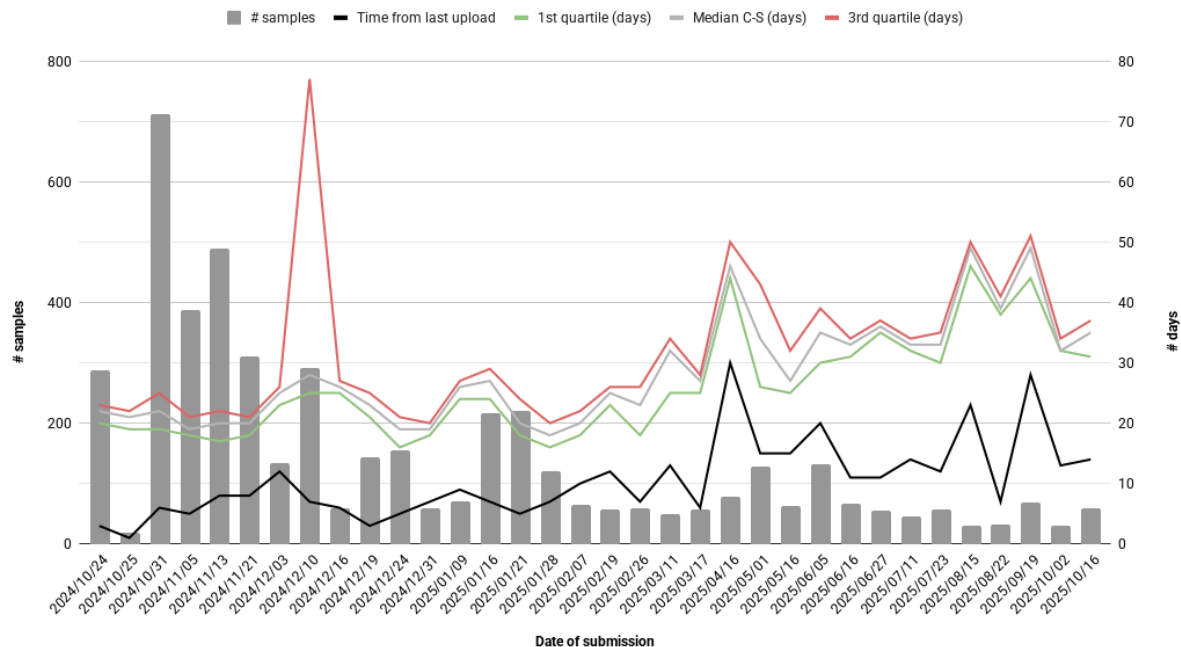


[[Slide 1](#)] I have been trying to raise awareness about the recent cuts to pandemic preparedness by provincial institutions in BC for the past 1½ months. Most of the cuts were not announced to the public beforehand and media coverage has been scant. I will recount them here.

BC GISAIID uploads: volume and lag



[[Google Drive download link](#)]

A: Volume and lag of BCCDC uploads to GISAIID. The volume of the uploads have fallen from hundreds to <100, and the lag (time from each sample's collection to the submission of their data) has increased by roughly 1-2 weeks.

[[Slide 2](#)] In Mid-April, GISAIID uploads were switched from a weekly schedule to a fortnightly one, and each upload now contains a fraction the number of samples in previous uploads. It now also takes the BCCDC longer to submit the sample data relative to the day each sample was taken. As I've previously explained, GISAIID is a repository of data from anonymized virus samples. Associated with each sample is a list of viral mutations and the lineage to which the virus belongs (this is the case with SARS-CoV-2, anyway). Such granular data opened up a world of analytical possibilities.

I've only been able to graph low % variants, including ones that have started waves elsewhere in the world but not yet locally, because I have access to it. While I'm not technically proficient enough to make full use of GISAID data, I understand that timely & copious uploads are needed so researchers can use them to warn the public about dangerous mutations, contagious variants & emerging waves, among other things.

[Slide 3] Then the May edition of the Pharmacare Newsletter dropped (https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/newsletters/pharmacare_newsletter_may_2025.pdf), a publication intended to be read by healthcare providers. In it, the end of the RAT kit distribution program was announced, which was responsible for the presence of free rapid antigen test (RAT) kits at pharmacies. As laypeople, I don't think many of us knew that the Pharmacare Newsletter existed. The announcement may have also been made on a "practitioner and professional resources" page, but since when has the public been expected to keep a close eye on such a thing? Conveniently, the announcement also included talking points.

