Respiratory Watch

REPORTING PERIOD:
APRIL 26, 2026, TO MAY 2, 2026
(WEEK 17)

Department of Health

New Nouveau Brunswick

SUMMARY[1,2]

	Activity Level	Trend
COVID-19	Low	Stable
Influenza	Moderate	Stable
RSV	Low	Decrease

COVID-19:

Most of the COVID-19 indicators were lower than the previous season for the same time period except for the number of ICU admissions and the number of deaths which were similar to the previous season.

INFLUENZA:

Most of the influenza indicators were similar to the previous season for the same time period except for the number of cases and the percent positivity which were higher than the previous season.

RSV:

Most of the RSV indicators were similar to the previous season for the same time period except for the number of cases and the percent positivity which were higher than the previous season.

Activity Level is based on percent positivity:

COVID-19 and Influenza

- **No activity: 0%**
- **Low activity: <5%**
- **Moderate activity: 5-14.9%**
- **High: >15%**

RSV

- **No activity: 0%**
- **Low activity: <5%**
- **Moderate activity: 5-9.9%**
- **High activity: >10%**

[1] Numbers in this report are subject to change due to reporting delays. Missed events will be captured in subsequent reports as data become available.

[2] Refer to Appendix for case definitions.

INDICATORS

Table 1: Summary of indicators by report week, August 24, 2025, to May 2, 2026.

		Number of cases	Percent Positivity %	Hospitalizations	ICU	Deaths	Outbreaks
COVID	**Week 17**	**7**	1	2	1	1	0
	Respiratory season total	**2038**	5	658	34	48	94
Influenza	**Week 17**	**134**	11	5	1	1	0
	Respiratory season total	**5010**	14	630	49	21	58
RSV	**Week 17**	**30**	3	0	0	0	0
	Respiratory season total	**1403**	4	44	5	2	18

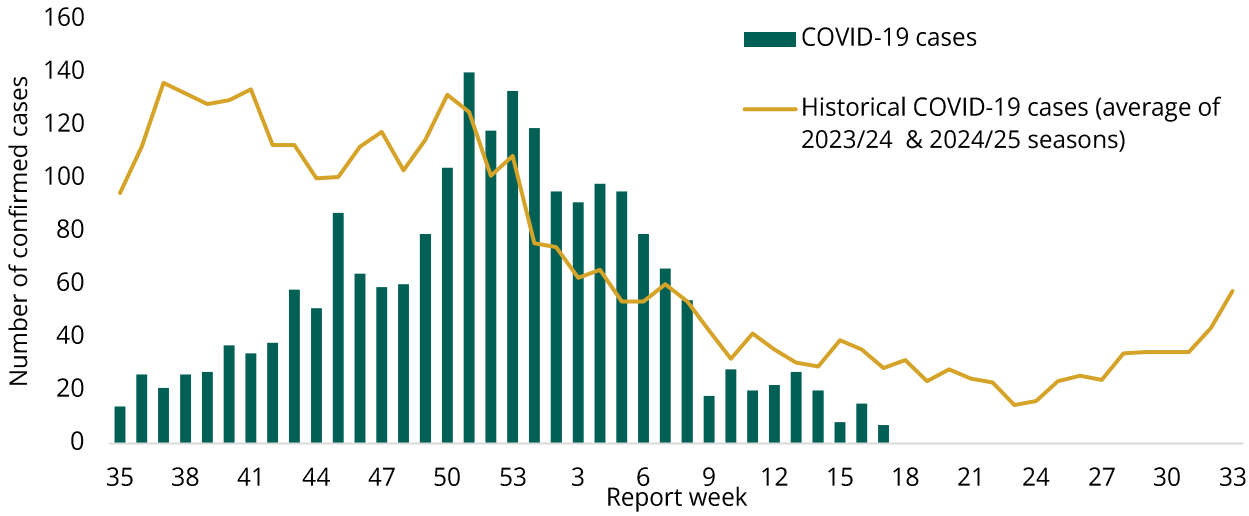
Notes:

- Hospitalizations and admissions to ICU reported based on admission date or if patient is hospitalized prior to confirmed test result, the test result date is used.
- Deaths reported based on the date of death.
- Outbreaks category includes lab-confirmed outbreaks, which are reported based on the date that the outbreak was declared.
- Individuals hospitalized with a co-infection are counted as one hospitalization in each of the respiratory infections.
- Individuals deceased with a co-infection are counted as one death in each of the respiratory infections.

LABORATORY DATA

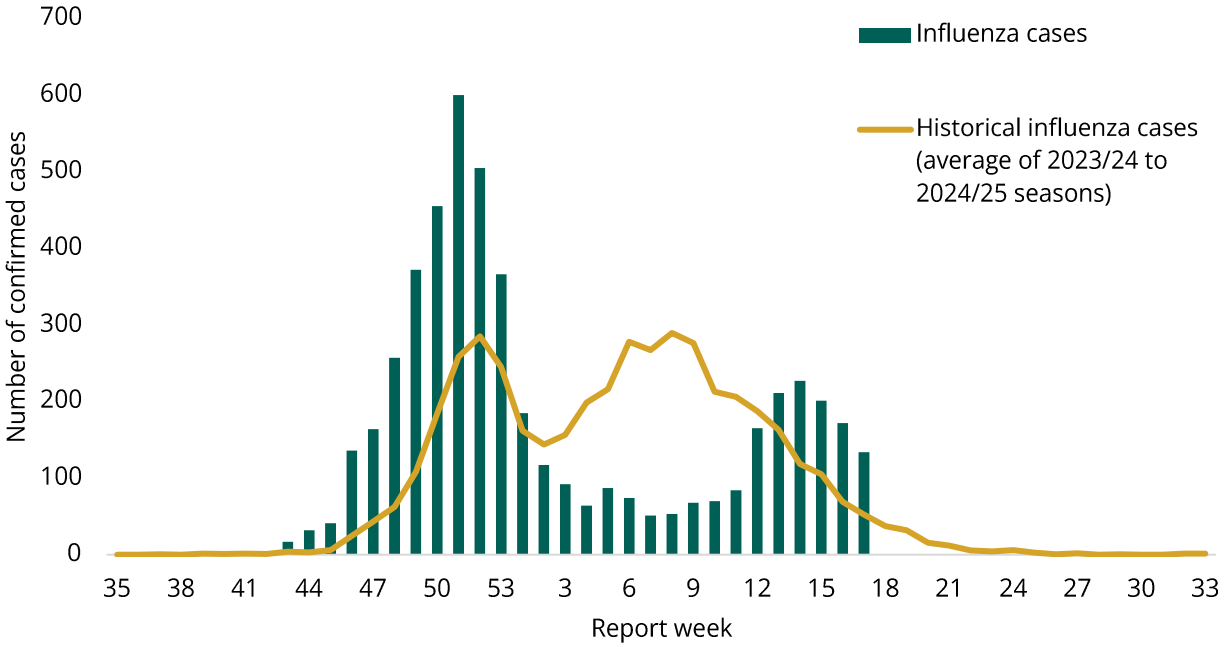
COVID-19

Figure 1: Number of confirmed cases of COVID-19 and Historical Average, by report week, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)



