Community Respiratory Illness Surveillance Program (CRISP) Situation Report: October 13, 2023 (Reporting Period September 24 – October 07, 2023)

Summary

- COVID-19 activity has increased from 229 positive test in the week ending September 30 to 270 positive test this week. Test positivity for the most recent surveillance week was 13.0%.
- Respiratory Syncytial Virus (RSV) cases increased to nine cases in the last two weeks.
- Influenza activity was stable over the past two weeks and remained below the inter-seasonal 2% test positivity threshold. Influenza Type A accounted for half of the six cases.
- COVID-19 and other respiratory viruses account for 66% and 31% of hospitalizations due to viral respiratory illnesses across the province, respectively. Total hospital admissions for respiratory viruses decreased from 204 for the previous two weeks to 199 the most recent two-weeks.
- Sentinel surveillance indicators of respiratory transmission in the community fluctuate:
    - Weekly visits to the emergency departments for respiratory-like illnesses (RLI) decreased from 15.6 per 1,000 to 14.6 per 1,000 visits in the most recent week.
    - School-absenteeism for the week ending October 7, 2023, decreased to 8.5% from 9.7% the previous week.
    - Calls to HealthLine 811 for respiratory-like illness increased from 75.4 to 78.8 per 1,000 calls in the most recent week.
    - The most commonly detected organism in the sentinel provider program was a Rhinovirus.
    - Saskatoon and Regina had the highest viral loads in wastewater, but both were lower than the previous two weeks. Similarly, most other areas of the province had relatively stable and decreased viral loads compared to recent weeks.

COVID-19

- The number of positive lab tests for COVID-19 increased from 229 in the week ending September 30 to 270 in the most recent week.
- COVID-19 cases were highest in the 65+ years age group (60.6%), followed by the 20 to 64 group (31.8%).
- There were 15 COVID-19 outbreaks reported in a high-risk setting in the past two weeks.
- EG.5 and its sublineages (denoted as EG.5*) were the most commonly detected variants (25.5% of the current reporting period), followed by XBB.1.16* (23.4%) and XBB.1.5* (18.1%).
- COVID-19 hospitalizations have slightly increased from 127 for the previous two weeks to 131 for the most recent two weeks. COVID-19 ICU admissions have slightly increased from 9 for the previous two weeks to 12 for the most recent two weeks.
- The proportion of staffed inpatient beds occupied by COVID-19 patients increased to 3.9% for the most recent week.
- In the last two weeks, four deaths associated with COVID-19 were reported.

- Of those aged five years and older, 2.1% have received their latest booster dose in the last six months. Except for Regina, all areas of the province have less than 50% of their population up-to-date for COVID-19 vaccines.

Influenza

- Influenza activity was stable over the past two weeks and remained below the inter-seasonal 2% test positivity threshold. Influenza hospitalizations have slightly decreased from three for the previous two weeks to two for the most recent two weeks.

RSV and Other Respiratory Viruses[1]

- Other respiratory virus lab detections fluctuated between 63 and 106 over the past month. The weekly positivity rate ranged from 5.4% to 5.9% over the past four weeks.
- Hospitalizations among cases with 'Other' respiratory viruses have decreased from 71 for the previous two weeks to 62 for the most recent two weeks. 'Other' respiratory viruses ICU admissions have decreased from 11 for the previous two weeks to 3 for the most recent two weeks.
- Outbreaks due to 'other' viruses have decreased. Three outbreaks were reported in high-risk settings over the past two weeks compared to seven in the previous two week period.

Notes: [1]*Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus and Entero/Rhinovirus; * Represents all sublineages of Omicron*

Table 1: Viral indicators by surveillance period, September 10 – October 07, 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	RSV Outbreaks	'Other'[1] positive laboratory test	'Other'[1] test positivity	'Other'[1] outbreaks
Oct 01 – 07	270	13.0%	8	3	0.3%	0	3	0.4%	1	102	5.6%	0
Sept 24 – 30	229	12.3%	7	3	0.4%	0	6	0.9%	1	94	5.9%	3
Sept 17 – 23	159	9.5%	2	6	0.8%	0	3	0.4%	0	106	5.9%	5
Sep 10 – 16	123	9.2%	9	0	0.0%	0	2	0.3%	0	63	5.4%	2

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

Table 2: Patient-confirmed respiratory illness by age group, October 01 – 07, 2023

Age group (Years)	COVID-19 case count	Influenza case count	RSV case count	'Other' virus case count[1]
0-4	13 (5.5%)	0	0	102
5-19	5 (2.1%)	0	1 (33.3%)	
20-64	75 (31.8%)	1 (33.3%)	0	
≥65	143 (60.6%)	2 (66.6%)	2 (66.6%)	
Total	236 (100%)	3 (100%)	3 (100%)	102 (100%)

Notes: [1]*Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus and Entero/Rhinovirus; age-specific data is unavailable 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, September 10 – October 07, 2023

Report date	School illness absenteeism [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
Oct 01 – 07	8.5%	14.6	78.8	Low (n=6), Medium (n=2)	72% (n=18)	Rhinovirus
Sept 24 – 30	9.7%	15.6	75.4	Low (n=5), Medium (n=2), Medium-High (n=2)	59% (n=17)	Rhinovirus
Sept 17 – 23	12.1%	15.5	87.9	Low (n=6), Medium (n=1), Medium-High (n=2)	75% (n=4)	Rhinovirus
Sept 10 – 16	8.6%	12.7	64.6	Low (n=6), Medium (n=1), Medium-High (n=2)	63% (n=8)	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. [2]Respiratory-like illness (RLI) are based on reports from nine of thirteen reporting areas for all report date. [3]Count of wastewater treatment facilities reporting low, moderate or high levels of viral load causing COVID-19 infection. See Technical Notes and appendix for details.*

