# Community Respiratory Illness Surveillance Program (CRISP) Situation Report: April 13, 2023 (Reporting Period March 26 – April 08, 2023)

## Summary

- COVID-19 activity has decreased from approximately 240 cases a week to 170 cases. There is an 8.2% test positivity in the most recent surveillance week.
- Respiratory Syncytial Virus (RSV) cases continued to decline, with 10 cases in the most recent reporting period.
- Influenza activity in Saskatchewan fluctuated at very low levels over the past four weeks, with type B activity, typically seen in the late influenza season, accounting for half the cases.
- COVID-19, RSV and other respiratory viruses account for 64%, 4% and 31% of hospitalizations due to respiratory illnesses across the province for the most recent two weeks, respectively. Overall, total hospital admissions for respiratory viruses remain stable, with a decrease in COVID-19 hospitalizations in the most recent week (from 86 to 64).
- Sentinel indicators of respiratory transmission in the community fluctuates, as the season wanes:
    - Calls to HealthLine 811 for respiratory-like illness remain stable (56.1 to 56.4 per 1,000 calls).
    - School-absenteeism in the recent three weeks shows a declining trend from 11.6% to 9.9% in the most recent reporting week.
    - The most commonly detected organism in the sentinel provider program this week was Rhinovirus (common cold).
    - Regina wastewater viral load increased from moderate-high to high, whereas in Saskatoon and Swift Current, it decreased from high to moderate and moderate-high, respectively. The trajectory is decreasing in Saskatoon, North Battleford, Prince Albert and Swift Current in the current week compared to the previous week**.**

## COVID-19

- The number of positive lab tests for COVID-19 decreased from 222 in the week March 12 to 18 to 170 in the most recent week. Test positivity decreased from 8.8% to 8.2%.
- Cases are largely in the 20 to 64 years (37.9%) and 65+ years (51%) age groups.
- COVID-19 outbreaks in high-risk settings fluctuated between one and eight over the past four weeks.
- XBB.1.5 and its sublineages (denoted as XBB.1.5*) are the most commonly detected variants (69.7% of current reporting period), followed by BQ.1.1* (17.0%) and BQ.1* (4.4%).
- COVID-19 hospitalizations have decreased from 180 for the previous two weeks, to 150 for the most recent two weeks.
- COVID-19 ICU admissions have decreased from 12 for the previous two weeks, to 10 for the most recent two weeks.
- The proportion of staffed inpatient beds occupied by COVID-19 patients remain stable at 5.7% (from 5.9% in the preceding week).
- Reported COVID-19 deaths have dropped in half, from 20 in the previous two weeks to 10 in the most recent two weeks.

- Having a COVID-19 booster in the last six months (October 1, 2022 to March 31, 2023) reduces the risk of a COVID-19 death four times compared to unvaccinated individuals and over two times compared to those without a booster dose. Of those aged five years and older, 17% have received their latest booster dose in the last six months. With the exception of Regina, all areas of the province have less than 50% of their population up-to-date[1] for COVID-19 vaccines.
- Only 21% of individuals aged 12+ years have received a bivalent booster dose (n = 219,626 doses).
- Less than half of individuals aged 50+ have had more than one booster dose (47%).

## Influenza

- Influenza activity was low in the past four weeks with sporadic cases distributed in communities throughout the province. About half the cases were type B influenza, which generally has a mild clinical manifestation.
- Influenza test positivity fluctuated between 0.4% and 1% over the past four weeks. The emergence of type B activity is responsible for an increase in influenza test positivity.
- Influenza cases affected the preschool (one case), school age (one case), working-aged people 20 to 64 years (three cases) and 65 years and older (one case) in the past week.
- No influenza outbreaks in high-risk settings were reported in the past month. There was one influenza hospitalization and one influenza ICU admission reported during the weeks of March 26 to April 08, 2023. One death due to Influenza was reported in the past four weeks.
- The influenza immunization campaign launched October 11, 2022. As of March 31, 2023, 27% of the Saskatchewan population have received an influenza vaccine. This is a 9% decrease in doses administered compared to the same time last year and no change from the previous month.

## Other Respiratory Viruses[2]

- RSV cases decreased from 164 in mid-January to 11 detections in the past week. Lab test positivity for RSV dropped from 4.0% to 1.6% over the past four weeks.
- RSV cases are mainly in the pediatric age group again this past week (six cases, 60%).
- RSV hospitalizations increased to nine in current week from a weekly average of five for the previous three weeks. RSV-associated ICU admissions remain stable at three for the previous two weeks and three for the most recent two weeks. Children aged 0 to 19 years account for 83% of RSV hospitalizations and ICU admissions over the past two weeks.
- 'Other' respiratory viruses' hospitalizations have increased from 44 for the previous two weeks, to 72 for the most recent two weeks. 'Other' respiratory viruses ICU admissions have increased from three for the previous two weeks, to 13 for the most recent two weeks.
- 'Other' respiratory virus lab detections fluctuated between 71 and 115 over the past month. The positivity rate increased from 6.3% to 7.2% in past four weeks.
- Outbreaks from 'other' viruses in high-risk settings averaged about two per week over the past four weeks.

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[1] *Up-to-date = completed a primary series and at least one additional booster, age 5+ years*

[2] *Parainfluenza viruses 1 – 4 (PIV 1 – 4); Adenovirus (ADV); Rhinovirus (RV); Human Metapneumovirus (HMPV); NOTE: RSV test positivity now exceeds 1% and is reported separately. * Represents all sublineages of Omicron*

**Table 1: Viral indicators by surveillance period, March 26 –April 08, 2023**

| Report date | COVID-19 positive laboratory test | COVID-19 test positivity | COVID-19 outbreaks | Influenza positive laboratory test | Influenza test positivity | Influenza outbreaks | RSV positive laboratory test | RSV test positivity | 'Other'[1] positive laboratory test | 'Other'[1] test positivity | 'Other'[1] outbreaks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| April 02 - 08, 2023 | 170 | 8.2% | 7 | 7 | 0.9% | 0 | 11 | 1.6% | 115 | 7.2% | 1 |
| March 26 – April 01, 2023 | 243 | 10.5% | 5 | 5 | 0.6% | 0 | 16 | 2.2% | 79 | 6.0% | 0 |
| March 19 – 25, 2023 | 242 | 9.4% | 8 | 3 | 0.4% | 0 | 25 | 3.4% | 104 | 6.8% | 5 |
| March 12 – 18, 2023 | 222 | 8.8% | 1 | 8 | 1.0% | 0 | 30 | 4.0% | 71 | 6.3% | 1 |

