Community Respiratory Illness Surveillance Program (CRISP) Situation Report: May 22, 2026 (Reporting Period May 3 – 16, 2026)

NOTE: This is the last bi-weekly report for the 2025-2026 season. The first monthly report will be published on Friday June 19, 2025

Over the past two weeks, test positivity, hospitalizations and ICU admissions for COVID-19, Influenza, and RSV have decreased, or remain stable at low numbers. No COVID-19 or Influenza deaths were reported. School illness absenteeism remained stable. Rhinovirus was the most detected virus among sentinel providers.

Viral Indicators:

- COVID-19 test positivity remained stable at low levels (0.2%) in the week ending May 16.
- Influenza test positivity decreased over the past three weeks, from 11.9% in the week ending May 2 to 8.9%, in the week ending May 16. Since August 24, 2025, 8,091 Influenza detections have been reported, of which 75.5% (6,109) were Influenza A. Among subtyped influenza A detections (909), Influenza A (H3N2) accounted for 79.3% (721) of detections.
- RSV test positivity decreased over the past three weeks, from 2.2% in the week ending May 2 to 1.2% in the week ending May 16. In the most recent week, five of the 12 cases (41.7%) were reported in children less than five years of age.
- From March 29 to May 9, NB.1.8.1 and its sublineages (denoted as NB.1.8.1*) and XFG* were the most commonly detected COVID-19 variants, accounting for 50.0% each.
- Provincial COVID-19 wastewater levels remained low during this reporting period.

Community Indicators:

- The number of respiratory-like illness calls to 811 HealthLine increased from 73.3 calls per 1,000 calls in the week ending May 2 to 76.0 calls per 1,000 calls in the week ending May 16.
- In this reporting period, Rhinovirus has been the most frequently detected viruses identified by sentinel healthcare providers.
- School absenteeism remained stable during the reporting period, at 10.1% for the week ending May 16.

Outbreaks

- Eight respiratory virus-associated outbreaks were reported in high-risk settings (long-term care facilities, personal care homes and group homes) during this reporting period. One outbreak was due to Influenza B, and seven were due to other respiratory viruses reported.

Severe Outcomes (Hospitalizations/ICU admissions/Deaths)

- During this reporting period, hospitalizations associated with COVID-19, Influenza, and RSV decreased. ICU admissions for COVID-19, Influenza, and RSV remained stable at low numbers.
- No deaths associated with influenza or COVID-19 were reported over the past two weeks.

Table 1: Viral indicators by surveillance period, April 19 – May 16, 2026

Report date	SARS-CoV-2 positive laboratory test	SARS-CoV-2 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] sample positivity	'Other'[1] outbreaks
May 10 – May 16	2	0.2%	0	96	8.9%	0	12	1.2%	0	143	35.9%	2
May 3 – May 9	7	0.5%	0	132	10.2%	1	19	1.6%	0	165	36.2%	5
Apr 26 – May 2	7	0.6%	0	146	11.9%	0	25	2.2%	2	162	38.5%	3
Apr 19 – Apr 25	6	0.4%	0	147	10.9%	1	40	3.2%	1	170	33.9%	7

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

[#]*Starting with the week of October 22-28, 2023, the method for calculating test positivity for "Other" respiratory viruses has changed to more accurately reflect the number of positive results in laboratory samples tested for "other" respiratory viruses. Samples that tested positive for more than one of the "Other" viruses are counted only once. See Technical Notes for details.*

Table 2: Lab-confirmed respiratory illness by age group, May 10 – 16, 2026

Age group (Years)	COVID-19 case count	Influenza case count	RSV case count	'Other' virus case count[1]
0 – 4	0 (0.0%)	10 (11.4%)	5 (41.7%)	143 (100%)
5 – 19	1 (50.0%)	25 (28.4%)	0 (0.0%)	
20 – 64	0 (0.0%)	44 (50.0%)	3 (25.0%)	
≥65	1 (50.0%)	9 (10.2%)	4 (33.3%)	
Total	**2 (100%)**	**88 (100%)**	**12 (100%)**	**143 (100%)**

Notes: *[1]Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus and Entero/Rhinovirus; age-specific data is unavailable for other respiratory pathogens. Individuals with co-infection of "Other" viruses are only counted once. Due to the rounding, total percentage may not add to 100%. See Technical Notes for further details.*

Table 3: Sentinel* indicators by surveillance period, Saskatchewan, April 19 – May 16, 2026

Report date	School illness absenteeism[1]	RLI** 811 calls per 1,000	SARS-CoV-2 Wastewater indicator[2]	Sentinel provider test positivity[3]	Most commonly detected virus: Sentinel providers[3]
May 10 – May 16	10.1%	76.0	Non-detect (n= 10), Low (n= 0), Medium (n= 0), Medium-high (n= 0), High (n= 0)	67%(n=18)	Rhinovirus
May 3 – May 9	10.5%	89.7	Non-detect (n= 10), Low (n= 0), Medium (n= 0), Medium-high (n= 0), High (n= 0)	75% (n=9)	Rhinovirus
Apr 26 – May 2	10.4%	73.3	Non-detect (n= 10), Low (n= 0), Medium (n= 0), Medium-high (n= 0), High (n= 0)	76% (n=22)	Rhinovirus
Apr 19 – Apr 25	10.4%	72.6	Non-detect (n= 9), Low (n= 1), Medium (n= 0), Medium-high (n= 0), High (n= 0)	59% (n=13)	Adenovirus, 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. 2Count of wastewater treatment facilities reporting low, moderate or high levels of viral load causing COVID-19 infection. See Technical Notes and appendix for details. 3Most commonly detected virus in Sentinel providers: COVID-19, Influenza A/B, Respiratory Syncytial Virus (RSV), Adenovirus, human Metapneumovirus(*hMPV*), Rhinovirus, Parainfluenza viruses (PIV) 1-4, and seasonal Coronaviruses (229E, HKU1, NL63, and OC43).*

