This is the 1st Affidavit of
Megan Patterson in this case and
was made on 08 February 2021

No. S210209
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

Between

ALAIN BEAUDOIN, BRENT SMITH, JOHN KOOPMAN, JOHN VAN MUYEN, RIVERSIDE CALVARY CHAPEL, IMMANUEL COVENANT REFORMED CHURCH and FREE REFORMED CHURCH OF CHILLIWACK, B.C.

Petitioners

and

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA and DR. BONNIE HENRY IN HER CAPACITY AS PROVINCIAL HEALTH OFFICER FOR THE PROVINCE OF BRITISH COLUMBIA

Respondents

AFFIDAVIT

I, Megan Patterson, Paralegal for the Legal Services Branch, Ministry of Attorney General, 1301 – 865 Hornby St., Vancouver, B.C., AFFIRM THAT:

1. I provide paralegal support to Emily Lapper, counsel for the respondents Her Majesty the Queen in right of the Province of British Columbia (the "Province") and Dr. Bonnie Henry, in her capacity as Provincial Health Officer, and as such have personal knowledge of the facts and matters hereinafter deposed except where stated to be made on information and belief, and where so stated, I believe the same to be true.

2. Attached and marked as **Exhibit "A"** is a true copy of an Order of the Provincial Health Officer, Gatherings and Events, made February 5, 2021 pursuant to Sections 30, 31, 32 and 39 (3) *Public Health Act*, S.B.C. 2008, available online at: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-gatherings-events.pdf.

3. Attached and marked as **Exhibit "B"** is a true copy of the COVID-19 Monthly Update from the Provincial Health Officer's February 5, 2021 press briefing, available online at the BC Centre for Disease Control's website at: http://www.bccdc.ca/Health-Info-Site/Documents/CovidBriefing_20210205.pdf.

4. Attached and marked as **Exhibit "C"** is a true copy of the transcript from the Provincial Health Officer's February 5, 2021 media briefing which was provided by Kirsten Youngs, Director of Health - COVID-19 Communications, for the Province.

5. Attached and marked as **Exhibit "D"** is a true copy of a letter dated February 3, 2021 from the petitioners' counsel, Paul Jaffe, to counsel for the respondents, Gareth Morley.

AFFIRMED BEFORE ME at)
Vancouver, British Columbia on)
8/February/2021.)

emily lapper)
A commissioner for taking)
affidavits for British Columbia)

MEGAN PATTERSON

Emily Lapper
Barrister and Solicitor, Legal Services Branch
Ministry of Attorney General
1301 - 865 Hornby Street
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COMMISSIONER FOR TAKING
AFFIDAVITS FOR BRITISH COLUMBIA

BRITISH COLUMBIA

ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32 and 39 (3) *Public Health Act*, S.B.C. 2008)

GATHERINGS AND EVENTS – February 5, 2021

The *Public Health Act* is at:
http://www.bclaws.ca/civix/content/complete/statreg/08028/?xsl=/templates/browse.xsl
(excerpts enclosed)

TO: RESIDENTS OF BRITISH COLUMBIA

TO: OPERATORS AND OCCUPANTS OF VACATION ACCOMMODATION

TO: OWNERS AND OCCUPANTS OF PRIVATE RESIDENCES

TO: OWNERS AND OPERATORS OF PLACES

TO: PERSONS WHO ORGANIZE EVENTS

TO: PERSONS WHO ATTEND EVENTS

TO: PERSONS WHO OWN, OPERATE OR ARE PASSENGERS IN PERIMETER SEATING VEHICLES OR PERIMETER SEATING BUSES

TO: MEDICAL HEALTH OFFICERS

WHEREAS:

1. On March 17, 2020 I provided notice under section 52 (2) of the *Public Health Act* that the transmission of the infectious agent SARS-CoV-2, which has caused cases and outbreaks of a serious communicable disease known as COVID-19 among the population of the Province of British Columbia, constitutes a regional event as defined in section 51 of the *Public Health Act*;

2. The SARS-CoV-2 virus, an infectious agent, can cause outbreaks of COVID-19;

3. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in direct contact through droplets in the air, or from fluid containing SARS-CoV-2 left on surfaces;

4. Social interactions and close contact between people are associated with significant increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;

5. Social interactions and close contact resulting from the gathering of people and events promotes the transmission of SARS-CoV-2 and increases the number of people who develop COVID-19 and become seriously ill;

6. With schools and post-secondary institutions operating and cool weather, people are interacting and spending time indoors, which increases the risk of the transmission of SARS-CoV-2 in the population and the number of people who develop COVID-19 and become seriously ill;

7. Gatherings and events in private residences and other places continue to pose a significant risk of promoting the transmission of SARS-CoV-2 and increase in the number of people who develop COVID-19 and become seriously ill;

8. Virus variants of concern are now present in Canada and the province, and have heightened the risk to the population if people gather together;

9. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population have on many aspects of life, and with this in mind continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm created by gatherings and events;

10. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, freedom of peaceful assembly and freedom of association. These freedoms, and the other rights protected by the *Charter*, are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society. These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and

freedoms of British Columbians less intrusively, where this is consistent with public health principles.

11. For certainty, this Order does not apply to the Executive Council, the Legislative Assembly; a council, board, or trust committee of a local authority as defined under the *Community Charter*, when holding a meeting or public hearing without members of the public attending in person; the distribution of food or other supplies to people in need; health or social services provided to people in need, such as warming centres; individual attendance at a place of worship for the purpose of prayer or quiet reflection; health care related events such as immunization clinics, COVID-19 testing centres and blood donation clinics; court sittings wherever they occur; workers at a workplace when engaged in their work activities; workers living at a work camp; students, teachers or instructors at a school operating under the *School Act* [RSBC 1996] Ch. 412, the *Independent School Act* [RSBC 1996] Ch. 216 or a First Nations School, or a post-secondary educational institution when engaged in educational activities; public pools and public skating rinks when not associated with an event; customers in a service business; a volunteer work party engaged in gardening, vegetation removal, trail building or a similar outside activity; the use of any place for local government, provincial or federal election purpose; or a rehabilitation or an exercise therapy program.

12. For further certainty, this Order applies to private residences, vacation accommodation and private clubs and organizations;

13. I have reason to believe and do believe that

    (i) the risk of an outbreak of COVID-19 among the public constitutes a health hazard under the *Public Health Act*;

    (ii) there continues to be an urgent need for focussed action to reduce the risk of the transmission of COVID-19 which extends beyond the authority of one or more medical health officers;

    (iii) coordinated action is needed to protect the public from the transmission of COVID-19;

    (iv) it is in the public interest for me to exercise the powers in sections 30, 31, 32 and 39 (3) of the *Public Health Act* **TO ORDER** as follows:

THIS ORDER

REPEALS AND REPLACES MY ORDER OF JANUARY 8, 2021 WITH RESPECT TO GATHERINGS AND EVENTS

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DEFINITIONS:

"affected area" means British Columbia;

"banquet hall" means a stand-alone premises built for the purpose of holding large social events, including banquets, generally involving many hundreds of people. It does not include the premises associated with a private club, hotel, house of worship, recreation centre, sports organization or other non- profit organization with a community, educational, historical, sports or similar purpose, or owned or operated or otherwise controlled by a government;

"critical service" means critical to preserving, life, health, public safety and basic societal functioning and includes health services, social services, police services, fire services, ambulance services, first responders, emergency responders and critical infrastructure service providers;

"distributed learning" has the same meaning as in the *School Act*;

"episodic market" includes farmers' markets and community markets;

"event" refers to an in-person gathering of people in any place whether private or public, inside or outside, organized or not, on a one-time, regular or irregular basis, including drive-ins and drive-throughs, such as to see a display or to drop off items; events; meetings and conferences; a gathering in vacation accommodation, a private residence, banquet hall or other place; a gathering of passengers; a party; a worship or other religious service, ceremony or celebration; a ceremony; a reception; a wedding; a baptism; a funeral; a celebration of life; a musical, theatrical or dance entertainment or performance; a live solo or band musical performance; a disc jockey performance; strip dancing; comedic act; art show; magic show; puppet show; fashion show; book signing; reading; recitation; display, including a seasonal light display; a movie; film; lecture; talk; educational presentation (except in a school or post-secondary educational institution); auction; fund raising benefit; contest; competition; quiz; game; rally; festival; presentation; demonstration; group sport; indoor group high intensity exercise; indoor group low intensity exercise; exhibition; market or fair, including a trade fair, agricultural fair, episodic market selling food for human consumption, seasonal fair or episodic indoor event that has as its primary purpose the sale of merchandise or services such as Christmas craft market, home show, antique fair and similar activities; and, for certainty, includes a gathering preceding or following another event;

"face covering" means either of the following that covers the nose and mouth of a person:

(a) a medical or non-medical mask;

(b) a tightly woven fabric;

"group high intensity exercise" means two or more individuals from different residences exercising together in a communal space at an intensity that results in significantly increased respiration rates following a set exercise routine, often with an instructor or facilitator, including hot yoga, spin, cardio classes, high intensity interval training, bootcamp, dance classes and dance fitness;

"group low intensity exercise" means two or more individuals from different residences exercising together in a communal space at an intensity that does not result in significantly increased respiration rates following a set exercise routine, often with an instructor or facilitator, including low intensity Barre classes, stretching, Tai-Chi, Pilates and, yoga;

"group sport" means a sporting activity involving more than one person and includes training and practice for an individual or a team sport, but does not include sport for children or youth, varsity sport or high-performance athlete sport;

"high- performance athlete" means a person who is identified by the Canadian Sport Institute Pacific as a high-performance athlete affiliated with an accredited provincial or national sports organization;

"home club" means the sport organization, club or facility with, or at which, a person is registered for ongoing sport programming;

"home education" means the type of program provided for in Part 2, Division 4 of the *School Act;*

"occupant" means an individual who occupies vacation accommodation or resides in a private residence;

"organizer" means the person responsible for organizing an event and the person who acts as host at an event;

"owner" includes an occupier, operator or person otherwise responsible for a place;

"passenger" means a person in a perimeter seating vehicle or a perimeter seating bus, other than the driver or a mechanic;

"patron" means a person, including a child or youth, who attends or is a participant in an event, including a passenger, an occupant, a person other than an occupant who is present in a private residence or vacation accommodation, a teacher at an event, a leader or presenter at a meeting, an officiant at a wedding, baptism or funeral, customers of a retail business, members of the public present at a market, participants in sport or exercise, spectators at programs for children and youth, spectators at sport or exercise, volunteers at an event, vendors, exhibitors, performers and presenters, but does not include a person who organizes or hosts a gathering, event staff or staff in a place subject to the *Food and Liquor Serving Premises* order;

"perimeter seating" and **"perimeter seating bus"** have the same meaning as in the Passenger Transportation Regulation made under the *Passenger Transportation Act* [SBC2004] Ch. 39;

"physical barrier" means a barrier which is designed, installed and maintained in accordance with WorkSafeBC guidelines at https://www.worksafebc.com/en/resources/health-safety/information-sheets/covid-19-health-safety-designing-effective-barriers?lang=en;

"a place" includes areas both inside and outside, an area open to the public and an area not open to the public, a banquet hall, private residence, vacation accommodation, a perimeter seating vehicle or a perimeter seating bus;

"private residence" includes areas both inside and outside;

"program for children or youth" means a structured educational program, including home education or distributed learning, music, art, drama, dance, recreational, exercise, or social activity supervised by an adult and provided for persons under 22 years of age, but does not include a performance, recital or demonstration;

"post-secondary institution" includes an entity that provides any of the following programs:

(a) an educational or training program provided under

(i) the *College and Institute Act*,
(ii) the *Royal Roads University Act*,
(iii) the *Thompson Rivers University Act*,
(iv) the *University Act*, or
(v) the *Private Training Act*;

(b) a program provided in accordance with a consent given under the *Degree Authorization Act*;

(c) a theological education or training program provided under an Act;

"retail business" means a business that sells retail goods, including a grocery store, clothing store, sporting good store or liquor or cannabis store and includes a department store and the common areas in a mall;

"sport for children or youth" means an activity which is delivered by a provincial sport organization or a local sport organization and may include participants who are under 22 years of age, but does not include varsity sports;

"support group" means a group of people who provide support to one another with respect to grief, disability, substance use, addiction or another psychological, mental or physical health condition;

"transport" means for the purpose of conveying a passenger, but does not include conveying a passenger:

a. to and from an event, except conveying a worker for the purpose of working at an event;

b. for the purpose of social interaction or another type of event in a perimeter seating vehicle or a perimeter seating bus; or

c. from a place which is subject to the *Food and Liquor Serving Premises Order*;

"unencumbered space" means an area without items in it such as display units, tables, cabinets, shelves, counters, fridges or freezers;

"unencumbered and usable space" means an area suitable for exercising in without anything in it other than exercise equipment, exercise mats or other exercise related objects;

"vacation accommodation" means a house, townhouse, cottage, cabin, apartment, condominium, mobile home, recreational vehicle, hotel suite, tent, yurt, houseboat or any other type of living accommodation, and any associated deck, garden or yard, that is not the occupant's primary residence;

"varsity sport" means a sport for which the eligibility requirements for participation are established by a national association for the regulation of intercollegiate athletics, or which is designated as a varsity sport program by a post-secondary institution, and includes fitness training, sport training, practice and competition;

"vehicle" means a motorized fully enclosed means of transportation designed to hold a driver and passengers and meant to be driven on the highway;

"vendor" means a person who sells a product or service at an episodic market and includes the staff of a vendor.

A. PRIVATE RESIDENCES AND VACATION ACCOMMODATION

1. No person may host an event at a private residence or vacation accommodation where there is a person present who is not an occupant, except as provided for in sections 2, 5, 6 and 7.

2. A person who is not an occupant may be present at a private residence or vacation accommodation for the purpose of
    a. an occupant's work,
    b. being provided with care by an occupant,
    c. a visit by a minor child of an occupant with whom the minor child does not reside on a regular basis,

d. providing assistance, care or services, including care to a child who is an occupant or an adult who is an occupant who requires care, health care, personal care or grooming services,
e. providing educational programming or tutoring to an occupant,
f. providing music lessons to an occupant,
g. providing religious services to an occupant
h. providing legal or financial services to an occupant,
i. emergency services,
j. housekeeping and window washing,
k. gardening and landscape services,
l. maintenance,
m. repairs,
n. renovations,
o. moving services,
p. or another purpose that is not social in nature.

3. No person who is not an occupant may be present at a private residence or vacation accommodation, except as provided for in sections 2, 5, 6 and 7.

4. No occupant may be present at an event in a private residence or vacation accommodation if there is any person present who is not an occupant, except as provided for in sections 2, 5, 6 and 7.

5. Despite sections 1, 3, and 4 an occupant who lives on their own may have up to two other persons who are not occupants present at the occupant's private residence or vacation accommodation for a social purpose, if the other persons are individuals with whom the occupant regularly interacts.

6. Despite sections 1, 3 and 4, if the two persons referred to in section 5 regularly interact with one another, as well as with the occupant, they may be present for social purposes at the same time in the private residence or vacation accommodation of the occupant.

7. Despite sections 1, 3 and 4, a person who lives on their own may be present for social purposes at one private residence or vacation accommodation with more than one occupant, if the person regularly interacts with the occupants of the private residence or vacation accommodation.

B. EVENTS

1. No person may permit a place to be used for an event except as provided for in this Order.

2. For certainty, no person may permit a place that is subject to the *Food and Liquor Serving Premises Order* to be used for an event, including private events, except as provided for in this Order.

3. No person may organize or host an event except as provided for in this Order.

4. No person may be present at an event except as provided for in this Order.

C. SUPPORT GROUP MEETINGS, CRITICAL SERVICE MEETINGS, MEALS PROVIDED FOR PEOPLE IN NEED, WEDDINGS, BAPTISMS, FUNERALS AND JEWISH DIVORCE COURT PROCEEDINGS, PROGRAMS FOR CHILDREN AND YOUTH, OCCUPATIONAL TRAINING

1. Subject to the provisions of this Part, a person may permit a place, other than a private residence or vacation accommodation, to be used for, or may organize or host:
    a. a support group meeting;
    b. a critical service meeting which cannot be held at the workplace or provided virtually;
    c. a meal provided without charge to people in need;
    d. a wedding, baptism, funeral or Jewish divorce court proceeding;
    e. a program for children or youth;
    f. occupational training which cannot be provided virtually.

2. An owner or organizer must not permit more than fifty patrons to be present at a support group meeting, a critical service meeting, a meal provided without charge to people in need, a program for children or youth or occupational training, or more than ten patrons to be present at a wedding, baptism, funeral, or Jewish divorce court proceeding.

3. A patron must not be present at a support group meeting, a critical service meeting, a program for children or youth or occupational training at which there are more than fifty patrons, or at a wedding, baptism, funeral or Jewish divorce court proceeding at which there are more than ten patrons.

4. In this **and the following sections up to and including section 15**

"event" means a support group meeting, a critical service meeting, a meal provided without charge to people in need, a wedding, a baptism, a funeral, a Jewish divorce court proceeding, a program for children or youth or occupational training;

An event may only proceed if the following conditions are met:

a. there is a COVID-19 safety plan;

b. there is an organizer;

c. access to the event is controlled;

d. there is sufficient space available to permit the patrons to maintain a distance of two metres from one another;

e. the patrons maintain a distance of two metres from one another when standing or sitting, unless they reside together;

f. measures are put in place to prevent the congregation of patrons outside the place,

g. the place is assessed for areas where patrons may congregate, and measures are put in place to avoid congregation;

h. physical devices, markers or other methods are used to guide and assist patrons in maintaining a distance of two metres from other patrons, if they are not seated;

i. if there are tables provided for the use of patrons, no more than six patrons are seated at a table, even if they reside together, and there are at least two metres between the backs of the chairs at one table and the backs of the chairs at another table, unless the chairs are separated by a physical barrier;

j. if there is a leader, presenter, officiant. reader or musician, there is a physical barrier between them and other patrons which blocks the transmission of droplets, or there is at least a three metre separation between them and the patrons;

k. if there is a self-serve food or drink station,

   i. hand washing facilities or alcohol-based sanitizers are within easy reach of the station;

   ii. signs reminding patrons to wash or sanitize their hands before touching self-serve food, drink or other items, and to maintain a two metre distance from other patrons, are posted at the self-serve station; and

   iii. high touch surfaces at the station, and utensils that are used for self- serve, are frequently cleaned and sanitized;

l. hand sanitation supplies are readily available to patrons;

m. washroom facilities with running water, soap and paper towels for hand washing and drying purposes, or hand sanitation supplies, are available;

n. no person is present as a spectator at a program for children or youth, unless the presence of the person is necessary in order to provide care to a child or youth who is a participant in the program for children or youth.

5. No person may be present as a spectator at a program for children or youth, unless the presence of the person is necessary in order to provide care to a child or youth who is a participant in the program for children or youth.

6. Subject to the maximum numbers in section 2, the owner of a place in which an event is to be held must calculate the maximum number of patrons who can be accommodated safely during the event taking into consideration the requirements of this Part, and must document this number in the COVID-19 safety plan.

7. The organizer must monitor the number of patrons present and ensure that the number of patrons present does not exceed the maximum number documented in the COVID-19 safety plan.

8. If an event is in a part of a place which is completely separated from the rest of the place, and which has its own entrance and washrooms, there may be additional patrons present in other parts of the place who are not attending the event, if the total number of patrons present in the place does not exceed the maximum number of patrons permitted to be present in the place under the COVID-19 safety plan. Patrons attending an event in part of a place must not have contact with patrons in another part of the place who are not attending the event.

9. If there are one or more separate premises in a place, there may be an event in each of the premises, as long as

   a. patrons attending an event do not have contact with patrons attending an event in other premises in the place, or with individuals who are in the place but not in the premises in which the event is being held;

   b. there is a separate entrance to each of the premises in which an event is being held; and

   c. there are separate washrooms for each of the premises.

10. During an event, a patron who leaves the place in which an event is being held must not be replaced by another patron.

11. Following an event, and during an appropriate interval of time before another event commences, an owner must ensure that:

a. the place is cleaned, sanitized and ventilated while there are no patrons present;

b. there is a sufficient period of time between events to permit a place to be cleaned, sanitized and ventilated without any patrons being present, and patrons leaving one event, do not have contact with patrons arriving for a subsequent event.

12. Patrons must disperse immediately after an event and must not congregate with patrons who are leaving the event or arriving for a subsequent event.

13. The organizer must ensure that the COVID-19 safety plan is complied with and that the conditions and requirements in sections 2, 4, 7, 8, 9, 10, 12, 14, 16 and 17 are met.

14. The organizer must

a. collect the first and last names and telephone number, or email address, of every patron who attends an event;

b. retain this information for thirty days, in case there is a need for contact tracing on the part of the medical health officer, in which case the information must be provided to the medical health officer; and

c. destroy the information after thirty days.

15. If the organizer is not the owner of the place in which the event is held, the owner must be satisfied that the organizer is aware of the conditions and requirements in sections 2, 4, 7, 8, 9, 10, 12, 14, 16 and 17 and has the capacity to fulfill them.

16. Patrons must not congregate and must comply with

a. the limitation on the number of patrons permitted in a place at the event which they are attending;

b. the distancing and other requirements in sections 4 (e) and (i), and section 12; and

c. a request to provide the information required in section 14.

17. For certainty, no person may permit a place to be used for, or organize or host, a reception or gathering, before or after a wedding, baptism, funeral or Jewish divorce court proceeding, unless the people present all reside in the same private residence.

18. For certainty, no person may attend a reception or informal gathering at any place, either before or after a wedding, baptism, funeral or Jewish divorce court proceeding, unless the people present all reside in the same private residence.

D. SPORT FOR CHILDREN OR YOUTH

1. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, or may participate in sport for children or youth, if the following conditions are met:

    a. participants maintain a physical distance of three metres from one another and do not engage in handshaking, high fives, hugging or similar behaviour;

    b. the focus is on activities that have a low risk of COVID-19 virus transmission;

    c. no person is present as a spectator, unless the presence of the person is necessary in order to provide care to a child or youth who is a participant.

2. No person may permit a place to be used for, may provide, or may participate in sport for children or youth, unless the conditions in section 1 are met.

3. No person may be present as a spectator at sport for children or youth, unless the presence of the person is necessary in order to provide care to a participant.