Table 4: Outcome, health care capacity and immunization coverage indicators by surveillance period, September 10 – October 07, 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]
Oct 01 – 07	68	8	2	0	0	0	3.9%	3	0	46.4%
Sept 24 -30	63	4	0	0	0	0	3.1%	1	0	46.4%
Sept 17 – 23	66	7	3	0	1	0	2.1%	0	0	46.4%
Sep 10 – 16	61	2	0	0	0	0	1.6%	2	0	46.4%

*[¥]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.*

Cases by respiratory organisms across the age groups

- From September 24 to October 7, 2023, there were 199 respiratory illness cases hospitalized with lab positive Covid19 (131), influenza (2), RSV (0), other respiratory illnesses (62), and co-infected cases (4). The Covid19 lab positives were among the age groups of 0-19 (8), 20-59 (24), and ≥60 (99). The Influenza lab positives were among the age groups of ≥60 (2). The other respiratory lab positives were in the age group of 0-19 (32), 20-59 (12), and ≥60 (18). The Co-infection lab positives were in the age groups of 0-19 (3) and ≥60 (1).
- From September 24 to October 7, 2023, there were 16 respiratory illness cases admitted to the ICU with lab positive Covid19 (12), influenza (0), RSV (0), other respiratory illnesses (3), and co-infected cases (1). The Covid19 lab positives were among the age groups of 20-59 (3) and ≥60 (9). The other respiratory lab positives were in the age groups of 0-19 (3). The Co-infection lab positives were in the age groups of 0-19 (1).

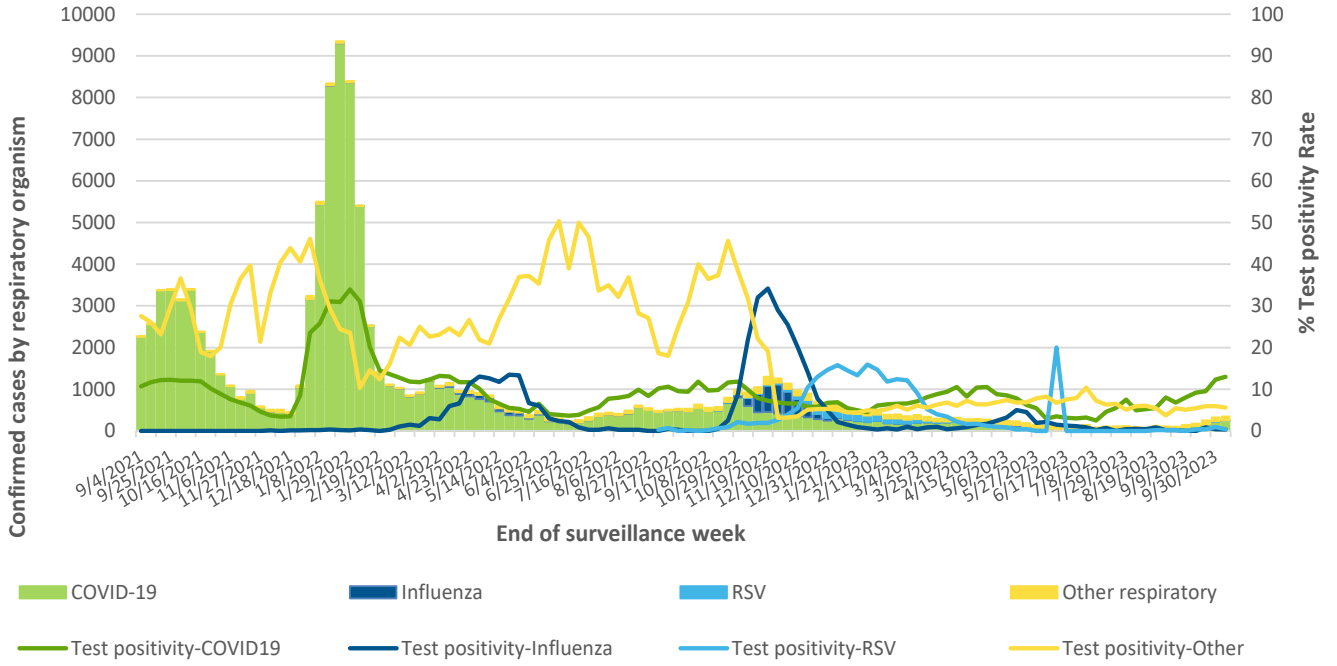
Notes: *[1] The delay in date tested result affects the total number of Influenza (A/B), RSV and other respiratory virus admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. The counts for influenza, RSV, and other respiratory virus-associated 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 respiratory 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.