Saskatchewan

Table 4: Outcome, health care capacity, and immunization coverage indicators by surveillance period, Saskatchewan, April 19 – May 16, 2026[¥]

Report date	Hospital admissions – COVID-19[1]	ICU admissions – COVID-19[1]	Hospital admissions – Influenza[1]	ICU admissions – Influenza[1]	Hospital admissions – RSV[1]	ICU admissions – RSV[1]	% of staffed inpatient beds occupied by COVID-19 patients[2]	Deaths – COVID-19	Deaths – Influenza[3]	Proportion of population with COVID-19 vaccine administered[4]	Proportion of population immunized for Influenza vaccine[4]
May 10 – May 16	0	0	9	1	5	0	0.4%	0	0	14.1%	21.8%
May 3 – May 9	1	0	13	2	4	0	0.3%	0	0	14.1%	21.8%
Apr 26 – May 2	4	0	11	2	9	1	0.4%	0	0	14.1%	21.9%
Apr 19 – Apr 25	0	0	15	1	10	1	0.5%	0	0	14.1%	21.9%

*[¥]Additional information on hospital admission stratified by respiratory organism and age group is provided below in **Figure 3** and **4** respectively. Viral infection may not be the main reason for the admission.*

Cases by respiratory organisms across age groups

- From May 3, 2026, to May 16, 2026, there were 72 respiratory illness cases hospitalized with lab-positive COVID-19 (1), Influenza (22), RSV (9) other respiratory illnesses (40), and co-infected cases (0). The COVID-19 lab positives were among the age groups of 0-19 (1). The Influenza lab positives were in the age group of 0-19 (5), 20-59 (11) and ≥60 (6). The RSV lab positives were in the age group of 0-19 (2), 20-59 (1) and ≥60 (6). The other respiratory lab positives were in the age group of 0-19 (24), 20-59 (4) and ≥60 (12).
- From May 3, 2026, to May 16, 2026, there were 8 respiratory illness cases admitted to the ICU with lab-positive COVID-19 (0), Influenza (3), RSV (0), other respiratory illnesses (5) and co-infected cases (0). The Influenza lab positives were in the age group of 20-59 (3). The other respiratory lab positives were in the age group 0-19 (2), 20-59 (1) and ≥60 (2).

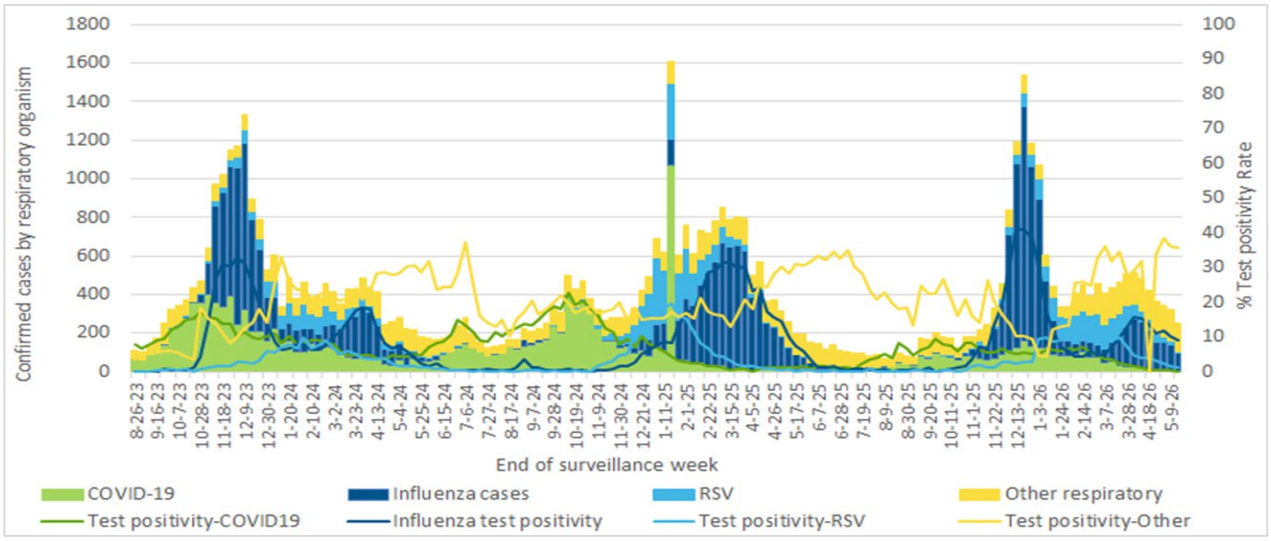
Notes: *[1] The delay in date tested result affects the total number of Influenza (A/B), RSV and other respiratory virus admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. The counts for influenza, RSV, and other respiratory virus-associated 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 consider 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 Coronavirus (O43, NL63, 229E, HKU1f.)*

[2]7-day average 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.

[44]The fall immunization campaign for COVID-19 and influenza started on October 14, 2025. The first doses of COVID-19 and influenza vaccines arrived in SK the week of September 21. Coverage is based on doses administered on or after September 21, 2025. Influenza vaccines were administered starting September 29, 2025, and COVID-19 vaccine doses were administered starting October 6, 2025. Coverage for Influenza dropped due to a combination of low weekly vaccination uptake and data revisions between Panorama extracts.