E. VARSITY SPORT

1. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, or may participate in varsity sport, if the following conditions are met:

    a. the participants are members of a varsity sport team;

    b. participants maintain a physical distance of three metres from one another when engaged in sport and do not engage in handshaking, high fives, hugging or similar behaviour;

    c. the focus is on activities that have a low risk of COVID-19 virus transmission;

    d. no person is present as a spectator, unless the presence of the person is necessary in order to provide care to a participant;

    e. a participant only trains or practices with

i. the post-secondary institution with which the participant is enrolled, or

ii. with respect to which the participant is a confirmed recruit, as permitted by and in accordance with the requirements of the body which governs the varsity sport.

2. No person may permit a place be used for, or may provide, or may participate in varsity sport, unless the conditions in section 1 are met.

3. No person may be present as a spectator at varsity sport, unless the presence of the person is necessary in order to provide care to a participant.

F. GROUP SPORT

1. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, or may participate in group sport, if the following conditions are met:

   a. if the group sport is indoors, only two persons participate;

   b. if the group sport is outdoors, only four persons participate;

   c. the participants maintain a distance of three metres from one another while engaged in the group sport, unless the participants reside in the same private residence;

   d. there are no spectators, unless the presence of a spectator is necessary in order to provide care to a participant

2. No person may permit a place be used for, or may provide, or may participate in group sport, unless the conditions in section 1 are met.

3. No person may be present as a spectator at group sport, unless the presence of the person is necessary in order to provide care to a participant.

G. TRAVEL FOR SPORT

1. No person may travel for children and youth sport or group sport, including for training, practice, games or tournaments.

2. Section 1 does not apply to travel by a person to the person's home club sports facility at which the person regularly trains or practices.

H. HIGH- PERFORMANCE ATHLETES

1. Parts D, E, F and G do not apply to high-performance athletes.

2. A person who is a high-performance athlete who is already training in British Columbia may train, practice, compete and travel for that purpose if the person follows the COVID-19 safety protocols of the provincial or national sports organization with which the person is affiliated.

I. EXERCISE

1. No person may permit a place to be used for, or may provide, or participate in indoor group high intensity exercise.

2. No person may participate in indoor group high intensity exercise in any place.

3. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, or may participate in indoor group low intensity exercise, if the following conditions are met:

    a. the provider has developed a COVID-19 safety plan in accordance with the guidelines for group low intensity exercise at https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-public-health-guidelines-low-intensity-exercise.pdf

    b. the COVID-19 safety plan has been posted in a place easily visible to participants;

    c. the owner of the place in which the indoor group low intensity exercise is to take place, or the provider of the indoor group low intensity exercise, has determined how many participants may be accommodated safely in the space where the indoor low intensity exercise is to be provided, based on 7 square metres of unencumbered usable floor space being available for each participant and staff person who will be present, and this number has been recorded in the COVID-19 safety plan;

    d. despite subsection c., no more than 25 participants and staff members are present in any exercise class or room where indoor group low intensity exercise is provided;

    e. a participant must register to participate in advance;

f. a provider must not permit participants who have not registered in advance to participate;

g. a participant must maintain a distance of 2.5 metres from every other participant when exercising;

h. a participant must maintain a distance of 2 metres from every other participant and staff member while not exercising;

i. the provider must ensure that there are at least 10 minutes between indoor group low intensity exercise sessions when there are no participants in the place;

j. a participant must leave the facility as soon as the participant has finished exercising;

k. participants must not congregate inside or outside the place;

l. the provider, or the provider's staff, supervises participants to ensure that the participants

   i. comply with distancing requirements;

   ii. do not congregate inside or outside the place; and

   iii. leave as soon as they have finished exercising;

m. no person is present as a spectator, unless the presence of the person is necessary in order to provide care to a participant

4. No person may permit a place to be used for, or may provide or participate in indoor group low intensity exercise, unless the conditions in section 3 are met.

5. No person may be present as a spectator at indoor group low intensity exercise, unless the presence of the person is necessary in order to provide care to a participant.

6. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, or may participate in outdoor group exercise, if the following conditions are met:

a. the participants maintain a distance of 2 metres from other participants when exercising, and

b. the participants do not congregate with other participants either before or after exercising.

c. no person is present as a spectator, unless the presence of the person is necessary in order to provide care to a participant.

7. A person who participates in outdoor group exercise must

a. maintain a distance of 2 metres from other participants, and

b. not congregate with other participants before or after exercising.

8. No person may permit a place to be used for, may provide or may participate in outdoor group exercise, unless the conditions in sections 6 or 7 are met.

9. No person may be present as a spectator at outdoor group exercise, unless the presence of the person is necessary in order to provide care to a participant.

J. DRIVE-THROUGH AND DRIVE-IN EVENTS

1. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, a drive-through event to view a seasonal light or similar display or to drop off or pick up items such as food, toys or books, if the following conditions are met:

a. traffic moves in one direction;

b. the entrance and exit are clearly marked and controlled;

c. patrons stay in their vehicles except to drop off or pick up items and return to their vehicles without delay;

d. patrons, staff and volunteers maintain a two metre distance from one another or physical barriers are in place;

e. patrons do not congregate together in one spot;

f. the organizer monitors the actions of patrons to ensure that

i. they only leave their vehicles to drop off items;

ii. they return to their vehicles immediately after dropping off items; and

iii. they comply with the physical distancing requirement when out of their vehicles.

2. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may provide, a drive-in event, if the following conditions are met:

a. patrons only attend in a vehicle;

b. no more than fifty vehicles are present at the drive in;

c. patrons remain in their vehicles except to use washroom facilities, and when outside their vehicles for this purpose they maintain a distance of two metres from other patrons and staff;

d. the entrance and exit to the drive-in are clearly marked and controlled and traffic moves in only one direction;

e. no food or drink is sold;

f. the organizer monitors the actions of patrons to ensure that

i. they remain in their vehicles except to use washroom facilities; and

ii. comply with the physical distancing requirement if outside their vehicle;

g. the organizer

i. collects the first and last name and telephone number or email address of every driver of a vehicle who attends an event;

ii. retains this information for thirty days, in case there is a need for contact tracing on the part of the medical health officer, in

which case the information must be provided to the medical health officer; and

iii. destroys the information after thirty days.

3. No person may permit a place to be used for, or provide, or be a patron at a drive-through or drive -in event unless the conditions in this Part are met.

K. PERIMETER SEATING VEHICLES AND PERIMETER SEATING BUSES

In this Part

"accommodated safely" means that each passenger is seated at least two metres away from every other passenger, except another passenger with whom the passenger resides in the same private residence.

1. No person may operate, or permit to be operated, a perimeter seating vehicle or a perimeter seating bus in the affected area between the hours of 11:00 PM and 6:00 AM, except for the purpose of maintenance, fueling or a related purpose.

2. No person may operate, or permit to be operated, a perimeter seating vehicle or a perimeter seating bus in the affected area between the hours of 6:00 AM and 11:00 PM

    a. for a purpose other than

        i. maintenance, fueling or a related purpose; or

        ii. transport; or

    b. with more passengers than can be accommodated safely

3. No person may be a passenger between the hours of 11:00 PM and 6:00 AM.

4. No person may be a passenger between the hours of 6:00 AM and 11:00 PM

    a. for a purpose other than transport; or

    b. if there are more passengers than can be accommodated safely.

L. RETAIL BUSINESSES

1. A person may permit a place other than a residence or vacation accommodation to be used for a retail business to which the public has access, and a person may be present in a retail business, if the following conditions are met:

    a. The owner must calculate the maximum number of patrons who can be accommodated safely in the part of the place to which the public has access, based on allowing five square metres of unencumbered space for each person, including patrons and staff members, and must document this number in the COVID-19 safety plan;

    b. Despite section 1. a., if the part of the place to which the public has access consists of less than five square metres of unencumbered space, the maximum number of patrons who can be accommodated safely is one, and the owner must document this number in the COVID-19 safety plan;

    c. The owner must ensure that the number of patrons present does not exceed the maximum number who can be accommodated safely in the part of the place to which the public has access, as documented in the COVID-19 safety plan;

    d. A person must not enter a retail business if advised by the owner or a staff member that the person cannot be safely accommodated;

    e. A patron must leave a retail business if requested to do so by the owner or a staff member, on the basis that the person cannot be safely accommodated;

    f. An owner must take measures, where practical, such as the placement of two metre distance indicators and the posting or erection of signs, to guide patrons who are waiting to enter a retail business, or waiting for any other purpose inside a retail business, in maintaining a two metre distance from other patrons in order to prevent the congregation of patrons in one spot;

    g. Where practical, an owner must clearly mark entrances and exits and use one- way signage or arrows on the floor to guide patrons in moving in one direction;

    h. Where practical, an owner must post or erect signs advising patrons to move in one direction, keep moving, maintain a distance of two metres from other patrons, avoid congregation, and avoid congestion at the end of aisles; and

    i. An owner must make hand sanitation options readily available for patrons.

2. A person must not permit a place to be used, or use a place for, a retail business unless the conditions in this Part are met.

3. No person may be present as a patron in a retail business, unless the conditions in this Part are met.

M. EPISODIC MARKETS

1. A person may permit a place, other than a private residence or vacation accommodation, to be used for, or may manage, an episodic market, subject to the conditions in this part.

2. The owner of a place at which an indoor episodic market is to be held must calculate the maximum number of patrons who can be accommodated safely, based upon allowing five square metres of unencumbered space for each patron and vendor, and must document this number in the COVID-19 safety plan.

3. A person must not enter an indoor episodic market if advised by the owner, manager or a staff member that the person cannot be accommodated safely.

4. A person must leave an indoor episodic market if advised by the owner, manager or a staff member that the person cannot be accommodated safely.

5. A manager must

    a. monitor the number of patrons present at an indoor episodic market and ensure that the number of patrons present does not exceed the maximum number documented in the COVID-19 safety plan;

    b. take measures, such as the placement of two metre distance indicators and the posting or erection of signs, or the use of arrows or markers on the floor, to guide patrons who are waiting to enter an episodic market in maintaining a two metre distance from other patrons, in order to prevent the congregation of patrons in one spot;

    c. arrange the placement of vendors at an episodic market in such a way as to facilitate the movement of patrons in one direction;

    d. post or erect signs advising patrons to move in one direction, keep moving, maintain a distance of two metres from other patrons and not congregate in one spot;

    e. either ensure that there is a distance of two metres between vendors and patrons, or install physical barriers between vendors and patrons which block the

transmission of droplets, or, if neither of the foregoing is practical, require vendors to wear a face covering;

f. take measures, such as the placement of two metre distance indicators or the posting or erection of signs, or the use of arrows or markers on the floor, to guide patrons in maintaining a two metre distance from other patrons in places where line-ups may occur, such as washrooms.

g. place hand sanitation supplies in spots that are readily available to patrons and post or erect signs reminding patrons to regularly wash their hands or use hand sanitizer;

h. provide washroom facilities with running water, soap and paper towels for hand washing and drying purposes, or hand sanitation supplies;

i. if there are picnic tables, or tables with chairs, arrange the picnic tables, or the tables and chairs, so that there are two metres between the patrons seated at one table and the patrons seated at another table;

j. post or erect signs advising that there must be no more than six patrons seated at a table;

k. ensure that each day a vendor participates in an episodic market the vendor has carried out a health check and confirmed with the manager that the vendor has passed the health check;

l. if a manager is not satisfied that a vendor has carried out and passed the daily health check, the manager must not permit the vendor to be present at the episodic market;

m. not permit a product other than food for human consumption to be sold at an episodic market;

n. not permit a service to be sold at an episodic market.

6. If the manager is not the owner of the place at which an episodic market is held, the owner must be satisfied that the manager is aware of the requirements in the COVID-19 safety plan and section 5 and has the capacity to fulfill them.

7. A vendor must not sell a product that is not food for human consumption.

8. A vendor must not sell a service.

9. A vendor must do a health check before being present at an episodic market and must confirm with the manager that the vendor has passed the daily health check.

10. A vendor who has not done a health check, or not confirmed with the manager that the vendor has passed a health check, or who has not passed a health check, must not be present at an episodic market.

11. A vendor must either ensure that there is a distance of two metres between the vendor and patrons, or that there is a physical barrier between the vendor and patrons which blocks the transmission of droplets, or, if this is not practical, wear a face covering.

12. A vendor who sells food for human consumption must comply with the following requirements:

    a. not provide samples of food for tasting; and

    b. only sell food prepared at an episodic market in single-use, closed, take-out containers.

13. A vendor who is a manufacturer of liquor with an on-site retail endorsement on their liquor licence, must comply with the following requirements:

    a. not provide samples of products for tasting; and

    b. only sell products in sealed retail containers, such as bottles, cartons, boxes and cans.

14. Despite section 5 (e) and section 11, a vendor is not required to wear a face covering if any of the following applies:

    a. the vendor is unable to put on or remove a face covering without the assistance of another person;

    b. the vendor is unable to wear a face covering because of

        i. a psychological, behavioural or health condition, or

        ii. a physical, cognitive or mental impairment;

    c. the face covering is removed temporarily for the purpose of identifying the vendor;

d. the face covering is removed temporarily to communicate with a person who is hearing impaired;

e. the vendor is eating or drinking and is not involved in a transaction with a patron.

15. A patron must

a. comply with signs, directions or measures intended to promote physical distancing and to prevent congregation;

b. not sit at a table with more than 5 other patrons.

16. No person may permit a place to be used for, or use a place for, or be a patron at, an episodic market unless the conditions in this Part are met.

N. RELATED MEDICAL HEALTH OFFICERS ORDERS

Recognizing that the risk differs in different regions of the province and that medical health officers are in the best position to assess local circumstances and to determine whether additional or more restrictive steps need to be taken to reduce the risk of the transmission of COVID-19, **I FURTHER ORDER**:

1. A medical health officer may issue an order further to this Order for the purpose of having the provisions of the order incorporated into this Order. Such an order may add further prohibitions, or impose more restrictive limitations or conditions in the whole or part of the geographic area of the province for which the medical health officer is designated and, subject to section 2, the provisions of the order are incorporated into this Order when posted on my website. For certainty, a contravention of an order of a medical health officer issued further to this Order and posted on my website is a contravention of this Order.

2. While it is in force, a provision in an order made by a medical health officer further to this Order and posted on my website, which adds further prohibitions or imposes more restrictive limitations or requirements than this Order, applies in the whole or part of the geographic area of the province for which the medical health officer is designated, despite the provisions of this Order.

This Order does not have an expiration date.

You are required under section 42 of the *Public Health Act* to comply with this Order. Failure to comply with this Order is an offence under section 99 (1) (k) of the *Public Health Act*.

Under section 43 of the *Public Health Act,* you may request me to reconsider this Order if you:

1. Have additional relevant information that was not reasonably available to me when this Order was issued,

2. Have a proposal that was not presented to me when this Order was issued but, if implemented, would

    (a) meet the objective of the order, and

    (b) be suitable as the basis of a written agreement under section 38 [may make written agreements]

3. Require more time to comply with the order.

Under section 43 (6) an Order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.

If you fail to comply with this Order, I have the authority to take enforcement action against you under Part 4, Division 6 of the *Public Health Act*.

You may contact me at:

Dr. Bonnie Henry, Provincial Health Officer
4th Floor, 1515 Blanshard Street
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
Fax: (250) 952-1570
Email: ProvHlthOffice@gov.bc.ca

DATED THIS: 5th day of February 2021

SIGNED:

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

DELIVERY BY: Posting to the BC Government the BC Centre for Disease Control websites.

Enclosure: Excerpts of the *Public Health Act*.

ENCLOSURE

Excerpts of the *Public Health Act* [SBC 2008] c. 28

Definitions

1 In this Act:

"health hazard" means

(a) a condition, a thing or an activity that

(i) endangers, or is likely to endanger, public health, or

(ii) interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or

(b) a prescribed condition, thing or activity, including a prescribed condition, thing or activity that

(i) is associated with injury or illness, or

(ii) fails to meet a prescribed standard in relation to health, injury or illness;

When orders respecting health hazards and contraventions may be made

30 (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

(a) a health hazard exists,

(b) a condition, a thing or an activity presents a significant risk of causing a health hazard,

(c) a person has contravened a provision of the Act or a regulation made under it, or

(d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

General powers respecting health hazards and contraventions

31 (1) If the circumstances described in section 30 *[when orders respecting health hazards and contraventions may be made]* apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

(a) to determine whether a health hazard exists;

(b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;

(c) to bring the person into compliance with the Act or a regulation made under it;

(d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

(2) A health officer may issue an order under subsection (1) to any of the following persons:

(a) a person whose action or omission

(i) is causing or has caused a health hazard, or

(ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;

(b) a person who has custody or control of a thing, or control of a condition, that

(i) is a health hazard or is causing or has caused a health hazard, or

(ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;

(c) the owner or occupier of a place where

(i) a health hazard is located, or

(ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

Specific powers respecting health hazards and contraventions

32 (1) An order may be made under this section only

(a) if the circumstances described in section 30 *[when orders respecting health hazards and contraventions may be made]* apply, and

(b) for the purposes set out in section 31 (1) *[general powers respecting health hazards and contraventions]*.

(2) Without limiting section 31, a health officer may order a person to do one or more of the following:

(a) have a thing examined, disinfected, decontaminated, altered or destroyed, including

(i) by a specified person, or under the supervision or instructions of a specified person,

(ii) moving the thing to a specified place, and

(iii) taking samples of the thing, or permitting samples of the thing to be taken;

(b) in respect of a place,

(i) leave the place,

(ii) not enter the place,

(iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,

(iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and

(v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;

(c) stop operating, or not operate, a thing;

(d) keep a thing in a specified place or in accordance with a specified procedure;

(e) prevent persons from accessing a thing;

(f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;

(g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;

(h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;

(i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;

(j) provide evidence of complying with the order, including

(i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and

(ii) providing to a health officer any relevant record;

(k) take a prescribed action.

(3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless

(a) the person consents in writing to the destruction of the thing, or

(b) Part 5 *[Emergency Powers]* applies.

May make written agreements

38 (1) If the health officer reasonably believes that it would be sufficient for the protection of public health and, if applicable, would bring a person into compliance with this Act or the regulations made under it, or a term or condition of a licence or permit held by the person under this Act, a health officer may do one or both of the following:

(a) instead of making an order under Division 1, 3 or 4, enter into a written agreement with a person, under which the person agrees to do one or more things;

(b) order a person to do one or more things that a person has agreed under paragraph (a) to do, regardless of whether those things could otherwise have been the subject of an order under Division 1, 3 or 4.

(2) If, under the terms of an agreement under subsection (1), a health officer conducts one or more inspections, the health officer may use information resulting from the inspection as the basis of an order under this Act, but must not use the information as the basis on which to

(a) levy an administrative penalty under this Act, or

(b) charge a person with an offence under this Act.

Contents of orders

39 (3) An order may be made in respect of a class of persons.

Duty to comply with orders

42 (1) A person named or described in an order made under this Part must comply with the order.

(2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

Reconsideration of orders

43 (1) A person affected by an order, or the variance of an order, may request the health officer who issued the order or made the variance to reconsider the order or variance if the person

(a) has additional relevant information that was not reasonably available to the health officer when the order was issued or varied,

(b) has a proposal that was not presented to the health officer when the order was issued or varied but, if implemented, would

(i) meet the objective of the order, and

(ii) be suitable as the basis of a written agreement under section 38 *[may make written agreements]*, or

(c) requires more time to comply with the order.

(2) A request for reconsideration must be made in the form required by the health officer.

(3) After considering a request for reconsideration, a health officer may do one or more of the following:

(a) reject the request on the basis that the information submitted in support of the request

(i) is not relevant, or

(ii) was reasonably available at the time the order was issued;

(b) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;

(c) confirm, rescind or vary the order.

(4) A health officer must provide written reasons for a decision to reject the request under subsection (3) (a) or to confirm or vary the order under subsection (3) (c).

(5) Following a decision made under subsection (3) (a) or (c), no further request for reconsideration may be made.

(6) An order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.

(7) For the purposes of this section,

(a) if an order is made that affects a class of persons, a request for reconsideration may be made by one person on behalf of the class, and

(b) if multiple orders are made that affect a class of persons, or address related matters or issues, a health officer may reconsider the orders separately or together.

(8) If a health officer is unable or unavailable to reconsider an order he or she made, a similarly designated health officer may act under this section in respect of the order as if the similarly designated health officer were reconsidering an order that he or she made.

Review of orders

44 (1) A person affected by an order may request a review of the order under this section only after a reconsideration has been made under section 43 *[reconsideration of orders]*.

(2) A request for a review may be made,

(a) in the case of an order made by a medical health officer, to the provincial health officer, or

(b) in the case of an order made by an environmental health officer, to a medical health officer having authority in the geographic area for which the environmental health officer is designated.

(3) If a review is requested, the review is to be based on the record.

(4) If a review is requested, the reviewer may do one or more of the following:

(a) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;

(b) confirm, vary or rescind the order;

(c) refer the matter back to the person who made the order, with or without directions.

(5) A reviewer must provide written reasons for an action taken under subsection (4) (b) or (c), and a person may not request further review of an order.

Offences

99 (1) A person who contravenes any of the following provisions commits an offence:

...

