COVID-19 Integrated Epidemiology Situation Report

Week of February 6-12, 2022

Purpose

This report provides COVID-19 surveillance information at the provincial and COVID-19 reporting zone levels on a weekly basis. Surveillance information is used for a variety of public health purposes including public communications and decision-making, both strategic and operational. The reporting week for most public health surveillance data runs from Sunday to Saturday and the data are analysed early the following week. The hospital census data are compiled on a Wednesday to Wednesday cycle to ensure the most up-to-date information is available.

The report provides a snapshot of key indicators for the previous week. Where appropriate, longer term comparisons are offered to provide context on the profile of COVID-19 in Saskatchewan. New information is also introduced in this report, such as sentinel surveillance. Sentinel surveillance involves the collection of information about respiratory illness from a variety of sites across the province. For example, analysis of visits to emergency departments for COVID-like illness provides information about community transmission of respiratory illnesses in the province.

Highlights for the week

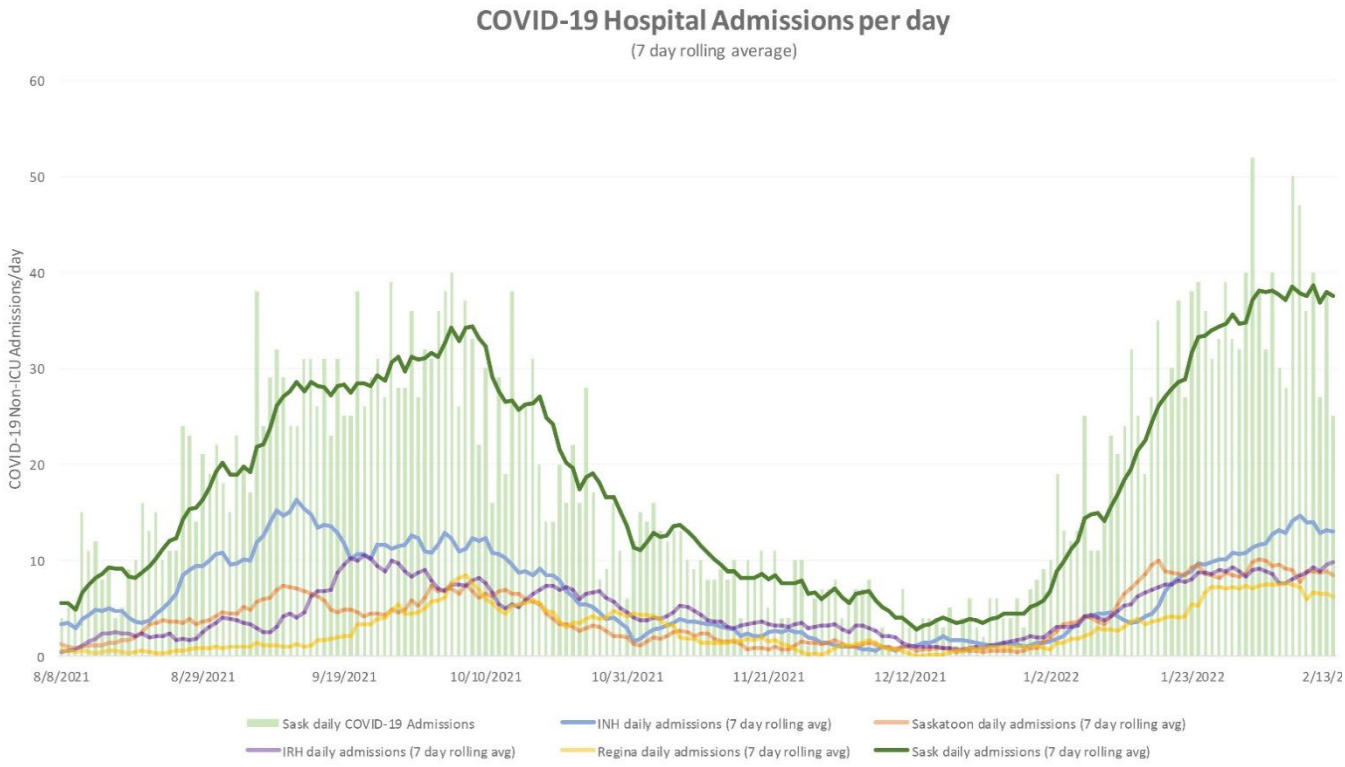
- 12,079 laboratory tests were performed in Saskatchewan (SK) reflecting 10.0 tests performed per 1,000 population.
- The number of tests was just over two-thirds of the number of tests in the previous week.
- About one-fifth of laboratory tests were positive (weekly test positivity of 20.2%).
- Test positivity was about two-thirds of the test positivity value in the previous week.
- 2,522 new cases were confirmed reflecting about 2.1 laboratory-confirmed cases per 1,000 population.
- The number of new laboratory-confirmed cases was less than one-half of the number of new cases in the previous week.
- There were 242 new lineage results reported this week. Of the 242 variants of concern (VOCs) identified by whole genome sequencing, 99.6% were Omicron.
- Based on data recorded in Panorama, the public health database, there were 42 newly reported COVID-19 deaths, almost twice the number reported in the previous week (22).
- There were 39.9 COVID-like illness patients (CLI) per 1,000 emergency department (ED) visits, a decrease from 47.1 per 1,000 the previous week.
- Twenty-two (22) confirmed new COVID-19 outbreaks in long-term care and care home settings were reported this week. This is about two-thirds of the 34 outbreaks that were reported the previous week.
- As of February 12, of the population five years and older, 85.4% received at least one dose of a two-dose COVID-19 vaccine and 79.9% completed a series.
- Among the population 18 years and older, 50.4% had received at least one booster vaccination.

