

03-Jun-2021: Dix/Henry - Vaccine mixing & matching - transcript

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Good morning,

We are pleased to provide the transcript below from the June 3, 2021 briefing regarding the latest B.C. Government news on the Novel coronavirus (COVID-19).

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BEGIN TRANSCRIPT

Media Availability, 03-Jun-2021

Dix/Henry - Vaccine mixing & matching

By Legislature Press Theatre

Adrian Dix: Good afternoon. My name is Adrian Dix. I'm BC's Minister of Health. To my right is Dr Bonnie Henry, BC's provincial health officer. This is our COVID-19 briefing for British Columbia for Thursday, June 3rd. We're honoured to be here on the territories of the Lekwungen speaking people, of the Songhees and the Esquimalt First Nations.

Tomorrow, Friday, we'll be providing a written briefing on developments in the COVID-19 pandemic in British Columbia. That'll be released at approximately three o'clock, and on Monday we will be providing a regular briefing, this time with Dr Reka Gustafson and myself, on Monday at three o'clock.

With that, it is my honour to introduce Doctor Bonnie Henry.

Bonnie Henry: Thank you very much and good afternoon.

Starting with our immunization vaccine update today, as of today, 71.8 percent of all adults over 18 in BC have been immunized with one dose of vaccine. And 68.9 percent of everyone 12 and over have now received their first dose. That is 3,143,000 doses of all three of our COVID-19 vaccines [that] have been administered in British Columbia. Of those 229,585 are second doses.

For our update on cases today, we have 199 new people diagnosed with COVID-19 in British Columbia, three of whom are epidemiologically linked case, bringing our total number of people diagnosed with COVID-19 to 144,866.

Of the new cases, 68 are people who live in the Vancouver Coastal Health region, 89 people live in the Fraser Health region, two live in the Vancouver Island Health region, 34 people in the Interior Health region; six reside in the Northern Health region.

We currently have 2,563 active cases, 224 people in hospital, and 62 of them in critical care or ICU.

And 140,537 people in BC have recovered from COVID-19.

Sadly, again today, we have had two additional people in British Columbia who have died from COVID-19. Both of them were people in their sixties. And that brings the total number of people we have lost to COVID-19 to 1,709. Our condolences go to all of those who have lost loved ones. We know how challenging it is at this time.

We currently have five active outbreaks in long-term care and assisted living, and one in acute care in the province.

Last week I shared details of our approach for dose two for people in our main age and risk-based program, immunization program, using Pfizer and the Moderna vaccines.

As you know we've shortened the interval between dose one and dose two to be, at minimum eight weeks, compared to the 16 weeks that we were working with early on.

We know that many, many people have started to book their second doses, and we've been particularly starting with our elders and seniors who received the vaccine first, as well as people who are clinically extremely vulnerable. And I know that's been actively going on all week.

On Tuesday of this week, the National Advisory Committee on Immunization provided updated guidance based on evidence from around the world on what we call vaccine interchangeability, which means having a different product of the same type of vaccine, or a different vaccine for dose one and dose two.

We recognize that many people right now are about ten, 12, or 13 weeks after their initial dose of either Pfizer or Moderna. I want to reassure you that it is safe, and it gives your body's immune system time to ramp up so you do get an adequate and durable longer-lasting booster when you get your second dose. Any time between eight and 16 weeks is good, and we know in some cases a little bit longer is actually better.

What is important is that everybody does need to receive two doses of all of the vaccines that we have here in British Columbia.

As always, as we do for all vaccines, it is always preferable to have the same vaccine for both doses. But we now know, from the work that we have received, as I mentioned from the National Advisory Committee, the BC Immunization Committee and the data that we reviewed from around the world, that it is safe and effective to have a different vaccine if you need to.

This approach is based on scientific evidence and the guidance of NACI and our BC Immunization Committee.

I know that our immunization teams across the province are doing their best to make sure that if you received Pfizer for your first dose, you will receive Pfizer for your second dose, or Moderna for your first dose and Moderna for your second dose. And this is interchangeability of the same type of vaccine, so the mRNA vaccines.

What we do know is that it is safe to have either one if that is needed. It is equally safe and works just as well to have either mRNA vaccine. That's based on the data that we have now, from experience around the world.

This will mostly affect people who had Moderna, right now, as their first dose, because we have had some spotty issues with supply of Moderna. I will reassure you that we have more Moderna coming. We've been guaranteed that by the end of this month. So this is a temporary issue, and we are doing our best in every clinic to make sure that if you received Moderna, that you will have it available to you.

But, there will be some instances where it may not be available. In that case you'll be offered Pfizer as an alternative to the Moderna for your second dose. You can choose to rebook later in June when more Moderna is available, but I would encourage everyone to take the vaccine that you are offered when you go in for your second dose. You can be reassured that we have looked at this evidence now with millions of people. It is safe and effective.

Today I want to talk a little bit about the other vaccines that we have here.

For those who received AstraZeneca for your first dose, you will have a choice for your second dose here starting next week. And I want to say specifically for the almost 280,000 people who received AstraZeneca, you did make the right choice.

AstraZeneca is an important and lifesaving part of our BC immunization program, and it was absolutely essential when we had high case rates and increased transmission in March and April. Your making the decision to receive AstraZeneca was a good choice to protect you and to protect your community, and is one of the reasons that we have been able to manage to stop transmission in our community in British Columbia.

As more mRNA vaccines, particularly Pfizer and Moderna came available, we no longer needed to have an additional vaccine in our armamentarium and we were watching what was happening around the world, as well as the very real, but rare, risk of having blood clots from AstraZeneca. So we made the decision to do was save the doses that we had on hand, so that we would have AstraZeneca available for people for second doses when the time came, and to make sure that we were not unnecessarily taking additional vaccine out of the global supply when it was needed so badly in many other countries.

Now with the evidence that we have that mixing and matching of different types of vaccines, so the viral vector vaccine that AstraZeneca is, with messenger RNA vaccines, either Pfizer or Moderna, is also now safe and effective, and we know about the safety from data from the UK as well as the effectiveness from studies and use in places like Germany, in Spain, et cetera.

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So people who received AstraZeneca in March and April, you have two choices now. You can receive a second dose of AstraZeneca vaccine, and we will ensure that we have enough AstraZeneca available for everybody who wants to receive their second dose of AstraZeneca. We've been working with the Pharmacies Association and making sure that we have, operationally and logistically, the ability to get vaccine to pharmacies. So people who received AstraZeneca and want to receive your second dose of AstraZeneca after at least eight weeks, it will be available to you through pharmacies. And that will be starting on Monday.

We are shipping out over the next few days, and the pharmacy where you received your vaccine will be in contact with you to set up those appointments. And I'm asking you, please, do not call the pharmacies. We are working it through. Almost everybody who received AstraZeneca is in our registration system already. If you are concerned about that, you can go into Get Vaccinated and check. We are working with the pharmacies to make sure that they can effectively and efficiently call you and schedule you for your second dose when it's ready, and when you are due.

The other option that you have, if you wish to, is to receive a messenger RNA as your dose two. Again, after eight weeks minimum -- and there's some evidence that waiting for both of these to 12 or 13 weeks is somewhat better. You can receive a dose of the messenger RNA, so Pfizer or Moderna, through our mass clinics across the province. So you can expect to receive a text or e-mail inviting you to book about eight weeks -- a minimum of eight weeks -- after your first dose. And invites will start to go out this Monday.

It takes time for us to get all of the logistics worked with all of the pharmacies across the province that are working with us on this. If you received your vaccine at a pharmacy, they will contact you. Please do not call them. We know that sometimes it can be anxiety-provoking, but they have a system that they are putting in place, and we are working with them to ensure that they will be able to connect to people in sequential order of when you received your vaccine. They will not be accepting appointments if you call them.

If you choose the mRNA vaccine, Pfizer or Moderna, you can use the booking invite for your second dose through the Immunize BC platform. So that is what will start to happen starting next week, and will roll out over the sequential weeks.

As we all know, and I know I've heard from many people, our clinics are very busy. And that is a good thing. It means lots of people in BC are getting vaccinated every day. We have plenty of supply, and deliveries are coming in every week. But I can tell you, the number of appointments that we have in our mass clinics match the available doses that we have every week. And the clinic teams are using every last dose.

We've talked before about the schedules. We have now regular schedules with Pfizer. They usually arrive on Monday afternoons or Tuesday mornings, and that means that through the weekend we have to be very careful and making sure that we are titrating any dose. We know with some of the drop-in programs and the pop up clinics that we've had or the low-access clinics, we can use vaccine very quickly. Those are titrated to make sure that by Monday afternoon, we have very little left, and we would be able to immunize another 100,000 people a week if we had vaccine supplies. But right now, every appointment is titrated to the vaccine that we have coming in every week.

So when you are invited to book, either your first or second vaccine, it may be a few weeks ahead that you will get your appointment. Clinics have been accepting youth drop-ins, as we know, when children come in

with their parents or a trusted adult. But we recommend that you book everybody, no matter their age, so we can make sure we have enough vaccine at every clinic as we go on.

As I've mentioned, we know the minimum eight weeks is okay, but there is no risk to waiting a little bit longer, and in some cases, it gives your immune system a chance to ramp up and then get extra protection from the booster from the second dose.

I will also say, we will have enough vaccine for everybody to receive their first and their second dose by the end of summer, and very likely, much before that. So we all need to be patient, and we know how exciting it is to get protected through vaccination. We know how effective these vaccines are, and the difference they are making in getting us through this pandemic and moving onto the next stages of restart here in BC. We are making great strides, and we want to keep that momentum going. There is enough supply for everyone and we want to get everyone fully vaccinated as soon as possible.

Your second dose is just as important as the first dose. So yes, it is important that you get both. And of course, if you haven't already done so, please make sure you are registered, and that is the vaccine fast track to getting both your first or your second appointment.

Today, as I mentioned, the AstraZeneca vaccine is getting shipped to pharmacies throughout BC, and their teams are preparing to invite you back starting next week. In the meantime, we do still have COVID-19 circulating in our communities. In some areas, we are still having outbreaks that are affecting people, and we know that people are still getting seriously ill with this virus.

So we need to keep doing what we are doing. To be cautious, and to make sure that we know who we are spending time with, where we are going, if we are feeling unwell, to stay away and to get tested. We know that we are on a good path. A slow and steady and cautious path to restarting and getting through this pandemic. And we will get there in the coming weeks and months. Let's also remember that to continue to be kind, and to be calm, and to be safe.

Adrian Dix: Thank you very much Dr Henry, and I want to start by first saying my condolences to the families, the friends, the caregivers of the two people who passed away related to COVID-19 in the last 24 hours. One in the Fraser Health Authority, one in the Vancouver Coastal Health authority, both in their sixties. It reminds us of the negative power of the COVID-19 virus and why we have to continue to take actions together to protect one another. But it also reminds us that this continues to be a difficult time to grieve, and why we need to support all of those in their communities who have lost loved ones in this public health emergency.

I also want to reflect on the public health emergency with respect to the overdose crisis, and our thoughts with all of those families, all of those friends, all of those caregivers, all of those committees who are so profoundly affected by both of our public health emergencies.

With respect to vaccination, our teams are doing, I think, an extraordinary job across BC. 71.8% of adults have now received their first dose immunization. 68.9% of all those over 12, all of those eligible for the vaccine, have received their first dose. Yesterday, you'll know it was a very large number, more than 20,000 of our more than 60,000 doses distributed yesterday were second doses, and more than 40,000 were first doses, and that will continue to be the case.

I want to say that the weekend of June 1, our teams delivered around 380,000 immunizations across BC in that week, in a week where we received, as you'll recall, 276,000 doses or so of Pfizer, and we had received the previous week doses of Moderna.

So as Dr Henry has said, we are delivering these vaccines into people's arms consistent with the vaccine arriving in BC. I think the organization of this across hundreds of locations in our province is a real tribute to our teams led by Dr Penny Ballem, led by Dr Henry, but as well all the individuals who have been involved in this process, from those doctors and nurses, and ambulance paramedics, and firefighters and others, and pharmacists involved in the direct delivery of the vaccine.

To all of those involved in organizing it who have joined our effort, this is a true community effort, and we are truly honoured by all of your service and your commitment to one another and to all of those who are filling hour appointments. If you ask, people say, why are 95 to 100% of appointments filled in a particular location, it's because that is what we want to see happen.

A note that our hospitalizations today were 224, which is down from a height of 511 at the height of the second wave. Those in critical care is 62, down from 183. What we are seeing in our health care system, and I think this is evident to everyone, is a return above the levels of other hospitalizations in our health care system, such that yesterday, for example, we had 6,678 emergency room visits. In the early part of the pandemic, we talked about the reduction of emergency visits for other reasons. The comparison was 6,559, which have been the number of people visiting emergency rooms on March 9th, 2020, which was a pre-pandemic level.

Equally, yesterday we saw the third-highest number of ambulance dispatches in the history of the BC Ambulance Service. The previous ones had both been, essentially, New Year's Eve/New Year's Day 2017 and 2018. So yesterday was the third-highest in terms of number of dispatches of our ambulance service. In the last four or five days, it has been significantly above the previous, or pre-COVID, average.

I wanted just to express my ongoing appreciation, just update you on our surgical renewal commitment and where we are today. Last week, we released our two most recent surgical renewal commitment reports, covering the period up to March 31st. The reports show that we continue to change the way we're delivering surgery in BC and that through these efforts 97% of the patients whose surgeries were postponed in the first wave and still wished to have surgery have had their surgery.

This achievement should, I think, give additional reassurance to patients whose surgeries were postponed because of the third wave.

Last week, we also announced the resumption of non-urgent scheduled surgeries in Metro Vancouver. We said we would bring Burnaby back to full operations on May 25th, and we did. We said we have Royal Columbian and St Paul's hospitals back to full operations between May 31st and June 4th, and we did. They're now at full operations.

We remain on track to have Abbotsford, Surrey Memorial, Lions Gate, UBC, and Vancouver General all back to full operations by June 7th.

Since last week, as you are all aware, a COVID outbreak at Richmond Hospital, which has closed one unit and 20 inpatient bed. The outbreak has resulted in overflow of medicine patients into surgery and limits the hospital's ability to use all of its operating rooms. Richmond Hospital will focus on delivering surgeries that do not require an overnight stay. Full capacity, originally expected to occur by June 7th, is now expected to be achieved by June 24th.

This setback underscores why will our vaccination efforts accelerate, and that progress encourages us. The chance for COVID to get a new foothold and set us on our heels is still the work of the moment, and our battle to stop the spread is by no means over.

Today I'm also reporting 153 surgeries were postponed from May 24th to May 30th. That was 40 in Fraser Health and 113 in Vancouver Coastal Health. No surgeries were postponed in any of the other health authorities. This means a total of 2,306 surgeries were postponed from April 19th to May 30th.

From May 17th to May 23rd, health authorities completed still, in spite of that, 7,120 surgeries, of which 5,598 were scheduled surgeries, and 1,522 were unscheduled surgeries. By health authorities, that's 1,860 in Fraser Health, 1,427 in Interior Health, 406 in Northern Health, 1,585 in Vancouver Coastal Health, 1,533 in Vancouver Island Health, and 309 in the Provincial Health Services Authority.

The outbreak at Richmond Hospital, which involves 11 people, makes it clear we must continue to use our COVID skills consistently, follow public health guidance persistently, and adhere to public health orders diligently.

We must continue to register for our vaccination, and 1-833-838-2323 is the phone number. The Get Vaccinated website is the easiest way to register and to book your appointment. And we have to continue to take great care in our actions and behaviour, to give that shot every chance to give us the best protection possible.

I want to appreciate all of those working and supporting us in the COVID-19 pandemic, and everyone in communities such as Richmond and in Rutland. In communities such as Surrey and others, we have seen very significant uptake in immunizations over the last week again. In Surrey, all but one of our committee health services areas, of which there are nine, are now above the provincial average for immunizations.

In Richmond, we've seen the gap closed between where they are in Richmond and the provincial average significantly this week and continuing to do so, and especially an increase in registration.

We are very proud of the communities, of MLAs and community leaders, and the mayor and everyone else who have been part of that effort.

So thank you very much. Thank you to everyone in the community, and we are going to continue to make those efforts in all communities, from Fort St John to Cranbrook to Fernie to Terrace to Vancouver to Victoria.

Reporter: Can you clarify? Some of the people in the newsroom like myself who got AZN are a little bit confused. Will I get contacted by my pharmacy, but also get an invite to book at a clinic for Pfizer? How is that going to work? And are you going to make any sort of recommendation? I think a lot of people feel unsure about what to do and we're looking to you for advice on which vaccine to take.

Henry: A couple things -- yes, you can make the choice. So your pharmacy will call you and if you have decided that you want to take an mRNA vaccine you can just let them know. If you want to take the mRNA vaccine, then you book it through the Get Vaccinated website or the Immunize BC website. So yes, you will receive some information starting later today about the details of that and everybody who received AZN will need to make that choice. There are some people who also received AZN through their workplaces and the health authorities are connecting with your workplace and to provide you with the information you need as well.

It's a challenging question, and I've been asked that by my family members who received AZN. What is becoming clear is that the rare risk of blood clots is considerably less for dose two. Secondly, we know that the vaccine effectiveness, the real world effectiveness of how well the vaccine works to protect you is just as good with AZN as with a Pfizer vaccine; so there's nothing there that would say you should have one or the other.

The other part is about side effects; we know the study, particularly the one in the UK where they looked at Pfizer-Pfizer, AZN-Pfizer, Pfizer-AZN -- the mix-and match of the two different vaccines -- they found that if you had a different vaccine for your second dose, you were more likely to have side effects that included a sore arm, fever, achiness and feeling kind of blah for a couple of days. None of the serious side effects, but more likely to have a bit more of a side effect.

The other thing we don't yet know, but there is some limited information that says AZN, the way the viral vector vaccine creates a slightly stronger cell response -- those memory cells that your body needs for a longer term protection against the virus -- and it may be that that provides some advantage for people who had at least one dose of AZN.

The only thing I can say -- we call it non-inferiority. We know that it's just as good to get a second dose of AZN or to get a second dose of an mRNA vaccine after having the first dose of AZN. It is a little bit about your own personal risk. Our basic principle of vaccines is that you should get the second dose of the same vaccine you had for your first dose and that's what I would be most comfortable with, but for some people that very rare risk of blood clots is a very concerning thing and they would rather have a different vaccine. It is a personal choice. Both of these are equally good options.

Reporter: With so many COVID patients on ECMO machines, what's your plan for patients seriously ill with heart conditions who can't get in for cardiac surgery and how many cardiac patients have come to harm as a result of the shortage of ECMO machines and specialized staff?

Henry: We call it ECMO -- it's extracorporeal membrane oxygenation -- it is a very highly specialized treatment and it was designed particularly for heart bypass, where you had to do surgery on the heart and you needed to take the blood out of the body, oxygenate it and put it back in during those types of procedures. What we have learned, and starting in the early 2000s, is that it can also be very helpful for supporting people whose lungs are infected or damaged for other reasons where the blood is not getting oxygenated.

Using it for respiratory infections like COVID is a different use of the same machines. One of the things that came out of the influenza pandemic in 2009 is the use of ECMO and how it can be helpful to keep people alive, essentially, until they survive their infection. It is something we've been learning a lot about. I will say that we have a very tight knit and coordinated group that uses ECMO and the perfusionists are highly skilled at how to put people on these machines, how to monitor them, when to do that.

Our critical care team in BC has been coordinated from the very beginning of this pandemic, and has been working with both the cardiac and with the COVID response, the ICUs to make sure the machines are available for people who need them whether it's for urgent cardiac surgery, whether it's for recovery from COVID. We have been looking at the best models for how that type of care can be delivered effectively. As you can imagine, with many of these very intensive treatments, there's a small number of people who require these types of treatments and there's a very highly specialized team of people who administer them. They've gone to an approach in the province of supporting the critical care network across the province and have done an amazing job.

I am not aware that there has been people who have had issues, either cardiac or from COVID, because they have not been able to access ECMO when it was needed, and that is a testament to the teams that are working on this across the province. I can't say enough about the amazing work they have done and we've been following that very closely. We were challenged and it was stretched very much in April, but the teams have come together and done an amazing job of caring for people.

Reporter: Regarding AZN, there's been a lot of talk about the expiration dates knowing that it's coming near the end of June. What will happen with that? Is there enough time to get those 200,000 odd shots into arms and what are some of the factors that you weigh with that expiration date?

Henry: We have a small amount, so we're not in the same position as Ontario and a few other provinces where they had a lot that was expiring at the end of May. That was the concern about the expiration dates last week and Health Canada reviewed the stabilization data. One of the things about new vaccine is they tend to have a very short expiration date because we don't have a lot of data on how long they last and how long they're stable for. As we're using these, and as more and more months go by, we get more and more information about that. Health Canada had data from the company about stability over a longer period of time -- this is not just a Canadian problem, we're seeing these issues in places like Africa as well -- so they were able to extend the expiration date for that lot.

