

Community Respiratory Illness Surveillance Program (CRISP)

Situation Report: October 23, 2026 (Reporting Period October 4 –17, 2026)

Over the past two weeks, respiratory virus activity remained low across Saskatchewan. COVID-19 test positivity decreased, while Influenza and RSV test positivity remained stable. Hospitalizations and ICU admissions associated with COVID-19, RSV and Influenza decreased or remained stable. No influenza or COVID-19 related deaths were reported. **Saskatchewan residents can now start booking their vaccinations for both the flu and COVID-19 at 4flu.ca.**

National respiratory data: [Canadian Respiratory Virus Surveillance Report \(FluWatch+\)](#)

Viral Indicators:

- COVID-19 test positivity decreased to 1.1% in the week ending October 17 from 2.2%, the previous week. Ten (10) cases were reported this week, with the majority (70%) occurring among individuals aged 65 years and older.
- Influenza test positivity remained stable during this reporting period, with test positivity ranging from 2.8% - 3.1%. Since August 30, 2026, 100 positive Influenza tests have been reported, of which 93 (93%) were Influenza A. Over half (54.2%) of the cases reported this week were among adults between 20-64 years of age.
- RSV activity remained low and stable during the reporting period, with test positivity ranging from 0.0% to 0.2%. No RSV cases were reported during the week ending October 17.
- Provincial COVID-19 wastewater levels remained low during this reporting period.

Community Indicators:

- Respiratory illness-related calls to HealthLine 811 HealthLine increased this reporting period from 57.9 per 1,000 calls (week ending October 10) to 60.7 per 1,000 calls (week ending October 17).
- Rhinovirus ("common cold") was the most common virus identified by sentinel healthcare providers during this reporting period.
- School absenteeism remained stable this reporting period, with 7.0% to 7.7% of students absent due to illness.

Outbreaks

- Eleven (11) respiratory virus-associated outbreaks were reported during this reporting period in high-risk settings (long-term care facilities, personal care homes and group homes). All 11 outbreaks were caused by Rhinovirus.

Severe Outcomes (Hospitalizations/ICU admissions/Deaths)

- Hospitalization and ICU admissions for COVID-19, RSV and Influenza remained stable or decreased this reporting period compared to the previous reporting period.
- No Influenza-related or COVID-19-related deaths were reported this reporting period.

Table 1: Viral indicators by surveillance week, Saskatchewan, September 20 – October 17, 2026

Report date	SARS-CoV-2 positive laboratory tests	SARS-CoV-2 test positivity	COVID-19 outbreaks	Influenza positive laboratory tests	Influenza test positivity	Influenza outbreaks	RSV positive laboratory tests	RSV test positivity	RSV outbreaks	'Other' ¹ positive laboratory tests	'Other' ¹ sample positivity	'Other' ¹ outbreaks
Oct 11 – Oct 17	10	1.1%	0	25	2.8%	0	0	0.0%	0	103	25.5%	3
Oct 4 – Oct 10	21	2.2%	0	29	3.1%	0	2	0.2%	0	161	33.5%	8
Sep 27 – Oct 3	12	1.5%	0	15	1.9%	1	1	0.1%	0	138	34.7%	7
Sep 20 – Sep 26	5	0.6%	1	13	1.6%	1	0	0.0%	0	156	37.9%	1

¹'Other': Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, Rhinovirus and seasonal coronaviruses (OC43, NL63, 229E and HKU1)

Table 2: COVID-19, Influenza, RSV and other virus cases by age group, Saskatchewan, October 11 – 17, 2026

Age group (Years)	COVID-19 case count	Influenza case count	RSV case count	'Other' virus case count ¹
0 – 4	0 (0%)	4 (16.7%)	0 (0%)	26 (25.2%)
5 – 19	1 (10.0%)	2 (8.3%)	0 (0%)	11 (10.7%)
20-44	1 (10.0%)	9 (37.5%)	0 (0%)	17 (16.5%)
45-64	1 (10.0%)	4 (16.7%)	0 (0%)	17 (16.5%)
≥65	7 (70%)	5 (20.8%)	0 (0%)	32 (31.1%)
Total	10 (100%)	24 (100%)	0 (0%)	103 (100%)

¹'Other': Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, Rhinovirus and seasonal coronaviruses (OC43, NL63, 229E and HKU1). Individuals with co-infection of "Other" viruses are only counted once. Due to the rounding, total percentage may not add to 100%.

