

COVID-19 Integrated Epidemiology Situation Report

Week of May 8-14, 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

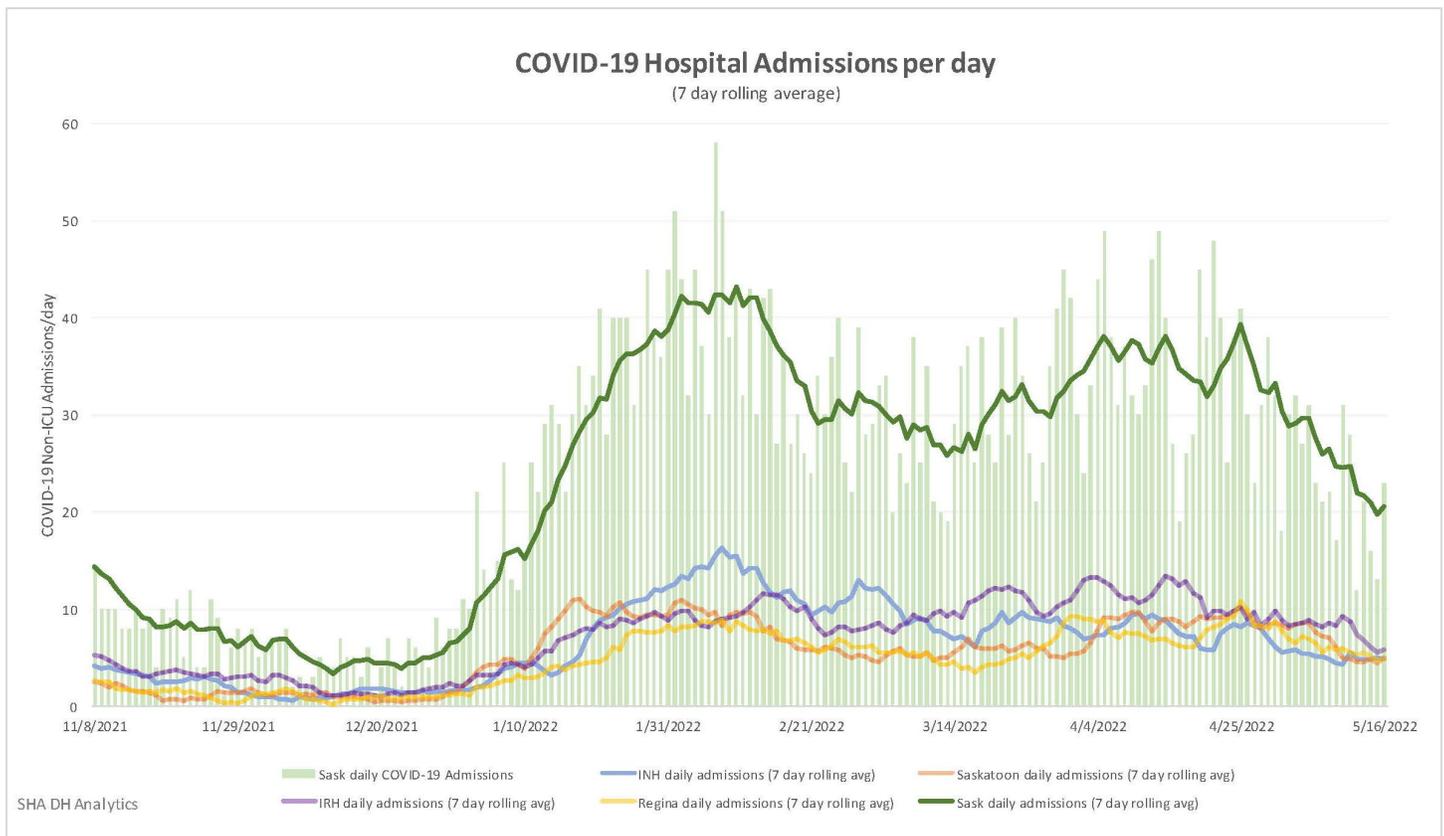
- 6,908 laboratory tests were performed in Saskatchewan reflecting 5.7 tests performed per 1,000 population.
- The number of tests was lower than the number of tests in the previous week (7,099).
- Less than one in fifteen laboratory tests were positive (weekly test positivity of 6.5%), which is a decrease from the previous week (7.6%); test positivity was highest in South East SK and Regina zones this week.
- 465 new cases were confirmed reflecting about 0.4 laboratory-confirmed cases per 1,000 population.
- The number of new laboratory-confirmed cases was lower than the number of new cases in the previous week (710).
- The majority of laboratory-confirmed cases this week were 50 years and older (54.8%).
- There were 265 new lineage results reported this week. Of the 265 variants of concern identified by whole genome sequencing, 100% were Omicron.
- The Omicron BA.2 sublineage accounted for 70.9% of the VOCs reported this week, which was lower than the previous week (94.8%). BA.2 sublineage is more transmissible compared to pre-variant 2020 COVID-19 and BA.1 sublineages, but there is no current evidence of increased severity.
- There were 22 newly-reported COVID-19 deaths (19 in the previous week).
- Other respiratory viruses are more prevalent in Saskatchewan than COVID-19.
 - Respiratory syncytial virus (RSV) – 11.7% test positivity
 - Influenza – 12.2% test positivity
 - Enterorhinovirus – 12.1% test positivity
- The highest rates of viral respiratory illness were in North East and Far North zones.
- There were 27.0 COVID-like illness patients per 1,000 emergency department visits which was lower than the average weekly rate in the previous six weeks (39.1 per week/1,000 visits).
- 11 confirmed COVID-19 outbreaks in long-term care and care home settings were reported this week.
- As of May 14, 2022, of the population five years and older, 81.0% completed a series.
- Among the population 18 years and older, 52.3% had received at least one booster vaccination.

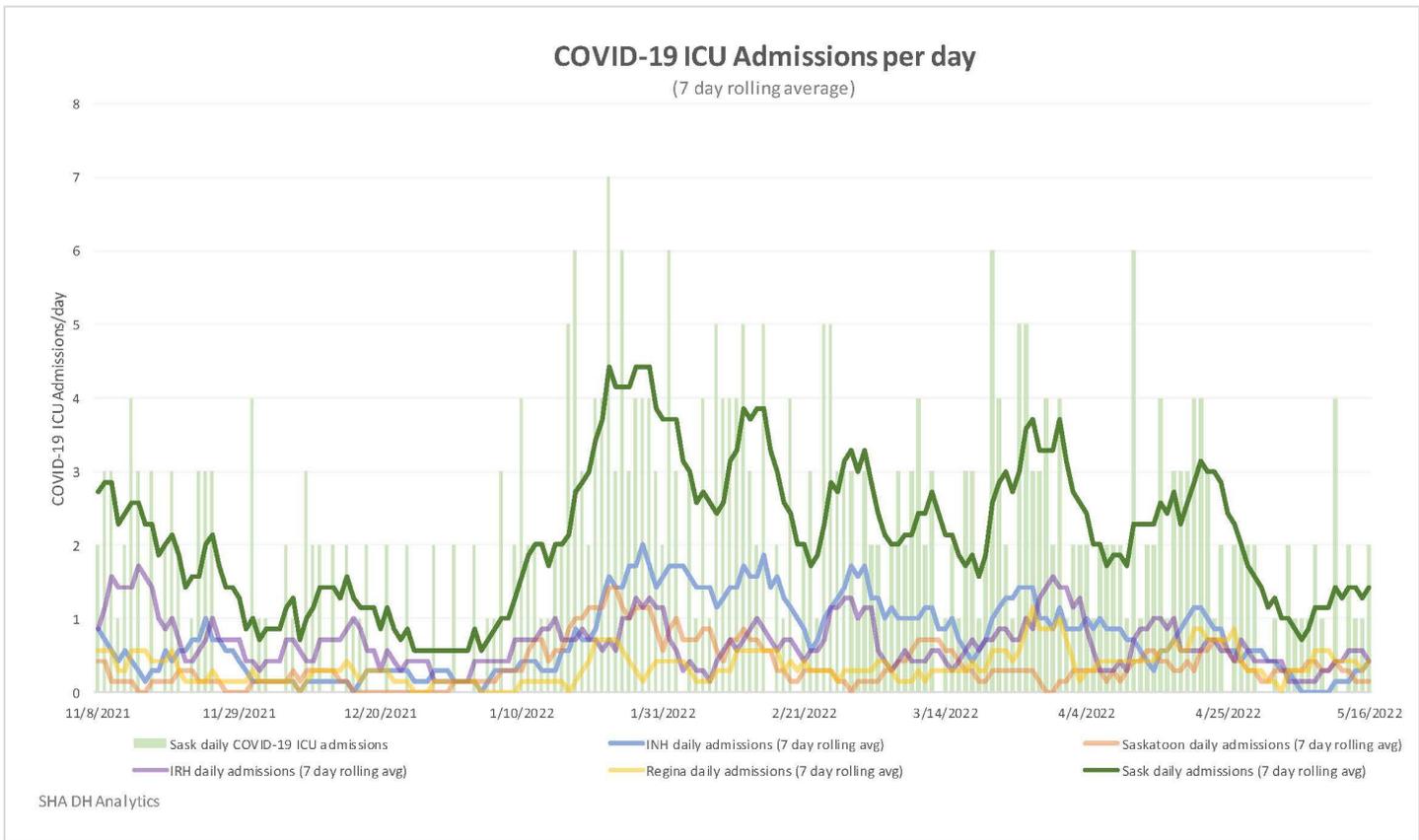
Weekly COVID-19 Hospitalization Indicators: May 11, 2022 as compared to May 18, 2022