***Notes:*** [1]*Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus. See Technical Notes for details.*

**Table 2: Patient-confirmed respiratory illness by age group, April 02- 08, 2023**

| Age group (Years) | COVID-19 case count | Influenza case count | RSV case count | Others case count[1] |
|---|---|---|---|---|
| 0-4 | 8 (5.5%) | 1 (16.7%) | 6 (60%) | N/A |
| 5-19 | 8 (5.5%) | 1 (16.7%) | 1 (10%) | |
| 20-64 | 55 (37.9%) | 3 (50%) | 0 | |
| ≥65 | 74 (51%) | 1 (16.7%) | 3 (30%) | |
| Total | 145 (100%) | 6 (100%) | 10 (100%) | 115 |

***Notes:*** [1]*Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus; age-specific data is unavailable (N/A) for other respiratory pathogens. Due to the rounding, total percentage may not add to 100%. See Technical Notes for further details.*

**Table 3: Sentinel* indicators by surveillance period, March 26 – April 08, 2023**

| Report date | School illness absenteeism >=10%[1] | RLI** ED visits per 1,000[2] | RLI** 811 calls per 1,000 | COVID-19 Wastewater indicator[3] | Sentinel provider test positivity | Most commonly detected virus: Sentinel providers |
|---|---|---|---|---|---|---|
| April 02 – 08, 2023 | 9.9% | N/A | 56.4 | Low (n=2)<br>Moderate (n=3)<br>Moderate-high ( n=1)<br>High ( n=1) | 61.5% | Rhinovirus |
| March 26 – April 01, 2023 | 12.3% | N/A | 56.1 | Low (n=1)<br>Moderate (n=3)<br>Moderate-high ( n=1)<br>High ( n=2) | 33.3% | Parainfluenza virus |
| March 19 – 25, 2023 | 11.6% | 36.6 (54) | 43.6 | Low (n=2)<br>Moderate (n=3)<br>Moderate-high ( n=2) | 25% | Parainfluenza virus |
| March 12 – 18, 2023 | 10% | 26.3 (43) | 40 | Low (n=1)<br>Moderate (n=3)<br>Moderate-high ( n=2)<br>High ( n=1) | 53.3% | Rhinovirus |

*Notes: *Sentinel surveillance are sampling programs representative of the population; [1]School absenteeism is the proportion of scheduled children who were absent from the class due to illness. The type of illness is not specified. [¥]Not Available (N/A). **Respiratory-like illness (RLI) [2] The data source for RLI ED visits is shifting from manual submissions to electronic database extraction; reporting is unavailable during this transition [3]Count of wastewater treatment facilities reporting low, moderate or high levels of viral load causing COVID-19 infection (see Technical Notes for details).*

**Table 4: Outcome, health care capacity and immunization coverage indicators by surveillance period, March 26 – April 08, 2023[¥]**

| Report date | Hospital admissions – COVID-19[1] | ICU admissions – COVID-19 | Hospital admissions – Influenza | ICU admissions – Influenza | Hospital admissions – RSV | ICU admissions – RSV | % of staffed inpatient beds occupied by COVID-19 patients[2] | Deaths – COVID-19[3] | Deaths – Influenza[3] | Proportion of population up-to-date – COVID-19 vaccine[4] | Proportion of population immunized for Influenza vaccine[5] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| April 02 - 08, 2023 | 64 | 5 | 0 | 0 | 9 | 2 | 5.7% | 2 | 0 | 46.2% | 27% |
| March 26 – April 01, 2023 | 86 | 5 | 1 | 1 | 7 | 1 | 5.9% | 8 | 1 | 46.2% | |
| March 19 – 25, 2023 | 100 | 10 | 0 | 0 | 5 | 2 | 5.9% | 10 | 0 | 46.2% | |
| March 12 – 18, 2023 | 80 | 2 | 1 | 1 | 4 | 1 | 6% | 10 | 0 | 46.2% | |

*[¥]Additional information on hospital admission stratified by respiratory organism and age group is provided below in **Figure 5** and **6** respectively. Viral infection may not be the main reason for the admission.*
*[3]Ten COVID-19 deaths were reported in the past two weeks. One influenza death reported in the past two weeks.*

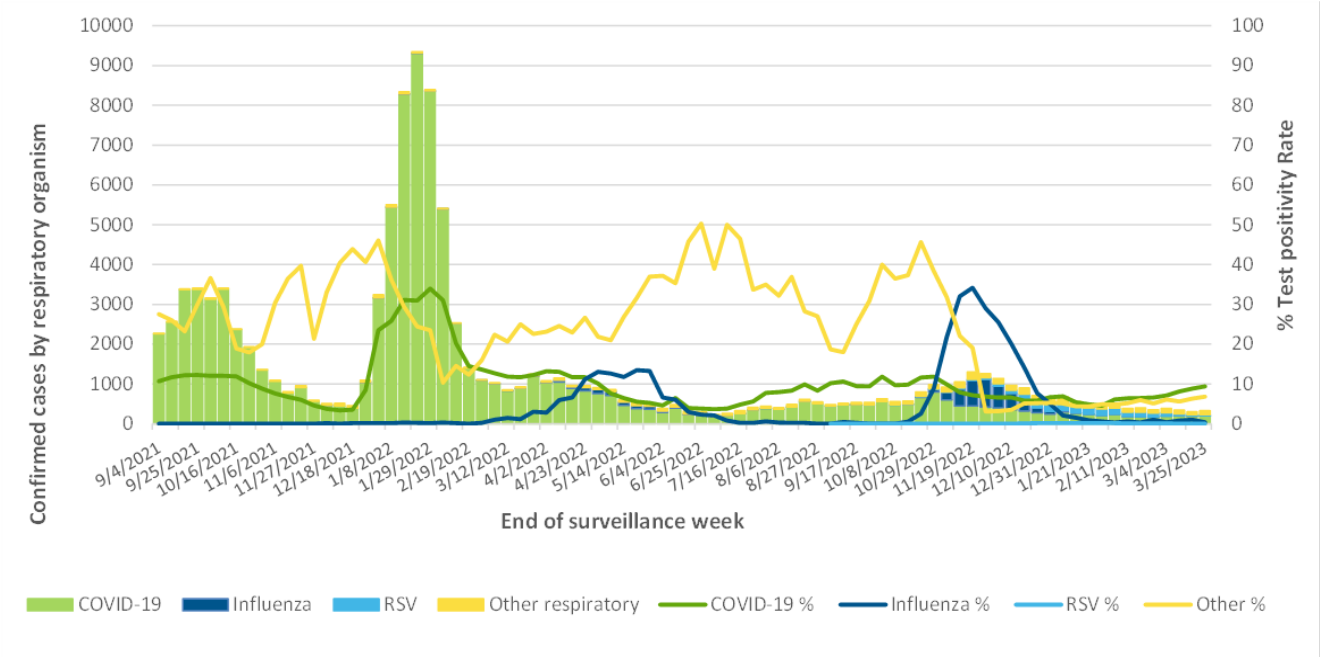
**Cases by respiratory organisms across the age groups**