(k) section 42 *[failure to comply with an order of a health officer]*, except in respect of an order made under section 29 (2) (e) to (g) *[orders respecting examinations, diagnostic examinations or preventive measures]*;

COVID-19 IN BC

COVID-19: Monthly Update

February 5, 2021

This is Exhibit "B" referred to in the affidavit of Meagan Patterson
affirmed before me at Vancouver
in the Province of British Columbia
this 8 day of Feb, 2021
A Commissioner for taking Affidavits
Within the Province of British Columbia

Stay Informed Via These Resources:
gov.bc.ca/Covid-19 | bccdc.ca | 1-888-COVID19

Symptom Self-Assessment:
covid19.thrive.health

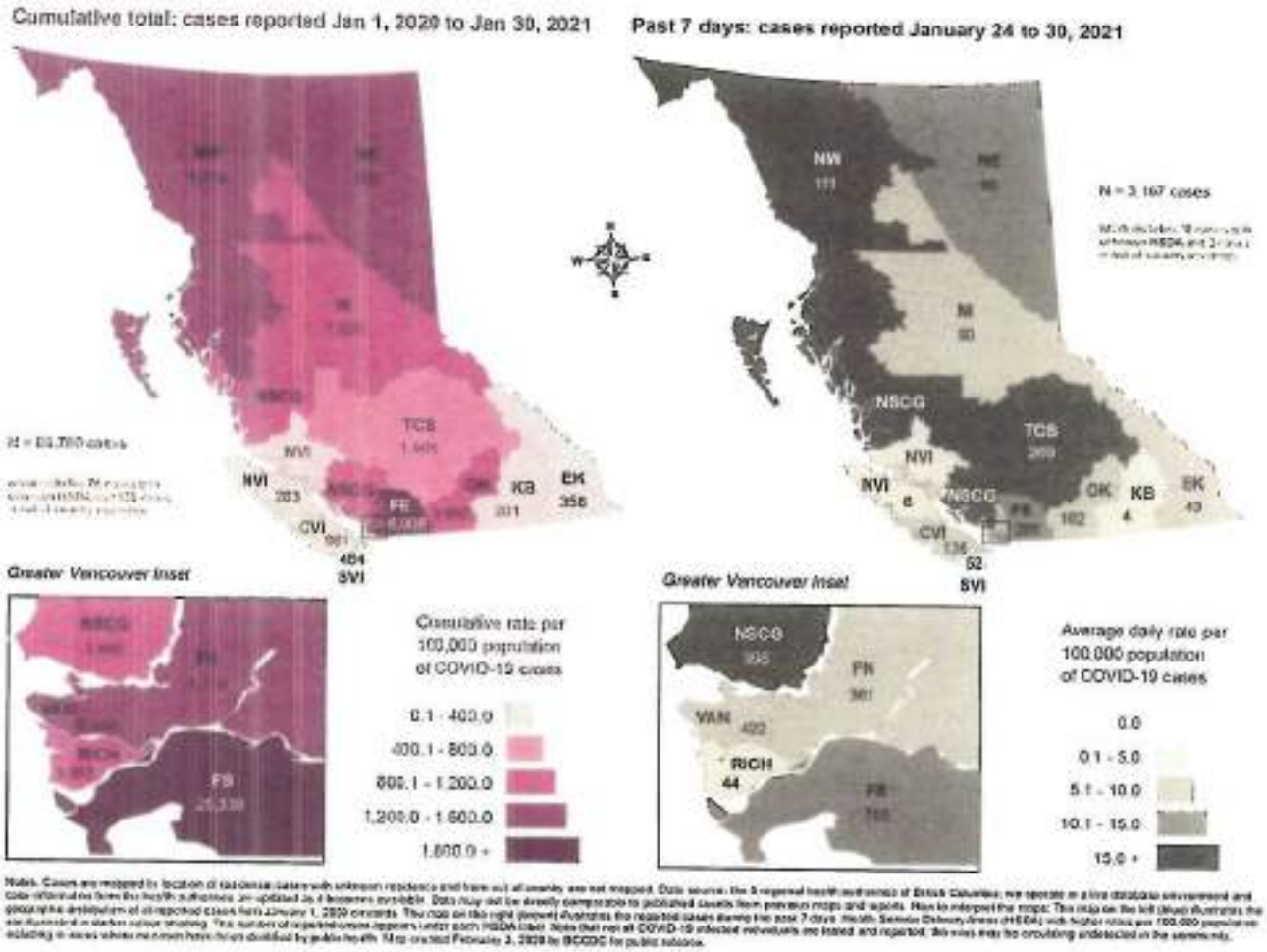
BRITISH COLUMBIA

BRITISH COLUMBIA

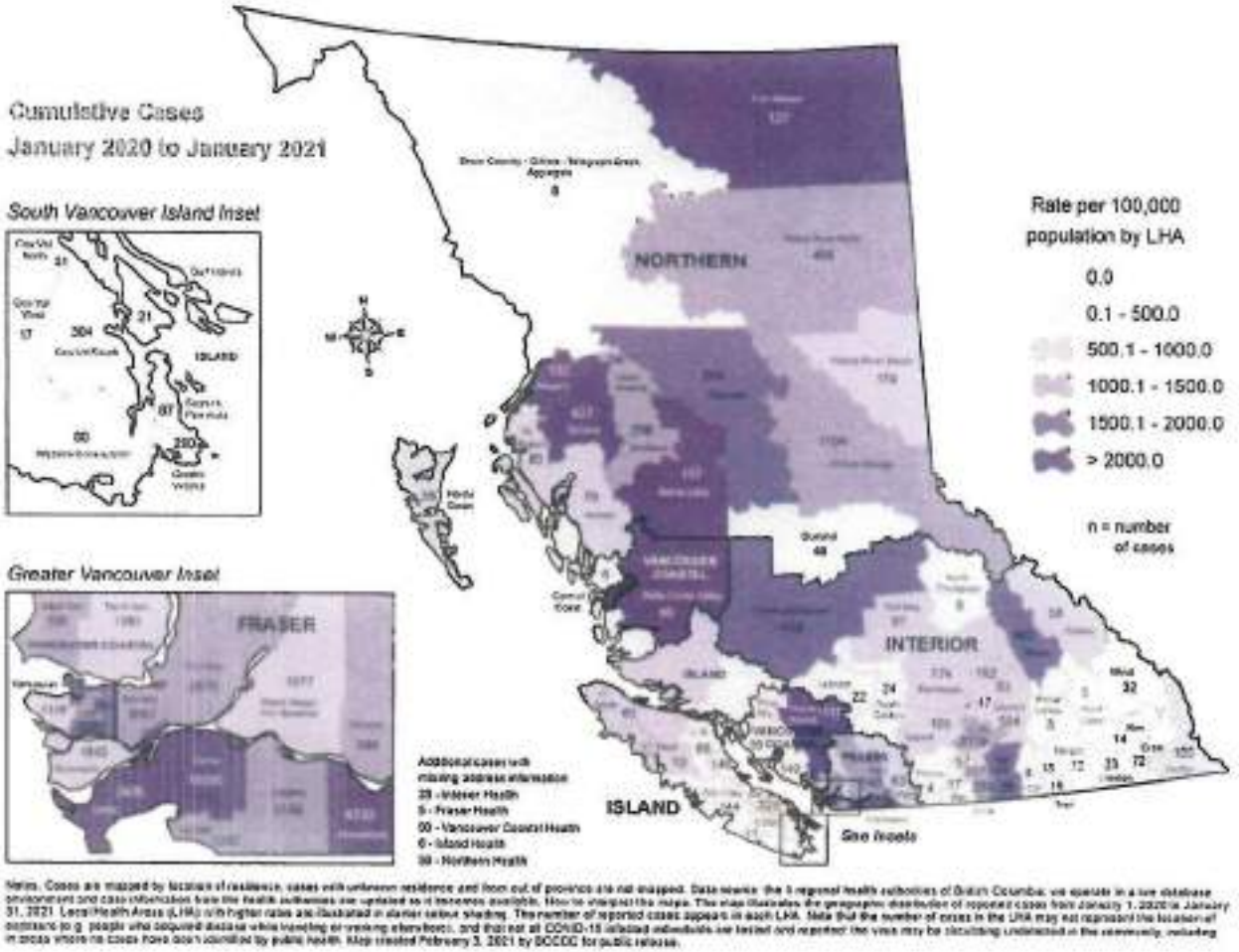
Epidemiology

How and Where the Virus Has Affected People in BC

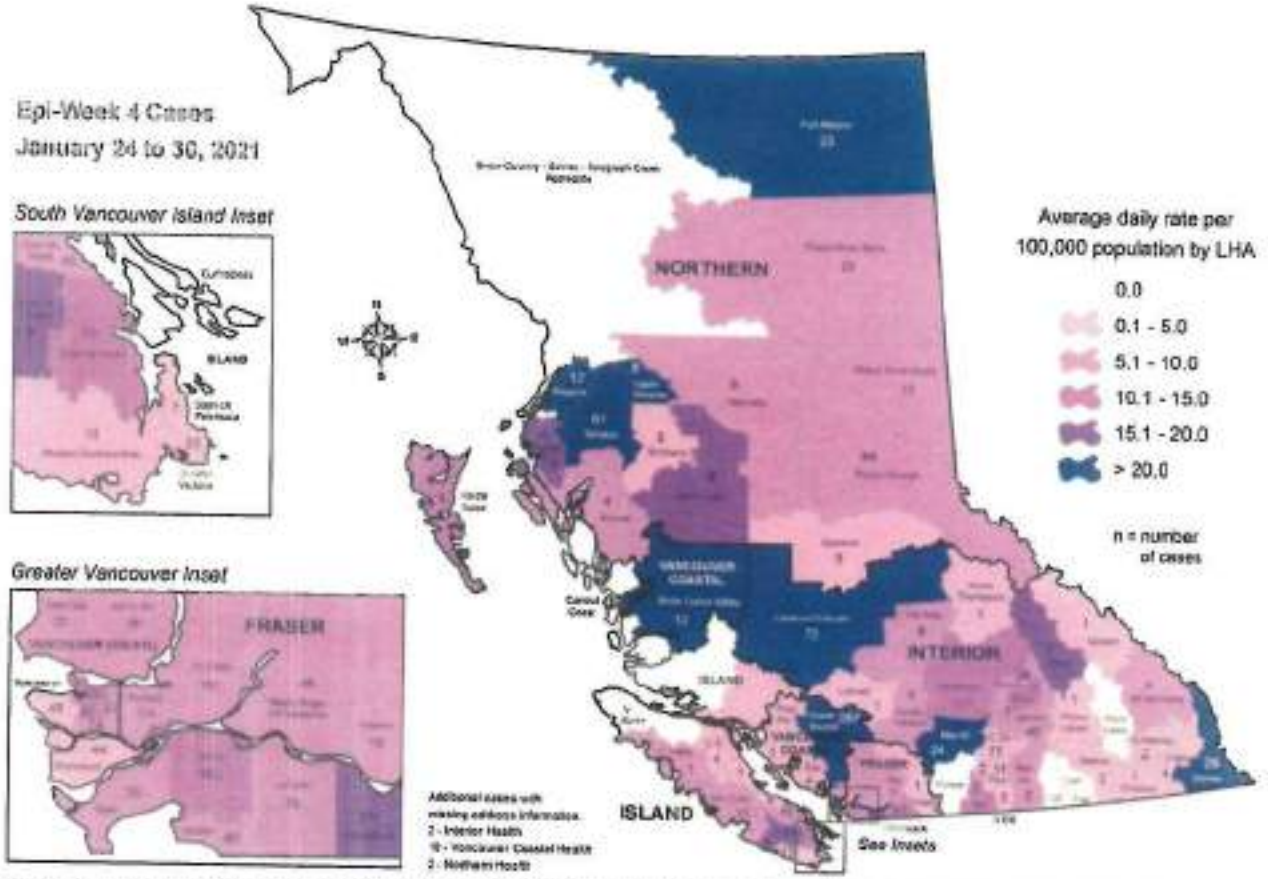
Geographic Distribution of COVID-19 by Health Service Delivery Area of Case Residence



Geographic Distribution of COVID-19 by Local Health Area of Case Residence

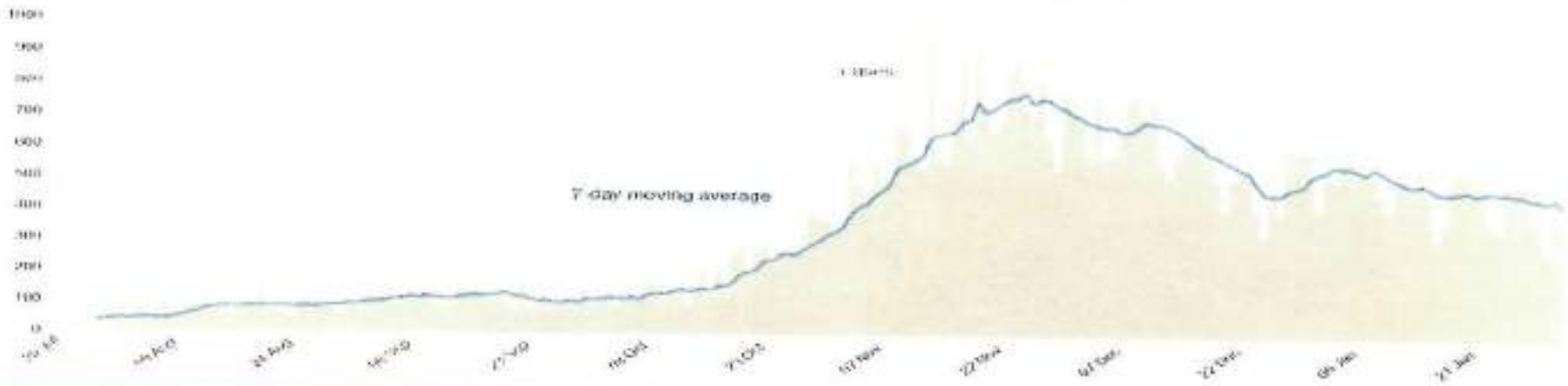


Geographic Distribution of Cumulative COVID-19 by Local Health Area of Case Residence

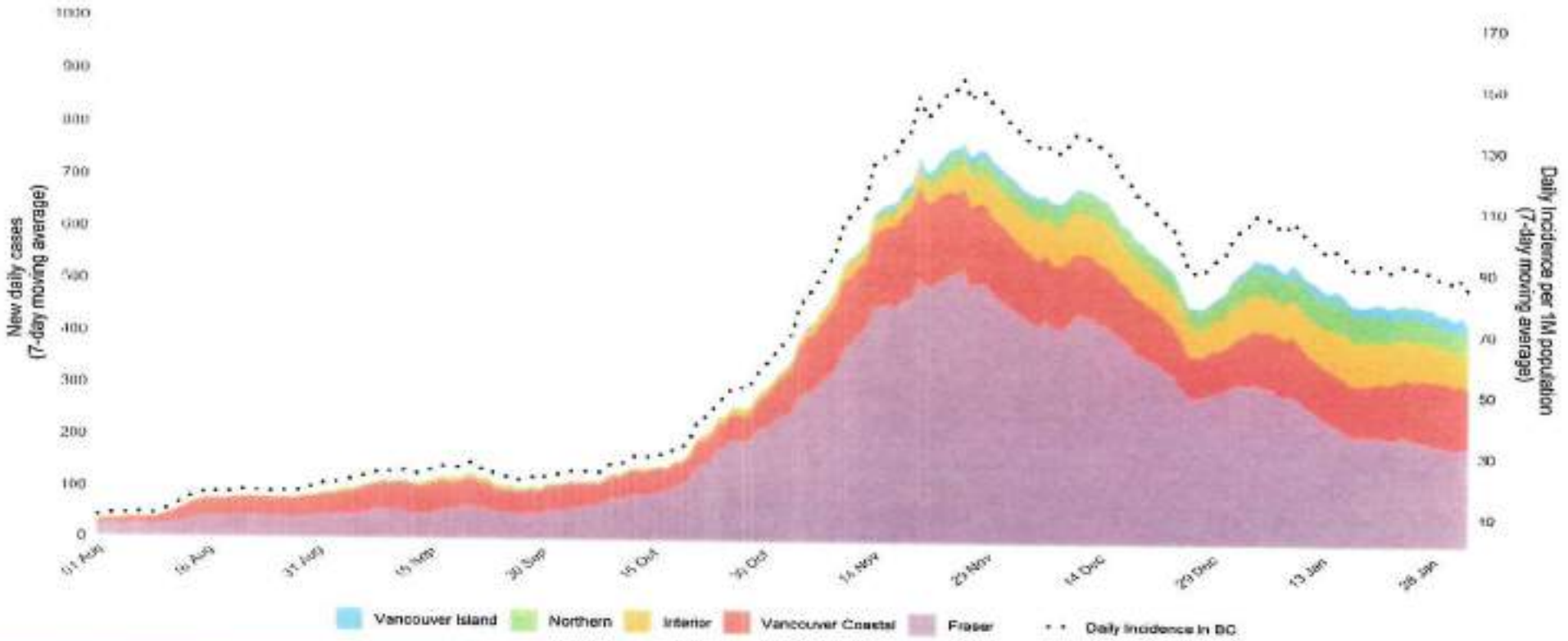


January 27 to February 3, 2021:
Profile of COVID-19 Cases by Date Reported to Public Health

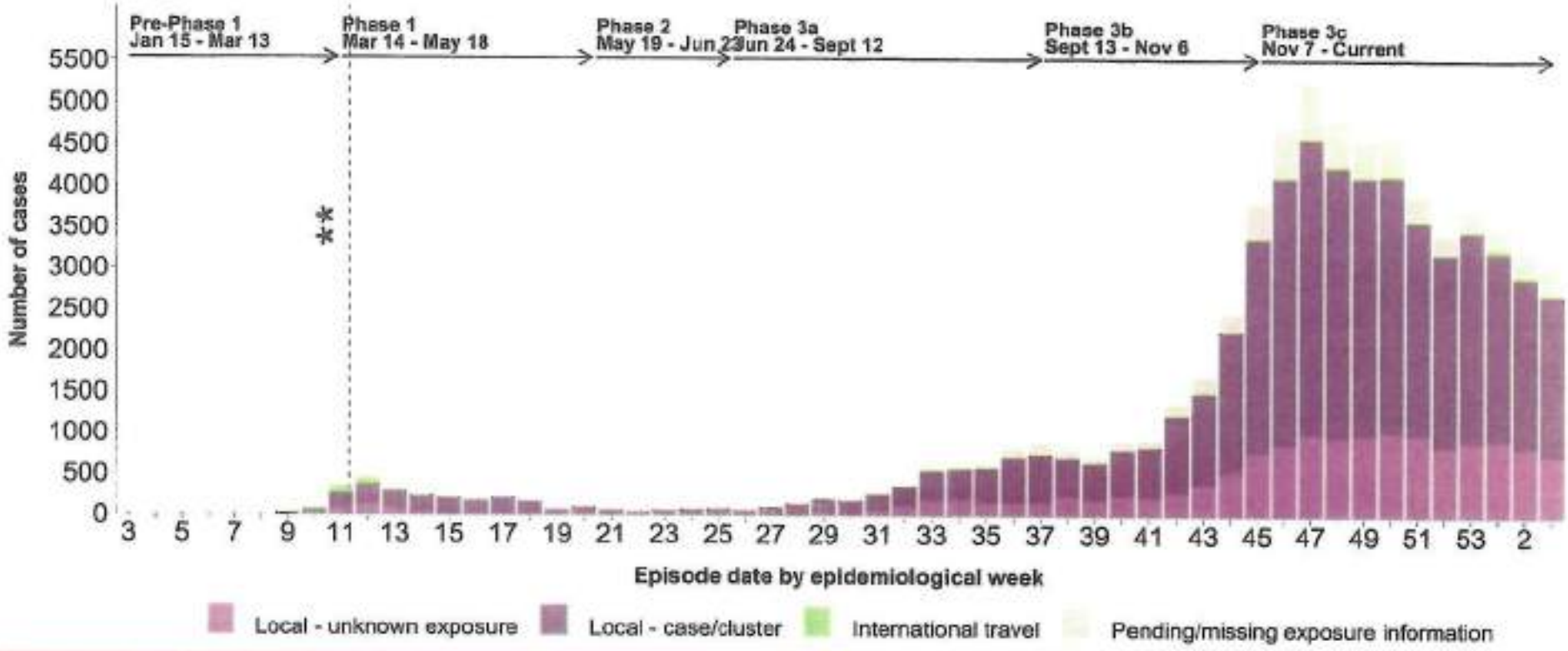
68,780	total cases
3,061	new this week
3,850	ever hospitalized
108	new this week
1,234	deaths
62	new this week
61,643	removed from isolation
2,865	new this week



Epidemic Curve, COVID-19 Cases in B.C. by Reported Date
August 1,2020 – February 2, 2021

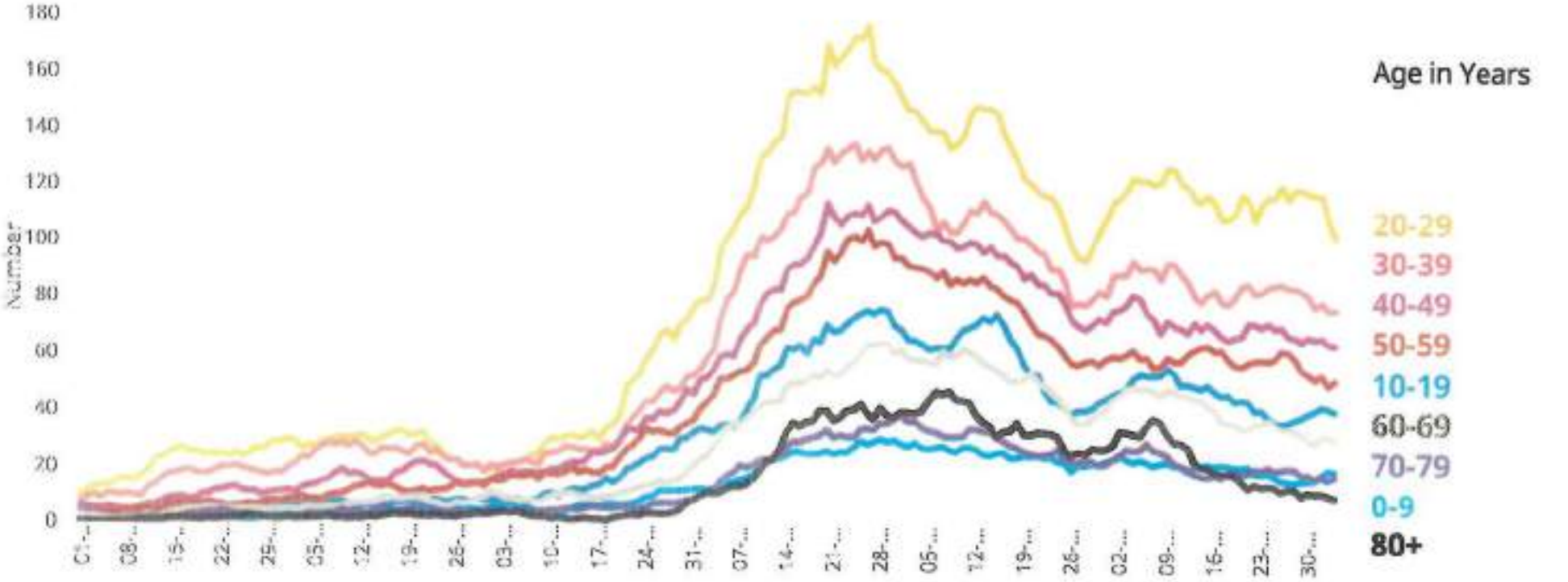


Likely Source of COVID-19 Infection by Episode Date, BC
January 15, 2020 (Week 3) – January 23, 2021 (Week 3)



