Community Respiratory Illness Surveillance Program (CRISP) Situation Report: September 12, 2025 (Reporting Period August 10 – September 6, 2025)

Following a test positivity of 8.1% in mid-August, COVID-19 test positivity has decreased to 4.9% in the most recent week. COVID-19 hospitalizations have similarly decreased. RSV and influenza activity remain low and stable. Over the last four weeks, the most common respiratory virus detected by sentinel physicians is rhinovirus (the common cold).

Viral Indicators:

- The number of COVID-19 positive tests (33) and test positivity rate (4.9%) increased in the week ending September 6, compared to the week ending August 16 (23 positive tests and 4.1% test positivity). Forty-six percent (46%) of the cases were among individuals aged 20-64 years old (Table 2).
- RSV test positivity remained stable and low during this reporting period; two positive tests were reported in the week ending September 6.
- The number of weekly positive influenza tests remains low and stable, averaging 2 positive tests per week over the past month.
- From July 13 to August 23, 2025, XFG and its sublineages (denoted as XFG*) were the most commonly detected variants (59.7%), followed by NB.1.8.1* (27.3%) and LP.8.1* (10.4%).
- COVID-19 wastewater activity is at a moderate level.

Community indicators:

- The number of respiratory-like illness calls to 811 HealthLine increased during this reporting period, from 41.7 calls per 1,000 calls in the week ending August 16 to 44.4 calls per 1,000 in the week ending September 6.
- Rhinovirus was the most frequently detected virus by the sentinel healthcare providers during this reporting period.
- School absenteeism was 1.7% for the week ending September 6, 2025. School absenteeism data was not available from August 10 - 31, 2025 due to summer break.

Outbreaks:

- Seven respiratory virus outbreaks were reported in high-risk settings (long-term care facilities, personal care homes and group homes) in this reporting period. Five of the outbreaks reported were due to COVID-19 and two were due to other respiratory viruses.

Severe Outcomes (Hospitalizations/ICU admissions/Deaths):

- COVID-19 hospitalizations decreased from 16 for the previous two weeks to 13 for the most recent two weeks. Influenza and RSV hospitalizations remain stable at low levels during the reporting period. No ICU admissions were reported for COVID-19, influenza or RSV.
- No influenza or COVID-19 associated deaths were reported in the last four weeks.

Table 1: Viral indicators by surveillance period, August 10, 2025 – September 6, 2025

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
Aug 31 – Sep 6	33	4.9%	1	5	0.8%	0	2	0.3%	0	33	13.2%	1
Aug 24 – Aug 30	40	6.6%	1	2	0.4%	0	0	0.0%	0	42	18.3%	0
Aug 17 – Aug 23	49	8.1%	1	2	0.4%	0	0	0.0%	0	42	18.2%	1
Aug 10 – Aug 16	23	4.1%	2	0	0.0%	0	0	0.0%	0	42	19.8%	0

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, August 31 – September 6, 2025

Age group (Years)	COVID-19 case count	Influenza case count	RSV case count	'Other' virus case count[1]
0 – 4	7 (25.0%)	0	2 (100%)	33 (100%)
5 – 19	0 (0.0%)	2 (40.0%)	0	
20 – 64	13 (46.4%)	2 (40.0%)	0	
≥65	8 (28.6%)	1 (20.0%)	0	
Total	**28 (100%)**	**5 (100%)**	**2 (100%)**	**33 (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, August 10, 2025 – September 6, 2025

Report date	School illness absenteeism[1]	RLI** ED visits per 1,000	RLI** 811 calls per 1,000	SARS-CoV-2 Wastewater indicator[2]	Sentinel provider test positivity[3]	Most commonly detected virus: Sentinel providers[3]
Aug 31 – Sep 6	1.7%	No data	44.4	Non-detect (*n*= 4), Low (*n*= 1), Medium (*n*= 4), Medium-high (*n*= 1), High (*n*= 0)	3 (n=27%)	Rhinovirus
Aug 24 – Aug 30	No data	No data	46.6	Non-detect (*n*= 3), Low (*n*= 3), Medium (*n*= 3), Medium-high (*n*= 1), High (*n*= 0)	4 (n=67%)	Rhinovirus
Aug 17 – Aug 23	No data	No data	56.0	Non-detect (*n*= 3), Low (*n*= 5), Medium (*n*= 1), Medium-high (*n*= 1), High (*n*= 0)	2 (n=22%)	Rhinovirus
Aug 10 – Aug 16	No data	No data	41.7	Non-detect (*n*= 5), Low (*n*= 3), Medium (*n*= 1), Medium-high (*n*= 1), High (*n*= 0)	6 (n=55%)	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]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. [3]Most commonly detected virus in Sentinel providers: COVID-19, Influenza A/B, Respiratory Syncytial Virus (RSV), Adenovirus, Metapneumovirus, Rhinovirus, Parainfluenza viruses (PIV) 1-4, and seasonal Coronaviruses (229E, HKU1, NL63, and OC43).*