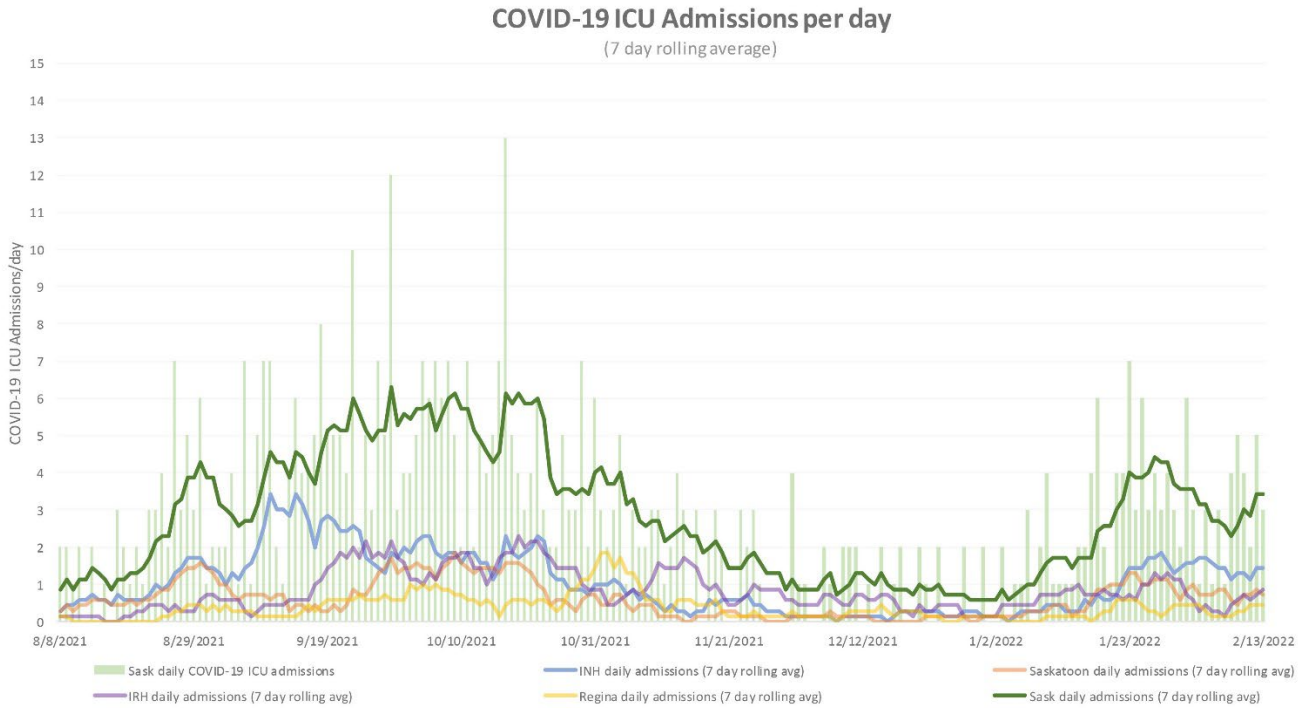
Weekly COVID Hospitalization Indicators: February 9, 2022 as compared to February 16, 2022

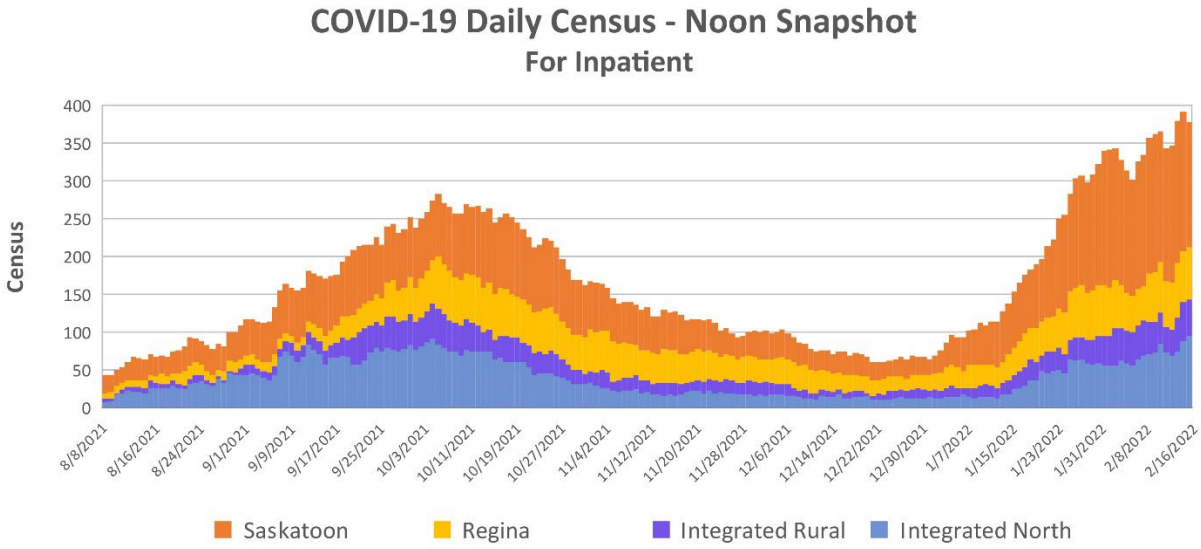
	09-Feb	16-Feb	Change from last reporting period
Total COVID Hospitalized	384	410	+26
Total COVID Adult ICU/ICU Surge	26	33	+7
Average Daily Admissions over past 7 days	37.9	31.0	-6.9
Total COVID Related Illness	160	181	+21
Total Incidental COVID Infection	206	221	+15
Total Undetermined	18	8	-10

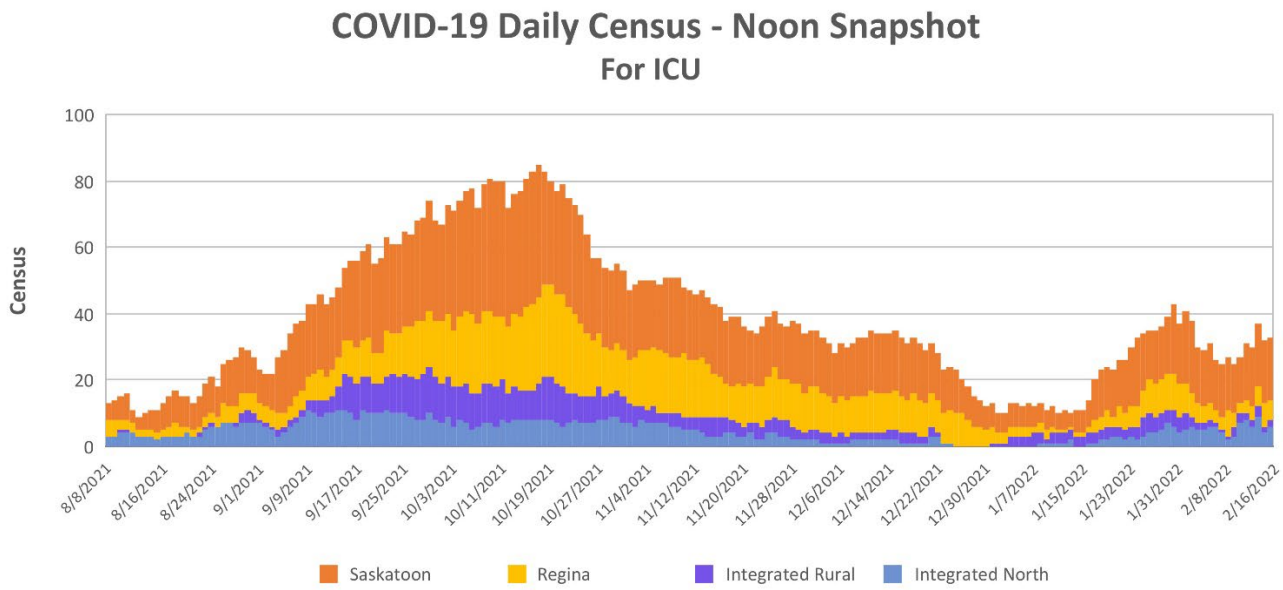
All data is reflective of the 12:00pm (noon) snapshot with the exception of the average daily admissions over past 7 days, which is reflective of the previous Wednesday to Tuesday reporting cycle.
Note: Because of the delay in date tested result, it affects the total number of COVID-19 admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated.