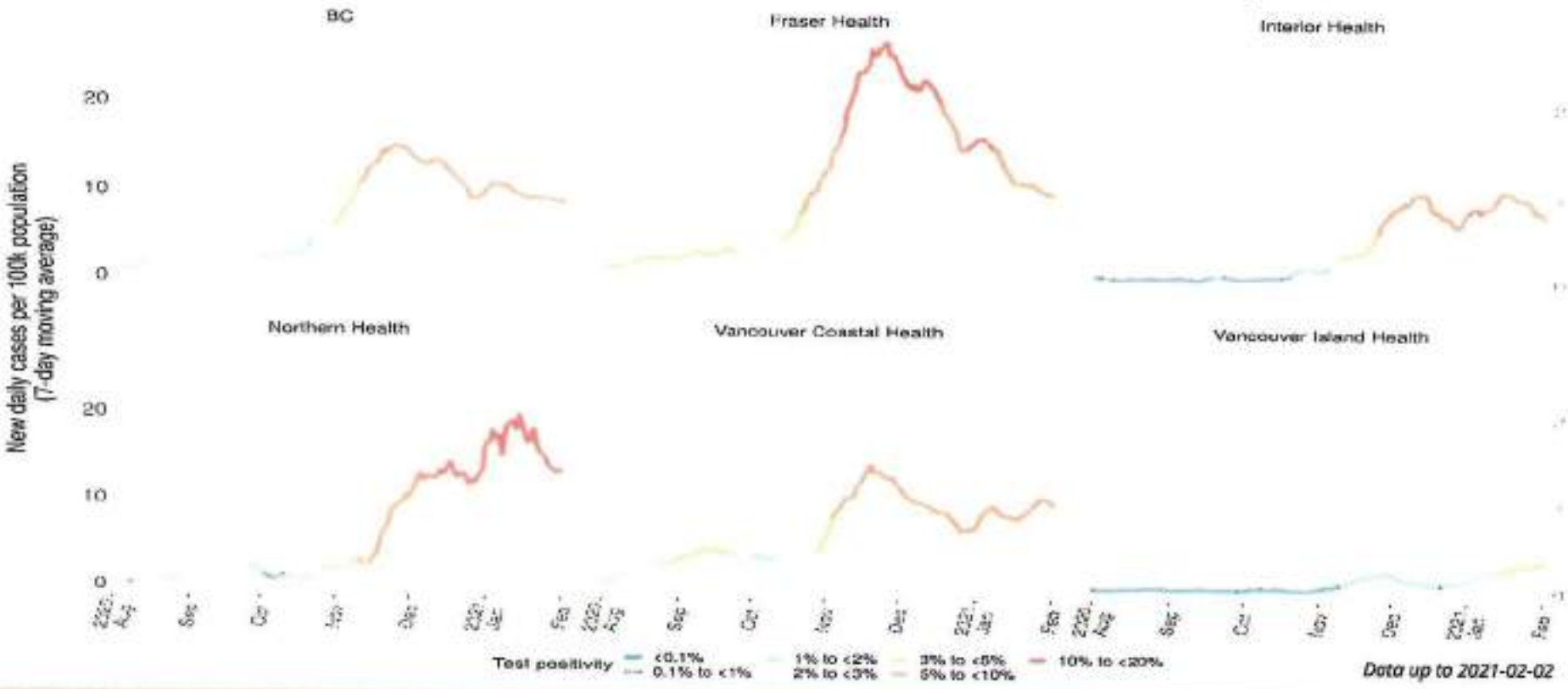
COVID-19 IN BC

Daily Case Count by Age August 1, 2020 to February 3, 2021 (7-day Moving Average)*

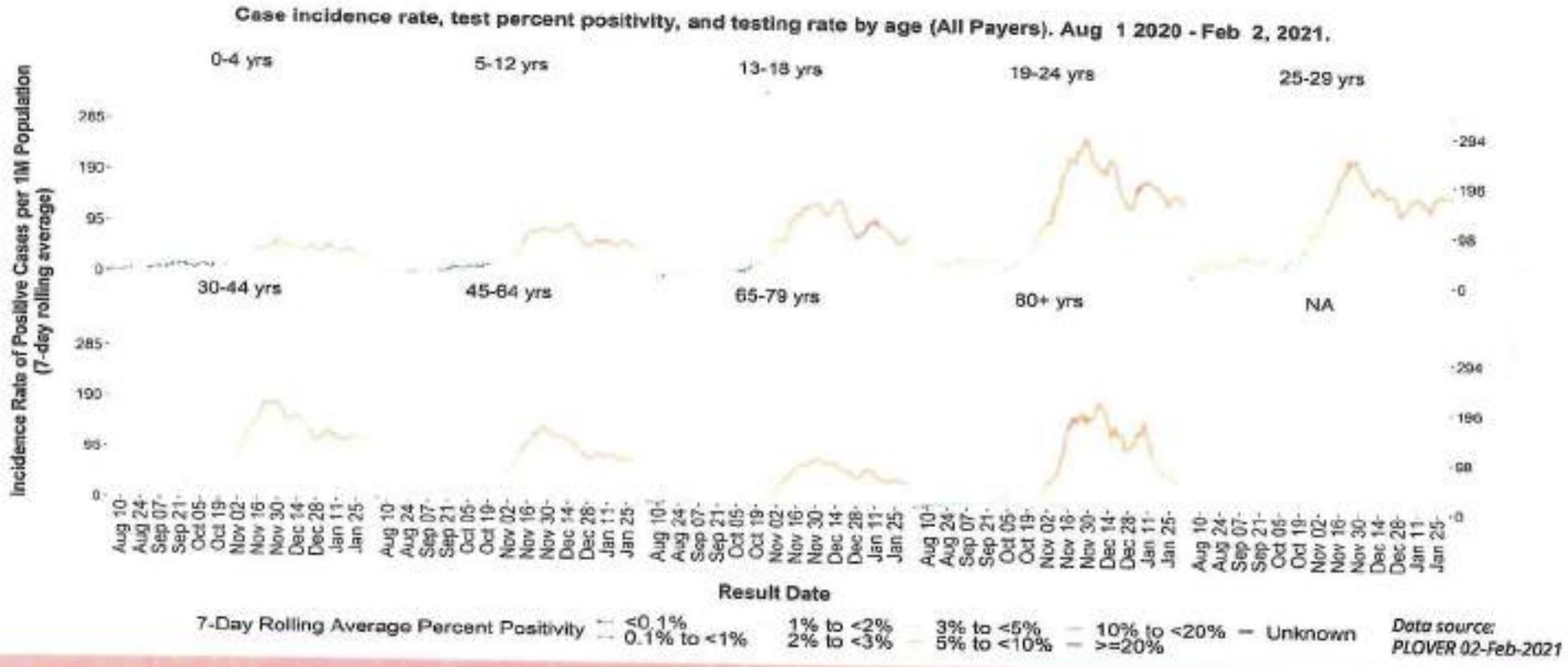


*Cases by reporting date

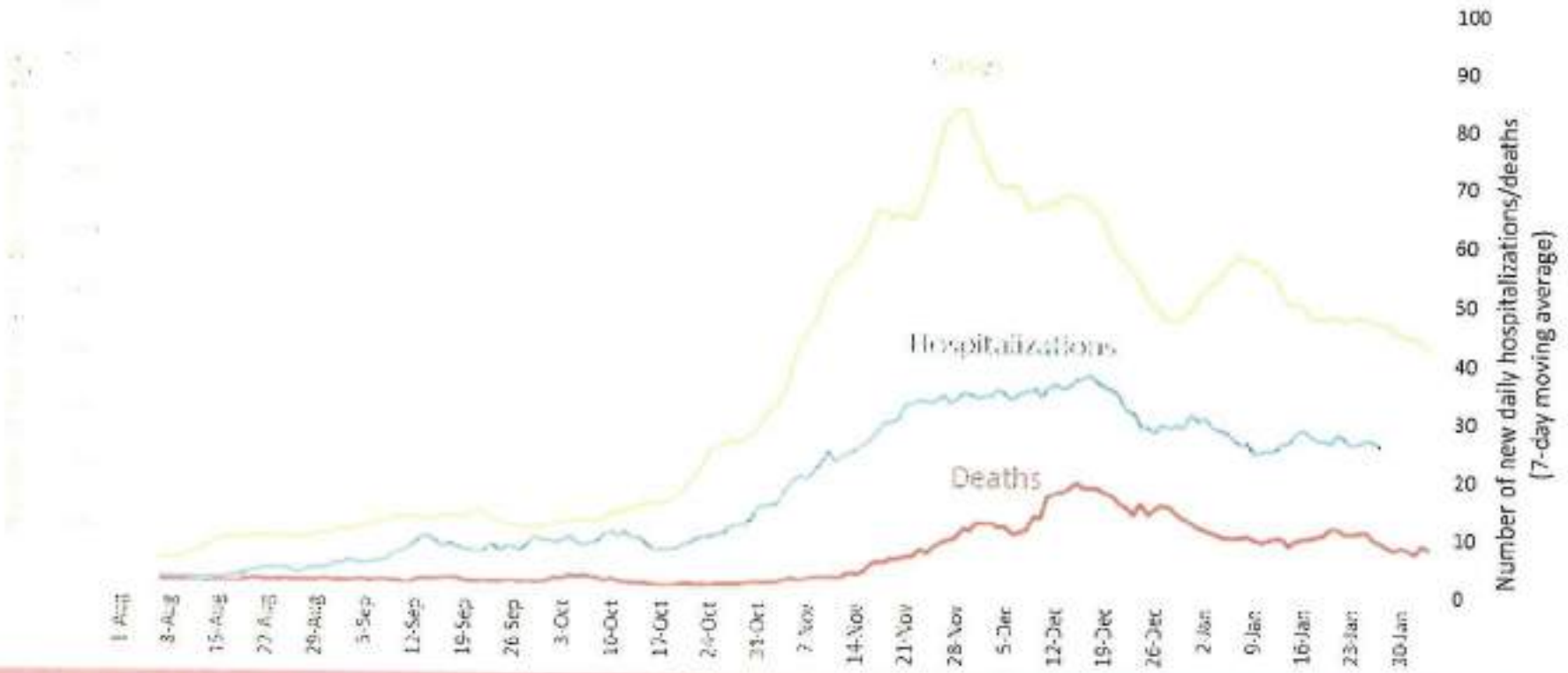
Daily Case Rate, Testing Rate and Percent Positivity by Health Authority August 1, 2020 to February 2, 2021



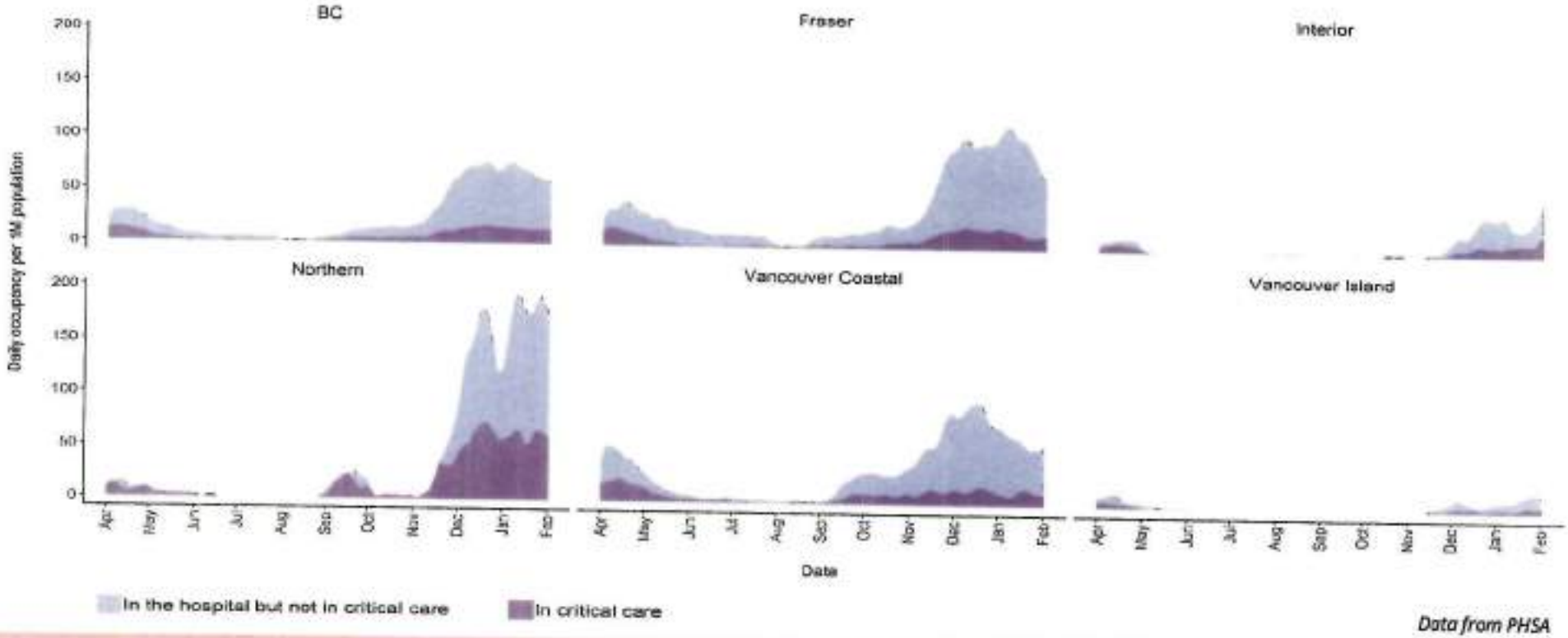
Daily Case Rate, Test Percent Positivity and Testing Rate by Age (August 1, 2020 to February 2, 2021)



Daily Cases, Hospitalizations, and Deaths by Reporting Date
August 1, 2020 to February 3, 2021

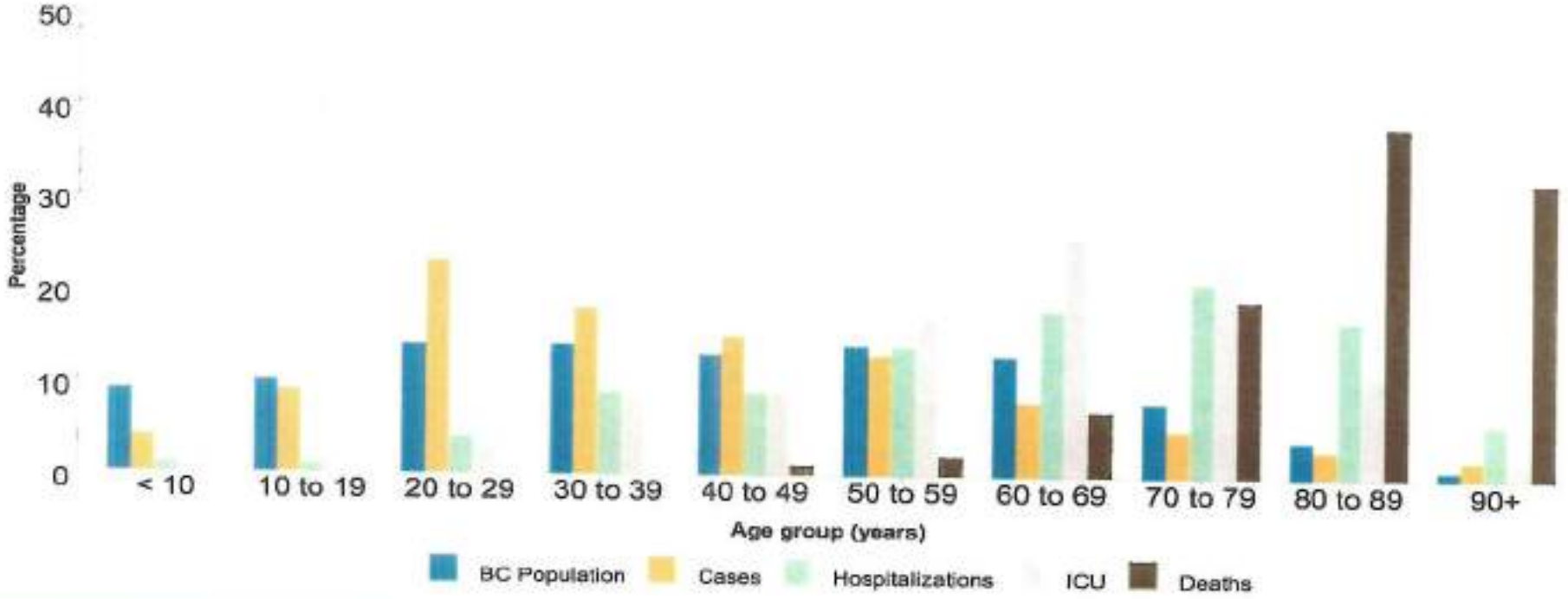


Hospital and Critical Care Census
March 1, 2020 to February 2, 2021



Data from PHSA

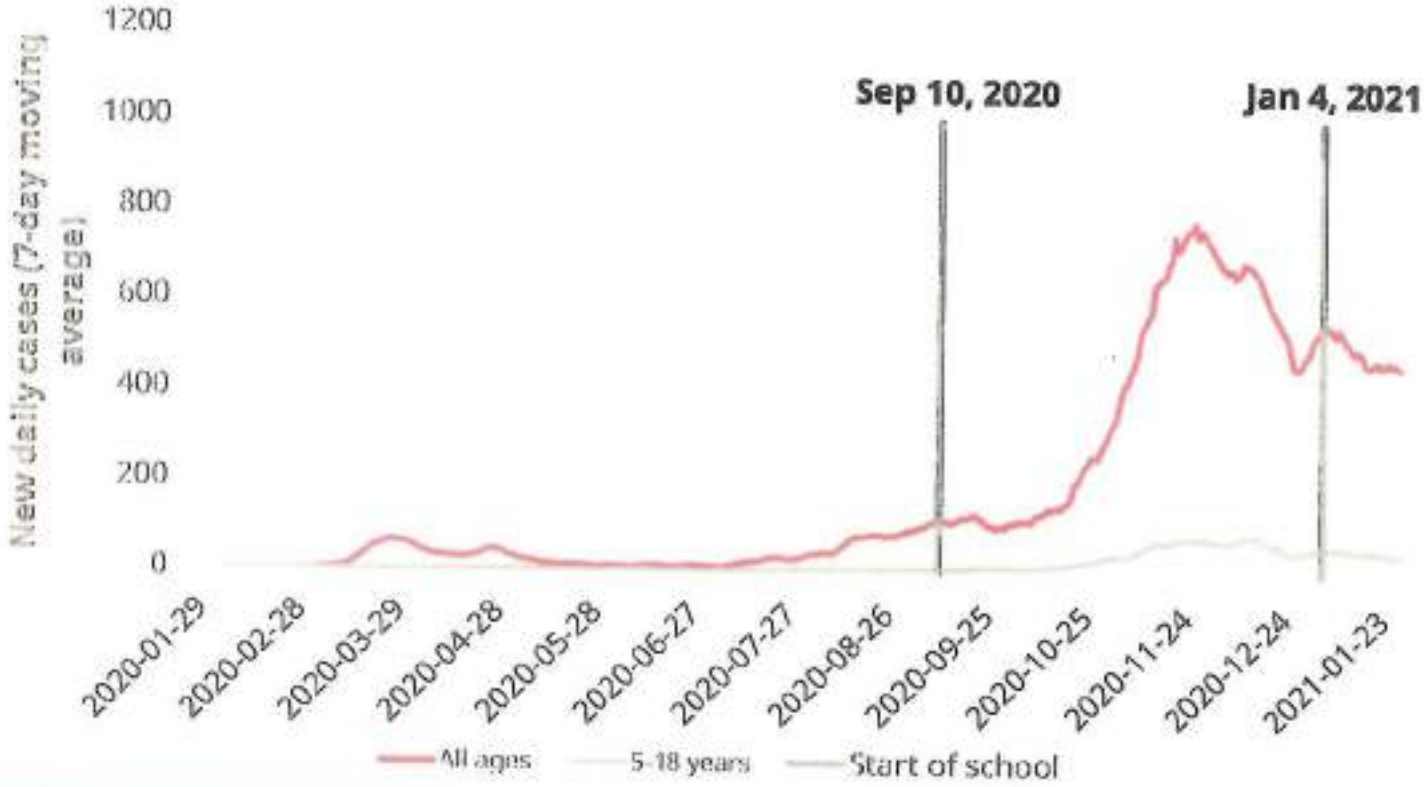
Percentage Distribution of COVID-19 Cases, Hospitalizations, ICU Admissions and Deaths by Age, British Columbia, January 15, 2020 – January 23, 2021



COVID-19 Virus Has a Relatively Low Infection Rate Among School-Aged Children (5 to 18 Years) in BC, From September 7, 2020 to January 31, 2021

