



COVID-19 Report

**REPORTING PERIOD:
APRIL 23 TO APRIL 29, 2023 (WEEK 17)**

May 2, 2023
Department of Health





Effective May 2nd, we will be moving to a monthly reporting cycle for COVIDWATCH, before resuming regular reporting in Fall 2023. Therefore, for the remainder of this respiratory illness season, reports will be released May 2nd, May 30th, June 27th, July 25th, and August 29th. For the next respiratory illness season, which will begin in early September, we will release bi-weekly reports on September 12th and September 26th and then move to weekly reporting afterwards.

SUMMARY^{1,2}

Testing this reporting period:	n = 78 New PCR confirmed cases n = 708 Tests completed
Outcomes this reporting period:	n = 11 Admissions to hospital n = 0 Admissions to ICU n = 4 Confirmed deaths ³

HIGHLIGHTS

- The number of confirmed cases and percent positivity remained stable compared to the previous reporting period.
- COVID-19 hospitalizations increased while deaths remained stable.
- Since August 28, 2022, the rate of hospitalizations is highest among those aged 70 years and older.

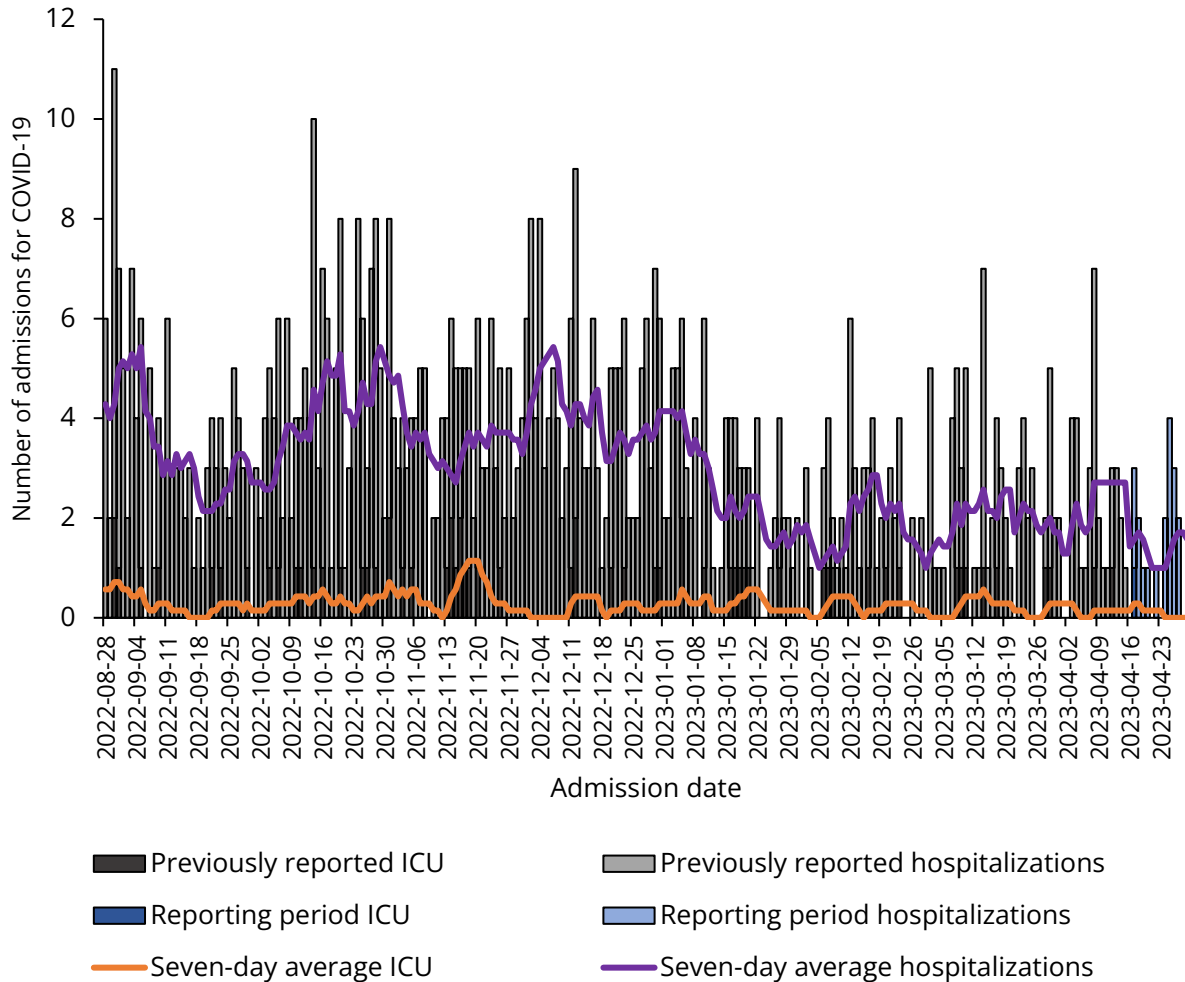
¹ Numbers are subject to change due to reporting delays. Missed events will be captured in subsequent reports as data become available. Due to changes in COVID-19 testing strategies in January 2022, case counts are underestimated.