	11-May	18-May	Change from last reporting period
Total Covid Hospitalized	321	270	-51
Total Covid Adult ICU/ICU Surge	16	14	-2
Average Daily Admissions over past 7 days	25	18	-7
Total Covid Related Illness	125	97	-28
Total Incidental Covid Infection	186	164	-22
Total Patient Under Investigation	10	9	-1

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.

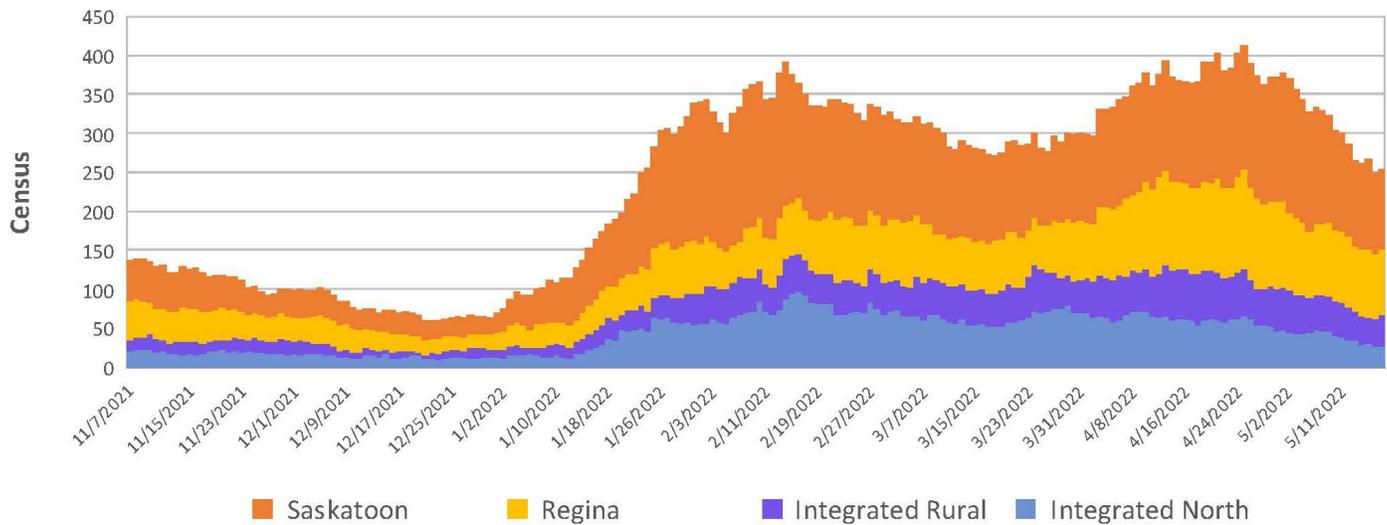
Note: Because of the delay in date tested result, it affects the total number of COVID-19 admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated.





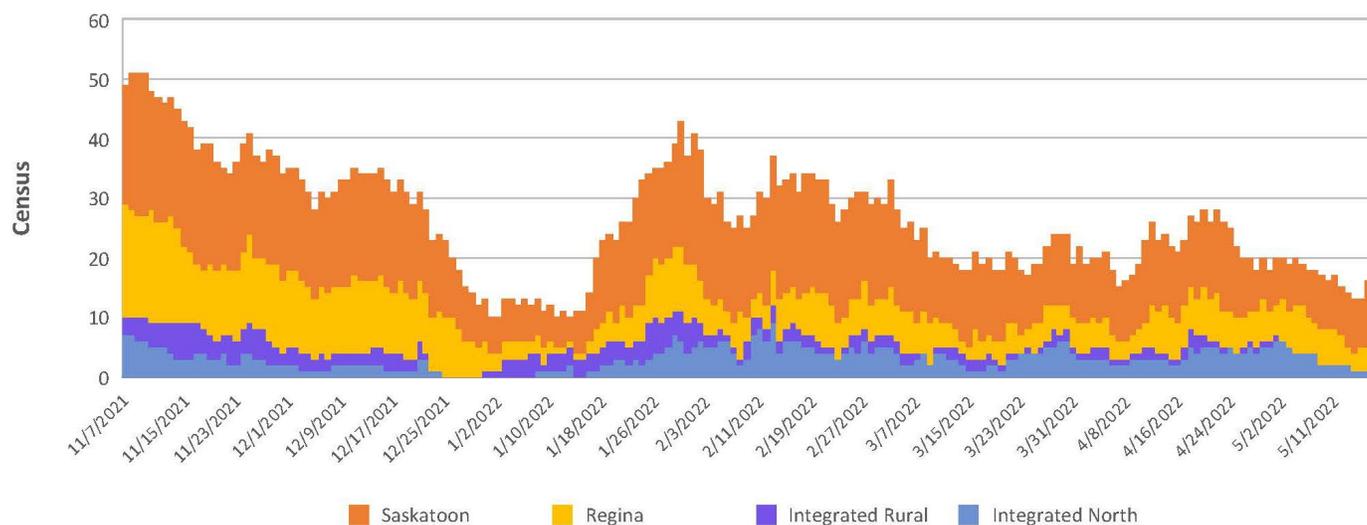
Saskatchewan Health Authority COVID-19 Daily Census at Noon by Facility ISA

COVID-19 Daily Census - Noon Snapshot For Inpatient



Saskatchewan Health Authority
 COVID-19 Daily Census at Noon
 by Facility ISA

COVID-19 Daily Census - Noon Snapshot
 For ICU



Distribution of Rapid Antigen Tests in Saskatchewan by Streams from November 2020 to May 13, 2022

Sector	SPSA	SHA	Sector Totals
SHA Internal	0	4,151,533	4,151,533
NITHA/ISC	2,713,925	433,720	3,147,645
Schools	1,125,935	1,390,000	2,515,935
Congregate Living	273,630	434,142	707,772
Law Enforcement & Fire Depts.	173,020	37,440	210,460
EMS	0	15,615	15,615
Test to Protect & Unclassified	0	317,070	317,070
Public Distribution Centres	8,220,285	1,372,660	9,592,945
Total Tests:	12,506,795	8,152,180	20,658,975

- There are currently 659 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>
- Previously reported rapid testing tables included all rapid test types, including Abbot ID Now tests which are a rapid PCR test used exclusively in healthcare settings. The table has been updated for the week ending March 31 to report rapid antigen tests only.