Table 3: Sentinel indicators by surveillance week, Saskatchewan, September 20 – October 17, 2026

Report date	School illness absenteeism	RLI 811 calls per 1,000	Sentinel provider test positivity	Most commonly detected virus: Sentinel providers
Oct 11 – Oct 17	7.0%	60.7	59% (n=10)	Rhinovirus
Oct 4 – Oct 10	7.7%	57.9	67% (n=12)	Rhinovirus
Sep 27 – Oct 3	8.7%	82.5	70% (n=23)	Rhinovirus
Sep 20 – Sep 26	11.1%	57.1	57% (n=4)	Rhinovirus

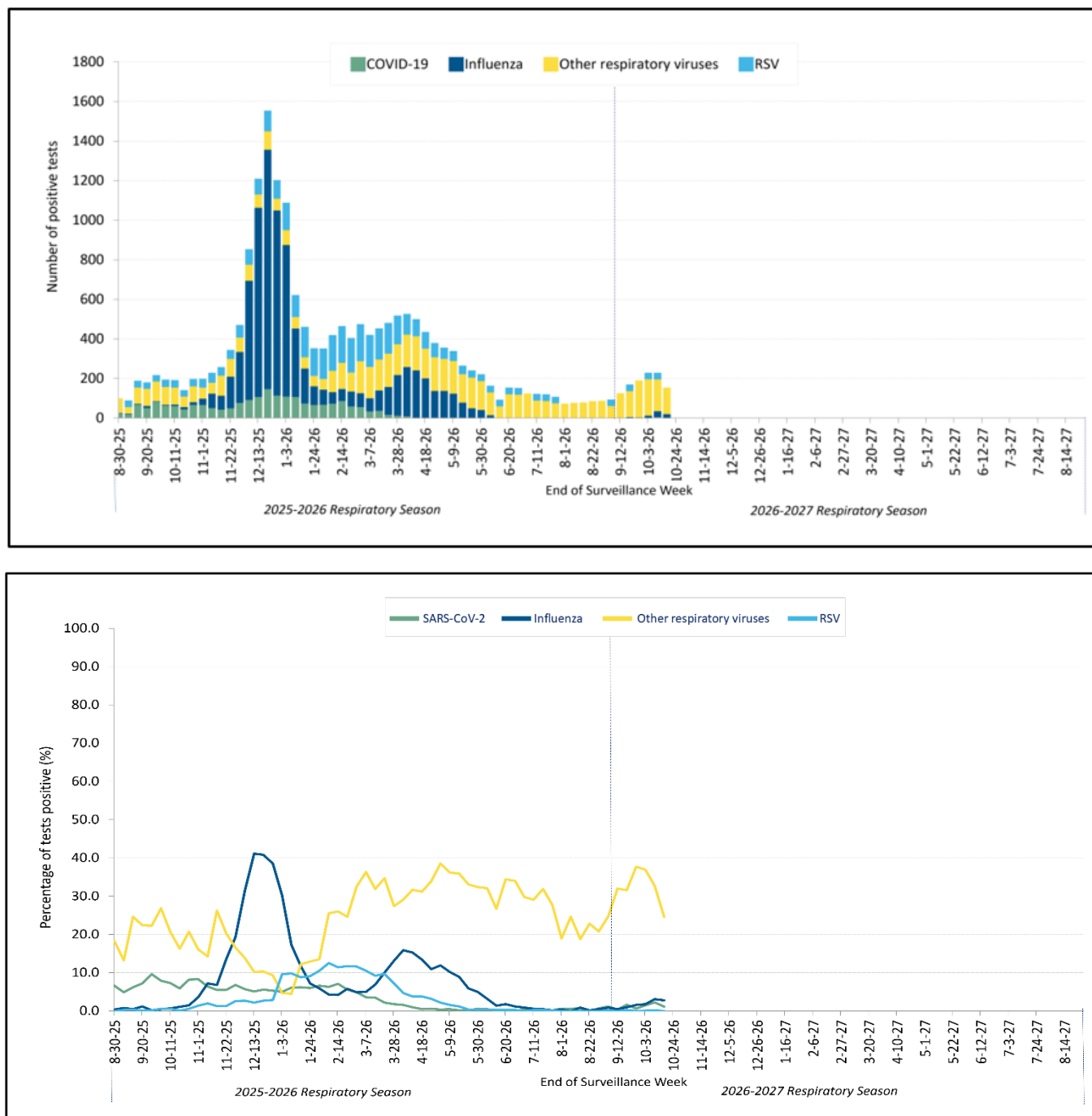
Sentinel surveillance: A monitoring system that collects samples or health information from selected providers or locations to help track illness and estimate how respiratory viruses are spreading in the wider population.