1: "the BCCDC recommends testing only for symptomatic people when a positive result would impact treatment or care (e.g. the person is at risk of more severe disease...)" 44% of people don't know they're spreading COVID-19 (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9935239/>). Without testing, we would be none the wiser that a person with whom we were about to meet was infectious. This gives them ample opportunity to exhale infectious airborne particles. Also, it's implied that "vulnerable" people should be sequestered from the general population, when in reality we need to interact in order to survive. When no one is testing or otherwise taking precautions, the chains of transmission will eventually make their way to us. While COVID-19 is normalized, other flu-like illnesses (eg. colds, the flu, allergies) are even more so. The advice that we should take precautions as though RATs were never handed

out will amount to sucking it up and carrying on with sniffles and a cough in practice.

2: "Provincially supplied kits do not expire until 2026". Will SARS-CoV-2 have ceased to exist by then? Doubtful. What about the people who had no idea that the distribution program had ended? Stocks have dried up & they've been left with no way to replenish their supply. As an aside, a Ministry of Health representative said that "pharmacies have been well-supplied with RAT kits for this year". Check your local pharmacy and tell me if that's the case. It certainly isn't for mine
(<https://thetyee.ca/News/2025/10/06/Flu-COVID-Vaccines-BC-Pharmacies/>).

3: "COVID-19 is in decline". SARS-CoV-2 transmission continued at a low simmer this spring, and the summer wave got off to a slow start. But so long as SARS-CoV-2 exists, we'll need a test for it, and so long as SARS-CoV-2 transmission enables the virus to mutate, the severity of the next wave will be anybody's guess.

4: "Demand is on a steep decline". If the BCCDC has data to demonstrate this decline, I'd love to see it.

5: "Kits will be available for private purchase". If the province recommends testing only for the "vulnerable", it also expects the "vulnerable" to dedicate a chunk of our paltry earnings to the purchase of RAT kits. \$30 isn't chump change to anyone making \$1500/mo.

The BC government understands that the seriousness of STIs & drug addiction merits measures such as free clinics & drug testing. One can even take home fentanyl test strips & naloxone kits -- vital for harm reduction. But ~1,000 people get COVID-19 every day. There would be more COVID-19 cases in half a month than chlamydia cases

in a whole year (https://bccdc.shinyapps.io/stbbi_tb_surveillance_report/). COVID-19 cases are also serious. Repeated infections do cumulative damage to adults (<https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00015-eng.htm>) & children ([https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(25\)00476-1/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00476-1/fulltext)). Worse, 25% of long COVID cases wind up with post-exertional malaise (PEM) ([https://www.archives-pmr.org/article/S0003-9993\(25\)00501-5/fulltext](https://www.archives-pmr.org/article/S0003-9993(25)00501-5/fulltext)), which limits one's ability to do mental & physical work (<https://link.springer.com/article/10.1007/s40279-022-01751-7>), at pain of sustaining further damage (<https://www.nature.com/articles/s41467-023-44432-3>). Having no RATs on hand to diagnose COVID-19 will add to the difficulties of attributing lingering symptoms to the infection and understanding what to do next. PEM sufferers will be tempted to "push through" their symptoms, worsening them, perhaps permanently so. For me, it took disabling myself through overwork & about a decade's worth of tests to put a name on my PEM (from ME/CFS). Instead of discussing long COVID with their physicians, scores of new PEM sufferers will now be forced to embark on the same diagnostic odyssey. When the stakes of going without COVID-19 testing are so high, why should it be singled out for payment? What little the province can save on RATs, we will pay in exponents to expedite waitlists & provide for those who are now permanently disabled from repeated infections.

Additionally, RAT positivity has been found to correlate strongly with infectiousness (<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2791915>). At around day 5 post-diagnosis, around 47% of people were still RAT positive (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9707582/>), but only 1-2% by days 8-13. If the province weren't so invested in boosting productivity by normalizing COVID-19, they'd see that more can be gained by not sickening entire workplaces. Promote regular testing & airborne precautions, provide more job-protected leave days so people return to work RAT negative.

In June, @littleann4ever noticed that the BCCDC's page on how COVID-19 spreads was gone. It left much to be desired, but still gave valuable guidance on preventing COVID-19 by wearing masks & ventilating rooms. It also briefly described aerosol transmission (<https://x.com/littleann4ever/status/1932917317278839294>).