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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 May 8-14, 2022, by zone

Zone	Current Week (May 8 to 14, 2022)			Previous Week (May 1 to 7, 2022)			Change from Previous Week	
	Total Number of Tests Performed	% Tested Positive ^{^*}	Tests performed per 1,000 population	Total Number of Tests Performed	% Tested Positive ^{^*}	Tests performed per 1,000 population	Test Positivity	Tests performed per 1,000 population
FNW	125	2.4%	4.2	159	5.7%	5.3	↓ -3.3	↓ -1.1
FNC	7		2.6	11		4.2	NA	↓ -1.5
FNE	111	7.2%	4.6	136	4.4%	5.6	↑ 2.8	↓ -1.0
NW	393	5.6%	4.8	356	9.6%	4.3	↓ -4.0	↑ 0.4
NC	219	4.1%	2.5	268	4.1%	3.0	→ 0.0	↓ -0.6
NE	217	6.9%	5.2	189	8.5%	4.5	↓ -1.6	↑ 0.7
ST	1,168	8.8%	3.5	1,324	8.9%	3.9	↓ -0.1	↓ -0.5
CW	81		2.2	102	6.9%	2.8	NA	↓ -0.6
CE	408	8.8%	4.1	441	10.4%	4.5	↓ -1.6	↓ -0.3
RE	485	10.1%	1.8	496	9.9%	1.8	↑ 0.2	↓ 0.0
SW	180	5.0%	4.7	160	6.9%	4.1	↓ -1.9	↑ 0.5
SC	262	3.1%	4.3	286	8.7%	4.7	↓ -5.6	↓ -0.4
SE	275	10.2%	3.1	288	13.5%	3.2	↓ -3.3	↓ -0.1
Unknown	2,977	5.1%		2,883	5.9%		↓ -0.8	
SK	6,908	6.5%	5.7	7,099	7.6%	5.9	↓ -1.1	↓ -0.2

Source: RRPL Daily Test Count Table by new zones, extracted May 16, 2022; Covered Population, 08-Jul-2021 Ministry of Health version (2021 Version 1).

As of February 7, 2022 RRPL PCR testing was reserved for populations deemed to be at an elevated risk for severe outcomes (see details in Technical Notes)

[^] Test positivity is not reported if total number of tests performed is less than 100 tests.

*Test positivity is based on the number of tests that were positive and does not necessarily equal the number of cases in Table 2.

NA: Test positivity is not reported because total number of tests performed in one or two reported week(s) was/were less than 100 tests.

For the week of May 8-14, 2022:

- 6,908 laboratory tests were performed in Saskatchewan.
- The number of tests per 1,000 population was 5.7. This was lower than the previous week (May 1 to 7, 2022) by 0.2 tests per 1,000 population. It was also lower than the average for the previous four weeks (April 10 to May 7, 2022) where the weekly average rate was 6.0 tests per 1,000 population.
- The North East zone had the highest testing rate (5.2 tests per 1,000 population). The Regina zone had the lowest testing rate (1.8 tests per 1,000 population).
- 6.5% of tests in the province were positive. This was lower than the previous week (May 1 to 7, 2022) by 1.1 percentage points. It was also lower than the average for the previous four weeks (April 10 to May 7, 2022) by 3.8 percentage points where the average was 10.3%.
- Of zones with reported test positivity, the South East (10.2%) and Regina (10.1%) zones had the highest test positivity. The Far North West zone had the lowest test positivity (2.4%).

Overview of COVID-19 Laboratory-Confirmed Cases

Table 2: Summary of new laboratory-confirmed COVID-19 cases per 1,000 population for the week of May 8-14, 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	4	0.1	12	0.4	↓ -0.3	13	0.4	↓ -0.3
FNC	1	0.4	1	0.4	→ 0.0	1	0.3	↑ 0.1
FNE	9	0.4	7	0.3	↑ 0.1	12	0.5	↓ -0.1
NW	40	0.5	66	0.8	↓ -0.3	59	0.7	↓ -0.2
NC	18	0.2	42	0.5	↓ -0.3	50	0.6	↓ -0.4
NE	18	0.4	17	0.4	→ 0.0	18	0.4	→ 0.0
ST	123	0.4	211	0.6	↓ -0.2	244	0.7	↓ -0.3
CW	11	0.3	15	0.4	↓ -0.1	23	0.6	↓ -0.3
CE	49	0.5	70	0.7	↓ -0.2	82	0.8	↓ -0.3
RE	104	0.4	122	0.4	→ 0.0	140	0.5	↓ -0.1
SW	11	0.3	18	0.5	↓ -0.2	23	0.6	↓ -0.3
SC	11	0.2	30	0.5	↓ -0.3	41	0.7	↓ -0.5
SE	37	0.4	66	0.7	↓ -0.3	62	0.7	↓ -0.3
Pending	29		33			31		
SK	465	0.4	710	0.6	↓ -0.2	798	0.7	↓ -0.3

Source: RRPL line list May 16, 2022.

¹ Proportion per 1,000 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 a given week, the number of cases in Table 2 can be different from the number of tests used to calculate test positivity in Table 1, because the RRPL test dates may be in a different week than case dates used in Panorama, and may also include cases identified in laboratories other than the RRPL.

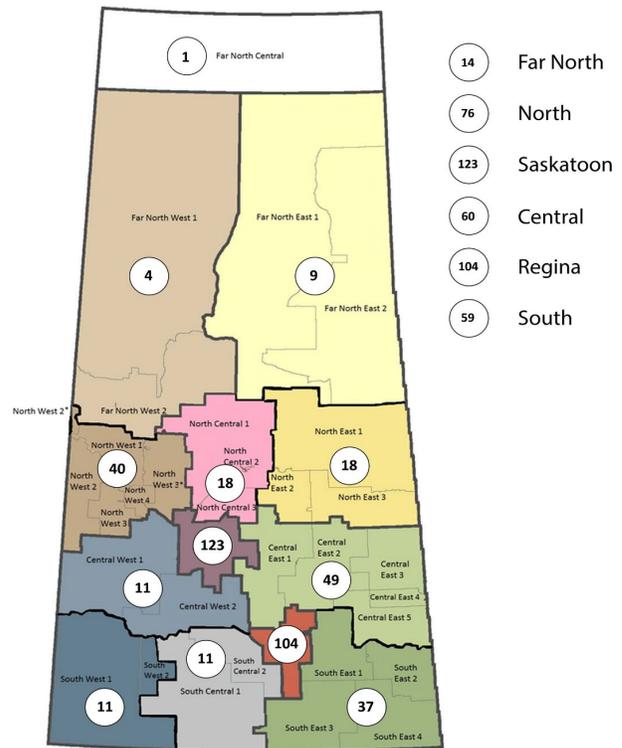
For the week of May 8-14, 2022

- 465 new cases were confirmed by a positive laboratory test.
- The proportion of new laboratory-confirmed cases was 0.4 per 1,000 population, 0.2 lower than last week.
- It was also lower than the average weekly rate for the previous four weeks (April 10 to May 7, 2022) by 0.3 cases per 1,000 population.
- The highest proportion of new cases for the week was in the North West and Central East zones at 0.5 per 1,000 population.
- The lowest proportion was in the Far North West at 0.1 per 1,000 population.
- Compared with last week's proportion of cases, all zones were similar or decreased slightly.
- Rates should be interpreted with caution because they do not include cases detected by home rapid-antigen test kits.