- From March 26 to April 08, 2023, there were 235 respiratory illness cases hospitalized with lab-positive Covid19 (150), influenza (1), RSV (9), other respiratory illnesses (72), and co-infected cases (3). Among the 235 cases, Covid19 lab positives (150), were among age groups of 0-19 (12), 20-59 (36), and ≥60 (102). Influenza lab positives (1) cases were among in the age group of 20-59 (1). For RSV lab positives (9) cases were among the age groups of 0-19 (8) and ≥60 (4). For other respiratory lab positives (72) cases were in the age group of 0-19 (38), 20-59 (16), and ≥60 (18). For Co-infections lab positives (3) cases were in the age group of 0-19 (3).
- From March 26 to April 08, 2023, there were 27 respiratory illness cases admitted to the ICU with lab-positive Covid19 (10), influenza (1), RSV (3), other respiratory illnesses (13), and co-infected cases (0). Among the 27 cases, Covid19 lab positives (10) cases were among the age groups of 0-19 (4), 20-59 (1) and ≥60 (5). Influenza lab positives (1) were among the age group 20-59 (1). For RSV lab positives (3) cases were among the age groups of 0-19 (2) and ≥60 (1). For other respiratory lab positives (13) cases were in the age group of 0-19 (6), 20-59 (2) and ≥60 (5). For Co-infections lab positives (0) cases.

***Notes:***

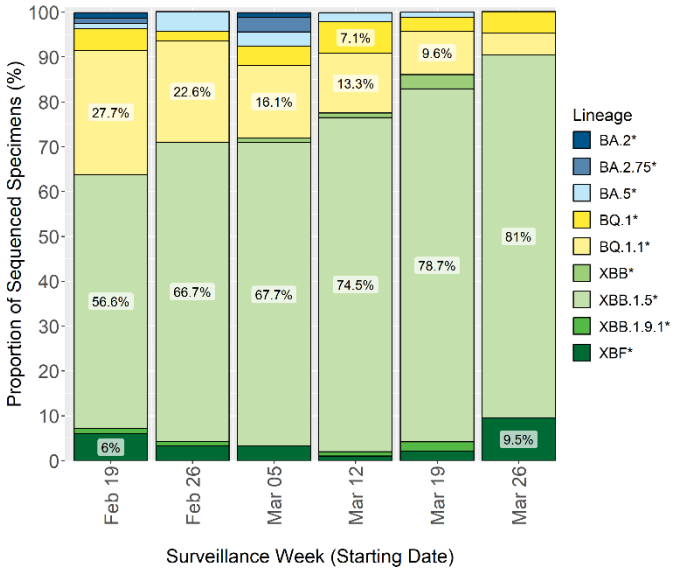
*[1] Because of the delay in date tested result, it affects the total number of Influenza (A/B), RSV and other respiratory virus admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. The counts for influenza, RSV, and other respiratory virus-associated hospital and ICU admissions refer to individuals with laboratory or point of care tests positive for influenza, RSV, and other respiratory viruses, respectively, occurring within four days before the admission date AND/OR at any point during the hospital stay. The counts for COVID-19 hospital and ICU admissions refer to individuals with laboratory tests positive for COVID-19 virus, occurring within 21 days before the admission date and/or at any point during the hospital stay or 7 days from the discharge. Episodes of care considers patients total movement within the health system related to their condition. It combines 2 or more admission from 2 or more different facilities, if they are transfers (No break in care). Transfer: Admission to any other hospital within 24 hours of discharge from previous hospital. Co-infected cases: positive for influenza and RSV or, positive for influenza and other respiratory virus or positive for RSV and other respiratory viruses or, positive for COVID-19 and influenza or, positive for COVID-19 and RSV or, Positive for COVID-19 and other resp viruses. Other includes: Parainfluenza 1-4, Adenovirus, Enterovirus, Human Metapneumovirus, Rhinovirus, Seasonal Coronovirus (O43, NL63, 229E, HKU1f.).*
*[2]7-day average of percentage of acute inpatient beds staffed and in operation that are occupied by COVID-positive patients as of 8AM census.*
*[3] Includes deaths entered into Panorama IOM among lab-confirmed cases. Deaths reported based on the actual date of death. Deaths reported in previous periods subject to change due death reporting data lags.*
*[4]Up-to-date =completed a primary series and at least one additional booster, age 5+ years.*
*[5]Up-to-date = received a vaccination within the current influenza season, age 6 months+. The most recent rate is as of March 31, 2023. This column will be updated at month end. See Technical Notes for details.*

**Figure 1: Epidemic curve, respiratory illness by respiratory organism and test positivity, August 29, 2021 – April 08, 2023**