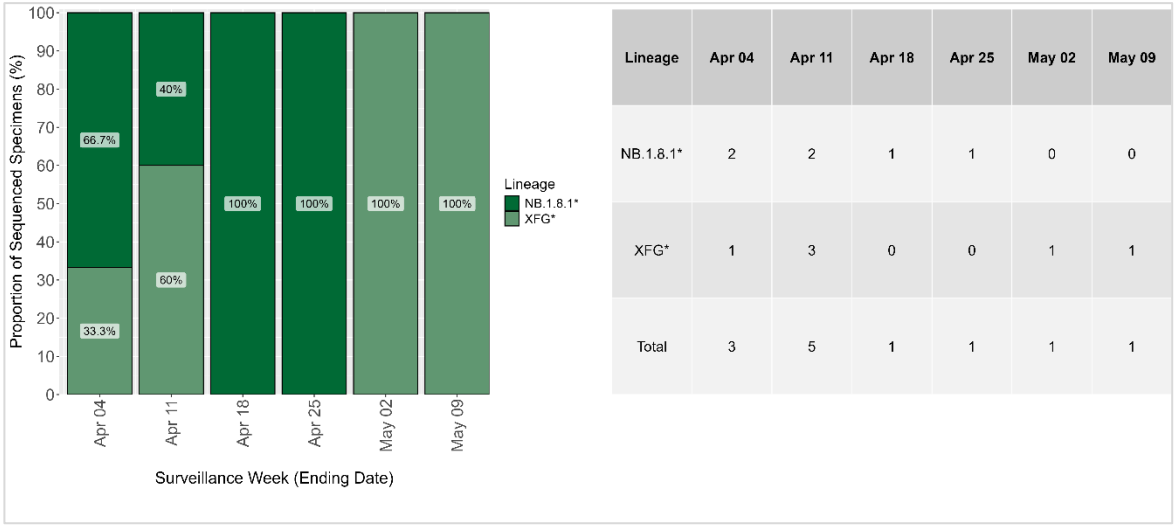
Figure 1: Epidemic curve, respiratory illness by organism and test positivity, August 20, 2023 – May 16, 2026



Data sources: Panorama IOM extracted on May 20, 2026 (COVID-19 cases)
Respiratory Virus Detections Surveillance System (influenza and other respiratory) (RRPL extracted May 20, 2026)
As of November 19, 2022, COVID-19 cases include new and reinfections.

For the two weeks of May 3 to May 16, 2026, there were:
- 2 *COVID-19 cases (1 were 0 to 19 years; 0 were 20 to 64 years; and 1 were 65 years and older).*
- *224 Influenza lab detections*
- *31 RSV detections*
- *308 other viral lab detections (parainfluenza, adenovirus, human metapneumovirus, rhinovirus, coronavirus)*

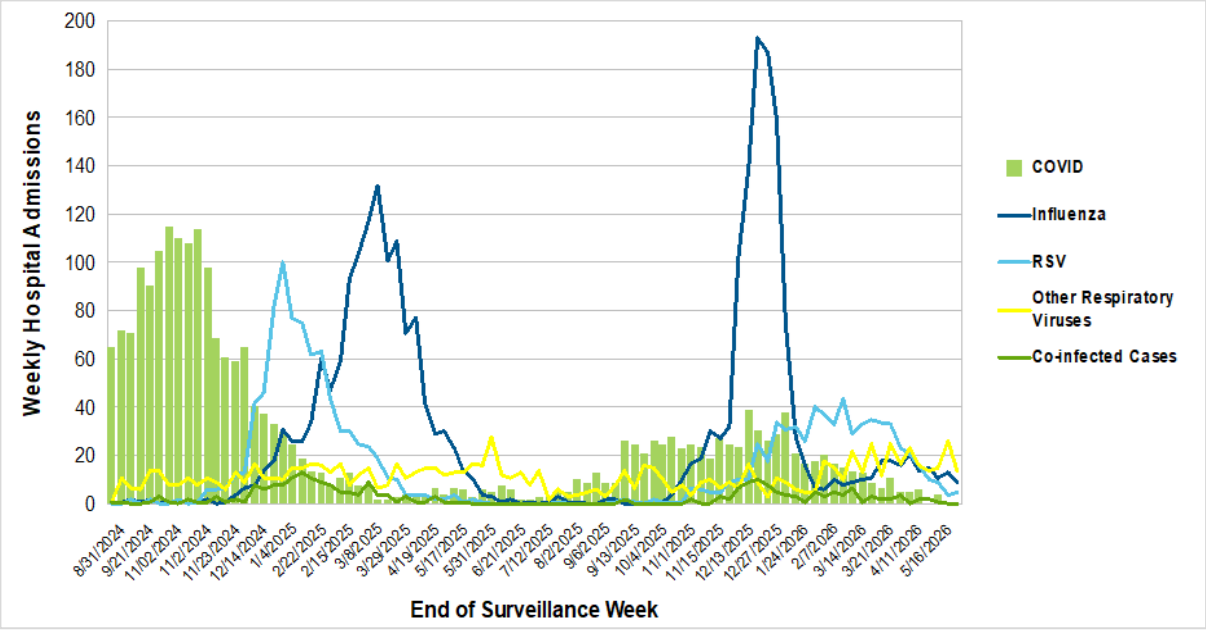
Figure 2: Percentage of SARS-CoV-2 variants, March 29, 2026 – May 9, 2026¥*