Figure 1: Map of new laboratory-confirmed COVID-19 cases by zone and area for the week of May 8-14, 2022

For the week of May 8-14, 2022:

- 14 new cases in the Far North (FNW, 4 cases; FNC, 1 case; FNE, 9 cases);
- 76 new cases in the North (NW, 40 cases; NC, 18 cases; NE, 18 cases);
- 123 new cases in the Saskatoon area;
- 60 new cases in the Central area (CW, 11 cases; CE, 49 cases);
- 104 new cases in the Regina area; and
- 59 new cases in the South (SW, 11 cases; SC, 11 cases; SE, 37 cases).
- 29 new cases still have pending residence information.



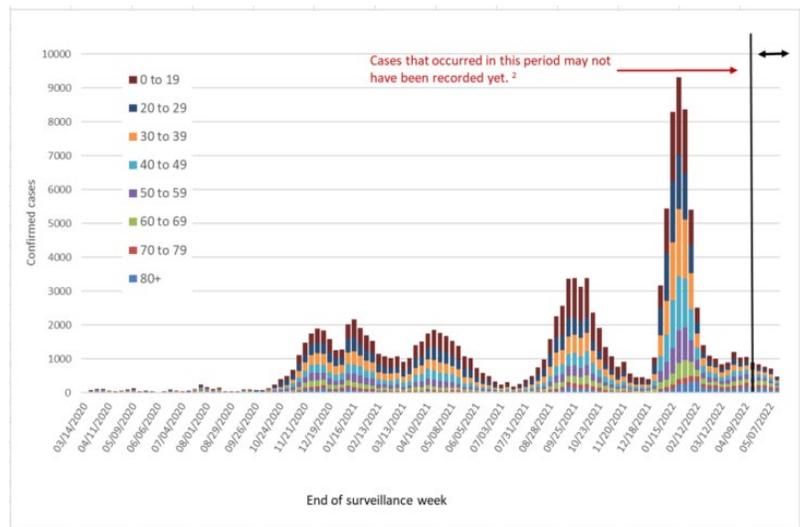
Source: RRPL line list May 16, 2022.

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 2: Laboratory-confirmed cases¹, by age group and week, March 8, 2020 to May 14, 2022

- From March 8, 2020 to May 14, 2022, there were 137,840 laboratory-confirmed cases.
- Close to half of all cases were between 20 and 49 years of age and over one-quarter were younger than 20 years of age.
- This week, more than half of laboratory-confirmed cases were 50 years and older (54.8%).



Source: Panorama IOM May 16, 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 (VOC) among sequenced COVID-19 cases for the week May 8-14, 2022 by zone

MoH Zone	Current week (May 8 - 14 , 2022)			Previous week (May 1 – 7 , 2022)				
	Omicron VOC		Delta VOC	Total	Omicron VOC		Delta VOC	Total
	BA.2 sublineage	Other sublineage			BA.2 sublineage	Other sublineage		
Far North West	100%			4				
Far North Central	50.0%	50.0%		2				
Far North East	50.0%	50.0%		2				
North West	87.5%	12.5%		16	90.0%	10.0%		10
North Central	84.2%	15.8%		19	100%			15
North East	71.4%	28.6%		7	33.3%	66.7%		3
Saskatoon	94.4%	5.6%		72	96.8%	3.2%		62
Central West	50.0%	50.0%		4	100.0%			6
Central East	66.7%	33.3%		24	91.7%	8.3%		24
Regina	46.3%	53.7%		54	94.5%	5.5%		55
South West	85.7%	14.3%		7	100%			4
South Central	54.5%	45.5%		22	90.9%	9.1%		22
South East	43.8%	56.3%		16	100%			34
Pending	68.8%	31.3%		16	94.1%	5.9%		17
Total	70.9%	29.1%	0	265	94.8%	5.2%	0	252

Source: Panorama May 16, 2022.

Notes:

Results are based on the date Variants of Concern (VOC) were reported by the provincial laboratory (RRPL).

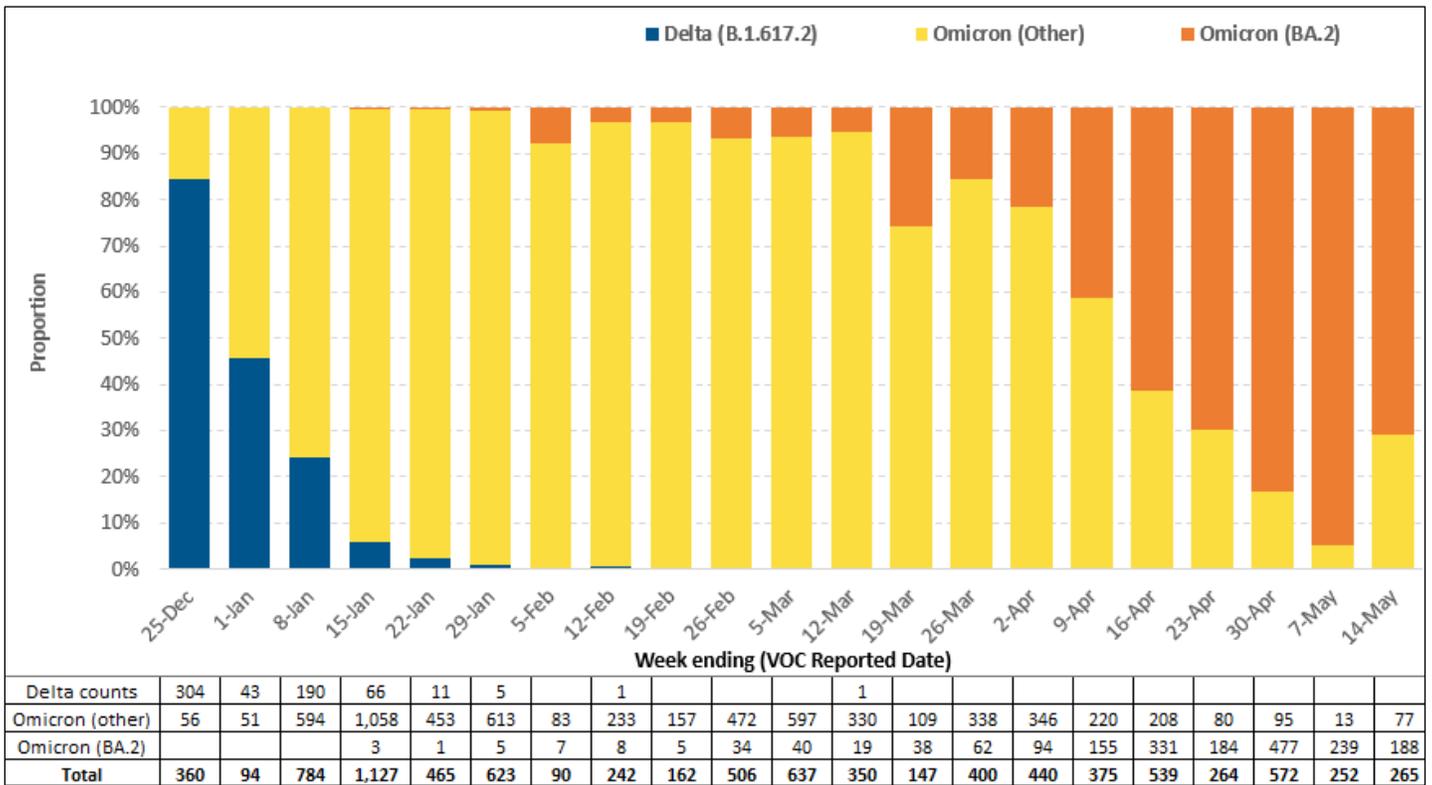
MoH zones are assigned based on information as available in the Panorama database.

Pending cases are those whose geographical information is not available at the time of reporting.

The number of positive tests submitted for sequencing changes from week to week.