Table 4: Outcome, health care capacity, and immunization coverage indicators by surveillance week, Saskatchewan, September 20 – October 17, 2026

Report date	Hospital admissions – COVID-19	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	Deaths – COVID-19	Deaths – Influenza	Proportion of population with COVID-19 vaccine administered	Proportion of population with Influenza vaccine administered
Oct 11 – Oct 17	2	0	4	1	0	0	0.3%	0	0	3.4%	4.9%
Oct 4 – Oct 10	7	0	2	0	1	0	0.3%	0	0	0.4%	0.6%
Sep 27 – Oct 3	8	0	6	0	1	0	0.3%	0	0	0.0%	0.0%
Sep 20 – Sep 26	5	2	2	0	0	0	0.3%	1	0	N/A	N/A

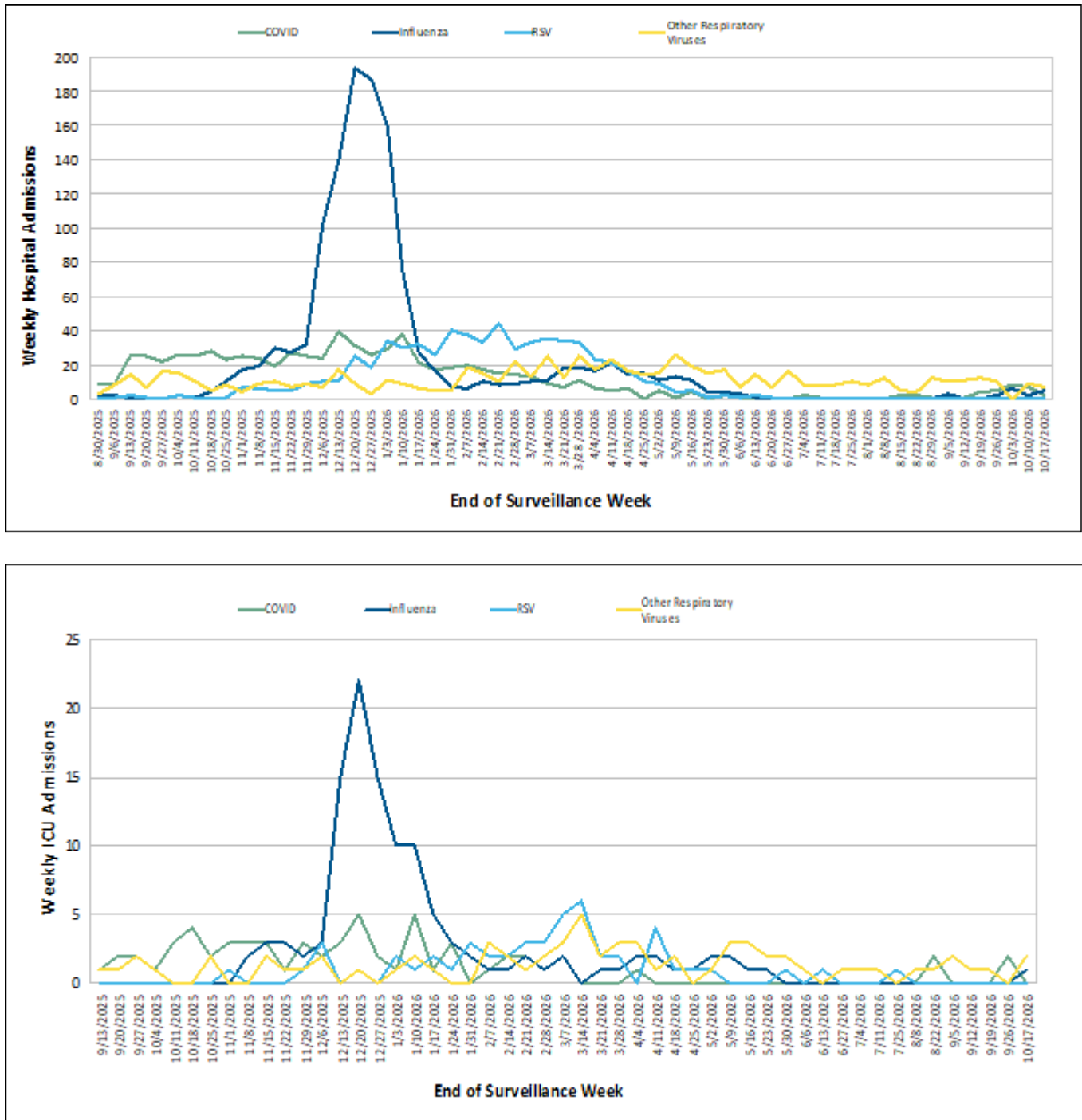
Additional information on hospitalization and ICU admission stratified by respiratory organism and age group is provided below in **Figures 2 and 3**, respectively. The fall immunization campaign for COVID-19 and influenza started on October 13, 2026. The first doses of COVID-19 and influenza vaccines arrived in Saskatchewan the week of September 28. Coverage is based on doses administered on or after September 28, 2026. Coverage estimates for the week ending October 3 are 0.0% as there were insufficient doses administered during that week to estimate coverage for either COVID-19 or influenza. N/A=not available.