We do not have any of that lot left in BC; we used that all up. The doses that we have, we have a small amount in the 20,000 dose range that are expiring June 27th and June 30th. That's the soonest that we have and we are quite confident that starting next week when people are due for second doses, there is enough that we'll be using that up first. The rest of the 150,000 that we have on hand don't expire until later in the summer so that's not an issue for us. If we do find that we're getting close to June 27th, I know Health Canada is looking at that specific lot as well to see if we have enough stability data that that can be extended. But I expect that we will be putting that AZN into arms starting Monday.

Reporter: Looking at the vaccination rates we're at right now; 71.8% for 18+ and knowing that 70% is the target for the big change on July 1st. Is it looking like it's a done deal that we're going to be able to go to phase three on July 1st?

Henry: The minister is laughing because that's the minimum. As we've said all along, it's not only how protected we are and how much immunization that we have. It's looking at the transmission, where we're seeing outbreaks, where there's risky spots, where there's people that aren't as protected and it's the amount of vaccine that we have coming for second doses. All of that information that we presented a few weeks about breakthrough cases, about vaccine effectiveness and the bump up in effectiveness both for me as an individual, but also in terms of reducing transmission from having dose two.

Those are all important factors that we are looking at as well. We are absolutely on the right track, but we're not going to move up the steps just on that one parameter alone; we're looking at where the transmission is, who's still at risk, what populations need to bump up the immunization rates. It's the minimum that we need to achieve to be able to move to the next step.

Reporter: Delta variant is taking off in the Peel region in Ontario. Are you seeing this variant take control in areas of BC?

Henry: This is the new nomenclature that we're now using for the B.1.617.2 -- that's the one that was initially detected in India, that's Delta. We have had some introduction of that strain and it was initially a variant of interest, now a variant of concern. Those data are posted every week on the BCCDC website.

I believe we're up to about 300 cases now, perhaps a little bit more now, of the Delta. We're not seeing it replace the more common ones that we are seeing, which are Alpha -- the B.1.1.7 -- and the P.1. Those are still the more common that we are seeing. As we know, as cases are coming down, the numbers of each of these are decreasing.

The other thing that we have done is switching our testing for the strains that are circulating in the province. We were using some of the screening tests and some of the concern is that that the screening test can't tell the difference between Delta and the South African -- the B.1.351 -- strains.

We have gone now to doing whole genome sequencing on all of the new cases every day. We can tell exactly what strains are circulating in our province. That's the information that we're posting on a weekly basis.

We have not seen it replace others. As we see, our cases are still coming down. It has been transmitted in a number of clusters and one outbreak in a care home that we're watching very carefully. We've also learned that no matter what strain of the virus that we're seeing, the measures that we take to reduce transmission are the same -- and they work.

So far, we've been watching very carefully the vaccine effectiveness. Having two doses of vaccine continues to be very effective against all of the strains that we're seeing in the province. Obviously, we're going to be watching that very carefully, too.

Reporter: I'm wondering, would there be a move to target second vaccine doses to Fraser Health?

Henry: The second vaccine doses are being targeted in the same order as you received first vaccine doses. That's because our program was based on risk. That means the oldest people receive vaccine first and people who had conditions that made them more likely to have severe illness.

We also did start our immunization programs in the Lower Mainland, where we're seeing the most transmission. By way of the prioritization of our programs, the people within Fraser and Vancouver Coastal will be first in line to receive their second doses as well.

Reporter: Doctor Henry, the province's mantra has always been take the first dose offered to you. Based on what you've set up here for AstraZeneca, do you believe that people will have access to the vaccine sooner in a pharmacy than in a clinic, based on what you've said about clinics being busy? Should people who received AstraZeneca expect to get a pharmacy appointment for AstraZeneca before mRNA appointment at a clinic?

Henry: It's going to vary, depending on where you are, where the pharmacy is. Yes, it may be that the most expeditious way to receive your second dose is directly from the pharmacy. Obviously, many people were able to access their pharmacies for AstraZeneca in the first place. For many, that was a preference. It will be available to you from the pharmacy as well.

It will probably be the closest place to receive or the fastest for many people. It will vary, depending on where you live and where the clinics are, and how busy the clinics are. We do have a lot of Pfizer coming in in the next few weeks and a lot of Moderna. The Moderna's delayed a little bit more but we do expect to have a lot of Moderna by the end of the month.

If we look at how AstraZeneca rolled out, you'll recall that there was targeted programs to workers, primarily in March and early April. Then we had a bit of a pause because we were investigating the blood clot issue. Then we put out AstraZeneca through pharmacies across the province to people at a slightly older age group.

Those people are not yet at eight weeks, for the most part. It will be once the minimum of eight weeks is reached, that you'll be able to access it through pharmacies. That will be in another couple of weeks for most people. It will likely change as we move through this peak of people starting to get their second doses in the next few weeks. It will be a different picture in July, I expect, so it may be just as easy whether it's through a pharmacy or through one of the mass clinics.

Reporter: During the peak of the third wave, we were seeing dozens of school exposure notices every day in Surrey. We're now seeing that down into single digits. When you announce the case numbers, Fraser Health is way down. Are you satisfied with how things are going, specifically in Surrey, in terms of a reduction in transmission in community, a reduction in cases associated in schools? Is this what we were hoping to see and are you happy with where we've seen the progress in Surrey?

Henry: Absolutely. This is absolutely what we were hoping to see. We knew that that was an area where we had a lot of transmission. It's a highly populous area, challenging because of the way there's a lot of people who worked in essential services and couldn't work from home. That was reflected as well in the transmission in schools and in other settings.

We did target immunization primarily to those areas, as well as working with communities about making workplaces safer, making sure they had what they need to try and prevent transmission and, of course, the other measures that we took across the province around reducing settings that were riskier during that period of transmission.

I think it is absolutely a testament to the communities there banding together, people being able to be immunized, getting access to immunization and we immunized as a priority teachers and child care workers in the Surrey area to start with. I think it's all of that combination.

I know Fraser Health and community leaders and the mayors, all of the leaders in that community, are doing an amazing job. We see that in decreasing transmission rates and in increasing immunization rates in those communities.

I don't know if you wanted to add anything about Surrey? It has been a challenging time for people there.

Dix: Just to say I think, Richard, they've done a fantastic job. I want to express my appreciation to Mayor McCallum, to the MLAs from all parties in Surrey, people in the community, religious leaders, leaders of faith communities everywhere, of mosques, of gurdwaras and so on, just to say this.

We're happy to report, as I said in my introduction, across the community health services areas in Surrey as of yesterday, 69.4% of people immunized in Whalley over 12 -- that's above the provincial average. The only one below is North Surrey, which is still at 66%, which is close to the provincial average. Seventy-four-point-five percent in Cloverdale, 75.3% in Panorama, 72% in East Newton, 74.8% in Fleetwood, 69.7% in Guildford, 71% in West Newton and 75.8% in South Surrey.

Across Surrey, we've done a continued job and we are continuing to work to get those numbers up every single day. People in Surrey have done an excellent job, as they have in other communities. We are making a similar effort to working with community leaders across BC to raise immunization levels, which inevitably will see the decline in transmissions.

Surrey's an example of everyone coming together, working together in common cause. I think everybody who lives in Surrey has a reason to be proud and every reason to continue the work, to continue to raise those levels. It's 1-833-838-2323 and you can press 4 to get services in other languages.

Reporter: Just wondering, in the next week or two, I mean, it looks like British Columbia is going to approach 80% of people being vaccinated, 12 and up.

What does herd immunity look like in BC? Is there a number the province is targeting and is it even possible?

Henry: There's a lot of discussion about that, I think. I know the modellers have been obsessed with the idea and I think there's a whole bunch of things that we need to think about around what is community immunity, as I prefer to call it, or herd immunity, and partly it is a reflection of the transmissibility of the virus, and we know that a number of the new circulating strains are more transmissible.

The other thing that we are concerned about and that we'll need to watch very carefully, particularly as we go into the fall, is if strains emerge around the world or if here that are antibodies from vaccine are no longer as effective against.

So, those are some of the things that we need to think about when we're looking at the concept.

What we do know from the effectiveness studies and from looking at different communities that even after a single dose, getting things down to a low enough level that it stops or interrupts transmission means that we can manage individual cases or individual clusters from public health's perspective.

So, it is a balancing of protecting enough people so that if it does arise, it's not going to spread widely. We're going to be able to isolate those people who are sick, make sure their contacts know that they're at risk and the probability of a contact getting sick will go down with the more of them that are immunized.

So, it's looking at all of those different parameters. Right now we know that the risk of having widespread explosive infections goes down quite dramatically at about 70, 75%. We've seen that in communities like Prince Rupert and others, but we always have this unknown about the changing of the virus and how it changes both internationally and here in the province. The risk goes down the less transmission we have, but we need to watch that really carefully.

So, in terms of a number, we want to get everybody immunized because that's our best wall of defence around the province entirely. So, everybody who is able to be immunized, we'd like to get it to 100% of right now, children and adults 12 and up. We know that's not necessarily possible, but the higher, the better and the modelling helps us understand as well. We know that the risk of things taking off or even having more severe illness in people goes down dramatically at 75, but it even goes down even more once you get to 90 and that protects even more people.

So, our aim of our program is to make sure they have access to vaccine and that they're able to get both the first dose and really importantly the second dose. We're learning more and more that that more durable and higher protection really comes about a week or two after the second dose, too.

So, now we're in the position where that's important for all of us and that's what's going to get us through next fall as best we can.

So, our aims right now are to get as many people as best protection as possible because that protects all of us and to drive down our transmission and the circulation of the virus in the community as much as we possibly can, and that's the goal for the next few months.

Reporter: Obviously there are some people who are hesitant to take the vaccine for various reasons and some may face barriers. Has the province been able to identify who these people might be or the barriers or hesitations and how you might reach those people so they might get a vaccine?

Henry: This is something that we've spent quite a bit of time on for years and years and we're using some of that data from the Vaccine Evaluation Centre. We've had a team, the immunization program and our BC immunization committee here in BC that have been looking at these types questions for a long time and it is something we look at across the country, as well.

So, we know there's what we call the three Cs. So, there's complacency and we know that that's an issue for some people. It's not that they're against vaccines. It's just that well, you know, it's not that big a deal and if it's hard for me to get there then I'm not going to do it, and that's one of the things that we're trying to make it available in way more place, make it easy for people, and to raise that awareness of how important it is that it's not just for you and you may not feel you're at risk of COVID and don't really care about it, but it's for your community, as well, because it means that we can best protect everybody. And it also means you'll get your life back in many ways.

And there's confidence. So, people who are confident that the vaccines are safe and effective, and part of that is us providing as much information as we know about vaccines, talking about why we think it's safe to mix and match, for example, what we know about how well they work, what we know about adverse events that happen after immunization, about safety, and all of that information is things that we're putting out for people, making sure that your health care provider has that information so that you can ask them questions, and that's a lot of the work that we're doing right now.

And the third one is convenience and right now we're not seeing a lot of people who just don't want vaccine. It's much more about is it easy for me to get? Do I have to take time off work? Where can I find it? Can I get access to it? So, taking away those barriers so that you can get your questions answered in the language that you understand, from somebody that you trust, and that the vaccine is brought to you as much as possible. So, what we call opportunities for immunization. We don't want to pass any of those up.

So, we are absolutely using all of those things to understand where we're seeing each one of those and what are the strategies that we can use and, you know, things like in the Interior they did a mobile clinic at the Saturday farmers' markets and it was just convenient for people and they got their questions answered and got immunized.

So, we'll be doing more of that as we start to see things levelling off, particularly for younger people.

Reporter: What is the province doing to increase the number of people in the 80-plus age group or even 70-plus to get registered in the online system to make sure they get their second dose? It seems as though there's still some confusion about the fact that people who got the first dose before April 15th still need to register in the system, and especially for the elderly who may not be tech savvy to do so online, perhaps. Is the province doing anything to help that or is that a concern right now?

Henry: So, we knew how many people, and there is a group of people who we knew weren't in our system and many of them, as you say, were people who received their vaccine before the registration system was up and fully running on about the 15th of April.

So, we have been trying to put that message out in many different venues to people, making sure that if you aren't registered, that you can go in now and check if you haven't received an invite, particularly for people 70 and over, you should have received an invite by now. So, if you haven't you can call in, you can register again and make sure that it's in there and, yes, it's not a hundred percent perfect and I have heard that from many people that sometimes there's errors and we try and work with you to fix those. With 3m people receiving vaccines, sometimes these happen, but they're relatively small.

The other thing that we've done is sent out by mail information to everybody who received their vaccine. So, we do have people's vaccine history and their mailing address. What we don't have for some people is a simple way, a telephone number, a text for them to get their invitation.

So please, reach out to the elders and seniors in your life and check with them whether they've received the invite for their second dose. They won't get it until at least eight weeks after dose one. So, for people who received it in January and February and particularly in March, that is coming up. So, check with them, and if you're unsure you can call that number or you can go on and register again and the system will let you know if you're in there.

Reporter: Can you elaborate on the direction for second doses from pop up clinics and especially for people who want to one of those recent neighbourhood clinics, I think they were in Surrey, where no booking was needed and entire families were invited to show up on site with no appointment necessary. Were they automatically entered into the online registration system?

Henry: Yes, they were.

So, they are all registered. They were registered and received their vaccine and their booking on the same day.

So, those people are all in our system and when their time comes up for dose two they'll receive notification through the system.

So yes, those were . . . And this is how I can tell you that most of the people who received AstraZeneca, over 80% are in our system, as well, because they were registered either through the workplace clinic or through the pharmacies into the system.

So yes, those people were registered.

Dix: And just for your information in English, yesterday the highest group of people registered yesterday were 80-plus followed by 75 to 79, followed by 70 to 74. And if we look at everyone across all registrations, currently the second highest group in terms of percentage of those registered is 70 to 74. 75 to 79 is growing, as well.

So, I think people are getting the message and, in fact, a very significant share of those who registered yesterday were over 70.

So, I think people are getting the message and getting registered in those categories.

END TRANSCRIPT

Call for Records OOP-2021-12565-Kathy Coutts

From: Lobmeier, Lucy S IGRS:EX <Lucy.Lobmeier@gov.bc.ca>
To: IGRS FOI IGRS:EX <IGRS.FOI@gov.bc.ca>
Sent: June 14, 2021 3:11:19 PM PDT

Hi there. Please see e-mail below responsive to this request.

-Lucy

From: Lobmeier, Lucy S IGRS:EX
Sent: Thursday, May 27, 2021 4:22 PM
Cc: Protocol IGRS:EX
Subject: 25 May 2021: Horgan/Kahlon - COVID-19 reopening - transcript

Good afternoon,

We are pleased to provide the transcript below from the **May 25, 2021** briefing regarding the latest B.C. Government news on the Novel coronavirus (COVID-19). Our apologies for the delay in sending this to you.

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 <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

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 the latest videos and livestreaming of COVID-19 media availabilities, visit:

- Facebook: www.facebook.com/BCProvincialGovernment/
- Twitter: <https://twitter.com/BCGovNews>
- YouTube: www.youtube.com/ProvinceofBC

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

Media Availability, 25-May-2021

Horgan/Kahlon - COVID-19 reopening

By Legislature Caucus Studio

John Horgan: [In progress] Premier John Horgan here on the traditional territory of the Lekwungen-speaking people of the Esquimalt and Songhees First Nation.

I'm joined today by Minister Ravi Kahlon, Minister Adrian Dix, and public health officer Dr Bonnie Henry. This is a very important day in our fight against COVID-19. It has been over a year since we asked everyone to do their part by staying apart, and today we begin the road of bringing British Columbians back together.

BC's safe restart plan will be guided by safely reopening businesses, resuming activities, and returning to normal life over four steps. We won't be doing this all at once. We will be doing it slowly, based on where the science takes us, ensuring all the while that we put safety first. And we do this by monitoring infections in the community, by making sure that we keep hospitalizations down, and we make sure our ICUs are not at capacity. And the way to do that is by making sure that our vaccination rates continue to go up.

The circuit breaker restrictions that we put in place six weeks ago have accomplished what they set out to do. We have seen these restrictions reduce transmission rates and give our vaccine rollout time to take effect. The vaccination rollout is what got us to this point in the first place, and if we continue to see the vaccinations go up, we will be able to move to the next stages of the restart faster.

But as we move to phase 1 of the official plan, we need to make sure that we have metrics in place so that the public understands where we are and where we want to go. Obviously, vaccination rates will be a key part of that, but so will transmission, case counts, as well as hospitalizations. And it is not just about the dates; it is also about the data.

The restart plan focuses, of course, on today as a step 1 and then subsequent steps as we go through the summer. That will all be guided by case counts, by vaccination rates, by hospitalizations. And Dr Henry will go in to more detail on that in a few moments.

Starting today, BC will reopen with a series of four steps, and it starts by lifting the circuit breaker restrictions that have been in place for some six weeks now. What does that mean for British Columbians? It means he will be able to enjoy a meal in a restaurant with some friends. It means you will be able to have guests over to your home or have a barbecue tonight in your back yard.

It means travel within your region will be okay, but we want to stay in the three key regions -- the Islands, the rest of British Columbia, and the lower mainland. The observations to stay local have been lifted but the restrictions on travel have not.

We want you to continue to use common sense, not just in terms of where you travel and how you act, but also being guided by what your impact could be on not just on yourself and your family but others in the community.

Businesses today will start with their COVID safety plans in place, to operate safely. From the beginning, Dr Henry, Minister Dix and I have been making sure that we advise businesses on how best to stay open, not on how we can shut them down. That has gotten BC through the past 15 months, and it will get us through the next number months as we go in to the summer.

The next step of the plan will begin in mid-June, and when we reach that point, recreational travel across the province will be allowed. We will be able to go out and see a movie or enjoy a sporting event indoors or fitness classes as well.

As vaccination coverage continues to go up, we will be able to have outdoor weddings of up to 50 people. Graduation ceremonies may be possible for those graduating later in the summer. And as more people realize their first and second doses, we will be able to look at moving to steps three and four.

We're targeting all of that, step three, for early July, and step four for later in the summer. And of course, at that time we will be able to hold large indoor and outdoor gatherings. We will be returning to what will be close to normal, based on where we have been for the past 15 months.

As we go to turning the fight towards COVID-19, it will mean that nightclubs can reopen, casinos will reopen, and there will be new public health guidance around masks and physical distancing. Again, Dr Henry will lay that out, as the data provides, over the next number of weeks.

Businesses will also receive new guidelines on how they can safely operate when we move in to step three. Minister Kahlon will be talking about that in some detail this morning as well. We talked to his business advisory group, dozens and dozens of business operators, and we laid out this roadmap for them as well. Step four, of course, is further down the road, and we will leave that for another day. Today we want to focus on steps one and two, and it is an exciting day for all of us. We have made extraordinary sacrifices as a province and as a people over the past 15 months, and nobody is more excited than the four of us to be

moving into this reopening plan in a careful and thoughtful way, being mindful of the data, being mindful of the sacrifices so many have made to get as here.

We do not want to lurch forward only to have to lurch back. Again, Dr Henry will be talking about some of the details that give us confidence in the plan that we've laid out for you today.

For people who want to return to their place of worship, they can see that just around the corner. For people who want to see family members that they have not seen for a while, that too is just weeks away. It is good news for young people looking to get a job this summer to pay for post-secondary education or that travel year that you've wanted to take for the past 15 months.

International travel will have to wait for federal direction on travel restrictions, and I look forward to those discussions with my colleagues at the premiers' table, as well as with the prime minister.

Through this all, we have had health care providers going to work every single day to keep us safe and to keep us well. They have made enormous sacrifices, and for that we are in their gratitude.

If we move through these steps in a thoughtful way, following the data, making sure the science directs us, we can get to a better place faster. But I want to reassure everyone that there is still a lot of anxiety in the community around COVID-19, and that is appropriate. This is a disease that has taken over 1,600 lives and has disrupted all of us for 15 months, and it will not disappear tomorrow.

Dr Henry will give us the details on how we will manage this going forward, but this restart plan, I believe, is appropriate for where we are as a province, and it is appropriate for where we are in terms of our battle with COVID-19. For the past 15 months we have been asking you to make sacrifices. We're going to continue to ask you to make sacrifices for a few more weeks. But the light that we have been talking about for weeks and weeks now is at hand.

Today we lift the restrictions that were put in place for the circuit breaker, and we look towards mid-June to reduce further restrictions. And then by Canada Day we can look forward to a safe and positive summer for everyone.

This is a fantastic day to be in BC. The weekend has passed us, case counts are going down, vaccinations are going up. And I'm going to ask Dr Henry to come in and give you the details on why this is such an important first step as we go towards a restart plan that is good for everybody.