Table 4: Outcome, health care capacity, and immunization coverage indicators by surveillance period, Saskatchewan, August 10 – September 6, 2025[¥]

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	Deaths – Influenza[3]	Proportion of population with COVID-19 vaccine administered[4]	Proportion of population immunized for Influenza vaccine[4]
Aug 31 – Sep 6	6	0	1	0	1	0	0.5%	0	0	14.4%	21.1%
Aug 24 – Aug 30	7	0	2	0	0	0	0.4%	0	0		
Aug 17 – Aug 23	11	0	0	0	0	0	0.5%	0	0		
Aug 10 – Aug 16	5	0	0	0	0	0	0.5%	0	0		

*[¥]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 the age groups

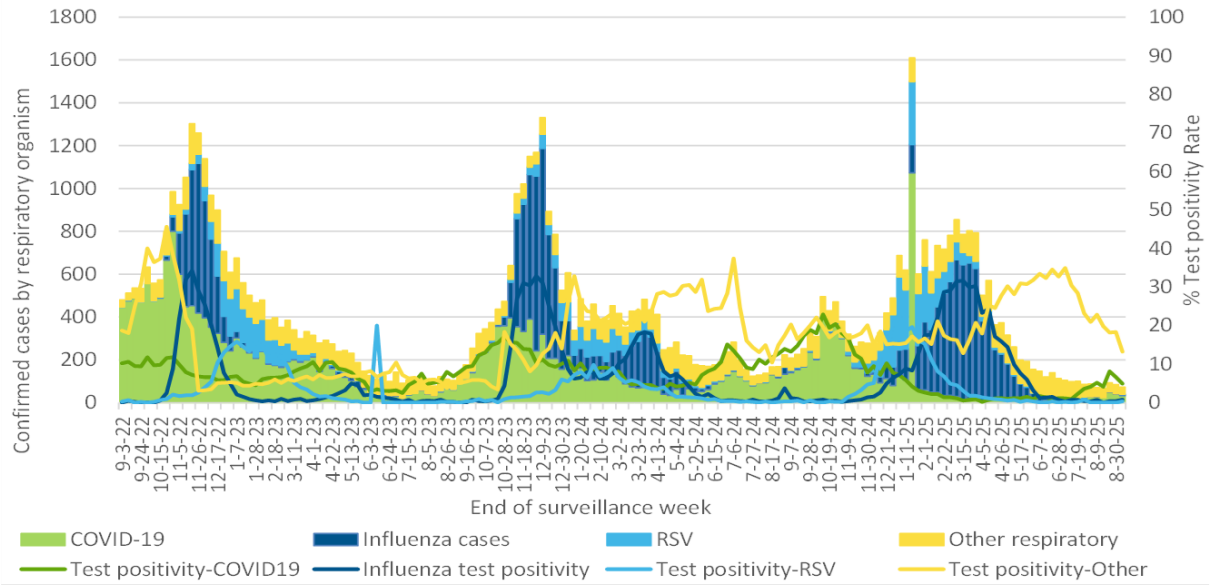
- From August 10 to September 6, 2025, there were 51 respiratory illness cases hospitalized with lab-positive COVID-19 (29), Influenza (3), RSV (1), other respiratory illnesses (18), and co-infected cases (0). The COVID-19 lab positives were among the age groups of 0-19 (2), 20-59 (6) and ≥60 (21). The Influenza lab positives were in the age group of 0-19 (3). The RSV lab positive was in the age group of 0-19 (1). The other respiratory lab positives were in the age group of 0-19 (13), 20-59 (1) and ≥60 (4).
- From August 10 to September 6, 2025, there was 1 respiratory illness case admitted to the ICU with lab-positive other respiratory illnesses (1) this reporting period. The other respiratory lab positive was among the age group of ≥60 (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 Coronavirus (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]The fall immunization campaign for COVID-19 and influenza started on October 15, 2024. The first doses of COVID-19 vaccines arrived the week of September 30 and the first influenza vaccines arrived in SK the week of September 23. Coverage is based on Influenza vaccine doses administered on or after September 23, 2024 and COVID-19 vaccines administered on or after September 30, 2024. The most recent rate is as of June 14, 2025.