*Data sources: Panorama IOM extracted on April 10, 2023 (COVID-19 cases)*
*Respiratory Virus Detections Surveillance System (influenza and other respiratory) (RRPL extracted April 10, 2023)*
*As of September 4, 2022, COVID-19 cases include new and reinfections.*
*For the two weeks of Mar 26 to Apr 8, 2023, there were 359 COVID-19 cases (48 were 0 to 19 years; 123 were 20 to 59 years; and 188 were 60 years and older).*
*For the two weeks of Mar 26 to Apr 8, 2023, there were 12 influenza lab detections*
*For the two weeks of Mar 26 to Apr 8, 2023, there were 27 RSV detections*
*For the two weeks of Mar 26 to Apr 8, 2023, there were 194 other viral lab detections (parainfluenza, adenovirus, human metapneumovirus, rhinovirus, coronavirus).*

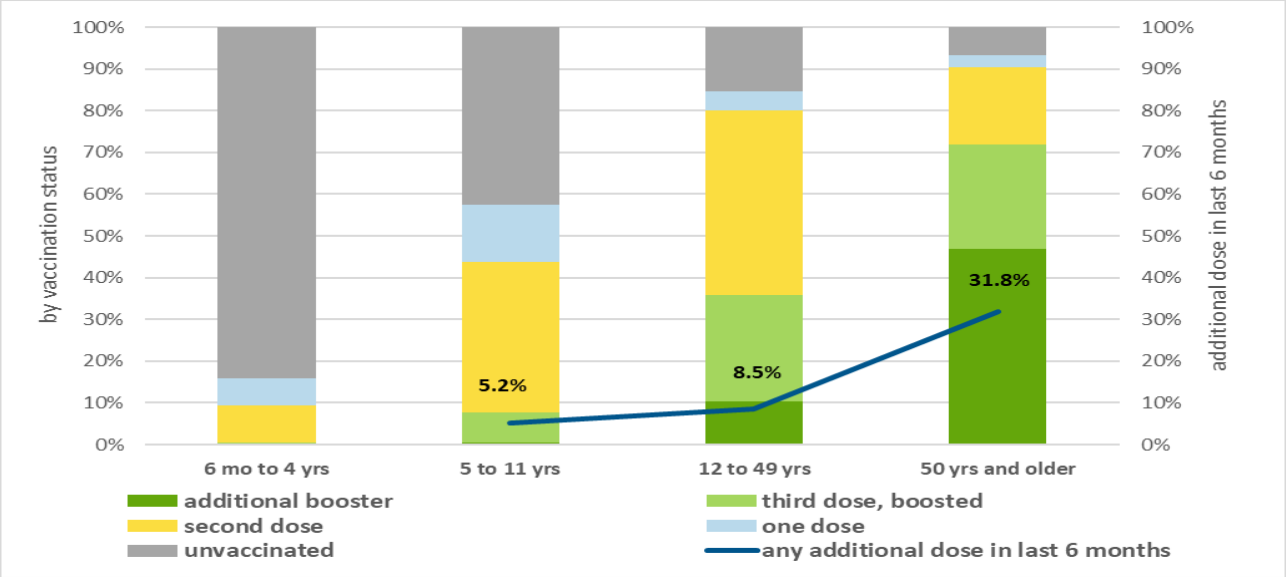
**Figure 2: Percentage of SARS-CoV-2 variants by surveillance week starting*, February 19, 2023 – March 26, 2023**




| Lineage | Feb 19 | Feb 26 | Mar 05 | Mar 12 | Mar 19 | Mar 26 |
|---|---|---|---|---|---|---|
| BA.2* | 1 | 0 | 1 | 0 | 0 | 0 |
| BA.2.75* | 1 | 0 | 3 | 0 | 0 | 0 |
| BA.5* | 1 | 4 | 3 | 2 | 1 | 0 |
| BQ.1* | 4 | 2 | 4 | 7 | 3 | 1 |
| BQ.1.1* | 23 | 21 | 15 | 13 | 9 | 1 |
| XBB* | 0 | 0 | 1 | 1 | 3 | 0 |
| XBB.1.5* | 47 | 62 | 63 | 73 | 74 | 17 |
| XBB.1.9.1* | 1 | 1 | 0 | 1 | 2 | 0 |
| XBF* | 5 | 3 | 3 | 1 | 2 | 2 |
| Total Sequenced | 83 | 93 | 93 | 98 | 94 | 21 |

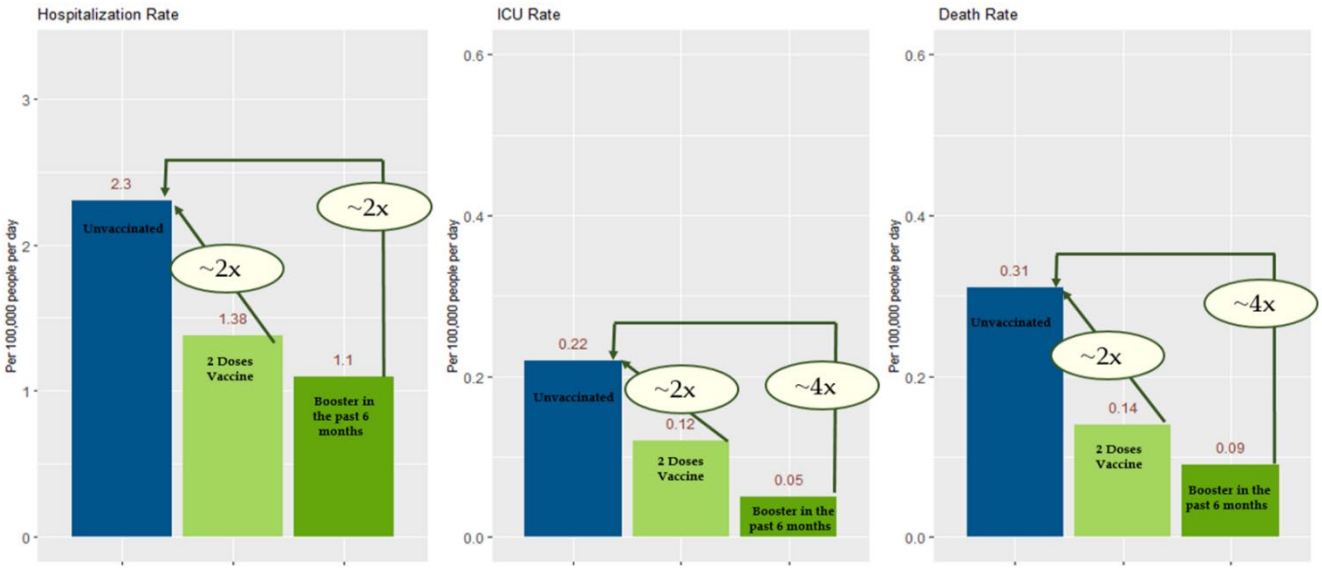
**Data Source:** *Roy Romanow Provincial Laboratory, Saskatchewan Health Authority, as of April 12, 2023*
The most recent VOC data available from the Provincial database is as of surveillance week ending April 1, 2023
* Surveillance week correspond to specimen collection date.

