

Preparing for Extreme Heat and Wildfire Smoke

As trusted sources of information for patients, health care practitioners have an important role in supporting climate resilience and seasonal preparedness. Extreme heat, wildfire smoke, and periods of drought have become annual threats, impacting communities across our region. To address this, we hope you will consider these actions and share the information below with your patients.

Actions to protect patients against extreme heat and wildfire smoke:

1. **Identify patients at higher risk** for health impacts from heat and wildfire smoke in your practice and consider scheduling seasonal preparedness check-ins. Higher-risk groups are described below.
2. **Educate patients** about their personal risk, signs of heat- and smoke-related illness, when to seek care, and recommended actions to protect against extreme heat and wildfire smoke. See key messages below and refer to www.vch.ca/wildfire and www.vch.ca/heat for patient handouts/posters.
3. Support patients with having **plans in place** for extreme heat and wildfire smoke. These should include plans to:
 - Reduce their exposure to heat or wildfire smoke, either at their home or in the community (e.g. clean air and cooling shelters). This should include plans for transportation in case heat or wildfire smoke impact their mobility or stamina.
 - Have family members, friends or neighbours check in with them during heat events.
 - Have adequate medications on hand, including prescription refills in case patients are unable to go out during a heat or smoke event.
4. **Modify care and update action plans (such as asthma action plans)** for seasonal weather. Examples may include recommending increased hydration for patients using diuretic medications during heat events, or recommending routine inhaled corticosteroids during wildfire smoke exposure for patients with asthma who might normally hold ICS treatment after respiratory season.

Extreme Heat Key Messages for Patients:



Take actions to cool your space and yourself by closing the windows and blinds during the day, using an air conditioner/heat pump if you have it, or a [cool kit](http://nsem.ca/wp-content/uploads/2025/05/Build-a-Cool-Kit-8.5x11.pdf) (nsem.ca/wp-content/uploads/2025/05/Build-a-Cool-Kit-8.5x11.pdf). If your space gets too hot, visit cool indoor spaces with air conditioning (e.g. libraries or malls), or cool outdoor spaces (e.g. shaded parks).



The most dangerous aspect of heat waves in our region is high indoor temperatures, particularly at home. Risk of heat-related illness increases at temperatures over 26°C (78°F), and indoor temperatures over 31°C (88°F) are dangerous for people at higher risk.



Find a 'heat buddy' and support others if you can. Sometimes it can be difficult to notice when we are too hot or dehydrated, or to get to a cooler space when needed. Plan to check on each other and the temperature inside your homes regularly during a heat wave, and think ahead with family members, friends, and neighbours about places to cool off.



Plan ahead for heat season. PreparedBC has an [Extreme Heat Preparedness Guide](#) for patients, available in multiple languages.



See www.vch.ca/heat for more information and patient handouts.

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900
For public health emergencies after hours, contact the Medical Health Officer on call at 604.527.4893

Vancouver Coastal Health Medical Health Officers

Chief Medical Health Officer: Dr. Patricia Daly | Regional Communicable Disease: Dr. Rohit Vijh
Vancouver: Dr. Althea Hayden, Dr. Mark Lysyshyn, Dr. Michael Schwandt, Dr. Brandon Yau 604.675.3900
Richmond: Dr. Meena Dawar 604.233.3150
North Shore: Dr. Ceinwen Pope 604.983.6700 | Coastal Rural: Dr. Moliehi Khaketla 604.984.5070
To receive these updates by email, please contact us at VCHPhysiciansUpdate@vch.ca

Preparing for Extreme Heat and Wildfire Smoke

Anyone can experience heat-related illnesses, but **the following populations should take extra precautions:**

- Older adults, aged 60 years or older
- People who live alone or are socially isolated
- People with pre-existing health conditions such as diabetes, respiratory or heart disease
- People with mental illness such as schizophrenia, depression, or anxiety
- People who use substances, including alcohol
- People with limited mobility or other disabilities
- People experiencing homelessness or marginal housing
- People who work or live in hot environments
- People who are pregnant
- Infants and young children

Wildfire Smoke Key Messages for Patients:



Wildfire smoke can have both short-term and longer-lasting health impacts. Wildfire smoke contains microscopic particles of pollution that travel deep into your lungs and blood stream when inhaled. This causes inflammation of the airways and throughout the body.