INFLUENZA

Figure 2: Number of confirmed cases of Influenza and Historical Average, by report week, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)

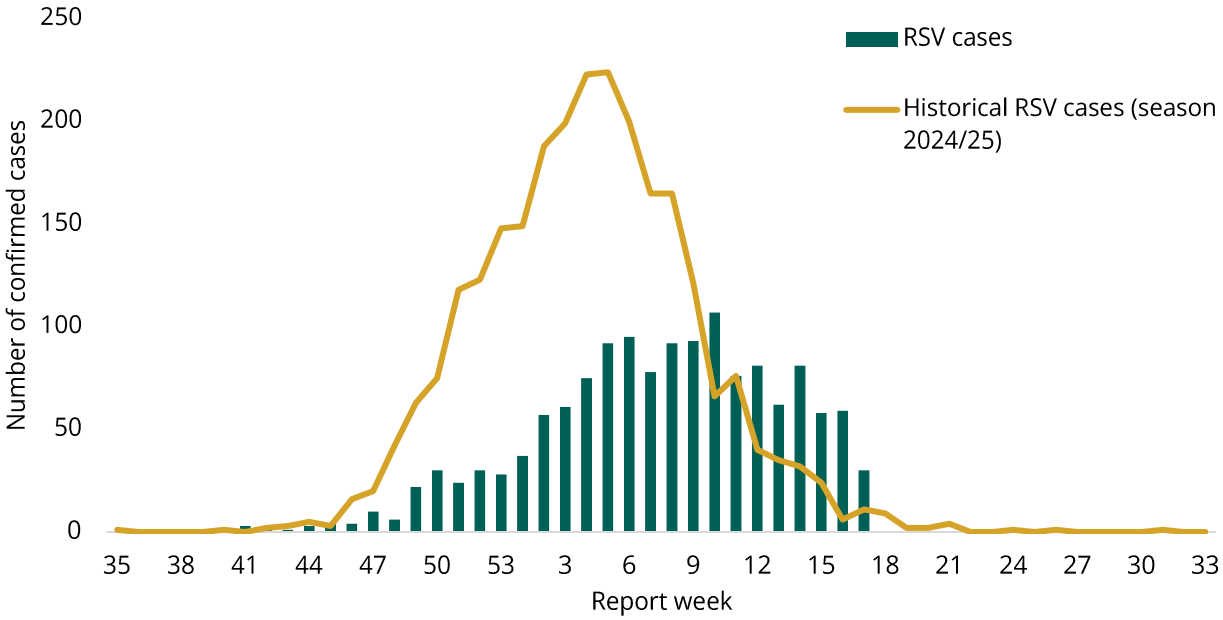


Notes:

- Laboratory confirmed cases are reported for the week when the laboratory confirmation was received.

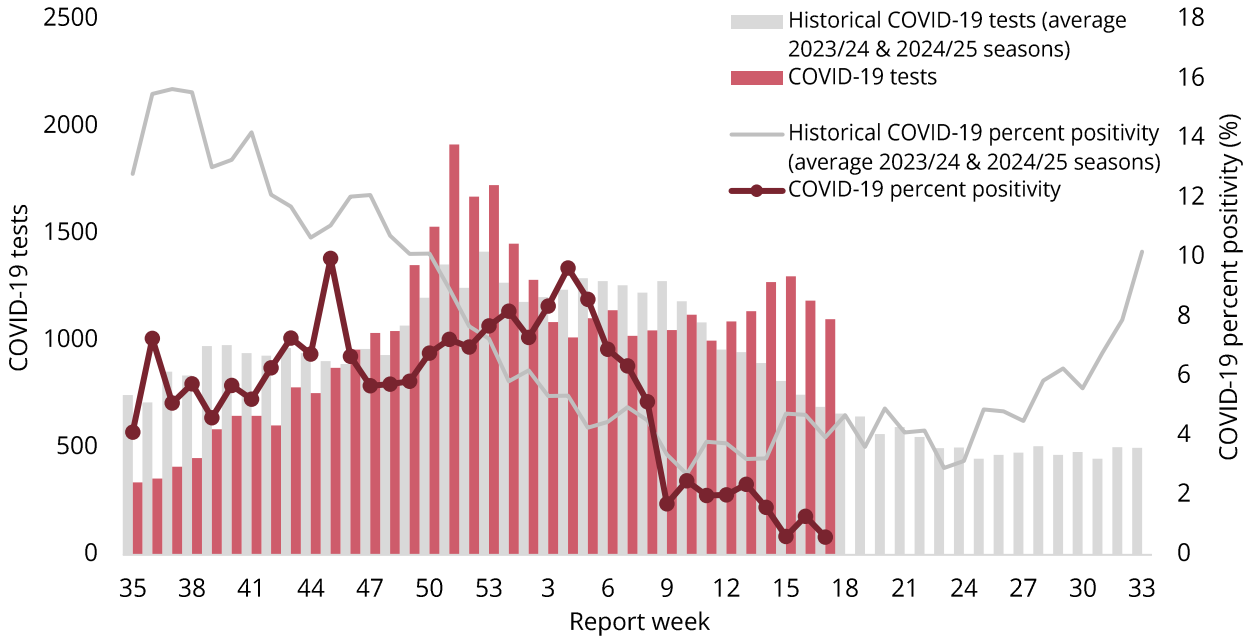
RSV

Figure 3: Number of confirmed cases of RSV and Historical Average, by report week, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)



COVID-19

Figure 4: Number of tests performed and percent positivity for COVID-19, by report week, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)

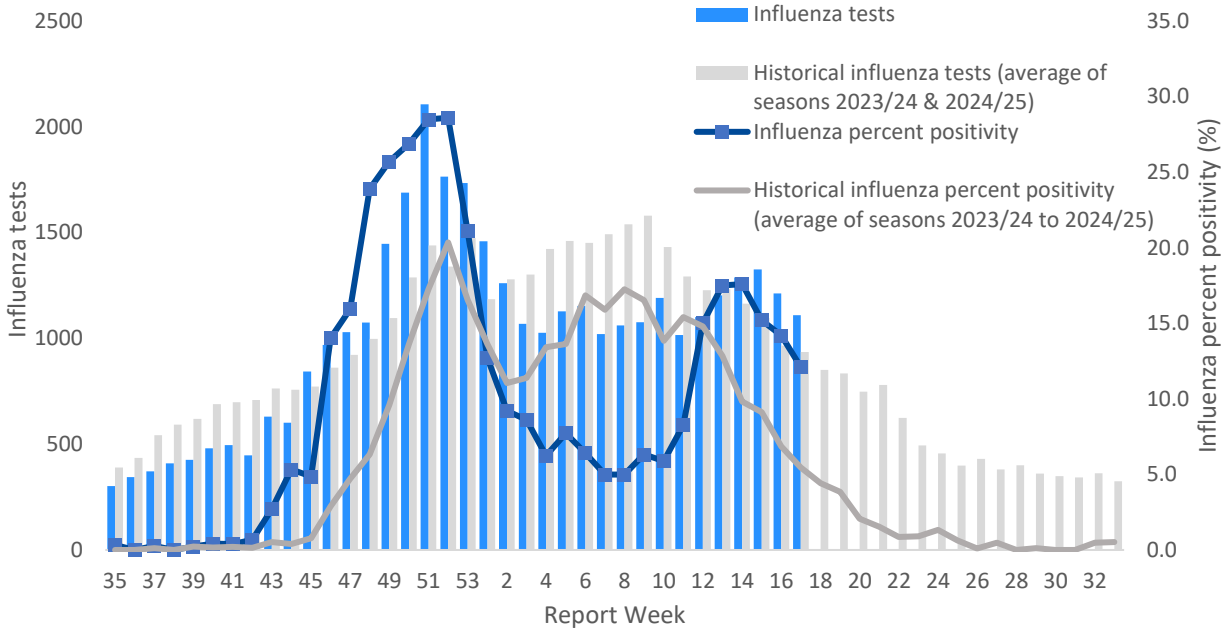


Notes:

- Laboratory confirmed cases are reported for the week when the laboratory confirmation was received.
- Laboratory tests are reported for the week when the specimen was collected.

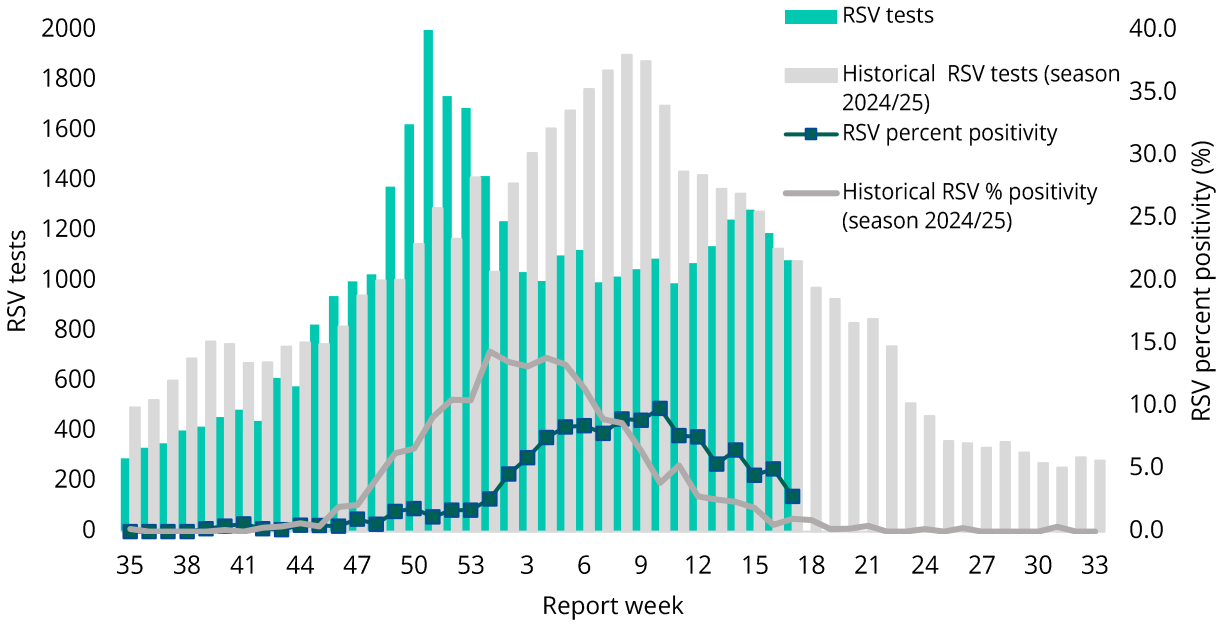
INFLUENZA

Figure 5: Number of tests performed and percent positivity for Influenza, by report week, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)



RSV

Figure 6: Number of tests performed and percent positivity for RSV by report week, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)



Notes:

- Laboratory confirmed cases are reported for the week when the laboratory confirmation was received.
- Laboratory tests are reported for the week when the specimen was collected.

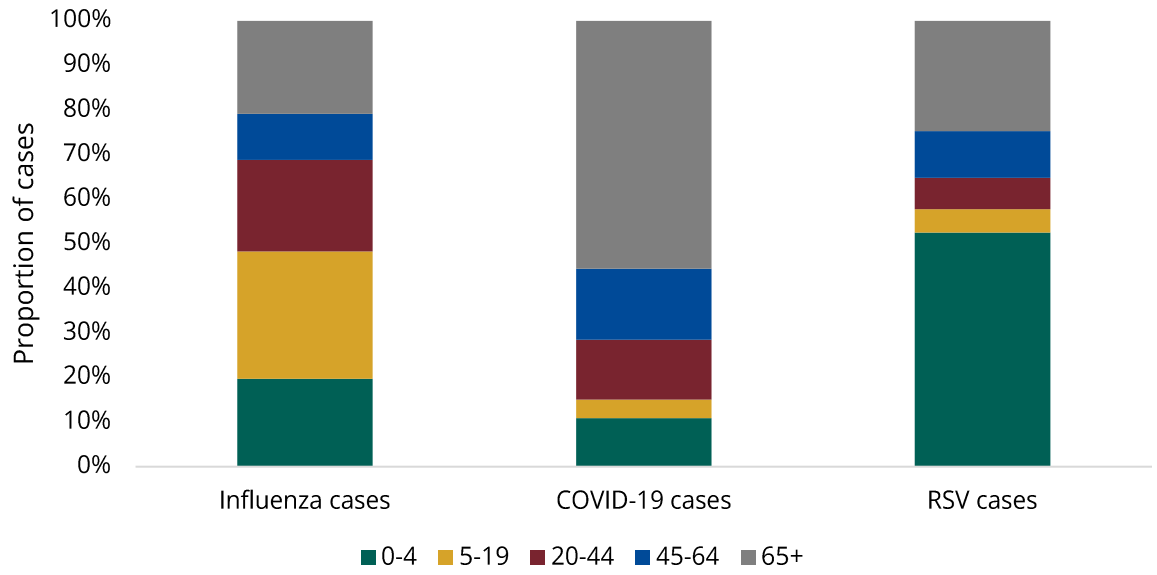
Table 2: Confirmed cases and percent positivity by region and disease, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)

Region	COVID-19		Influenza		RSV	
	Cases	Percent positivity %	Cases	Percent positivity %	Cases	Percent positivity %
1	601 (2)	5 (1)	1874 (39)	15 (12)	501 (11)	4 (4)
2	339 (0)	6 (0)	854 (13)	14 (5)	202 (4)	4 (2)
3	515 (0)	5 (0)	1124 (52)	12 (16)	419 (13)	5 (4)
4	171 (1)	7 (1)	301 (7)	13 (10)	78 (0)	4 (0)
5	88 (0)	7 (0)	159 (0)	13 (0)	43 (0)	3 (0)
6	176 (0)	6 (0)	474 (17)	15 (13)	99 (1)	3 (1)
7	148 (4)	7 (5)	224 (6)	10 (8)	61 (1)	3 (1)
Respiratory season total	2038 (7)	5 (1)	5010 (134)	14 (11)	1403 (30)	4 (3)

Notes:

- Region assigned from laboratory data based on address of the case.
- Number in brackets refers to the count for the current reporting period.