- There were 265 VOCs reported during the current week (May 8-14), higher than the 252 reported in the previous week (May 1-7).
- Of the total VOCs reported in the past two weeks, 100% were of Omicron lineage.
- 70.9% of Omicron VOC were of sublineage BA.2 which was a sharp decrease in comparison to the last reporting week (94.8%). The decrease was due to inclusion of older samples for sequencing (e.g. samples with January 2022 collection dates), which resulted a notable increase in the proportion of BA.1.

Figure 3: Distribution of VOCs among reported COVID-19 cases (N = 8,694) between week ending on December 25, 2021 and week ending on May 14, 2022



Data source: Panorama IOM; data extraction: May 16, 2022

VOC reported date are based on date VOC reported by the provincial lab (RRPL)

Results are based on the number of samples sequenced and the date VOCs were reported by RRPL.

- The Omicron VOC was first reported in South Africa and the World Health Organization designated Omicron as a variant of concern on November 26, 2021.
- Of all 8,694 VOCs reported between December 19, 2021 and May 14, 2022, 7.1% (621) were Delta VOC and 92.8% (8,073) were Omicron VOC.
- Based on available sequence data, no Delta VOC cases were reported since end of mid-March 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

Deaths

Table 4: Number and proportion of COVID-19 deaths newly reported during the week of May 8-14, 2022

- For the week of May 8 to 14, 2022, there were 22 newly-reported COVID-19 deaths.
- Over half of the newly reported deaths were in the Saskatoon and North Central zones with seven (7) and five (5) deaths, respectively.
- Of this week's newly reported deaths, 14 occurred within the week. Eight (8) deaths occurred in previous weeks (December 17, 2021 to May 6, 2022), but were reported this week.
- Death rates should be interpreted with caution because of small numbers.

Deaths		
Zone	Number	¹ Deaths per 100,000 population
FNW		
FNC		
FNE		
NW	1	1.2
NC	5	5.6
NE	1	2.4
ST	7	2.1
CW	1	2.7
CE	2	2.0
RE	1	0.4
SW	1	2.6
SC		
SE	3	3.4
Pending		
SK	22	1.8

Source: Panorama IOM May 16, 2022.

¹Proportion per 100,000 calculated using the Saskatchewan 2021 Covered Population, 08-Jul-2021 Ministry of Health SAS version (2021 Version 1). This week's newly reported deaths did not necessarily occur in this past week. They may have occurred in previous weeks but only reported in this week.

Table 5: Age and sex distribution of deaths with COVID-19, newly reported the week of May 8-14, 2022

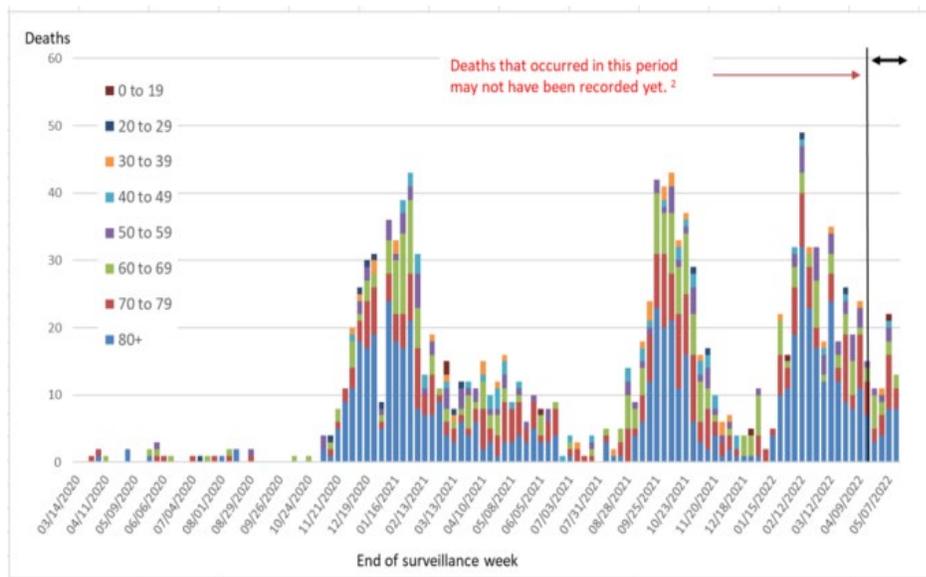
- For the week of May 8 to 14, 2022, there were 22 newly-reported COVID-19 deaths.
- One (1) of the newly reported death was among those 19 years and younger.
- Over 80% of the newly reported deaths, 18 of 22, were among those 70 years of age or older.
- Slightly more than half of the deaths were among females.
- Of this week's newly reported deaths, 14 occurred within the week. Eight (8) deaths occurred in previous weeks (December 17, 2021 to May 6, 2022), but were reported this week.

Age and sex distribution		Deaths	
		n	%
Age (years)	19 and younger	1	5
	20 to 39		
	40 to 59		
	60 to 69	3	14
	70 to 79	6	27
	80 or older	12	55
	TOTAL	22	100
Sex	Female	12	55
	Male	10	45
	TOTAL	22	100

Source: Panorama IOM May 16, 2022

Figure 4: Deaths¹ in COVID-19 cases, by age group and week of death, March 8, 2020 to May 14, 2022

- From March 8, 2020 to May 14, 2022, there were 1,364 cases with a fatal outcome.
- More than one in five deaths (304 or 22.3%) were in the 70 to 79 year age group and close to half (625 or 45.8%) were in the 80 years and older group.
- Six (6), or 0.4% of deaths, were reported in the age group 19 years and younger.



Source: Panorama IOM May 16, 2022

¹Death means the Panorama IOM record reported outcome-fatal.

²Due to data entry lag, deaths for this period may be under-reported and not captured in this figure.

Pre-existing Conditions

Table 6: Most common pre-existing conditions among severe COVID-19 cases in Saskatchewan, March 8, 2020 and May 14, 2022**

- There were 3,050 severe cases who reported having one or more underlying pre-existing conditions.
- Of cases with underlying conditions, the most common pre-existing condition was hypertension (54.7%).

Co-morbidity	Number of cases (N=3,050*)	Percent
Hypertension	1,667	54.7%
Diabetes	1,371	45.0%
Heart Disease	1,139	37.3%
Lung Disease	850	27.9%
Obesity	240	7.9%
Pregnancy	62	2.0%