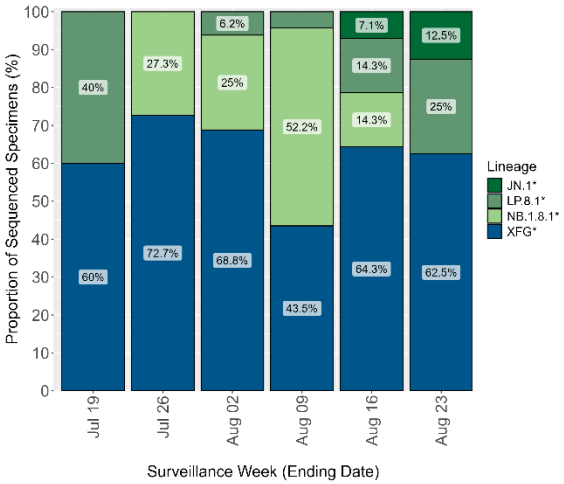
Figure 1: Epidemic curve, respiratory illness by organism and test positivity, August 28, 2022 – September 6, 2025



Data sources: Panorama IOM extracted on September 8, 2025 (COVID-19 cases)
Respiratory Virus Detections Surveillance System (influenza and other respiratory) (RRPL extracted September 8, 2025)
As of November 19, 2022, COVID-19 cases include new and reinfections.
For the four weeks of August 10 to September 6, 2025, there were:

- *132 COVID-19 cases (20 were 0 to 19 years; 51 were 20 to 59 years; and 61 were 60 years and older).*
- *9 Influenza lab detections*
- *2 RSV detections*
- *159 other viral lab detections (parainfluenza, adenovirus, human metapneumovirus, rhinovirus, coronavirus)*

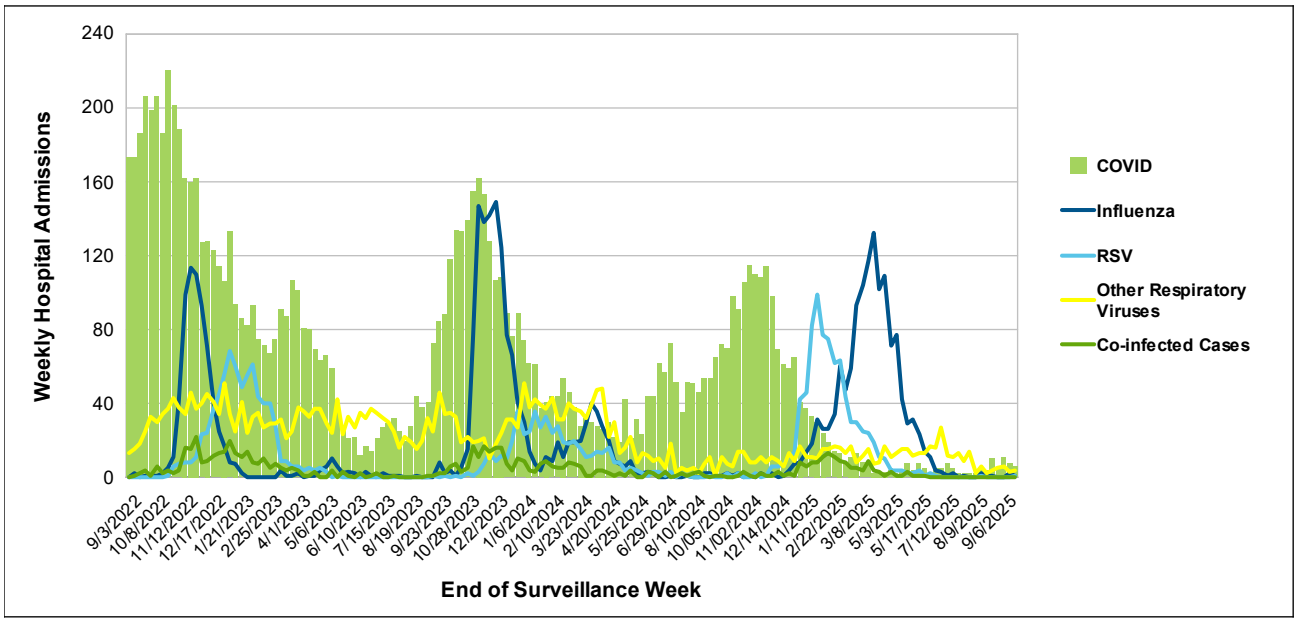
Figure 2: Percentage of SARS-CoV-2 variants, July 13 – August 23, 2025¥*