Bonnie Henry: Thank you very much, and good afternoon. This is indeed a good day, and one that I have been waiting for, for a long time, as I'm sure many people in BC have too. But this plan is a careful and four-step plan to help bring us back together.

Our approach, like last year's restart, is focused on protecting people and getting safely back to a more normal life. We have an important tool now, and we know how it works. We know how effective it is, and that is what is allowing us to move forward today. And that important tool is vaccines, safe and effective vaccines that are protecting people across BC, across Canada, and around the world.

With more and more people getting vaccinated every day, we can gradually restart our important social connections, the businesses, the activities that we have been missing for so long.

From the very beginning in BC, we have managed our pandemic by trying to find that balance of keeping people safe, preventing transmission, and keeping things as much open safely as we possibly can. As you know, it has been a long road to get here. We had a great restart last summer. We were able to manage with public health actions, making sure that we could manage outbreaks, but it was challenging. And as we moved in to the fall, we know that cases went up and provincewide restrictions were put in place for indoor social gatherings, recognizing that this was the area where transmission was happening and we were passing onto those that we are closest to, those that we spent time with.

As we moved into November, we know that hospitalizations and cases started trending up, and we needed to take additional action to protect our health care system and protect those who are more likely to have a severe illness or to die from COVID-19.

In that case, we put more restrictions on some of the riskier indoor activity. But the other important thing that we relied on in the very beginning of our restart last year was what we called COVID safety plans. And those were the things that allowed every individual organization, business, school to come back and ensure that they were being able to function as safely as possible. Unfortunately, when risky activities happened, we had to shut down some of those and put in more restrictions.

But for us, another important milestone was December 15, when we had our first vaccine administered here in BC. And as we know after that, we were able to immunize according to our plan of those most vulnerable, most likely to have severe illness first. And by the end of February, all of our residents in long-term care and staff in long-term care were immunized.

And this is when we started to learn the true power of vaccines to help us come out of this pandemic. Since we were able to protect people in those communities, outbreaks have gone down. We still had some, but they have been milder, and they have not been as protracted or infected as many people. And this is what has helped us understand that immunization is going to be the tool that will get us out of the pandemic.

And of course, we have been thinking about this for some time. A pandemic happens when we have transmission of a virus to people that are susceptible across society. Now that we have vaccines that are safe and effective, we know that we can control it now in a way that we couldn't even a few months ago. Now that we have health care workers, First Nations communities, Indigenous people, and those most vulnerable to severe illness protected, we can move on.

But unfortunately, we had a surge in March related to our third wave before we had enough people protected in the community. And that meant increased pressure on our health care system with our ICUs and our hospitalizations rising again in this province. And that is why we implemented the new temporary circuit breaker measures to address the areas where we saw transmission being the riskiest. Those were always meant to be temporary, and today we are in a place where we can remove those restrictions. We know here in BC across the province people have done what we've needed to do to stop transmission, to keep our workplaces safe, to keep our families and our communities safe. And because of that, and because we have also had a dramatic increase in the supply of vaccine, we are in a different place today than we were six weeks ago.

We have had, in the last month, more British Columbians be registered and receive vaccinations in a record number across the province, across all age groups. We are now at a point where more than 60% of us age 18 or over have received the first dose of vaccine and more and more people are receiving their second. And we now, of course, know that people as young as 12 are eligible for vaccine. I know this past weekend a large number of people went with their family members and their friends to be immunized as well. And we are starting on protecting individuals, particularly those most at risk, again, with their second dose of vaccines.

Vaccination is making a difference for us. We have seen our case rates come down dramatically because we have been taking these measures and because we were protecting people. When you're immunized we know that it takes time, it takes three weeks until you have the maximum protection from that first dose, so we have had to take time to get to the point where we are now and we need to continue to take that time to monitor as we make changes in each step of our reopening plan.

We've also seen in the last few weeks our hospitalizations come down, the people in ICU come down, and our deaths have remained low. So this means we are in a different place now and we have the foundations for a new restart for us here in BC. Now more than 60 per cent of people in BC have received their first dose of vaccine and in the next few weeks they will be protected, both individually, but even if you do get infected the chances of having severe illness go down dramatically and you reduce your chances of passing it onto those you are closest to. Our seven-day rolling average of case counts has come down to the lowest place it's been for some time, fewer people are in hospital, fewer people are in ICU, and we have a steady and reliable source of vaccine.

So our focus is going to be bringing us back together, gradually, keeping us safe, making sure more people continue to be immunized so that our sacrifices, small and great, are not put at risk. We also want to provide people with as much predictability as we can in the path forward and that's in some of the details that I will share with you now. As well, we will be adjusting our safety plans to make sure that businesses can continue to operate as restrictions are lifted in the coming weeks and months.

We will be staying flexible because we know that the virus has tricks up its sleeve still. We will be continuing to monitor what is happening around the globe because we know that we're not all safe until everybody has been immunized, and that still is quite a challenge in many parts of the world. We'll beat

monitoring the data and we will be giving dates, but this will be based on the data, not the dates, and we'll be learning as we go, as we have from the beginning of this pandemic.

So this is a summary of what we can expect to see in the next few weeks and months, our four-step process to coming out of this pandemic and learning to live with COVID-19 as just another virus that circulates in our community now and then. So today, step one, on May 25th, it's based on the fact that our case rates are stable, hospitalization rates are stable and coming down, and that we have at least 60 per cent of the population immunized. So this immunization rate is not a target for our program, which, of course, is everybody being immunized, and we want to continue with encouraging and making sure everybody has that access and opportunity to be immunized.

But this is a minimal level that we feel, in public health, that it's safe for us to remove some restrictions and to monitor over time. We will continue to have masks being mandatory in indoor public spaces, as we have for a number of months. We will need to continue with physical distancing and making sure that we are keeping our distance from others and making sure we're staying home if we are sick, getting tested, and making sure public health has the ability to do case management, contact tracing, as we have been doing. And I am going to go through each of these different sectors in some detail.

When we get to step two, in the next three weeks, we'll be watching very carefully as people's immunity builds and as we continue to stop transmission in our communities, by the earliest date of June 15 we should be ready to move to step two. We'll continue to watch, if cases are coming down, hospitalizations are coming down, and a minimum of 65 per cent of us have been immunized against COVID-19, and in that case we will continue to require masks in certain situations as well as our physical distancing and that important part of us staying home and making sure we're staying away from others if we are sick ourselves.

But we'll be able to increase the things that we can do both in our community, in our social gatherings, in our social lives, and in our business sector. If we continue on the same trajectory that we are, and we have low and declining case rates and hospitalizations, and at least 70 per cent of us were immunized, we're going to get to that place, by earliest July 1, where we will no longer need to have the restrictions of the pandemic on our society and we'll be able to move to having masks what they were when we had low case rates a year ago -- years ago, it feels like -- where we choose to wear a mask in those situations where it's important, where we have careful social contact recognizing that everybody's risk is different, and some people may choose to continue to take personal precautions and measures. And we need to continue to remember to stay home and stay away from others if we're sick and get tested.

And finally, as we move through the summer, we'll be able to get to step four, which we expect at the earliest will be September 7, and by then masks will be a personal choice. There may be some situations during the fall, when we go into respiratory season, where we have clusters of cases of respiratory illness and masks will be important again. We'll be able to have more normal social contact, but, again, remembering those important things that we do as individuals, to stay away from others if we're feeling sick, to clean our hands regularly, and to get tested if we need.

So moving forward through these steps, the progress that we'll be looking at, really importantly, our COVID-19 case counts and trends, our immunization rates for 18-plus and for younger people as vaccines become available for them, hospitalizations, including critical care and our ICUs, and, of course, mortality. But increasing the protection of people in our community through immunizations will be the central part of moving us forward to the end of this pandemic.

Keeping each other safe is the focus of what we need to do, particularly in the next few weeks. This is our bridging period, where we are still in a place where we have a lot of transmission in our communities. We still have clusters, we still have outbreaks that are happening, but we can manage them together as more and more people become protected through immunization. So getting vaccinated, supporting your friends, your family, your community to be immunized is something that we all need to do. Right now following the mask guidance that we have had in place is something we all need to do.

We need to stay home and get tested if you're sick. We need to continue to follow our COVID safety plans in all of those aspects of our life, whether it's when we're going to a restaurant, whether it's in our business or in our recreation and places that we're going to visit. As always, it's safer outdoors versus indoors. We know this virus can transmit more easily when we're together in an indoor space where ventilation isn't

very good, if we're close to others, talking loudly, singing, so those are the things that we need to postpone until later on in the restart.

As well, we need to be mindful and considerate of other people's situations. If you are somebody who's immune compromised, who's older, who's going through cancer treatments, your tolerance for being around other people, for taking some of these risks right now, may be lower and there are communities in our province who are not yet ready to welcome others into their community and are taking measures to protect their community, and we need to respect that.

So what does this mean? We've broken it down into several different areas of our life. So if we talk about personal gatherings, right now we've had restrictions on the number of people that can come into our home. As of today, our outdoor personal gatherings continue of up to ten people, we know that outdoors is safer, and those people that you are close to, that same group of ten people. So you know if you need to wear masks if some people are more or less comfortable being together outside.

But also today, indoor personal gatherings of up to five visitors, similar to what we did in vacation settings last summer, or one other household. So this is the opportunity to start expanding our bubble, to have one other group of people in our homes and without the restrictions that we've had in the past. And this is where wearing a mask in your home is something that will be personal choice. You know if you've been immunized, you know if you're feeling more or less at risk, and these are things that you can do with a small group of people today.

As of June 15, the earliest, so in our next step, we'll be having outdoor gatherings of up to 50 people. So that means larger things -- an outdoor wedding, some place where you can get together with a larger group of people; so maybe an annual block party. Indoor personal gatherings will continue with that small for people that you are closest to. And then, as we move into July, we'll be looking at having usual indoor or outdoor gatherings in personal settings and by September back to our normal social contact that so many of us have been craving for so long.

If we look at indoor gatherings, the risk is slightly different. This is where you have people coming together from different households, so we need to have more structure in place because you may not know the circumstances of everybody in that setting or in that event. So this is the time where we can have indoor, seated, organized gatherings of up to ten people, so small indoor groups, as of today.

Outdoor, seated, organized gatherings -- so that's where you're not dancing and mingling together, but having a small wedding with 50 people outdoors with a safety plan. And I've have been working, thanks to the many faith leaders across this province, and we've developed a plan for safely coming together again for those important faith-based services that will be happening starting this week as well.

Once we get to step two in June we'll be increasing the number of people who can be in indoor, seated environments and this is when we expect to see things like theatres and movie houses being open again to allow people to safely, with a safety plan, come together and watch a movie. As well, we'll be starting the consultations with sectors to make sure that we can adapt the COVID safety plans to adjust as we move through the steps so that by July we can have an increased capacity, and this will look different for us.

We can have organized gatherings, with a safety plan, both indoors and outdoors, with much larger capacity and in the summer we can have fairs and festivals, with COVID safety plans in place to make sure that we can do that safely through the summer. And then finally, once we get to September, if the data still shows that we're on the right track, then we can have larger gatherings where we can have audiences -- so a rock concert or, hopefully, watching the Canucks maybe even get into the playoffs next year.

In terms of travel, right now, we still are going to have our zones within the province. But we invite people, starting today, to explore within those zones. Go camping within the area that you live. But we want to protect those areas that have less transmission and make sure that we're not spreading the virus that is still circulating right now.

As we get into the middle of June, if things are going in the right direction, we'll be able to open up BC to BC, and I encourage everybody to book eight week long event, go explore British Columbia with your family, with your friends, for a week in June.

As we go into July, we expect that we'll be able to welcome people into other parts of Canada. Even though we know that we are at different places in the pandemic and that transmission may be higher in different parts of the country, we have enough protection here that we can do that with safety plans here. And we

can go visit others in other parts of the country, and maybe international travel. We do not have that up here in detail because so much of that depends on what is happening around the globe and it will depend on our work with our federal counterparts, as well, about how we can bring back international travel safely.

Finally, in terms of sports and activities, as of today, the low intensity indoor fitness classes that were suspended in the circuit breaker are ready again. So go to that yoga class or that Pilates class that you have been missing for the last few weeks. As well, we will be restarting outdoor team sports, not just for children, but also for adults. So those soccer games that we have been missing, we are now able to play games although we won't be travelling. It will be local games for all ages, and with no spectators in this bridging period right now.

And when we get to June, if things continue as we expect in the right direction, we will be looking at high intensity indoor fitness classes being open again. Indoor team games being open again without spectators, and limited numbers of outdoor spectators at games. So this means we will be moving forward once again, in alignment with the Via Sport guidelines that we have been working on together over the last number of months.

By the time that we get to July, we should be in a place where all of the indoor fitness classes can be increased in capacity, and we can have spectators at indoor events, as well. So that is when you can go to a drop-in fitness class, perhaps. And finally, by September, we should be in a place where we can have indoor spectators, outdoor spectators, and return of normal sports competitions with those important safety plans in place.

This is the vision that we are seeing for the next little while, and there are a number of different aspects around businesses that I will turn over to Minister Kahlon to walk through with you.

I am excited and confident that we in BC have taken the steps that we need to get to a place where we can see the end of this pandemic. That light at the end of the tunnel is getting closer and it's getting stronger and brighter.

Ravi Kahlon: Thank you Dr Henry. I'm Ravi Kahlon, BC's Minister for Jobs, Economic Recovery, and Innovation. Today is an exciting milestone for all of us.

We've banded together unlike any other time in BC's history, and this has been an extremely challenging 15 months, but our joint efforts are paying off. As you have heard today, we are now in a position to begin our four-step restart plan thanks to the British Columbians.

I want to share what BC's restart means for BC businesses and for people. For step one and step two, most businesses will be able to return to operating under their new WorkSafeBC COVID safety plan. This means that beginning today, you can support your local restaurants, bars, breweries, and dine indoors, outdoors, with up to six friends. In step two, banquet halls reopen with limited capacity, and with safety plans in place. As well in step two, the restrictions on the liquor services past 10:00 pm will be lifted to allow services until midnight.

That is how we will operate until it is safe to move to step three, step four of our restart plan. Where businesses will operate under new sector safety plans, and we will see bingo halls, casinos, nightclubs reopen with limited capacity.

For offices and workplaces, step one allows for the work from home guidance to be lifted gradually. At this time, employees can now work in the office for a few days a week, following their employers' existing safety plan. In step two, employees can return to work fully, with the ability to hold small in-person meetings. And in step three, we will see workplaces holding larger meetings, seminars outside of the office.

And as we head towards the fall and step four, I know many will share in our excitement that very soon, you will be able to start planning that holiday office party that we are all looking forward to do.

Beginning in the early part of June as we progress toward step three, we will engage with businesses, stakeholders, workers, and communities. We want your input to help develop guidance for the update of specific protocols for each sector, and for the next phases of the restart plan. These new guidelines will allow increased capacity, decreased administrative and physical barrier requirements while continuing to keep everyone safe.

As noted in this slide, in 2020, WorkSafeBC did a lot of direct engagement with businesses. That work will continue as a cross-government initiative. Every step of the restart plan, WorkSafeBC and Public Health, COVID safety plans will be a cornerstone. Our guidelines and safety plans will also be updated through consultation as we move through the steps of the restart. Businesses and organizations not directly impacted by the changes listed in the restart plan will continue to follow COVID-19 safety plans that they have in place right now. In the days ahead, our government will begin reaching out to businesses, industry groups, labour groups, to begin this important work.

We've been through a lot together. As the minister responsible for Jobs, Economic Recovery, and Innovation, I have witnessed BC businesses adapting and innovating, going above and beyond to serve their communities and keep their workers employed, and I want to speak directly to the business community throughout BC. I want to say thank you. You have made unmeasurable sacrifices in so many ways and have worked endlessly to keep your workers and customers safe. Because of all British Columbians banding together, we are able to bend this curve.

I want to thank everyone for selfless acts and taking care of each other. Thank you to those who have registered, booked, and have been vaccinated, and to those on the front line administering vaccinations. This restart plan is good news for all British Columbians. It will mean more people will be able to get back to work and more businesses coming through your front door.

While there are more steps ahead of us, we are heading in the right direction. Businesses need all of the support that they can get to help restore the economy. So with safety protocols in mind, head back to your local business, do some in-person shopping, have lunch with a few friends at your favourite restaurant. I know that that is something that I am looking forward to doing. With each step we take, our focus will remain in protecting British Columbians. We want to ensure the sacrifices that we have made are not put at risk. More and more British Columbians are being vaccinated and doing their part to reduce transmissions. Your actions will make a difference through every step of the restart plan.

While the pandemic has impacted everyone, British Columbians are resilient and determined. We look forward to the restart plan taking us toward a better future with meaningful jobs, a more innovative, sustainable, and inclusive economy for all.

Before I pass this onto Minister Dix, I would like to take a moment and remember George Floyd, as today marks the anniversary of his murder. My thoughts are with his family, his community of friends, and his supporters. His death, and the death of many others that we've seen in the last year, are a stark reminder of the systemic racism and discrimination that racialized people continue to face today.

And with that I will pass it to Minister Dix.

Adrian Dix: Thank you Minister Kahlon. Thank you Premier. Thank you Dr Henry. Today's announcement is, of course, welcome news for all of us and it reflects, really, all of our work together. All of you out there who have contributed to limiting transmission of COVID-19. Over the last many months -- indeed, more than a year now, and in the recent days as well. And to all of those who have gone out and gone vaccinated.

Right now, the vaccination numbers are good -- 2,778,907 people have received their first dose. 2,927,487 doses, 148,580 second doses. This has been, and is, an extraordinary effort. And what I think as we lay forth this plan, which will take us step-by-step towards, I think, a brighter future for our province, I just wanted to express a sense of gratitude to everyone who has come together in this time. I am very proud to be Minister of Health in BC. Very proud of our health care teams.

It starts with Dr Bonnie Henry, I think, and our whole public health teams, and I thank Dr Henry, who demonstrates both publicly and in private the kind of approach that we have taken in being kind, being calm, and safe. That is reflected, I think she would agree, in teams around the province and in the First Nations Health Authority, who I think have taken up that mantle and have gone towards difficult times and towards trouble to help people. And all of the people who work in acute care and in long-term care and assisted living and in the community. Doctors and nurses and health science professionals, health care workers. The people who keep our hospitals clean and safe.

I think personally of the people who work in our grocery stores, and I know many people, many people, feel that way towards our education professionals, our front-line workers, everyone in our province. This has truly been, to date, a team effort. And, of course, there is much more to do. But I just want to express

my gratitude to all of you for doing that. For being involved in all of that, engaging in supporting one another. It is an extraordinary achievement.

And I want to think one last group of people. The people who have supported one another in a difficult times, who have allowed people to self isolate, who have got groceries and supported people and kept spirits up in difficult times. That is all of you out there. All of us have a reason, I think, to want a better future, and all of us have a reason to want to get vaccinated.

So I want to encourage everyone today. Because we see the numbers are good, but they can be better. If you have not registered, to register at the Get Vaccinated website. Call 1-833-838-2323 and get vaccinated, if you do not want to go through the website. But get registered, get booked, and get vaccinated now. This is the time to do it today. If you know someone, a family member, a coworker who has not yet registered, help them get registered and encourage them to do that. Because that allows us to move forward to a better future.

I want to say, getting vaccinated, and remember, get vaccinated. That means register, book, and go and get vaccinated. It is critically important, and we must continue to follow public health guidance and public health orders, even as they change. I know it has been a long time, but that is the reality. If we keep doing what is right, what we know is right, and we make sure to get our vaccination, days like today are the clearest, safest, and best path to the future we've been hoping for. And that future is one that we're building moment by moment and day by day.

Thank you very much and I want to welcome the Premier back to the podium to take questions.

Horgan: Thank you, Minister Dix, Minister Kahlon, Dr Henry.

It is indeed a very positive day for all of us and for all British Columbians, and I look forward to any questions the media may have. I'm sure that we've exhausted all of those possibilities in this presentation, but there might be one or two outstanding.

Q&A

Reporter: I have a question for Dr Henry.

The restart plan as I read it, the key data that you're quoting in there is first dose vaccinations. So, when he talk about 60 per cent or 65 per cent or 70 per cent.

I wanted to ask you about this story out of Public Health England regarding the B16172 variant, which is more transmissible. As I understand, the study as it's been reported, it says the Pfizer vaccine offers high protection -- 88 per cent -- against that variant providing it's both doses -- two doses.

Given the low number of second doses here in BC, does that give you any pause about us basing our restart plan on first doses when that UK studies suggests before you can be protected against the B16172 you need two doses?