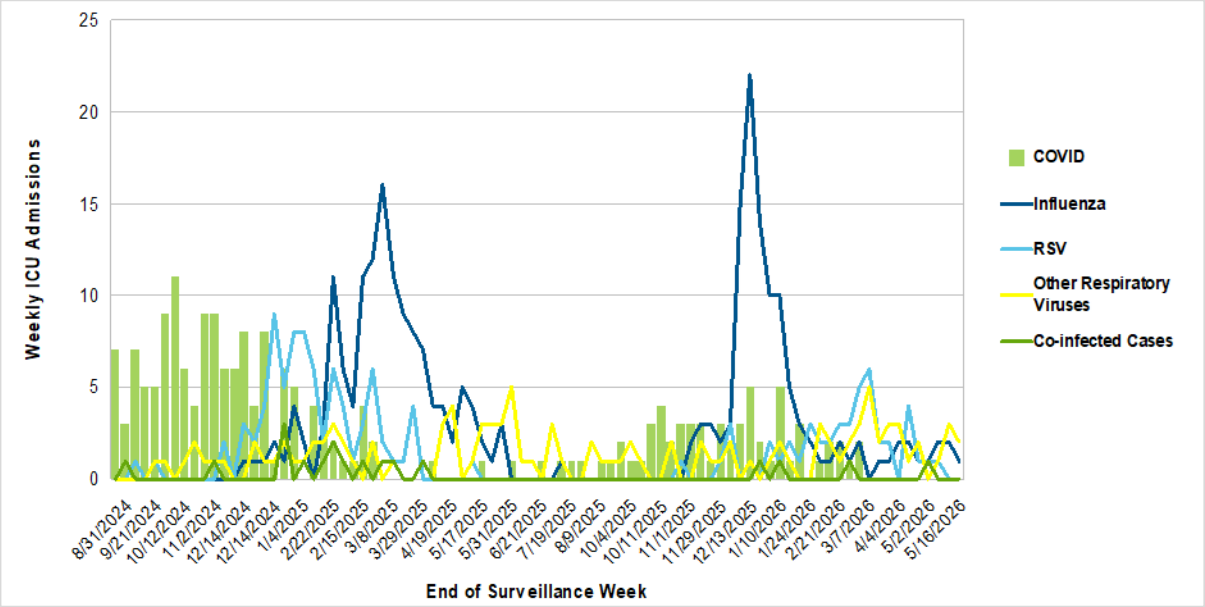


Lineage	Apr 04	Apr 11	Apr 18	Apr 25	May 02	May 09
NB.1.8.1*	2	2	1	1	0	0
XFG*	1	3	0	0	1	1
Total	3	5	1	1	1	1

Data Source: *Roy Romanow Provincial Laboratory, Saskatchewan Health Authority, as of May 20, 2026*
¥ Surveillance weeks correspond to specimen collection date.
** Parent lineage reported also includes all sublineages derived from this parent lineage.*

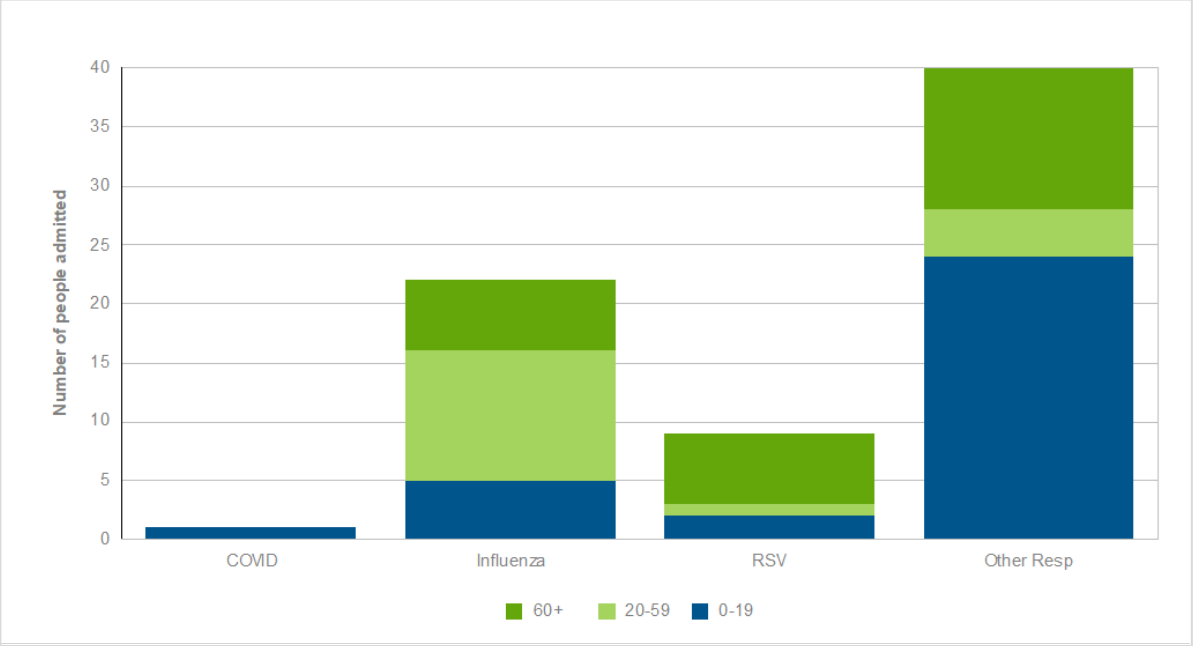
Figure 3: The number of COVID-19, Influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital and ICU by week of the admission, August 25, 2024 – May 16, 2026*