The COVID hospitalizations graphs displayed below begin in August 2021 which represents the beginning of the 4th/Delta wave. The charts do not include the full time duration of COVID to allow for a more detailed view of recent COVID volumes and activity.




COVID-19 ICU Admissions per day
(7 day rolling average)
COVID-19 ICU Admissions/day
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
8/8/2021
8/29/2021
9/19/2021
10/10/2021
10/31/2021
11/21/2021
12/12/2021
1/2/2022
1/23/2022
2/13/2022
Sask daily COVID-19 ICU admissions
INH daily admissions (7 day rolling avg)
Saskatoon daily admissions (7 day rolling avg)
IRH daily admissions (7 day rolling avg)
Regina daily admissions (7 day rolling avg)
Sask daily admissions (7 day rolling avg)


COVID-19 Daily Census - Noon Snapshot
For Inpatient
Census
400
350
300
250
200
150
100
50
0
8/8/2021
8/16/2021
8/24/2021
9/1/2021
9/9/2021
9/17/2021
9/25/2021
10/3/2021
10/11/2021
10/19/2021
10/27/2021
11/4/2021
11/12/2021
11/20/2021
11/28/2021
12/6/2021
12/14/2021
12/22/2021
12/30/2021
1/7/2022
1/15/2022
1/23/2022
1/31/2022
2/8/2022
2/16/2022
Saskatoon
Regina
Integrated Rural
Integrated North



Rapid Antigen Test Distribution as of February 16, 2022

Sector	SPSA	SHA	Sector Totals
SHA Internal		4,140,690	4,140,690
NITHA/ISC	1,741,030	433,720	2,174,750
Schools	962,855	1,390,000	2,352,855
Congregate Living	169,600	411,795	581,395
Law Enforcement & Fire Depts.	138,780	37,440	176,220
EMS		15,615	15,615
Test to Protect & Unclassified		344,610	291,150
Public Distribution Centres	6,357,205	1,319,200	7,729,865
Total Tests:	**9,369,470**	**8,093,070**	**17,462,540**

- There are currently 630 public distribution centres in the province. The full list is available at https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/testing-information/rapid-testing/locations-for-rapid-antigen-self-test-kits

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A. Laboratory Surveillance

Overview of COVID-19 Laboratory Tests

Table 1: Summary of COVID-19 laboratory tests for the week of February 6 to 12, 2022, by zone

Zone	Total Number of Tests Performed	% Tested Positive	Tests performed per 1,000 population	Previous Week (January 30-February 5, 2022)			Change from Previous Week	
				Total Number of Tests Peformed	% Tested Positive	Tests performed per 1,000 population	Test Positivity	Tests performed per 1,000 population
FNW	210	15.2%	7.0	226	27.0%	7.6	-11.8	-0.5
FNC	7	28.6%	2.6	28	32.1%	10.6	-3.6	-7.9
FNE	136	19.1%	5.6	177	42.9%	7.3	-23.8	-1.7
NW*	611	18.3%	7.4					
NC	567	29.6%	6.4	763	41.0%	8.6	-11.4	-2.2
NE	275	18.9%	6.6	349	30.9%	8.4	-12.0	-1.8
ST	2,748	20.0%	8.1	4,935	30.1%	14.6	-10.1	-6.5
CW	211	23.7%	5.7	264	34.8%	7.1	-11.2	-1.4
CE	802	25.7%	8.2	995	34.5%	10.1	-8.8	-2.0
RE	1,473	26.7%	5.4	3,169	39.1%	11.6	-12.4	-6.2
SW	235	31.5%	6.1	319	44.8%	8.2	-13.3	-2.2
SC	501	19.8%	8.3	934	32.7%	15.4	-12.9	-7.2
SE	668	28.1%	7.5	889	42.4%	10.0	-14.3	-2.5
Unknown	3,635	13.4%		4,861	16.3%		-2.9	
SK	**12,079**	**20.2%**	**10.0**	**17,115**	**31.1%**	**14.2**	**-10.9**	**-4.2**

Source: RRPL Daily Test Count Table by new zones, extracted February14, 2022; Covered Population, 08-Jul-2021 Ministry of Health version (2021 Version 1).
*January 30 to February 5 numbers for the NW zone are suppressed due to a correction made by the Saskatchewan Health Authority (SHA) as part of routine data quality processes that resulted in a negative number of tests performed for the week.

For the week of February 6 to 12, 2022:

- 12,079 laboratory tests were performed in Saskatchewan.
- The number of tests per 1,000 population was 10.0. This was lower than the previous week (January 30-February 5, 2022) by 4.2 tests per 1,000 population. It was also lower than the weekly rate in the previous four weeks (January 9-February 5, 2022) by 10.1 tests per 1,000 population where the weekly average was 20.1 tests per 1,000 population (data not shown).
- The South Central zone had the highest proportion of people tested (8.3 tests per 1,000 population). The Far North Central zone had the lowest proportion of people tested (2.6 tests per 1,000 population).
- 20.2% of tests in the province were positive. This was 10.9 percentage points lower than in the previous week (January 30-February 5, 2022) and 11.6 percentage points lower than in the previous four weeks (January 9-February 5, 2022, data not shown).
- The South West zone (31.5%) had the highest test positivity. The Far North West zone had the lowest test positivity (15.2%).
- Numbers and proportions of completed tests and test positivity were lower in all zones compared to last week and the weekly rate in the previous four weeks.

Overview of COVID-19 Laboratory-Confirmed Cases

Table 2: Summary of new laboratory-confirmed COVID-19 cases for the week of February 6 to 12, 2022, by zone

Zone	New cases		Previous Week		Change in Cases per 1,000 from Previous Week	Weekly Rate in Previous Four Weeks		Change from Previous 4-week Rate
	Confirmed cases	Cases[1] per 1,000	Confirmed cases	Cases[1] per 1,000		Confirmed cases	Cases[1] per 1,000	
FNW	46	1.5	81	2.7	⇩ -1.2	113	3.8	⇩ -2.3
FNC	3	1.1	10	3.8	⇩ -2.6	14	5.4	⇩ -4.2
FNE	35	1.4	79	3.3	⇩ -1.8	120	4.9	⇩ -3.5
NW	176	2.1	373	4.5	⇩ -2.4	526	6.4	⇩ -4.2
NC	247	2.8	531	6.0	⇩ -3.2	670	7.5	⇩ -4.8
NE	56	1.3	122	2.9	⇩ -1.6	187	4.5	⇩ -3.2
ST	603	1.8	1,433	4.2	⇩ -2.5	2,255	6.7	⇩ -4.9
CW	58	1.6	125	3.4	⇩ -1.8	172	4.6	⇩ -3.1
CE	260	2.6	369	3.8	⇩ -1.1	549	5.6	⇩ -2.9
RE	501	1.8	1,287	4.7	⇩ -2.9	1,932	7.1	⇩ -5.2
SW	83	2.1	157	4.1	⇩ -1.9	230	6.0	⇩ -3.8
SC	124	2.1	324	5.4	⇩ -3.3	393	6.5	⇩ -4.5
SE	230	2.6	411	4.6	⇩ -2.0	563	6.3	⇩ -3.7
Pending	100		99			125		
SK	2,522	2.1	5,401	4.5	⇩ -2.4	7,850	6.5	⇩ -4.4

Source: RRPL line list February 14, 2022.

