Nova Scotia Weekly COVID-19 Epidemiologic Summary:
30 March 2022, 17:00

Office of the Chief Medical Officer of Health
Nova Scotia Department of Health and Wellness

Highlights:

- An additional 4,188 PCR positive results, 10 deaths, and 43 hospitalizations were reported this week (March 23-March 29).
- The number of PCR positive results have continued to increase over the past three weeks.
- About half of the PCR positive tests this week were confirmatory tests on individuals who tested positive on rapid antigen tests. These individuals would not have been eligible for a PCR test between December 27, 2021, and February 23, 2022.
- There was an increase in the number of hospitalizations due to COVID-19 this week (43) compared to last week (30).
- Deaths have been decreasing in the previous three weeks. There were 10 deaths reported this week and 13 reported last week.
- Individuals aged 65 years or older continue to have the highest rates of hospitalization and death.
- Vaccination continues to significantly reduce the risk of hospitalization and death.
- The percentage of COVID-19 cases that have been hospitalized are lower in Wave 5 (1.5%) compared to previous waves, particularly the first wave (5.3%) when vaccines were not yet available. The percentage of COVID-19 cases that resulted in death are also lower in Wave 5 (0.3%) compared the first wave (5.9%).
- For Wave 5, the case fatality rate (% who died) among long-term care residents (2.4%) has been substantially lower compared to all other waves, particularly the first wave (21.7%).
# Wave 5 COVID-19 Cases and Severe Outcomes – December 8, 2021 to present

## Table 1: PCR positive results, hospitalizations and deaths

<table>
<thead>
<tr>
<th></th>
<th>Wave 5 cumulative totals (December 8, 2021 - present)</th>
<th>Age range</th>
<th>Median age</th>
<th>Median LOS</th>
<th>Number reported in the previous week (March 16-March 22)</th>
<th>Number reported in the current week (March 23-March 29)</th>
<th>Change from last reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR positives</td>
<td>50,847</td>
<td>0 - 110</td>
<td>40</td>
<td>n/a</td>
<td>3453</td>
<td>4188</td>
<td>735</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>725</td>
<td>0 - 101</td>
<td>70</td>
<td>6.7 days</td>
<td>30</td>
<td>43</td>
<td>13</td>
</tr>
<tr>
<td>Deaths</td>
<td>143</td>
<td>10 - 100</td>
<td>79</td>
<td>n/a</td>
<td>13</td>
<td>10</td>
<td>-3</td>
</tr>
</tbody>
</table>

Data Sources: PCR positive results – Provincial Public Health Lab Network (PPHLN); hospitalizations – PPHLN, Meditech, STAR; deaths – Panorama

*Notes:*
- Laboratory tests are also referred to as PCR (polymerase chain reaction) tests
- LOS means length of stay
Figure 1. Number and seven-day moving average of PCR positive results by collection date (N=50,847)

Data source: PPHLN

*Notes:
- Laboratory tests are also referred to as PCR (polymerase chain reaction) tests
- RAT means rapid antigen test
- The three-day period presented in the red area should be interpreted with caution. PCR positive results during this timeframe may rise as labs continue to be processed
- Two changes to PCR eligibility were made during Wave 5: On December 27, 2021, PCR testing was limited to certain priority groups, including those at highest risk of severe disease, people living in long-term care, and health-care workers (outlined as groups 1-3 in the following link: https://www.nshealth.ca/coronavirustesting). On February 24, 2022, PCR testing eligibility was expanded to include confirmatory testing for anyone who tested positive on a rapid test (group 4 in the link above).
Figure 2: Number of COVID-19 cases and seven-day moving average of cases linked to open long-term care and residential care facility outbreaks (N=684)

Data source: Panorama

*Notes:
- Only open (ongoing) confirmed outbreaks are included
- A confirmed outbreak is defined as two or more lab-confirmed cases in residents and/or staff within a 14-day period AND an epidemiological link between cases AND at least one reported case could have acquired the infection in the facility
- Only facilities that are designated as long-term care congregate settings are included; it excludes residential care facilities and disability support program facilities with 12 or fewer residents
- Includes confirmed and probable cases entered into Panorama and linked to the outbreak
- Episode date is recorded as the date of symptom onset. If that information is unavailable, the following is used (in hierarchical order): specimen collection date, lab result date clinical diagnosis date
- The five-day period presented in the red area should be interpreted with caution. Case counts during this timeframe may rise as individuals are identified and tested; as tests are processed; as data is inputted into Panorama
Figure 3: Daily COVID-19 hospital admissions by unit type (N=910)

Data source: PPHLN, Meditech and STAR

*Note:
- The five-day period presented in the red area should be interpreted with caution. Case counts during this timeframe may rise as individuals are identified and tested and as tests are processed.
Figure 4: Seven-day moving average of new COVID-19 hospital admissions per 100,000 population by age group

Data source: PPHLN, Meditech and STAR

*Note:
- The five-day period presented in the red area should be interpreted with caution. Case counts during this timeframe may rise as individuals are identified and tested and as tests are processed
Figure 5: Seven-day moving average of new COVID-19 deaths per 100,000 population by age group

Data source: Panorama

*Note:
- The five-day period presented in the red area should be interpreted with caution. Case counts during this timeframe may rise as individuals are identified and tested and as tests are processed.
### Table 2: Age-adjusted hospitalization* and death rates by vaccine status