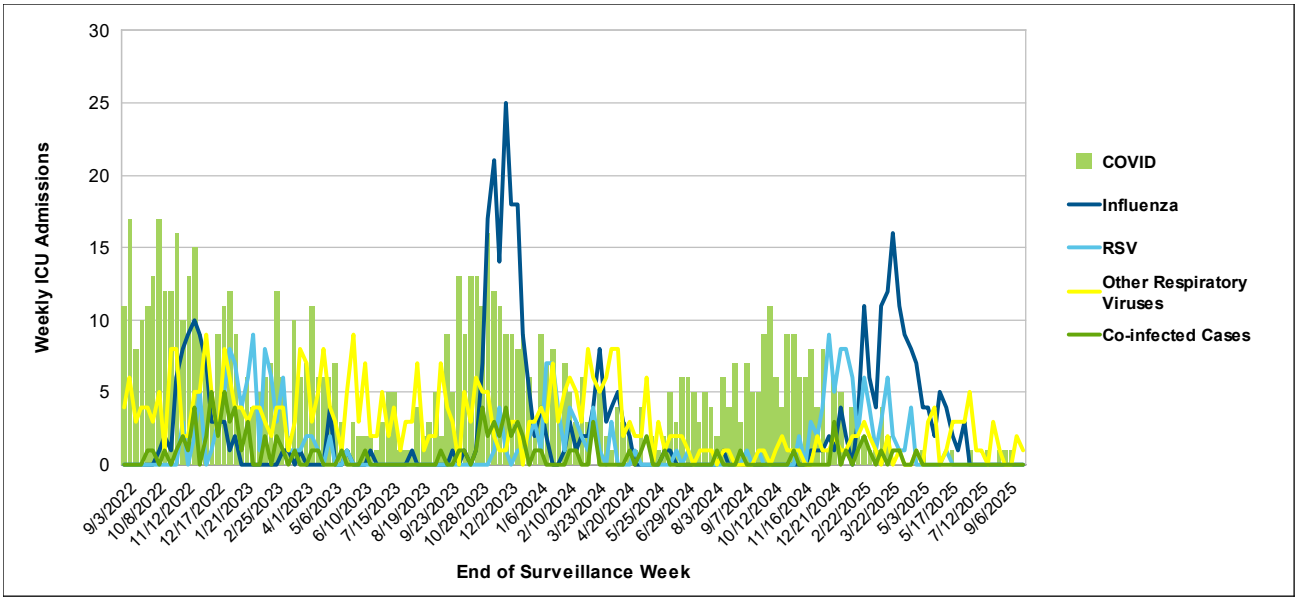


Lineage	Jul 19	Jul 26	Aug 02	Aug 09	Aug 16	Aug 23
JN.1*	0	0	0	0	1	1
LP.8.1*	2	0	1	1	2	2
NB.1.8.1*	0	3	4	12	2	0
XFG*	3	8	11	10	9	5
Total	5	11	16	23	14	8

Data Source: *Roy Romanow Provincial Laboratory, Saskatchewan Health Authority, as of September 9, 2025*
¥ 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 28, 2022 – September 6, 2025*

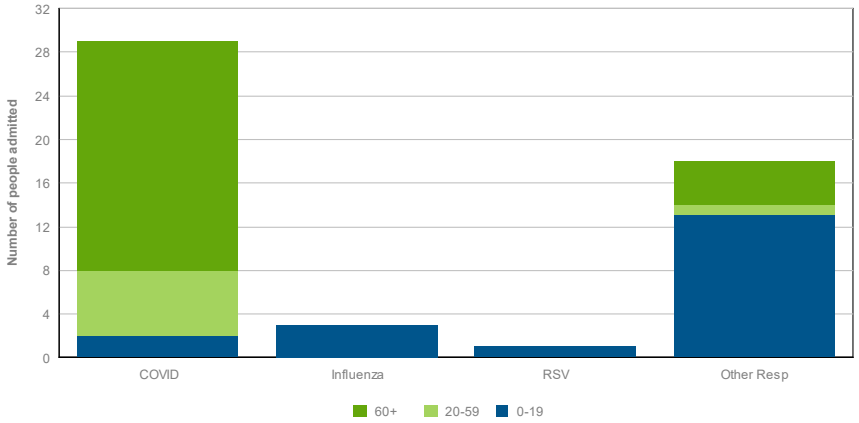




Data source: *Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on Sept 9, 2025. * Viral infection may not be the main reason for the admission.*