Figure 7: Confirmed cases by age group and disease, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)



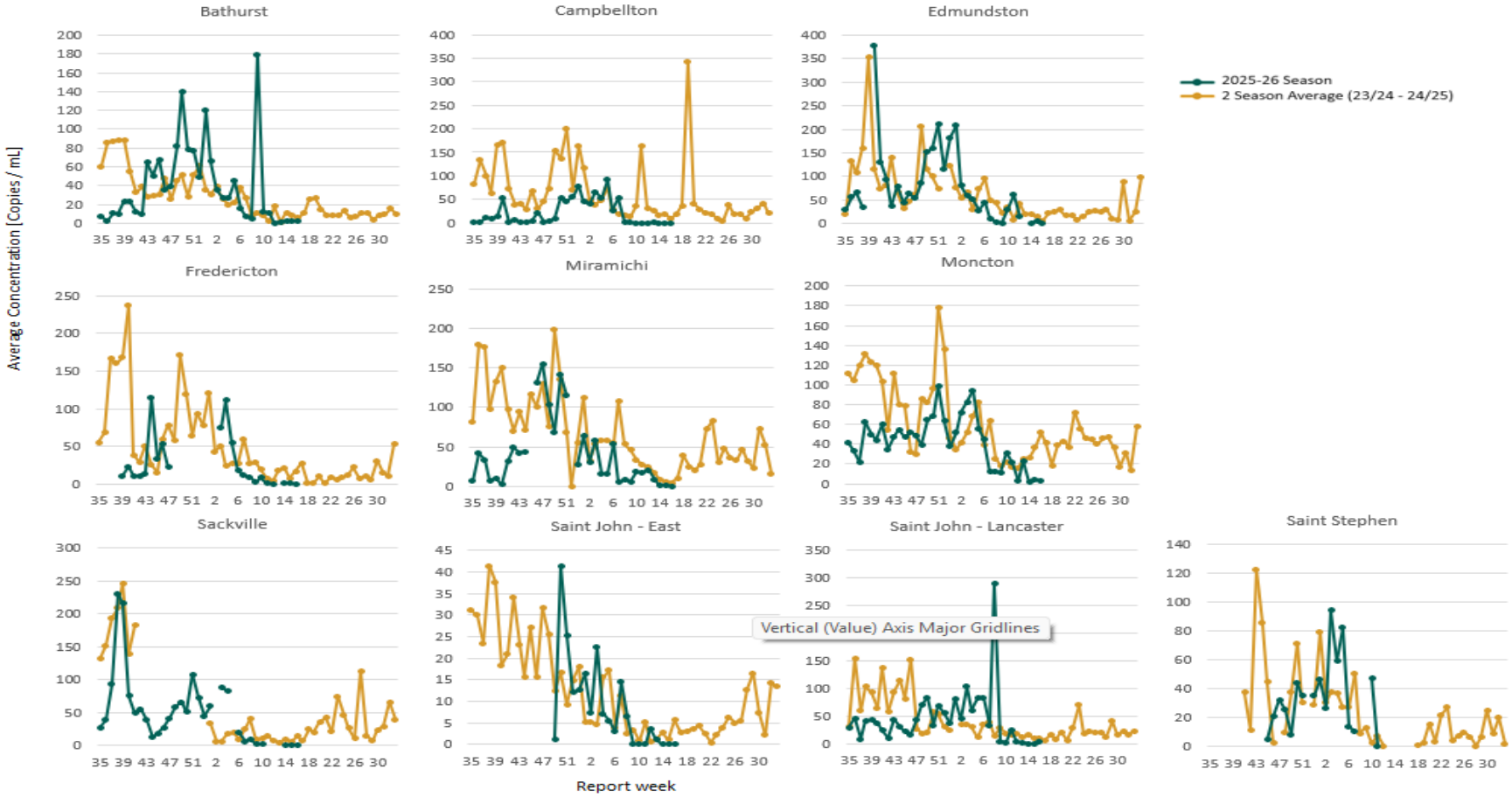
Notes:

- Age group is determined by age associated with confirmed test result.

WASTEWATER DATA

COVID-19

Figure 8: Average Viral Concentration of SARS-CoV2 in Wastewater, by collection week, and site, August 24, 2025, to May 2, 2026 (Source: New Brunswick Public Health Laboratory)



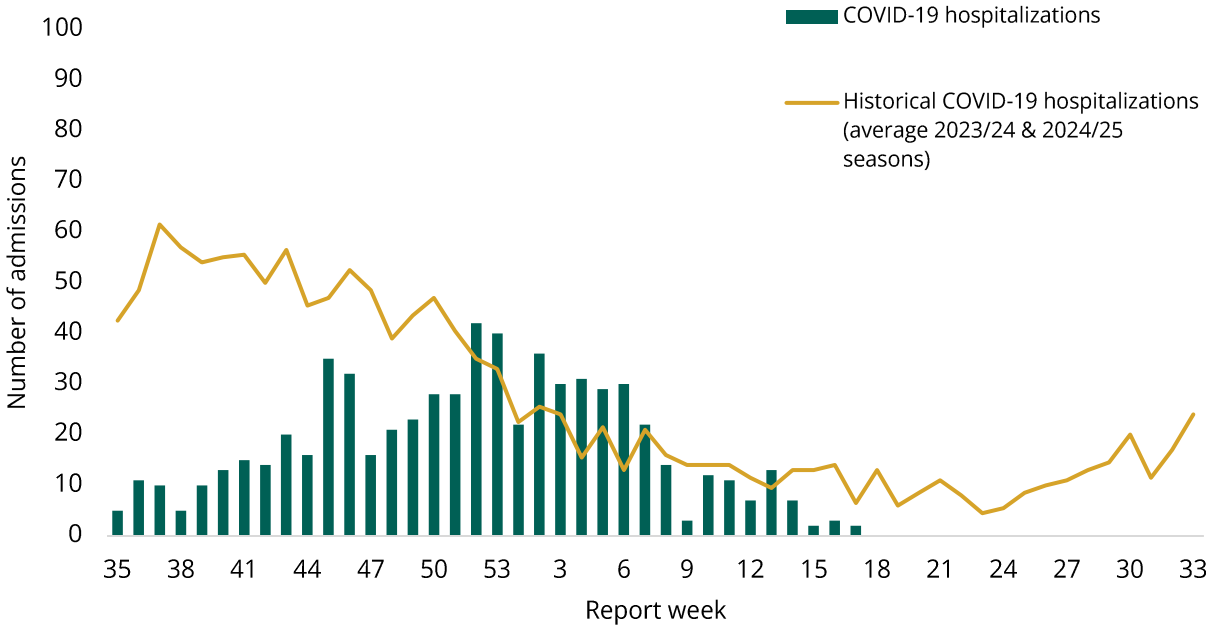
Notes:

- Improved methods to monitor for respiratory signals have been under development. New data as of Feb 15th reflects a transition to qPCR testing for improved sensitivity and accuracy.
- The gaps observed in the figures are days when data was not collected. This could be due to equipment issues, collectors' absences, or methodology being re-assessed.
- Concentration unit used are copies per milliliter, which is the amount of viral material present in samples.