Henry: So, obviously the different strains of the virus are something we watch really carefully, and that information is posted on the BCCDC website. As you know, we've had . . . I think we're up to about 500 people who have been infected with one of those strains.

So yes, of course it concerns us. We're watching that carefully, but we also need to know that the measures we take to reduce transmission work against all of these variants of concern, all of the strains that are circulating in our community. So the decreasing case rate and the importance of taking those preventive measures right now, more than ever, continue to be part of the plan, and that's why we're going slowly.

So yes, for all strains, having two doses gives us greater personal protection, but more importantly is the overall protection we have in the community, and we've shown that for all strains, all transmission, having everybody with a single dose is the most important single factor to get us to reducing community transmission overall. And then we need to boost everybody's individual protection with a second dose, starting with those who are more likely to have severe illness or death from COVID-19, and we are moving up second dose for everybody, but particularly for people who are older, people who have a immunocompromising conditions, people who are on our clinically extremely vulnerable list, and that is happening later this week as we're able to get more vaccine in and getting people moved up on those lists. So, it is a combination of those things. It's not one or the other, but we do look at the data overall and yes, we believe that having that minimum level of protection in adults in the province is the one single factor,

accompanied with all of the other data that we're using that will help us remove those restrictions that are most severely impacting us both socially and in the economic sense.

So, it is absolutely, again, finding that balance and paying attention to all of the different variables, and that's why I say it's not going to be by dates, it's going to be by data that's helping us make sure that we're doing the right thing.

So, if we start to see, for example, in the next few weeks that cases are increasing for some specific reason and we need to get more dose twos in before we move to the next step, then we will slow down our process and we're doing that, but I think we are confident from a public health perspective that we have the tools in place right now that will safely get us through this next few weeks and months.

Reporter: Thank you for that answer.

Could you, Dr Henry, to the degree you can tell British Columbians when and what they can expect to need a vaccine a passport for and what it is not likely to be required for. We've heard international travel, but we've also heard suggestions of domestic travel or going into stores in British Columbia. Do you have a clear sense of when it's likely to be required and when it's not likely to be required?

Henry: This is something that obviously I have been paying a lot of attention to. I've been working with Jay Clark (sic) and his team at the ombudsperson to make sure that it goes back to some of the things that we've seen -- Minister Kahlon mentioned as well -- that this virus has show us that there are inequities in our society that have been exacerbated by this pandemic, and there is no way that we will recommend inequities be increased by use of things like vaccine passports for services, for public access here in British Columbia. That's my advice and I've got support from the . . . The Premier and I have talked about this. Minister Dix and others.

I do think it will be something that will be necessary to support international travel, and that is something we're working with our colleagues and the public health agency and at the federal level to make sure that Canadians have access to travel in the same way that other countries do as well, but it would not be my advice that we have any sort of vaccine passport within British Columbia for services in BC.

Reporter: [Technical issues, no audio] obviously is about looking forward, but what's being built into this plan about going back? Like, if we don't hit the specific criteria, could there be parts of the plan that move forward and others remain, or is step one, step one, step two, step two and they all go in conjunction together based on that criteria?

Henry: I see it and it's not just my plan. Obviously, there's been a lot of us who've been talking and thinking through this in the last few weeks and months, and it is a plan to go forward. We may need to slow down how we go forward depending on what happens, and we've had challenges where there's been more transmissible viruses strains that have been circulating, but we are confident that we will continue to be able to move forward, and that's why we said early as possible dates. We need to have a period of time of measuring so we have some criteria where reducing some of the restrictions that have been most restrictive in a number of different areas, and then we need to watch and make sure that we are not seeing concerning signs or concerning outbreaks, clusters happening. But we have to remember, as well, that this is based on basic public health work that we do all the time.

So, it's going back to the place where we have enough people protected that public health can manage clusters and outbreaks as they arise like we do for many other communicable diseases.

So, there will be some things that will never change, things like staying away from others if you're ill, taking those extra measures like wearing masks and those circumstances where we're in close contact with others, particularly right now where we will have a lot of unknowns, cleaning our hands regularly, and making sure that public health has the capacity to monitor cases and contacts over time.

So, those are the things that will allow us to keep moving forward. Yes, there are things that we can't plan for that may mean we need to slow things down, but I don't see a situation where we're going backwards unless things change very dramatically.

So, I guess we never say never, but the plan is to keep moving forward, but we may need to slow down.

Reporter: Just about vaccinations. So, obviously vaccine rates are crucial here. Are we concerned about a shortage of Moderna in terms of getting second doses to those who need Moderna, and is there any guidance around changing the gap between first and second doses for Pfizer considering it continues to be our workhorse?

Henry: We are reducing the gap for second doses -- the interval for everybody -- now that we have more vaccine supply, but it is a balancing because there is some good data that's come out recently that shown that, especially in older people, extending that interval to three months meant they had a stronger immune response, a better immune response.

So, we want to make sure that we're not giving it too soon, and for those who are following immunization and immunology like we have very closely, it's likely that four weeks is probably too soon.

So, we want to give enough time so that the immune system can have an optimal response, but we will be moving things up.

And yes, it is a concern about Moderna, but we have been working with the national advisory committee and the recommendations about they being able to provide a second dose with the same platform -- so, a messenger RNA vaccine -- gives us the flexibility. This is because we now have safety data for many, many months. So, we know that people who got Moderna first can get a second dose of Pfizer if needed.

So, we will be looking at whether we need to do that, given the changing schedule still with Moderna vaccines, and there may be a gap certainly in the next couple of weeks. We're hearing that we might not get a next shipment of Moderna until later in June.

So, we will be providing more details about that in the next few days.

Horgan. Just with respect to Richard's first question about the pace with which we'll move with the restart plan.

I want to put some context on where we are here in British Columbia. We just passed the May long weekend, we're days away from June, weeks away from July, and there have been some in the community who have said we need to know right now where we are going and how we're going to get there. And then there's a whole bunch of other people, the overwhelming majority who've been saying how can we safely continue to hang together, as Minister Dix said, as Dr Henry has said for months and months and months, and we've put together this plan across government on the advice of public health, on the advice of the Minister of Health in terms of capacity in our health care, our acute care system, and we're confident that we're in a positive place to put in these steps forward in a measured way based on data.

And I just want to reinforce that for British Columbians. There are going to be a lot of people who are anxious. I would suspect that Vaughn's question speaks to that, that there are people who are concerned that we may go too fast. We've tried to balance throughout this ordeal, how can we best represent people's needs at a government level, within the economy, within our health care system, and we are very confident that we have waited to the appropriate time to lay out a four-step plan to get us back to where we all want to be.

I'm very confident that if there is anything we've learned from COVID-19, it's to expect the unexpected. Dr Henry and her team are watching every minute of every day, international events, events here in British Columbia, to make sure we're as advised as we possibly can be about the risks. And then it falls to us as government to weigh those risks, to engage with the public. Minister Kahlon's industry engagement team. There's some 70 different organizations from business to labour, community groups, not for profit, Indigenous groups who come together every week or two to hash these things out, to make sure that we're going in a measured way so that we can have a positive outcome.

Going forward and then slamming back again is not what we want to do. We have seen that in other jurisdictions. We're confident that Dr Henry has given us the map. Vaccinations, as Minister Dix has said, are the key to our success. If you haven't registered, go do so today.

Reporter: I'm just wondering what this means for enforcement. Can we still expect to see road checks, travel checks happening on highways? Will BC Ferries still be asking passengers if their travel is for essential reasons. Are we still going to see police handing out fines for people who are having parties in the next little while? How long would that continue?

Horgan: The travel restrictions within regions remain in place. What we have lifted is the advice, which Minister Dix, Dr Henry and I have been saying repeatedly. Stay close to home. Now you need to stay within your region. If you live on Vancouver Island, Vancouver Island is your region. If you live in the North or the Interior, virtually all of BC is available to you to travel within. Again, using common sense, checking before you go, where you're arriving and whether you'll be welcomed and if there's space for you and all of those issues, which people have to do in a pandemic or outside of a pandemic.

In terms of enforcement, the travel restrictions are in place. It's our expectation -- and Minister Farnworth will be talking about this in more depth throughout the week -- that enforcement will remain in place. With respect to gatherings, we have relieved the restrictions on gatherings, but not letting it all rip. If we find that there are parties of 50-or-more that are taking place before we get to the next step, you can expect law enforcement will be there to give you a bit of a present to start on your second step.

Reporter: Some people were able to book their second doses in the last 24 hours because they were told that the gap between Pfizer doses was now 50 days. I know you mentioned some of that coming later this week, but the news spread quickly and some people were able to book a second vaccine. Some people weren't able to. Can you let us know what happened and why could some book a second dose early while others couldn't?

Henry: As I mentioned last week, we're looking at the amount of vaccine we have coming in and we need to reprogram our system to send out the automatic bookings. They were doing that over the weekend and they did have a glitch where invitations went out to a certain number of people for a very short period of time. Rest assured, we are fixing it all and so we are honouring those appointments that people already made, but we will be sending out appointments in a structured way starting later this week. We'll provide you with all of those details. But, yes, everybody will be moved up. Those appointments will be coming available, we'll be getting second doses into people quickly as the vaccine supply has come in and as we've been talking about, just a bit earlier, making sure we have provisions for Moderna for those who have received Moderna and being able to interchange both Pfizer and Moderna if needed.

I will also say that we're continuing to wait on data to give best advice about what people who received AstraZeneca should do for their second dose and we'll have that information, I'm thinking, early next week. We have meetings with our counterparts in the UK around some of the important studies that are being done there. We'll have more information and advice for people to make their decisions around AstraZeneca early next week.

Just hold tight. We are making sure that second dose invitations for those who received their vaccine first, in particularly March and April... people who are in the clinically extremely vulnerable group, you will start to receive those very soon. I'll have more details for how that's all going to work for people on Thursday.

Reporter: Talking about travel again. The province was hesitant to restrict travel within BC up until last month. The ban on indoor dining expired at midnight, as per the circuit breaker, but non-essential regional travel still isn't allowed. Why is that? Is it that much riskier?

Henry: There are differences in transmission rates in different communities around the province. We know that the focus has been in the Lower Mainland, so that is one of the areas where we can have increased travel within those boundaries, but it is a very effective measure of stopping transmission and introductions into communities when we're not yet at that point where enough people are immunized, where our case levels are low enough. That was the rationale around that. We know that indoor dining can happen when we're at certain levels. We know that people who work in the restaurant and food businesses have been able to be immunized and I know a lot of people have been immunized, so we have that extra layer of protection now with case rates coming down. That's with the safety plans that are in place.

The travelling is another step where we know it can bring the virus into a community. We're not there yet.

Reporter: Can you elaborate on what normal social contact means? You mentioned in a technical briefing as well that certain activities, like hugging, can resume among social circles now. Can you elaborate on that guidance and whether discretion should be tied to, say, whether friends or family have been vaccinated?

Henry: This is where we each have our own level of risk tolerance. We have our own levels of vulnerability for this virus and for what we've been through in the last few months. So, yes, we're saying expand your circle in a small way right now. The same group of people, family, another family or another group of friends... but the same ones. You can have those connections in your house, but you need to know whether they're immunized, whether you're immunized. I have a very good friend who is going through cancer treatments and we're not going to take our masks off right now because she's still vulnerable. We have to make those decisions ourselves in the next little while. It is those normal interactions that we're used to. If your grandparents have been immunized and they're going to be part of your social connections again with your grandkids, you know each other and you know what the risks are. Now's the

time where you can get together. You can hug again. I'm thinking by the time we get to July, if things continue in the way that we expect, that we'll be able to hug our neighbours again, if they're people who like to be hugged. We have to understand that not everybody does. It's one of the things that I'm missing most in this pandemic. I've been trying to pitch to the premier that we should have BC Hug Day in July when we get to that point where we can take our masks off and have those closer social interactions that we used to have with people that we're close to, whether that's family or friends.

Reporter: I'm so excited about this hug day idea. Moving on to the business at hand. Vaccinations... Minister Dix, you said in the beginning that the vaccination rates are good, they could be better. I'm wondering with the supply coming, we're having 12-year-olds vaccinated, you're bumping up second doses. Why can't we have more people vaccinated? Have we hit the limit when we're hitting around 60,000 vaccinations a day? Are we going to see these expanded so people can get in there faster now that you're looking at shrinking the duration between the first two Pfizer doses? Can you see more of this coming sooner?

Dix: I can. We don't have... we're receiving more vaccine every week in the coming months. Starting May 31, we're receiving approximately 327,000-328,000 doses of Pfizer a week. That's more than the 276,000 doses we received each week in May. That's going to allow us to do more. That's why you've seen us expand very quickly the eligibility for dose one and now it's everyone over 12. I'm happy to report about 44% of people 12-17 have now registered already in the few days. That's some 173,896 people. That's an impressive effort. We are limited, of course, by the amount of vaccine we have, but we're confident... and you say about 50,000-60,000 a day during a week day... if you think of the 328,000 doses that we receive each week, that's about the vaccine we're receiving. As you know, there's a little bit more uncertainty around Moderna.

The reality is this, yes, we're going to be vaccinating, continuing to vaccinate more people and to do what we've been doing. I want to pay tribute to our team of people who have performed the vaccinations... but our whole team led by Dr Penny Ballem, who have consistently delivered the vaccine into people's arms as it has arrived, understanding the urgency of that. I want to encourage everyone, absolutely everyone, to register, register, register right now. This is the time, today is the time. It's the way you can help in this pandemic. Every time someone gets vaccinated, even if we don't know them, even if we've never met them... every time someone gets vaccinated in BC, it makes us all safer, which means register, get vaccinated. Yes, there will be more vaccine. Yes, of course, increasingly, as we move along, regardless of what the difference is between dose one and dose two, as we move along there will be more people eligible for dose two and that will become an increasing share of our vaccination. It's positive so far, but we need anyone out there who hasn't registered to get registered today.

Reporter: What is the biggest impediment to these plans, this four-stage plan, hitting all these stages on the dates that are the optimistic dates. What's the biggest impediment to that happening?

Horgan: As I said at the beginning, and Dr Henry reinforced, it's not just dates. It's dates and data. We have been following the numbers, all of us in BC, and regularly tuning in to hear Minister Dix and Dr Henry lay out the state of play on a daily basis and then on a bi-weekly basis. And, hopefully, as time goes by, less often, for Dr Henry's benefit. What we need to do, as we've said and will continue to say, we need people to get registered and get vaccinated. The biggest route to success, or the fastest route to success, is increasing our numbers of people vaccinated with both doses and quickly as we can do that. That's the plan. With respect to the elements of moving forward step-by-step, again we're going to be monitoring activity in the marketplace, what's happening in businesses, what's happening in communities. Minister Kahlon and his team will be doing that. As we leave this briefing today, ministers from across government will be reaching out to their stakeholders to talk to them about what we can do to help them reduce barriers to get back into the place we were in back at the beginning of 2020.

I don't think we're looking for impediments, quite the opposite. We're looking for ways to reduce impediments. That starts with vaccinations and, really, quite frankly, ends with vaccinations and the good sense of BCers who have got us to this position within Canada, where we have had some of the best outcomes over the past 15 months with wave two, wave three. And now as we see the opening up plans being offered by provinces across the country, I'm confident our plan will take us to where we need to get

to, provided everyone was onboard. I know BCers want to work together as we have for the last 15 months.

Reporter: With your confidence in the restart plan and with over 60% of the population now vaccinated, what are your expectations from people between 20 and 39, an age group that you said was putting the rest at risk by not following COVID SOPs, especially now when you say slamming back is not something you want to see?

Horgan: Again, we're urging all British Columbians who have not yet registered to do so. It doesn't matter what cohort you're in. If you're in your 80s and you haven't registered, you really should. If you're anywhere from 12 years old and up, you can register, you can get a booking and you can get a vaccination. I'm confident that everyone wants -- that young people want to return to pursuing their dreams, as all young people do. The rest of us want to also continue to pursue our dreams and to work with our friends and our families, to see people, to hug people that we haven't hugged in a long while. It doesn't matter how old you are.

I think everybody at this stage of the pandemic is with the program. They understand the challenges and the risks. And when we find people engaging in reckless behaviour, we owe it to them to let them know that and encourage them to take a different path, get vaccinated, put that mask on if you're in a larger grouping, follow the public health orders.

I was thinking, as Dr Henry was talking, my mom, if she were here today, would be so proud at the number of times I've washed my hands in the past 15 months.

Reporter: You did mention the last mile that you referred to in early April for protecting people from the virus. Do you think today marks the finish line for that last mile or is that a different step of the restart plan?

Horgan: Doctor Henry's the runner, as is Minister Dix, a former marathoner. Ravi was an Olympian. I just played a bit of lacrosse, and I know the games not over until it's over. You have to play until the final horn, and we have not yet heard that horn.

We are near the end. And I know this, but we've been stretching sports metaphors for 15 months here as well, but it's true. We are so close, but it needs all of us to lean in, to make sure we follow the orders that are in place. I know businesses, Minister Kahlon and I met with his engagement group this morning, a sense of relief that the circuit breaker worked, that the government was there for people to help them get through that with financial assistance. But more importantly, we were there to make sure we had a clear roadmap to come out of the circuit breaker and go into the summer and get back to normal.

I'm confident that to a person, British Columbians want to get there, and I am absolutely beyond confident that if we get people to register to get a booking and get a vaccination, we will be able to have the best summer we've had in at least 15 months.

Reporter: To either Premier Horgan or Dr Henry, I know that you both have mentioned the Canucks as an event that possibly fits into phase four of this plan. Regarding the BC Lions and the Vancouver Whitecaps who have both been working with BC place on return-to-play plans that could involve fans in stands, with that being a possible outdoor venue, is there a chance that their events with fans potentially fit in the later stages of stage three or are they also locked into stage four?

Horgan: Thank you very much for the question, and both Dr Henry and I have been engaging with both the Whitecaps and the Lions. We also need to know that both of those franchise play against other teams and other cities, many of them, of course, in the case of the Lions, Canadian cities. We need to know, of course, what's going to be happening for the Blue Bombers in Winnipeg. Manitoba's experiencing a very difficult third wave at the moment.

Alberta and Ontario, both with dual franchise -- well, three franchise in Ontario -- have seen their case counts starting to come down. I don't know what the state of play is there. I was very sad to learn that the Western Lacrosse Association and the Canadian Lacrosse League has cancelled the Mann Cup this year because they just can't figure out how they're going to get a season in and still have a national championship in the current situation.

But we've been talking to the Lions. We've been talking to the Whitecaps. I know both Dr Henry and I are huge sports fans, and we haven't even mentioned Melanie Mark, who is all about the Rugby Sevens and about sports and getting people back into playing. We're going to do everything we can to get there, but,

again, we'll have to leave those discussions for those franchise with public health and with the government. But I'm optimistic for [inaudible] that if they can push the season further into August, we might be in a better place.

Reporter: Following up Vaughn's earlier question, why do we not have a threshold for the proportion of the population that has a second dose baked into this restart plan given that there is a lot of variation [inaudible] vaccines between first and second doses, with regards to variants?

Henry: This is something we've been following, of course, very closely in public health. The strategy that we have of getting as many people as possible with a first dose has been shown, both in BC with the vaccine effectiveness that I presented last week and the breakthrough data that we presented the week before. We know that in the real-world effectiveness, it is getting as many people that first dose as possible that gets us to the point where we can reduce transmission in the community to the point where it's manageable and we can start lifting restrictions.

That is independent of the personal protection that we get from a second dose of vaccine. For example, it bumps it up from about 80% to 90% vaccine effectiveness as an individual. But as a community, the most important thing is to have more people with that 80% protection. That has shown in -- we look at the UK. It's shown both for Pfizer and for AstraZeneca that if you get to that level, you can reduce the probability that the virus will transmit in the community. That's why this plan is based on the amount of community protection we have from a single dose of vaccine.

It is absolutely important to have the second dose, one, so that we can have that individual protection and that extra 20% of potential risk means that we won't pass it to those that we're closest to and if a new strain arises. We have many different strains of this virus that are being transmitted between people that we can stop by having additional personal protection for that one-on-one transmission or that transmission in an outbreak or in a small cluster.

It is important, absolutely, our two-dose vaccines. All of the ones that we have right now. The Johnson & Johnson is a single-dose vaccine, but we don't yet have that in play here in BC. So it is important to get that second dose. And now that we have vaccine supplies, we're going to be moving up the period of time for that second dose.

But as I mentioned earlier, there's also increasing data that shows that having an increased delay -- so beyond the 21 to 28 days that were done in the clinical trials -- does give people a stronger, more longer lasting benefit. So we don't want those doses to be too soon because we want people to get the best protection possible.

It is finding those balances. And right now, the most important thing is getting as many people as protected as possible, and then we are going to be increasing the personal protection that individuals have. That's the understanding behind it and why we're doing it the way we're doing it here.