At about the same time, it was announced that the provincial medical services plan (MSP) would only cover online group medical visits with 20 participants or less from September 1 onward. While the rule was well-intentioned, it would've vastly diminished the capacity of the BC-CLMF (the ME/CFS, long COVID and fibromyalgia clinic run by Ric Arseneau) to cope with its 5,200-person case load, many of whom use telehealth on account of being bed- or housebound (<https://www.vancouverisawesome.com/highlights/funding-changes-might-leave-bcs-long-covid-patients-in-the-lurch-11072943>). The implementation of the 20-person cap has been delayed until January 2026 (<https://www.instagram.com/p/DNzAQIjQvEN/>), but a member of Millions Missing BC has told me that the decision is unlikely to change.

[Slide 4] On September 15, the Vancouver Sun published a sponsored story on behalf of the BCCDC that described the wastewater surveillance program as it had been on that date, and suggested it would be expanded (<https://vancouversun.com/sponsored/news-sponsored/vancouver-expands-wastewater-surveillance-to-safeguard-public-health>). [Slide 5] 3 days later on September 18, it was announced on the wastewater surveillance dashboard that the number of wastewater treatment plants (WWTPs) under surveillance would be reduced to 8 (from 12), and samples would only be collected once a week (from thrice a week).

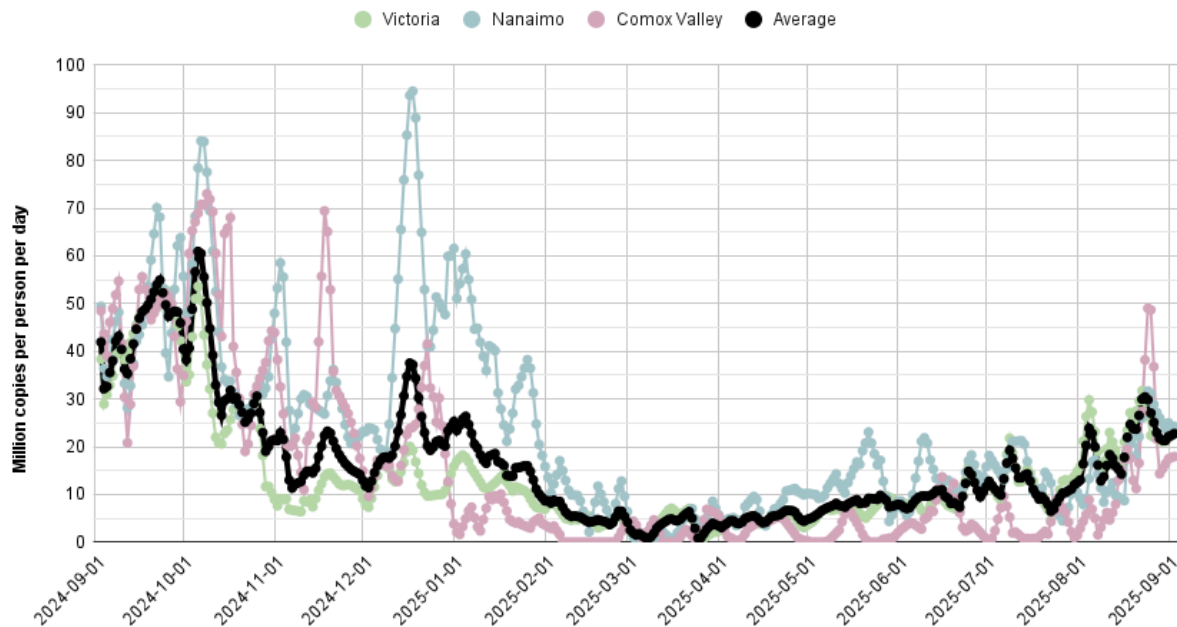
Wastewater surveillance was the only remaining method of monitoring infection trends that wasn't (as much of) a lagging indicator and represented the intensity of viral transmission with relative accuracy. What does that mean? If a person wasn't being tested regularly, it'd take days for COVID-19 symptoms to manifest & prompt them to seek PCR testing, longer yet to make it to a testing site, & days more for the swab to be

processed. Therefore, only those who were committed and able to be PCR tested were counted

(<https://www.cbc.ca/news/canada/british-columbia/testing-capacity-case-counts-bc-1.6298368>), and the delays meant that any change in the number of cases reported reflected a state of affairs that was many days old. After RATs hit the shelves, PCR testing sites closed down, but RAT-confirmed cases weren't counted. The only people remaining that would receive PCR tests were those who were hospitalized, LTC residents, & otherwise vulnerable people. As you can imagine, tallies of COVID-19 cases no longer accurately represented the number of people being infected. PCR testing sites closed in the spring of 2022; by October that year, the discrepancy was ~100-fold (<https://bccovid-19group.ca/post/2022-10-05-report/COVID19group-2022-10-05.pdf>). In contrast, the shedding of SARS-CoV-2 RNA in stool starts soon after infection ([https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00155-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00155-5/fulltext)), the flushed material reaches a treatment plant in a matter of hours (<https://metrovancover.org/services/liquid-waste/Documents/k-12-resources-how-does-our-wastewater-system-work.pdf>), and wastewater surveillance functions independent of PCR testing despite using PCR to estimate how many copies of a particular gene are in a wastewater sample. But the usefulness of wastewater surveillance for observing changes in the intensity of viral transmission as they happen is being diminished because of the cuts to the program.