² Refer to *Definitions* section for case definitions.

³ Number of confirmed deaths that occurred since August 28th, 2022, reported to Public Health New Brunswick (PHNB) since previous report.

COVID-19 HOSPITALIZATIONS AND DEATH SURVEILLANCE

Figure 4: Hospitalizations and ICU admissions for COVID-19 by admission date, August 28, 2022, to April 29, 2023 (Data source: Horizon Health Network and Réseau de Santé Vitalité)



Notes:

- Admission date is the latest occurring date between admission date and report date.
- Hospitalizations and ICU admissions include those who were admitted for COVID-19 only.
- ICU status is noted from the Regional Health Authorities.



Figure 5: Number and seven-day moving average of COVID-19 deaths by date of death, August 28, 2022, to April 29, 2023 (Data source: SNB Vital Statistics)

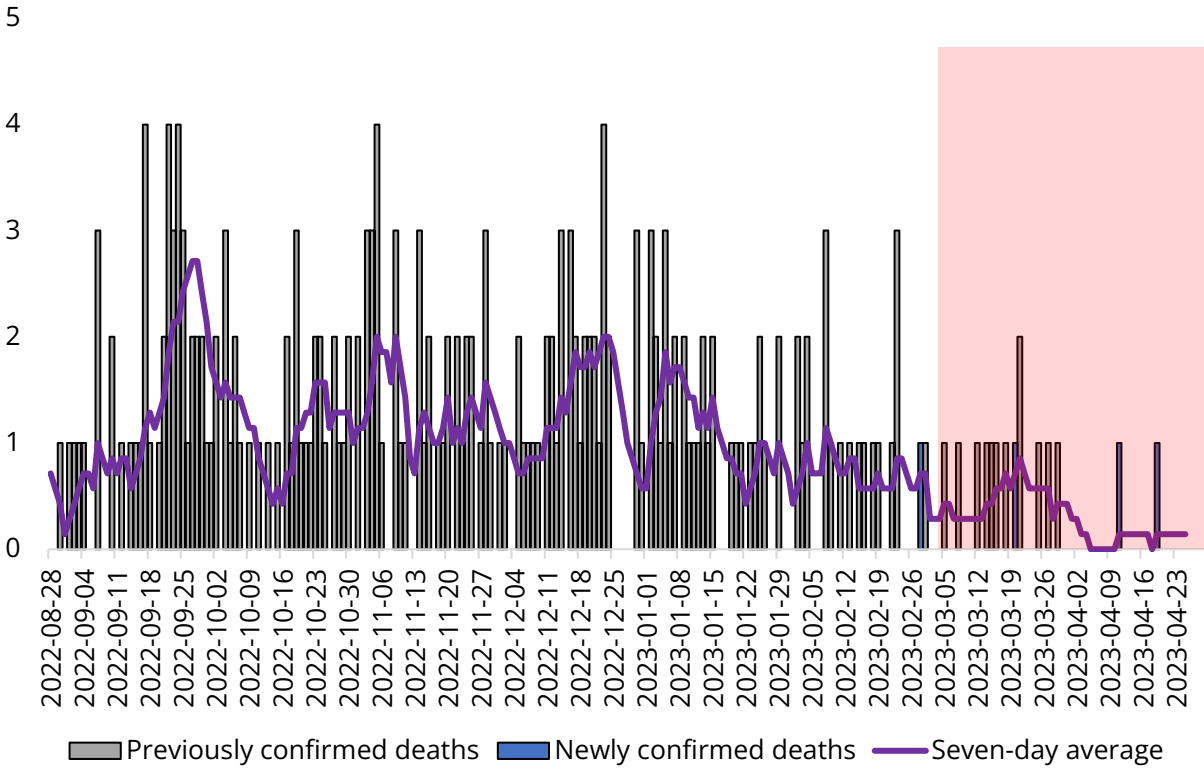


Figure 5 represents deaths that occurred since August 28th, 2022. No additional deaths being reported this period occurred prior to August 28th, 2022, bringing the number of total deaths since the start of the pandemic to 883.

Notes:

- Deaths are subject to a lag in reporting.
 - Average two-month lag from date of death to the registration of death.
- The shaded area should be interpreted with caution.

Table 1: Number of COVID-19 PCR tests, confirmed cases, hospitalizations, admissions to ICU, and deaths (Data Source: New Brunswick Regional Hospitals, Horizon Health Network, Réseau de Santé Vitalité, and SNB Vital Statistics)

	Number in reporting week	Change from previous reporting week	Total since August 28, 2022
PCR tests	708	-110	118613
Confirmed cases	78	-2	15500
Hospitalizations	11	4	711
ICU	0	-1	63
Confirmed deaths	4	2	225

Notes:

- Deaths are subject to a lag in reporting.
 - Average two-month lag from date of death to registration of death.
- Hospitalizations and ICU admissions include those who were admitted for COVID-19 only.
- ICU status is noted from the Regional Health Authorities.
- PCR testing restricted to eligible population: [COVID-19 testing \(gnb.ca\)](https://www.gnb.ca).