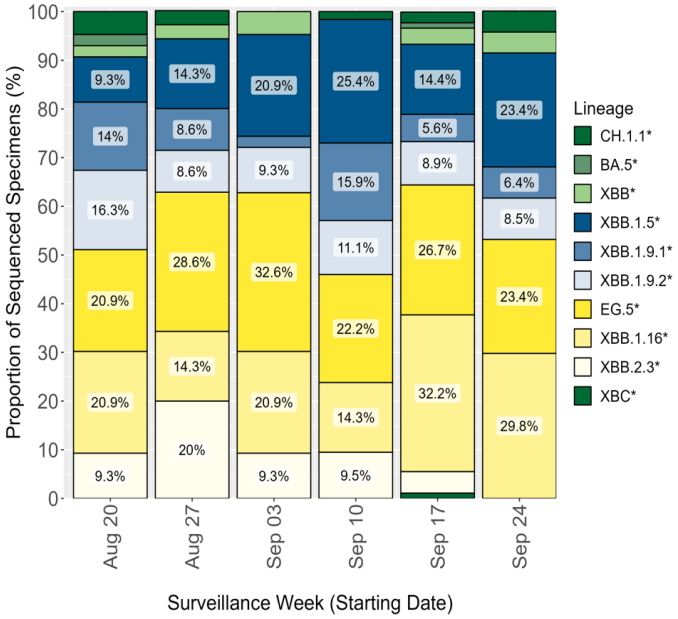
Figure 1: Epidemic curve, respiratory illness by organism and test positivity, August 29, 2021 – October 07, 2023



Data sources: Panorama IOM extracted on October 10, 2023 (COVID-19 cases)
Respiratory Virus Detections Surveillance System (influenza and other respiratory) (RRPL extracted October 10, 2023)
As of September 4, 2022, COVID-19 cases include new and reinfections.
For the two weeks of September 24 to October 7, 2023, there were:

- *456 COVID-19 cases (33 were 0 to 19 years; 122 were 20 to 59 years; and 301 were 60 years and older).*
- *Six influenza lab detections*
- *Nine RSV detections*
- *196 other viral lab detections (parainfluenza, adenovirus, human metapneumovirus, rhinovirus, coronavirus)*

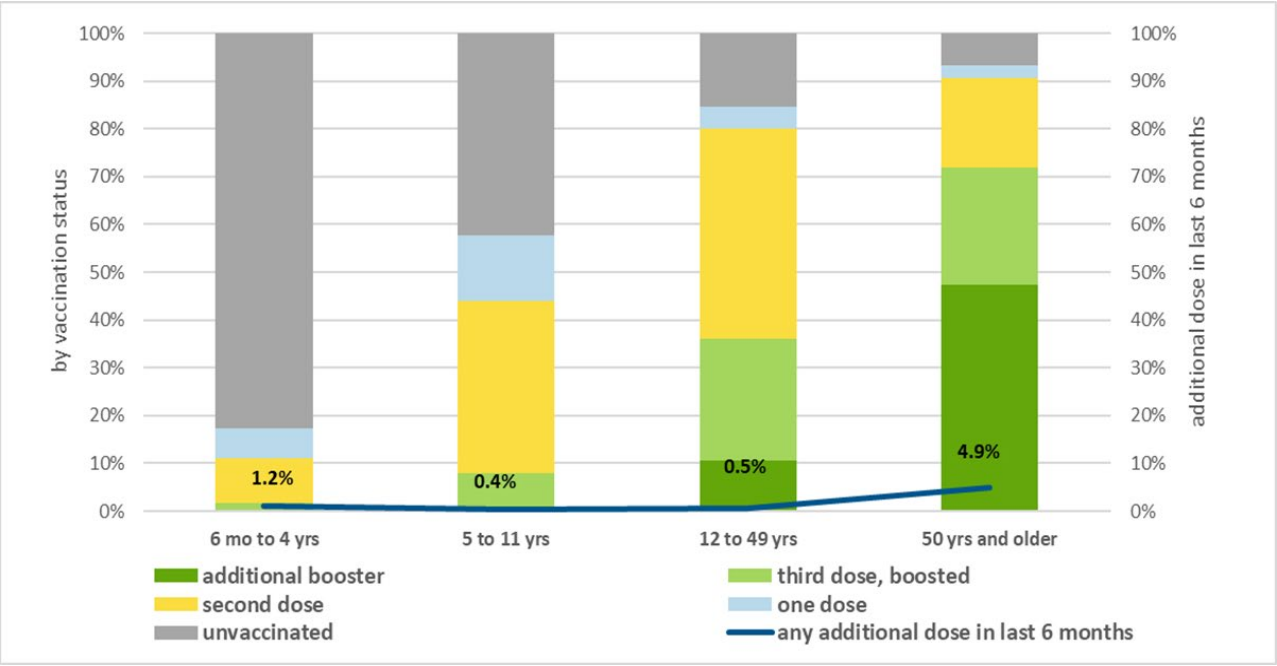
Figure 2: Percentage of SARS-CoV-2 variants by surveillance week starting*, August 20, 2023 – September 24, 2023



Lineage	Aug 20	Aug 27	Sep 03	Sep 10	Sep 17	Sep 24
CH.1.1*	2	1	0	1	2	2
BA.5*	1	0	0	0	1	0
XBB*	1	1	2	0	3	2
XBB.1.5*	4	5	9	16	13	11
XBB.1.9.1*	6	3	1	10	5	3
XBB.1.9.2*	7	3	4	7	8	4
EG.5*	9	10	14	14	24	11
XBB.1.16*	9	5	9	9	29	14
XBB.2.3*	4	7	4	6	4	0
XBC*	0	0	0	0	1	0
Total	43	35	43	63	90	47