Figure 1: Epidemic curve of positive tests and percentage of tests positive for Influenza, COVID-19, RSV and other viruses, Saskatchewan, August 24, 2025–October 17, 2026



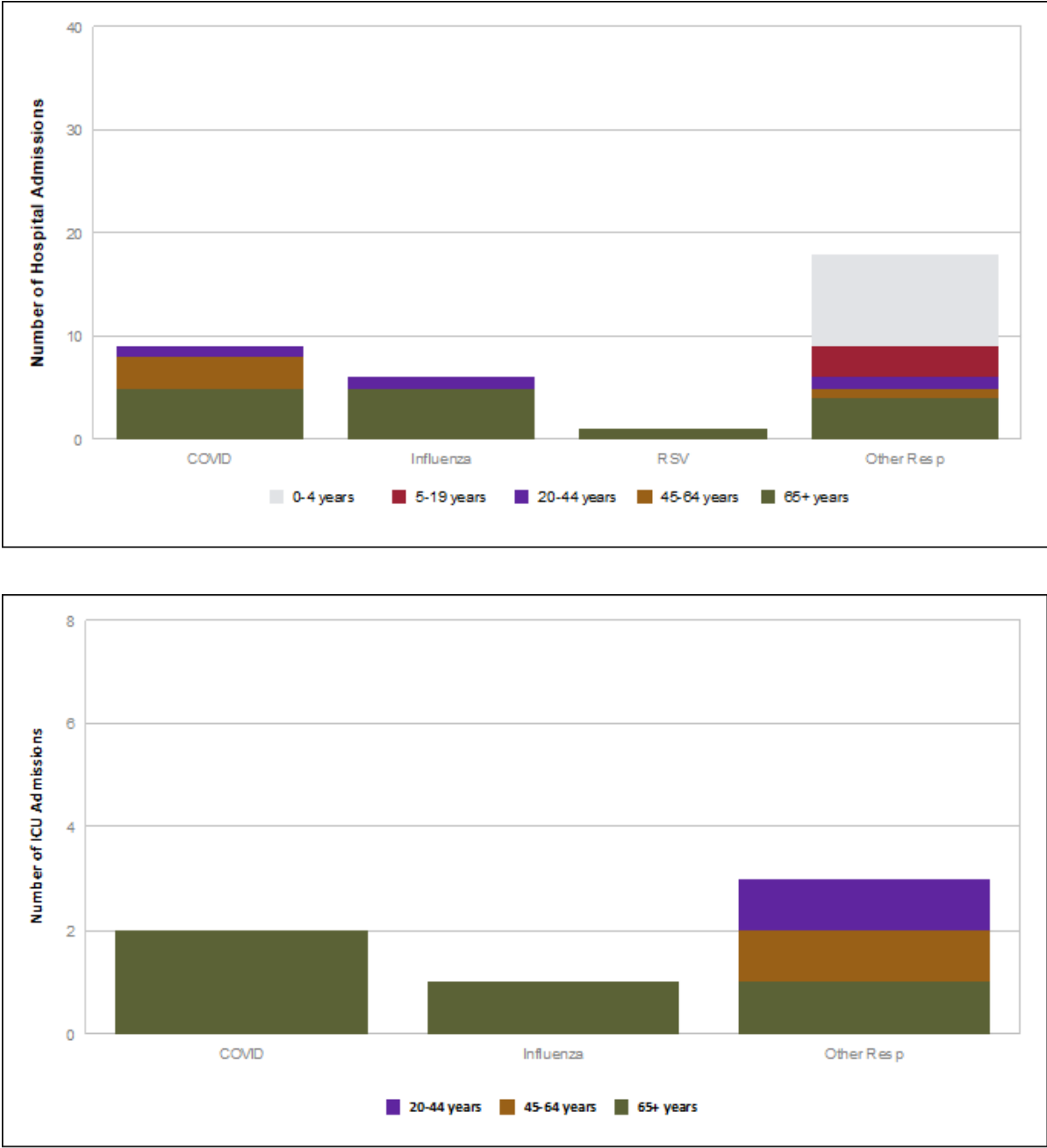
Data source: Respiratory Virus Detection Surveillance System (RVDSS), as of October 20, 2026.