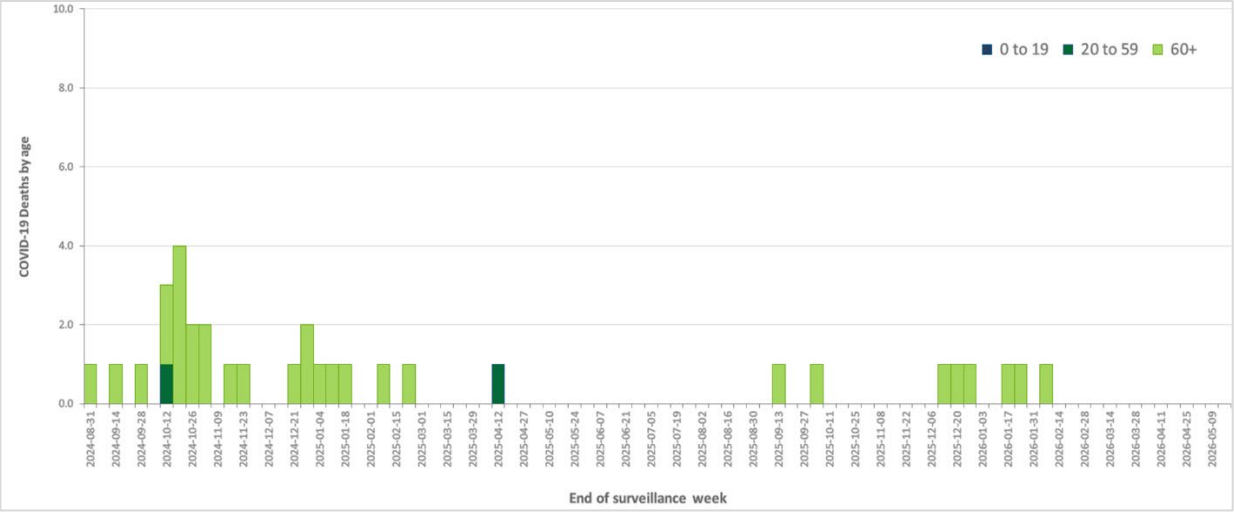
Data source: *Advanced Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on May 20, 2026. * Viral infection may not be the main reason for the admission.*
Note: *The delay in date tested result affects 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 admission. 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 4: The number of COVID-19, Influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital by age group, May 3 – 16, 2026*



*Data source: Advanced Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on May 20, 2026. *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. Episodes of Care consider 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 admission. 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 5: COVID-19 deaths by age group and week, August 25, 2024 – May 16, 2026*



Source: Panorama May 20, 2026
In the past two weeks, May 3, to May 16, 2026, no deaths were reported among COVD-19 cases.
**Total COVID-19 deaths from March 2020 to date; n=2,105*

Table 5: Community Respiratory Infection Surveillance Program Indicators by zone, May 10 – 16, 2026

Location	Test positivity – SARS-CoV-2 [1] (positive lab tests)	Test positivity – Influenza (positive lab tests)	Test positivity – RSV (positive lab tests)	RLI* 811 calls per 1,000[3]	School illness absenteeism[4]	Wastewater indicator†	Proportion of population with COVID-19 vaccine administered[5]		Proportion of population with Influenza vaccine adminstered[5]	
							<65 Yrs	≥65 Yrs	<65 Yrs	≥65 Yrs
Far North West (Meadow Lake & area)	0.0% (0)	5.7% (3)	0.0% (0)	-	6.8%	Non-detect	2.6%	23.1%	7.8%	39.9%
Far North Central	0.0% (0)	0.0% (0)	0.0% (0)	-	5.4%	No Data	1.0%	8.4%	11.0%	27.1%
Far North East (La Ronge & area)	0.0% (0)	4.0% (1)	0.0% (0)	-	6.0%	Non-detect	3.8%	29.7%	11.1%	44.3%
North West (Lloydminster & area/North Battleford)	0.0% (0)	7.1% (6)	0.0% (0)	112.7	10.6%	Non-detect	4.4%	33.8%	9.9%	45.8%
North Central (Prince Albert & area)	0.0% (0)	3.2% (2)	1.6% (1)	-	9.1%	Non-detect	6.1%	40.4%	12.3%	52.4%
North East (Melfort & area)	0.0% (0)	5.1% (2)	7.7% (3)	85.1	9.5%	No Data	6.6%	37.7%	13.2%	50.0%
Saskatoon	0.0% (0)	10.3% (26)	20.0% (3)	79.4	11.9%	Non-detect	10.9%	48.2%	18.3%	57.5%
Central West (Kindersley & area)	0.0% (0)	0.0% (0)	0.0% (0)	-	7.0%	No Data	5.6%	40.5%	14.3%	55.4%
Central East (Yorkton/Melville & area)	0.0% (0)	2.8% (2)	0.8% (2)	-	7.2%	Non-detect	5.9%	37.6%	12.4%	49.7%
Regina	0.8% (2)	9.5% (23)	0.8% (2)	60.5	11.0%	Non-detect	9.8%	49.9%	16.2%	59.1%
South West (Swift Current/ Maple Creek & area)	0.0% (0)	7.7% (2)	0.0% (0)	63.3	7.8%	Non-detect	6.5%	36.8%	15.1%	50.6%
South Central (Moose Jaw & area)	0.0% (0)	6.1% (4)	0.0% (0)	-	7.8%	Non-detect	6.2%	40.1%	13.2%	52.6%
South East (Weyburn/Estevan & area)	0.0% (0)	12.5% (6)	2.4% (1)	81.9	11.8%	Non-detect	4.9%	35.9%	12.7%	52.1%
Unknown/Out of Province	0.0% (0)	20.7% (19)	0.0% (0)	-	8.4%	-	-	-	-	-
SASKATCHEWAN	**0.2% (2)**	**8.9% (96)**	**1.2% (12)**	**76.0**	**10.1%**	**-**	**8.1%**	**42.6%**	**15.0%**	**54.1%**