Source: Panorama IOM May 16, 2022

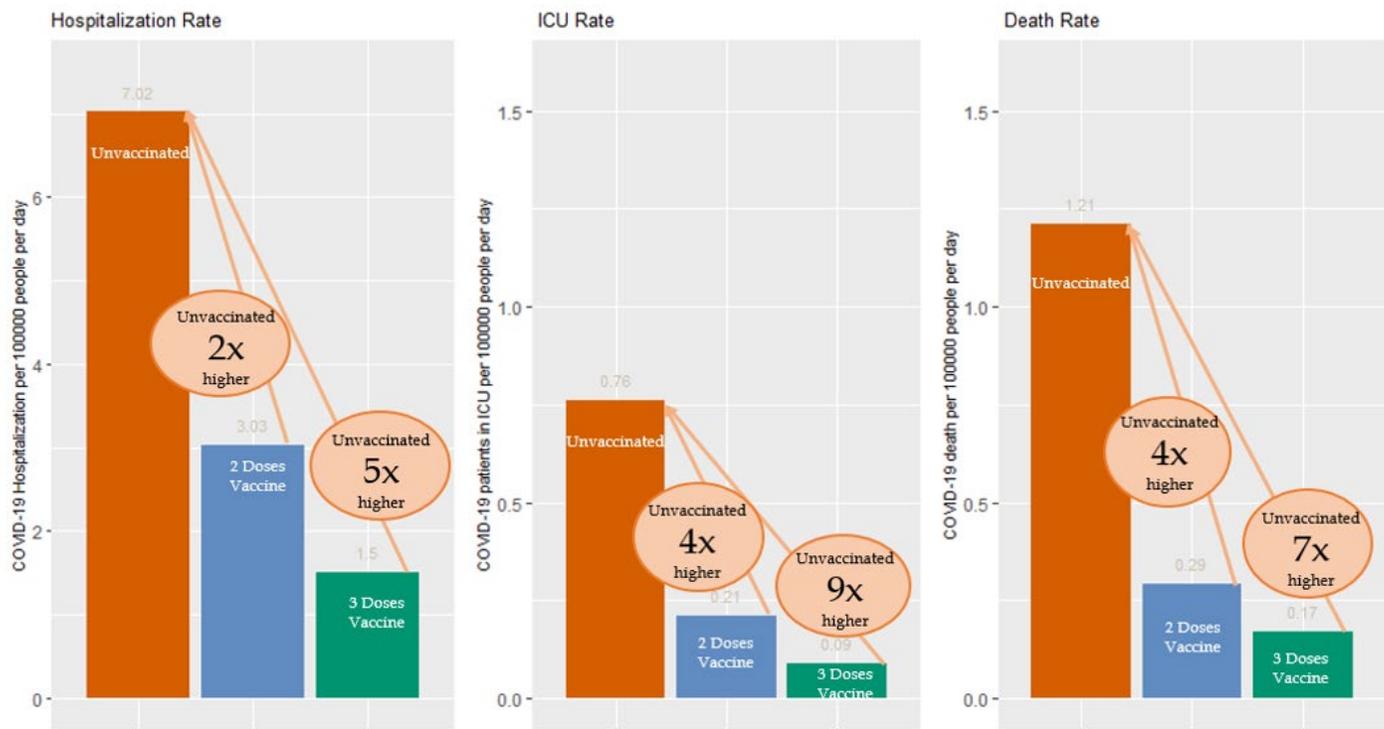
Note - Some cases reported recently are yet to be reported in Panorama.

*Number of cases represents unique clients who can have more than one underlying condition.

** Severe cases indicate those cases where case investigation showed admitted to hospital and/or ICU, and death.

Relative Risk by Vaccination Status

Figure 5: Comparison of relative risk of hospitalization, ICU admission and death among Saskatchewan residents by vaccination status, from February 13, 2022 to April 16, 2022



Source: SHA Digital Health Analytics

Unvaccinated - Individuals with no record of vaccine received or vaccinated with first dose but less than 21 days from receiving the first dose. Vaccinated with 2 doses - Individuals who have received their second dose for more than 14 days or if their third dose is less than 14 days. Vaccinated with 3 doses - Individuals who have received their third dose for more than 14 days.

Ages 12 years and older

Does not include cases with partial vaccination.

- Overall in Saskatchewan, the rates of COVID-19 hospitalization, ICU admission and deaths are higher among people who are unvaccinated than among people with two or three vaccinations.
- In each age group, rates of hospitalization, ICU admission and death are higher among unvaccinated individuals compared to those who have received two or three doses.
- Lower rates of severe outcomes in the three dose group compared to the two dose group are suggestive of the added benefits of the booster dose.
- The predominant variant during the observation period was Omicron, an indication that being fully vaccinated and boosted provides protection against the Omicron variant.
- Unvaccinated people were about seven times more likely to die than people who were vaccinated with three doses when adjusted for age.

C. Sentinel Surveillance

Sentinel surveillance, or community surveillance, uses information from health-related sources that reflects human behaviour among people who become ill but who may not be lab tested or become clinically severe with an infection. For example, these individuals may visit an emergency department or call HealthLine seeking health-related advice.

Respiratory viruses detected by the provincial laboratory network in the week of May 8-14 were respiratory syncytial virus (RSV) 11.7%, (74/633) positive tests; enterorhinovirus (12.1%, 27/223 positive tests) and influenza (12.2% positive tests, 77/633). This compares to COVID-19 with 6.5% of tests that were positive.

RSV (74 positive specimens) was detected mainly in the Far North East (74.2/100000), Regina (23.3/100000) and the North East (16.8/100,000) zones of the province. Sixty-five percent (65%) of positive RSV this week was among children aged 0 to 4 years. Of the 77 positive influenza A lab confirmations this week, 67% was among children (ages 0-19 years). Another 27% was among adults 20-64 years. The highest rates of influenza A were in the North East (52.9/100,000), the Far North West (43.6/100,000) and the Far North East (28.9/100,000) zones.

Emergency Department (ED) visits related to COVID-19-like illness (CLI)

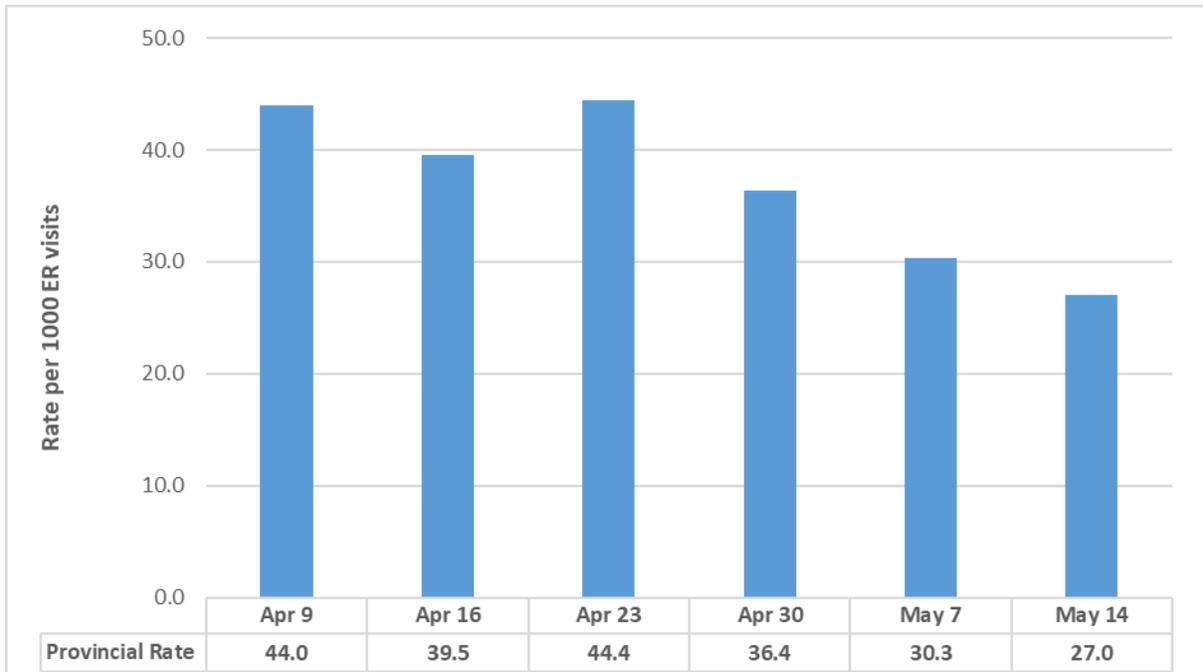
ED visit data regarding CLI is one component of community-based respiratory illness surveillance. Visitors may access EDs as their primary health care service or come when health provider offices are closed.