**Figure 3: Proportion of residents by age group and COVID-19 vaccination status to April 08, 2023**



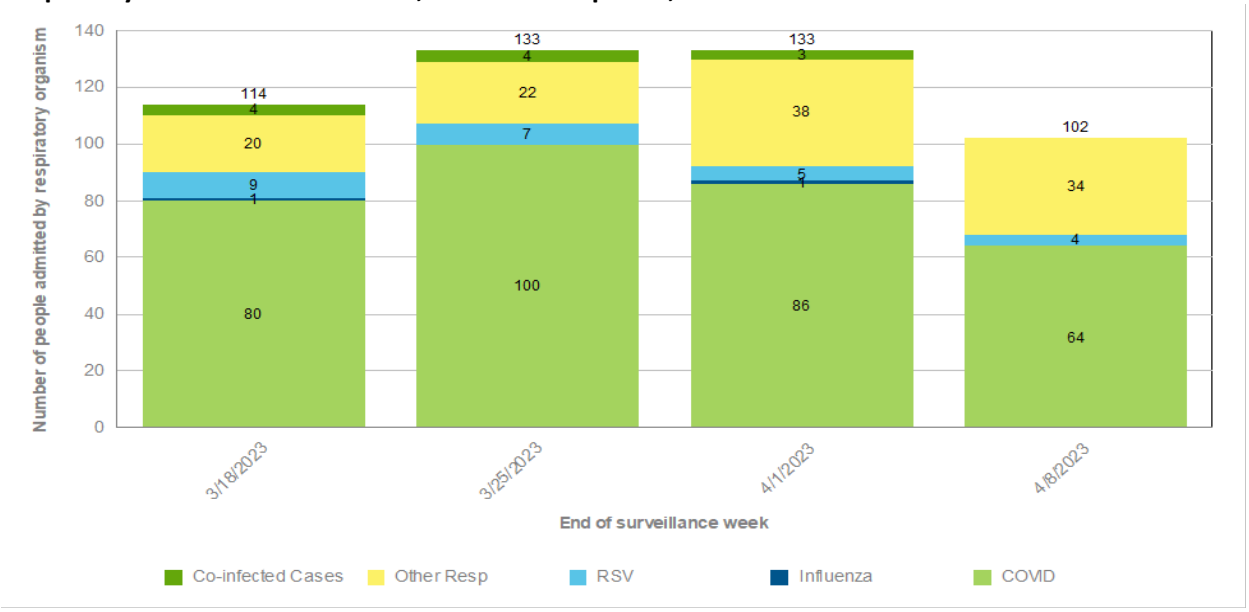

***Data sources:*** *Panorama April 10, 2023; Saskatchewan Covered Population, 12-Nov-2022, Ministry of Health version (2022 Version 2)*
*Note:*
*Of those five years and older: 46.2% have completed their series and received a booster dose; 16.7% have received their latest dose in the last six months. Of those 12 years and older, 21.1% (219,626) were administered a Moderna or a Pfizer bivalent. As of April 8, 2023, cumulatively doses administered are as follows: dose 1, n=995,332; dose 2, n=930,213; dose 3, n=534,516; completed plus 2 or more additional doses, n=385,264; total doses = 2,845,325.*

**Figure 4: Booster dose within last 6 months reduces the risk of Hospitalization, ICU admission or Death (age-adjusted rates), October 01, 2022 – March 31, 2022**