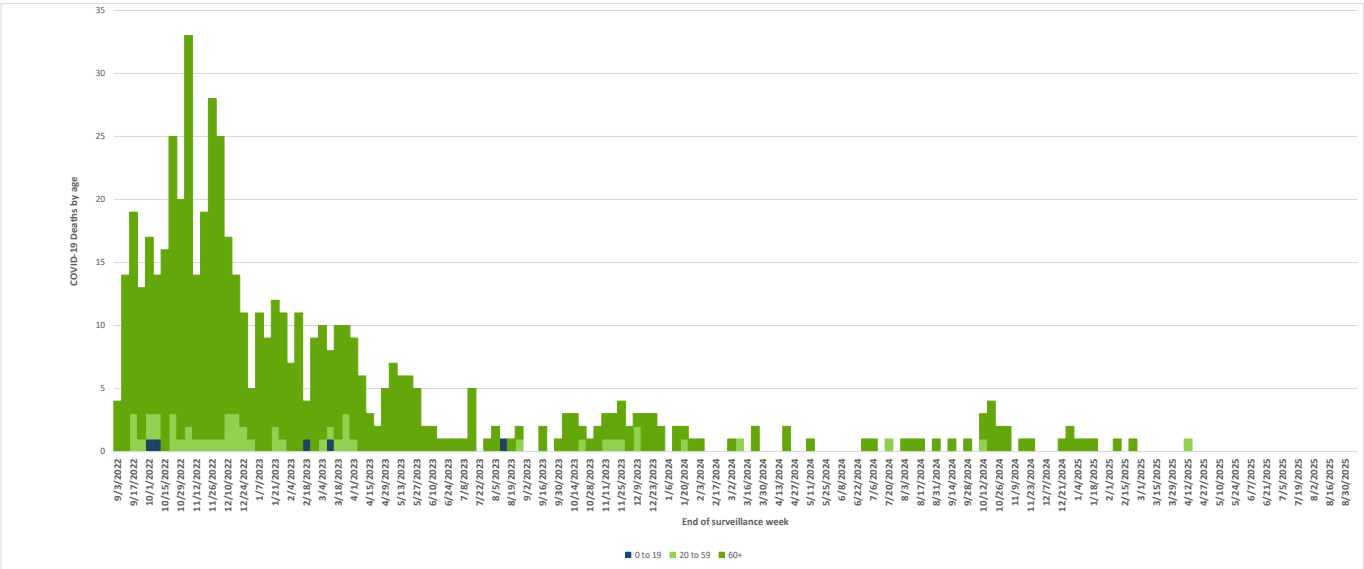
Note: *The delay in date tested result affects the total number of COVID 19 admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. Includes lab or point of care positive for influenza, RSV, other respiratory viruses, four days prior 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, August 10 – September 6, 2025*



Data source: *Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on Sept 9, 2025*. 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 5: COVID-19 deaths by age group and week, August 28, 2022 – September 6, 2025*



Source: Panorama September 8, 2025
In the past four weeks, August 10 to September 6,2025, no death was reported among COVD-19 cases.
**Total COVID-19 deaths from March 2020 to date; n=2,098*

Table 5: Community Respiratory Infection Surveillance Program Indicators by zone, August 31 – September 6, 2025

Location	Test positivity – SARS-CoV-2 [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†
Far North West (Meadow Lake & area)	8.9% (5)	0.0% (0)	0.0% (0)	No data	-	1.7%	Non-detect
Far North Central	0.0% (0)	0.0% (0)	0.0% (0)	No data	-	0.0%	No Data
Far North East (La Ronge & area)	0.0% (0)	0.0% (0)	0.0% (0)	No data	-	3.5%	Non-detect
North West (Lloydminster & area/North Battleford)	4.8% (2)	0.0% (0)	0.0% (0)	No data	50.0	2.7%	Medium
North Central (Prince Albert & area)	6.1% (3)	0.0% (0)	0.0% (0)	No data	-	2.5%	Medium
North East (Melfort & area)	14.3% (2)	0.0% (0)	0.0% (0)	No data	19.0	2.8%	No Data
Saskatoon	6.6% (11)	0.7% (1)	1.3% (2)	No data	50.2	2.2%	Medium
Central West (Kindersley & area)	6.3% (1)	0.0% (0)	0.0% (0)	No data	-	2.3%	No Data
Central East (Yorkton/Melville & area)	0.0% (0)	0.0% (0)	0.0% (0)	No data	-	2.6%	Non-detect
Regina	3.2% (4)	2.6% (3)	0.0% (0)	No data	46.4	0.3%	Medium
South West (Swift Current/ Maple Creek & area)	6.7% (1)	0.0% (0)	0.0% (0)	No data	54.1	1.4%	Low
South Central (Moose Jaw & area)	2.4% (1)	0.0% (0)	0.0% (0)	No data	-	0.1%	Medium-high
South East (Weyburn/Estevan & area)	3.1% (1)	3.7% (1)	0.0% (0)	No data	40.9	2.5%	Non-detect
Unknown/Out of Province	2.5% (2)	0.0% (0)	0.0% (0)	No data	-	1.1%	-
SASKATCHEWAN	4.9% (33)	0.8% (5)	0.3% (2)	No data	44.4	1.7%	-

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. 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.