Figure 2: Weekly hospital and ICU admissions for COVID-19, Influenza, RSV, and other respiratory viruses, Saskatchewan, August 24, 2025 – October 17, 2026*



Data source: Advanced Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL)); data extracted on October 20, 2026. * Viral infection may not be the main reason for the admission.

Figure 3: Number of Hospital and ICU admissions for COVID-19, Influenza, RSV, and other respiratory viruses by age group, Saskatchewan, October 4 – 17, 2026*



Data source: Advanced Analytics, Saskatchewan Health Authority (SHA), Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL)); data extracted on October 20, 2026. *Viral infection may not be the main reason for admission.

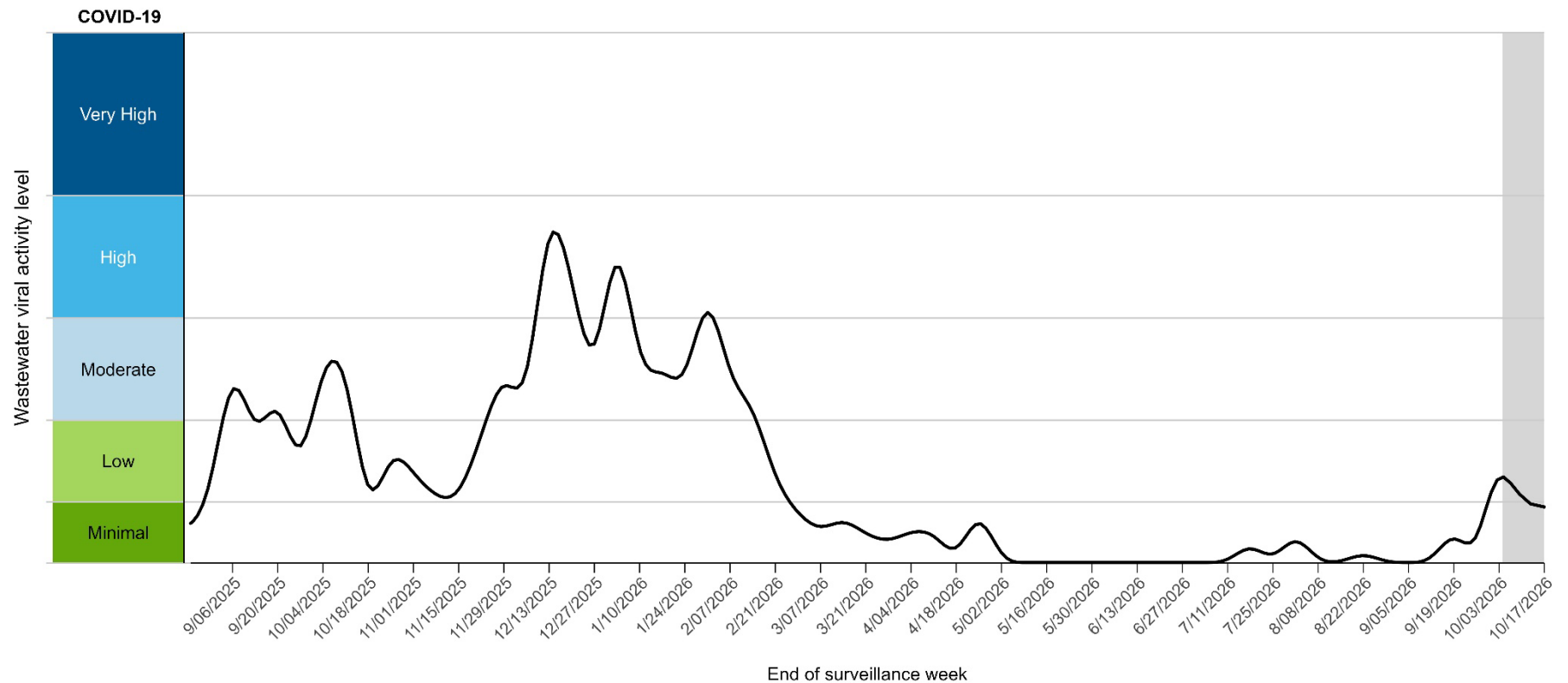
From October 4 to 17, 2026, there were 34 respiratory illness cases hospitalized with lab-positive COVID-19 (9), Influenza (6), RSV (1) other respiratory illnesses (18). The COVID-19 lab positives were in the age group of 20-44 (1), 45-64 (3) and ≥65 (5). The Influenza lab positives were in the age group of 20-44 (1) and ≥65 (5). The RSV hospitalizations were in the age group of 65+(1). The other respiratory lab positives were in the age group of 0-4(9), 5-19(3), 20-44(1), 45-64(1) and ≥65 (4). From October 4 to 17, 2026, there were 3 respiratory illness cases admitted to the ICU with lab-positive Influenza (1) and other respiratory illnesses (2). The Influenza lab positives were in the age group of ≥65 (1). The other respiratory lab positives were in the age group of 20-44(1) and ≥65 (1).