Reporter: Doctor Henry, you alluded to this earlier in your remarks, but a lot of people may be feeling anxiety, and particularly I imagine that's the case for people who either can't get vaccinated for medical reasons or who are immunocompromised or disabled who have increased risk of serious illness right now, say even with dose one. What can you say to reassure them about this plan? And I don't know if you've addressed this already elsewhere, but is there an acceptable level of death that will allow this plan to go forward that is included in your metrics for success?

Henry: No, of course from the very beginning, everything that we've been doing is to prevent people from having severe illness and dying from COVID-19, and that continues to be the focus of what we're doing and the focus of the plan.

So yes, we do need to understand that there are trade-offs that we have had. Our purpose, our goals as we've started this pandemic and for every phase have been to stop morbidity and mortality, so sickness and death from the virus, to keep our health care system functioning so that people with COVID-19, but people with every other health care need, whether it's from a car crash or a heart attack are able to get the care they need as well.

The third part is to minimize societal disruption. The measures that we've put in place to accomplish the first two have caused a lot of societal disruption, and that is the part that also has impacts on people's health and wellness. So we have to balance those.

This restart plan is a careful, slow-moving plan where we minimize the morbidity and mortality, and minimize as much of the transmission as we can so that we can safely lift those restrictions that also have impacts on people's health and wellness in the province.

It is that balancing, trying to find that right way to support both of those things. And both of them are really important. I can reassure people for those people who are immune compromised, who are going through things like cancer treatment, you will get your second dose, but even that is not going to protect you 100% and you will need to keep taking precautions to protect yourself, protect those around you. We all need to be mindful and respectful of that because not everybody is in the same boat, as we've been saying from the very beginning of this storm.

We are going into a new place, but we'll have to tread cautiously when there's some communities that are not yet ready to welcome visitors. We saw that last summer, and we'll see that again this year. It will take slower amount of time. It may be slower for some communities, certainly slower for some individuals to get to a place where they're comfortable with not taking the individual and the community precautions that we have in place right now.

I will say, though, that some people are probably quite happy to -- and it's going to be awkward. How many of us have watched a movie where people are getting together and doing things and cringing a little bit? So all of us are going to have to carefully and slowly and respectfully move through that. I will put out a little challenge for my nieces and nephews, though, that I will be hugging you, so beware. [sss, adv, agg, mjag, mcf, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pj, pssg, msd, tacz, tran, dbc]

Call for Records OOP-2021-12565-Kathy Coutts

From: Lobmeier, Lucy S IGRS:EX <Lucy.Lobmeier@gov.bc.ca>
To: IGRS FOI IGRS:EX <IGRS.FOI@gov.bc.ca>
Sent: June 14, 2021 3:15:31 PM PDT

Hi again. Please see this e-mail responsive to the above request.
-Lucy

From: Lobmeier, Lucy S IGRS:EX
Sent: Thursday, May 27, 2021 4:18 PM
Cc: Protocol IGRS:EX
Subject: FW: Dix/Henry - COVID-19 update - transcript

Good afternoon,

We are pleased to provide the transcript below from the May 27, 2021 briefing 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 <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

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 the latest videos and livestreaming of COVID-19 media availabilities, visit:

- Facebook: www.facebook.com/BCProvincialGovernment/
- Twitter: <https://twitter.com/BCGovNews>
- YouTube: www.youtube.com/ProvinceofBC

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

Media Availability, 27-May-2021

Dix/Henry - COVID-19 update

By Vancouver Cabinet Office

Adrian Dix: Good afternoon, my name is Adrian Dix. I'm BC's Minister of Health. To my right is Dr Bonnie Henry, BC's provincial health officer. This is our COVID-19 briefing for Thursday, May 27, 2021.

We are honoured to be here on the territories of the Musqueam, the Squamish and the Tsleil-Waututh First Nations. We are honoured to be here on their lands.

Tomorrow, Friday, at approximately three o'clock, we will be providing a written briefing on news relevant to the COVID-19 pandemic in British Columbia. We will be back in Victoria on Monday to give a regular briefing at that time.

With that, it is my honour to introduce Doctor Bonnie Henry.

Bonnie Henry: Thank you very much. Good afternoon.

To start with today, we have had 378 new cases of COVID-19 diagnosed in British Columbia, bringing the total number of people with COVID-19 to 143,264.

Of the new cases, 98 were people who lived in the Vancouver Coastal Health region; 189 were people in the Fraser Health region; nine were people who live in the Vancouver Island Health region, 68 people in Interior Health and 14 people in Northern Health.

We currently have 3,543 active cases across British Columbia, 286 of whom are hospitalized; 88 in critical care or ICU.

And 137,929 people are recovered from their acute illness.

Sadly, today we have had an additional seven people who have died from COVID-19 in the province, bringing that total to 1,690 people. Of the seven who passed away in the last few days, one was a person in their sixties, three were in their seventies, and three were people who are seniors and elders over the age of 80.

As always, through this very difficult time, our condolences go to those who have lost loved ones, to their families, to their caregivers, and to their whole communities. We mourn their loss.

We have no new outbreaks to report and have now four active outbreaks in long-term care, assisted living or independent living, and two an acute care.

Earlier this week, the details of our BC restart plan were shared with everybody. I want to provide an update today around faith services.

As many people know, we have been having on going meetings with faith leaders and have updated the PHO order and a variance we had been planning to have in place for a trial period of indoor faith services, prior to our circuit breaker being required in March.

As this has now been updated, thanks to the work of the group that we have been working with, and the updated variance has been posted today, and guidelines about how indoor faith services can be started today safely. And that includes allowance for up to 50 people at indoor faith services with detailed COVID-19 safety plans in place.

I just want to express my gratitude to Doctor Robert Daum and the wise counsel of the faith leaders who worked with us to develop these guidelines. I look forward to our ongoing revision and opening up of all indoor faith services in the coming steps of our restart program.

I also want to let people know we have been working with the camps associations. Our Provincial Health Officer order about overnight camps for children and youth will be amended in the coming days to allow them to happen this summer with specific conditions, and we are working those out with the appropriate associations. Further details will be posted as soon as next week. I think that is good news for later on, again, in the summer.

I am also incredibly pleased to report that we have reached another milestone in our immunization program, in that we have delivered over three million doses to British Columbians of COVID-19 vaccines; 3,032,811 doses of all three of our COVID-19 vaccines have been administered in British Columbia. Of those, 156,730 are second doses. This equates to 65.8% of adult 18 plus or 62% of all eligible British Columbians 12 and over right now.

These are exciting times and this is exciting news. We know that these vaccines work. They are safe. They are highly effective, and simply put, are saving lives across British Columbia right now.

As you know, our strategy for immunization has been to provide as much protection as quickly as possible to as many people as possible to try and decrease transmission in our communities and provide that important level of protection to as many people as possible, quickly. This has meant that we increase the interval between dose one and dose two to as long as a maximum of 16 weeks.

Because these vaccines are so effective, our focus has been to get that level of immunity up in communities across the province, starting with those most at risk, including people in long-term care, as we know, as well as our elders, our seniors and communities across the province. We are making great strides and we want to keep this momentum going.

We now have sufficient confirmed deliveries of vaccine in our age-based program -- that is the Pfizer and Moderna vaccines -- that we can move up the interval.

We have started to do that as more vaccine became available in the last few weeks and moved it up to people getting their invites for second doses at about 13 weeks.

And now, for most people, we will be moving it up to about eight weeks.

Essentially, it is important to remember that the second dose is both protection for you and added protection for us as a community. But the second booster dose is important for your own individual protection. It ensures that you have maximum protection for the maximum amount of time. We know that the booster dose builds on the antibodies and the cell response that you get from your first dose and provides more durable and longer-lasting protection.

Second doses are incredibly important for all of us and we need to make sure that those who are most at risk get this added protection as soon as possible.

Our second-dose program is based on the same principles as the dose one. Those are greatest risk will be at the top of the list for dose two. That means our seniors and elders, Indigenous people, and people we have identified as clinically extremely vulnerable. We know that age is the biggest determinant for risk of serious illness and death and we see that even with a high degree of immunization in people with a first dose. That is why from the start of our program we have taken this age-based approach for the main part of our immunization program. That will continue with dose two.

Now that we have a steady supply coming to BC, the number of people who now have their first dose is high enough that we are able to speed up delivery of second doses for the age-based and CEV immunizations.

The standard, as I mentioned, has been a maximum of 16 weeks. We are now moving that up to eight weeks for the age-based and for our clinically extremely vulnerable streams.

About 400,000 people over the age of 70 and clinically extremely vulnerable will start receiving their invites today.

It took some time for us to reprogram our system to be able to do that automatically. It started this morning. As of about seven o'clock this morning we started putting out the invites to those people who are over age 70 and people who are clinically extremely vulnerable.

This is how things will work going forward.

Early this year, as you know, we had a panel of experts led by Doctor Maureen O'Donnell at the PHSA, who identified the clinical conditions for whom it was important that people got protection early. Those are the same people who will be in line first to get the second dose of vaccine.

These people received a letter from me and they are registered in our system and they started to receive immunizations that coincided for the same age group of 75 to 79.

Because of the limited supply we had though, back in March and into early April, we had to phase in people with clinically extremely vulnerable conditions and so people didn't receive the letters and their immunizations. It was stretched out over a period of about six weeks.

Now, with the vaccine supply that we have, everyone who is in that category will be notified at once and will be eligible starting today.

You will be able to book those appointments. Some of them will even be as soon as today and tomorrow. However, it does take some time, but people can expect to receive that invitation between now and the weekend. Everybody identified will receive an invite to book within the next few days. You're essentially first in line along with those people in our province who are most at risk, and this is our elders.

In addition to moving ahead our age-based clinics and our community and mass clinics, we've also been going back and providing second doses to people in long term care and residents and healthcare workers in long term care, that second dose is underway, that program, and we expect to have all of long term care and assisted living completed within the next few days to weeks.

In addition, for First Nations communities and other, more remote and rural communities where we did a whole-of-community approach, we will continue to take this approach for second doses, and we're working with the First Nations health authority and with the health authorities, and those are starting to happen as well. There are some communities where we've gone in for second doses already, and more will be coming in the coming weeks.

There's no need, if you're in one of these communities, for communities to reach out. We will be coming to you, and we're coordinating that with the First Nations health authority and with the regional health authorities.

I do want to say, though, that we have had, over the last number of months, some challenges with receipt of supplies of Moderna vaccine, and I know that is a concern for many people in that many people in remote communities and early on, people did receive Moderna because it's much easier logistically for Moderna to be taken to some of the more rural and remote communities. We are prioritizing the supplies of Moderna that we have right now to be able to make sure that when we do, communities who received Moderna for their first dose, they can receive it for their second dose.

But recently, the National Advisory Committee on Immunization has reviewed again the evidence around interchangeability of vaccines, and they've updated the guidance confirming that while it is always preferable to have the same product for the first and second doses, in some cases, that isn't possible.

There are a number of reasons for this. People can have an adverse reaction to a dose, or they simply don't know, or that vaccine may not be available. If that is the case, we now have good evidence that it's safe to have an alternative with the same type of vaccine. In this case, we're talking about the messenger mRNA vaccines, and we have Pfizer and Moderna are both the same type of mRNA vaccines. It is safe, and it does work. If you had a Moderna vaccine first, you can receive a Pfizer vaccine for your second dose. This is the approach that we will be taking.

As much as possible, we are going to try and make sure everybody gets the second dose with the same product they had for their first dose, but we know that some issues with the shipments of Moderna might mean that people who received Moderna in one of the mass clinics, large community clinics, may be offered Pfizer for their dose two. I would encourage people to take the Pfizer if it is on offer. We have just heard today that we are going to be receiving more shipments of Moderna, but we know that it is safe and works just as well if you have one or the other of the mRNA vaccines.

We're only talking about Pfizer and Moderna and in some situations, we expect it not to be common, but in some situations you may be offered a Pfizer vaccine instead of a Moderna for your dose two. This is only an issue with Moderna, and we will try as best we can to make sure that people do get Moderna if they had that for dose one. If it's not always possible in the next few weeks, we expect the supply of Moderna to level off by the end of June, so I just want people to be aware that this may happen, and that we are confident that it is safe and effective.

They other complicating factor, of course, is the AstraZeneca vaccine program. For people who have received AstraZeneca -- this would be through workplace, through a pharmacy -- I'm asking you to hold tight for a few more days. What we have seen is that this vaccine has a better response with a slightly longer interval between doses, and that's from the clinical trials up to 12 weeks had a better response. So we're looking at what that means for people here in BC, and we are waiting on the results of studies that are being done, particularly in the UK, but elsewhere as well, working through as well the operational and logistical issues of how to get vaccine back to the places where people received it for their first dose. Our focus this week is on the age-based program and I anticipate we'll have more information by the end of next week to be able to provide advice to people who have received AstraZeneca so they can make an informed decision about receiving AstraZeneca as your second dose or receiving one of the mRNA vaccines. We don't have all the information yet, but we expect to have that very soon, and we're working out the logistics with pharmacies as well.

I want to assure people that we will have enough of the AstraZeneca vaccine to provide second doses for everybody who wants that. I know there has been an issue in Ontario where some people have been offered their second dose because of expiring stock that they had on hand, and I can assure you that's not an issue that we have here in BC, that our AstraZeneca that we have now that we're holding for second

doses does not expire until the end of June, so we still have a little bit of time so that people can make their best decision.

I can't overemphasize the importance right now of getting registered in our immunization registration system. It's your ticket to getting your second dose faster as well. As you know, we've vaccinated a lot of people before the Get Vaccinated system was up and running, and that was about the middle of April. We weren't going to wait for the system, but for everybody who did receive their vaccine before the registration system was up and running, we do have your name, your personal health number, your mailing address and, of course, know exactly which lot of which dose of which vaccine you received. What we don't have that's in the registration system is an email or phone number. That means, if you're not registered in the system, you can't get these automated text or emails to invite you to book your dose two appointment. If this is the case, we are sending out letters to everybody. You will receive a letter from me letting you know that you can book your appointment for dose two. Everyone will still be notified, and everyone will still be able to book once you are notified. It just may be a bit delayed if you're one of the people who has not yet gone on to the Get Registered system. You do have that option right now. If you received your vaccine in one of our clinics prior to April 15th, and you have not yet gone on and registered, I encourage you to do that today, and that will just quickly give you access to the second dose as well. What does this all mean? First, we're accelerating our dose two for our age-based, whole-of-community, our age-based program and people who are clinically extremely vulnerable. Two second doses are underway, and like dose one, we're gaining momentum on second doses as well. These, with the availability of supply I anticipate that everyone will be able to have their second dose by the end of the summer. That's important. It's important for us as we move into what we hope will be step four in September, where people will be protected going back to school, going back to university and getting back into many other things that we want to do in our lives.

Our vaccines are safe and effective, and they are saving lives, and this needs to be celebrated by all of us. If you've not already done so, please get registered and get vaccinated today. It's simple. It's fast, and getting vaccinated is important and integral to restarting our province and our lives. It's how we will get a handle on this virus and move out of this path of the pandemic. Join millions of us already who've received the vaccine and let's get as many people as protected as possible as soon as we can. Let's everybody do our part in the meantime to try and stop the transmission of this virus in our communities as more and more of us are being protected.

And let's of course remember to be kind, be calm, and be safe. Thank you.

Adrian Dix: Thank you very much, Dr Henry. I wanted to start by expressing my sorrow and my condolences to the families, the friends, the caregivers, of the seven people who passed away related to COVID-19 in the last 24 hours -- five in the Fraser Health authority, two lived in the Vancouver Coastal Health authority. While the situation is some restrictions are being eased, this continues to be a difficult time for many people, and when you lose a loved one it's always a difficult time. So I want to express as people are living through that grief our support and our condolences and our sharing of that grief today.

I wanted to note that more than 3 million vaccinations delivered is an extraordinary achievement, really, of public health and the province, of a public health care system that has done so, giving priority to our elders, giving priority to those who are clinically vulnerable, giving priority to Indigenous communities. This effort, which involves an enormous number of staff, of health care professionals, of health care workers, of volunteers, is a real achievement for all of us, and we want to share in that recognition today.

You'll note from the numbers today, in hospital we have gone from a high in the third wave of the COVID-19 pandemic of 511 people in hospital, to 286 today, a high of 183 people in critical care, to 88 today, and this is good news.

It brings with us important news about the resumption of non-urgent scheduled surgeries. I wanted to brief all of you on that today. We have a PowerPoint presentation, and I will take you through that, which talks about the efforts that have been made so far and the efforts that are going to be made in the coming weeks.

When I announced the postponement of non-urgent scheduled surgeries in the lower mainland last month because of COVID-19, I made the same commitment, we made the same commitment, to patients as I did in March 2020 -- you are not forgotten, and we will get each of you the surgery you need.

This is an assertion based on evidence and the remarkable work of our surgical system, our public health care system, and the people who deliver surgeries. I want to take a minute to share the progress with you now, as I think it is important and reassuring as we look to resuming non-urgent scheduled surgeries in Metro Vancouver that have been postponed in the third wave.

This achievement speaks to the significant progress made throughout on surgical renewal commitment. We are changing the way we deliver surgeries in BC by increasing operating room time and capacity. The result is that more patients are getting the surgery they need faster.

When we consider what we accomplished since June 2020, when all health authorities were fully operational after the first wave of COVID-19, we start to see the scope of the transformation, I think, that's occurring in BC surgeries. In this period, the period compared to previous years, we have completed more surgeries between June 26, 2020, and March 31, 2021 -- 8,547 more surgeries, all during COVID-19 protocols that made each surgery more challenging in order to keep people safer.

We completed more scheduled surgeries, the focus of the surgical renewal plan. We completed 9,208 more scheduled surgeries. We performed the surgeries that patients needed most, holding true to our stated priorities. We completed 4,294 more urgent surgeries and 7,365 more surgeries for patients waiting more than two times the recommended wait time. In other words, not just focusing on reducing wait times at the beginning but reducing the overall wait time, especially for those waiting longest.

Through 74 initiatives across all health authorities, we added 21,966 hours of operating room time. We increased staff. Since April 1, 2020, 1,499 health care providers have been hired to support surgical renewal. And 391 surgical specialty nurses started their training, and 274 completed their programs. Ninety-two medical device reprocessing technologist students are in training, an important part of any surgical program.

Today, we are also releasing -- on the government website, you can find them -- our monthly reports on surgical renewal. We are releasing reports (inaudible) today, and they bring detailed information for all of you, information up to March 31st this year. They deal with the period from February 5th to March 31st and they are now available.

On the slide, you can see one of the key milestones achieved. We have delivered surgery to 97% of the 15,154 patients who were called during the first wave of the COVID-19 pandemic and had their surgery postponed and who still wanted surgical treatment. Again, to those whose surgeries have been postponed in April and May, who were just postponed, you will get your surgery.

You can also see that the total wait list size has decreased to 81,940. This is a 13% decrease compared to March 31st, 2020, in a pandemic. In over just eight weeks, from February 5th to March 31st, health authorities and care providers across this province performed 3,446 more surgeries and ran operating rooms an additional 6,667 hours. Also during this period, an additional 292 health care providers were hired.

When we launched surgical renewal in May 2020, we noted that our targets and time lines were highly vulnerable to external forces like a resurgence or future waves, and other factors over which we would have less control. We also said we would learn and adapt as we faced each new wave and that we would manage any reduction of services differently than we did last March, and that is exactly what we have done.

As the third wave brought dramatic increases in cases and hospitalizations in Metro Vancouver, and started to take a toll on our hospitals and health care staff, on April 26th, 2021, saw nine lower mainland hospitals postpone non-urgent scheduled surgeries and focus on urgent -- only on urgent and emergent -- surgeries. As of May 23rd, 2,153 patients waiting for non-urgent scheduled surgeries had their surgery postponed.

We know -- I know -- that this causes tremendous anxiety. We know that every one of those surgeries is important, and we are tracking each one of them. To these patients, I say this. You are part of our surgical renewal commitment, part of our BC Restart Plan. Our surgical system is stronger than ever, and we will build on the progress we have made so far.

Last year, it took us four weeks to resume, fully resume, surgeries. This year, it will take us three weeks. All nine sites across Metro Vancouver will be fully operational by June 7th, with actions to get us to that point starting this week. These three weeks leading to full resumption of surgeries are essential. The nine

hospitals increase their ICU beds by moving into spaces traditionally used by surgical patients. These spaces and beds will now be readied for surgical patients.

In addition, many staff were redeployed to support care of COVID-19 and other critically ill patients. They need time to regroup and prepare to deliver surgeries while still caring for other patients who remain in the hospital.

In Fraser Health, here is what patients and their families can count on. We aimed to bring Burnaby back to full operations by May 25th, and we did. Between May 31st to June 4th, Royal Columbian will be back up to full surgical operations. And by Monday, June 7th, all four hospitals in Fraser Health -- that's Burnaby and Royal Columbian, as well as Abbotsford Regional and Surrey Memorial -- will be fully online and working to deliver the postponed surgeries.