The best way to protect your health from wildfire smoke is to spend time in filtered indoor air. During wildfire events, patients should close the windows and if indoor filtration is inadequate use a portable air cleaner with HEPA filters or a well-constructed [do-it-yourself air cleaner](https://www.bclung.ca/lung-health/air-quality/breathe/) ([bclung.ca/lung-health/air-quality/breathe/](https://www.bclung.ca/lung-health/air-quality/breathe/)). If you don't have an air cleaner or your home is too hot, spend time in air-conditioned public spaces as building ventilation typically includes air filtration. **Air quality can change quickly. Check the local air quality online throughout the day.** Use the [Air Quality Health Index \(AQHI\)](https://www.airquality.healthindex.ca/) to help you decide about outdoor activities.

See www.vch.ca/wildfire for more information and patient handouts.

Anyone can be susceptible to the risks of wildfire smoke, but **the following populations should take extra precautions:**

- People with pre-existing health conditions such as such as respiratory or heart disease.
- Older adults, aged 60 years or older
- People with a current or recent respiratory infection
- Infants and young children
- People who are pregnant
- People experiencing homelessness or marginal housing

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Physicians' and Nurse Practitioners' Update

July 25, 2025

From VCH Public Health

Update on California Serogroup Virus and Reporting of Meningitis/Encephalitis Cases

In October 2024 a Physicians' and Nurse Practitioners' Update (www.vch.ca/en/media/29736) was issued following the identification of a cluster of three cases of encephalitis from the Whistler area who had tested positive for Jamestown Canyon/Snowshoe Hare Virus, a California serogroup (CSG) virus that is transmitted by mosquitoes. Following that update, one additional case of encephalitis was reported to VCH Public Health in 2024. We have had no new cases of California Serogroup virus infections reported in VCH since then. This year we are asking that physicians and nurse practitioners report to VCH Public Health **any cases of meningitis or encephalitis, where no pathogen was identified**. These cases should be reported to VCH Public Health by calling 604-675-3900 during business hours.

A clinician's guide to California serogroup viruses was published In May 2025 in the BC Medical Journal (see: bcmj.org/bc-centre-disease-control/what-you-need-know-about-california-serogroup-viruses), which contains information about the clinical presentation and how to test for California serogroup viruses.

As a result of last year's cluster, a mosquito surveillance project is currently underway in the Sea to Sky area to help us understand the local mosquito population and the viruses they carry. The project will gather data that helps further assess risk and inform Public Health advice on precautions against mosquito-borne illness in the Sea to Sky area.

Public Health is also advising residents and visitors to the area to take preventative measures against mosquito bites during the warmer months. Any action that helps prevent mosquito bites or breeding can reduce the risk of infection with the CSG viruses. Simple ways people can protect themselves include:

- **Use mosquito repellent** – Applying a mosquito repellent containing DEET to areas of exposed skin is an excellent way to prevent mosquito bites. Check the product label for instructions on proper use. For more information about insect repellents, see [HealthLinkBC File #96 Insect repellents and DEET for instructions on use in children](#). Insect repellents with DEET should not be used on infants less than 6 months of age; use mosquito netting for this age group.
- **Wear protective clothing** – Avoid dark clothing as it tends to attract mosquitoes. In areas with a lot of mosquitoes, wear full-length pants and a long-sleeved shirt.
- **Install mosquito screens on windows** – Consider staying indoors or in enclosed areas with screens when mosquitoes are most active or abundant, which is typically from dusk to dawn.
- **Prevent mosquitoes from breeding**– Anything that can hold stagnant water could be a mosquito breeding site, even small amounts. Identify and remove these areas on your property during mosquito season. This might include emptying saucers under flowerpots, changing water in birdbaths twice a week, unclogging rain gutters; draining tarps, tires and other debris where rainwater may collect; and installing a fountain to ornamental ponds or stocking them with fish. Backyard pools can also be a significant breeding ground for mosquitoes if not maintained regularly.