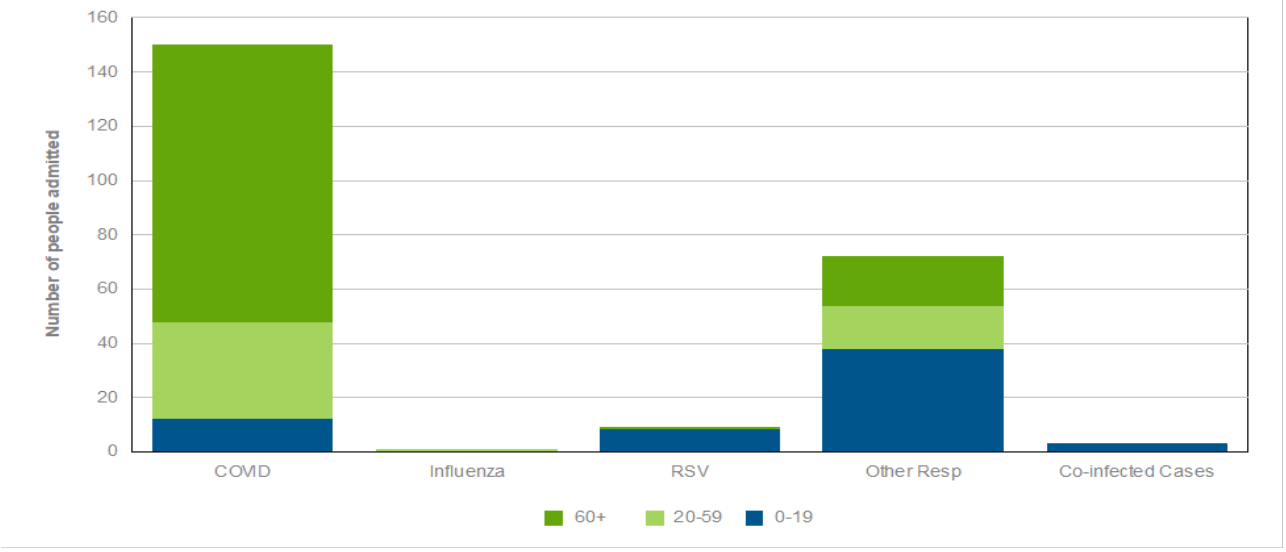

***Data Source:*** *Digital Health Analytics, Saskatchewan Health Authority*
***Definitions:*** *Unvaccinated - Individuals with no record of vaccine received or vaccinated with first dose but less than 21 days from receiving the first dose. Vaccinated with 2 doses - Individuals who have received their second dose for more than 14 days or their third dose is less than 14 days. Booster in the past 6 months - Individuals who have received any booster dose (3rd, 4th, 5th and so on) within the last 6 months. Details on methodology is provided in the Technical.*

**Figure 5: The number of COVID-19, influenza, RSV, other respiratory viruses and co-infected cases admitted to hospital by week of the admission, March 12 – April 08, 2023***



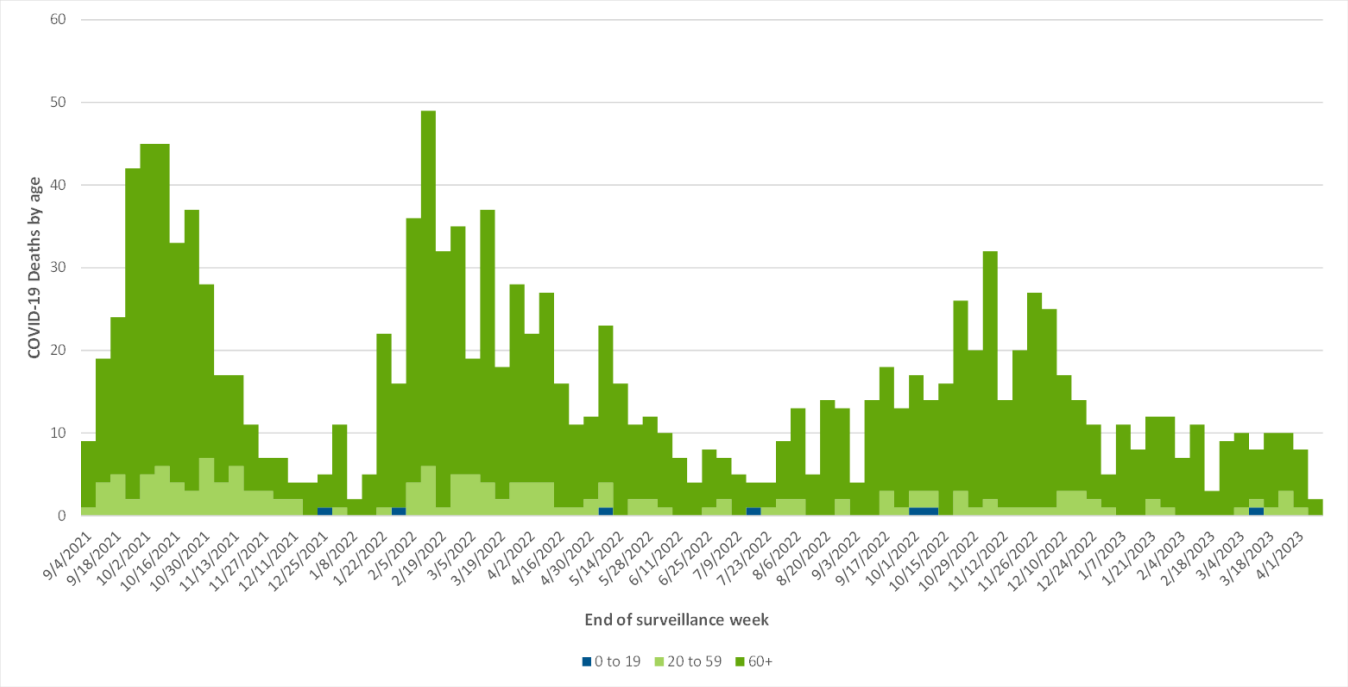

***Data sources:*** *Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RPPL, Panorama); data extracted on April 11, 2023. * Viral infection may not be the main reason for the admission.*
***Note:*** *Because of the delay in date tested result, it affects the total number of COVID 19 admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. Includes lab or point of care positive for influenza, RSV, other respiratory viruses, four days prior to date of admission AND/OR at any point during admission. Episode of Care considers patients total movement within the health system related to their condition. It combines 2 or more admissions from 2 or more different facilities, if they are transferred (no break in care). Transfer = admission to any other hospital within 24 hours of discharge from previous hospital. Co-infected cases = positive for Influenza and RSV, or, Influenza and 'other', or, RSV and 'other', or, COVID-19 and Influenza, or, COVID-19 and RSV, or, COVID-19 and 'other'*

**Figure 6: The number of COVID-19, influenza, RSV, other respiratory viruses and co-infected cases admitted to hospital by age group, March 26 –April 08, 2023***




***Data source:*** *Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RPPL, Panorama); data extracted on April 11, 2023. * Viral infection may not be the main reason for the admission*
***Note:*** *Because of the delay in date tested result, it affects the total number of COVID 19 admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. Includes lab or point of care positive for influenza, RSV, other respiratory viruses, four days prior to date of admission AND/OR at any point during admission. Episode of Care considers patients total movement within the health system related to their condition. It combines 2 or more admissions from 2 or more different facilities, if they are transferred (no break in care). Transfer = admission to any other hospital within 24 hours of discharge from previous hospital. Co-infected cases = positive for Influenza and RSV, or, Influenza and 'other', or, RSV and 'other', or, COVID-19 and Influenza, or, COVID-19 and RSV, or, COVID-19 and 'other'.*