SARS-CoV-2: Island Health wastewater signal, 3 day averages, past 365 days (most recent data: 9/3/2025).

Data source: https://bocdc.shinyapps.io/respiratory_wastewater/. Average weighted by sewershed population.



[[Google Drive download link](#)]

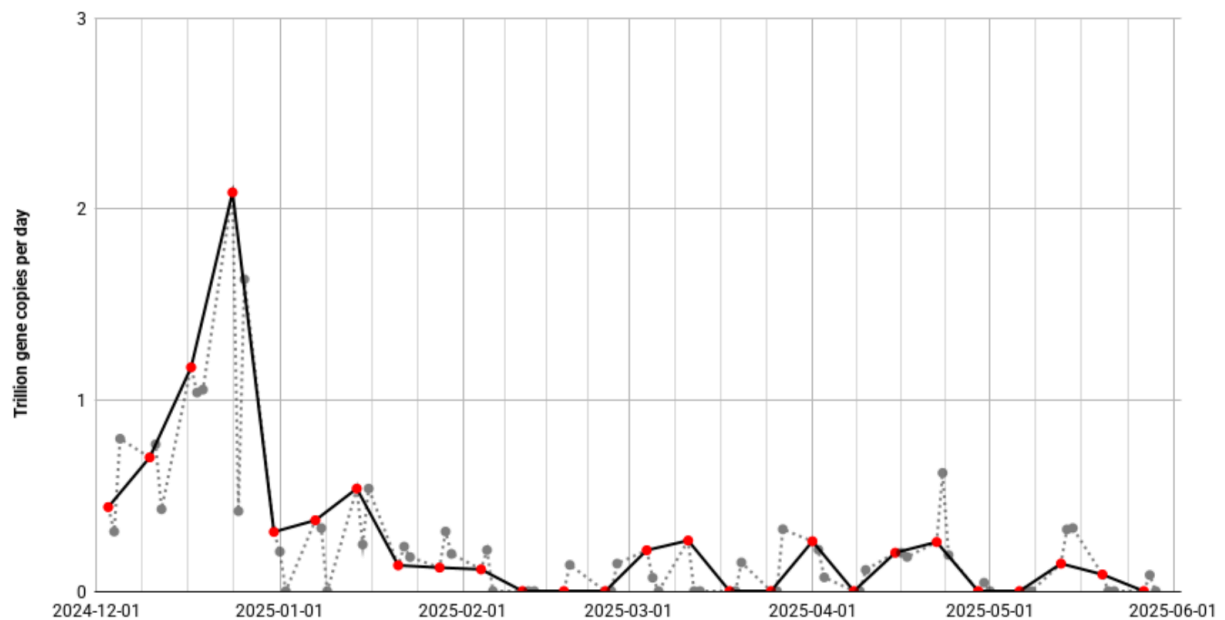
B: Graph of RNA content (millions of gene copies per person per day) of wastewater at the Victoria, Nanaimo, and Comox Valley wastewater treatment plants from 9/3/2024 to 9/3/2025. Nanaimo (blue) sees a second COVID-19 surge in December-January, after the fall 2024 wave had subsided in Victoria (green) and Comox (mauve).

Waves can start and end at different times in different places. For example, the late 2024 wave saw a second peak in Nanaimo in December 2024 - January 2025, long after the wave had subsided in Victoria & Comox. Local data is important for awareness of local conditions. Infections also seem to follow a near-weekly cycle, the amplitudes and timing of which are difficult to predict (<https://ratnegative.tumblr.com/BCWastewater>). So, it's just as difficult to foresee where on these cycles the next data point will fall. [Slide 6] Over a 6 month period, samples taken in Comox on a Tuesday have either captured only the highest values in a week, only days when wastewater RNA was below the limit of detection, & anywhere in between (see C). This also demonstrates how easily weekly sampling can fail to detect transmissions when they are sporadic or low. A number of factors can affect the amount

and longevity of RNA in wastewater, so wastewater data is prone to outliers. Having only 1 sample per week makes it more difficult to see which values are outliers and by how much. The outliers also more easily "throw off" the 3 week average trendlines, making the trends more difficult to discern, requiring more time and more weekly data points to discern. This defeats the point of wastewater surveillance.