Notes: *[1]By week of lab detection; effective Oct 30, 2022, includes cases who tested positive more than once >= 90 days apart; ^ [1]For COVID-19 test positivity, all tests reported were performed within the province. [3] 811 data available at the six Integrated Service Areas geographical level. Unknown represents the number of students who were absent from the class due to illness with no known geography for the school. [4]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]The fall immunization campaign for COVID-19 and influenza started on October 14, 2025. The first doses of COVID-19 and influenza vaccines arrived in SK the week of September 21. Coverage is based on doses administered on or after September 21, 2025.*

Technical Notes

1. 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 Microbiology section of Royal University Hospital and the Molecular Diagnostics section of 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. 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.

5. 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.

6. 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.

7. 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.

8. 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 lineages is done by conducting whole genome sequencing (WGS) at RRPL or the National Microbiology Laboratory. It takes one to two weeks to complete WGS from the date a sample is collected. 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.

   Lineages JN.1, JN.1.18, LB.1, KP.2, KP.3, KP.3.1.1, XEC 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.

9. 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.

10. 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.

11. COVID-19 Immunizations: Up to date (UTD) COVID-19 vaccination is the proportion of people, six months and older, having at least one COVID-19 dose this season divided by the eligible population found in the Saskatchewan Covered Population, 09-Sep-2024 Ministry of Health version (2024 Version 1). Vaccination for the current season officially began October 14, 2025. Some doses were administered prior to the start date..

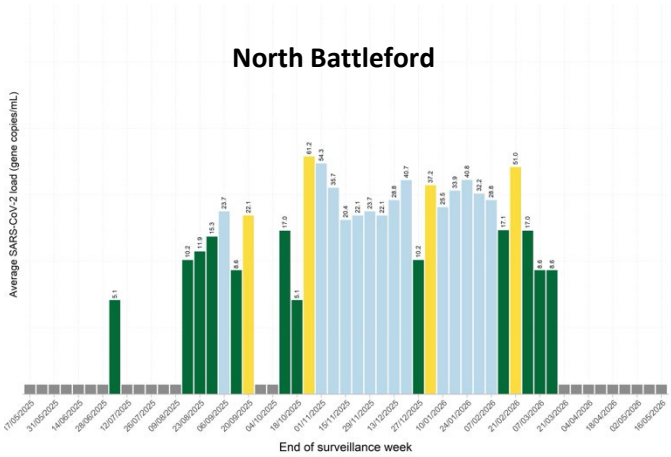
12. Influenza immunizations: UTD Influenza vaccination is the proportion of people, six months and older, having at least one Influenza dose this season divided by the eligible population found in the Saskatchewan Covered Population, 09-Sep-2024 Ministry of Health version (2024 Version 1). Vaccination for the current Influenza season officially began October 14, 2025. Some doses were administered prior to the start date.

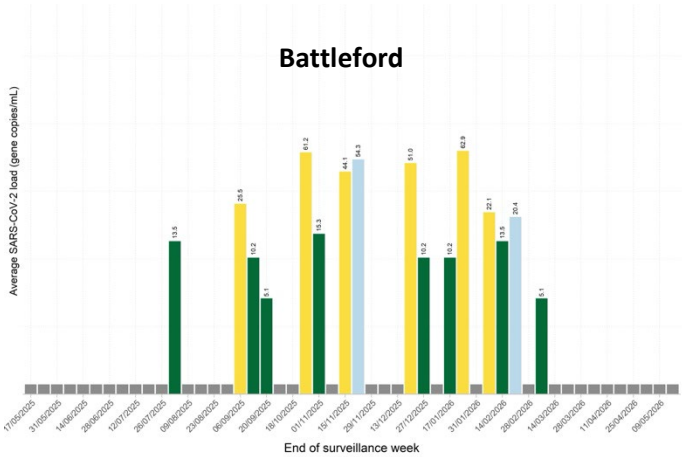
13. Staffed Inpatient beds: Weekly average COVID Occupancy is a 7-Day average percentage of acute inpatient beds staffed and in operation COVID positive patients occupy. The full calculation of this metric is: Average COVID occupance=$\sum$(8am covid census) ÷ $\sum$(8am beds staffed and in operation) × 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).

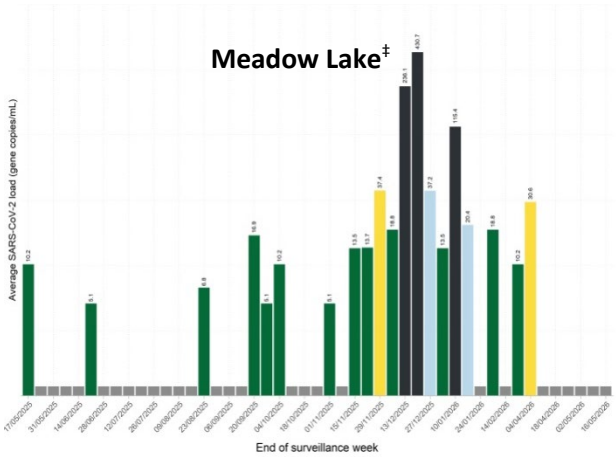
14. Rate of COVID-19 hospitalization (ICU or Death) were calculated by summing the daily number of hospitalizations (ICUs or Deaths) for the period by vaccine status (numerator) divided by the mid period population by respective vaccine status (denominator), multiplied by 100,000. This estimate is further 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).