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Physicians' and Nurse Practitioners' Update

July 25, 2025

From VCH Public Health

Rabies Risk Assessment

Rabies is a fatal but preventable zoonotic disease. Humans can contract rabies from percutaneous or mucous membrane exposures to the saliva or neural tissue/fluid of an infected animal. This occurs through scratches or bites. Bats are a known reservoir of rabies worldwide. In British Columbia, **bats are the only natural reservoir of rabies**. The prevalence of rabies among healthy bats is estimated to be under 1%, but the rate is substantially higher among sick bats who may be more likely to interact with people. Bat exposure is more likely during the summer, as camping, hiking, and other outdoor activities may increase the risk of exposure. The public is advised to avoid all contact with bats. It is important to take immediate measures when someone is exposed to bats. This may include rabies post-exposure prophylaxis (RPEP). The following protocols must be followed upon bat exposure:

Scenario	Description	Recommended Action
Direct contact with a bat	Direct contact with a bat in BC, any other province, or country. Includes handling, touching, or bites. Suspected direct contact with bat, even if not witnessed, should still warrant following recommended actions. Contact with thick clothing (e.g. denim jacket) is not considered direct contact.	Consult VCH Public Health to determine if RPEP is indicated
Bat in a room	Bat found in the house, in the bedroom when waking up, with no evidence of direct contact (e.g. bite marks, waking up at night).	RPEP is not indicated
	Bat found in a room of a child or someone whose history is less reliable, and assessment of direct contact is difficult.	Consult VCH Public Health to determine if RPEP is indicated
Contact with other animals (not a bat)	Contact (handling, touching or bites) with other animals known to be imported from outside BC in the last 6 months OR Contact with an animal while travelling to other provinces or countries with different animal reservoirs for rabies OR Contact with an animal with known contact to a bat in the last 6 months	Consult VCH Public Health to determine if RPEP is indicated
	Contact (handling, touching or bites) with other animals in BC that have not been imported OR had known contact with a bat in the last 6 months.	RPEP is not indicated

In some other Canadian Provinces, rabies may also be carried by terrestrial mammals such as racoons, foxes, or skunks. Outside of Canada, domestic pets such as cats or dogs may be affected. When in doubt please refer your patients to Public Health for an exposure assessment at the numbers below. **To contact VCH Public Health call:**

- **During business hours (Monday to Friday 9 AM to 5 PM): 604-675-3900**
- **During after hours/weekends/statutory holidays: 604-527-4893**

Please note that RPEP, most often consisting of rabies immunoglobulin and a series of four doses of rabies vaccine, requires authorization by a Medical Health Officer. RPEP is available at Public Health units, most Urgent and Primary Care Centres (UPCC) and hospital Emergency Departments (ED). For UPCC and ED providers, **a new PowerPlan has been created entitled "ED Rabies Post Exposure Prophylaxis (RPEP)"** to guide the ordering and care of patients requiring RPEP at all VPP Cerner Sites. **The Medical Health Officer will arrange for completion of any rabies vaccine series started in Emergency Departments or UPCCs.**

For more information on the management of rabies in BC, consult the [BCCDC Rabies Guidelines](https://www.bccdc.ca/health-info/diseases-conditions/rabies). For more information on rabies:

- For the general public: www.vch.ca/en/health-topics/rabies
- For health professionals: www.bccdc.ca/health-info/diseases-conditions/rabies

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