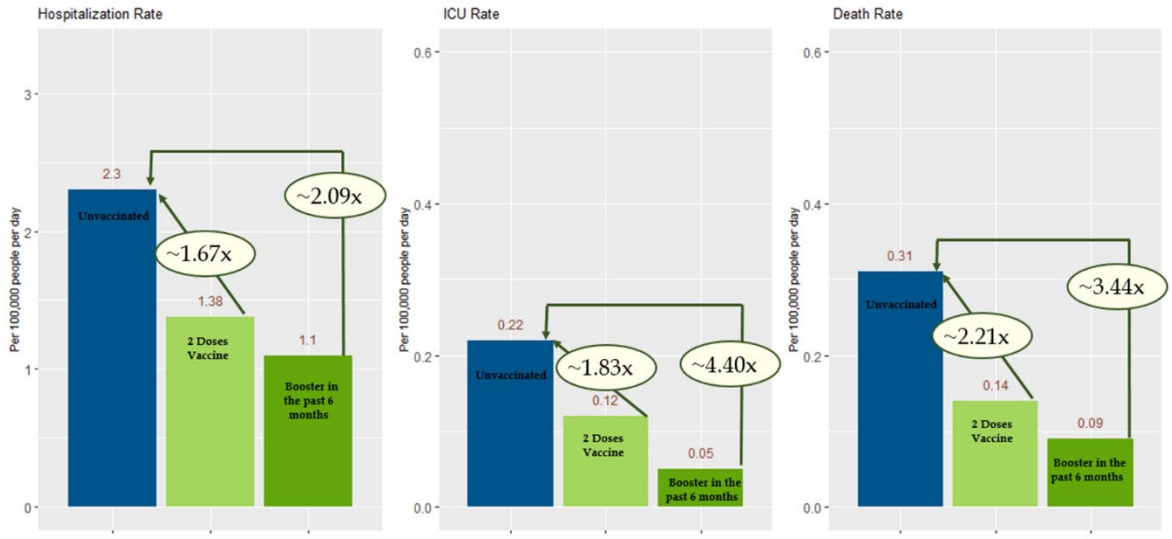
Data Source: *Roy Romanow Provincial Laboratory, Saskatchewan Health Authority, as of October 10, 2023*
The most recent VOC data available from the Provincial database is as of surveillance week ending September 24, 2023
* Surveillance weeks correspond to specimen collection date.

Figure 3: Proportion of residents by age group and COVID-19 vaccination status to October 07, 2023



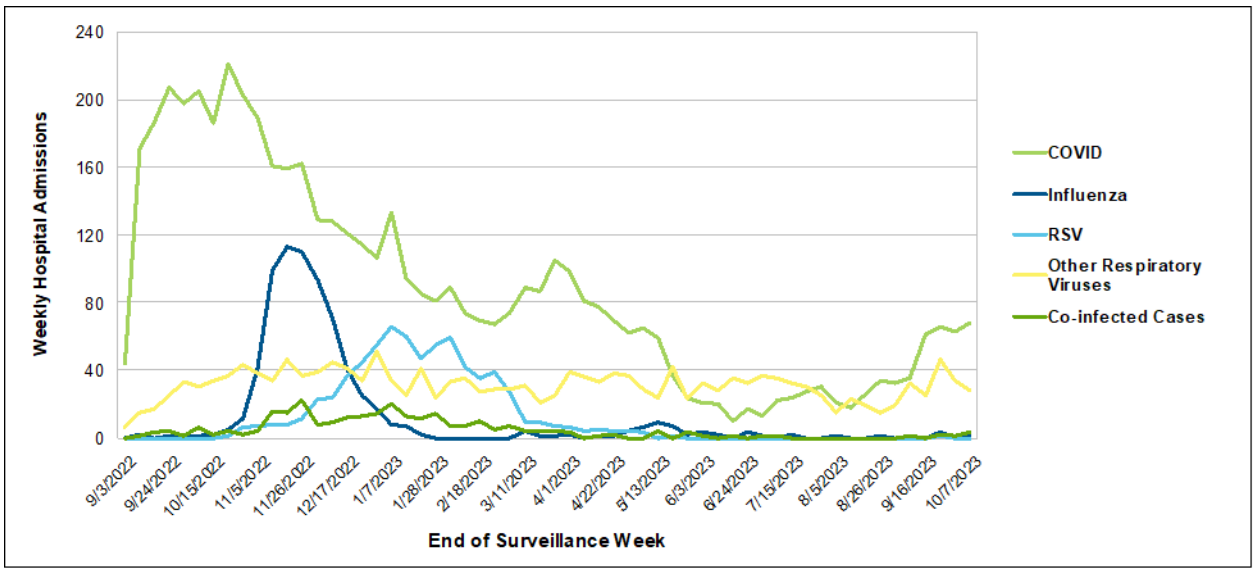
Data sources: Panorama October 9, 2023; Saskatchewan Covered Population, 12-Nov-2022, Ministry of Health version (2022 Version 2)
Note: Of those five years and older: 46.4% have completed their series and received a booster dose; 2.1% have received their latest dose in the last six months. Of those 12 years and older, 21.7% (225,487) were administered a Moderna or a Pfizer bivalent. As of October 7, 2023, cumulatively doses administered are as follows: dose 1, n=997,544; dose 2, n=932,595; dose 3, n=536,839; completed plus 2 or more additional doses, n=408,578; total doses=2,875,556.