In Vancouver Coastal Health, here is what patients and their families can count on. Between May 31st and June 4th, next week, St Paul's Hospital will be back to full operations, and by Monday, June 7th, all five hospitals in Vancouver Coastal Health -- St Paul's, Lions Gate, Richmond, UBC, and Vancouver General will be fully online and working to deliver the postponed surgeries.

In resuming non-urgent scheduled surgeries, we will apply the same principles we did in 2020. Patients needing surgeries most will have their surgery first. This includes urgent surgeries, patients who have had their surgeries postponed, patients who waited more than twice the recommended wait time, and surgeries that do not require an overnight stay in hospital but that can be done outside the operating room. This announcement of surgical resumption is, of course, welcome and reassuring news to patients and their families and, I think, to all of us.

But as we consider today's news and the progress reported on the monthly reports released today, we should all know this: all those involved in delivering surgeries -- the health care workers, those who book the surgeries, our health sciences professionals, our nurses, our doctors, all of them -- are the authors of these achievements.

But the co-authors of these accomplishments are each of us, every one of us, for continuing to use our COVID skills and continuing to follow public health guidance and orders to stop the spread. We can't let cases surge again and impact our hospitals and surgeries. We need to get registered. Register, register, register. We need to get registered -- register, register, register -- and we need to get vaccinated, and we need to think about what made this progress possible and then keep doing everything we've been asked to do and are required to do, that everyone delivering surgeries is able to do the job that we're counting on them to do and the patients get the surgeries they need.

We need everyone to continue, in this period where we're easing restrictions, to follow public health orders and public health guidance, and we need everyone to register, all of you to register. In March 2020, we assured patients they would not be forgotten and they were not. They weren't forgotten by me, they weren't forgotten by health authorities, they weren't forgotten by public health care, and they weren't forgotten by all of you.

All of us have worked together to make sure that everyone who needs surgery in BC and who had their surgery postponed last year gets their surgery and that we increase and reduce wait times for surgeries in our province. We made the same commitment to those patients who were affected in the third wave and to those patients, to each of you today, I say this as well, we will be calling you again, this time to rebook your surgery.

Q&A

Reporter: Is there a certain either percentage or number of doses that will be redirected to second doses? If we're averaging 60,000 doses a day, will that dosage increase or will it be a percentage siphoned off for second dosage?

Henry: Not really either of those. So what we have done is planned -- and this is why it's taken some time for us to get there -- what we've done is planned the appointments and the doses to each of the clinics based on the streams that we have on the go right now So that's anybody aged 12 and up who's requiring first doses and then we'll have second doses in those same clinics. So it really is about portioning out the clinic appointments and the vaccine to meet those appointments.

So it really is kind of a large logistical challenge of making sure we are where we are now. We know how many people are in each of the cohorts that are due for dose one and now starting with dose two and

where they are around the province. So we will be moving full steam ahead on both of those in the next few weeks.

Reporter: And for individuals who receive their first dose, for example, frontline workers or people living in shelters, correctional facilities, will they be contacted by public health or do they have to register? And, for example, there might be individuals who are more transient, is there any concern about following up with certain individuals to get the second dose?

Henry: So that is something, it will vary. We will be reaching out again to people who are in shelters -- we've already started doing that in some cases -- to people who received it through workplaces, etc, and we will be connecting with them. Certainly we know most of the correctional facilities so, yes, we will be reaching out for those people.

Having said that, it doesn't harm anybody to register and it just makes it that much simpler, but we will be reaching out again to those people who received it in very separate situations like that and for First Nations communities, for some of the more rural, remote communities where we went in and did a whole-of-community approach, we will be going back and doing clinics in those communities so people can access the vaccine that way.

Reporter: You've said that there are new guidelines for religious services, but you didn't say what they are so can you quickly tell us what that means as of right now, what's allowed in houses of worship, and would this include things like weddings and funerals, religious services that are held in churches that aren't so much Sunday service or Saturday service, but are events like weddings and funerals?

Henry: So what we have done, and these are all posted so it's on the PHO websites, the new variance for indoor and outdoor and the guidance documents that we've developed with the advice of faith leaders. So, yes, it does involve indoor services up to 50 people and right now, as we're in this bridging period where we're still having constraints on numbers and other activities, particularly indoors, it has provisions for things like masking, etc.

It does allow for small funerals and baptisms as part of a religious service, but not at the moment for weddings. Weddings are subject to the same restrictions that we have on indoor gatherings, so still small numbers, and they certainly could be held, but the number is limited to ten people for weddings at the moment. But those are the things that we'll be working with faith leaders to move for the next phase of this.

But right now, we want to proceed slowly and carefully and I know many people are looking forward to going back to being able to have indoor faith services with their community.

Reporter: Earlier this week, people in Ontario were given access to an easily accessible digital, online record of their vaccination and it's not something we have. We're just given these cards when we go to clinics or pharmacies that obviously wouldn't count as a real record. We also have nothing that's easily accessible on a mobile phone. It's something that was promised, I think, back in January, that there would be a digital record that was easily accessible as well as a physical record. Can you talk about where we are for that? Is it possible they may become something we need to produce in the coming months when we're fully vaccinated?

Henry: It won't be something you'll need to produce to access services, but it is something that we are committed to everybody having access to, your own immunization record, and, yes, that is in the works. It's very close. The immunization record, the traditional one that many of us still have, is a paper-based one and that's why most people are receiving the hard copy one so that they have something.

But from the very beginning every single dose of each vaccine, as I keep saying, has gone into our provincial immunization registry and, yes, this whole system, our registration system -- I know that's complicated because the registry and registration are two different things -- but the registration system does allow for you and your care provider to access your immunization record, and that will be coming very, very soon.

We're working out the final details of how you can do that. Your care provider, public health can do that right now through our immunization registry, but people will be able to access their own records electronically. I don't want to give a time frame, but it's very soon.

Reporter: We've heard concerns from retired nurses and now from paramedics that firefighters are providing the vaccine, in many cases being paid overtime to do so. Why is this happening, and why aren't retired nurses or paramedics or even current nurses being used on overtime to provide these vaccines?

Henry: I can't talk about the contractual obligations that people are being paid for. There's a wide variety of them. I can say that we are employing many, many nurses, paramedics, physicians, a whole spectrum of people who are working in our clinics across the province.

Dix: I think the significant majority of vaccinations are being performed by nurses now. I don't have that with me, but I'd be happy to share that with you and other members of the media and the public. But we also have a variety of different people performing immunizations, and we're very grateful for their support and their efforts, including firefighters who've been involved in these efforts as well.

I can't really say as to the comparisons between one group and the other, except to say this. I think everyone -- doctors and nurses and health care workers; pharmacists, who have just been extraordinary, both those working in the public system and community pharmacists as well -- our whole teams are doing extremely well.

I know that there are challenges when you're talking about delivering, as we have, more than 3 million vaccinations in a short period of time, directed first and foremost at those vulnerable. There have been real challenges, and I think our teams have done an excellent job putting people together. I know there's sometimes concerns from one person or another about who gets hired, and that's part of the challenge of putting in place such a large operation.

But the large majority of vaccinations have been by nurses, but obviously, significant numbers have been done by other health professionals, especially, in second place, physicians, but other health professionals as well. So happy to get you more details on that, and it may be of interest to all members of the media, so we'll distribute that to everybody.

Reporter: Thank you for that, Minister Dix. Much appreciated.

A question now about self and rapid testing. As we move towards opening up more things, what is the plan for rapid testing? Could it be used for large venues, like sports arenas or airports, as we start seeing more traffic go through those areas?

And Dr Henry, have you given any thought to using larger amounts of self-test kits?

Henry: Yeah, so the self-test kits have only recently been approved for use in Canada. And I know across the country, the testing team, including some of our lab scientists, are involved with that -- Dr Mel Krajden -- where they can be used. I've been watching in the UK, where they have been doing self-testing. What we hear from our colleagues is that limited usefulness in certain situations.

Where I do think it is important and where we will be continuing to increase the use of rapid testing is to support people getting back to work settings, communal living settings. So we've been using them, as you know, very effectively in places like our correctional facilities, when people come into correctional facilities. And particularly we've done some pilot studies to support people going back to those communal living settings where, if somebody's sick, it helps us understand right away whether it's COVID that we're dealing with or not. So that's where they are most effective right now, is identifying clusters and outbreaks early. And we're using them in a variety of situations to do that, and that will continue.

The BC CDC is leading a group that's been working with businesses, as well, to see where these might be useful in businesses as they reopen in the coming weeks as well. So there's many different settings where I can see them being of value. We're also working with the federal government, and there's a report that just came out about an hour ago -- I haven't had a chance to read it yet -- about use of rapid testing at airports and travel. I know they have been looking at that, the federal task group on rapid testing. So we'll be looking at where that fits into our program as well. I think it is a good adjunct or added-on piece to the core of our testing, which is the more accurate PCR testing.

Reporter: With these vaccine second doses, is this like the final frontier that we're facing to get back to life as we know it? People talk about Melbourne now and they see them locking down, but their vaccination rate is a smidgeon of ours. So once we get these second doses, heading into the fall, is that going to be it, maybe a booster shot somewhere down the line? Or is there a possibility of another COVID brick in the head coming our way?

Henry: I wish I knew the answer to that. I think I'll be wearing a helmet for at least another year, waiting for those bricks.

There's a couple of things about it. This is how we've been approaching this and looking at this similar to some countries around the world. The first dose really is about giving everybody a very high level of protection as quickly as possible. And we know that that works. I've presented the data. The vaccine effectiveness is at least 70%, which means in the real world, for people over the age of 70, a single dose has stopped 70% of infections, so that's the good news.

The second dose really is about giving that added level of protection, another 10% to 15%, to you as an individual. But it also does contribute to our collective protection. But it is much more about the individual protection, and that's why we've gone back again to ensuring that people who are most at risk are getting their second dose first.

But we do know that there are pockets where even the first dose is low, and it is going to be important for us to keep on pushing the importance for an individual, for your own protection, to allow you to get back to doing things, but also for the community to have their first dose. And there's some parts of the province -- and you can look on our interactive website to see where those are -- where we really do need to continue to step up. Places like Melbourne are examples. There's another couple of other countries that have very high first rate immunization and even second-dose immunization, like Malta, for example, where they continue to have clusters and outbreaks that lead to people being hospitalized, to deaths even. So we need to pay attention to that.

Getting the second dose does protect me better, but it protects all of us better, and we're moving that up for a couple of reasons. One, because we want all of the protection as high as we can when there's still a lot of transmission happening in countries around the world and we can have introduction of newer strains. And that's important. But we don't yet know if we're going to need booster doses at some point, or if some people will need them, if some people will never mount enough of a protection response on their own.

What we do believe is that, as we go into the fall, we have high levels of protection in the community, high levels of second-dose protection, so that extra bit for all of us, that we should be able to get through this respiratory season. We may need, at some point, to have a booster dose. We don't know yet. This virus is mutating at a slower rate than things like influenza, but it is changing. And we've seen that with these variants, where sometimes, if there's a lot of transmission of the virus and more mutation, some of them will confer a survival advantage or a transmission advantage

That's what we're seeing around the world. We're seeing it in India. We're seeing it in Brazil, in countries where there's a lot of virus circulating. So we need to get as high a level of protection as we can in BC and in Canada to protect us as this virus is still circulating globally.

What might happen, and what we are watching for and will need to continue to watch for, is if a strain arises around the world where it is not as amenable to the protection from vaccination. So that's something that we can't predict But we need to be able to monitor for. And in that case, we may need to have a booster dose sooner rather than later.

So all of those are possibilities that I just don't have answers for but that we've been thinking through where they might lead down the line and what the responses to those might be. That's why it's still so, so important to ensure that we have other vaccines that are in development, even if it may be some time before they're approved for use. And I'm thinking of Medicargo and Novavax. It's also why we need to really continue to push on having domestic vaccine capacity in Canada, to be able to develop booster doses if we need them.

Reporter: Regarding masks. I know the mandate is ending on July 1st. Wondering what guidance you have to businesses that will want to keep masks in place either for employers or employees or their customers or both, how that might work and if, you know, even going back to university in the fall, if universities want to say you need to wear masks. How do you foresee all of that working without a mandate in place?

Henry: Working very much the way it did last summer when we had low rates of transmission in BC. So, it is all proportional. The mask is the last level of defence. It's the last thing that we have that stops us from transmitting to others and others transmitting to us, and it is most important where we have high rates of transmission in the community because you don't know who you're coming in contact with.

As rates go down, it becomes less and less of an issue, particularly in some situations, but absolutely, it needs to be a slow progression. We should still be wearing masks in indoor, common public spaces if there's crowds, if we can't keep our distance from somebody for those short periods of time.

So, I envision that even though the legal mandate isn't there anymore, that we will go back to using masks as an important piece of keeping others safe, showing respect, particularly when we're in those settings where transmission can happen more easily. So looking at public transit, indoor public spaces where we can't keep our distance from others, and it goes with those other personal things that we need to do from now on, at least for the next period of time until we understand how COVID is going to be with us for the future. And that is things like covering our mouth when we cough, cleaning our hands regularly, staying away from others if we're sick. All of those things that we need to keep doing forever.

We'll never, never stop washing our hands.

Reporter: In the Central Okanagan in the last week, the number of cases has gone up and the concern here would be as a destination place, I know people from Alberta are not supposed to be coming out here for recreation, but they probably are. We see a lot of plates.

Is there some concern that areas like the Central Okanagan are a bit more vulnerable to people coming in here, and we also have a large number of vaccine hesitant type of people here, too. Is that a concern?

Henry: So, we've been looking at that. I've been talking with my colleagues in Interior Health, but your last comment is the one that we really need to focus on.

It is vaccine that protects us as a community, and we've seen that in places like Windermere and Revelstoke where we started to see a lot of transmission in those communities and immunization made such a tremendous impact that we saw that drop away.

So, protecting us through immunization is what we need to focus on right now, knowing that there is still virus circulating, and I know there's been a couple of clusters where there's been transmission between groups of people that have not yet been immunized. So, that's something that we need to pay attention to, but the other half of it is that we go back to how we manage other reportable communicable diseases or things that spread between people, and that's the public health management of cases, people staying away from others if they're sick, and also if you've been exposed, to be self-isolating. Public health right now is supporting people to do that so that contact tracing, that managing of outbreaks and clusters and preventing them from spreading, and the thing that prevents them from spreading widely in communities is people being protected through immunization.

So, we need to absolutely encourage our friends, our family for their own protection, recognizing that we can't stop everybody from coming into our communities, and right now there's still virus in BC, in Alberta, across Canada and globally. So, we need to protect ourselves through immunization and protect our communities by all of us getting immunized.

Dix: With respect to the Central Okanagan, all of the Central Okanagan community health service areas are over 50% vaccinated. That's on a base of 12 and over of about 62%, but some are on the lower side and we're going to be making some efforts. I know Interior Health is making some efforts to increase the level of vaccination in community health service areas, such as Rutland and Lake Country.

I want to encourage everyone who lives in Interior Health, particularly in the Kelowna area, this is the time to register and book and get your vaccination. I think that's important.

Just with respect to the previous question, asked about what proportion of vaccinators working at clinics are in different categories of professionals. It's different by health authorities, but I'll give you a quick sample because I know some of you are on deadline.

Vancouver Island Health, 52% of them are physician, midwives and nurse practitioners, 46% are registered nurses, registered psychiatric nurses or LPNs. And so that's what it is in Island Health.

In Vancouver Coastal Health, it's 51% nurses, 29% physicians, and a variety of other professions for the rest, including many pharmacists, and in every category, lots of medical students and student nurses who have been just extraordinary, I think.

In Northern Health, it's 85% nurses, 10% or 15% either physicians or community paramedics.

In Interior Health, it's 85% registered nurses.

In Fraser Health, where there's the most diversity of professions, 43% registered nurses or LPNs, followed by physicians at 22%, firefighters at 16%.

Really, it's in Fraser Health, which is the primary place where we've used firefighters, and of course we've been mounting an exceptional immunization effort there.

So, that gives you a sense and we'll be sharing this, but it gives you a sense that really everywhere across the province, the largest proportion of our immunizers are nurses and people know this because they go and get immunized and our nurses, but all of our professionals have been working on this from physicians to firefighters to pharmacists who have done a great job, especially in the community program of AstraZeneca. All of them have done exceptional job and we're grateful to all of them.

Reporter: Just sticking to the Central Okanagan and that fairly low rate around 50%, I think you said, Mr Dix, versus 68 or something for the province, and again, we've had all these protests here and rallies against masks and vaccines and that Rutland's been a high transmission, low vaccine rate place for at least three weeks.

What's going on here? Is there more needs to be done to deal with these anti-vaccine messages that are coming out from places like here?

Henry: Yeah, there always is more that we need to do to counter some of the misinformation and disinformation that is out there, particularly around vaccines. And that is something that we are working on, not just in Interior Health but other places, as well.

I think we need to also put it in the context of the age structure of communities. There are many communities in the Central Okanagan, for example, where it's younger people more than older people. So, that's one of the reasons why the rates, because people have not been eligible for vaccination until more recently.

So, there's a whole bunch of different factors, but you're absolutely right. We need to address it by a community and community approaches. I know there's a lot of working going on with local leaders, municipal leaders, faith leaders and others to try and support people getting access to vaccines, and the other thing is access. I know for some people it's a challenge to think about registering and then going somewhere to get their vaccine. So, we're looking at our ground game. How do we get the vaccine to people?

And now that we've reached that certain level of first doses across the province, we'll be looking at many different strategies in different communities. It will be slightly different, but how do we get vaccine to people who may not be bothered going into town to get to the clinic, et cetera.

So, those are all strategies. You'll be seeing some new and different things in different communities in the next little while. We've already started some of them in places like Surrey, as you know. On the island, they've started some and I guess in the Interior as well.

Dix: Just one point, when we said the lowest is Rutland, which is, I think, 50.8%. That's 12 and above. So, that's 62% provincially. Most of the Kelowna areas in the 55, 56, 57 range. So, just below the provincial average. Just a little bit.

So, we've to make a major effort, but it's not significantly different than other places, but we're going to be continuing, I know, Interior Health and a lot of leaders in Kelowna are going to be making the Kelowna region, the Central Okanagan in general, they are going to be making some efforts there, but it's not like it is 50% and 67%. That's not the gap here, but we want to do better in the Central Okanagan.

Reporter: For second doses, beyond the priority group, the clinically vulnerable and then starting with 70-plus, what about those who were bumped up earlier for dose one because they lived in a hot spot? Will they be bumped up again accordingly, and will second-dose clinics be set up and hot spot communities?

Henry: The short answer is yes. It's all going to be phased in in the same way it was done for dose one. It's based on when you received your dose. So, for some communities, we think of Prince Rupert, for example, where we went in and did the entire community approach. That will happen for second doses and that will be coming up very soon.

For other communities it's not that easy. For some of the larger communities, the hot spot ones we identified more recently that are larger. It just means that people will receive their invitation to come for their second dose sooner, and so everybody will be moved up to eight weeks at the latest.

So, if you just received it in early May, then you should expect to receive your second dose invite in early July.

Reporter: Can you give a bit of guidance to people who might have unvaccinated people in their social circles? Should masks still be worn when visiting inside with people who haven't yet had one dose? And what is the level of risk for an unvaccinated person to be around someone who has received one dose?

Henry: This is where we should be encouraging those in our social circles that this not only protects them but it protects all of your people that you're in contact with or that you want to be in contact with. It is the key for us being able to protect each other.

So, we still have virus circulating. We had another 300, almost 400 cases today, but the risk is different in different parts of the province and when we are expanding our small, close social network, we should know the risk that each of us has, and certainly if I am somebody who is immunocompromised, who's going through cancer treatments, older people, I would be very reluctant to have somebody who's non-immunized have close contact with them indoors right now. And so those may be relationships or visits that you want to postpone until we are at a level in the community that is lower or until that person has that protection from vaccination themselves.

So yes, masks are still a very important part based on our own risk, both our risk tolerance, our risk ourselves, but the risk of those that we're closest to and around. Right now we should be keeping those groups small and yes, it makes a big difference whether you're protected or not.

We know that this vaccine prevents 70% of infections on a community basis and if we do get sick, we're less likely to have severe illness and we're less likely to transmit it to others if we've been immunized.

So, very important. It protects me but it protects people around us, too.