[1] Proportion per 100,000 calculated using the Saskatchewan 2021 Covered Population, 08-Jul-2021 Ministry of Health SAS version (2021 Version 1)

Data should be interpreted with caution because they do not include cases detected by home rapid-antigen-test kits.

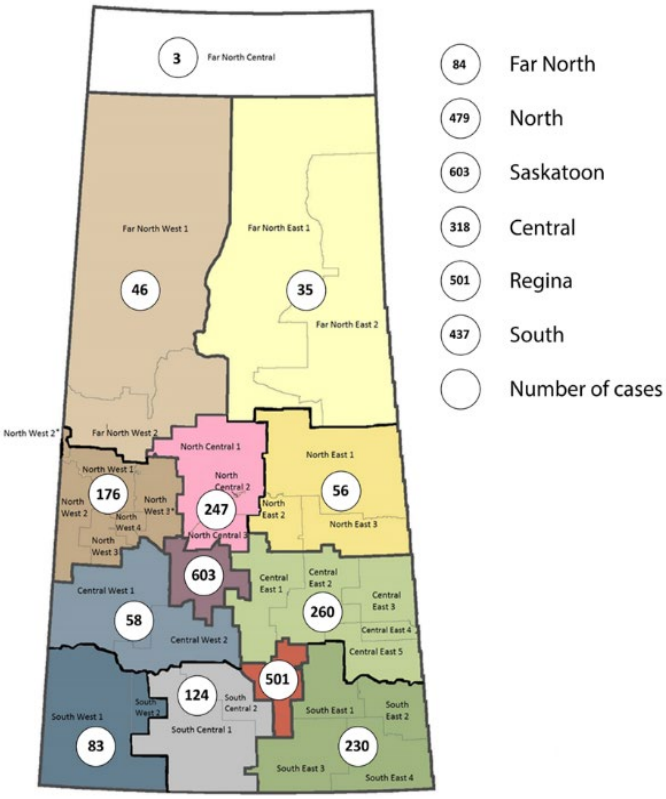
For the week of February 6 to 12, 2022

- 2,522 new cases were confirmed by a positive laboratory test.
- The proportion of new laboratory-confirmed cases was 2.1 per 1,000, a decrease of 2.4 per 1,000 since last week.
- It was also lower than the weekly rate in the previous four weeks (January 9-February 5, 2022) by 4.4 cases per 1,000 population.
- The highest proportion of new cases for the week was in North Central Zone (2.8 per 1,000) and the lowest was in Far North Central (1.1 per 1,000).
- Numbers and proportions of new cases were lower in all zones compared to last week and the weekly rate in the previous four weeks.
- Rates should be interpreted with caution because they do not include cases detected by home rapid-antigen test kits.

Figure 2: Map of new laboratory-confirmed COVID-19 cases by zone and area for the week of February 6 to 12, 2022

For the week of February 6 to 12, 2022, there were:

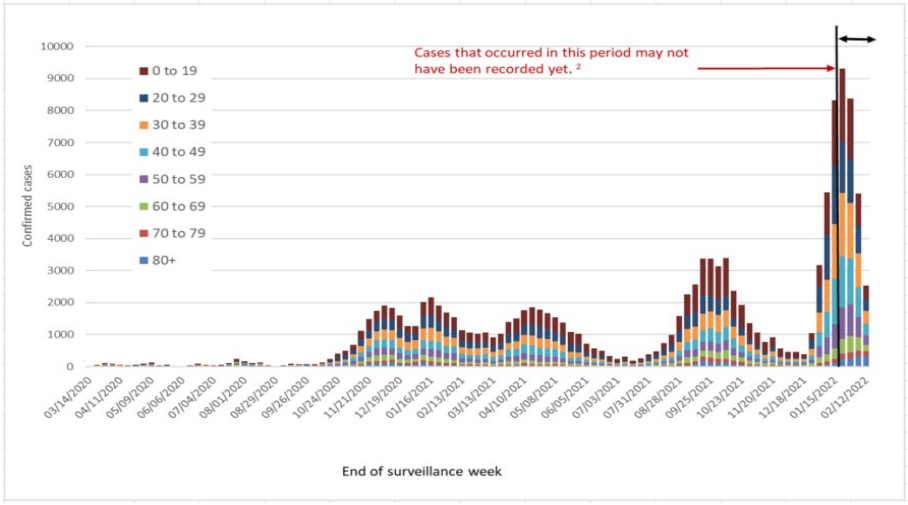
- 84 new cases in the Far North (FNW, 46 cases; FNC, 3 cases; FNE, 35 cases);
- 479 new cases in the North (NW, 176 cases; NC, 247 cases; NE, 56 cases);
- 603 new cases in the Saskatoon area;
- 318 new cases in the Central area (CW, 58 cases; CE, 260 cases);
- 501 new cases in the Regina area; and
- 437 new cases in the South (SW, 83 cases; SC, 124 cases; SE, 230 cases).
- 100 new cases pending residence information.



Source: RRPL line list February 14, 2022.
The zones include cases reported by First Nations (FN) jurisdictions based on the location of the FN community.
Far North – Far North West, Far North Central, Far North East;
North – North West, North Central, North East; Saskatoon;
Central – Central West, Central East; Regina; South – South West, South Central, South East.

Figure 3: Laboratory-confirmed cases[1], by agegroup and week, March 8, 2020 to February 12, 2022

- From March 8, 2020 to February 12, 2022, there were 125,756 laboratory-confirmed cases.
- 77.0% were younger than 50 years of age and 26.8% were younger than 20 years of age.



Source: Panorama IOM February 14, 2022.
[1] Panorama IOM record.
[2] Due to data entry lag, cases for this period may be under-reported and not captured in this figure.