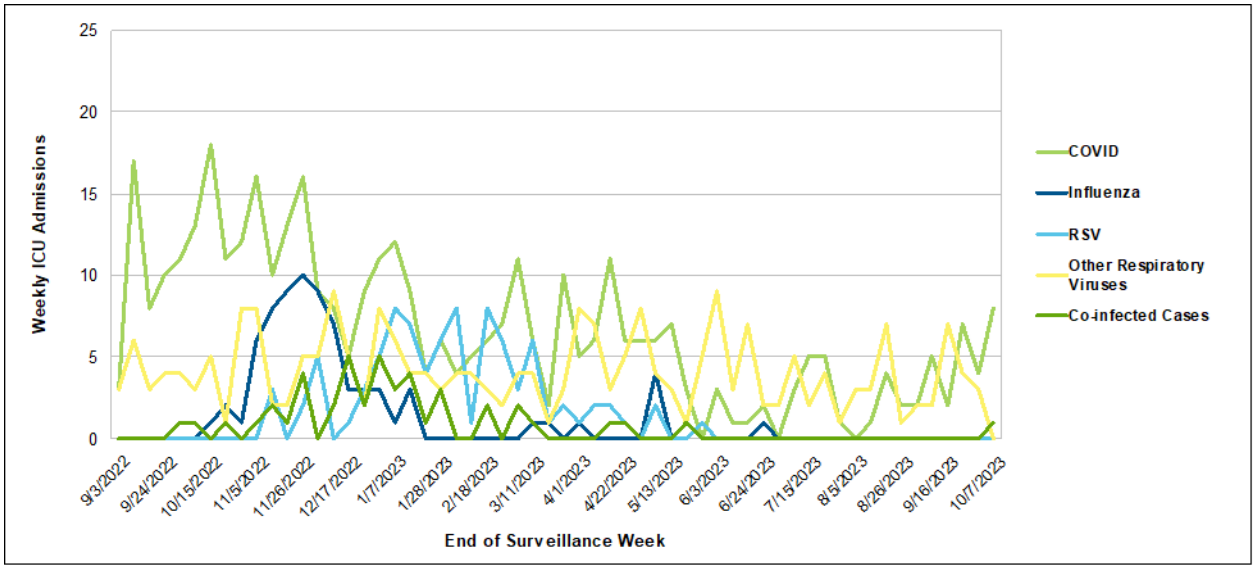
Figure 4: Booster dose within last 6 months reduces the risk of Hospitalization, ICU admission or Death (age-adjusted rates), October 01, 2022 – March 31, 2023



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 notes.*

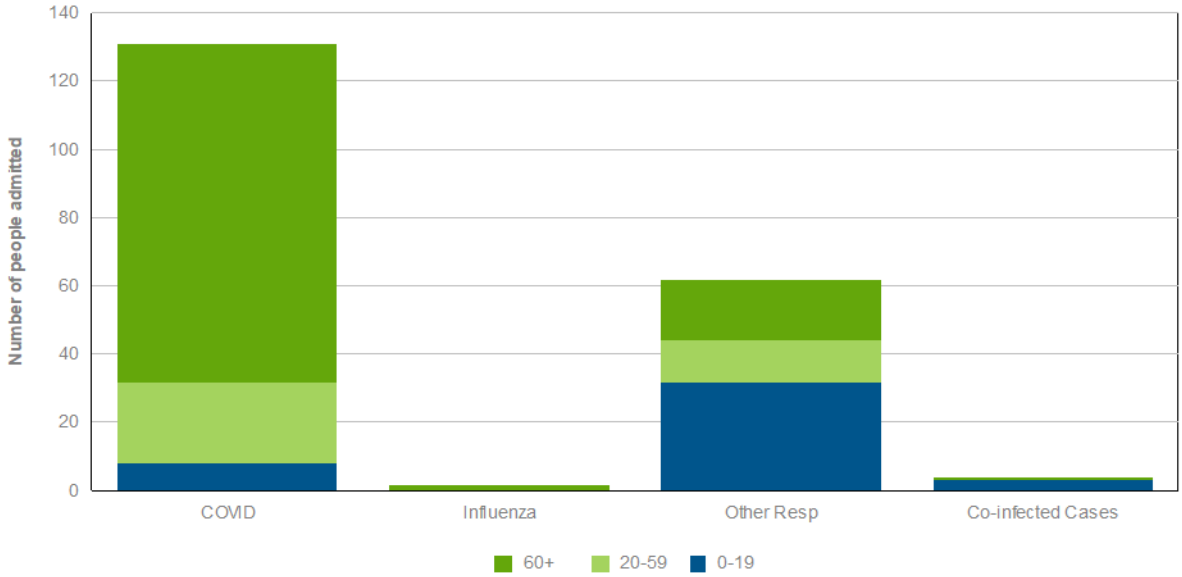
Figure 5: The number of COVID-19, influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital and ICU by week of the admission, September 02, 2022 – October 07, 2023*