Table 7: COVID-19-like illness (CLI) surveillance (rate per 1,000 visits) in emergency departments by zone and week, March 26 to May 14, 2022

COVID-like patients per 1000 ER visits	COVID surveillance zone	Apr 2	Apr 9	Apr 16	Apr 23	Apr 30	May 7	May 14
Provincial Rate		39.9	44.0	39.5	44.4	36.4	30.3	27.0
KYHR	Far Northwest	15.9	32.5	32.5	43.3	74.8	32.5	26.7
AHA	Far North Central	No report						
MCHR	Far Northeast	No report						
PNHR	North West	39.4	33.6	37.3	30.5	26.2	14.1	26.9
PAHR	North Central	No report						
KTNR	North East	205.5	337.2	355.3	350.6	161.3	205.9	161.3
SKHR	Saskatoon	20.7	20.4	28.3	25.4	20.5	11.5	11.0
HHR	Central West	80.6	103.7	34.2	277.8	108.7	39.2	170.7
SHR	Central East	No report						
RQHR	Regina	42.3	38.0	21.6	42.4	31.1	48.5	18.5
CHR	South West	65.2	78.9	0.0	No data	53.6	52.6	No report
FHHR	South Central	0.0	No report	0.0	No data	0.0	0.0	0.0
SCHR	South East	166.7	177.6	120.9	132.7	179.2	153.1	135.1
Preschool	1-4 years	66.4	89.8	43.6	78.8	44.6	63.3	35.9
School age	5 -19 years	25.3	26.6	39.4	44.0	26.0	33.5	40.8
Working age	20-64 years	33.2	38.0	37.8	36.6	34.3	21.1	18.9
Seniors	65 + years	49.5	43.5	41.8	46.5	45.3	34.7	33.6

Source: Emergency department surveillance data, May 16, 2022. No report: no report was submitted by the zone. No data: no data reported by ED

Figure 6: COVID-19-like illness surveillance in emergency departments, April 9 to May 14, 2022



Source: Emergency department surveillance data, May 16, 2022. 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.

- Eight (8) of 13 zones submitted data in the reporting week ending May 14. This week's provincial rate of 27.0 COVID-19-like illness patients per 1,000 visits was lower than the previous six-week average of 39.1/1,000 visits and the lowest since March. This will continue to be monitored to determine if it is a downward trend.
- This week's rate represents 100 COVID-19-like illness patients among 3,697 visitors to the EDs.
- This week's preschool age rate of 35.9/1,000 visits was a decrease from last week (63.3/1,000 visits), and well below the average rate of 64.4/1,000 visits over the previous six weeks. Pediatric rates can fluctuate widely week over week.
- The school age rate at 40.8/1,000 visits is similar to the average rate of 32.5/1,000 visits over the previous six weeks.
- The working age group rate at 18.9/1,000 visits was notably lower than the average rate over the previous six weeks (33.5/1,000 visits).
- The seniors' age group rate at 33.6/1,000 visits this week was also lower than the average rate of 43.5/1,000 visits over the previous six weeks.

HealthLine Callers with COVID-19-like Illness (CLI)

Table 8a: Rate of callers to HealthLine with respiratory-like symptoms per 1,000 calls by integrated service area (ISA)

- In the week ending May 15, of the 1,428 calls to HealthLine (811), 137 callers reported respiratory symptoms similar to COVID-19 and other common respiratory viral infections.
- The provincial rate was 95.9 callers per 1,000 calls. It was lower than 106.4/1,000 calls last week and below the average rate in the six weeks prior of 125.7/1,000 calls (See Table 8b).
- Rate of callers with respiratory symptoms to HealthLine can fluctuate widely week over week, dependent on the number of ill people making calls to 811.

Integrated Service Area	Number of callers with symptoms	Rate per 1,000 calls
North East	17	82.5
North West	16	155.3
Regina	32	82.9
Saskatoon	46	104.5
South East	14	88.1
South West	12	89.6
Saskatchewan	137	95.9

Source: HealthLine Database May 16, 2022.

Table 8b: Weekly rate trend of callers to HealthLine with respiratory-like symptoms per 1,000 calls by integrated service area (ISA)

Integrated Service Area	03-Apr	10-Apr	17-Apr	24-Apr	01-May	08-May	15-May
North East	105.0	115.6	137.5	131.9	87.9	75.6	82.5
North West	177.4	110.3	142.9	160.4	79.2	87.0	155.3
Regina	165.7	134.9	131.1	128.2	89.9	97.3	82.9
Saskatoon	148.6	154.4	161.7	126.1	116.0	143.8	104.5
South East	149.6	83.8	181.8	108.7	94.6	99.2	88.1
South West	148.0	93.7	97.6	110.4	86.1	80.0	89.6
Province	150.5	128.2	145.0	126.6	97.6	106.4	95.9

Source: HealthLine Database May 16, 2022.

- The rate of callers to HealthLine with respiratory-like symptoms was lower this week than the previous six-week average in all the Integrated Service Areas except the North West area.
- The rate of callers with viral respiratory symptoms from an ISA to HealthLine fluctuates week over week.
- However, there was a increase this week in calls from the North West ISA (155.3/1,000 calls compared to 87.0/1,000 calls the week before), and higher than the average rate of 126.2/1,000 population over the previous six weeks.
- Despite the increasing numbers of callers from Saskatoon ISA in previous weeks, this week's rate of 104.5/1,000 calls was below the average of 141.8/1,000 calls in the previous six weeks.

D. Outbreak Surveillance

Table 9: New confirmed COVID-19 outbreaks in long-term care and other care home settings reported for the week of May 8-14, 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		
North Central		
North East		
Saskatoon	4	2
Central West		
Central East		
Regina	3	
South West	1	
South Central		1
South East		
Total	8	3

Source: Outbreak line list, PHB, extracted May 16, 2022.

*By date of first notification.

- 11 confirmed new COVID-19 outbreaks in LTC and personal care home settings were reported this week.
- Eight (8) outbreaks were reported in long term care facilities and another three (3) in group homes.

Table 10: COVID-19 outbreaks in selected high risk settings, weeks ending April 9 to May 14, 2022

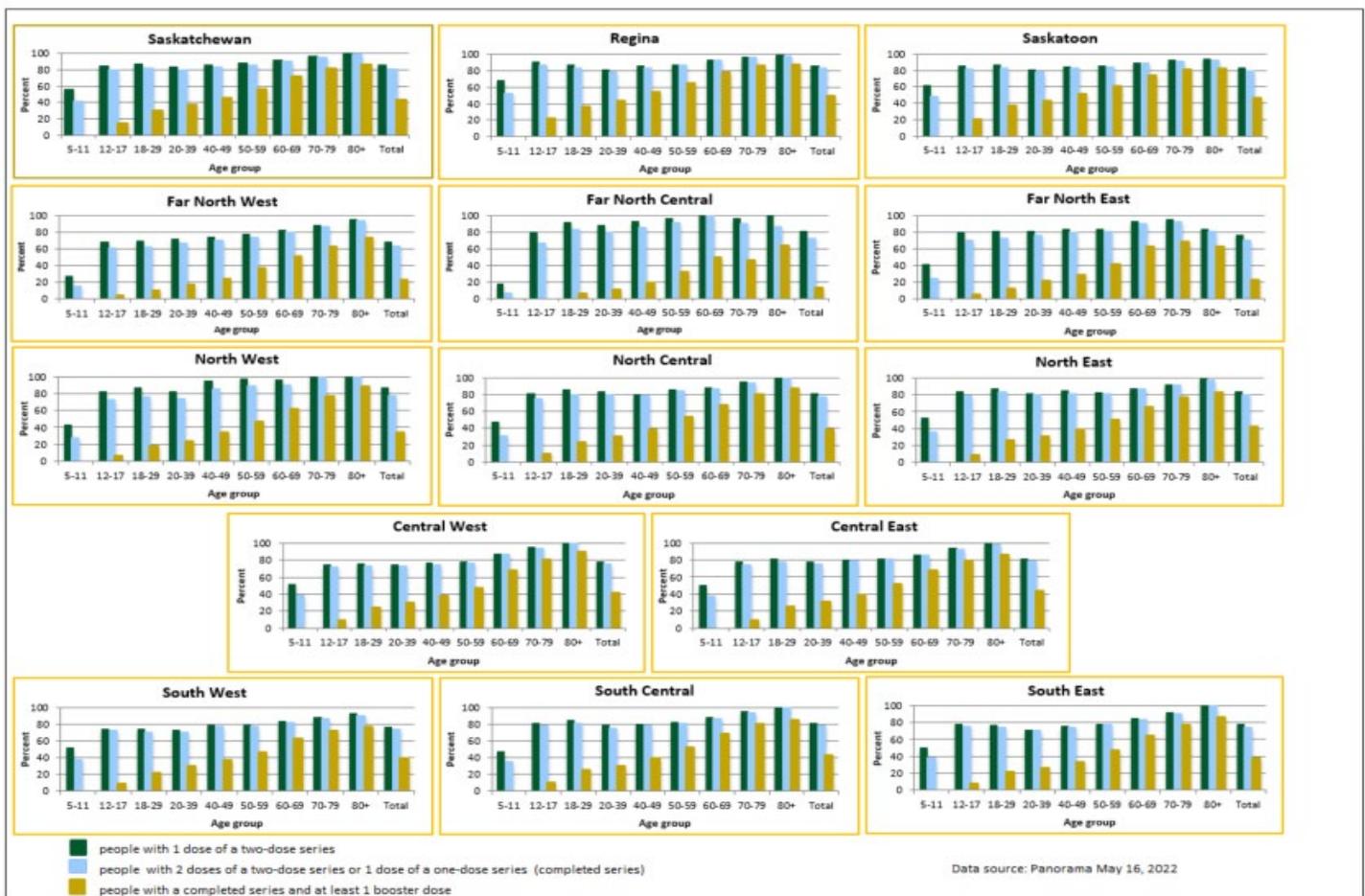
High risk setting	9-Apr	16-Apr	23-Apr	30-Apr	7-May	14-May	6-week total by setting
# COVID-19 Outbreaks in LTC	11	12	16	10	5	8	62
# COVID-19 Outbreaks in personal care homes, group homes, shelters	9	7	9	7	5	3	40
Total by week	20	19	25	17	10	11	102