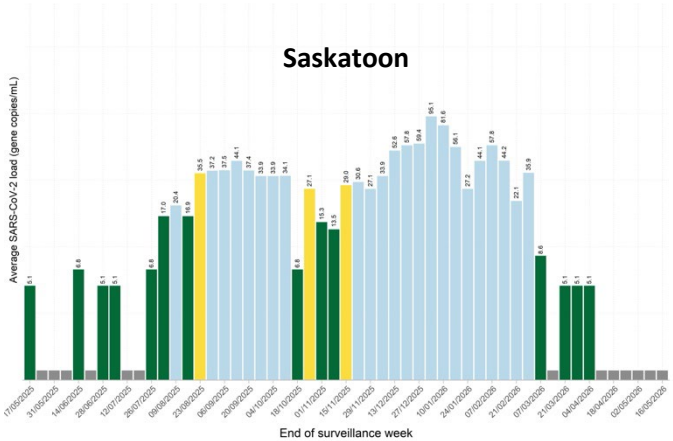
Saskatchewan

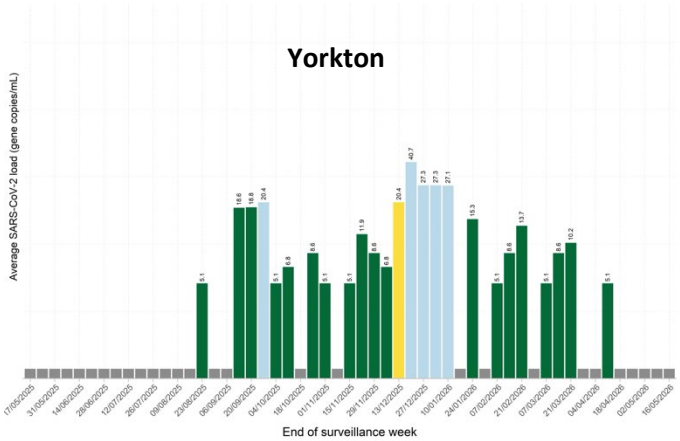
Appendix: Wastewater Surveillance for SARS-CoV-2 by cities, Saskatchewan