And for young people who are worrying about this, this is the key to us getting back our lives again. It's the key to being able to do those social connections, to having those close contacts that we all are missing so much. That's going to be important as we move into step two and step three in the summer. [sss, adv, agg, mjag, mcfd, ctz, edu, embc, empr, env, fin, forr, hlth, tnf, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran, dbc]

Call for Records OOP-2021-12565-Kathy Coutts

From: Lobmeier, Lucy S IGRS:EX <Lucy.Lobmeier@gov.bc.ca>
To: IGRS FOI IGRS:EX <IGRS.FOI@gov.bc.ca>
Sent: June 14, 2021 3:17:56 PM PDT

Please see e-mail below responsive to this request.

-Lucy

From: Khaira, Manjit IGRS:EX
Sent: Friday, May 14, 2021 8:57 AM
Cc: Protocol IGRS:EX
Subject: 13-May-2021: Dix/Henry - COVID-19 update - transcript

Good morning,

We are pleased to provide the transcript below from the May 13, 2021 briefing regarding the latest B.C. Government news on the Novel coronavirus (COVID-19).

Office of Protocol
Intergovernmental Relations Secretariat
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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 <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

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 the latest videos and livestreaming of COVID-19 media availabilities, visit:

- Facebook: www.facebook.com/BCProvincialGovernment/
- Twitter: <https://twitter.com/BCGovNews>
- YouTube: www.youtube.com/ProvinceofBC

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, 13-May-2021

Dix/Henry - COVID-19 update

By Legislature Press Theatre

Adrian Dix: Good afternoon. My name is Adrian Dix. I'm BC's Minister of Health. To my right is Dr Bonnie Henry, BC's provincial health officer. This is our COVID-19 briefing for BC for Thursday, May the 13th, 2021. Tomorrow, Friday, we'll be providing a written briefing at around 3:00 with relevant information about the COVID-19 pandemic in BC.

We are honoured, of course, today, as we are in Victoria and the Legislative Assembly, to be on the territory of the Lekwungen-speaking people of the Songhees and the Esquimalt First Nations. We're honoured to be here on their lands. With that, it's my honour to introduce Dr Bonnie Henry.

Bonnie Henry: Thank you very much and good afternoon. I want to start by recognizing that this is the day that starts the end of Ramadan. It's the day about love and peace. I wish all of my friends and colleagues who celebrate this day an Eid Mubarak. I know this is a most challenging time, both here in BC and around the world. Let's hope we can leave behind these challenging times for next year's celebrations.

Today, we have 587 new cases of COVID-19 to announce here in BC, including one epidemiologically linked case, to bring our total numbers of people diagnosed with COVID-19 to 137,810. That includes 126 people in the Vancouver Coastal Health region, 365 in the Fraser Health region, 21 people who are in the Vancouver Island Health region, 60 people in the Interior Health region and 15 people in Northern Health. We currently have 5,691 active cases across the province, of whom 413 people are in hospital. One hundred and forty-one remain in critical care or ICU, and 130,310 people have recovered from the acute phase of COVID-19.

As some people may have noticed, we are no longer reporting on the number of people under active public health monitoring or follow-up. This is for very practical reasons. This was a metric -- it was basically to give people a sense of how many people have been required to be isolated or in quarantine because they've been exposed to somebody with COVID-19.

We initially started this last summer when we had our surge of cases in the Interior around Kelowna, as a way of helping people understand the impact that it was having not just on people who were diagnosed with COVID-19 but on their contacts as well. This information, however, is based on public health follow-up with every single contact -- and that continues. We do case management and contact tracing across the province. All contacts are followed up on an individual level.

Pulling that data together to be able to report on an aggregate level has become more and more challenging. We don't have an IT system that does that automatically. My colleagues in the health authorities tell me it is very time consuming and difficult to verify. Rather than provide information that is no longer accurate, particularly as cases had increased over the last little while, it is something that doesn't affect our day-to-day work in public health so we made the decision to stop posting that information because it no longer was accurate enough for that.

We have no new outbreaks to report today, which leaves us with three active outbreaks in long-term care, assisted living or independent living, and two in acute care. We have five additional deaths in the province today, bringing the total number of people who've died from COVID-19 to 1,632. Most of the people affected, again, were over the age of 70, several in their 80s and 90s. One was a person in their 60s. Our condolences go to all of the families who are mourning the loss of their loved ones, their community and their care providers. We know how challenging it is in this time.

I also want to report today that we have had a second case of vaccine-induced immune thrombotic thrombocytopenia -- or, as we call it now, VITT -- following receipt of the AstraZeneca vaccine here in BC. This person is a male in their 40s who is in stable condition now receiving care and treatment in the Fraser Health region.

As we know, this is a rare but very serious condition. We are following it carefully. Recognizing the symptoms and getting treatment early is important. This is a condition that we're learning more and more about since the safety signal was first detected. What we do know, it is caused by -- for some reason, in some people -- the vaccine seems to stimulate an immune response that develops antibodies against our platelets.

This causes a type of clotting that is different from other types of blood clots that people may have had, or strokes or other types of clotting disorders that people may have. It is a very challenging one to treat but there is a test for it and there is treatment.

People, if anybody, after any vaccine in the last four to 28 days and is feeling unwell, you should call 8-1-1 or connect with your health care provider, particularly if you have serious symptoms which include persistent severe headache, shortness of breath, ongoing chest pains or abdominal pain, swelling or redness in a limb. Those are things that should cause you to seek treatment right away.

There is a test that can be done that helps us indicate whether this is a cause of those types of symptoms, those types of clotting symptoms. That's a basic test of platelets that is one of the first ones that needs to be done.

We are following this carefully. As we know, it is rare but it is also serious. We need to look at it in the context, as well, of the serious illness that we continue to see, particularly in people in their 40s, 50s and 60s with COVID-19.

On that note, so far in BC, we have delivered 2,335,513 doses of all three of the COVID-19 vaccines here in BC. Of these, 119,691 have been second doses. This means that over half -- 50% -- of those who are eligible, adults over the age of 18 here in BC, have now received their first dose of vaccine.

Our immunization program is moving quickly as more and more vaccines are available. The ages for those eligible are coming down. We anticipate that all adults will be eligible very soon. We are also actively working to incorporate the age 12 to 17 into our immunization program. We will be sharing more information about that early next week.

I know how important this is, particularly to that group of teenagers in the 16, 17, 18 who are finishing high school this year. We look forward to this being another thing that will be important to ensure we can have some safe celebrations of graduation coming up in June. Stay tuned -- as well, we will have more information about how we can support graduations for young people this year, knowing how important that is.

I will say yesterday as well we communicated that we have made that decision to reserve all of our remaining AstraZeneca vaccine for second dose boosters for those who want it.

This is not about vaccine safety. That is, of course, an important consideration but really it is about the operational response and the position we are in in BC right now and also in the context of the global supply.

Operationally, we now have an abundance of Pfizer and Moderna vaccines and are expecting more to come in the coming months so that time to wait, as we had before, has been reduced and soon all adults will be eligible for vaccines through that program.

The AstraZeneca vaccine has been an important and key part of our program, particularly when we had (inaudible) of vaccines last month and I do want to say that it is important for people that received AstraZeneca, you did make the right choice, both to protect yourself at a time where the risk of COVID has been very high, and continues to be high. But also in receiving that vaccine, and any vaccine, you also protect others and make sure that we can get more people protected quickly in our system.

Operationally though, it means that other nations around the world also have challenges in getting vaccine and we have been seeing what is happening in countries like India. So it is incumbent on us in Canada to make sure that we are not taking more than we need and with the supply that we have in place, coming for Moderna and Pfizer, we don't need to have additional supplies of AstraZeneca at this point.

We will continue to ensure we have sufficient supply for dose two for everybody who has received dose one with AstraZeneca and we will continue to follow the data on the studies around the world that determine -- that will help us understand which is the best option for people, for dose two, if they received AstraZeneca first.

In that way, we will let you know. It is my expectation that people who have received AstraZeneca so far will have a choice once we know more about taking pfizer or moderna as the second dose.

So now I would like to spend a little bit of time going through some of the data that we have around how well vaccine is protecting people in British Columbia.

I have had many, many questions about people who have received at least one dose and whether they have become ill afterwards and what that means and who has been affected.

So I have a few illustrative slides here to help summarize what we have seen here in British Columbia.

What we call a breakthrough case is somebody who has received at least one dose of vaccine and initially we look at a period of time, seven days, 14 days, 21 days. It takes some time for your body's immune

system to respond to the vaccine and develop those protective levels of both antibodies and the cells in your body that help protect you long-term.

What we have seen since December 27th when first doses were initiated, until the 1st of May, is that we have had about 79,480 cases of COVID-19 and the vast majority of them have been in unvaccinated people, or people who have not yet mounted that full immune response.

Those who have been vaccinated, at least three weeks after their dose one, we have had 1,340 people who have been affected, that is about 1.7% of the cases and there are about 120 people who have had two doses and have been infected with COVID-19.

Of the 1,340, 141 people were hospitalized, 13 people ended up in ICU, needing ICU care, and we have had 30 deaths.

Like what we see with our cases overall, the average age of cases reflects what happens in the community. So where we have been seeing transmission, and the median age is about 49. The age of people hospitalized goes up as we know it does across the board. The average age of people who have been immunized to have required hospitalization is 81.

The average age of those in ICU is 71, and the average age of those who have died, sadly, is 87.

So that again reflects that the main risk continues to be age in having severe disease and hospitalization.

This is a graphic that shows you where we see most of the cases after people have been immunized and on the top is people after they have received first dose. We can see that there is a drop-off after 14 days and then an additional drop-off after about three weeks, day 21.

This is when your body is developing the immune protection that you need to protect you long-term.

We can see though that it rapidly tapers off after that and after several weeks, we have very low rates of infection.

The bottom is case counts because we have had such low numbers of people after seven days after receiving their second dose of vaccine, we see that there are just sporadic cases and again, those drop off after time.

I will say that this reflects primarily the Pfizer vaccine because that has been the majority of people who have received vaccination, has been with Pfizer. So 1,110 of the cases received Pfizer, 127 Moderna vaccine, and 103 AstraZeneca or the Covishield vaccine.

We have some similar data that comes from the First Nations health authority who as we know have been following the COVID-19 outbreaks and vaccination in first nations communities and this reflects very similar to what we have seen over all. This uses 14 days post-first dose. So again we see a dramatic drop off after two weeks and again the second drop off between weeks three and four. These were 353 cases in First Nations communities. You will remember that First Nations communities were prioritized for a variety of reasons to receive immunization and for most of the communities, we have done it in what we call a whole of community approach.

This is a nice representation as well of the reduced risk of infection after a single dose of vaccine. So this is important. It is the number of total cases per 10,000 people. The orange lines show you the rate prior to immunization and then the blue lines are post a single dose of either Pfizer or Moderna vaccine.

So again, really positive, showing us the risk decreases dramatically. But it is not zero and it takes some time to get to that level of protection.

Some of the other data that we have been following is looking at some of the communities where we saw a very high case rates and we went in and immunized the community as a whole.

This is the information from Prince Rupert and when the grey bar shows the time period where the immunization clinics were happening and then the drop-off over time and the important thing here is, even though cases were increasing in the community at the end of March and through April and into May, outside of Prince Rupert we saw a sustained and low level in Prince Rupert itself.

This is something that helps us understand what may happen as an entire province, once we get to those levels of immunization. The fact that we can see rapid drop-off and sustained drop-off over time, when we have that community immunity, even in an area like Prince Rupert.

The other places where we have seen this similar phenomenon has been following the data of long-term care where health care workers working in long-term care who were prioritized to receive vaccine first, we had a dramatic drop off over time and that was sustained even through this third wave. Where we see the

blue line on the top is health care workers in settings other than long-term care where we did see higher levels and a bump up during the third wave.

We see the same thing as well for residents in long-term care homes, 70 and above, on the bottom line. Once we reach that point where 90% of residents in long-term care or assisted-living had been immunized, we see a rapid and sustained drop-off of transmission and we look at these as small microcosms or communities within themselves where we have reached that point of community or herd immunity within that care home, and despite the dramatic increase that we have seen over the last few months in cases in the community, in the same people aged 70 or over, we see this sustained decrease and protection in our long-term care homes.

If we look at it again, this is taking just that portion of 70 and above and on the bottom you can see the immunizations in that age group have gone up.

On the top it shows hospitalizations and it tells us again that wants we protect people with immunization, gradually we see a decline in hospitalizations. Now we are starting to see the effects in those aged 40 to 60.

Data I have presented in April showed that it was the 40 to 59-year-old age group that we were seeing increase in our hospitalizations and having more severe infections. Now that immunizations have increased in that age group, we are starting to see that level off as well.

So what does this tell us?

This tells us that we are seeing really strong progress through our immunization program across the province and it is making a difference at a health care facility level, at a community level, at a population level. But we need to keep it up.

There have definitely been infections. We know that this vaccine, even after two doses, all of the vaccines we have are not 100% effective but they do absolutely reduce your risk of infection and importantly they reduce your risk of transmitting to others. And they reduce your risk of being in hospital, of needing ICU care, or dying.

So these are important things for all of us.

One thing I will say is that we have started our program based on risk. That is your own personal risk of having severe illness or death. That is why we started with long-term care homes, why we started with our elderly, and seniors first.

We expect to see, when more and more people in our community across the board are immunized and protected and case rates start to fall, that we will see a rapid drop-off in transmission across the province. We expect to see, when more and more people in our community across the board are immunized and protected and case rates start to fall, that we will see a rapid drop-off in transmission across the province. Just a final note, we are doing what we call vaccine effectiveness studies. So the detailed studies comparing individuals who are immunized and non-immunized, and the team at the BCCDC led by Dr Skowronski is pulling that data together. We have now passed that period of time for older seniors where we can understand the impact at a community level, and we are working down the age groups, as three weeks have passed since we reached the threshold in people aged 60 to 70, for example.

So more of that information will become available to us in the next few weeks, and we will share it when it is available. These slides will be posted on the BCCDC website so you can go back and look at them at will.

So what does this tell us? It tells us that our risk-based approach to the immunization program that we have had here in BC is working and it shows us a glimpse of where we, as a province, will end up in the coming weeks and months. We have seen very big benefits from immunizations in the highest risk people in our communities, and the effectiveness of vaccination in a whole community approach, it is a good indicator of where we will be in her province-wide approach.

Receiving the first dose of vaccine substantially reduces infection rates and reduces your own personal risk. However, one dose does not give you or those around you complete protection. Especially when, as we continue to have high rates of circulation of the virus in our communities. That is why a second dose for everyone is also incredibly important. The one dose slows COVID-19 and the second dose pushes it back. Even though lots of people are now vaccinated, there is still a lot of virus circulating. We won't get to the bottom of our infection curve until we get to a much higher immunization rate. So everyone needs, right now, to register to get vaccinated and we know that it will be all adults very soon, it will be your turn. It is

also, though, why it is incredibly important for us to continue to take those measures that break the chains of transmission in our families, in our communities, and in our workplaces. Immunizations are going up and community transmission is trending down. Those are the things that we need to continue.

What we are doing in BC is working. As more and more of our loved ones in our communities and our families are being protected and we are taking those measures to reduce the transmission. So let's keep that curve bending down. We look to brighter days ahead. But right now, we need to hold the line. We need to keep doing what we are doing as we get more and more people protected so we will not be seeing any changes to the measures that we have in place right now until after the May long weekend, and even then, it is not going to be flicking the switch. It is going to be gradually and slowly increasing the light. And that is important for all of us. We can see a future where we don't have to have COVID-19 ruling our lives, when we can get back to doing the things that we know are so important for us as individuals, as families, and communities. So let's keep this momentum going and remember to continue to be kind, to be calm, and to be safe. Thank you.

Dix: Thank you, Dr Henry. I wanted to start on behalf of the Premier and the government, and I think of everyone in BC, to pass on my condolences to those who lost their lives in the past 24 hours and indeed throughout the pandemic. 1,632 people since the beginning of the pandemic have lost their lives linked to COVID-19. To families, to caregivers, to communities, to friends, these are enormous losses and we continue, because we are limited in the ways we can come together to grieve, limited in that way, so we all need to, all of us as communities, grieve together and support those families who have lost loved ones in the course of this pandemic.

I wanted to note that we did 58,195 immunizations yesterday, which is a significant achievement for all of our immunization teams, and all of the different health professionals and healthcare workers and people who are supporting our immunization efforts across BC. These are remarkable achievements that everyone involved in, from doctors to nurses to pharmacists, to all those who are working to support, to firefighters, to other emergent first responders, to ambulance, paramedics, to all those who are involved in our effort, we say a big thank you for yesterday and for all of the other days.

I note that in terms of vaccination by age groups, these are a day old. Over 70, 86% have received their first dose. Over 60 -- obviously that includes the people over 70 -- 81%. Over 50 at 74%. And over 40 at 66% of people. So we are making progress and we have a significant way to go.

Part of the thing that we all need to do, and the three words for today are register, register, register. 2,596,062 people have now registered since April 6th on our Get Vaccinated website or by calling into our number. So that's a significant number. Yesterday, the top age groups by registration were 18-24, 30-34, 25-29, 35-39 and 40-44. And that is good. Everyone needs to know we opened up yesterday and sent invitations to book to all those over 30, people born in 1991 or earlier. It's over 18 or born in 2003 or earlier if you are in a hot spot. Indigenous people born 2003 or earlier will be invited to book almost as soon as they register. Clinically extremely vulnerable people as well, and pregnant people born in 2005 or earlier.

As Dr Henry has said, and this has gone out from Immunization BC, on May 14th, which is tomorrow, those born in 1996 or earlier who are 25 and above will be invited to register. That's after 7:00, and overnight those invitations will go out. So if you're in that category, it's a significant category, then you'll be eligible then.

On Saturday evening after 7:00, those born in 2001 or earlier, 20-plus, will be invited to book. And the key to booking is to have registered. And on May 16th, Sunday, those born in 2003 or earlier, all across the province, 18 and above will be invited to book their appointments. The key is to register.

So if you know anyone, especially those between 18 and 30 who haven't registered yet or thought the age-based immunizations was a sufficient way away from them, now is the time to register, register, register. It is a big move, in terms of the age cohorts, that's going to happen over the coming weekend. And so now is the time. If there's any doubt about the value of immunization, I think Dr Henry has taken you through that today. It is transformative, of course, to people and their safety from COVID-19.

I want to report briefly on our surgical renewal commitment. You will know that until the COVID pressure on our hospitals is reduced, we are reducing in select hospitals in the Metro Vancouver area and the Fraser Health and Vancouver Coastal Health authority, we are postponing non-urgent elective surgeries. To date,

the number of surgeries postponed for May 3rd to May 9th was 664. 305 in Fraser Health, 314 in Vancouver Coastal Health. And for other reasons, 45 in Vancouver Island Health.

Once again, it remains the case that in Interior Health, Northern Health, and the Provincial Health Services Authority, no surgeries were postponed. So in total, from April 19th to May 9th, a total of 1,483 surgeries have now been postponed. In the week April 26th to May 2nd, health authorities completed 6,664 surgeries, of which 5,274 were scheduled and 1,390 were unscheduled.

These numbers reflect, and it shows the enormous work still being done for people across health authorities, but they reflect what we expected to see. It doesn't lessen the disappointment that postponements caused our patients, their families, and their care providers. Again, each of those patients will be contacted to rebook their surgery once the pressure on our hospital decreases.

I note in that regard that in terms of base beds, we have about 638 vacant base beds across our system and 3,076 vacant surgeon-based beds. And in ICU, 76 vacant base beds and 273 vacant base and surge ICU beds or critical care beds. However, we are using surge beds in the Fraser Health Authority and the Vancouver Coastal Health Authority. Currently, 175 surge beds and 21 critical care beds are being used. And what that says to us is that COVID-19 is still circulating too much in our community. Hospitalizations have come down from the peak in April by about 98, so we're at 413 today in hospitalizations, but that is still way too high. 141 in critical care still way too high. And the greatest gesture each of us can make in respect of those awaiting surgery, for example, is to get vaccinated. If we have not registered, again, we must register now. And when we're invited to book our shot, we must book right away.

We can go to the Get Vaccinated website again, or alternately, 1-833-838-2323 to take that vital step in making ourselves and our communities safe. Right now, 51.5% of those eligible have had their first shot and 2.8% have received their second dose. And while many of the key indicators show that the COVID-19 pandemic is moving in the right direction.

Let's face it. 500 to 600 cases a day is still way too high. We need to continue to use our COVID skills, register, and get our vaccinations and remembering all those who count on us to stop the spread. It will make all the difference. And that difference will be shown in the days and the weeks to come.

Reporter: You probably saw that the CDC in the United States issued new mask guidelines saying that Americans who are fully vaccinated can now take their masks off, both inside and outside for any size gathering. Obviously they have more fully vaccinated people than we do here in BC, but when can we expect guidance like that here in British Columbia about mask wearing inside and outside? What percentage of vaccinated adults do you want to see before we're going to be getting some sense of when we're going to have guidance like that.