Table 5: Community Respiratory Illness Surveillance Program Indicators by zone, October 11 – 17, 2026

Location	Test positivity – SARS-CoV-2 (positive lab tests)	Test positivity – Influenza (positive lab tests)	Test positivity – RSV (positive lab tests)	RLI 811 calls per 1,000	School illness absenteeism	Proportion of population with COVID-19 vaccine administered		Proportion of population with Influenza vaccine administered	
						<65 Yrs	≥65 Yrs	<65 Yrs	≥65 Yrs
Far North West (Meadow Lake & area)	0.0% (0)	2.4% (1)	0.0% (0)	-	6.6%	0.5%	5.8%	1.5%	9.3%
Far North Central	0.0% (0)	0.0% (0)	0.0% (0)	-	0.0%	0.2%	0.6%	0.7%	1.3%
Far North East (La Ronge & area)	0.0% (0)	0.0% (0)	0.0% (0)	-	6.5%	0.8%	7.3%	2.2%	9.5%
North West (Lloydminster & area/North Battleford)	0.0% (0)	2.7% (2)	0.0% (0)	34.5	8.0%	1.0%	9.2%	1.8%	12.3%
North Central (Prince Albert & area)	0.0% (0)	3.6% (2)	0.0% (0)	-	8.7%	1.4%	11.3%	2.3%	14.3%
North East (Melfort & area)	0.0% (0)	0.0% (0)	0.0% (0)	71.0	7.3%	1.5%	9.8%	2.5%	13.7%
Saskatoon	0.0% (0)	2.6% (6)	0.0% (0)	66.7	6.9%	2.0%	13.5%	2.9%	16.1%
Central West (Kindersley & area)	0.0% (0)	11.8% (2)	0.0% (0)	-	5.6%	1.1%	10.9%	2.4%	15.2%
Central East (Yorkton/Melville & area)	0.0% (0)	4.5% (3)	0.0% (0)	-	6.8%	1.3%	9.8%	2.4%	13.8%
Regina	3.5% (8)	2.4% (5)	0.0% (0)	56.6	7.0%	2.1%	15.3%	3.0%	19.1%
South West (Swift Current/ Maple Creek & area)	6.7% (1)	0.0% (0)	0.0% (0)	79.3	4.9%	1.6%	11.3%	3.1%	15.9%
South Central (Moose Jaw & area)	2.9% (1)	5.6% (2)	0.0% (0)	-	6.4%	1.0%	9.7%	1.9%	13.5%
South East (Weyburn/Estevan & area)	0.0% (0)	0.0% (0)	0.0% (0)	46.8	6.9%	1.1%	9.4%	2.3%	14.6%
Unknown/Out of Province	0.0% (0)	3.3% (2)	0.0% (0)	-	7.0%	-	-	-	-
SASKATCHEWAN	1.1% (10)	2.8% (25)	0.0% (0)	60.7	7.0%	1.6%	11.9%	2.6%	15.5%

The fall immunization campaign for COVID-19 and influenza started on October 13, 2026. The first doses of COVID-19 and influenza vaccines arrived in SK the week of September 28. Coverage is based on doses administered on or after September 28, 2026.