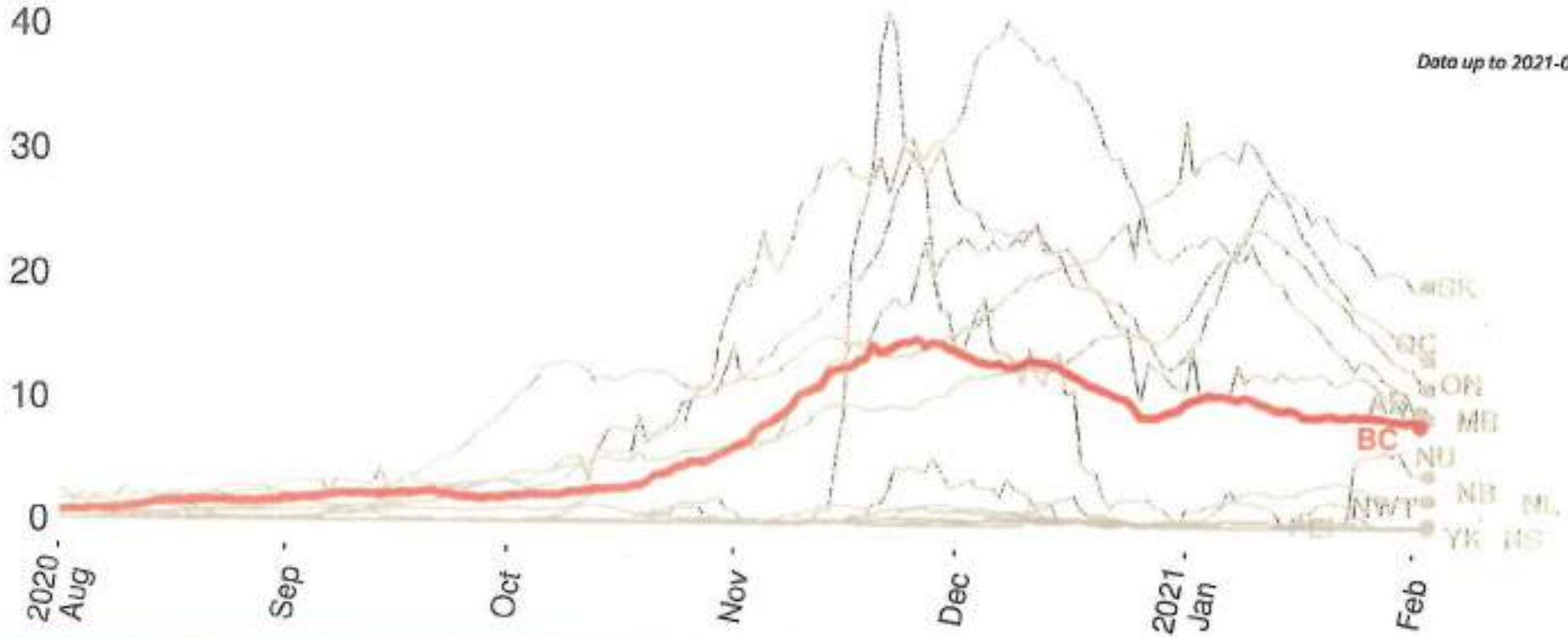
Age Groups	Number of Cases	Percent of Cases	Percent of Population
0 - 4 Years	1115	1.8	4.4
5 - 12 Years	2932	4.8	7.7
13 - 18 Years	3607	5.9	6.2
19+ Years	53625	87.5	81.8

Start of School Does Not Result in Significant Increases in Community Transmission of COVID-19 in BC



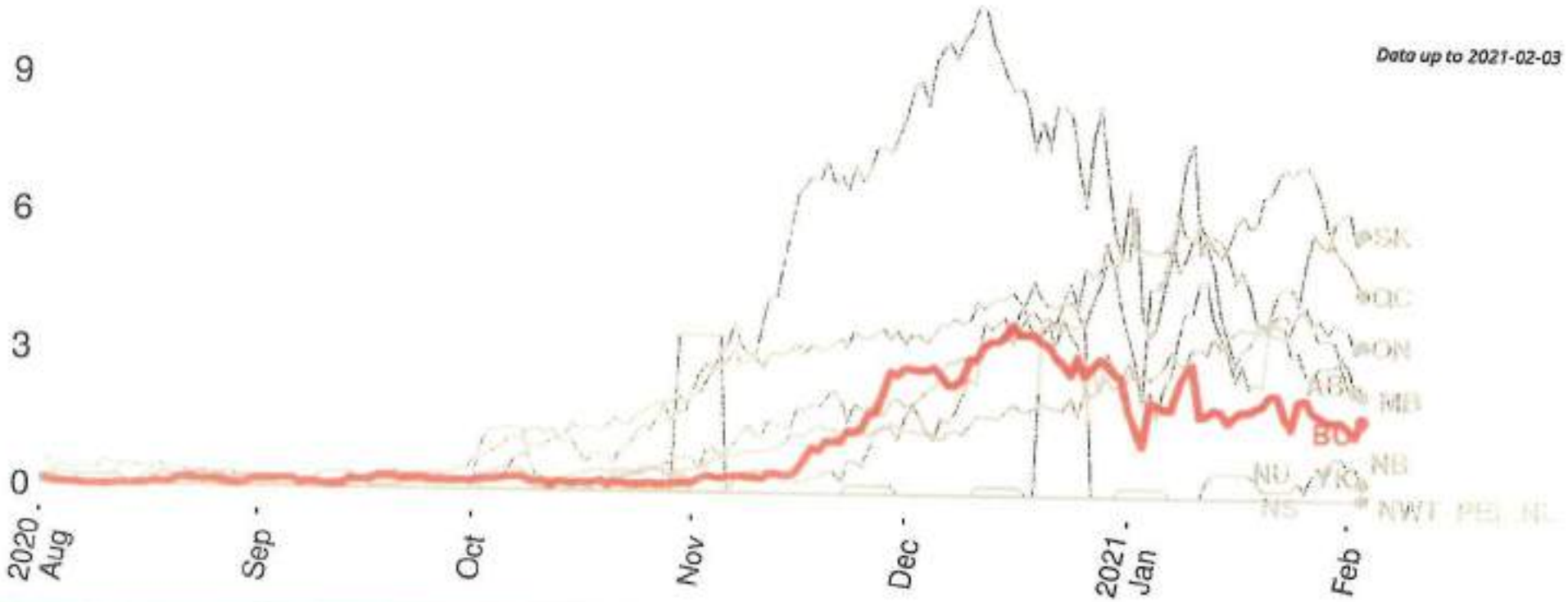
Daily Case Rates Across Canada

New daily **cases** per 100K population (7-day moving average)



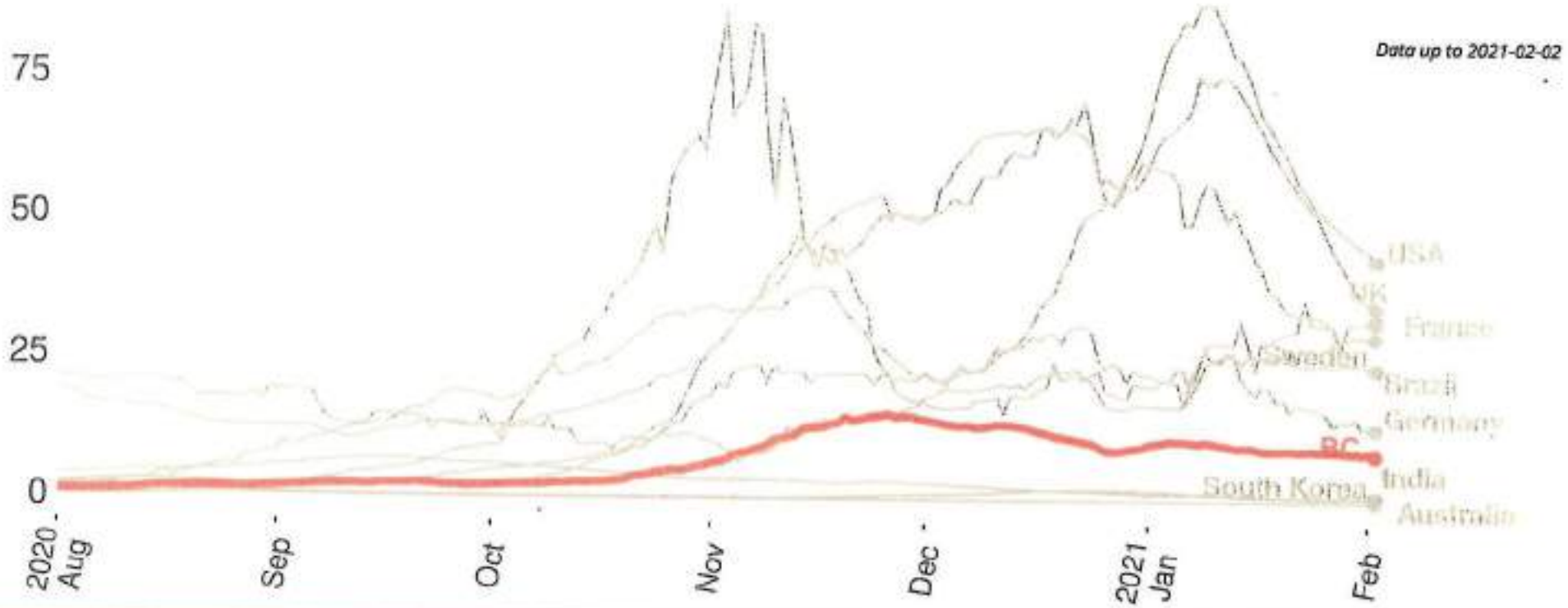
Daily Death Rates Across Canada

New daily **deaths** per 1M population (7-day moving average)



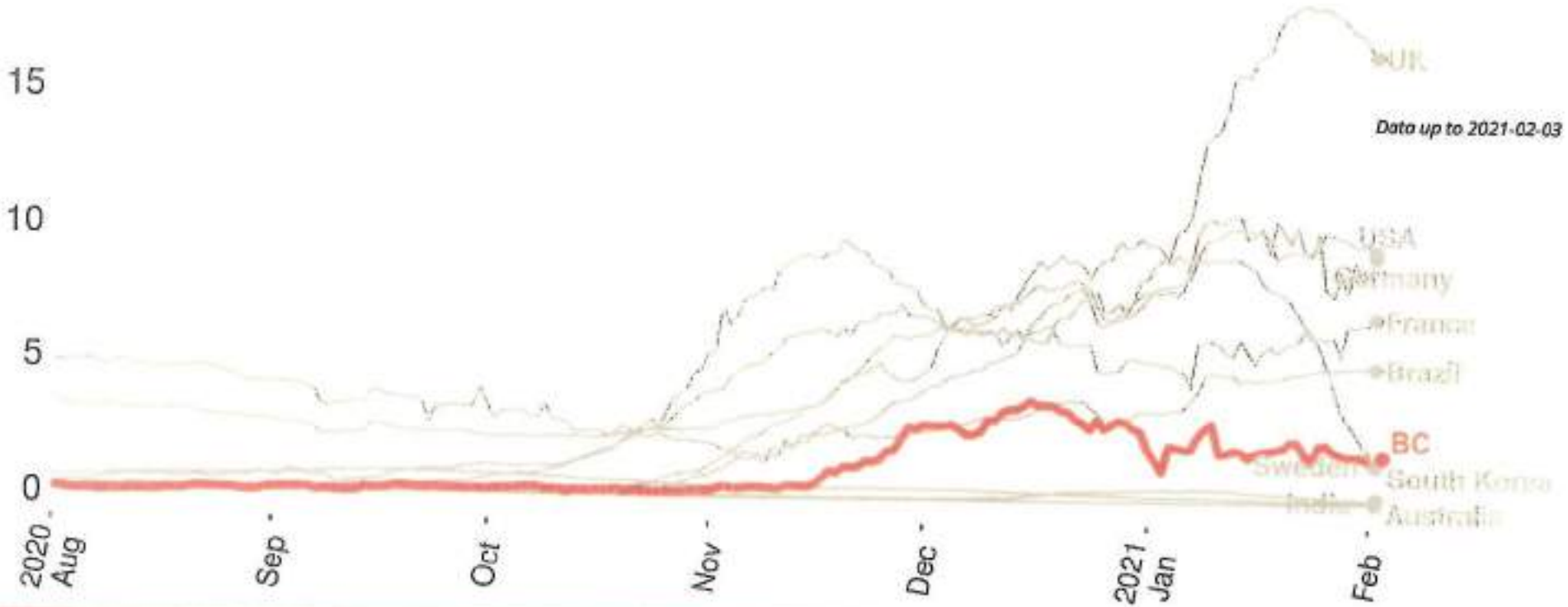
Daily Case Rates - International

New daily **cases** per 100K population (7-day moving average)



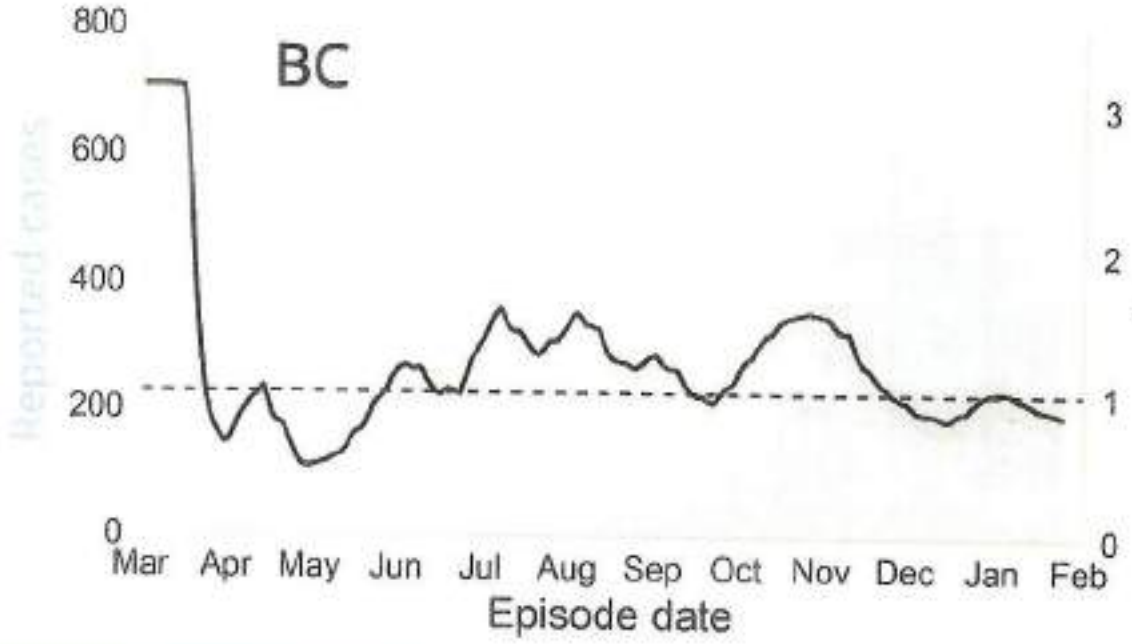
Daily Death Rates - International

New daily **deaths** per 1M population (7-day moving average)



Dynamic Compartmental Modeling: Recent Trends

Provincially, our model-based estimate of R_t (average daily number of new infections generated per case) continues to hover near 1.



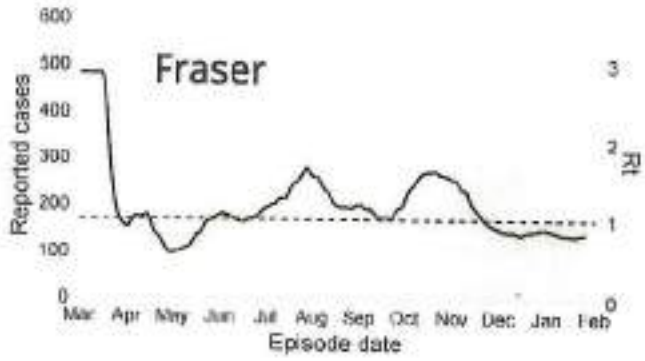
Whenever R_t is > 1, there is a risk that the number of new cases could grow rapidly.

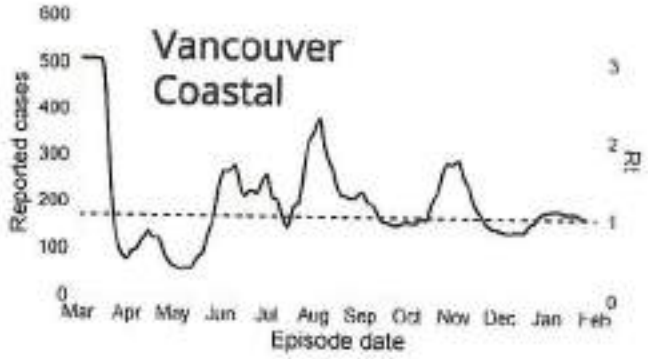
Solid black line: median R_t based on data up to Feb 2, 2021; Grey band: 5%-95% credible interval; Purple bars: all reported cases. Due to a lag from symptom onset to reporting, the most recent cases are not shown.

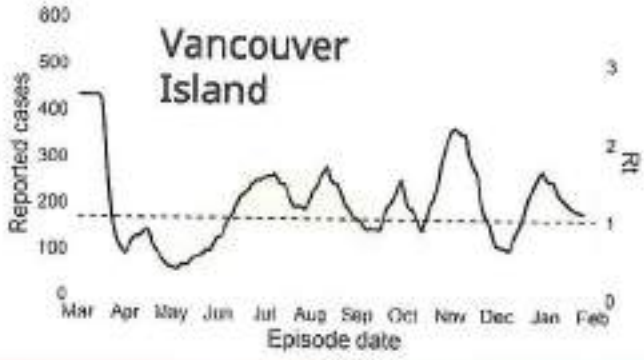
Dynamic Compartmental Modeling: Recent Trends

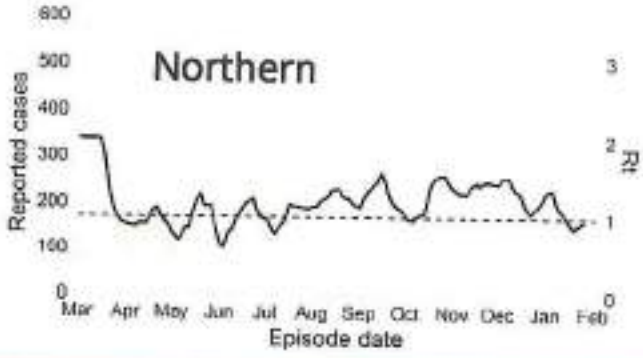
Our model shows that R_t is relatively stable or declining in all Regional Health Authorities, but remains close to 1.

Solid black line: median R_t based on data up to Feb 2, 2021; Grey band: 5%-95% credible interval; Purple bars: all reported cases. Due to a lag from symptom onset to reporting, the most recent cases are not shown.

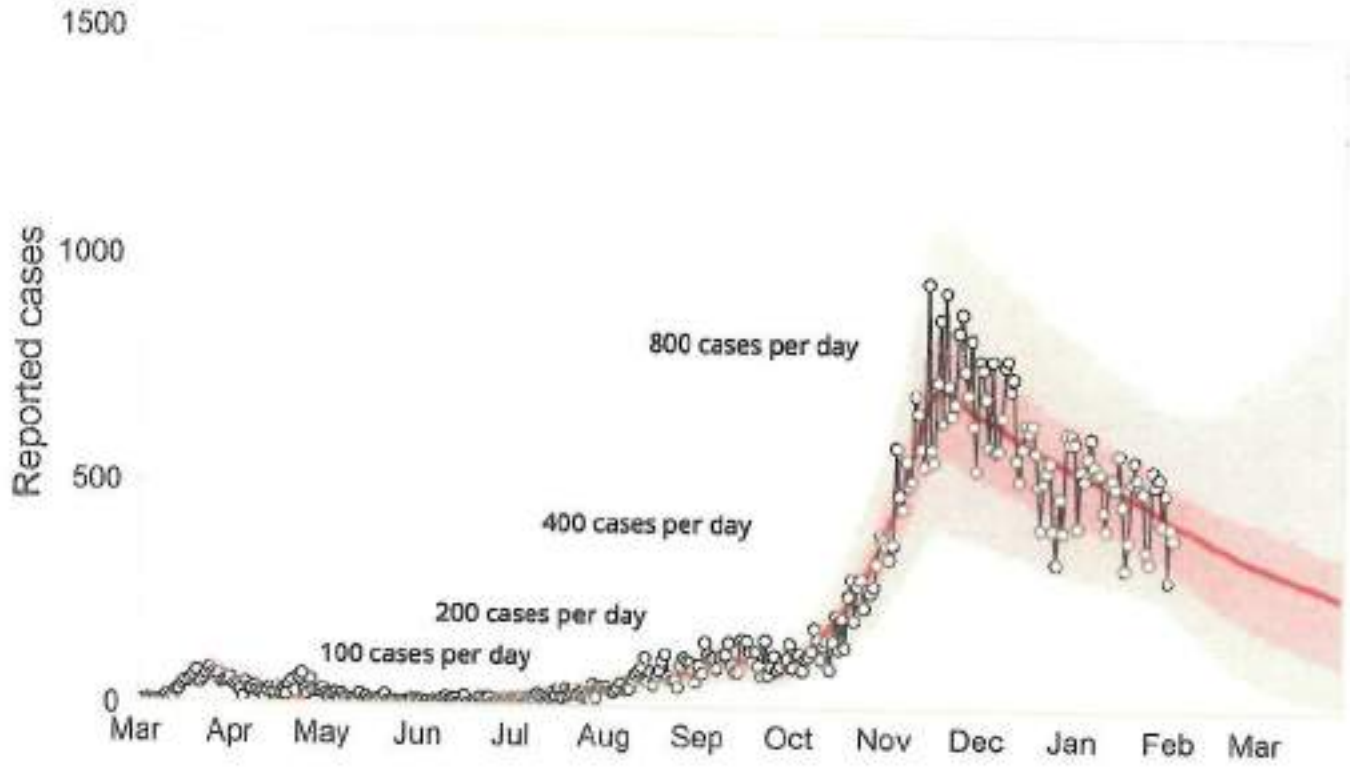








Dynamic Compartmental Modeling: Recent Trends

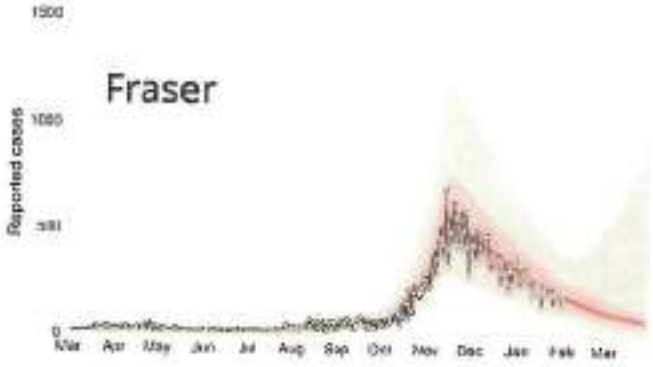


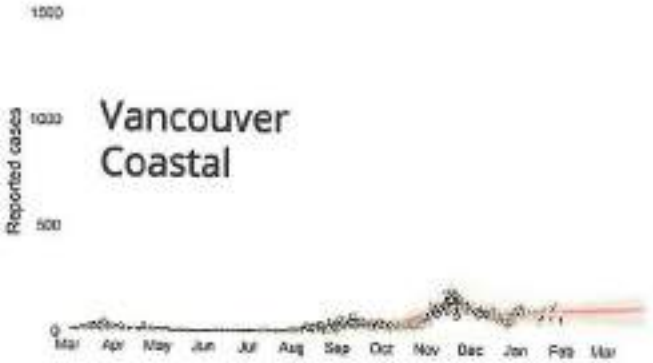
Solid blue line: median model fit; shaded bands: 50% and 90% credible intervals; Open circles: all reported cases, excluding reportable outbreaks, March 1, 2020 - Feb 2, 2021.