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 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.

12. 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.

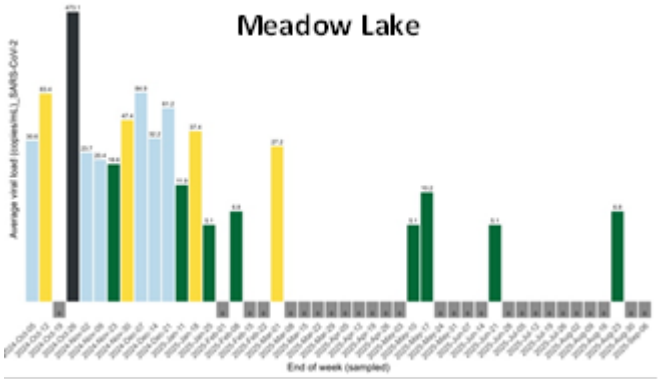
13. Staffed Inpatient beds: Weekly average COVID Occupancy is a 7-Day average percentage of acute inpatient beds staffed and in operation COVID positive patients occupy. The full calculation of this metric is: Average COVID occupance=$\sum$(8am covid census) ÷ $\sum$(8am beds staffed and in operation)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

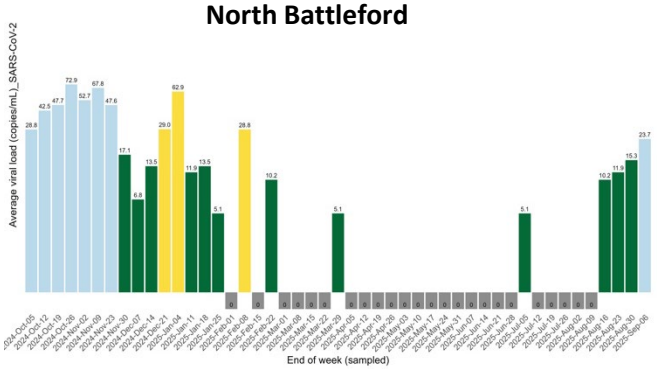