Henry: There's a couple things about that -- we are not only using immunized percentage, although that's obviously an important piece, both first and second dose. We're also looking at the trends and transmission in our communities. I know we spend a lot of time thinking about the day-to-day numbers, but it's really how do we look at the numbers over time? What's happening in our communities?

Those are going to be some of the factors that we are putting into the restart 2.0 that we're working on across government and the public health input into that. It will have advice, direction and guidance on several different aspects on things we can do in our communities once we reach a certain level of protection through immunization as well seeing trends in the right direction for the other important factors, but also the individual level things we can do. Expect to start seeing some of that after the May long weekend in more detail, and I'm working with my colleagues across the country to make sure we're all aligned in some of the messaging we're giving.

Reporter: Can you specifically let people know if they're outside -- we had our top infectious disease expert, Dr Sharkawy, say that if you've had one dose of vaccine, the chances of you contracting or spreading COVID outside is basically zero. Can people who are outside, assuming they're not in a giant crowd, take their mask off? What's your advice for outdoor mask wearing?

Henry: We have always said that when you're outside, as you say, as long as you're not in a large group talking closely with people, that masks are optional. We know that outside versus inside is much, much less risky. If there's any breeze at all, things disperse rapidly. If somebody is walking or running by you on the sidewalk, even if they come close to you, the chances of spreading COVID that way are zero. Or at close to zero as we can possibly get. I think we need to be rational about wearing masks outside.

I know many people, like myself -- if I'm going between shops where I'm going to putting it on and off it's just as easy to wear it, particularly if we're in a crowded area or a crowded sidewalk it's just as easy to wear it as not, but I agree with him; I think the risks outside are so much less than inside and it's important to be able to get outside every day and I encourage everybody to do that, especially now as we're able to do that more and more. Being outside is a safe way of being with people if we're keeping our distance, and especially after we've been immunized, we know the risk goes down even more.

Reporter: There's been a story just published in the South China Morning Post around BC's long-term care system. The investigation found that more than 1,000 people at 42 homes where outbreak status was deliberately not declared when a low risk staff fell ill. I don't know how much information you have on these sorts of cases, but concerned should people be that there wasn't declaration of an outbreak in long-term care homes where there were sick staff?

Henry: We learned a lot as we went through this pandemic. We have outbreak management protocols that we put in place very early on, initially they were based on what we did for influenza which usually has at least one sick resident or transmission within a facility, and then we recognized that was not sensitive enough; it didn't catch outbreaks early enough with this new virus. Public health teams looked at where we were seeing transmission -- you remember early on how rapidly it would spread within facilities.

We do declare an outbreak with a single staff with exposure within the facility, or a single resident in the facility and that was across the board. We had some clinical judgement if there was a single staff person who had not been in the facility during the period of time of their infectiousness, or had been fully adherent with the infection control precautions like wearing PPE there was a judgement made about the risk. That was enhanced surveillance where we did some extra monitoring and testing, and then if testing showed that anybody else was positive then an outbreak was declared. It was a way of making sure that we weren't overly cautious and putting in place those very severe measures that an outbreak entailed; we know how hard it was on seniors and elders in long-term care.

There were many, many cases where there were low risk health care worker exposures -- they may have become exposed in the community, been sick but not been in a risky environment within the facility during the period of time they were infectious so most of those did not result in an outbreak, but that is the guidance public health was following and was very meticulous about over the fall and winter.

Reporter: Back to the CDC report, you mentioned this restart 2.0 that will come after the May long weekend. What sort of information should people expect to get around how this is going to work, how it's safe to unwrap ourselves and what sort of communication will be part of that?

Henry: There will be a communications plan, but I think what people need to know is that nothing is changing right now. We are in a place where we're in a good direction and we need to keep it up. We need to keep it up at least through the end of the May long weekend, so don't start thinking about making plans now until after that period of time. Then we'll be going back to the same approach that we took last May where we started gradually increasing our activities based on risk, based on monitoring what is going on, how many more people have been immunized, how our case and transmission rates are going down and that will continue into the summer.

If things continue to go in the right direction, by the time we get to our July long weekend, I think we should be able to do even more in terms of having small gatherings, in terms of having those events that are so important. We think back to last summer and how we were able to do that successfully and safely, so people planning weddings and things like that -- we will still have the need to be cautious, and through a period of time make sure that we are keeping the virus down. Then as we move into the fall, if things continue to go the way we expect -- I put these caveats in because as we learn all the time, this virus has taught us that we cannot be complacent.

I'm watching what's happening in the UK very carefully and I think that's a very good example for people to think about; slowly, gradually reopening, getting back to doing the things we need to do in our lives and getting through the pandemic part learning how we can safely live with COVID and be able to detect clusters and outbreaks quickly and get back to the public health work that keeps these things controlled like we do with every other reportable communicable disease -- thing like influenza, things like measles. That's the goal but it's going to be slow and gradual. We have learned that from watching around the

world, that if we move too quickly the virus can take hold again, even when we have immunization to protect us.

Reporter: I couldn't quite see the charts as I phoned in, the ones you showed earlier, but it sounded like you said there were 13 deaths in people who have been vaccinated. I was going to ask about -- there's 55 people who died in the past couple weeks and you didn't break down in the briefings whether they had been vaccinated or not so I'm wondering if you could do that going forward, and how many of those were vaccinated with one dose or two?

Henry: The short answer is no, I can't do that. We're talking about two completely different systems; on a day-to-day basis at my level, at the provincial level, I don't actually know the individual and whether they're immunized for the most part. I do know it from some of the long-term care outbreaks, for example, because the public health team does the investigation on the ground and is able to understand. That person's individual clinician knows whether they've been immunized or not, but the data that we look at at a provincial level is linked data that we get after the fact so I can't tell you of the five deaths that happened today, whether each individual person was immunized or not. The public health on the ground knows that, their clinicians know that, but it takes time for that to catch up.

What we can tell you is on a population level how many cases there have been, and the analysis I shared was over the period of time from December 27th until May 1st so it would be all of the deaths that occurred between that period of time.

Reporter: So, just for clarity on that. You are saying that it's accurate. There are 13 deaths in people who have been vaccinated. And then as a followup, a lingering question I've had is on recoveries because months ago you were saying that people who get two negative tests to determine that they've recovered, but I've heard of people who are just considered to have recovered after two weeks of self-isolating. So first of all, just to clarify, 13 deaths? Is that the accurate number? And then on [inaudible].

Henry: No, that's not correct, actually. It was 30. Three-zero. 30 people who died between December 27th and May 1st. 26 of whom had received one dose of vaccine and four had received two doses of vaccine, and I don't have the total number of people who died in that period at my fingertips, but we can certainly get that you information.

In terms of recovery, so yes, early on in the pandemic we used testing, but people needed to have two negative PCR tests to be declared recovered, but it became clear very quickly that . . . And this is where, you know, science and action, the studies around the world helped us to understand that you can actually shed virus through your secretions and also through stool -- in your bowels -- for quite a long time, and for some people that can be weeks or months, but it's not live virus. So you're no longer infectious to others. And so data that originally started with a study out of Germany showed us that following people and detecting live virus, that it fell off very rapidly after about five or six days and at most it was about eight days that people were infectious to others after their symptoms started.

So, we've used now ten days, and this is in use mostly around the world. So after somebody's infectious . . . Sorry, their symptoms have started, if they're getting better and they're . . . And I say not 100% better because some people have persistent cough for a while, but for the most part, if you're infected, you're at home, after ten days you're no longer infectious to others.

So, that's the end of the isolation period for somebody who has mild disease. It can be quite a bit longer for people with more serious illness. So, if they end up in hospital it may be longer than that, depending on the course of their illness or people who have immune suppression who may actually be infectious for longer. So on an individual basis they may be asked to isolate for a longer period of time.

So, that's the infectious period from somebody who's infected with the virus, and so we consider somebody recovered from the acute illness once they're past their infectious period.

In terms of people who have been exposed, we know the incubation period . . . So, the time from when I've been exposed to the virus to when I can develop symptoms remains about 14 days. So that's why we require close contacts of people or people who have been exposed to isolate or to quarantine for up to two weeks, for 14 days.

Reporter: Dr Henry, as we are convincing everyone to take the vaccine, and I know Fraser Health said up a [inaudible] today at the Walmart, but we see not a very good response comparatively. What we are getting

the response from the Sikh temple yesterday. In a few hours [inaudible] more than 400 people from next clinic.

So, why we are not increasing those types of the clinics where people feel more comfortable to go there. They are not relying on other people to go to the vaccination. So there is a gap. Even the temple authorities are saying they're willing to help. Even three clinics a week. So why are we not increasing those [inaudible] if we want to see more vaccination into the community?

Henry: You're absolutely right. We need to do all of these things. Not one or the other.

I know there's a concerted effort in the City of Surrey particularly, working with Fraser Health to engage with all those different settings for different populations in those communities.

Right now, the immunization clinics that we have are set up to be able to very rapidly expand. So it's much more challenging to bring vaccine by itself to different areas. That's why we're right now focusing on people registering and then supporting them to get to one of the mass clinics, but we're also looking at many different ways where we can bring vaccine to people as we have more and more vaccine available. One of the things that we're waiting for is the Pfizer vaccine -- still is a very fussy vaccine. It can only stay at room temperature for a very short period of time, but we're learning more about the stability of the vaccine and the company has provided data to Health Canada that we hope -- Health Canada's in the process of reviewing -- that will allow us to keep it thawed in the fridge for up to a month. And that will make it much more flexible for us to be able to do exactly what you're saying. Not only register people, but bring vaccine to temples, to gurdwaras, to other community places where people are more comfortable.

Reporter: So, do you think in the coming days we can see more data on how many people got vaccinated in particular communities, especially like in Surrey? What is the ratio of the population above 18 that got vaccinated and how many people are not showing an interest? Something like that, the details?

Henry: Yes. These are the data that we've posted already. We're working on, and I was hoping to have ready last week, but an interactive platform on our website where you can look at that by community health service area, and LHA and most places, but CHSA in some areas, where you can actually look not only at the COVID rates, the immunization rates, but also looking at it by age and age group.

Because one of the big factors that we know is that the structure of the population is different in different communities. So, for example, in White Rock there's a much higher proportion of older people. So, the immunization rates are higher in that community because older people have been able to receive their vaccines for a longer period of time.

We know in some communities the age is much lower, so there's a lot of younger people and that's the case in many communities in and around Surrey. The population that's eligible for vaccine is now going down, so we should start to see those increasing quite dramatically.

And I think the really important thing is what you say, to watch the data move over time. So, where we've seen really good results in some of the communities where we've paid attention to it, and I know some of them are actually in Surrey, for example, where we've seen immunization rates go up really dramatically in the last few weeks as we've been paying more attention to it. As we've had the data, really, only since the middle of April.

So, that's really exciting and it's a way for every community to look at how they're doing compared to the population in their community, and it's a way for us to look at each other and support each other to go and get immunized and to keep our community safe, to know that we can each do our bit in our community to keep it safe.

The one other thing I will say about the data is that in smaller communities there's a lot of fluctuation. We saw that in places like Summerland, for example, where case rates went up really high, but this is just a small number of people because it's a relatively small community, and when people started paying attention to that, of course, it settled back down again.

So, there's lots of things in the data that qualify what it actually tells us, but I think these are really great things and going forward we will be able to look by community and see how we're doing and know that it makes a difference for each of us to get immunized in our community.

Did you want to say something about Surrey in particular?

Dix: Just to express my appreciation to the many gurdwaras, many mosques, other organizations in Surrey who are supporting the effort there. As you know by local health area, Surrey is more vaccinated than

average, but when you look at different neighbourhoods in Surrey, the level of immunization varies, but there has been an enormous effort and that effort is going to continue to grow. I remind everybody in Surrey -- because almost all of Surrey is in a community health service area, it's considered a hot spot -- that it's 18 and above. You register and you'll be invited to book very soon after you register. People can go as families. All the adults and families can go. It's critically important to register, though, because whether you're in Surrey or not, after the weekend everyone's going to be able to register and book their vaccination and in most of Surrey and all the hot spot communities in Surrey, you're going to register and then you're eligible to book right away.

So this is the time to register and I want to thank the huge effort in Surrey, across political lines, across community lines in many diverse communities that people are making to get people immunized. We can see the progress already and we just have to really keep going.

This week in BC, the week that started Monday, we've booked, I believe, in the neighbourhood of 330,000 appointments across British Columbia, and obviously many of those are focused in our hot spot areas. That shows the capacity and that's going to be a typical week from now on as we build and immunize more and more people.

So, it's really important right now. So a real opportunity to get registered today, get registered tomorrow, get registered as soon as possible and encourage anyone you know to get registered.

Reporter: Regarding up here, a little bit of a different situation. Obviously, Alberta ten kilometres away and Fort St John and Fort Nelson being added to the high case areas with Dawson Creek, and then even today, just North Peace numbers revealing more than a thousand cases and then South Peace almost a thousand, as well.

I was wondering either from the minister or Dr Henry if there's any special consideration being well, I guess considered for the north as far as travel or stopping transmission or anything related to that just because of the proximity to Alberta?

Henry: And we know that it's been something we've been discussing with our colleagues in the north for a long time. We know that there are lots of reasons people travel back and forth, particularly in the North Peace and the Peace region, and it is challenging. We know that a lot of it is work travel.

So, we've done a concerted effort working with some of the large industrial camps and mines around those areas to immunize workers, particularly the rotational workers who are coming through, to try and reduce those risks. We saw a lot of that prior to Christmas and there was a lot of outbreaks. A very challenging time, so we've been working with a lot of the businesses in the north to try and reduce the risk, build back up slowly, and that's been effective. It's working.

But I also want to say, and we've been targeting a number of the communities for increased vaccine, increased immunization clinics, and we are hearing that there are some people in many communities who are reluctant in Fort St John. There is challenges in people wanting to be immunized.

So, I would say everybody needs to reach out and talk to their neighbours, talk to their friends. You can see the issues that we're dealing with and we all need to be immunized now. There's vaccine available for everybody. Northern Health is making it available in communities through a variety of different ways and right now it's really important in those communities, too.

Dix: Just with respect to the Peace, I want to express my appreciation Mayor (Lori) Ackerman, Mayor (Dale) Bumstead and the two large communities and community leaders across the region. If you look along the Alberta border a number of weeks ago, we saw relatively low immunization rates and those are going up. We made a major effort a few weeks ago in Dawson Creek related to transmission in that community, but also as you go further down the border, further south along the border in the Golden local health area, in the Windermere local health area, the Columbia Valley and obviously in Revelstoke and we see the effect of that over a period of weeks.

So, I want to express my appreciation to everyone, including my MLA colleagues, Mike Bernier, Dan Davies, who have been working on this effort and convincing people both to get immunized and we've seen a very positive response, I think, in the last week in Fort St John. We've already seen a positive response in Dawson Creek and we hope that that continues. It's important for people in those communities to get immunized, in hot spot communities across BC to do so, and we see when it happens. We've seen it in the

Columbia Valley. We've seen it in Revelstoke. We're seeing it in Golden. Seeing it in Dawson Creek. We'll see it in Fort St John.

Get registered and get immunized.

Reporter: A couple specific, or certainly less umbrella incidents up here. One was just over the past weekend, being Mother's Day, I can think of many people that are going through custody and all kinds of court issues, whether they're custody-related or not.

I'm a single father who, going into Mother's Day, does the exchange and then proceeds to watch the mother of the children literally drive to Alberta, go around the Mile Zero roundabout and head off into Spirit River, Rycroft, up to Hines Creek area, which is obviously nowhere near the area.

The other example in the North Peace, I can think of the Prespatou church gathering where the RCMP put out a release and clearly, to use an old-school term, turned dime on Bell Media, who tipped them off. I was just wondering when it relates to, again, attempting to stop transmission, lowering risk and holding the line, how does, again, either the minister or public health and Dr Henry expect these numbers to go down when either, A, enforcement seems to be letting people know who does tip them off or, in some cases, again, it just seems to be a free-for-all as far as travel, regardless of what people think as far as what is safe and what isn't?

I guess, what do you say to people that are still continuing to break these things? How does it work for the general public when, again, colleagues like Mike Bernier are doing everything they can and yet transmission is still out and about, so to speak?

Henry: Absolutely. This is about human behaviour. We've known that from the beginning. There is a certain amount of enforcement that we can do. It is all about us. It's about us having that influence on those that we -- our family, our friends -- to ensure that they're doing their part, too.

We recognize that this virus is transmitted when people travel and when we're close to people. It can happen very quickly and it can spread very quickly. That's why it's important across the board for all of us to pay attention to these issues.

Yes, it can be very challenging and frustrating when we see small, one or two visible actions like that. Overall, we know that people are doing the right thing and we need to encourage and support people to be able to do the right thing. We all know what that is now. That is staying small, staying local, wearing masks when we're out in public. It also means now that we have ways of protecting both ourselves, our family and our community. That's where immunization is so important.

Reporter: Doctor Henry, 28 cases of the AstraZeneca-related blood clots have now been reported in Canada, including BC's second case that you just mentioned. All along, you said these instances are extremely rare and it's still safe. Is that number higher than you expected here? To those who are now considering a second dose of AstraZeneca, can you confirm that most of the VITT cases are after the first dose and not the second?

Henry: Once we identify something and we're looking for it, it's very clear that we tend to see more. In one way, we put out that word across Canada so it is important that people, if they have the symptoms, that they get assessed and treated. We've put the word out to clinicians as well. In some ways, that's a good thing. It's not above what could be expected, what we've seen in other places. It is an important safety signal.

We also have to put it in the context of what we're seeing in terms of cases and risk of COVID in our communities, too, which we know are affecting all ages of people, which we know are more likely to cause hospitalizations, severe injury, blood clots -- different types of blood clots but certainly we know especially young people are having severe disease with COVID-19.

The risk-benefit profile changes as cases start to come down and as more people are protected with immunization. That's something we've seen in the UK. We've seen it here as well. We also know, as you say, that so far, it appears the risk is much less with dose two.

If you are going to develop, as I mentioned earlier, what it seems to be that the vaccine or something related to the vaccine in some people triggers their immune response to develop antibodies to our own platelets. It's a similar phenomenon that we've seen with some people who receive the medication Heparin. It happens actually much more commonly with that medication, Heparin, which is used very frequently.

It's a very serious thing. Once you have antibodies to your platelets, they clump together. That can lead to very severe plugging of some of our important blood vessels. Yes, very challenging, very serious. It seems, though, that you're more likely to develop it the first time you're exposed to the vaccine.

We're watching very carefully. It could just be because we haven't given as many second doses. We have seen a few cases but it really is in the realm of one in a million right now, particularly in the UK. We're looking at that data, watching that very carefully.

I will say if we look at other countries who are using AstraZeneca quite widely, Germany right now is using it. It really is that risk-benefit on an individual level. Here in Canada, we have the benefit now of having other alternatives for people. There's no longer that wait that you need to have to receive the Pfizer and Moderna vaccines. Individuals can make that decision whether they want to receive AstraZeneca or the Pfizer/Moderna vaccines now.

We want to make sure, because we have those choices, that we're not receiving more of the AstraZeneca vaccine than people want to take. We know globally there's a need for immunization for protection in many other countries as well.

Reporter: If we could get an answer to both questions in French, that would be great. Is BC planning any immunization incentives? This is becoming more common in the US, where people are being offered things like free sports tickets with your vaccine. If hesitancy is a concern and you just talked about reluctance in some parts of the north, what is the province going to do about that to get us to herd immunity?

Henry: Right now, a lot of what we're hearing from people is still that they have questions. They're not sure that it's for them. Really, what we are hearing as we move more and more and it's more and more available to people, that acceptance -- people are getting their questions answered. That acceptance is going up.

We are working right now at the community level to help people understand the vaccine, what's available to them, make it accessible so there's no barriers for them being able to get the vaccine. That is where we're seeing good uptake across the board. We do need to work with community groups, with leaders in the community for those communities where vaccine is not as commonly accepted.

Right now, we're not considering incentives. That's something that is always in there. I more think that when we see how much benefit there is and how it can protect not just us but our families, our loved ones, people at home, people do recognize that that's a positive benefit. What do they use it -- a positive externality, as they say in the economics world. That does appeal to many of us.

I know many young people in my life tell me that they are going to be vaccinated also because they want to get their life back. That is an incentive for all of us. We can see how effective it is in other communities around the world. Some of the data I presented today, when we get enough people protected and we get our transmission down, that's when we can get back to those important things that we want in our life. We can't underestimate that as an incentive for all of us for getting through this pandemic.

Dix: And Tanya, there have been 272,537 doses of AstraZeneca administered in BC. Almost all of them, well over 99%, are first doses. We only received AstraZeneca 60 days ago or two months ago or so. They're all essentially first doses, with a few exceptions.

END TRANSCRIPT