Variants of Concern

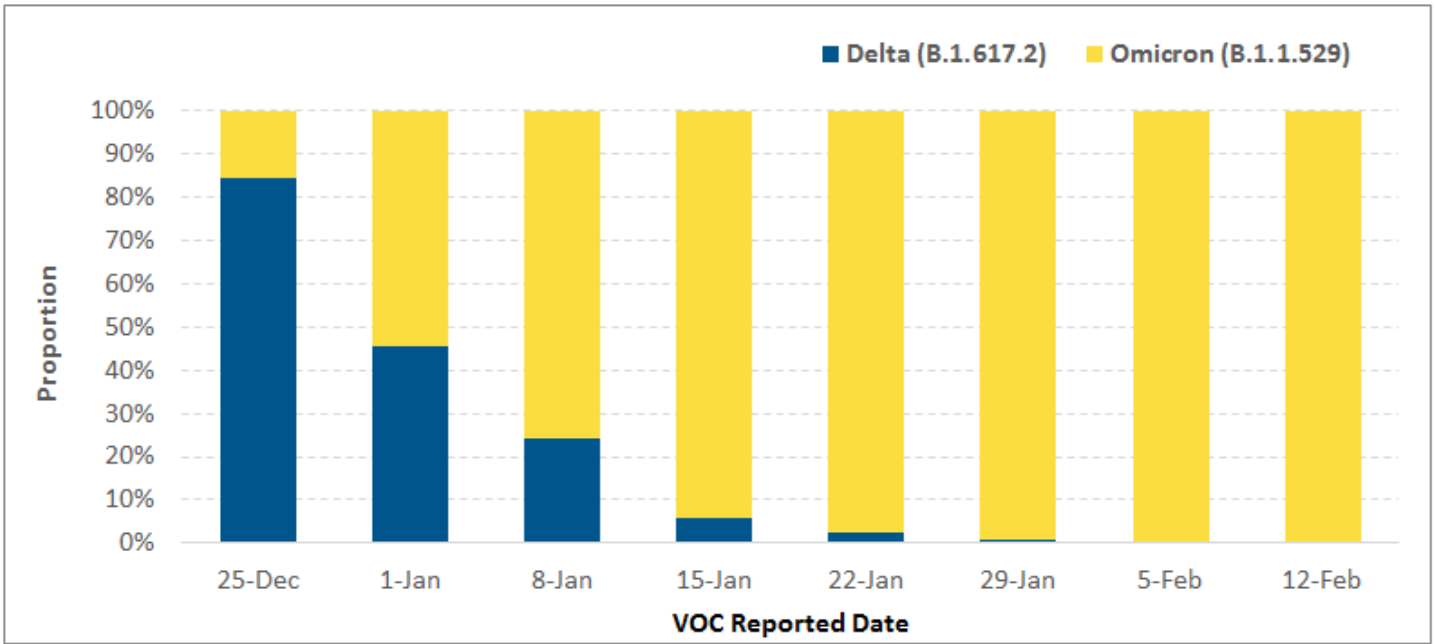
Table 3: Distribution of Variants of Concern (VOCs) among sequenced COVID-19 cases February 6-12, 2022, by zone

Zone	Current week (February 6-12)			Previous week (January 30 - February 5)		
	Delta (B.1.617.2)	Omicron (B.1.1.529)	Total	Delta (B.1.617.2)	Omicron (B.1.1.529)	Total
Far North West		100%	**1**			**0**
Far North Central						**0**
Far North East		100%	**1**		100%	**2**
North West		100%	**7**		100%	**4**
North Central	3.8%	96.2%	**26**		100%	**10**
North East		100%	**6**		100%	**3**
Saskatoon		100%	**55**		100%	**42**
Central West		100%	**8**		100%	**1**
Central East		100%	**19**		100%	**6**
Regina		100%	**74**		100%	**2**
South West		100%	**6**		100%	**5**
South Central		100%	**18**		100%	**5**
South East		100%	**20**		100%	**10**
Pending		100%	**1**			**0**
Total	**0.4%**	**99.6%**	**242**	**0%**	**100%**	**90**

Source: Panorama February 14, 2022
Notes:
Results are based on the date variants of concern (VOC) were reported by the provincial laboratory (RRPL).
Zones are assigned based on information as available in the Panorama database.
Pending cases are those whose geograpical information is not available at the time of reporting.

- There were 242 VOCs reported during the week of February 6-12, 2022, compared to 90 VOCs in the previous week.
- Of the total VOCs reported this week, 99.6% were Omicron VOC compared to 100% in the previous week.
- One (1) Delta VOC was reported this week in the North Central zone.
- For the week of January 5 to February 5, the number of samples undergoing whole genome sequencing (WGS) was low due to high volumes of diagnostic testing taking precedence in the lab. However, diagnostic testing volumes have dropped recently and WGS volumes increased again during the week of February 6 to 12..

Figure 4: Distribution of VOCs among sequenced COVID-19 cases (N=3,785), December 19, 2021 to February 12, 2022



Delta counts	304	43	190	66	11	5	0	1
Omicron counts	56	51	594	1061	454	618	90	241
Total	360	94	784	1127	465	623	90	242

Data source: Panorama IOM; data extraction: February 14, 2022
Results are based on the number of samples sequenced and the date VOCs were reported by RRPL.
The Omicron variant began increasing substantially in Saskatchewan during the week of December 19, 2021.

- The Omicron VOC was first reported in South Africa, and the World Health Organization (WHO) designated Omicron as a variant of concern on November 26, 2021.
- Of all 3,785 positive samples sequenced between December 19, 2021 and February 12, 2022, 16.4% (620) were Delta VOC and 83.6% (3,165) were Omicron VOC.
- The proportion of Delta VOC declined rapidly since the first week of January, 2022.
- The Omicron VOC rapidly increased since the first week of January and became the dominant variant in Saskatchewan.

B. Description of Severe COVID-19 Cases

Table 4: Number and proportion of COVID-19 deaths reported during the week of February 6 to 12, 2022

- In the week of February 6 to 12, 2022, there were 42 new COVID-19 deaths reported.
- Deaths per 100,000 should be interpreted with caution because of small numbers.

Source: Panorama IOM February 14, 2022.
[1] Proportion per 100,000 calculated using the Saskatchewan 2021 Covered Population, 08-Jul-2021 Ministry of Health SAS version (2021 Version 1)

	Deaths	
Zone	**Number**	**Deaths per 100,000 population**
FNW		
FNC		
FNE		
NW	6	7.3
NC	6	6.7
NE	3	7.2
ST	7	2.1
CW		
CE	7	7.1
RE	9	3.3
SW	1	2.6
SC		
SE	3	3.4
Pending		
SK	42	3.5

Table 5: Age and sex distribution of COVID-19 deaths reported for the week of February 6 to 12, 2022

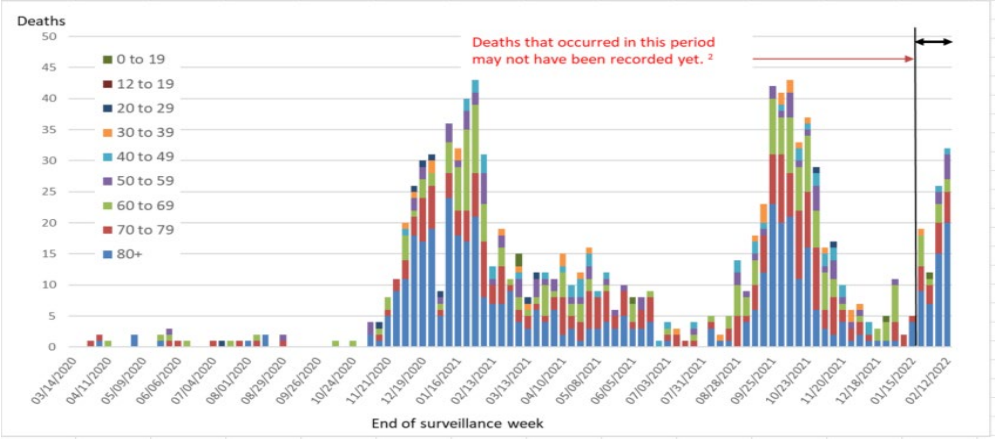
- For the week of February 6-12, 2022, there were 42 COVID-19 new deaths reported.
- 69% of the deaths were among those 80 years of age or older.