Table 2: COVID-19 hospitalization and death rates by age group, August 28, 2022, to April 29, 2023 (Data source: Horizon Health Network, Réseau de Santé Vitalité, and SNB Vital Statistics)

Age Group	Number	Crude rate per 100,000	Relative risk
Hospitalizations			
<20 years	38	24.9	1.0
20-59 years*	98	24.8	1.0
60-69 years	110	94.0	3.8
70+ years	465	401.6	16.2
Deaths			
<50 years*	4	0.9	1.0
50-69 years	20	8.5	9.2
70+ years	201	173.6	187.2

Notes:

- *Indicates reference category. Each risk is compared to the reference category.
- Relative risk is calculated by dividing the age group specific relative risk by the reference category relative risk.
- Deaths are subject to a lag in reporting.
 - Average two-month lag from date of death to registration of death.
- Hospitalizations and ICU admissions include those who were admitted for COVID-19 only.
- Population estimates from Statistics Canada 2021 Census of Population.

Table 3: Age-adjusted COVID-19 hospitalization and death rates by vaccine status, August 28, 2022, to April 29, 2023 (Data source: PHIS, Horizon Health Network, Réseau de Santé Vitalité, and SNB Vital Statistics)

Vaccination status	Number	Crude rate per 100,000	Age-adjusted rate per 100,000 person-years
Hospitalizations			
Unvaccinated	106	145.8	1525.6
Primary series completed	114	44.5	139.3
Primary series completed and 1 additional dose	243	115.7	124.9
Primary series completed and 2 or more additional doses	235	116.4	51.9
Deaths			
Unvaccinated	23	31.6	649.8
Primary series completed	30	11.7	49.4
Primary series completed and 1 additional dose	87	41.4	48.5
Primary series completed and 2 or more additional doses	78	38.6	16.4

Notes:

- Refer to *Definitions* section for vaccination status definitions.
- Partially vaccinated cases were excluded from the analysis due to small number of events.
- Age-adjusted rates are used to account for the differences in age distribution across groups.
- Deaths are subject to a lag in reporting.
 - Average two-month lag from date of death to registration of death.
- Hospitalizations and ICU admissions include those who were admitted for COVID-19 only.
- Population estimates from Statistics Canada 2021 Census of Population.



DEFINITIONS

Case definitions

Confirmed: A confirmed case of SARS-CoV-2 is defined as:

- The detection of at least one specific gene target by a validated laboratory based NAAT assay performed at a recognized laboratory or,
- A validated point-of-care NAAT that has been deemed acceptable to provide a final result by the Government of New Brunswick or,
- A four-fold or greater seroconversion/diagnostic rise in viral specific antibody titre in serum or plasma using a validated laboratory-based serological-based serological assay for SARS-CoV-2.

Deceased: A death is determined to be COVID-19 related if the attending physician has identified that COVID-19 was a primary or contributing factor. If the cause of death is unclear, Public Health may request additional clarification from the vulnerable setting, or a Medical Officer of Health.

Hospitalization: Cases hospitalized for COVID-19, as per the reason for admission.

ICU: Cases hospitalized for COVID-19, as per the reason for admission and identified as occupying an ICU bed.

Vaccination status definitions (Source: [COVID-19 epidemiology update: Cases following vaccination - Canada.ca](#))


Unvaccinated: Cases who were unvaccinated at the time of their infection.

Partially vaccinated: Cases whose infection occurred

- 14 days or more after their first vaccine dose in a two-dose series, or
- less than 14 days after their second dose of the vaccine.

Completed primary series: Cases whose infection occurred

- 14 days or more after second dose in a two-dose series, or
- 14 days or more after one dose of a one-dose vaccine series, or
- less than 14 days after a first additional dose.



Completed primary vaccine series and 1 additional dose:

- Cases whose infection occurred 14 days or more following one additional dose or,
- less than 14 days after their second additional dose.

Completed primary series and 2 or more additional doses: Cases whose infection occurred 14 days or more following two or more additional doses.

Technical notes

Crude rate per 100,000: In some situations, comparing the number of events (e.g. hospitalizations) between groups does not provide a fair comparison, because the size of each group is different. The crude rate per 100,000 standardizes the numbers of events to the size of the group. As such, it provides an opportunity to compare rate of events between groups.

Age-adjusted rate: In some situations, only adjusting for the size of the group is not sufficient, because the underlying characteristics of each group is different. For example, if you compare number of hip replacements in a school compared to a nursing home, the rate itself wouldn't be a fair comparison because the age distribution is very different. An age-adjusted rate accounts for the differences in age between the groups and presents the rates had the ages been similar.

Relative risk: A relative risk is a measure of how likely one group is to be represented compared to a reference group.