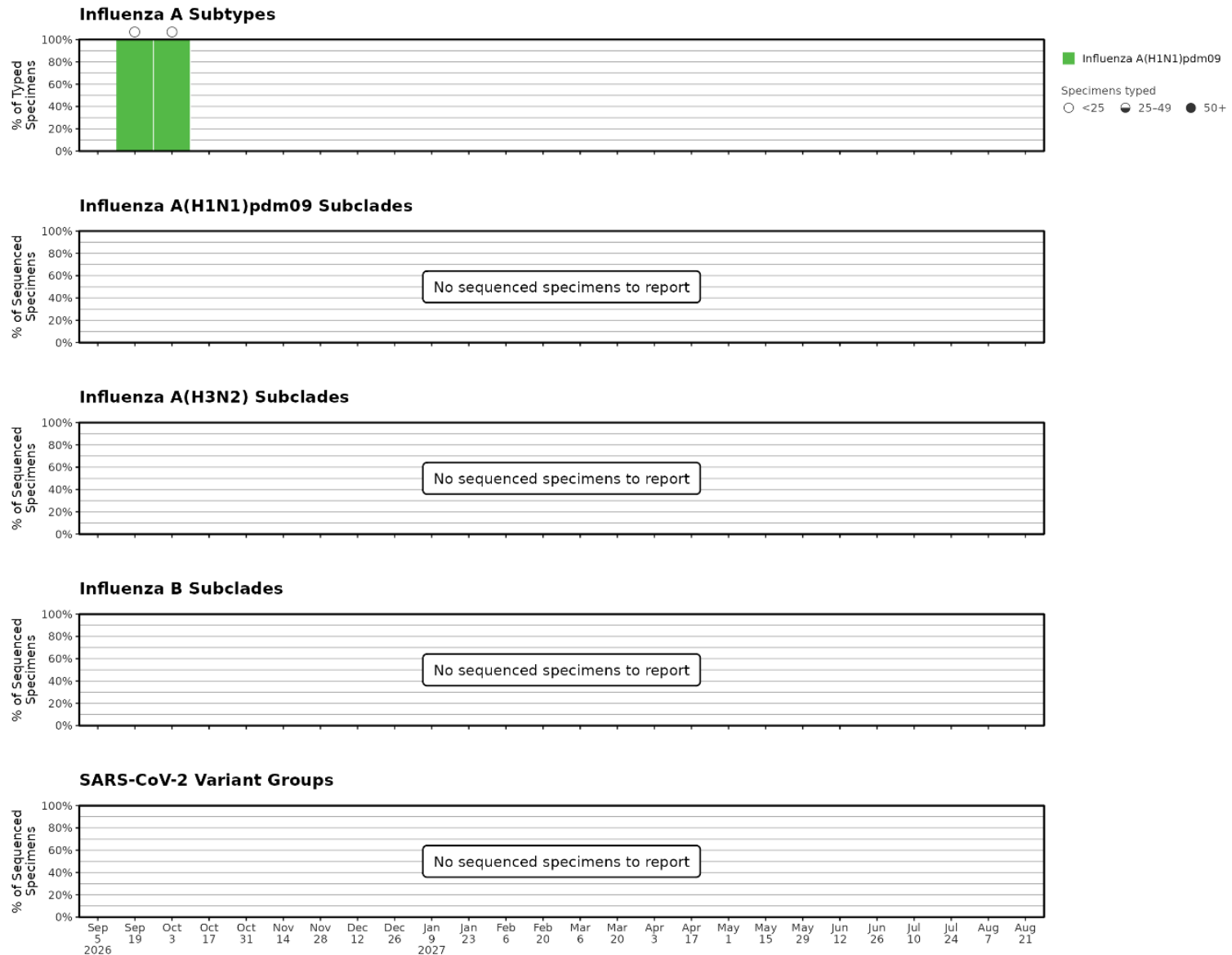
Appendix A: Aggregated wastewater viral activity level, COVID-19, by surveillance week, August 24, 2025 – October 17, 2026



Data source: Roy Romanow Provincial Laboratory (RRPL), Wastewater Testing, Water Quality Lab, as of October 17, 2026. Grey shading marks the two surveillance weeks in this reporting period. Band thresholds: see Technical Notes.

COVID-19 wastewater data for specific Saskatchewan communities: [National Wastewater Monitoring of Pathogens \(NWMP\)](#)

Appendix B: Influenza and SARS CoV-2 (COVID-19) Viral Typing, August 30 – October 3, 2026



Data Source: Roy Romanow Provincial Laboratory (RRPL), Saskatchewan Health Authority (SHA), as of October 22, 2026.