Source: Panorama IOM February 14, 2022

		Deaths	
		n	%
Age	19 and younger		
	20 to 39		
	40 to 59	5	12
	60 to 69	3	7
	70 to 79	5	12
	80 and older	29	69
	TOTAL	42	100
Sex	Female	21	50
	Male	21	50
	Total	42	100

Figure 5: Deaths[1] in COVID-19 cases, by age group and week, March 8, 2020 to February 12, 2022

- From March 8, 2020 to February 12, 2022, there were 1,056 cases with a fatal outcome reported in Panorama IOM.
- 698 (66.1%) were 70 years and older. Five (5) deaths were reported in the 0 to 19 age group.



Source: Panorama IOM February 14, 2022
[1]Death means the Panorama IOM record reported outcome-fatal.
[2]Due to data entry lag, deaths for this period may be under-reported and not captured in this figure.

Table 6: Most common pre-existing conditions among severe COVID-19 cases in Saskatchewan, as of February 12, 2022**

- There were 2,434 cases who were reported as having one or more underlying condition as of February 12, 2022.
- Of the cases with underlying conditions, the most common pre-existing conditions were hypertension (53.9%), diabetes (45.3%), cardiac disease (35.6%), lung disease (27.5 %), obesity (8.5%), and pregnancy (2.4%).

Co-morbidity	Number of cases (N=2,434*)	Percent
Hypertension	1,313	53.9%
Diabetes	1,102	45.3%
Cardiac Disease	866	35.6%
Lung Disease	670	27.5%
Obesity	207	8.5%
Pregnancy	58	2.4%

Source: Panorama IOM February 14, 2022
Note - Some cases reported recently are yet to be reported in Panorama.
*Number of cases represents unique clients.
** Severe cases indicate those cases who were admitted to hospital and/or ICU, and deaths
.

C. Emergency Department (ED) visits of COVID-19-like illness (CLI)

Emergency department (ED) visit data regarding COVID-like illness (CLI) is one component of community-based respiratory illness surveillance. Visitors with CLI in EDs reflect the level of respiratory illness activity in the community. Visitors may access EDs as their primary health care service or come when health provider offices are closed.

Table 7: COVID-19-like illness (CLI) surveillance (rate per 1,000) in emergency departments by zone and week, January 8 to February 12, 2022

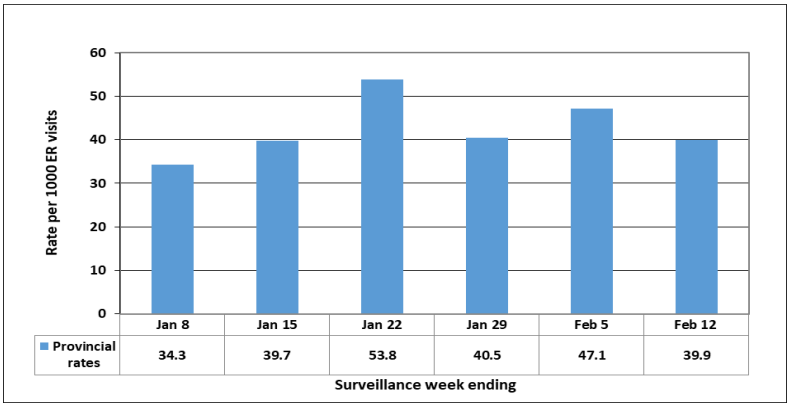
COVID-like patients per 1000 ED visits	Jan 8	Jan 15	Jan 22	Jan 29	Feb 5	Feb 12
Provincial Rate	34.3	39.7	53.8	40.5	47.1	39.9
FNW	5.4	36.8	43.1	40.5	59.1	53.6
FNC	No report	No report	No report	No report	No report	No report
FNE	No report	No report	No report	No report	No report	No report
NW	17.6	24.6	61.1	69.4	63.8	60.2
NC	No report	No report	No report	No report	62.5	No report
NE	No report	666.7	277.1	132.7	129.0	92.0
ST	24.5	8.7	23.7	12.6	31.8	18.2
CW	174.3	176.5	167.7	No report	47.4	35.6
CE	No report	No report	No report	No report	No report	No report
RE	35.2	36.2	37.5	40.5	24.1	40.0
SW	No report	134.6	No report	No report	114.3	104.2
SC	0.0	No data	No data	0.0	No data	0.0
SE	101.4	211.8	114.3	86.4	119.4	84.5
Preschool age 1-4 years	73.3	68.0	137.5	62.5	90.1	93.7
School age 5 -19	40.8	38.4	71.6	31.3	17.3	23.6
Working age 20-64	30.6	37.2	37.9	36.6	44.3	38.8
Seniors 65 +	23.7	36.0	51.1	50.1	59.3	33.9

Source: Emergency department surveillance data, February 14, 2022.
No report: no report was submitted by the zone.
No data: no data reported by ED.

- Nine (9) of 13 zones submitted data this week.
- This week's provincial rate of 39.9 COVID-like illness patients per 1,000 visits is an indicator of respiratory viral activity in the community, still largely reflective of COVID. There was one influenza detection this week. Positive specimens tested for respiratory syncytial virus (RSV) were low at 5%.
- This week's preschool age rate of 93.7/1,000 visits is higher than the average weekly rate of 81.2/1,000 over the previous six weeks. The school age rate at 23.6/1,000 is lower than the six-week average rate of 36.0/1,000. However, the working age group rate at 38.8/1,000 visits was comparable to the average rate in previous six weeks (35.7/1,000). The seniors age group rate at 33.9/1,000 was marginally lower than the average six-week rate of 39.2/1,000 visits. Pediatric and school age rates can vary widely week by week.

Figure 6: COVID-19-like illness surveillance in emergency departments, as of February 12, 2022

- The provincial emergency department (ED) rate of visitors with COVID-like illness (CLI), representing ten of 13 areas of the province, was 39.9 patients/1,000 visitors in the reporting week ending February 12, comparable to the average weekly rate over the previous six weeks (40.3/1000 visits). This week's rate represents 140 COVID-like illness patients among 3,509 visitors to the EDs.



Source: Emergency department surveillance data, February 14, 2022.
Note: COVID-like illness (CLI) may present as the gradual onset of respiratory illness with fever and cough or one or more of the following – severe headache, chills, sore throat, arthralgia, myalgia, gastrointestinal disorder, prostration or shortness of breath which could be due to COVID-19.

D. Outbreak Surveillance

Table 8: New confirmed COVID-19 outbreaks in long-term care and other care home settings reported for the week of February 6 to 12, 2022, by zone

Surveillance Zones	# COVID-19 Outbreaks in LTC	# COVID-19 Outbreaks in care homes including personal care homes
Far North West		
Far North Central		
Far North East		
North West		2
North Central		2
North East	1	1
Saskatoon	3	3
Central West		
Central East	1	1
Regina		5
South West		
South Central		2
South East	1	
Total	**6**	**16**

Source: Outbreak line list, PHB, extracted Feb 14, 2022

- Twenty-two (22) new confirmed COVID-19 outbreaks in high risk settings were reported this week.
- Six (6) outbreaks were reported in long term care facilities. Of the 16 outbreaks in care homes, twelve (12) were in personal care homes and four (4) in group homes.