HOSPITALIZATION AND DEATH DATA

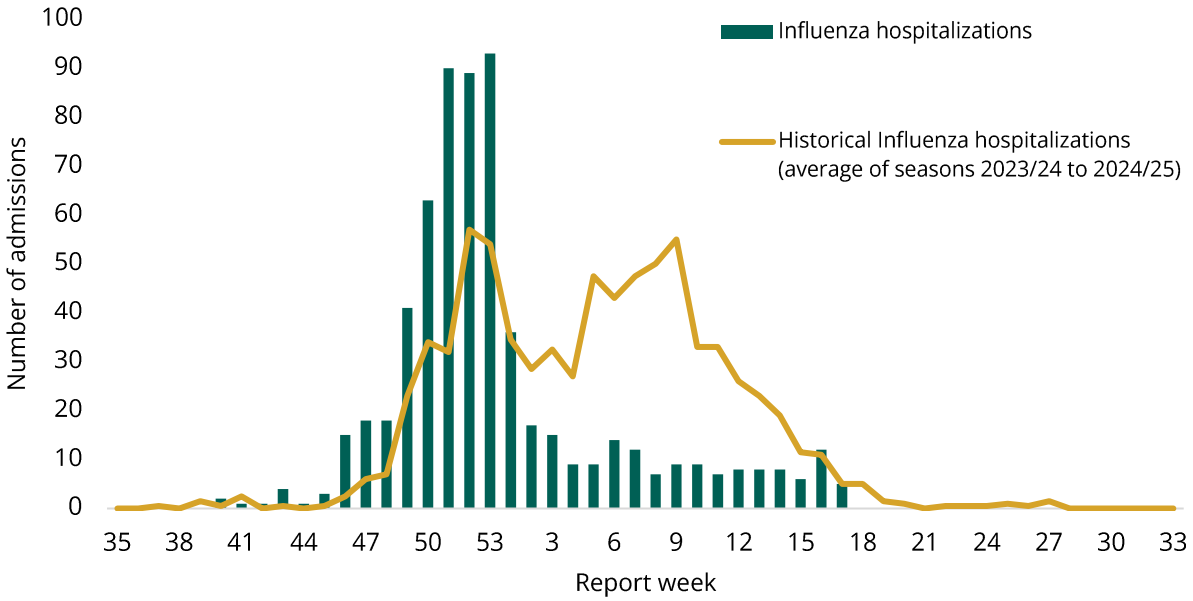
COVID-19

Figure 9: Number of COVID-19 hospitalizations by week of admission, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité)



INFLUENZA

Figure 10: Number of Influenza hospitalizations by week of admission, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité)



Notes

- Hospitalizations include non-ICU and ICU admissions.
- Hospitalizations based on admission date or if patient is hospitalized prior to confirmed test result, the test result date is used.
- Individuals hospitalized with a co-infection are counted as one hospitalization in each of the respiratory infections.

RSV

Figure 11: Number of RSV hospitalizations by week of admission, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité)

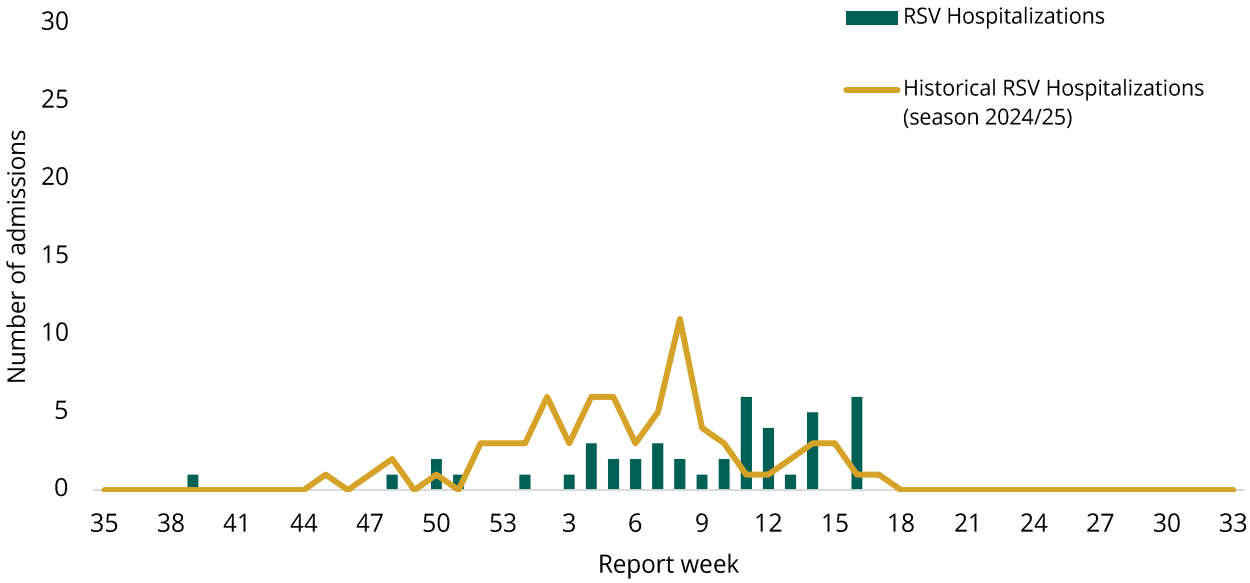
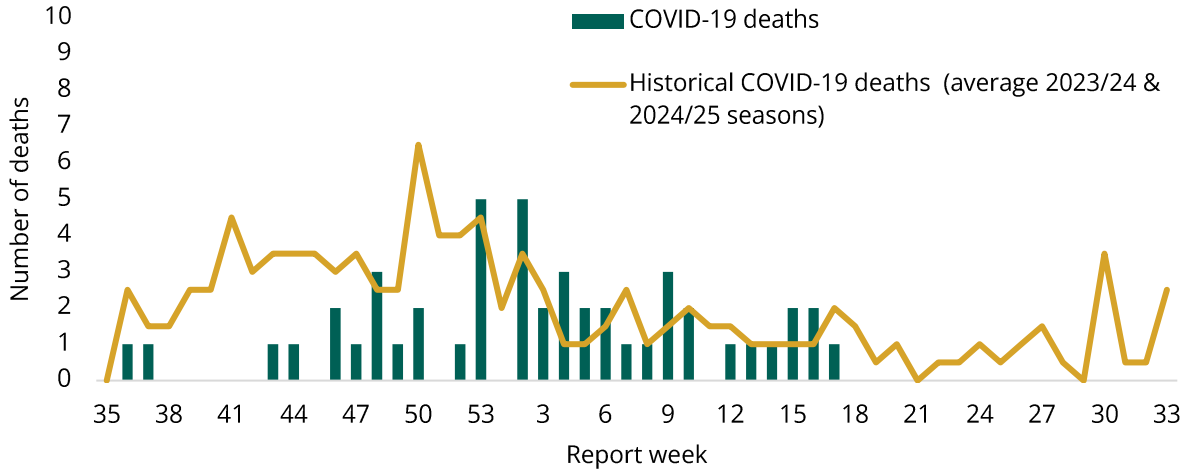
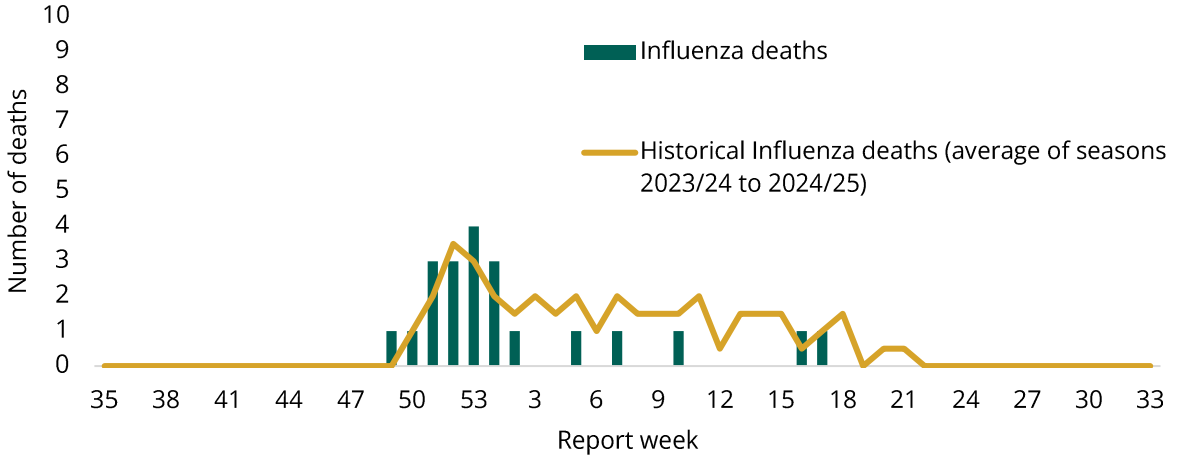