**Figure 7: COVID-19 deaths by age group and week, September 4, 2021 – April 08, 2023***




*Data Source: Panorama April 10, 2023*

*In the past two weeks, Mar 26 to Apr 8, there have been 10 deaths in COVD-19 cases, one in 20 to 59 years age-group and nine in the 60 years or older group.*

** Total COVID-19 deaths from Mar 2020 to date; n=1,951*

**Table 5: Community Respiratory Infection Surveillance Program Indicators by zone, April 02 - 08, 2023**

| Location | Test positivity –COVID-19[1] (positive lab tests) | Test positivity – Influenza (positive lab tests) | RLI* visits to EDs per 1,000[2] | RLI* 811 calls per 1,000[3] | School illness absenteeism >=10%[4] | Wastewater indicator† | Proportion of population up-to-date vaccination – COVID-19[5] | Proportion of population immunized for Influenza (March 31, 2023)[6] |
|---|---|---|---|---|---|---|---|---|
| **Far North West** (Meadow Lake and area) | 4.5% (2) | 0.0% | N/A | - | 2.2% | - | 24.4% | 11% |
| **Far North Central** | 0.0% (0) | 0.0% | N/A | - | 0.0% | - | 14.5% | 4% |
| **Far North East** (La Ronge and area) | 10.8% (4) | 0.0% | N/A | - | 4.8% | - | 25.1% | 9% |
| **North West** (North Battleford/ Lloydminster and area) | 4.1% (4) | 0.0% | N/A | 33.3 | 9.8% | Moderate | 35.6% | 19% |
| **North Central** (Prince Albert and area) | 2.9% (3) | 0.0% | N/A | - | 9.5% | Low | 40.8% | 22% |
| **North East** (Melfort and area) | 7.3% (4) | 0.0% | N/A | 45.7 | 10.1% | - | 44.1% | 26% |
| **Saskatoon** | 4.2% (19) | 1.4% (2) | N/A | 80.0 | 10.8% | Moderate | 49.4% | 29% |
| **Central West** (Kindersley and area) | 10.4% (5) | 0.0% | N/A | - | 6.6% | - | 44.0% | 30% |
| **Central East** (Yorkton/Melville and area) | 11.8% (15) | 4.3% (2) | N/A | - | 9.0% | Low | 45.9% | 26% |
| **Regina** | 14.6% (39) | 0.0% | N/A | 46.9 | 10.9% | High | 52.1% | 29% |
| **South West** (Swift Current/Maple Creek and area) | 17.4% (8) | 3.3% (1) | N/A | 44.6 | 8.9% | Moderate-high | 41.0% | 27% |
| **South Central** (Moose Jaw and area) | 9.8% (5) | 2.8% (1) | N/A | - | 9.5% | Moderate | 44.4% | 27% |
| **South East** (Weyburn/Estevan and area) | 11.1% (8) | 0.0% | N/A | 52.9 | 10.5% | - | 39.5% | 24% |
| **Unknown/Out of Province** | 8.1% (54) | 0.0% | N/A | - | 7.8% | - | - | - |
| **SASKATCHEWAN** | **8.2% (170)** | **0.8% (6)** | N/A | **56.4** | **9.9%** | **-** | **46.2%** | **27%** |

*Notes: [1]by week of lab detection; effective Oct 30, 2022 includes cases who tested positive more than once >= 90 days apart; ^ 1For COVID-19 test positivity, all tests reported were performed within the province. *Respiratory-like illness; [2]The data source for RLI ED visits is shifting from manual submissions to electronic database extraction; reporting is unavailable during this transition. 3811 data available at the six Integrated Service Areas geographical level; 4 Unknown represents the number of students who were absent from the class due to illness with no known geography for the school. School absenteeism is the proportion of scheduled children who were absent from the class due to illness. The type of illness is not specified.; †SK overall estimate is currently unavailable as this metric tends to overestimate and underestimate WW level due to varied patterns across regions, which is difficult to synchronize with the population size of each region.; [5]Up-to-date = completed a primary series and at least one additional booster, age 5+ years; [6]received a vaccination within the current influenza season, age 6 months+; Does not include doses administered through NITHA or FNIHB, therefore some zones may underestimate coverage. This column will be updated at month end. Numbers in parenthesis represents positive lab tests.*

# Technical Notes

Laboratory surveillance: Conducted through epidemiological analyses and Laboratory surveillance: Conducted through epidemiological analyses and positivity rate monitoring (counts and proportion of positive specimens, week of specimen collection, age category, geographical area, etiological type where applicable) of selected respiratory specimens submitted to the provincial laboratory in SK. Whole genome sequencing is conducted to detect changes (emergence of sub-lineages, variant proportion, etc.) of clinical and public health importance among circulating respiratory organisms.