SARS-CoV-2: Comox Valley wastewater RNA content (trillion gene copies/day), 6 months

Data source: https://bocdc.shinyapps.io/respiratory_wastewater/.



[\[Google Drive download link\]](#)

C: 6-month graph of the RNA content (millions of gene copies per person per day) of wastewater at the Comox Valley wastewater treatment plant. The lighter, dotted line includes all wastewater samples. The darker, solid line with red dots includes only wastewater samples taken on a Tuesday. Wastewater samples were taken on a Tuesday-Wednesday-Thursday schedule.

Now, I would like to address the points made in the sponsored Vancouver Sun article.

1. They say that "enhanced surveillance" can be used when big events (eg. Taylor Swift concerts) are being held. But this lets smaller ones fly under the radar, when

they are just as likely to be superspreaders, like a weekly rehearsal session of the Skagit Valley Chorale (<https://onlinelibrary.wiley.com/doi/10.1111/ina.12751>).

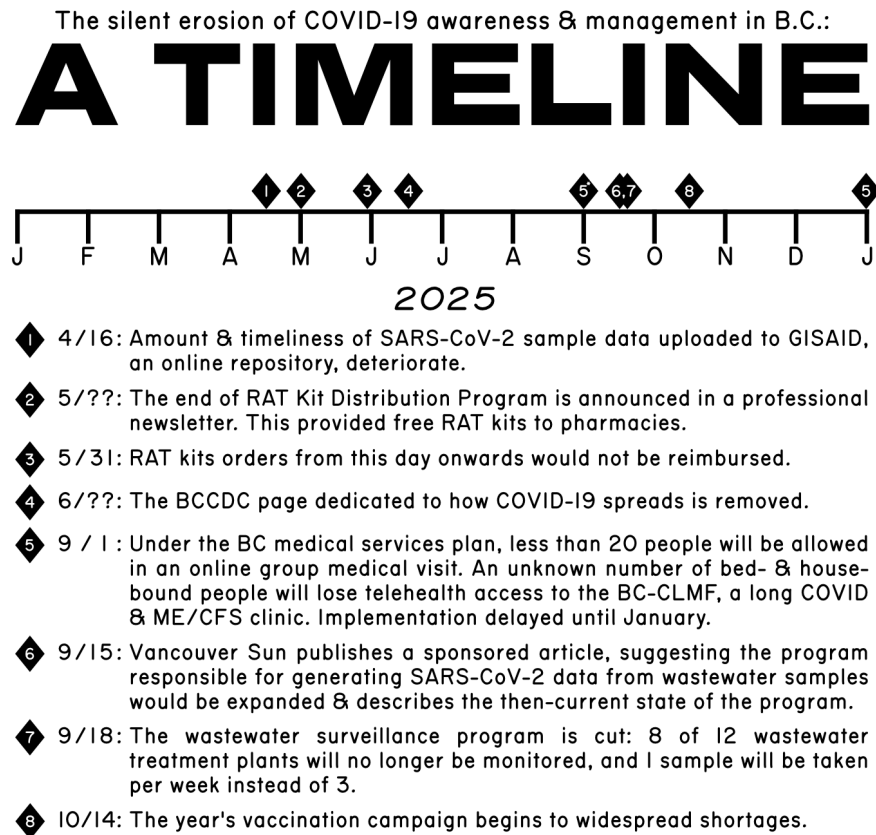
2. The Vancouver Sun article & the Pacific Public Health Foundation's own materials also promote the use of wastewater surveillance for finding drugs (<https://pacificpublichealth.ca/projects/wastewater/>) "at a localized level". But, beyond "saving lives" and "informing policy", what interventions will be put into place, and whether they will result in more law enforcement interactions and carceral justice are never elaborated. In any case, why do this when the province can expand its network of drug testing sites or even guarantee a safe supply? Wastewater data can't be used to derive even a general location, unless samples are being taken from sewers near to the site of the suspected drug use.

To conclude, our capacity to use wastewater surveillance to monitor disease transmission is being degraded over vague, outwardly reasonable promises that it'll be put to use in saving drug users' lives or enhanced when Taylor Swift is causing another superspreader.