Figure 12: Number of COVID-19, Influenza and RSV deaths by date of death, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité)

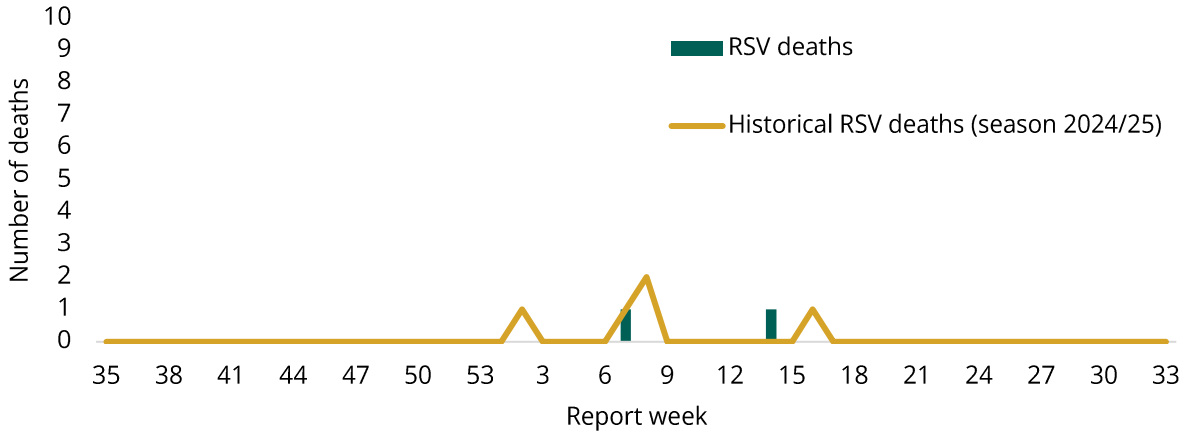
COVID-19



INFLUENZA



RSV



Notes:

- Deaths reported based on the date of death.
- Individuals deceased with a co-infection are counted as one death in each of the respiratory infections

Table 3: Number of COVID-19, influenza and RSV hospitalizations, ICU admissions and deaths by age group, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité)

Age group	COVID-19			Influenza			RSV		
	Hospitalizations	ICU	Death	Hospitalizations	ICU	Death	Hospitalizations	ICU	Death
0-4	11 (0)	1 (0)	0 (0)	47 (0)	3 (0)	0 (0)	4 (0)	0 (0)	0 (0)
5-19	7 (1)	0 (0)	0 (0)	51 (2)	2 (0)	0 (0)	2 (0)	0 (0)	0 (0)
20-44	19 (1)	1 (1)	1 (0)	42 (1)	4 (1)	0 (0)	0 (0)	0 (0)	0 (0)
45-64	85 (0)	7 (0)	6 (0)	75 (1)	5 (0)	1 (1)	9 (0)	4 (0)	0 (0)
65+	536 (0)	25 (0)	41 (1)	415 (1)	35 (0)	20 (0)	29 (0)	1 (0)	2 (0)
Total	658 (2)	34 (1)	48 (1)	630 (5)	49 (1)	21 (1)	44 (0)	5 (0)	2 (0)

Notes:

- Hospitalizations include non-ICU and ICU admissions.
- Age group is determined by age associated with confirmed test result.
- ICU status noted at time of admission.
- Number in brackets refers to the count for the current reporting period.
- Individuals hospitalized with a co-infection are counted as one hospitalization in each of the respiratory infections.
- Individuals deceased with a co-infection are counted as one death in each of the respiratory infections.

Table 4: Rates per 100,000 for COVID-19, influenza and RSV hospitalizations and deaths by age group, cumulative, August 24, 2025, to May 2, 2026, and Historical Average (seasons 2023/24 & 2024/25) (Source: Horizon Health Network and Réseau de Santé Vitalité)

Age group	COVID-19		Influenza		RSV	
	Hospitalizations Rates	Death Rates	Hospitalizations Rates	Death Rates	Hospitalizations Rates	Death Rates
0-4	32.3 (60.5)	0.0 (1.5)	138.0 (95.9)	0.0 (2.9)	11.7 (26.5)	0.0 (0.0)
5-19	5.3 (5.4)	0.0 (0.0)	38.7 (33.2)	0.0 (0.0)	1.5 (0.8)	0.0 (0.0)
20-44	7.2 (21.6)	0.4 (0.2)	16.0 (19.1)	0.0 (0.2)	0.0 (0.8)	0.0 (0.4)
45-64	37.1 (67.8)	2.6 (3.1)	32.7 (62.6)	0.4 (1.5)	3.9 (6.1)	0.0 (0.0)
65+	273.2 (486.0)	20.9 (43.9)	211.5 (247.9)	10.2 (16.5)	14.8 (24.3)	1.0 (2.1)