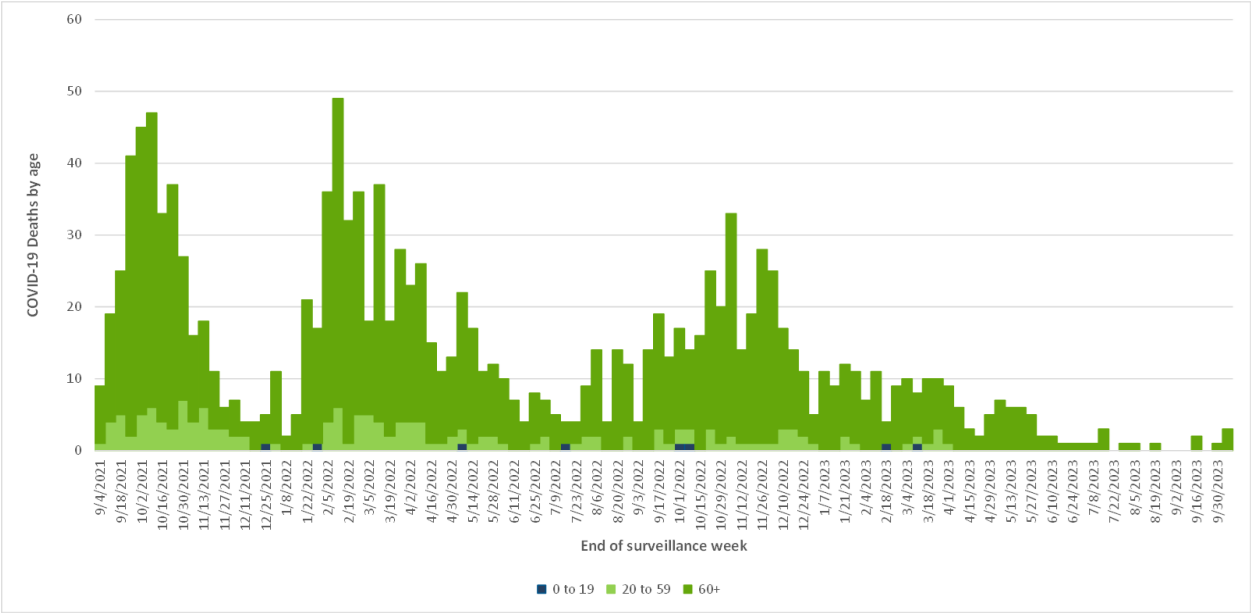
Data source: *Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on October 10, 2023. * Viral infection may not be the main reason for the admission*
Note: *The delay in date tested result 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, September 10 – October 07, 2023*



Data source: *Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on October 10, 2023. * Viral infection may not be the main reason for the admission.*
Note: *The delay in date tested result 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'. *No new RSV hospitalizations were reported for this period.*

Figure 7: COVID-19 deaths by age group and week, September 4, 2021 – October 07, 2023*



Data Source: Panorama October 10, 2023,
In the past four weeks, September 24 to October 7, there have been four deaths in COVID-19 cases, all in the 60 years or older group.
** Total COVID-19 deaths from March 2020 to date; n=2,011*

Table 5: Community Respiratory Infection Surveillance Program Indicators by zone, October 01-07, 2023

Location	Test positivity – COVID-19[1] (positive lab tests)	Test positivity – Influenza (positive lab tests)	Test positivity – RSV (positive lab tests)	RLI* visits to EDs per 1,000[2]	RLI* 811 calls per 1,000[3]	School illness absenteeism[4]	Wastewater indicator†	Proportion of population up-to-date vaccination – COVID-19[5]
Far North West (Meadow Lake and area)	5.1% (2)	0.0% (0)	0.0% (0)	No data	-	5.7%	Low	24.4%
Far North Central	100.0% (1)	0.0% (0)	0.0% (0)	No data	-	5.1%	No data	14.5%
Far North East (La Ronge and area)	0.0% (0)	0.0% (0)	0.0% (0)	No data	-	7.1%	No data	25.2%
North West (North Battleford/ Lloydminster and area)	17.9% (19)	0.0% (0)	0.0% (0)	4.3	87.0	9.1%	Low	35.7%
North Central (Prince Albert and area)	14.9% (10)	0.0% (0)	0.0% (0)	9.5	-	7.4%	No data	40.9%
North East (Melfort and area)	26.7% (8)	9.1% (1)	0.0% (0)	20.0	86.7	8.3%	No data	44.1%
Saskatoon	12.3% (52)	0.6% (1)	0.6% (1)	19.3	100.7	9.0%	Medium	49.6%
Central West (Kindersley and area)	10.8% (4)	0.0% (0)	5.3% (1)	No data	-	5.8%	No data	44.0%
Central East (Yorkton/Melville and area)	9.7% (12)	0.0% (0)	0.0% (0)	22.9	-	9.6%	Low	46.0%
Regina	12.4% (30)	0.6% (1)	0.6% (1)	10.4	80.8	8.7%	Medium	52.2%
South West (Swift Current/Maple Creek and area)	11.1% (7)	0.0% (0)	0.0% (0)	33.5	46.2	6.5%	Low	41.0%
South Central (Moose Jaw and area)	10.3% (7)	0.0% (0)	0.0% (0)	4.6	-	7.0%	Low	44.5%
South East (Weyburn/Estevan and area)	13.8% (8)	0.0% (0)	0.0% (0)	31.3	20.8	9.3%	Low	39.5%
Unknown/Out of Province	13.9% (110)	0.0% (0)	0.0% (0)	No data	-	8.8%		-
SASKATCHEWAN	**13.0% (270)**	**0.3% (3)**	**0.4% (3)**	**14.6**	**78.8**	**8.5%**		**46.4%**

*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] Based on reports from nine of thirteen reporting areas. [3] 811 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.*

Technical Notes

1. 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.

2. 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.