Lastly, on the basis of last year's vaccine uptake, the Ministry of Health has failed to order enough vaccines to satisfy this year's demand (<https://thetyee.ca/News/2025/10/27/No-COVID-Vaccination-Appointments-Check-Again-Later/>). The vaccines target LP.8.1. Never mind that the circulation of LP.8.1 descendants (at least, ones that haven't been chopped and remixed) had all but ceased in late August (<https://x.com/ratnegative/status/1979334325356339620/>) or that the late administration of vaccines can result in lower vaccine effectiveness (<https://www.nejm.org/doi/full/10.1056/NEJMc2402779>). "We have the tools" until we don't, not even the one tool they keep promoting.

Thread images (unedited) and alt text

▼ PICTURE 1 ▼



[[Google Drive download link](#)]

[Text on a yellow octagon meant to look like the output of an overhead projector.]

The silent erosion of COVID-19 awareness & management in B.C.:

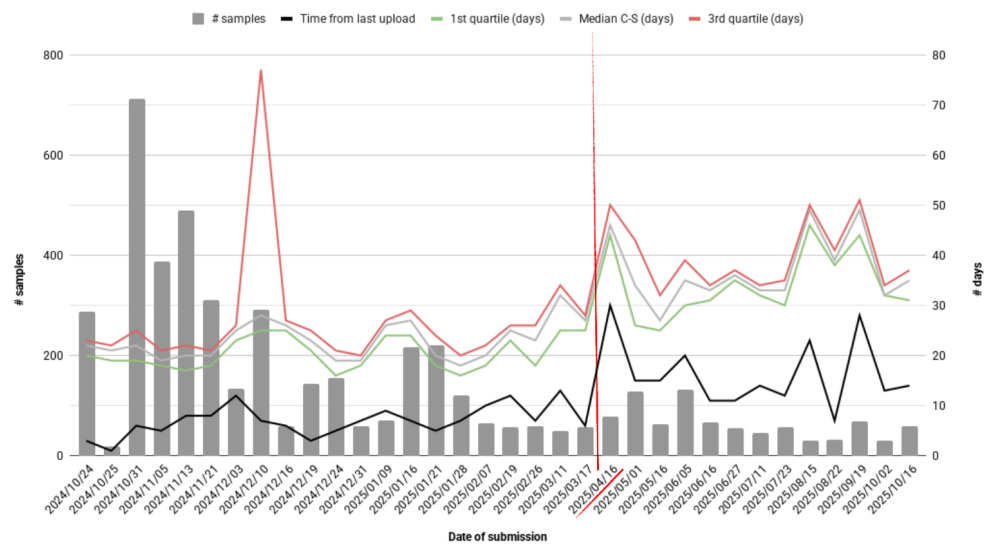
A TIMELINE

[A timeline of the year 2025 and the January of 2026. Numbered diamonds are placed on the timeline to mark the events below.]

1. April 16: Amount & timeliness of SARS-CoV-2 sample data uploaded to GISAID, an online repository, deteriorate.
2. May: The end of RAT Kit Distribution Program is announced in a professional newsletter. This provided free RAT kits to pharmacies.
3. May 31: RAT kits orders from this day onwards would not be reimbursed.
4. June: The BCCDC page dedicated to how COVID-19 spreads is removed.
5. September 1: Under the BC medical services plan, less than 20 people will be allowed in an online group medical visit. An unknown number of bed- & house-bound people will lose telehealth access to the BC-CLMF, a long COVID & ME/CFS clinic. Implementation delayed until January.
6. September 15: Vancouver Sun publishes a sponsored article, suggesting the program responsible for generating SARS-CoV-2 data from wastewater samples would be expanded & describes the then-current state of the program.
7. September 18: The wastewater surveillance program is cut: 8 of 12 wastewater treatment plants will no longer be monitored, and 1 sample will be taken per week instead of 3.
8. October 14: The year's vaccination campaign begins to widespread shortages.

▼ PICTURE 2 ▼

BC GISAID uploads: volume and lag



[\[Google Drive download link\]](#)

[Graph on a yellow octagon meant to look like the output of an overhead projector.]

Graph of volume and lag of BCCDC uploads to GISAID, volume (grey bars) on the left axis and lag (red, black, green lines) on the right axis. Horizontal axis represents date. Since April 16, the volume of the uploads has fallen from hundreds to <100, and the lag

(time from each sample's collection to the submission of their data) has increased by roughly 1-2 weeks. There's a red line drawn between the March 17 and April 16 uploads to highlight the 1 month gap between uploads and the difference between the two periods.

▼ PICTURE 3 ▼

The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood Services Division to provide information to B.C.'s healthcare providers.

