piloted in other areas where vulnerable people live, from the Downtown Eastside to rural communities.

[10:40 a.m.]

I just want to assure her that the reason why we're pursuing the pilot is that we're pursuing absolutely every option to keep people protected. The reality is that these particular tests will not do what the hon. member is asking us to do. If they were able to do that, there would be no reason not to do them. We are following the evidence, we're following the science, and we're doing absolutely everything we can to protect everyone in long-term care.

I appreciate the member's concern and the seriousness of her question. We will continue, I hope, to work together to provide as safe a solution as possible for everyone living in long-term care.

Mr. Speaker: The Leader of the Official Opposition on a first supplemental.

S. Bond: I certainly want to let the Minister of Health know that the members of the opposition absolutely appreciate the exceptional and outstanding work being done by health care workers and particularly those in long-term care across British Columbia. The Health Minister himself has just pointed out how important it is that we do absolutely everything possible.

For weeks now, families, seniors organizations and even the B.C. seniors advocate have been calling for additional action from this government. In her recent comments, the seniors advocate had this to say about rapid testing: "We're going to catch some of those people, maybe not all of them, but some of them. We have nothing right now. The question is: what is the harm in using them?"

I am sure that the Premier would agree with me that we must make every single effort possible to protect our most vulnerable seniors. The Premier has the opportunity today to take additional action and implement a provincewide rapid-testing program that has the potential to make a

difference in long-term-care homes right across British Columbia. Will the Premier commit to doing that today?

Hon. A. Dix: Thank you again to the member for her question. As noted — and it has been a disappointment to us over the term of the pandemic — the technology involved in rapid-testing has not been as effective as we would have hoped by this point.

The fact is that these tests are not licensed for what's called asymptomatic testing. So that is not an appropriate means, and in any event, that isn't an effective method. The people who say that are the people who are expert in this area. I am with the seniors advocate, and I am with everyone in this province that wants to do everything they can, but the people who know testing have drawn this conclusion, because they, too, care about people in long-term care, and their first principle of action is to do no harm.

The member will know that this week we will be presenting our rollout plan for vaccines in British Columbia. She will know — I'm not letting anything out of the bag early in this regard — that the priority of long-term care, of long-term-care workers and residents, in that vaccine plan will be key to managing the pandemic for long-term care in the coming weeks, and I mean immediate weeks.

We are going full effort on that, just as we are in ensuring and finding ways to use rapid tests in the most effective way, to save lives of people across British Columbia. There is no issue more important to me personally and, I know, to the member and also to the critic for seniors for the opposition, the Leader of the Opposition. That's why we're going to continue to follow the science, to follow the advice we've received from our leaders in terms of testing in the province and make all the decisions necessary to protect our seniors.

Mr. Speaker: The Leader of the Official Opposition on a second supplemental.

S. Bond: As we continue to battle COVID-19, every day matters, and every action matters. No one is suggesting that the implementation of a rapid-testing program will guarantee the end of transmission or outbreaks, nor is the suggestion that we would replace the existing testing regime, but it would add an additional layer of protection.

To the point that the Health Minister made, just yesterday his government announced the fact that they are going to use rapid testing in a small number of long-term-care homes. Our question is: what is the harm in looking at a provincewide rapid-testing program if it even adds a simple extra layer of protection for vulnerable seniors? The time for that action is now.

[10:45 a.m.]

If implementing a provincewide rapid-testing program has the potential to provide any additional protection for our most vulnerable British Columbians, there should be no hesitation in putting a provincewide program in place.

Families are frightened. Seniors are vulnerable. Will the Premier take the action that they deserve and immediately implement a provincewide rapid-testing program? Not just in a few long-term-care homes. As the seniors advocate said: what is the harm in putting a rapid-testing program in place? So to the Premier: will he make a commitment today to expand the rapid-testing program to long-term-care homes across British Columbia?

Hon. A. Dix: We have been using rapid tests in appropriate circumstances, and that action is guided by the leading experts in public health that we have. With great respect to the seniors advocate, who the Leader of the Opposition cites as evidence, this is not her area of expertise. The fact is that the rapid tests are not licensed, even, for asymptomatic people and that we have a better overall plan to address symptomatic people in long-term care.

The purpose of the pilot project, the reason that we are pursuing even that option, is to see under what circumstances you could use rapid testing to help — not to hinder but to help — our overall protection of long-term care. That's why we're proceeding, because every day we look at every possible option to assist people in long-term care and to deal with outbreaks in long-term care, which, right now, in active, long-term-care outbreaks in B.C., involve a total of 1,401 people.