Table 9: COVID-19 outbreaks in high risk settings, weeks ending January 9 to February 12, 2022

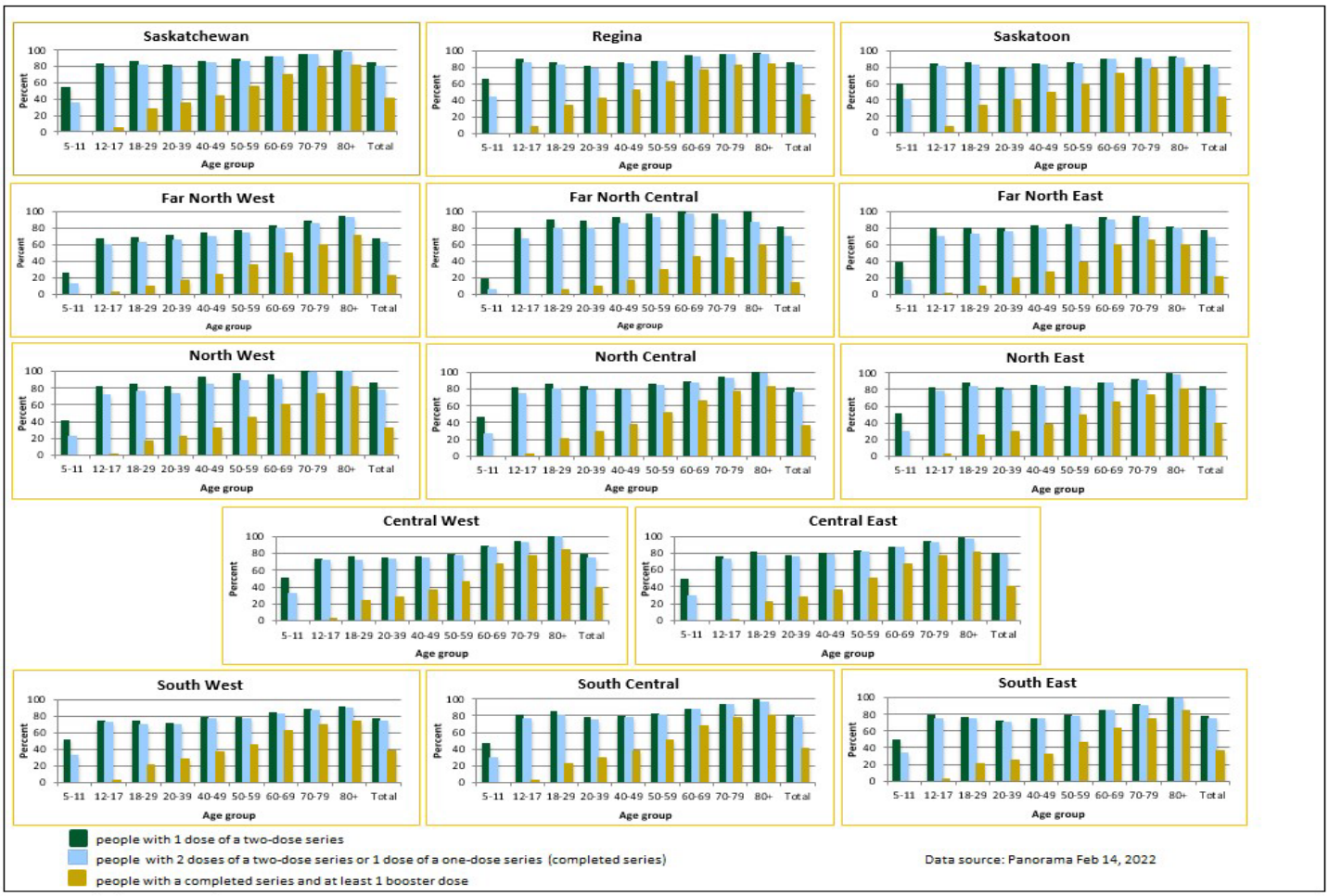
High risk setting	09-Jan	16-Jan	22-Jan	29-Jan	05-Feb	12-Feb	6-week total by setting
# COVID-19 Outbreaks in LTC	5	12	21	10	17	6	71
# COVID-19 Outbreaks in personal care homes, group homes, shelters	12	22	20	12	17	16	99
Total by week	17	34	41	22	34	22	170

Source: Outbreak line list, PHB, extracted Feb 14, 2022

- Over the past six weeks seventy-one (71) outbreaks occurred in long term care facilities, fifty-three (53) in group homes, forty-four (44) in personal care homes and two (2) in shelters.

E. Immunization

Figure 7: COVID-19 immunization coverage (% population 5 years and older) by age group and zone, up to and including February 12, 2022



Notes: Zone is based on the client's address in Panorama. People whose addresses cannot be mapped to a zone are counted only in the Saskatchewan total.
The denominator used for coverage calculation is the Saskatchewan 2021 covered population (08-Jul-2021 Ministry of Health SAS version (2021 Version 1)).
Completed series is defined as immunized with one dose of a one-dose vaccine or two doses of a two-dose vaccine where the minimum interval criterion is met.
Booster doses are additional doses beyond the one or two-dose primary series and meeting certain minimum interval criteria.
Although certain sub-populations have been identified as requiring a three-dose primary series, they cannot be reliably identified in the Panorama immunization registry. These doses are therefore counted as booster doses.
Lloydminster is in the North West zone. Some Alberta residents living in Lloydminster, AB are included in the numerator but they are not included in the denominator. This results in an overestimation of the percentage of the population immunized in the North West zone.
Although proof of vaccination now allows for non-Health Canada approved vaccines (nonHCAVs), they are NOT included in the immunization coverage tables.

As of February 12, 2022:

- Of the population five years and older:
  - 85.4% received at least one dose of a two-dose COVID-19 vaccine, compared to 85.3% the week earlier (as of February 5, 2022), and
  - 79.9% completed a series compared to 79.6% the week earlier.
- Among the population 18 years and older, 50.0% had received at least one booster (not shown in chart) compared to 49.5% the week earlier.
- Among the youngest age group, five to 11 years of age:
  - 55.3% received at least one dose compared to 54.7% the week earlier, and
  - 34.7% completed their series compared to 32.8% the week earlier.
- The Regina zone at 81.6% is the only zone reporting over 80% of the eligible population with a completed series. All others are below 80%.

Table 10a: Vaccine doses administered February 6 to 12, 2022

- During the week of February 6-12, 2022, 18,563 doses of COVID-19 vaccine were administered, of which 2,852 (15.4%) were pediatric doses and 11,051 (59.6%) were booster doses.