1. Sentinel health providers: Comprise a geographical-based network in practices across the province (n = 13 zones) who submit one to two specimens weekly to the Virology Section of the Roy Romanow Provincial Laboratory (RRPL), Saskatchewan Health Authority, from patients presenting with respiratory-like symptoms. Specimens are tested for a wider complement of respiratory organisms to monitor respiratory illness activity in the community. Assessment of co-infection (infected by more than one respiratory virus organism concurrently) occurs through sentinel provider submissions.
2. Wastewater data: Provided by the University of Saskatchewan and University of Regina Wastewater Team. Viral load for each zone was used to determine risk level (Low, Medium, Medium-High, High) using a four-bin system based on 100% of early Omicron peak reported. Locations sampled, includes: Saskatoon, Regina, Lumsden, North Battleford, Prince Albert, Yorkton, Swift Current, Moose Jaw, and Weyburn
3. Data collection from Emergency Departments (ED): Monitoring is done for a twenty-four hour period on at least one-week day (the exact time vary with the ED schedule). The ED reports to local public health services in their area on Wednesday afternoon and public health report to the Ministry of Health on Thursday each week. The count of Respiratory Like Illness (RLI) patients as a proportion of total ED admissions is captured.
4. Reporting ED surveillance information: Because there is no centralized data capture source for ED admissions in the province, each health area sets up a mechanism for EDs to report to public health services. Public health aggregates raw data from their EDs on the prescribed data collection form and sends it to the Ministry of Health for overall provincial monitoring. FNIHB and NITHA will report to the local zone which the ED or health centre is located. This does not preclude monitoring in First Nations health care facilities.
5. HealthLine 811 callers with Respiratory Symptoms (RLI): This count of response protocols collected by HealthLine nurses specific to callers reporting respiratory-like symptoms. HealthLine data is collected for a seven day week, Monday to Sunday. Data is transformed into the rate of callers with respiratory symptoms from each Integrated Service Area (ISA) per 1000 calls from that ISA concerning any type of symptom.
6. A confirmed outbreak: Defined as two or more lab confirmed respiratory virus cases in high-risk settings where transmission is evident or there is a high level of suspicion of transmission. Outbreaks are reported by the week they were reported to the local public health office and not necessarily in the week that the outbreak began. For this report outbreaks in high risk settings comprise long term care facilities, personal care homes and group homes
7. COVID hospitalized admissions is the number of C-19 positive cases that during the surveillance week were admitted as an inpatient to an acute care facility. This includes patients with C-19 related illness, incidental COVID infection, and patients under investigation. COVID ICU admissions is the number of C-19 positive cases that during the surveillance week were admitted to an ICU location in SK. This includes both infectious and non-infectious cases.
8. Influenza, RSV and other respiratory virus admissions: Delays in testing results affect the total number of Influenza, RSV and other respiratory virus admissions for a particular day. This lag in data has the greatest impact on the two days prior to when the report is updated. Counts include individuals who are laboratory positive for influenza, RSV, and other respiratory viruses, within four days prior to date of admission AND/OR at any point during the hospital stay. Episode of Care considers patients' total movement within the health system related to their condition. It combines 2 or more admissions from 2 or more different facilities, if they are transfers (i.e., no break in care). Transfer: Admission to any other hospital within 24 hours of discharge from previous hospital. Co-infected Cases = if positive for Influenza and RSV or, positive for Influenza and Other Respiratory viruses or, positive for RSV and Other respiratory viruses or, positive for Covid-19 and Influenza or, positive for Covid-19 and RSV or, positive for Covid-19 and Other Respiratory viruses.
9. Variant of concern (VOC): VOCs are SARS-CoV-2 viruses that have undergone genetic modification or mutation causing altered virus infectivity, replication and pathogenicity. As a result it can alter host immune response. The Roy Romanow Provincial Laboratory (RRPL) tests for and monitors COVID-19 variants of concern (VOCs) in Saskatchewan. Confirmation of VOC linages is done by conducting whole genome sequencing (WGS) at RRPL or the National Microbiology Laboratory. One to two weeks to complete WGS. Data sources for VOCs analysis include testing data from the RRPL, and epidemiological information from Panorama. Where geographical zone is missing in RRPL or Panorama data, the Saskatchewan postal code file is used to identify cases' geographical information.
10. VOC lineages BA.2, BA.2.75, CH.1.1, BA.5, BQ.1, BQ.1.1, XBB, XBB.1.5, XBB.1.9.1, XBB.1.16, and XBF are all classified under the WHO label of "Omicron". Lineages that are not explicitly indicated in the analysis are aggregated under their corresponding parent lineage. Previously, XBB.1.9.1 and XBB.1.16 were aggregated with XBB*. Percentages are shown when a lineage or variant group constitutes 5% or more of total specimens evaluated for a given surveillance week.
11. COVID-19 cases: Effective September 4, 2022,COVID-19 cases are based on lab detection and include cases who tested positive more than once 90 days, or further, apart. Prior to this, cases include, only, first time cases reported and entered into Panorama.
12. COVID-19 Deaths: Includes deaths entered into Panorama IOM among laboratory confirmed cases. Deaths are reported based on the actual date of death. Deaths in previous periods may be adjusted from previous reports due to data lag.
13. COVID-19 Immunizations: Up-to-date (UTD) COVID-19 vaccination is the proportion of people having completed a primary series and one booster for ages five and older divided by the eligible population found in the Saskatchewan Covered Population, 12-Nov-2022 Ministry of Health version (2022 Version 2). Though vaccinated children six months to four years of age may be technically UTD, this specific definition does not apply to them. In addition, UTD in last six months is calculated by the proportion of people having received one or more boosters within the previous six months.
14. Influenza immunizations: UTD Influenza vaccination is the proportion of people, six months and older, having one influenza dose this season divided by the eligible population found in the Saskatchewan Covered Population, 12-Nov-2022 Ministry of Health version (2022 Version 2). Vaccination for the current influenza season officially began October 11, 2022. Some doses were administered prior to the start date.
15. Staffed Inpatient beds: Weekly average COVID Occupancy is a 7-Day average percentage of acute inpatient beds staffed and in operation COVID positive patients occupy. The full calculation of this metric is: Average COVID occupance=$\sum$(8am covid census) ÷ $\sum$(8am beds staffed and in operation) × 100%. Where "bed staffed and in operation = "Planned beds" + "Surge Beds" - "Closed" and $\sum$(…) indicates summation over 7-day period from Sunday to Saturday. 8am COVID census is taken from the ADT patient registration, which is fed to the provincial data-mart and archived hourly. 8am planned bed, surge beds, and closed beds is compiled via data feeds from APF (Saskatoon & Regina) and the provincial bed edits interface (INH &IRH).
16. Rate of COVID-19 hospitalization (ICU or Death) were calculated by summing the daily number of hospitalizations (ICUs or Deaths) for the period by vaccine status (numerator) divided by the mid period population by respective vaccine status (denominator), multiplied by 100,000. This estimate is further divided by the number of days to obtain the daily rate. Denominator for individuals in the Booster in the past 6-months group are all Saskatchewan residents who have had their booster dose within the last 6 months. To eliminate bias of age all rates are adjusted by age. Direct standardization method is employed using the Saskatchewan population as the standard population. Age at first dose used in the rate calculation. Individuals with unknown age are excluded from age-specific analyses. Estimates of relative risk (i.e. rate ratios) is obtained by comparing vaccinated with 2 doses (Any Booster dose) and unvaccinated. Risk estimates may differ from other reports due to differing methodologies. Relative risk estimates methodology is described elsewhere. See Namrata Bains. *Standardization of Rates* (March 2009).