Regularly, I talk to the families of those people, as the member will know. I hear their concerns, their worries, the fact of their separation, so we are taking the steps necessary. But those steps have to be effective, and they

have to follow the science, and that's why I'm following, in this case, the advice of Dr. Henry, the advice of the B.C. Centre for Disease Control, the advice of those who know these areas of testing and have worked in them all their lives to guide our policies and will continue to do so.

R. Merrifield: The minister has referenced science. We know from science that rapid tests can break stubborn bottlenecks. They can contain infection. They can sever the chain of transmission. They can reduce morbidity and mortality and diminish debilitating economic costs — these tests, which can deliver results in minutes rather than days. Other jurisdictions such as Ontario have called these a game-changer.

Two weeks ago the federal government gave B.C. 131 rapid-test machines, 27,000 test kits and 500,000 antibody tests. Can the Premier confirm that B.C. has these tests and tell us how many have been deployed in long-term-care facilities?

Hon. A. Dix: We've received 131 of the machines with respect to the Abbott ID NOW tests, with about 27,000 tests. One might understand in the case of those machines that 27,000 tests would only be able to do the tests being suggested by the hon. member one time, or less than one time, for a long-term-care resident and less than one time per worker in long-term care equally. They're not licensed, as we said, for asymptomatic testing.

Dr. Bonnie Henry has given the response on this question multiple times, as the member will know — that her response is founded on the science in this area. What British Columbia is doing in terms of piloting with respect to rapid testing is not dissimilar to what they're doing in Ontario, and we're going to continue to act, including ensuring that early access to vaccine, especially for long-term-care workers, which will hopefully ring-fence long-term care, will be a key part of our vaccine plan.

[10:50 a.m.]

For the member.... I think the member is incorrect in suggesting that those tests, the 500,000 Panbio antigen tests, are the answer in long-term care. They are being used in British Columbia. We're taking the very steps required to ensure the best use is made of them so that people in long-term care and in other vulnerable circumstances such as rural communities,

such as vulnerable communities, such as the Downtown Eastside.... So that they can be effective.

We're following the science. We're following the advice of the people in epidemiology who lead this effort, this specific effort, of testing. We're going to continue to do so.

Mr. Speaker: The member for Kelowna-Mission on a supplemental.

R. Merrifield: I can appreciate the minister's comments, but there are still many voices calling for a widespread rapid-testing program to reduce the number and extent of the current outbreaks in long-term care and to protect one of our most vulnerable populations. That includes families like Lesley Telford's, whose mom, Sandy, is in long-term care. She says: "I do believe that we can do more testing. We do have to pay more attention to their quality of life. We can't just lock people away indefinitely."

Again to the Premier, how many rapid tests does B.C. have today, and how quickly could they be deployed to our long-term-care facilities?

Hon. A. Dix: Well, I believe I just answered that question. I'm happy to answer it again. We have 27,000 tests of the Abbott ID NOW system and 131 of the machines. We've received approximately a little under 500,000 of the Panbio antigen tests. All of them, of course, require a nasopharyngeal swab. All of them require a health care worker to do the swab. All of them are not licensed for use except in people who are symptomatic, and even in the case of people who are symptomatic, they are not as able to pick up the virus as the regular NAT tests that we do on an ongoing basis in B.C.

I absolutely agree with the member, and people frequently want this: they would like there to be a magic solution or a single solution or an easy solution. There is not an easy solution to this worldwide pandemic. We have to do the work. We have to trust in the epidemiologists who have led us so extraordinarily well in this area.

We absolutely have to do testing on a systematic basis, and we have significantly increased our capacity to do testing in B.C. We have to ensure, as we have done in B.C., our single-site model for staffing, ensure that we're adding health care workers — more than 1,000 of the 7,000 already hired, as proposed by the Premier in September. We have to

ensure that infection control procedures are in place, and that effort is being made by health care workers everywhere in the province.

I am with the hon. member. I am with the families in this area. In fact, I am one of the families in this area. I can tell the member that we are doing absolutely everything we can, but wishing doesn't make [audio interrupted]. We have to follow [audio interrupted] the best advice of people such as Dr. Bonnie Henry and will continue to do so.

Timeline of Rapid Testing Issue:

By Oct 7

Federal government has signed agreements with Abbott to purchase ID now rapid tests (up to 7.9M units) and Panbio antigen rapid test (up to 20.5M units). ID NOW is a rapid PCR test, whereas Panbio is an antigen test.

The first agreement was signed for ID NOW tests on Sep 29, pending Health Canada approval. It was approved one day later, Sep 30. Panbio received Health Canada approval Oct 6.

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