Source: Outbreak line list, PHB, extracted May 16, 2022

- Over the past six weeks, sixty-two (62) outbreaks occurred in long term care facilities, twenty-seven (27) in personal care homes, and thirteen (13) in group homes. Fifty-two (51%) of the 102 outbreaks in the past six weeks are ongoing.
- Figures from previous weeks may change as outbreaks reported earlier are entered to the Ministry database.

E. Immunization

Figure 7: COVID-19 immunization coverage (% population 5 years and older) by age group and zone, up to and including May 14, 2022 from December 15, 2020 to May 14, 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, with the first additional dose administered 28 days or longer after primary series completion. 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 May 14, 2022:

- Of the population five years and older, 81.0% completed a series, similar to the previous week.
- Among the population 12 years and older, 48.9% had received at least one booster (not shown in the chart), similar to the previous week.
- Among the population 18 years and older, 52.3% had received at least one booster, similar to the previous week.
- Among the youngest age group, five to 11 years of age, 41.5% completed their series, similar to the previous week.
- Unchanged from last week, Regina (82.8%), Saskatoon (80.3%), and North East (80.1%) are the only zones reporting over 80% of the eligible population with a completed series. All other zones are below 80%.

Table 11: Vaccine doses administered, by date and type of dose

Type of dose	Weekly doses - Date provided		Cumulative date provided
	May 8 to 14	May 1 to 7 *	Dec 15, 2020 to May 14, 2022
First of two	279	279	971,636
Second of two	386	431	913,769
Jansen single dose	12	7	2,270
Total primary series doses	677	717	1,887,675
First booster **	1,384	1,511	498,339
Second booster **	14,302	20,766	100,678
Additional boosters **	631	625	1,751
Total booster doses	16,317	22,902	600,768
TOTAL (including pediatric and boosters)	16,994	23,619	2,488,443
- of the total, all pediatric doses	262	327	108,494

Source: Panorama IOM May 16, 2022

* May not necessarily align with last week's report due to data cleaning

** Booster dose is defined as a dose received after completion of a one- or two-dose primary series and meeting the minimum interval criteria. Three-dose primary series cannot be reliably identified in the Panorama immunization registry and as a consequence these third doses will be misclassified as a booster dose.

- During the week of May 8 to 14, 2022, 16,994 doses of COVID-19 vaccine were administered, of which 262 (1.5%) were pediatric doses and 16,317 (96.0%) were booster doses.
- Both the number of pediatric and the total number of booster doses have declined compared to the previous week.
- Since the start of the immunization campaign to May 14, 2022, close to 2.5 million doses of COVID-19 vaccine were administered.
- Of these, about 1.9 million (75.9%) were administered for a primary series, of which 108,494 were pediatric doses.

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
 ISA – Integrated Service Area
 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 where the information is available in the RRPL data.

The geographical assignment of cases follows the Panorama IOM rules for documenting geography, as opposed to the assignment of zones by RRPL. As a result, 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.

As of February 7, 2022 RRPL PCR testing was reserved for populations deemed to be at an elevated risk for severe outcomes:

- Hospitalized patients, those admitted or transferred between acute, long-term care or personal care homes
- High-risk populations as ordered by the medical health officer: residents in long-term care, personal care homes and congregate living facilities; and international or travellers from areas of concern
- Priority symptomatic persons: health-care workers or essential workers who have a negative rapid antigen test but remain symptomatic; those with chronic illness (diabetes, history of cancer, cardiac failure, etc.)
- Symptomatic people living or working in First Nation and Métis communities
- Surgical patients with symptoms or a positive rapid antigen test if scheduled or expecting to receive surgery within the next 90 days
- Pregnant patients who are symptomatic and more than 30 weeks gestation
- Symptomatic immunocompromised individuals including all transplant donors and recipients prior to and post-transplant; all oncology patients prior to, receiving or post chemotherapy
- Newborns born to COVID-19-positive parents, prior to discharge.
- Health-care workers and workers deemed essential under the current public health order with negative rapid antigen results who remain symptomatic will be eligible for PCR tests.

In 2019/20 about one-third of the SK population aged one year and older had at least one of eight priority chronic conditions (asthma, COPD, diabetes, hypertension, heart failure, ischemic heart disease, stroke, and dementia), making about half of the population eligible for PCR testing.

Fatal Cases (Deaths) Table

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

Variants of Concern

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. 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.
- 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.

Severe Case Immunization Status

- The rate of COVID-19 hospitalization, ICU admission or death by the vaccine status was obtained by summing the number of hospitalizations, ICU admissions or deaths (numerator) and dividing by the mid period population by vaccine status (denominator), multiplied by 100,000. This estimate was further divided by the number of days to obtain the daily rate.
- To eliminate bias of age, all rates are adjusted by age. Direct standardization method is employed using the Saskatchewan population as the standard population.
- Estimates of relative risk (i.e. rate ratios) are obtained by comparing vaccinated with two doses (three dose) and the unvaccinated / unprotected group.
- Age at first dose is used in this analysis. Individuals with unknown age are excluded from the age-specific analyses.
- Risk estimates may differ from other reports due to differing methodologies.

Emergency Department Visits

- 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.

HealthLine callers with Respiratory Symptoms

- A count of protocols specific to callers with viral respiratory-like illness symptoms is completed by HealthLine nurses.
- The respiratory-like illness protocol count is tallied for a designated period each week and transformed into the rate of callers with respiratory symptoms from each zone per 1000 calls from that zone from callers with any type of symptom.

Outbreaks

- A confirmed outbreak is defined as two or more COVID-19 cases in settings outside a household 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.
- # COVID-19 Outbreaks in LTC: number of COVID 19 outbreaks reported that occurred in a designated special care facility (LTC) (cumulative or in current reporting week).
- # COVID-19 Outbreaks in care homes: number of COVID 19 outbreaks reported that occurred in semi-closed settings where personal care is provided. This includes designated 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 and in shelters.

H. Map of Saskatchewan by Zone and Sub-Zone