RAT kit distribution program winds down

PharmaCare is winding down distribution of COVID-19 rapid-antigen test (RAT) kits.

The last day to order RAT kits that are eligible for the PharmaCare distribution fee is May 31, 2025.

Pharmacies have until June 30, 2025 to submit claims for the distribution fee for RAT kits that are:

- ordered by May 31, 2025, and
- opened for public distribution prior to June 30, 2025.

Late claims submitted after June 30 will not be reimbursed.

Distributors will continue to supply tests at no cost to pharmacies while program supplies last, though pharmacies cannot claim the distribution fee on tests ordered after May 31. All provincially supplied tests must be provided to patients free of charge. Pharmacies wishing to provide RAT kits after the provincial distribution program ends can do so through a private-pay model.

Expired kits can be safely disposed of in household garbage. Do "at risk" people not have any contact with the "outside world?" Who infects us??

The BC Centre for Disease Control (BCCDC) currently recommends COVID-19 testing only for symptomatic people when a positive result would impact treatment or care (e.g., the person is at risk of more severe disease, hospitalized, or pregnant). Visit [When to get a COVID-19 test](#) for details.

People who do not meet the criteria should monitor their symptoms and limit their activities to avoid spreading any infection, as they did before RAT kits were readily available.

Pharmacists are encouraged to remind people that: What about people who missed the announcement? Will SARS-CoV-2 have disappeared by June 2026??

- Provincially supplied kits do not expire until May or June 2026
- Test kits are not needed as they once were because COVID-19 is in decline IF there's COVID we'll need RATs
- Kits have been distributed for free in B.C. since 2020, with demand on a steep decline
- Kits will be available for private purchase at many pharmacies in the future So what? SOURCE?

Shift the onus of buying them to people earning \$1,500/mo

[\[Google Drive download link\]](#)

[Text on a yellow octagon meant to look like the output of an overhead projector.]

****Double asterisks enclose highlighted text****

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▼ PICTURE 4 ▼

Vancouver expands wastewater surveillance to safeguard public health

New wastewater monitoring efforts aim to detect viruses, bacteria and even illicit drugs at major events

By Gail Johnson • Postmedia Content Works
Published Sep 15, 2025 Last updated Sep 15, 2025 2 minute read

Wastewater is any wasted water that comes from human activity, whether that's flushing a toilet, showering or using a washing machine or dishwasher. Currently, the BCCDC teams up with wastewater treatment facilities around the province that collect a small volume of wastewater every hour for 24 hours at a time.

"This represents the population," Prystajec says. "Then that sample gets shifted to the lab where we would test very specifically for viruses like influenza A or respiratory syncytial virus (RSV) or we can test for enteric bacteria like those that cause salmonella or E.coli or — in a new approach we are trying — we can test for illicit substances like cocaine or fentanyl. There are so many different things we excrete in urine and feces that can be leveraged for population-level surveillance."

As Vancouver grows into an entertainment hub, this kind of expanded public health measure is vital. This invisible work keeps populations safe — before, during and after an event.

"Our next thought is that we know that enhanced surveillance using wastewater was really effective in some specific sporting events: it was used in the Tokyo Olympics and in the Paris Olympics. It's been used during the Superbowl," Prystajec adds. "The idea is being able to expand the program when we have these huge influxes of people in Vancouver for big events like the Taylor Swift concert or FIFA. It's for when we need enhanced surveillance."

Prystajec notes that wastewater surveillance became well-known during the COVID-19 pandemic when the BCCDC updated its wastewater tracking system to test sewage from five Metro Vancouver treatment plants. The program provided weekly updates on virus levels and variants, helping health officials respond quicker to the changing trends.

Enabling healthy public policy for people who use substances, benefitting them and their communities

Studies have found that overdose deaths disproportionately impact people who face inequities caused by systemic barriers and the social determinants of health, such as stigma and discrimination. The pilot project may provide timely knowledge of trends in the use of unregulated drugs which can help influence healthy public policy and ensure programs and policies keep pace with the changing needs and landscape of this emergency. An emergency that has claimed more than 13,700 lives, each one preventable.

What about smaller events and mundane occurrences that turn into superspreaders?? The Skagit Valley Chorale's 3/10/2020 rehearsal session was a superspreader. Even bus rides can turn into one, like the one in Zhejiang on 1/19/2020. Now only 3. Lion's Gate and MW. Langley are no longer under surveillance.

[[Google Drive download link](#)]

[Text on a yellow octagon meant to look like the output of an overhead projector.]