3. Wastewater data: Provided by the Roy Romanow Provincial Laboratory Wastewater Testing Team. Viral load for each zone was used to determine risk levels (Low, Medium, Medium-High, and High) based on viral copies per unit volume and weekly change percentage. Locations sampled include: Saskatoon, Regina, Moose Jaw, North Battleford, Swift Current, Yorkton, Weyburn, Estevan, Meadow Lake, Melville, Town of Battleford, La Ronge, Unity, Assiniboia, Maple Creek, Lumsden, Watrous, Île-à-la-Crosse, Birch Hills, Southey, and Pasqua First Nation.

4. Respiratory-Like Illness (RLI) cases in Emergency Departments (EDs) across different regions of Saskatchewan are recorded using two primary systems: the Sunrise Clinical Manager (SCM) and the local public health offices (LPHO).

   The SCM ED data encompasses information from eight zones, namely Central East, North Central, North West, Regina, Saskatoon, South Central, South West, and South East (data received from both systems). On the other hand, the LPHO ED data covers three zones: North East, Central West, and South East (data received from both systems). It's important to note that the Far North West, Far North Central, and Far North East regions do not currently participate in RLI Surveillance for ED.

   Digital Health Analytics (DHA) compiles and summarizes SCM data over a 7-day monitoring period, spanning from Sunday to Saturday. In contrast, the LPHO aggregates raw data received from ED's on the prescribed data collection form. The data is monitored for a minimum of 24 hours, on at least one day each week. The specific timing of this monitoring may vary depending on the ED's schedule.

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 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.

   VOC lineages BA.1, BA.2, BA.2.75, CH.1.1, BA.5, BQ.1, BQ.1.1, XBB, XBB.1.5, XBB.1.9.1, XBB.1.9.2, EG5, XBB.1.16, XBB.2.3, 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. Percentages are shown when a lineage or variant group constitutes 5% or more of total specimens evaluated for a given surveillance week.

10. 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.

11. 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.

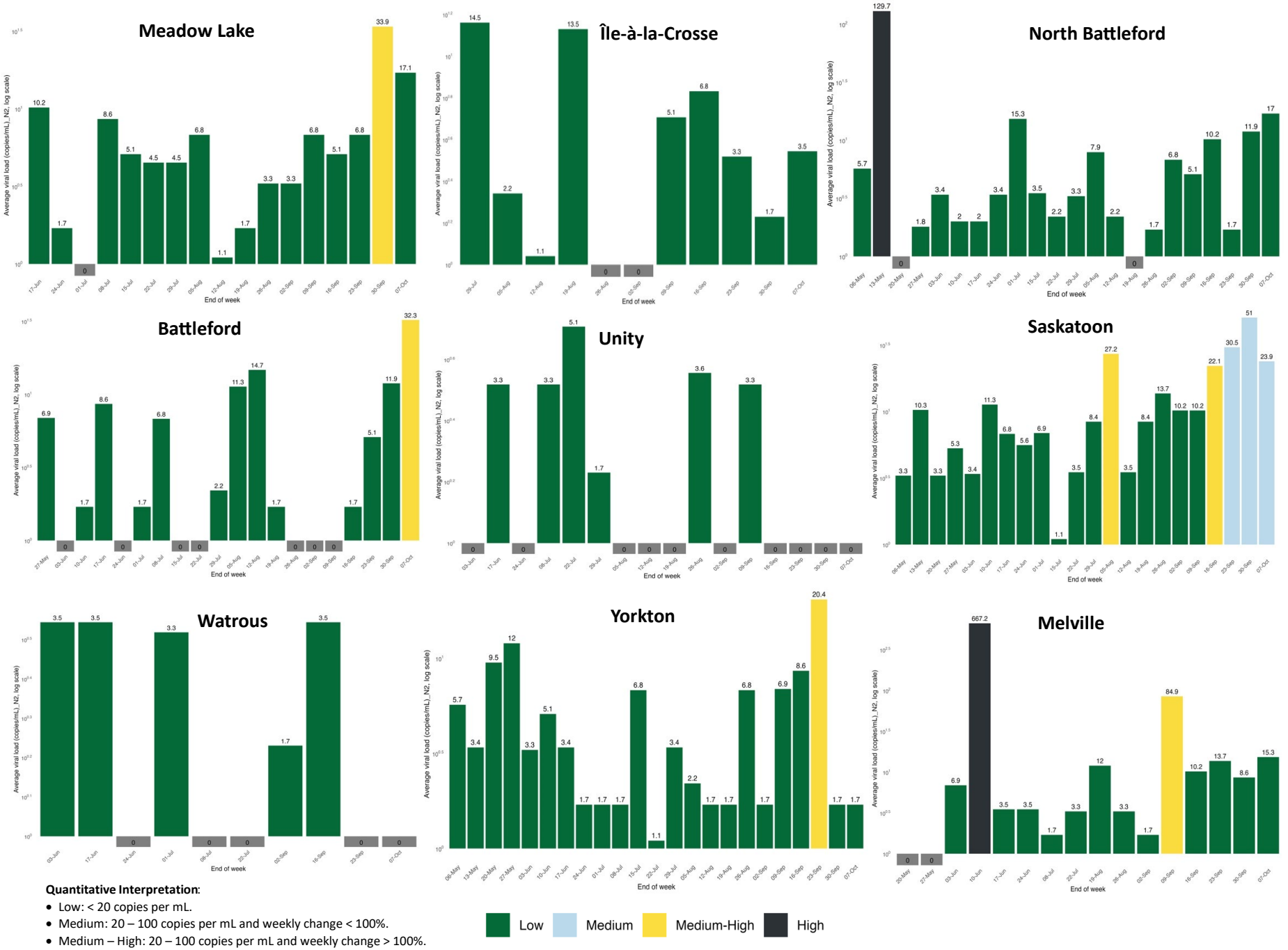
12. COVID-19 Immunizations: Up-to-date (UTD) COVID-19 vaccination is the proportion of people having completed a primary series and one booster for ages five and older divided by the eligible population found in the Saskatchewan Covered Population, 12-Nov-2022 Ministry of Health version (2022 Version 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.