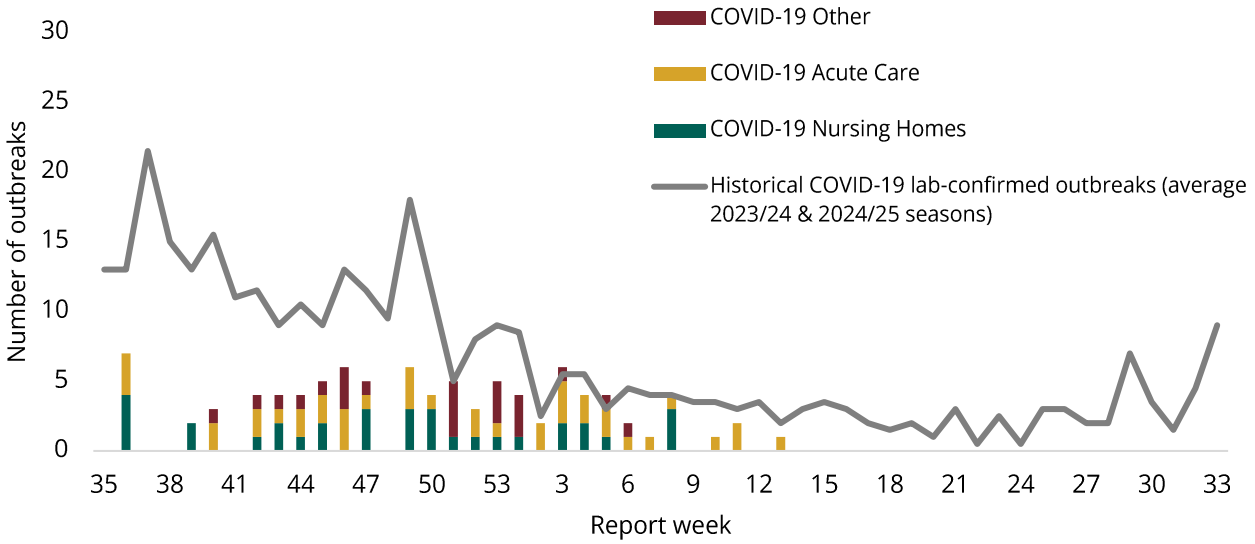
Notes:

- Hospitalizations include non-ICU and ICU admissions.
- Age group is determined by age associated with confirmed test result.
- Numbers in brackets refer to the cumulative historical average for seasons 2023/24 & 2024/25.
- Population estimates from Statistics Canada, Demography Division, released July 2025.
- Individuals hospitalized with a co-infection are counted as one hospitalization in each of the respiratory infections.
- Individuals deceased with a co-infection are counted as one death in each of the respiratory infections.

OUTBREAKS

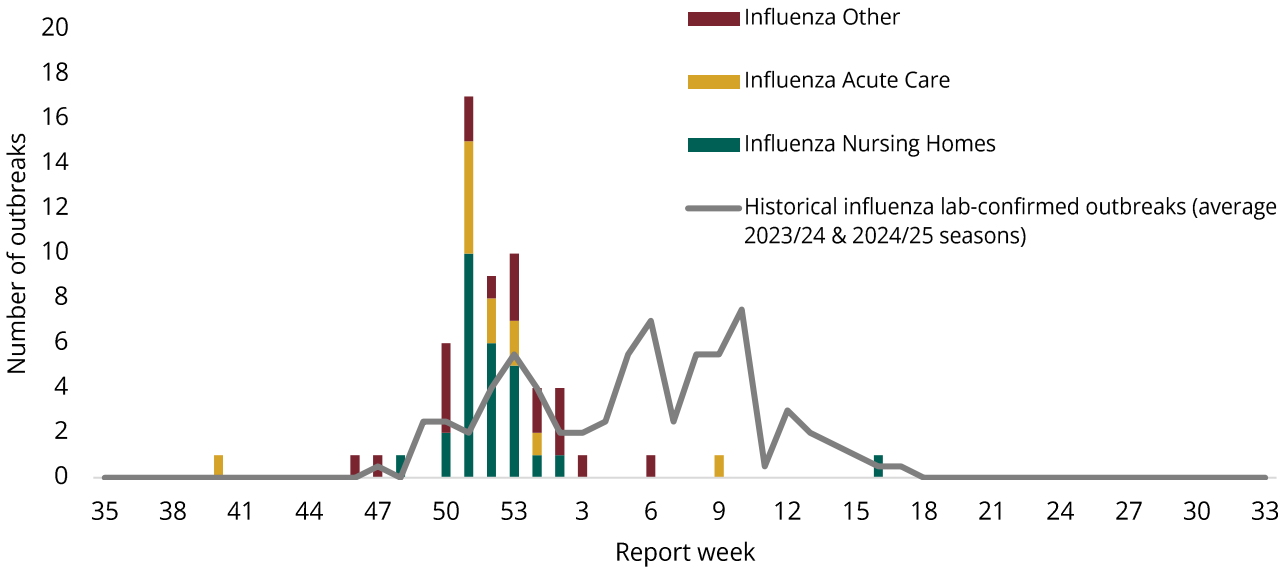
COVID-19

Figure 13: Number of COVID lab-confirmed outbreaks by report week (date of declaration of outbreak), by setting, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité, LTCF)



INFLUENZA

Figure 14: Number of Influenza lab-confirmed outbreaks by report week (date of declaration of outbreak), by setting, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité, LTCF)

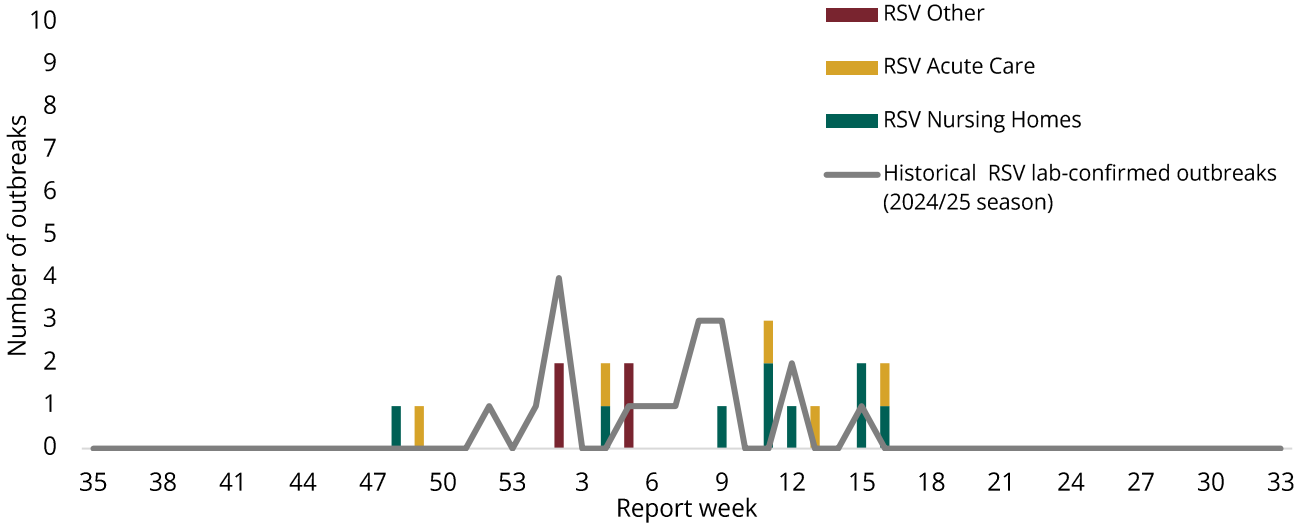


Notes

- Other settings include lab-confirmed outbreaks in settings such as Adult Residential Facilities (ARF), Correctional Settings, Shelters, etc.
- The types and numbers of facilities that report lab-confirmed outbreaks may differ each season.
- Historical influenza includes seasons 2023/24 & 2024/25 since outbreaks in ARF were not consistently reported in previous seasons.