Newspaper "clippings" and a passage from the Pacific Public Health Foundation ensue.

Double asterisks enclose highlighted text

[Vancouver Sun passages:]

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[Pacific Public Health Foundation passage:]

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▼ PICTURE 5 ▼

Vancouver expands wastewater surveillance to safeguard public health

New wastewater monitoring efforts aim to detect viruses, bacteria and even illicit drugs at major events

By **Gail Johnson** • Postmedia Content Works

Published Sep 15, 2025 Last updated Sep 15, 2025 2 minute read



Sponsored article in the Vancouver Sun, September 15 →

← *Wastewater dashboard update, September 18*

Report updated on **September 18, 2025**. Data is presented up to the reporting period of epi week 37 (**September 7-13, 2025**).

The wastewater surveillance program has implemented some new changes starting September 11, 2025:

- 1) The number of wastewater treatment plants tested has been changed to eight province wide, as opposed to previously twelve wastewater treatment plants.
- 2) There will now be one sample collected per wastewater treatment plant per week, as opposed to previously three samples per treatment plant per week.
- 3) Sequencing of wastewater samples will change from weekly to every two weeks.

[[Google Drive download link](#)]

[Text on a yellow octagon meant to look like the output of an overhead projector.]

Vancouver expands wastewater surveillance to safeguard public health

New wastewater monitoring efforts aim to detect viruses, bacteria and even illicit drugs at major events

By Gail Johnson • Postmedia Content Works

Published Sep 15, 2025

Last updated Sep 15, 2025

2 minute read

[Arrow pointing to the above, and text “Sponsored article in the Vancouver Sun, September 15”]

[Arrow pointing to the below, and text “Wastewater dashboard update, September 19”]

Report updated on September 18, 2025. Data is presented up to the reporting period of epi week 37 (September 7-13, 2025).

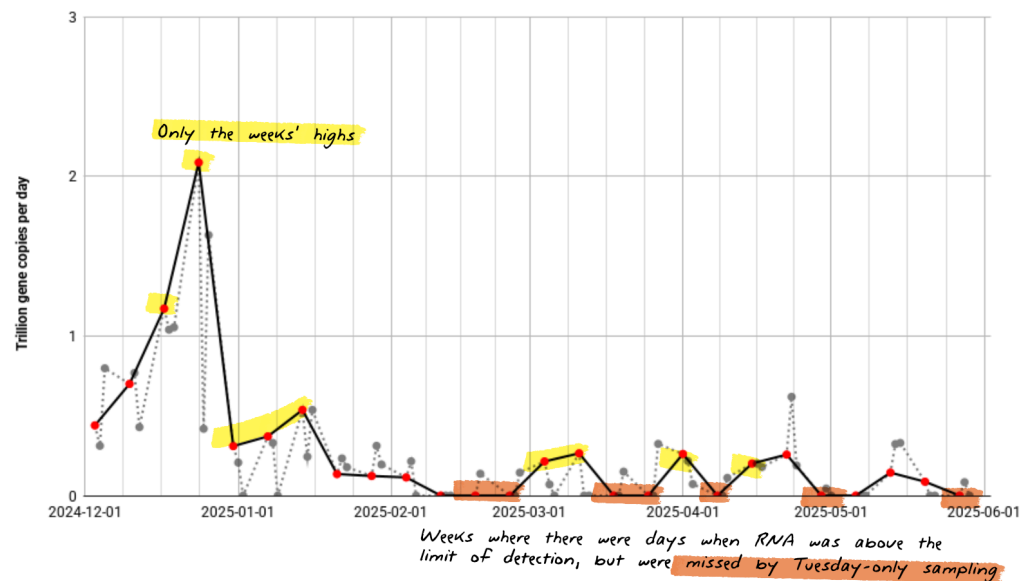
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▼ PICTURE 6 ▼

SARS-CoV-2: Comox Valley wastewater RNA content (trillion gene copies/day), 6 months

Data source: https://bocdc.shinyapps.io/respiratory_wastewater/.



[\[Google Drive download link\]](#)

[Graph and text on a yellow octagon meant to look like the output of an overhead projector.]

6-month graph of the RNA content (millions of gene copies per person per day) of wastewater at the Comox Valley wastewater treatment plant. The lighter, dotted line

includes all wastewater samples. The darker, solid line with red dots includes only wastewater samples taken on a Tuesday. Wastewater samples were taken on a Tuesday-Wednesday-Thursday schedule. I've highlighted weeks where only the highest values would've been captured in neon yellow, and weeks in which Tuesday-only sampling would've failed to detect viral transmission in orange.