First dose of two	1,388
Second dose of two	3,249
Janssen single dose	23
First and second boosters after complete series*	11,051
Total	15,711
Pediatric doses	2,852

*Completed series is defined as immunized with one of a one-dose vaccine or two doses of a two-dose vaccine where the minimum interval criterion is met. Booster doses are additional doses beyond the one or two-dose completed series and meeting certain minimum interval criteria.

Source: Panorama immunization registry February 14, 2022

Table 10b: Cumulative vaccines doses administered from start of the immunization campaign (December 15, 2020) to February 12, 2022

- Since the start of the immunization campaign to February 12, 2022, about 2.3 million doses of COVID-19 vaccine were administered.

Pediatric primary series doses	98,115
Primary series doses including pediatric doses	1,870,253
Total Doses including Booster Doses	2,354,928

- Of these, about 1.9 million (79.4%) were administered for a primary series, of which 98,115 were pediatric doses.

Source: Panorama immunization registry February 14, 2022

F. Abbreviations

General

CLI – COVID-19-like illness

ED – emergency department

FNIHB – First Nations and Inuit Health Branch

ICU – intensive care unit

IOM – Investigations and Outbreak Module – Panorama

LTC – long-term care

NA – not available

NITHA – Northern Inter-Tribal Health Authority

OOP – out of province

PCR – polymerase chain reaction

PHB – Population Health Branch

SHA – Saskatchewan Health Authority

SK – Saskatchewan

SNP – single nucleotide polymorphism

RRPL – Roy Romanow Provincial Laboratory

WGS – whole genome sequencing

WHO – World Health Organization

13 Zones

FNW – Far North West zone

FNC – Far North Central zone

FNE – Far North East zone

NW – North West zone

NC – North Central zone

NE – North East zone

ST – Saskatoon zone

CW – Central West zone

CE – Central East zone

RE – Regina zone

SW – South West zone

SC – South Central zone

SE – South East zone

G. Technical Notes

Case Definition and Methods Overview

Confirmed cases are people with laboratory confirmation of infection with the virus that causes COVID-19 using a Health Canada approved test or confirmed at a reference laboratory (NML or RRPL). It requires detection of at least one specific gene target by nucleic acid amplification tests (i.e., real-time PCR or nucleic acid sequencing).

Laboratory testing is reserved for priority populations at elevated risk for severe outcomes. More information on the priority populations may be found here.

Statistics presented in this report represent counts and crude incidence rates for zones and aggregated to the provincial level.

Data sources are the provincially mandated Panorama database, the Roy Romanow Provincial Laboratory LabWare database, as well as local public health. Confirmed cases must meet the provincial case definition. Surveillance case definitions ensure uniform reporting to allow comparability of surveillance data. The definitions are not intended to be used for clinical or laboratory diagnosis or management of cases. Proportions are calculated using the 2021 SK covered population as the denominator.

The counts and rates presented in this summary report are dependent on the timely reporting by physicians and laboratories to the local Medical Health Officer and timely entry of notifiable disease information into Panorama IOM.

As the counts are constantly being updated, the numbers and rates calculated may differ from previous summary reports. This is a result of a combination of factors including late reporting, data cleaning and verification.

Data on COVID-19 cases use Panorama IOM as the primary source. However, in some instances when the case has not yet been entered into Panorama, the RRPL data becomes the source for the time being (e.g., age, sex, geography) until the case is eventually entered. Additionally, if certain data elements in Panorama are missing or unknown, RRPL also becomes the source to fill in the gaps.

The geographical assignment of cases follows the Panorama IOM rules for documenting geography, as opposed to the assignment of zones or former RHA by RRPL. So some RRPL location/geography of cases and testing information may not match Panorama IOM (testing information cannot be reconciled because negative tests are not entered into IOM). Panorama IOM geography guidelines take into consideration the client's residence in a certain period, the residence upon diagnosis, and other factors. First Nations individuals under the jurisdiction of the First Nations and Inuit Health Branch (FNIHB) or the Northern Inter-Tribal Health Authority (NITHA) are included in the geographic areas.

Notifiable diseases are generally under-detected and underreported due to a number of factors including client's lack of contact with health care, inability to isolate organism, etc.

Rates based on small numbers may fluctuate dramatically over time and may not have public health significance.

Fatal Cases (Deaths) Table

- Include all deaths entered into Panorama IOM.
- For those reported in the specified week, the deaths reported that were not previously reported are counted, regardless of when the death occurred.

Severe Cases by Age over Time Figures

- Inpatient means the Panorama IOM record reported outcome-hospitalized or outcome-intensive care or both.
- ICU means the IOM record reported outcome-intensive care.
- The IOM record can report only one outcome-hospital along with the admission date of that hospital admission.
- The IOM record can report only one outcome-intensive care along with the admission date of that ICU admission. The ICU admission date is often different from the hospital admission date.

VOC Section

Variant of concern (VOC) cases:

- VOCs are SARS-CoV-2 viruses that have undergone genetic modification or mutation causing in altered virus infectivity, replication and pathogenicity. As a

result it can alter host immune response. Roy Romanow Provincial Laboratory (RRPL) test for and monitor 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. It takes one to two weeks to complete WGS..

- Data source for VOCs analysis included testing data from the RRPL, and epidemiological information from Panorama. WGS is performed on SNP (VOCs, undetermined lineage) specimens to identified linages, this the SNP and WGS counts are not mutually exclusive, and thus SNP positives count include WGS confirmation. Reporting required geographical information may be missing in RRPL or Panorama, so Saskatchewan postal code file is used to identify case's geographical information.

Sentinel Surveillance - Emergency Departments

- Data collection from EDs: Monitoring will be done for a twenty-four hour period on at least one week day (the exact time period will vary with the ED schedule). The ED should report to local public health services in their area on Wednesday afternoon and public health will report to the Ministry of Health on Thursday each week. This may increase to include one weekend day in certain areas if CLI activity is increasing and laboratory-confirmations support the need to do so.
- The count of CLI patients in each of four broad age categories, preschool (approximately 0-4 years), school age (approx. 5-19 years), working age group (approx. 20-64 years), seniors (approx. 65 years plus) as a proportion of total ED admissions in those age categories is captured. The age group in which to place a patient is determined in part by the age groups used by the ED's administrative database. The categories are approximate but provide a general profile of the broad age groups most affected by COVID-19.
- 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 in which the ED or health centre is located. This does not preclude monitoring in First Nations health care facilities.

Outbreaks

A confirmed outbreak is defined as two or more lab diagnosed COVID-19 cases in settings outside a household where transmission is evident or there is a high level of suspicion of transmission.

- # COVID-19 Outbreaks in LTC: Number of COVID 19 outbreaks reported that occurred in a special care facility (LTC) (cumulative or in current reporting week).
- # COVID-19 Outbreaks in care homes including group homes: Number of COVID 19 outbreaks reported that occurred in semi-closed settings where personal care is provided. This includes homes where the elderly reside or homes for the developmentally challenged (cumulative or in current reporting week). It also includes homes where residents are under the care of social services (mental health services).

H. Map of Saskatchewan by Zone and Sub-Zone