13. 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.

14. 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).

15. 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).

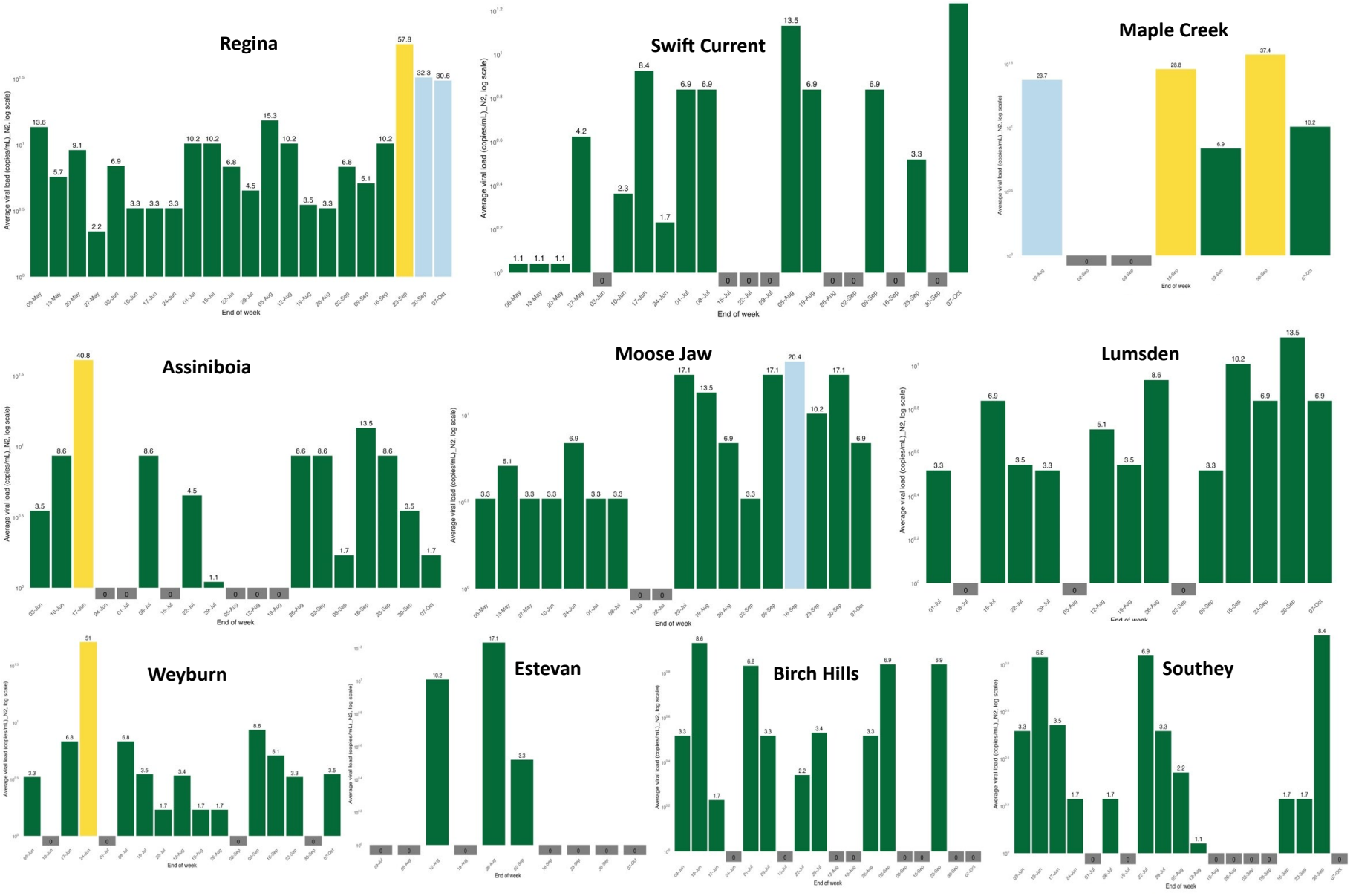
Appendix: Wastewater Surveillance results by cities, Saskatchewan



Quantitative Interpretation:

- Low: < 20 copies per mL.
- Medium: 20 – 100 copies per mL and weekly change < 100%.
- Medium – High: 20 – 100 copies per mL and weekly change > 100%.
- High: > 100 copies per mL.

Appendix: Wastewater Surveillance results by cities, Saskatchewan



Quantitative Interpretation:

- Low: < 20 copies per mL.
- Medium: 20 – 100 copies per mL and weekly change < 100%.
- Medium – High: 20 – 100 copies per mL and weekly change > 100%.
- High: > 100 copies per mL.

Low | Medium | Medium-High | High