Saskatchewan

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

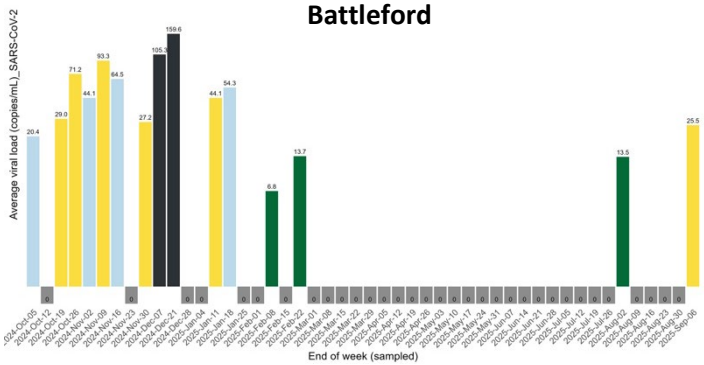
Meadow Lake



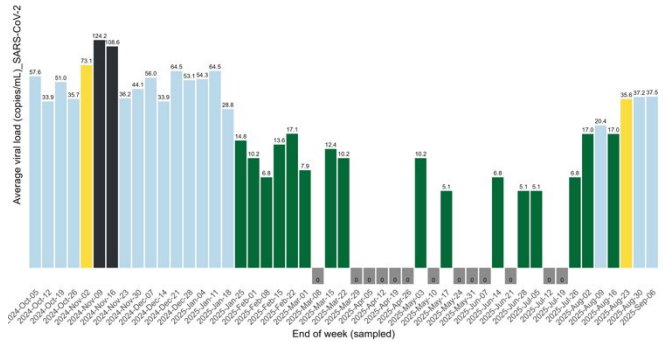
North Battleford



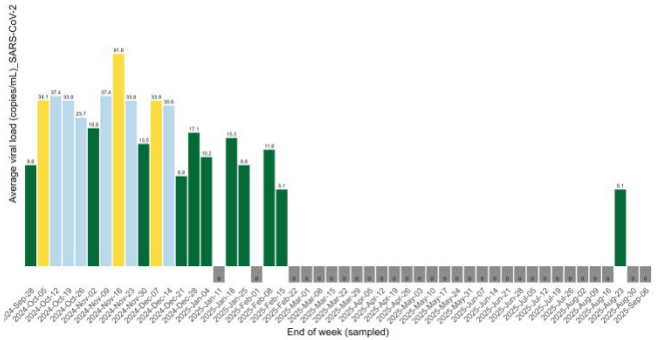
Battleford



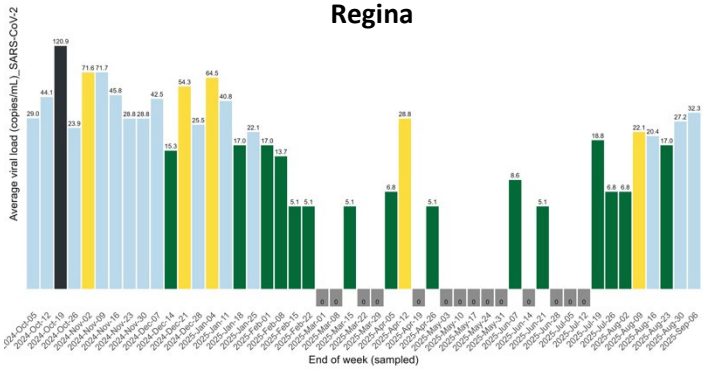
Saskatoon



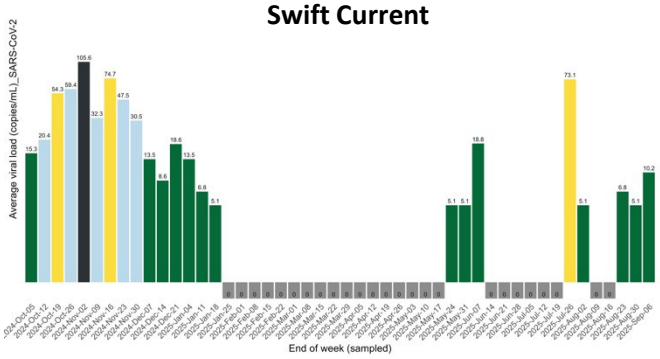
Yorkton



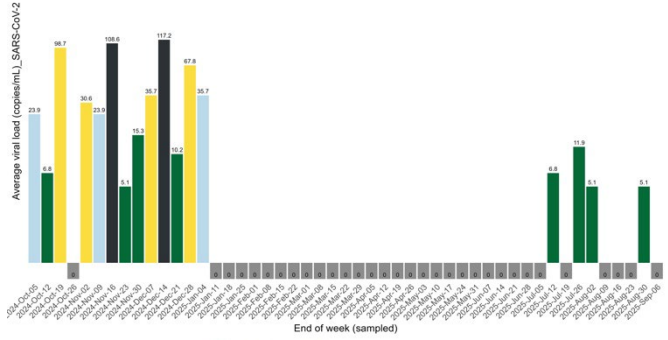
Regina



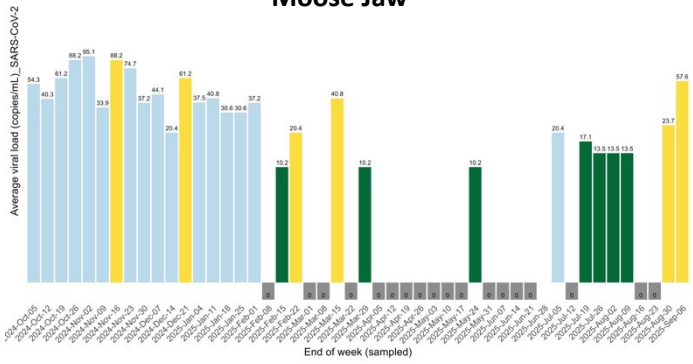
Swift Current



Assiniboia



Moose Jaw‡



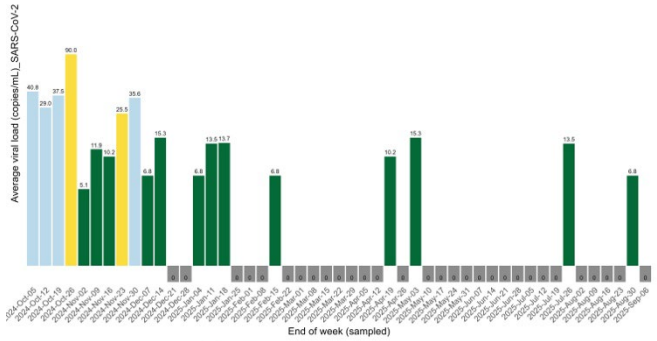
Quantitative Interpretation:

- 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.