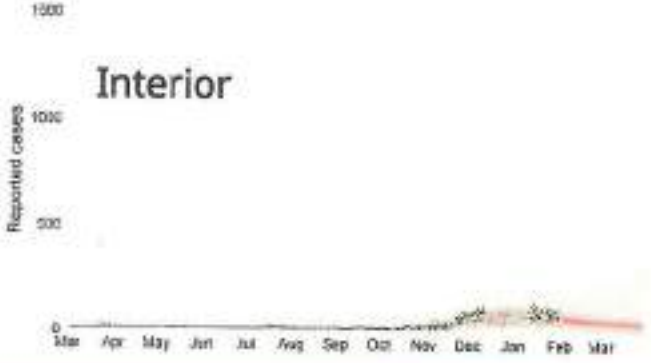
Dynamic Compartmental Modeling: Recent Trends

Our model outputs describe stable or declining trends in all Regional Health Authorities.

Solid blue line: median model fit; shaded bands: 50% and 90% credible intervals; Open circles: all reported cases, March 1, 2020 – Feb 2, 2021. Cases are shown by reporting date.

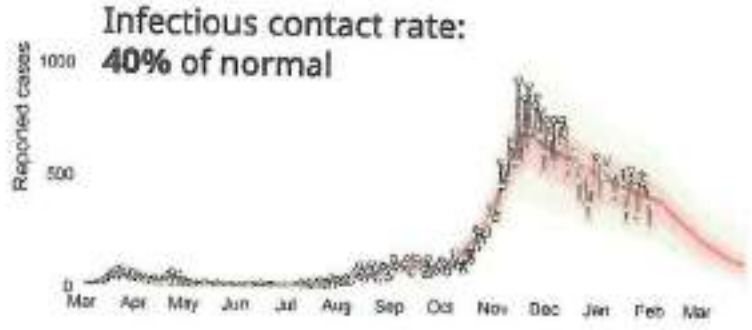


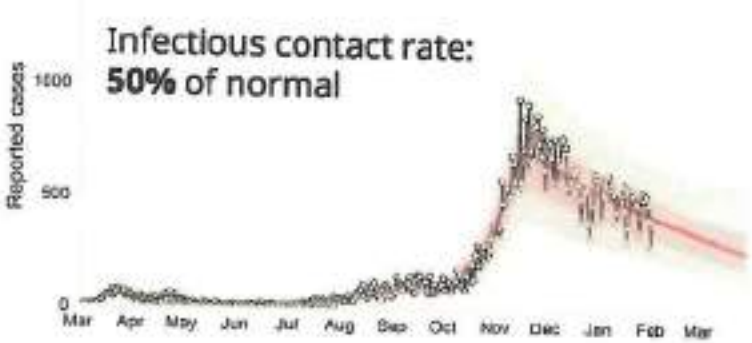


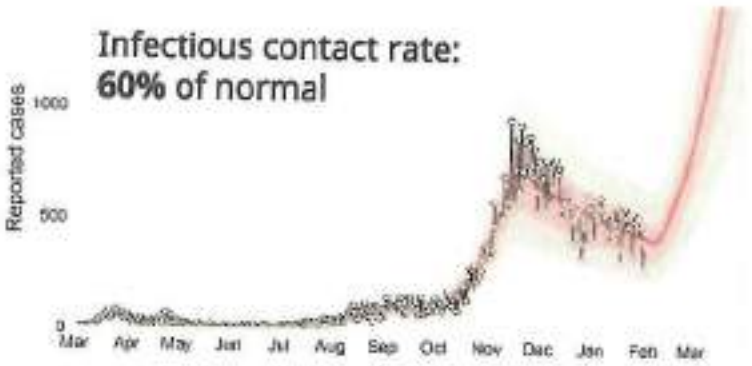


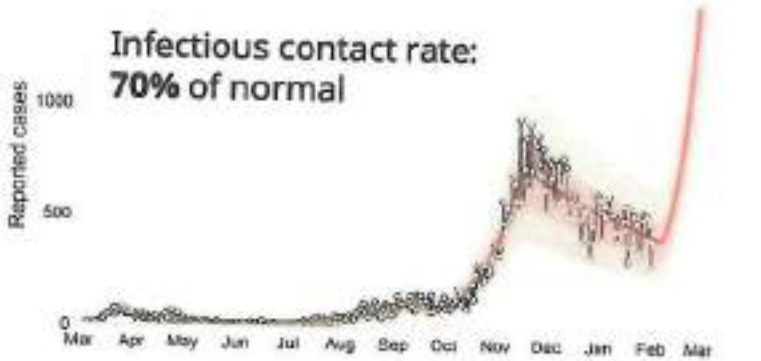
Dynamic Compartmental Modeling: Scenarios

Our modeling scenarios are consistent with an average infectious contact rate of 50% of normal.









Solid blue line: median model fit; shaded bands: 50% and 90% credible intervals; Open circles: all reported cases, March 1 – Feb 2, 2021. Cases are shown by reporting date.

Vaccine Doses Received, Administered to Date (February 4, 2021)

	Total Doses Received to Date (Up to Feb 3)	Total Doses Administered to Date (Up to Feb 3)
Total	156,250	145,567
Pfizer Vaccine	115,050	107,000
Moderna Vaccine	41,200	38,567

Long-Term Care Residents

19%

of vaccines administered to long-term care residents.

1st Dose
87%

2nd Dose
2%

1st Dose	2nd Dose
26,895	525

Long-Term Care Staff

28%
of vaccines administered to long-term care staff.

1st Dose
89%

2nd Dose
15%

1st Dose	2nd Dose
34,658	5,676

Assisted Living Residents

7%

of vaccines administered to assisted living residents.

1st Dose
119%

2nd Dose
0%

1st Dose	2nd Dose
9,544	15

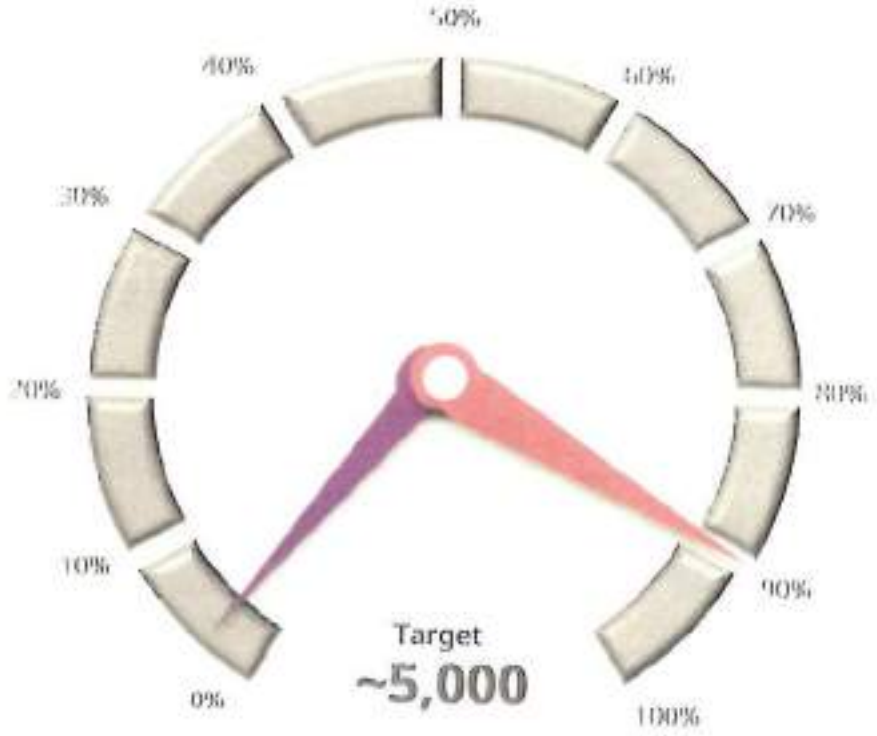
Assisted Living Staff

3%

of vaccines administered to assisted living staff.

1st Dose
90%

2nd Dose
4%



1st Dose	2nd Dose
4,483	186

No Safety Signals Have Been Identified With Either COVID-19 Vaccine in British Columbia

AEFI

From December 20, 2020 to February 4, 2021 there have been **205** adverse events following immunization (AEFI) reports.

- There have been **14 AEFI reports for every 10,000 doses administered.**
- 55 are classified as serious. For example, a severe allergic reaction called anaphylaxis.
- Some reported events happen after vaccination but are likely **not caused by the vaccine.**

Variant Detection Strategy in BC

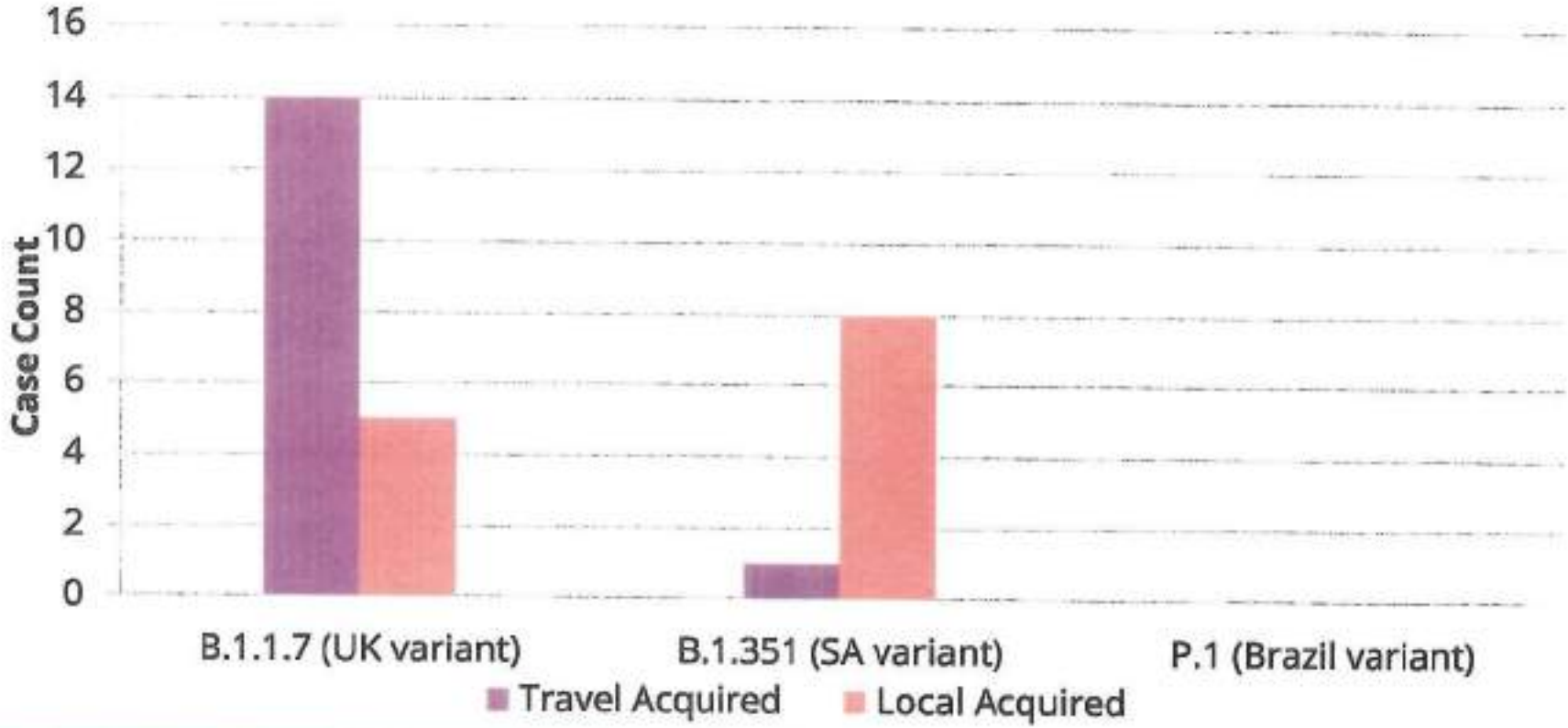
Sequencing

- Whole genome sequencing is the best way to confirm variants of concern (VOC)
- BC generates 750 genomes per week

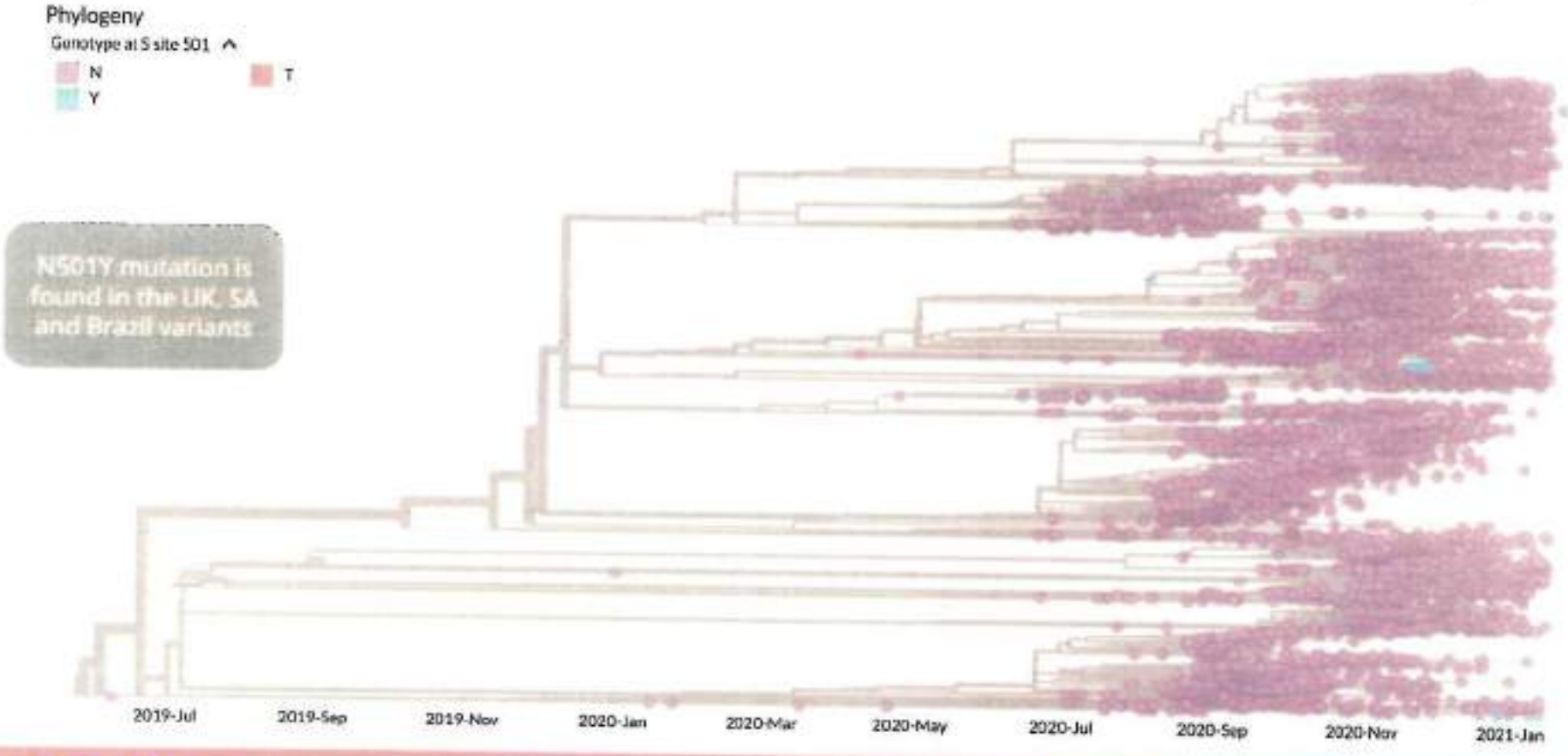
Screening

- Screening for key mutations; need to confirm positives with sequencing
- BC can screen 1000s of samples per week

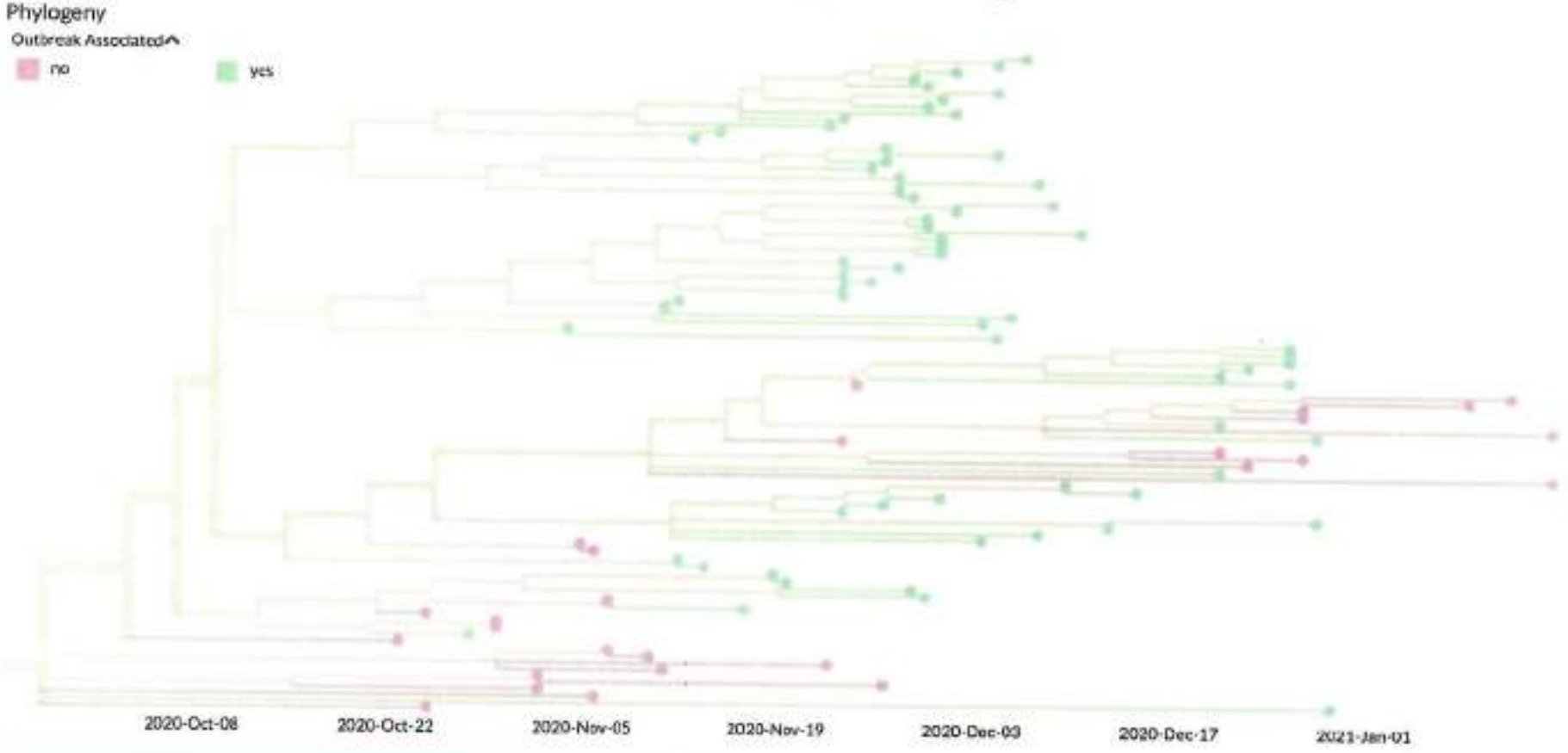
Since December 1, BC Has Sequenced ~4,500 Cases; Variants of Concern Have Been Detected in 28 Cases



Variants of Concern Are Still Rare in BC *(Shown in Blue)*



Genomics is a Key Tool in Responding to Outbreaks in BC



COVID-19 IN BC

COVID-19: Monthly Update

February 5, 2021

Stay Informed Via These Resources:
gov.bc.ca/Covid-19 | bccdc.ca | 1-888-COVID19

Symptom Self-Assessment:
covid19.thrive.health

BRITISH COLUMBIA

Patterson, Megan AG:EX

From: Today's News Online GCPE:EX
Sent: Friday, February 5, 2021 1:01 PM
Subject: Media Availability: Dix/Henry - COVID-19 modelling

This is Exhibit " E " referred to in the affidavit of Megan Patterson affirmed before me at Vancouver in the Province of British Columbia this 8 day of Feb, 2021
A Commissioner for taking Affidavits Within the Province of British Columbia

Media Availability
Vancouver Cabinet Office
2021-02-05 10:31

Adrian Dix: To my right is Dr Bonnie Henry, BC's Provincial Health Officer. This is our COVID-19 briefing and our monthly update for February 5, 2021. We're honoured to be here on the territories of the Musqueam, of the Squamish, of the Tsleil-Waututh people. We're honoured to be on their lands today.

We will be providing a briefing on Monday at 3 o'clock from the press theatre in Victoria with a regular COVID-19 update. As well, later today, at 3 o'clock, we'll be providing a written update with case counts for today and you'll receive that at or around 3 o'clock.

And with that it's my honour to introduce Dr Bonnie Henry.

Dr Bonnie Henry: Thank you and good morning. So for today, as mentioned, we're going to be sharing our latest modelling data and epidemiologic data for the pandemic as it is in BC and then this afternoon we'll have a statement with today's numbers.

So what we are going to talk about this morning is, again, how and where the virus has affected people in BC. To start off with, geographically, this is distribution of where cases are by health service delivery area. So updated on the left is the cumulative total since the pandemic started last year and on the right, the past seven days, and, as we can see from this, we have had ongoing transmission in areas that have not previously been heavily affected in BC, particularly in the North and the Interior of BC.