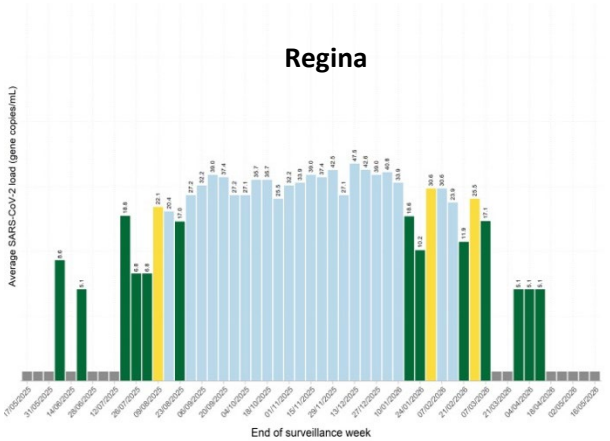


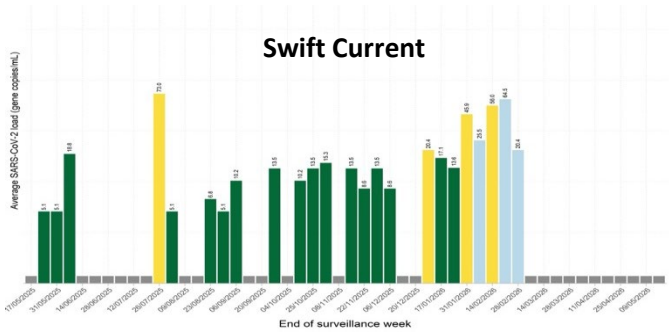


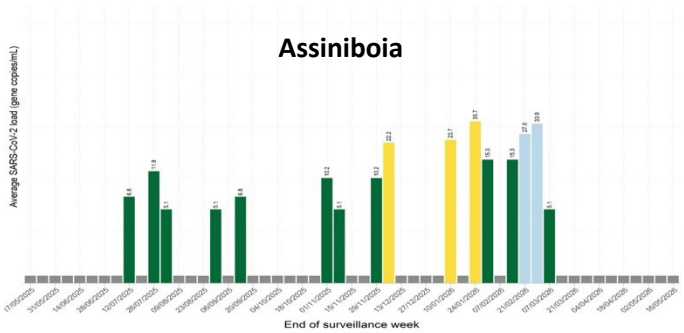


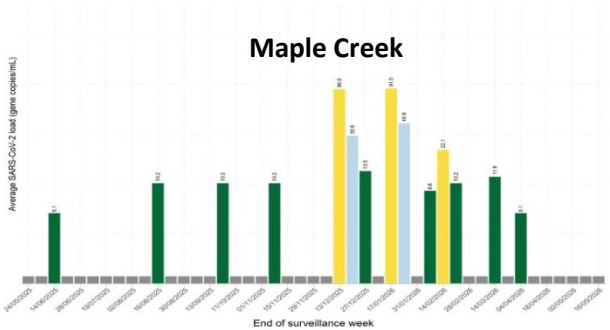








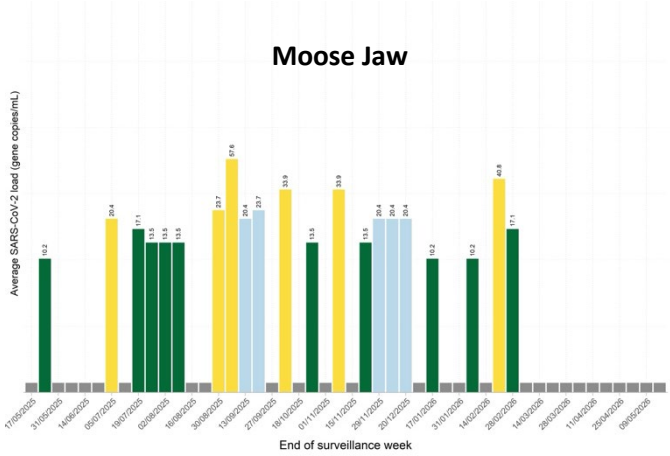


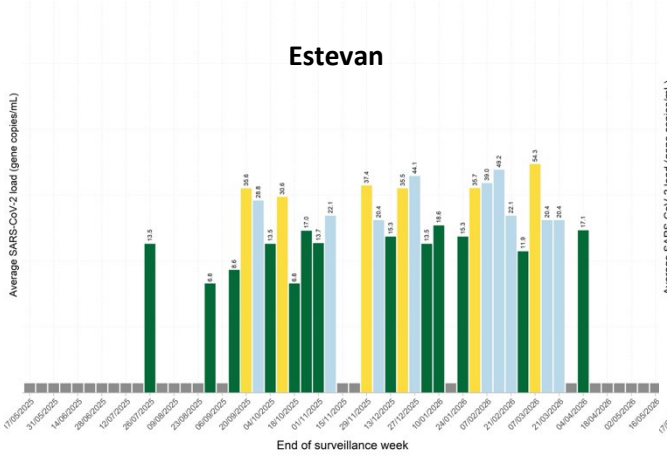


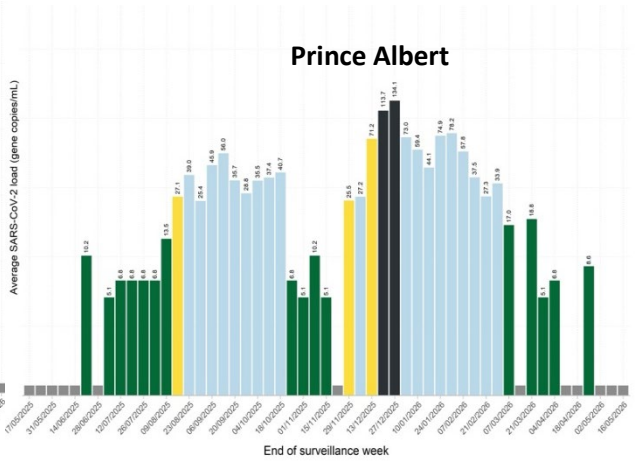
Quantitative Interpretation:

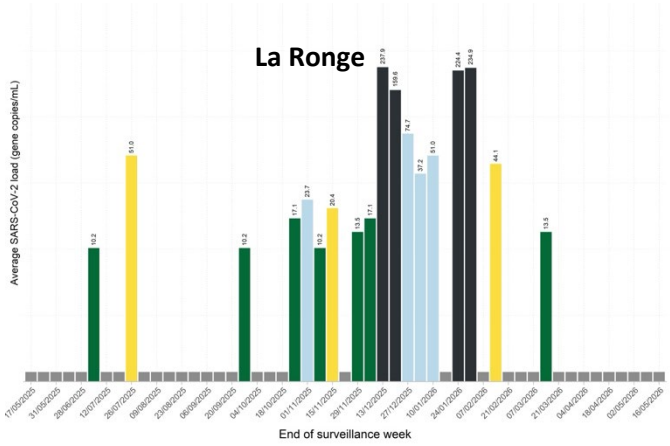
- Non-detect: 0 gene copy per mL/gene copies < LOD (limit of detection)
- Low: < 20 gene copies per mL
- Medium: 20-100 gene copies per mL and weekly change < 100%
- Medium-high: 20-100 gene copies per mL and weekly change ≥ 100%
- High: > 100 gene copies per mL

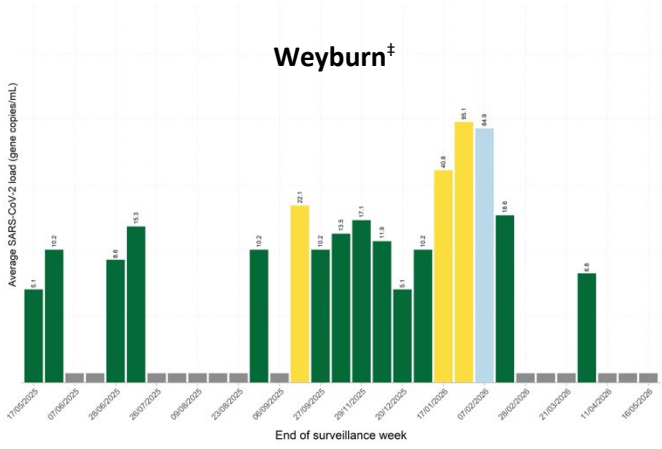












Quantitative Interpretation:

- Non-detect: 0 gene copy per mL/gene copies < LOD (limit of detection)
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- High: > 100 gene copies per mL

‡Date gaps reflect weeks when no wastewater samples were received.

Low Medium Medium-High High Non-detect

Saskatchewan