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Hospitalizations</th>
<th>Crude Hospitalizations per 100k Person-Years</th>
<th>Age-Adjusted Hospitalizations per 100k Person-Years</th>
<th>Hospitalization Risk Reduction (Relative to Unvaccinated/1 Dose)</th>
<th>Deaths</th>
<th>Crude Deaths per 100k Person-Years</th>
<th>Age-Adjusted Deaths per 100k Person-Years</th>
<th>Death Risk Reduction (Relative to Unvaccinated/1 Dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated/1 Dose</td>
<td>200</td>
<td>372.0</td>
<td>1088.4</td>
<td>N/A</td>
<td>38</td>
<td>70.7</td>
<td>237.8</td>
<td>N/A</td>
</tr>
<tr>
<td>2 Dose</td>
<td>283</td>
<td>173.5</td>
<td>189.9</td>
<td>82.6%</td>
<td>74</td>
<td>45.4</td>
<td>53.5</td>
<td>77.5%</td>
</tr>
<tr>
<td>3+ Dose</td>
<td>240</td>
<td>264.7</td>
<td>165.5</td>
<td>84.8%</td>
<td>31</td>
<td>34.2</td>
<td>18.9</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

Data source: Hospitalizations - PPHLN, Meditech and STAR; deaths - Panorama

Notes:
- Hospitalizations for individuals missing age are excluded from the analysis (counts, crude rates, age-adjusted rates, risk reduction)
- A person is considered unvaccinated when they have zero doses of any COVID-19 vaccine
- A person is considered to have one dose when they have a single dose of any vaccine OR are within 14 days of receiving a second dose of any COVID-19 vaccine
- A person is considered to have two doses 14 or more days after the second dose of any vaccine OR are within 14 days of receiving a third dose of any COVID-19 vaccine
- A person is considered to have three doses 14 or more days after a third dose of any COVID-19 vaccine
Community-based Rapid Testing – January 10, 2022 to present

Figure 6: Proportion of positive rapid antigen test results for some high priority populations, by week

Data source = High Priority Testing Stream

*Notes:
- Denominator is total number of tests distributed
- Includes Department of Community Services-funded homes and day programs, shelters and transition homes, long-term care facilities and home care, private group homes, and correctional facilities
Full pandemic descriptive summary – March 2020 to present

Table 3: Summary of confirmed and probable COVID-19 cases and outcomes, by wave

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of cases</td>
<td>1100</td>
<td>662</td>
<td>4167</td>
<td>3056</td>
<td>50,847</td>
</tr>
<tr>
<td>% Hospitalized (non-ICU + ICU)</td>
<td>5.3%</td>
<td>2.1%</td>
<td>6.3%</td>
<td>3.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>% Hospitalized ICU</td>
<td>1.4%</td>
<td>0.5%</td>
<td>1.8%</td>
<td>0.8%</td>
<td>0.1%</td>
</tr>
<tr>
<td>% Deceased</td>
<td>5.9%</td>
<td>0.2%</td>
<td>0.7%</td>
<td>0.6%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Data sources: Panorama (cases, hospitalizations, deaths in waves 1-4; deaths in wave 5), Provincial Public Health Laboratory Network (positive PCR tests in wave 5), Meditech and STAR (hospitalizations), Panorama (deaths)

Table 4: Number of COVID-19 cases and deaths among residents of long-term care facilities, by wave

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of long-term care resident COVID-19 cases</td>
<td>263</td>
<td>3</td>
<td>7</td>
<td>43</td>
<td>1062</td>
<td>1378</td>
</tr>
<tr>
<td>Number of long-term care resident COVID-19 deaths</td>
<td>57</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>27</td>
<td>89</td>
</tr>
<tr>
<td>Case Fatality Rate</td>
<td>21.7%</td>
<td>0.0%</td>
<td>14.3%</td>
<td>9.3%</td>
<td>2.5%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

Data Source: Panorama

*Notes:
- Case counts can increase or decrease depending on confirmatory testing of probable cases
- Case counts include confirmed and probable cases that were classified as LTC residents in Panorama. This does not include individuals attached to outbreaks in other congregate settings (i.e. assisted living, group homes, etc.).
Data Sources and Notes:

Panorama
- Data are valid to the day of the report at 07:00
- Data presented in this report contain the information available at the time of data extraction. It may be incomplete pending follow-up. As more information becomes available, it will be included in subsequent reports.

Provincial Public Health Laboratory Network
- Data are valid to the day of the report at 05:30.
- Data presented in this report contain the information available at the time of data extraction. It may be incomplete pending follow-up. As more information becomes available, it will be included in subsequent reports.

Meditech and STAR (Nova Scotia Health)
- Data are valid to the day of the report at 04:00
- Data are based on positive lab results and reflect patients with a valid health card number at the time of testing or admission
- Data presented in this report contain the information available at the time of data extraction. It may be incomplete pending follow-up. As more information becomes available, it will be included in subsequent reports
- Includes patients that are assumed to be admitted for COVID-related treatment based on inpatient location

High Priority Testing Stream
- Data are valid to the Sunday before the report at 11:59pm

COVID-19 Case Definitions