And as we have had more cases we have presented data at a more granular level and is the data, the geographic distribution of our cases, by local health area of residence and by convention we always present the data by where people live and that's what we have done from the beginning and across, of course, across Canada we do that the same way. That does not always reflect where people have been exposed to the virus or become infected, but by local health area. Now that we have increased numbers of cases in our local health areas we can present this data more frequently without risking reidentification of individuals.

This tells us that there has been no area of the province that has been spared from this virus and in the last two weeks we have seen spread particularly in areas that have not yet seen such spread in communities in the Interior and the North, in particular, and, on a positive note, we have seen decreased activity in some of the hart hit areas early on, particularly in the Fraser Health region and the Surrey area [inaudible].

This is the profile of our cases over the last couple of weeks. We've had 3,000 new cases this week and 108 people newly hospitalized. As you can see, our epidemic curve increased and peaked in November. It has come down. We did see a bit of a blip again early in January related to transmission over the holidays and we've now flattened and slowly started to decrease.

This is the same information presented by the date of the lab test or report and it goes back only to the summer, but it shows the progress that we've had in our second wave of the pandemic here in BC. Again, the majority of cases happen in the Fraser Health region, but what we've seen more recently is a decreasing, a steady decreasing, in Fraser Health,

which is really great news, but an increasing in some of the other health authorities, particularly the Interior and the North and also what we're seeing in Vancouver Coastal most recently has also increased and that is we're seeing more cases in areas like Whistler and in the North Shore coast, Garibaldi region of Vancouver Coastal Health. As I mentioned last week, we have plateaued. We've started to slowly decrease again and that is important for us, and we'll pay more attention to that in the coming slides.

This is the epidemic curve by episode date. So that's by when the date of on set of illness for people, so that gives us a better idea of the time frame when people are getting infected and we can see from this slide that we continue to have the majority of our cases, are people that we can link to a known case cluster or outbreak in our community and about 20% of cases still we are unable to find the link to their exposures. And we've been watching that quite closely.

During the peak in November we had challenges keeping up with contact tracing across BC. We are now doing much better at that as cases have come down, but it has been a strain, particularly in areas where we have fewer resources, in areas in the North and the Interior Health region, for example. We still have some cases related to international travel and that, of course, is most concerning in these past few months as we have identified variants of concern, we are calling them, that have come from parts of the world and these variants have led to increased transmission in some areas of the world. We see that in the UK, in places like Portugal and Ireland, so it is very concerning for us that we manage and prevent repeated importations of these types of variants.

This is the epidemic curve broken down by different age groups. We can see very easily that the top age group, the 20 to 29-year-olds, is really - continues to be the most frequent age of transmission and people who are become infected with COVID-19. We did see a decrease, a steady decrease, leading up to the Christmas break, but then a rapid increase again related primarily to social events that were happening over that break. We also see that it's people between the ages of 20 and 49, which is driving the pandemic at this point and from the data that we have on the ground from public health we see that there's two different areas where we're seeing transmission events happening.

One is in social gathering and interactions, and that tends to be in the younger age group, but then we're also seeing workplace transmission and sometimes quite large outbreaks in workplaces, but transmission events in the older working age category. The things that are important to note on this is that we have seen, again, low rates of transmission in the ten to 19 and the zero to nine year age groups, and those have come down. There was a peak after the winter break where there was transmission likely related to social events over the Christmas break or the winter break, but we're now seeing, once schools are back in place, that transmission rates are going down again, and really importantly, we are finally seeing a concerted and continuous decrease in transmission and cases in people over age 80, and that is very gratifying for us as it reflects the protection that we've been able to provide people primarily in LTC homes from the immunization program that started in December.

This is looking at our case rates and testing. BC overall, and by different health authorities, and just quickly to say that the background grey shadows gives us a sense of how many tests are done per day and then the coloured line is the per cent positivity in a rolling average. The good news on this slide is that we've seen a steady decrease in both testing per cent positivity and numbers of cases in the Fraser Health region. It has been lowering and finally coming down again in Interior Health and Vancouver Coastal with a bit of a blip here in the last few weeks. Most concerning is the areas that we've seen quite high percent positivities in the north and that reflects transmission in several communities across the north. That is now coming down, but still remains relatively high.

This is the same information broken down by age groups, and, particularly, we look at this to help us understand transmission in specific settings. And the five to 12-year-olds and 13 to 18-year-olds we watch very carefully as school age children. We can see in the background that there's a big spike in September and that was when a lot of testing of school age children was being done.

At that period of time, those positivity rates were very low. They have come up in all age groups as our second wave progressed, reflecting transmission in the community. But we are not seeing accelerated transmission in school age children, which is also very important, and, where we're seeing the most transmission, and the highest percent

positivities are in the 19 to 40-year age group as we talked about before. And, again, we see a nice steady finally decrease in transmission rates, and, with high testing, in people over age 80.

This is a reflection of how our health care system is being impacted by our pandemic. As we can see, the cases peak in November and hospitalizations, a lag indicator, peaked several weeks later, and have now come down, but levelled off again. The same we're seeing with deaths, which peak later than our hospitalizations and the cases. We've now seen a levelling off and we hope a steady decrease.

Again, looking at both the hospital and critical care, so that's people who require ICU care, and this is our daily occupancy per million population. So that puts it in a perspective, and really what it shows us is the impact, the dramatic impact that the pandemic has been having recently on our health care system in the north, and that's something we've been paying a lot of attention to to try and support the health care workers in our system.

And we've had on many occasions to have to move people around who needed care to other parts of the province to support the ongoing pressures in the north.

This is an update of our distribution of cases, hospitalizations, ICU, and deaths by age. We continue to see that the older we get the more likely there is to be hospitalization, to require ICU care, and, particularly, people over age 70 are much more likely to die from COVID-19, and this is of course is one of the important measures that we are using to drive our immunization program. With limited amounts of vaccine that we have right now, making sure that we can protect those people most at-risk of hospitalization, of needing ICU care, and of course dying from COVID-19 is our primary priority.

Not only does that protect individuals, our seniors, and elders, in particular, but it also takes pressure off our health care system so that we're able to make sure we can provide care for everybody who needs it in the province. The other important thing that we continue to see that's reflected here is that children and youth under the age of 19, and particularly under the age of ten, are still underrepresented compared to the proportion in the population which is one of the positive things that we have out of this pandemic, reinforcing that young people are much less likely to be infected, and also, thankfully, less likely to have severe illness.

This is a bit of update of some of the data we have on school age children that we've been watching carefully, those five to 12 and 13 to 18, as I mentioned, particularly the five to 12, the young children, underrepresented in the number of cases that we've seen across the province. And this reflects what we've seen around the world, across Canada, as well, that school age children are less likely to be infected, less likely to get sick from COVID-19.

To put that in perspective for us here in BC, the top line here, the red line, is cases in all ages, and we can see that school age children are underrepresented, still less than ten percent of our cases overall, and we see a decrease in cases once school is starting and reflecting really transmission in the community.

I'll go quickly through these. These are just comparisons again of case rates in BC, compared to other jurisdictions in Canada, and this is the death rates that we've been seeing in BC compared to other jurisdictions in Canada, and internationally.

We can see that around the world people have experienced varying degrees of severity in our second waves, but that across the board things are starting to settle down. And, despite the concerns that we're seeing with the rapid increase in some countries, the UK in particular, France, Portugal, Ireland, related to more infective variants that have arisen in the last few months.

This, again, being a lag indicator, taking some time before it shows up, the daily death rates compared to other populations. Very concerning, of course, is that some of these new variants have now been associated with increased severity of illness and that is very worrisome.

So all of that data goes into helping us understand the trajectory of our pandemic here in BC and where we are, in terms of the potential for rapid takeoff or growth of the pandemic again. And this is the reproductive number, the average daily number of new infections per case, and this is a composite number that helps us understand where we are in terms of how many people every case is transmitting to.

But we do know from this virus that this is an average, and the majority of people who are infected don't transmit to anybody. But some people are involved in what we call super spreader events where a person can transmit to many others.

So when we look at an average, we have to remember that it doesn't always reflect the potential of each individual. But the good news here is that, despite being at or above (inaudible) for much of the last few months, in the last couple of weeks we've seen that curve bend down again. Now that we've had the number of cases we have, we can look at this in a more granular way across the province. The numbers are more stable the higher the cases, the higher the population.

So, really, when we look at Fraser Health, we see that it's nicely come down under one. Vancouver Coastal Health has been hovering around one, and that's primarily related to some of the transmission events and the ongoing transmission concerns in places like Whistler and other parts of the North Shore or Coast Garibaldi area of Vancouver Coastal.

The Interior, where we've seen clusters in a number of communities take off quite rapidly, seems to be settling down now, and the reproductive number, again, has come down below one. And we've seen that as well for the north, though, the numbers are small here so the change can mean a big difference, in terms of stress on our communities and the health care system. And, on Vancouver Island, we've had an increase over the last number of weeks, but that is slowly coming down again.

This then leads into helping us understand the modelling that allows us to get a sense of what could happen in the future, given where we are today, and the history of what's happened in the past. So this is a figure that will be familiar. We have updated it and we've now seen, since December, a steady decrease in our cases and our transmissions over time.

The background, however, gives us a sense of the uncertainty and potential, and what we do know is that we are on a good trajectory, but it could change very quickly and we could see rapid increases like we have seen in other countries and other provinces in a very rapid period of time.

And when we look at these models describing these trends by health authority, we see these stable or declining trends all across the province, which is good news. The challenge is maintaining this. We do not need or want to see rapid inflections and that is a possibility based on these models and it has to do with our interactions and making sure that our interactions continue to be safe and prevent transmission of infection.

When we look at the scenarios that could possibly happen should we start increasing our contacts, and what we're talking about are infectious contacts. That means contacts that are risky and may allow the virus to be transmitted from somebody who's infected to one or multiple other people.

Right now, when we look at these model parameters, we're probably somewhere in the 40% to 50% of our infectious contact rate compared to pre-pandemic. So that means that we are doing the things that we need to do to stay apart, to keep our safe distances, to wear masks, stay away from others when we're sick. These are all the that we know reduce our rate of infections, reduce the probability that we're going to pass the virus on to somebody else if we're sick ourselves.

Where we have concerns is that we can end up into the bottom scenarios where we have rapid growth of this virus and we've seen that happen. It can happen in a variety of ways. One, it could happen by us having more social interactions or gatherings or coming into contact without the precautions in place with a large number of people.

The other thing that can drive this is the new variants of concern and we call them variants of concern because it means that they are more infectious than the strain of the virus that we've seen circulating for the most part so far in our communities. And with more infectious it means that even if we slip a little bit, the potential for transmission goes up and this is what is concerning for us right now.

We do not need or want to be in that situation where we start to see rapid growth. And there's a couple of ways that these variants can cause concerns for us and I'll talk about that in a minute.

On the positive side, the things that are going to protect us and get us out of this pandemic is about having access to vaccination and being immunized.

So far in British Columbia, we have 156,250 doses of vaccine, both the Pfizer and the Moderna vaccine, and we have administered almost all of it.

We did receive some vaccine this week from Pfizer and we are due to receive more of the Modern vaccine, some of it has come already, and more of it will be coming this weekend.

Our focus at the immunization program, as we know, has been particularly on protecting those most at risk, and that is our seniors, elders and residents of long-term care.

We have done fairly well at getting first doses into the vast majority of our long-term care residents across the province -- 87%, based on the target, the number of residents that we know, and we will have more detailed breakdowns of this information by care facilities in the coming week.

But, there are some people who have not been able receive immunization primarily because they have been recently infected with the virus. We've gone in to immunize in care homes where we are having outbreaks and we are now seeing it is helping us to stop those outbreaks rapidly.

However, unfortunately, some people are still in the acute phase of infection and can't be vaccinated but we will catch them up in a few weeks.

As well, some people have not had consent, but that's a very small number.

Also very importantly, is making sure that we protect the circle around those most vulnerable people in long-term care and that's immunizing staff and people who work in care homes and again, we have had very high uptake in most places around the province and we will be looking at this in more detail on a facility-by-facility basis in the coming week.

We also have been focussing on people who live in our registered assisted-living residence and this is an ongoing initiative to make sure that we capture most and all of those people who are most at risk and people who are working in those settings as well.

A very important part of our immunization program is making sure that we have a safety surveillance system that allows us to know every single dose by lot number and by vaccine that, goes into every person's arms.

This is incredibly important, particularly because these are new vaccines and as more vaccines come on line, we need to be able to monitor for safety signals and safety signals are signals that come up when large amount of vaccine are used and large numbers of people and so now we have million of people around the world.

The clinical trials done had 40,000 to 50,000 people in them and you would expect to see any common safety concerns but not rare events.

So what we have been doing, we are part of a national and international system of monitoring for safety and the good news is, around the world, across Canada and here in BC, we have identified no new safety signals with either of the vaccines that we are using.

With over 145,000 doses, as I mentioned, being administered here in BC. So we have had 205, what we call adverse events following immunization, AEFIs. These are written-out events that we have been monitoring with all vaccines for a long time so we know that this means people are watching very carefully for these.

We have approximately 14 AEFIs, or adverse events, reports for every 10,000 doses of vaccine. That is not unexpected. In BC we have had 55 people who were classified as having a serious adverse event, including, mostly severe allergic reactions or anaphylaxis.

This is something we have seen that come out of the clinical trials with the vaccines that we have and we have seen around the world and we are monitoring very carefully. It's also something that is not unexpected with a vaccine or any medication.

We have provisions with all of our immunization clinics to make sure we can detect and care for people who have this type of reaction and treat them. So far everybody has recovered from these allergic reactions and only a very small number of people have had to be in hospital for a short period of time.

Importantly, there are events that can happen, particularly when immunizing older people, that are temporarily associated with the vaccine but are not caused by the vaccine. We are very careful. We have what is called a causality committee that does this work in BC, across Canada, and with the WHO internationally to monitor very carefully and so far we have not seen any serious events caused by the vaccine.

I want to finish by talking a little bit about variants of concern. These are something that have entered our lexicon in the last few weeks, particularly because of one variant that was detected in the UK to start with that was associated with increased transmissibility, rapidly increasing numbers of people being infected.

This virus is an RNA virus. That means it has a single genomic sequence, which means that every time it replicates there is a potential for a mutation or a change to happen.

I liken it to it doesn't have a spellchecker so sometimes the genetic code can get it wrong and misspell and that can in some cases lead to a virus that has some sort of ability to take over or spread faster, gives it an advantage. This is one of the things we have seen in the UK -- that the virus variant that was detected in the UK meant that it could be transmitted more easily to others.

And, more worrisome, in the last week or so, there has also been some data that suggests it might cause more severe illness. Sometimes it is very difficult to tease that apart because we know the more people that are infected, the more people who are going to have serious illness, but there is some concern about that, and that is very concerning to us as well.

In BC, we have been using whole genome sequencing -- so that's doing the sequence of about 30,000 base pairs that make us this virus's genetic material on an ongoing basis to help us understand how the virus is moving in our population. And it was one of the things that helped us determine early on that we were seeing an increase in people coming in from Washington State, from Europe, etc. It's how we detected the first importation of a virus that somebody had picked up in Iran.

Right now we do about 750 whole genome sequences on positive tests per week, but the BC CDC lab, working with partners across the country, is developing the screening marker is developing a screening marker so that we can screen thousands of samples per week, hopefully get to all of the positive samples being screened for this, and then, if this

marker lights up, doing a whole genome sequencing on those targeted isolates, we call them, or the swabs, the virus that's being detected from cases.

So right now we are doing whole genome sequencing to look for the variants of concern that have been identified internationally. So there are many other variants out there, slight changes -- as we've seen, it changes about two mutations per month -- but these ones are a concern because, as I mentioned, they have increased transmissability and there's some concern that the variant from South Africa may give it some ability to -- the vaccine may not work as well -- some vaccines may not work as well on that variant.

So this is what we have as of yesterday here in BC. We've sequenced about 4,500 cases and we've detected both either the UK or the South African variant in 28 cases. Of the UK variant, 14 of those cases were people who had histories of travel directly from the UK, from Ireland, from Dubai -- there's a few other countries as well -- and there were five individuals who had this variant who were close contacts of somebody who travelled. So far those variants seem to be relatively contained, but it is concerning to us that we continue to have transmission in our community of these variants -- the UK variant in particular -- and we're increasing our screening and targeting of outbreaks in other places to make sure that we are finding and containing this variant.

Of concern to us is we also have eight cases of the variant B-1351, which was first detected in South Africa that were acquired locally and in five of these we do not know where that person acquired the virus. Three of them were contacts of somebody who had acquired the virrus either from travel or locally. So this is more concerning to us. Again, we don't seem to be seeing widespread variants here in the province yet, but we are stepping up our surveillance and targeted surveillance to better understand where we are.

For those who are following, we have seen an increase. We had only a few of these detected even as early as last week and we've now had double the number within this past week. So this is something we are watching and are of great concern.

This is just a schematic to help you understand a little bit about how we use these variants, this whole genome sequencing, to understand transmission and transmission patterns. So what this shows is a phylogenetic tree. It's kind of like an ancestry tree with the ones that are on the same line or the same fork being pmore closely related. So they would be brothers and sisters compared to cousins that are on a different branch of this tree, and this is all of the whole genome sequencing that we've done in BC in the last little while and in blue there are the small number of dots that represent these variants of concern.

Finally, this is a tool and this is a pattern that we use when we're looking at outbreaks in BC and this is the phylogenetic tree with one particular outbreak that helped us understand that it wasn't all transmission with one introduction because we can see that there's two different families of virus that have been transmitted in this outbreak and that tells us that it wasn't all from one introduction, that there was more than one person who brought that virus into that outbreak, and that is one way that we do our outbreak investigations, helps understand the transmission that the virus in different settings.

So with that, I'm going to talk a little bit about where does that leave us now. What this modelling and the epidemiology tells us is that we are seeing some encouraging signs here in BC. The efforts that we are all doing here in BC are working. Through our individual and collective efforts the average number of new infections with each new case, so that reproductive number is now down below one, and that's where we need to keep it. Since our immunization program got underway we've seen a dramatic and sustained decrease in illness amongst our most elderly and susceptible to severe illness and this is important and welcome news for us all.

By spending less time with others, by staying local, using our layers of protection, we are bending our curve slowly and steadily, but we need to protect the progress we have made since the start of this year and not squander our success. To do this, we need to use this time to buy ourselves more time, to get our immunization program fully back on track,

push our cases down further, and this will allow us to respond quickly and rapidly to any surge in variants of concern that may come up very quickly.

We only need look around us to see how severe the impact can be if we don't have a buffer in our health care capacity and this is our time to do that. With this in mind, I am keeping the current province wide public health orders on gathering and events in place. I will be continually reviewing and reconsider the need for these restrictions based on the incidents and prevalence of the virus, the data that we've shown today, any new information about transmission, and the progress of our vaccination supply and our immunization program.

Right now, we need to stay the path. We need to buy time. We need to buy time to understand how these variants of concern or whether these variant of concern are going to affect transmission in our community and we need to buy time to get our immunization program back up and running at full speed. Just one or two super spreading events in our network or a slight increase in our contacts or risky contacts with others can quickly counteract all of our progress and work, especially with that increasing information we have about these more transmissible variants.

Seeing one more friend, having one birthday party with those outside our household is all that it may take in our communities and communities around BC have seen this in the last few months. Places where we have not seen transmission before, social gatherings that happened over the Christmas break, for example, social gatherings that have happened in ski hills and other places have led to rapid transmission in some communities. We want and need a smooth, flat path to the finish with few, if any, hurdles like outbreaks or unchecked transmission in more communities.

We are the not quite there yet, but we are getting closer every day. Each holiday and occasion this month, whether it's the Super Bowl this Sunday, Lunar New Year, Family Day, Valentine's Day, it's an important opportunity for us to either allow the virus to spread or to slow it down even more. Whether we're in Whistler, Revelstoke, Prince Rupert, Victoria, the choice is ours right now to make the difference.

We all want to get to the days where these orders can be lifted. As we look to the end of this month, these data will tell us if more action is required or if we can start to ease the restrictions we have in place. Through our shared efforts and as long as we continue on this path we can start planning for the return of activities at the end of this month. Looking ahead, we are working and continue to work with viaSport and we can start to put plans in place to get youth sport up and running by the end of this month.

We can start with faith services to prepare to resume services with full plans in place to ensure everyone is safe. And all of us can start to resume some of those important social interactions in a moderate way. Those connections that have been missing. So by the end of the month, once again, we can look to having our safe six, our bubble again, the same group of people, whether that's our grandparents, close family, or close single group of friends.

Staying small, staying local right now, for the next while, will mean fewer cases, means fewer outbreaks, means fewer severe illness, fewer people in hospitals, fewer people dying. These are the signs that I and we will be watching through the hard push that we have on right now to the end of this month. We need to continue this for the next while, today, tomorrow, this weekend and next so we can get to those brighter, safer days ahead. Spring is coming, the summer is coming. We need to get there by minimizing the impact on our communities now and we need to do that by being kind, being calm, and staying safe.

Dix: Thank you very much, Dr Henry. I just want to start by, acknowledging those people who passed away from COVID-19, the six people who passed away yesterday, all in the Fraser Health authority, the 1,240 people who have died from COVID-19 since the beginning of the pandemic. Just to say, and we'll be providing the numbers for today later today, but just to acknowledge that sense of loss that communities caregivers and, of course, families have felt at the losses, the profound losses that have occurred during the pandemic. And they remind us, as well, of the need, and all of our need, to continue our work to stop transmission of COVID-19.

I'm not going to add anything to the modelling today, except to note page 25, if people have the modelling in front of them or will see it later, which shows different paths that can happen based on all of our activities. Some of the responsibility is health system, but a lot of that responsibility is for us as individuals to ensure that we reduce and continue to reduce infectious contact. It is why the current health orders have been extended, and why we continue to need to take action in this crucial time as we are developing our immunization campaign and the vaccination campaign in BC.

It is very important now that we focus in, especially in these next new weeks, on reducing those contacts so we can reduce transmission, and hopefully, looking forward to the future months and in the spring, to being able to do more than we are able to do now and to see some relaxation in public health orders.

Yesterday, I was asked about immunization in First Nations communities. I just wanted to give an update on some of the details of that.