RSV

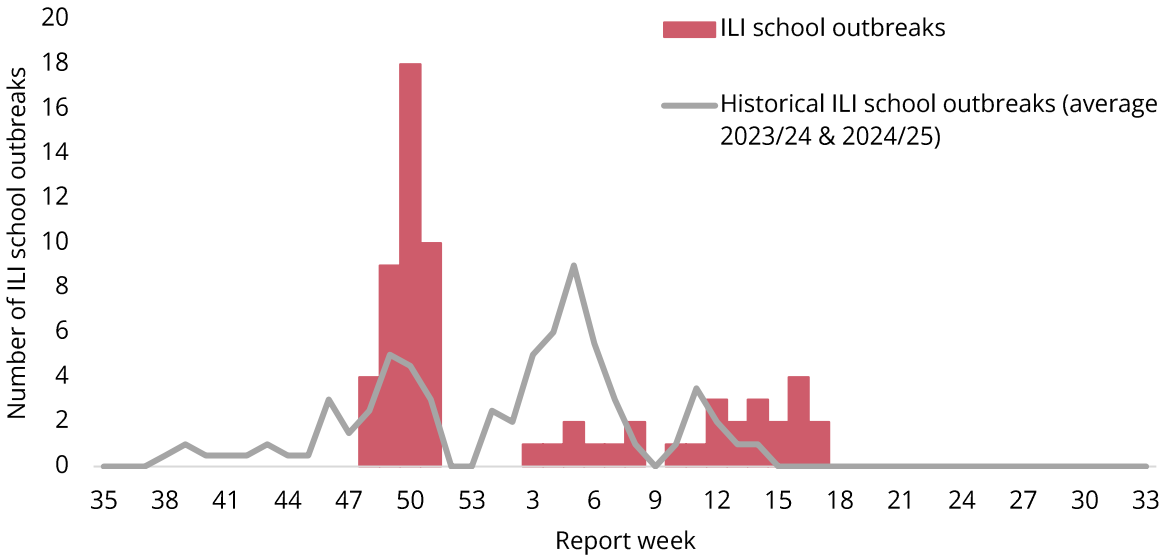
Figure 15: Number of RSV lab-confirmed outbreaks by report week (date of declaration of outbreak), by setting, August 24, 2025, to May 2, 2026 (Source: Horizon Health Network and Réseau de Santé Vitalité, LTCF)



Notes

- Other settings include lab-confirmed outbreaks in settings such as Adult Residential Facilities, in Correctional Settings, in Shelters, etc.
- The types and numbers of facilities that report lab-confirmed outbreaks may differ each season.

Figure 16: Number of ILI school outbreaks reported to Regional Public Health, by Report week, August 24, 2025, to May 2, 2026 (Source: NB School districts)



Notes

- School outbreaks based on 10% absenteeism in school due to influenza-like illness (ILI) symptoms.

NATIONAL AND INTERNATIONAL ACTIVITY

For current national respiratory virus activity, please refer to the Canadian Respiratory Virus web page at: https://health-infobase.canada.ca/respiratory-virus-detections/

For current international respiratory virus activity, please refer to the following web pages:

- WHO, Global Influenza Program: Global Influenza Programme
- WHO, Respiratory Virus Surveillance Dashboard : Integrated influenza and other respiratory viruses surveillance dashboard (GISRS)
- Europe, Respiratory Virus Surveillance: Europe-Respiratory Virus Surveillance Summary
- PAHO, Respiratory Virus weekly report: Respiratory Virus weekly report
- United States, Respiratory Illness update: Respiratory Illness Data Channel

For current national Human Emerging Respiratory Pathogens activity, please refer to the following web page: Emerging Respiratory Pathogens

Appendix A: Case definitions

COVID-19 case: The detection of at least on 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 great 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.

Influenza case: Clinical illness with laboratory confirmation of infection: isolation of influenza virus from an appropriate clinical specimen (NP, throat/Nose) or demonstration of influenza virus antigen in an appropriate clinical specimen or significant rise (e.g. fourfold or greater) in influenza IgG titre between acute and convalescent sera or detection of influenza RNA.

RSV case: Clinical illness with laboratory confirmation of infection: isolation of RSV virus from an appropriate clinical specimen (NP, throat/Nose) or demonstration of RSV antigen in an appropriate clinical specimen or significant rise (e.g. fourfold or greater) in RSV IgG titre between acute and convalescent sera or detection of RSV RNA.

Influenza-like illness (ILI): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

Deceased case: A confirmed case who was admitted to hospital and whose death occurred during their stay. A death due to COVID-19, influenza or RSV does not mean that it was necessarily the primary or contributing factor to the cause of death.

Hospitalization: Admission to hospital with a laboratory confirmation of a respiratory infection (Influenza, RSV, COVID-19) within 14 days prior to or upon admission OR a laboratory confirmation of a respiratory disease during their stay.

ICU admission: Admission to ICU with a laboratory confirmation of a respiratory infection (Influenza, RSV, COVID-19) within 14 days prior to or upon admission OR a laboratory confirmation of a respiratory disease during their stay.

COVID-19 outbreak: An outbreak in a vulnerable setting may be declared by the MOH, typically when there are two or more positive cases among residents or staff with an epidemiological link within 10 days.

Influenza outbreak: An outbreak in a vulnerable setting may be declared by the MOH, typically when there are two or more positive cases among residents or staff with an epidemiological link within 7 days.

RSV outbreak: An outbreak in a vulnerable setting may be declared by the MOH, typically when there are two or more positive cases among residents or staff with an epidemiological link within 7 days.

Appendix B: Data sources

Admission discharge transfer database

- Data are extracted weekly.
- Data shown in this report represent available data at the time of extraction.
- Missed events will be captured in subsequent reports as data become available.
- Data includes patients with a positive laboratory result and a health card number.

Provincial Public Health Laboratory Information System

- Data are extracted weekly.
- Data shown in this report represent available data at the time of extraction.
- Missed events will be captured in subsequent reports as data become available.

Regional Health Authorities (Horizon and Vitalité)

- Data are extracted weekly (Hospitalizations and Outbreak data)
- Data shown in this report represent available data at the time of extraction.
- Missed events will be captured in subsequent reports as data become available.

Long-Term Care Facilities

- Data are extracted weekly (Outbreak data).
- Data shown in this report represent available data at the time of extraction.
- Missed events will be captured in subsequent reports as data become available.

Appendix C: Breakdown of influenza cases by strain and age group.

Figure 17: Influenza cases by report week and strain, August 24, 2025, to May 2, 2026 (Source: New Brunswick Regional Hospitals)