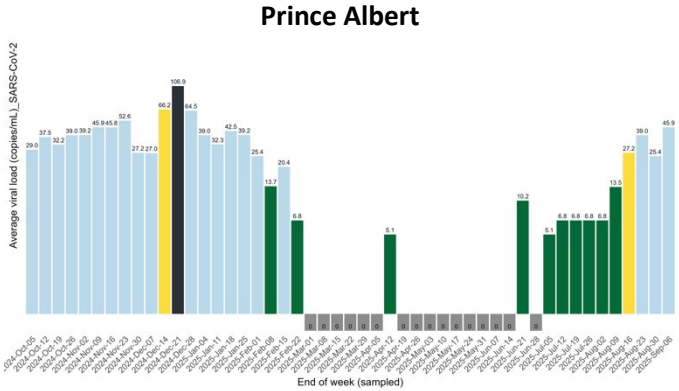
Low | Medium | Medium-High | High | Non-detect

Saskatchewan

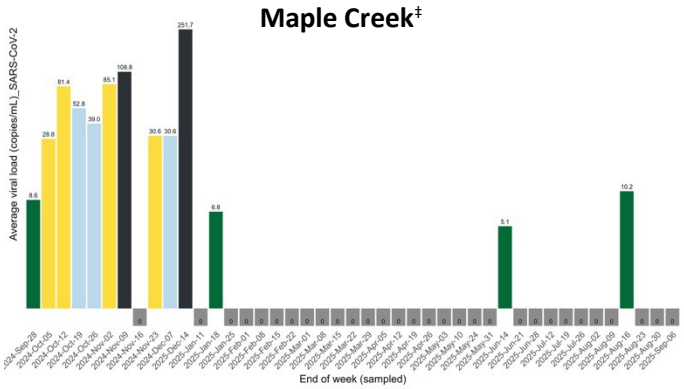
Estevan



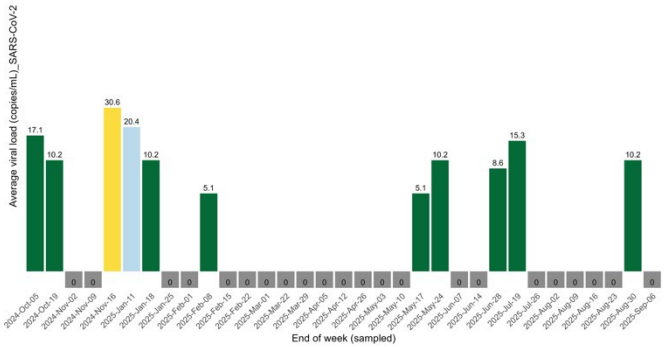
Prince Albert



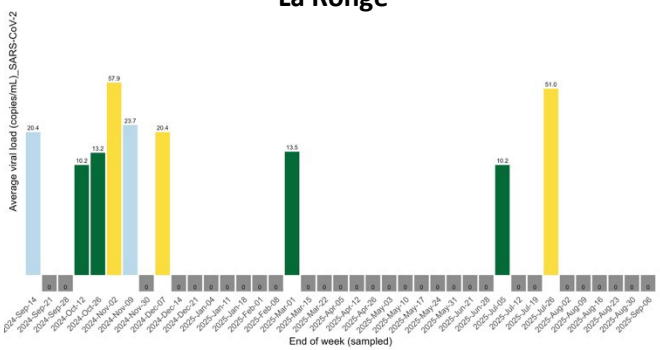
Maple Creek‡



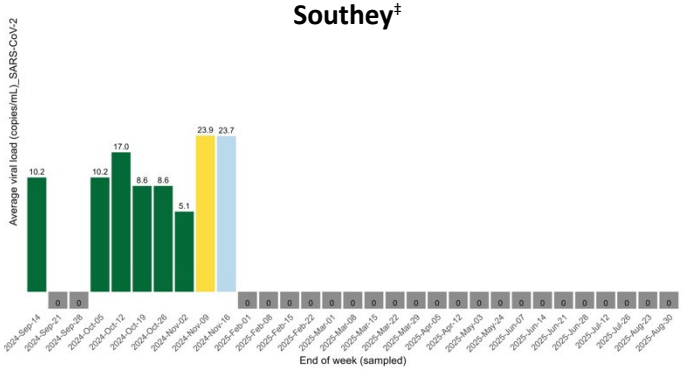
Weyburn‡



La Ronge‡



Southey‡



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.

Low | Medium | Medium-High | High | Non-detect

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