As you know, we identified a target of 25,000 doses for remote and isolated Indigenous communities by end of March 2021. It is our expectation that we will meet that goal. Indeed, it is our expectation from the federal government that even those vaccines that have not come to BC in the last short period of time will be provided and be made up for by the end of March

To the end of February 3, which is Wednesday, within that category of remote and isolated Indigenous communities, we've administered 12,800 first doses and 247 second doses, for a total of 13,047 doses. Obviously, the reduction in vaccine supply, particularly, in this case, the Moderna, creates some challenges, but we are expecting to achieve our target on the assumption of increased supply in March.

I wanted to note as well, and Dr Henry has talked about this, in addition to the very significant achievement, I think, of vaccination in long-term care of residents and staff throughout BC, close to 5,000 essential visitors have also been immunized, and the effect of immunization in long-term care has been positive. There were 49 outbreaks on January 15 in long-term care, assisted living and independent living. Today, there are 24, 23 in long-term care and one in independent living, none in assisted living, and that shows the progress has been made, and recent outbreaks have tended to be the ones that have occurred in the last two weeks have been smaller outbreaks, not the kind of outbreaks that we saw in November and December and the early part of January, which is heartening.

That said, we are continuing in the existing outbreaks to see the impact on residents in long-term care and their families of COVID-19 and its profound impact in all of those care homes. And all steps are being taken both to support those who tested have positive for COVID-19 and to prevent transmission. And I wanted to say it is very important as well that we finish second doses in long-term care. And we are going to continue to do that so that we can take steps, the other set of steps we need to take following that to allow more access and more normalcy to return to long-term care homes and to the lives of its resident.

I wanted to just say a couple of things briefly about ski hills and just to note -- and you see this in the material, but it doesn't stand up as well -- that Vancouver Coastal Health will be advising in one of the advisories today there have been a total of 547 cases of COVID-19 in Whistler from January 1st to February 2nd.

We also saw, and you can see it in the maps, cases of course at Big White, which you've heard about, and then in communities, such as Fernie, across BC. The majority of the cases in Whistler continue to be identified in young people in their 20s and 30s, who live, work and socialize together. I should note that to date, two of the cases -- only two -- have required brief hospitalizations, and no deaths have occurred. Almost all of the recent cases are associated with transmission occurring within households and social settings, according to our contact tracing. And we saw obviously saw a similar increase in cases in November 2020, which was resolved in early December.

As you will know from last weekend, significant enforcement actions are taking place at Whistler. I want to acknowledge Dr Henry and I have spent time, and we are with working are the mayor of Whistler, who has played an extraordinary

leadership role in the whole province on this question. I want to acknowledge his work. The industry, in ski communities across BC. The Ministry of Tourism has implemented some measures and will be laying out its full action plan, I think, and provincial one to reduce transmission, which is important, because obviously we want to take those actions that focus in on the source of transmission and limit transmission and not have to take broader action with respect to the entire industry. So I'm very, very appreciative and I want to salute, in particular, the work of Mayor Crompton and of people work are working on this file within government, and my colleagues, Ministers Osborne and Mark.

Those are just a few updates, just to say that today's modelling and data indicate that the hard work for each of us have made a difference. And I want to acknowledge in particular Fraser Health. If you look at active case, Fraser Health is approximately 38% of the provincial population, and they are just under 40% of active cases in BC. This is very different than what we saw in September and what we saw in October and what we saw in November. So there has been significant work done there, and we want to acknowledge that work and the overall reduction of cases back to the provincial average -- not that there aren't still cases, but back to the provincial average there.

This is familiar terrain for all of us. We bent our curve last spring, only to see COVID-19 fight back with all its mite. What makes this time different is there are vaccines. They've started to give the protection to those who we all wanted to get it first and who needed it most -- our family and friends in long-term care and assisted living and those who care for them.

But what also makes this time different is that COVID-19 is fighting back even harder. These new variants have potential to make us sick, make us sick faster, and still cost lives and still take so much from us, as Dr Henry has shown. COVID-19 is not giving up, and so neither can we. The message from today is clear -- hold steady in our efforts to stop the spread, hold fast to the knowledge that our masks, our handwashing, our physical distancing, our work and our sacrifice save lives. And they do. And always, always hold onto the certainty that the difference is still down to each of us and the actions we take to stop the spread.

Our BC vaccination plan will work. More vaccines will arrive, and more British Columbians will receive their shot. That will take time, and we know what we must do to make our plan work as we await vaccines and our turn for our shot. Our efforts to stop the spread have never mattered more, and we won't let each other down.

With that, Dr Henry and I are happy to take your questions.

Q & A

Reporter: Good day Dr Henry, thank you for the briefing, appreciate it. In addition to the three variants that you discussed in the briefing, I'm seeing coverage south of the border of what is being called the California variant. Apparently, a virus active, or a version of the virus, active in the Los Angeles area. Is that something BC should be concerned about and would the checking that's going on here be a way of catching that if it showed up in BC?

Henry: So, absolutely. There's been a couple of variants in the US as well -- In... I won't remember, it's one of the southern states as well that arose not that long ago -- These are concerning. And what they reflect is when you have a lot of transmission in the community there's more opportunity for these mutations to happen and for them to lead to something that gives that strain of the virus opportunity over others. and so it can start to spread more rapidly.

We're seeing that in LA, we're seeing that in the UK was the first that really alerted us to this concern. That's why we get fussed about wanting to reduce transmissions. We say, well, it doesn't seem to cause severe illness in young people so what's the big deal? Well, the big deal is that, even though it may not make you that sick, the replication of the virus could lead to another mutation or a variant, and we know that the ones that we've been concerned about have been introduced into BC and we're not certain sort of how many of them. So every transmission runs that risk.

Yes, we need to be concerned about it, and, yes, our whole genome sequencing will pick up any of those variants, and there's an international website that puts all of these different ones up there so that we know which are the ones of

concern. And there's specific pieces -- There's, I believe, 17 different mutations in the UK variant, for example -- But only one or two of those mutations are ones that lead to the increased transmissibility.

So the screening test that is being developed at the BC CDC, they're doing it in Ontario, in AB as well, and we're working across the country on making sure we can pick up the ones that are of concern, should detect the concerning pieces in the variant from LA, as well. And the whole genome sequencing allows us to look at those ones.

We picked up a huge number of variants across BC and that phylogenetic tree shows you all the different strains. But that's why we're calling some specific ones variants of concern. So the one from LA is still being analyzed by our lab colleagues about whether it does confer this competitive advantage to that virus.

Reporter: I wonder if there is any particular precautions that need to be taken by BC because of the significant volume of truck traffic and goods shipment back and forth between BC and California? It wouldn't be so much air travel here as surface travel that might bring it in?

Henry: We've had a lot of conversations about that. As you know, the border is a shared responsibility, but primarily a federal responsibility. And we have been talking about the need to have a consolidated program of testing of people who go back and forth across the border regularly.

You bring up a very good point. One of the geographic realities that we live in in BC is that we are dependent on essential goods and services from across the continent, and that makes it much more challenging for us to get to things like COVID zero where people can control who's coming in.

There is a lot of traffic, primarily truck traffic, back and forth, especially from California. So we are in discussions with the federal government about how do we put in a rational way of, and, hopefully, a coordinated way with the US of having periodic testing of people who are essential workers coming back and forth across the border.

Reporter: I'm wondering have you received a proposal from the Western Hockey League for a return to play for the five BC teams? And would a hub concept with playing in Kamloops and Kelowna meet your current restrictions?

Henry: Current restrictions, no, because some of the important restrictions we have in place that are necessary right now are about travel and about people coming from different areas together. My office received a proposal early in January that did not meet the considerations that we had in place currently. I know we've received some emails about other thoughts that they had about different types of hubs. I haven't seen that in detail yet. But I am hopeful.

This is one of the things that we need to plan for. If things go well during this period of time -- We are buying time, as I said a couple of times -- Buying time right now between now and the end of the month to understand these variants of concern, to get a better handle on them now that we have some more restrictions on travel and borders, and to get our immunization program off and running again.

So nothing will change in this period of time, but, absolutely, I want to work the WHL so that we can salvage a spring season for them.

Reporter: We have heard from multiple workers inside RIH that the outbreak there has spread beyond the sixth floor. However, yesterday, IH did not confirm this for reporters. Why are we seeing such a discrepancy in information between the health authority and those working in the hospital?

Henry: So I can't answer that directly other than I know that there was investigations ongoing and testing ongoing in other parts of the hospital to understand the spread, and there are often concerns that may or may not bear out. So I know the investigation is ongoing and the people who are doing those investigations, partly the public health team with the infection control team and operations at IH, are actively managing every single concern in that hospital.

Reporter: The exposure of the variant in BC is still low, but we've got limited capacity to do the screening. I know you said you're stepping up surveillance. I'm just wondering if you can walk me through exactly what that looks like? Are you shifting contact tracing resources or putting more into the genome sequencing or is there another branch of screening that you're looking at? I just want to get a better idea.

Henry: The short answer is all three. So when I talk about surveillance, part of it is lab surveillance. So using the market, the indicator, test, which is part of the PCR test. We're going to ramp up to do it on every single case in BC, but that should be in place in the coming days.

I've been talking with Dr Krejden about pulling that together and they are moving ahead with that one. So that should happen very quickly. And that will help us target the whole genome sequencing. We're also increasing our capacity to do more whole genome sequences. It take a lot longer to do them and there's a delay sometimes.

So part of our surveillance is trying to ramp up our screening lab test that helps us identify which are the ones that are likely to have these variants of concern, or at least part of them. So that's one phase that we're doing. We're also very targeting more concerning outbreaks, spread in communities, and people of specific age groups. We've been focusing on ensuring children of school age, for example, that we do oversample and do whole genome sequencing on people who are positive in that age group, and, of course, anybody who's positive from international travel.

Along with that, on the public health side, we are doing more intensive follow-up around people who are identified as having one of the variants. So that means testing, and all of their close contacts, where we might have said only to get tested if you develop symptoms, making sure that people are more effectively isolated.

And this is another place where the actions that the federal government are taking to ensure that people are maintaining quarantine and are being tested at day seven and day ten. So we're doing the same thing when people are tested prior to coming out of quarantine if they've been exposed to somebody with the variant.

And things like the additional testing that we're doing around even non-close contacts. For example, the school the testing that we did in Fraser Health this past week.

Reporter: This is more around the immunization program. You talked about trying to buy more time to get that back on track. Under the plan that had been rolled out a couple of weeks ago there was the expectation that, for example, seniors in the community would be getting calls from their doctor maybe in mid-February to try and book their first shot. So I just wonder if you can give us an update on what people who are next in line in that second phase, when should they expect to start hearing about shots at this point?

Henry: We were hoping mid-February, but the vaccine has not arrived, as you know, for this last two weeks and even next week it will be reduced from what we expected, and we are putting in place -- so it's more the March 1. People who are 80 and above in the community who have not yet -- a proportion of those people are people who live in care homes, LTC, assisted living, so yes, we are putting in place a couple of things.

It will not necessarily be your family doctor who will call you. We will be connecting with people in a number of ways. That is currently being worked out so we're using what we know about people, by age and their MSP, for example, to connect with them. ServiceBC is working -- we're setting up a hot line so we can call people and there will be much more information in the coming weeks, probably the week after next, very detailed so that individuals, their family members, our community members, we can support everybody in booking an appointment, making sure we know people who cannot get out for appointments and going through places like independent living homes to connect with people who are in those settings so that is something that Dr Ballem and her team are putting together right now.

So please be patient. We will have much more information about this, both through the public, to people directly, through your care providers, through community groups to connect with our elders and seniors and get them

Immunized as soon as we can, and the target is to be starting with our mass clinics as soon as vaccine is available in March.

Reporter: Dr Henry, we heard you refer a few times to the end of February. Can you give BCers a deadline of what you are looking for over the next few weeks in order to ease the restrictions? Is it a certain number of cases? Is it a certain number of variants? It is a number of vaccines? What are you looking at for numbers to reassess these restrictions?

Henry: It's all of those. So yes, I will be looking at are we on a continual down? Where are clusters happening? Helping to understand where transmission happening in the community, but case rates are an important piece of it. Looking at outbreaks is an important piece. Looking at whether these variants are taking off or increasing; so part of it is having that more detailed, multi-layered surveillance in place. So it is all of the above and it is also making sure that we are starting on that road to be able to protect those who are most at risk in the communities.

Reporter: How should people assess what is happening here? I think, as you know, in life people work very well on deadlines and there seems to be broad deadline here, but nothing specific.

Henry: That is intentional. We've set dates that become the -- where people are looking to -- what I'm saying is we are in a place of a little bit of more uncertainty and that we need to buy some time to understand if the positive things that we're seeing are going to allow us to take away some of the restrictions we have in place now and be able to do that safely. So we don't yet know what that is and that's why I'm leaving it open ended.

I'm not putting an end to the orders that are in place now, but I will be continuously reviewing the data that we have to see if we can do it earlier than the end of the month, but I want people to start thinking about -- it's not going to be yah, we're out of this, we're back to normal. It's going to be can we slowly and thoughtfully find an increase in those social connections that we all really want and some of the activities that we've had to curtail because of the risk of transmission, and do that in a safe way in the coming weeks.

Much will depend -- if we start to see -- I hop we won't -- if we start to see one of these variants take off then all bets are off and we may need to actually increase some of the restrictions that we have in place. I don't want to go there, but right now we need to buy that time to understand, to stay the course, so we can -- part of getting immunization going again is really important to protect those who are most at risk and that gives us a bit of buffer.

People call it hardening the vulnerable. So that is something that's part of it as well. I think we will be making good progress in the next couple of weeks and if we can, we'll take off some of these restrictions earlier. So now's the time to prepare for how to do that safely. And I think if we look around at jurisdictions around us, in alberta, in Ontario, Quebec, they are actually looking at lifting some of the restrictions to take them to a place where we are now. So we need to put that that in context, too.

I want us to continue to be able to safety go to restaurants, to safely go to retail shops, to safely go to our hairdressers, and other important businesses in our community, but we know that it's also important that it's not health or business. It's both of them together -- to safely go to ski hills. So now's our period of time where we have to put that in the context of the risk that we're facing from some of the things like having these new variants on the horizon and being able to get second doses of vaccine into the most vulnerable in care homes. So that's about as specific as I can get right now.

Reporter: Given the delays we've seen in the vaccine rollout, you've spoken about how vaccine is backend loaded, we'll be getting lots more in March, how big of a concern is that in terms of starting to slowly ease the restrictions and what do you need to see there?

Henry: I need to see more confidence that the actual vaccines are coming. Our strategy was rolling out nicely and it's been stretched out and delayed. So we need to be sure that we actually are getting the doses to meet those needs that we have. It is becoming more important to -- we're realizing that the second dose in elderly people, for example, is

probably an important safety measure to have in place in care homes. So those are some of the things that we are looking at.

Just getting more confidence that the vaccines that we expect will be coming in time so that we can get our program up and running. I also -- in the next few we should have additional vaccines available. So we're still in that limbo period waiting for those. So having a better understanding of when additional vaccines might be available and who we can target those vaccines to is the other part that we'll be balancing as well.

Dix: And just a reminder that the core of our vaccine program so far, and you see its impact in LTC already and we expect it to continue to have that impact, but the core of it is to on vulnerable communities. Those are our priorities, that's what we set, that's what we laid out in our plan, and that's what we're proceeding with, albeit with less vaccine, more slowly than we would like.

But the expectation on that plan right now -- Dr Henry just talked about other vaccines in addition to Moderna and Pfizer that make come, is about 10% of the population by the end of March, that's the vaccine that we expect to come from the federal government, and it'll be less than 50% of the total vaccine by June 30. So what's going to require is continued action to reduce the spread in communities.

So the vaccine will help especially protect the most vulnerable and that has been at the core of what we've done in all of our actions to deal with COVID-19. But we need to recognize that in the short run, right now, we have to maintain our actions to reduce that level of -- continue to reduce and hold the line on transmission in the community and that vaccine will protect a lot of vulnerable people, protect our health care institutions right now, but it's not the answer in it of itself until we get much more vaccine later on in phase two and then phase three of the plan.

Reporter: Minister Dix, I wonder if you could expand a little bit on what you were saying there about Whistler. It sounds like there's more, perhaps, restrictions or a safety plan coming. Can you talk more about that? I know with young people in Whistler they've often talked about how expensive housing is and so many end up living together, and just wondering if that means there could be some sort of isolation facility opening there?

Dix: I think -- and Dr Henry will speak about that, about the issue of transmission in a second -- I think it's important that we understand that, but I think that already last weekend you saw 61 inspections by WorkSafeBC. Significant, I think, a couple of dozen inspections by environmental health officers in Vancouver Coastal Health. So that work is happening, right?

One of the places we're seeing transmission is in social gathering and social settings around Whistler. It's not skiing on the mountain that has been the principle source of transmission. So what we're doing is continuing that, increasing -- and you'll see, I think, an increase in communications, and then more details of the plan both from the industry involving health authorities, but also the Ministry of Tourism, to target transmission and to reduce transmission in the coming weeks. I think it's very important that we do that because I think no one wants to take broader action that would curtail the season, but we need to take action now.

The number of cases, more than 500 case at Whistler, for example, from January 1 to February 2, is too many and the fact that it's only brought two hospitalizations at Whistler, because it's 547 cases in Whistler, remember -- there may be other cases of transmission that are reflected in the place of residence of the person who tests positive with COVID-19. This is significant. It's also significant in Fernie and other communities around BC. So we have to take these steps now and I know the industry is very interested in doing that and involved and active in the plan, as are other part of government.

So we have to take steps to focus on, make the workplaces in those communities safer, and the municipalities, I think, are doing a very good job, particularly Whistler, in engaging and we just got to keep doing it because regardless of the nature of the transmission or the seriousness of the illness, that's way, way, way too many cases.

Henry: I would just say that public health has been working with the communities -- Big White, Whistler, Fernie, and others -- and yes, there are already places in hotels and other places where people who are infected can safely isolate without infecting others in their household or in their communal living setting. That's been in place with Vancouver Coastal for some time now to help support people who are infected.

But the other thing that we've been saying for some time as well is stay local and for Whistler that means day trips only. Right now is not the time to go up there and party, and that is important because the community needs to be protected from us and we need, if we're going up to Whistler, not to bring the virus back with us to our community.

So staying local is one of the important things that we all must do around the province and for that day trips is a good proxy for that. I know that means that there's a broader community that can do day trips up to Whistler and that means they need to check ahead to make sure that there is space on the mountain. That's another issue that we've heard has been a concern and I know the community is looking at how they can support that, too.

Reporter: I just heard you say that partying up at Whistler is not a good idea, but day trips are still OK and we've been hearing from people who have passes to go to Whistler who say they don't want to go. They don't feel safe going. We've just been told there's almost 600 cases in the last month attached to that ski resort. What is your advice to people who are now being told if they don't use their passes they're going to lose them?

Henry: That is something that has been brought up to this industry group, as we've been talking about. I know they're coming out with a plan. I expect it'll be next week. That is one of the concerns that has been brought to their attention and I know the community is very concerned about that, too.

Reporter: What specifically is being done to ensure that people are safe? Because you're telling people they can't go to church, you're telling people they can't go to a movie, but it's OK to go to Whistler where we now have almost 600 cases linked to that resort.

Henry: Yes. So what I'm telling people is it's OK to go outside to go skiing and we know that that in itself is not a risk. It's the befores and the afters and the parties and the getting together and the social gatherings. Those have never been acceptable and that is where we're seeing transmission happening in several communities, and that is why it's so important to visit, not vacation. I know many families -- skiing is part of their winter exercise and activity. It's outdoors, it's low risk if you go with your family to your local mountain. [sss, adv, agg, mjag, mcfd, ctz, edu, embc, empr, env, fin, forr, hlth, tnf, jtst, lbrr, mhaa, maz, pjjh, pssg, msd, tacz, tran, dbc]

TNO...

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This is Exhibit "D" referred to in the affidavit of Megan Patterson affirmed before me at Vancouver in the Province of British Columbia this 8 day of Feb, 2021
A Commissioner for taking Affidavits Within the Province of British Columbia

February 3, 2021

J. Gareth Morley
Constitutional and Administrative Law
Legal Services Branch, Ministry of Attorney General

Via email to Gareth.Morley@gov.bc.ca

Dear Mr. Morely,

Re: Reconsideration of orders / religious services / SCBC No. S210209

Further to your letter of January 29, 2021, your questions are set out below with the following responses given by my clients:

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1. In the material provided, what, if anything, is a proposal that if implemented would meet the objectives of the January 8 order and is suitable to a written agreement under section 38 of the Public Health Act? Please respond for each of Mr. Beaudoin and the three churches. If you wish to provide draft agreements under s. 38, that would be of assistance.

Answer: The three specific churches propose that, for their in-person worship gatherings, they continue to:

- maintain physical distancing of at least 2 metres between members of different households;
- maintain contact tracing;
- maintain the use of hand sanitizer and at all times of ingress and egress from the buildings; and
- maintain the use of masks as Dr. Henry directed.

In addition, these churches also propose to continue to maintain their present practice of not having before and after worship coffee and other such social events until such time as PHO orders permit and/or this litigation is decided on the merits.

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2. For each of these proposals, if the request is for a class of persons, please identify the class under s. 43(7) of the Act.

Answer: Not a class of persons but rather for the specific Pastors, Church Officials and Churches who are parties in this litigation.

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3. What material should the Provincial Health Officer look to as, in your clients' view, additional relevant information that was not reasonably available to her on January 8, 2021?

Answer: The affidavits delivered to Dr. Henry in this matter have set out in detail the steps that these churches have taken to conduct their activities safely and, as above proposed, will continue as a condition of a section 43 exemption.

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4. Can you confirm that you are not asking for more time to comply with the order under s. 43(1)(c)?

Answer: Correct.

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5. I draw your attention to s. 43(6) of the Public Health Act, which provides that an order is not suspended unless the health officer agrees, in writing, to suspend it. If you are asking for suspension, please do that and provide your justification in writing.

N/A

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6. If you are not asking for a suspension, please confirm that your clients will abide by the order until the reconsideration process is complete. If you are asking for a suspension, please confirm that your clients will comply with the order while the suspension request is considered.N/A

Thank you for your cooperation in this respect and we look forward to an early response with respect to the requested section 43 exemptions.

Yours truly,

Paul Jaffe
Paul Jaffe

cc. Petitioners in SCBC No. S210209
E. Lapper at Emily.Lapper@gov.bc.ca
J. Hughes at Jacqueline.Hughes@gov.bc.ca