Technical Notes

1. **Respiratory season:** Circulation of respiratory viruses is normally highest in the fall and winter. For the purposes of reporting and comparisons over time and between viruses, the respiratory season typically runs from late August of the current year (2026) to late August of the following year (2027). The current season, 2026-2027, starts on August 30, 2026, and ends on August 28, 2027. The previous season, 2025-2026, started on August 24, 2025, and ended on August 29, 2026.
2. **Surveillance week:** This is a standard method of counting weeks so that it's possible to compare data year after year. In Saskatchewan, the epi-week is a 7-day period that starts on a Sunday and ends on a Saturday. The first epi-week of the year begins in late December or early January.
3. **Test positivity:** it is the percentage of all tests performed that come back positive for a given virus. If the percent positivity is high, it can mean that there is a higher transmission of the virus in the population (ie: COVID-19, Influenza, RSV, and 'Other' viruses)
4. **Confirmed outbreak:** Two or more people in a high-risk setting have a respiratory virus confirmed by laboratory testing, and there is evidence or strong suspicion that the virus is spreading between people. Outbreaks are counted in the week they are reported to the public health office, which may be different from the week they started. For this report, high-risk settings include long-term care facilities, personal care homes and group homes.
5. **Sentinel health providers:** A network of healthcare providers across Saskatchewan's 13 health zones who help monitor respiratory illness in the community. These providers submit one or two samples each week from patients with respiratory symptoms to provincial laboratories (Microbiology section of Royal University Hospital and the Molecular Diagnostics section of Roy Romanow Provincial Laboratory (RRPL), Saskatchewan Health Authority) for testing. These samples are tested for a range of respiratory viruses and other organisms to track which ones are circulating in the community. The samples are also used to identify co-infections, which occur when a person is infected with more than one respiratory virus or organism at the same time.
6. **HealthLine 811 callers with respiratory like illness (RLI):** This measures the number of calls to HealthLine 811 where callers report symptoms similar to a respiratory illness, as recorded by nurses. Data is collected weekly, from Monday to Sunday. The results are reported as a rate for each Integrated Service Area (ISA), showing how many callers report respiratory symptoms per 1,000 calls about any type of symptom from that area.
7. **School absenteeism:** The percentage of students who were expected to attend school but were absent because of illness. The specific illness is not recorded.
8. **Respiratory virus hospital and ICU admissions:** Counts patients who test positive for influenza, RSV or other respiratory viruses within four days before hospital admission or at any time during their hospital stay. COVID-19 admissions include patients who test positive within 21 days before admission, during their hospital stay, or within seven days after discharge. Delays in test results can affect recent daily counts, especially the last few days before the report is updated. An episode of care combines admissions to different hospitals when a patient is transferred without a break in care; a transfer occurs when the patient is admitted to another hospital within 24 hours of discharge from the previous hospital.
9. **Percentage of staffed inpatient beds occupied by COVID-19 patients:** The average percentage of staffed and operational acute care hospital beds occupied by patients who tested positive for COVID-19 during the reporting week.
10. **COVID-19 and Influenza deaths:** Counts deaths among people with laboratory-confirmed COVID-19 or Influenza that are recorded in Panorama IOM. Deaths are reported according to the actual date the person died. Counts from previous reporting periods may change as delayed information is received and updated.
11. **COVID-19 Immunizations:** Up to date (UTD) COVID-19 vaccination is the proportion of people, six months and older, having at least one COVID-19 dose this season divided by the eligible population found in the Saskatchewan Covered Population, 2026-06-08 Ministry of Health version (2025 Version 1). Vaccination for the current season officially began October 13, 2026. Some doses were administered prior to the start date.
12. **Influenza immunizations:** UTD Influenza vaccination is the proportion of people, six months and older, having at least one Influenza dose this season divided by the eligible population found in the Saskatchewan Covered Population, 2026-06-08 Ministry of Health version (2025 Version 1). Vaccination for the current Influenza season officially began October 13, 2026. Some doses were administered prior to the start date.
13. **Wastewater Surveillance:** The amount of virus shed by people in their feces. The aggregated wastewater viral activity level (WVAL) for COVID-19 is the weekly median of site WVALs. Each site's WVAL compares its normalized SARS-CoV-2 concentration with that site's seasonal baseline. Bands: Minimal ≤ 2 ; Low > 2 to 3.4; Moderate > 3.4 to 5.3; High > 5.3 to 7.8; Very High > 7.8 . A rising WVAL signals increasing community viral activity. Locations sampled include Saskatoon, Regina, Moose Jaw, Prince Albert, North Battleford, Swift Current, Yorkton, Weyburn, Estevan, Meadow Lake, Town of Battleford, La Ronge, Assiniboia, Maple Creek, and Birch Hills.
14. **Influenza and SARS-CoV-2 (COVID-19) Viral Typing:** The Roy Romanow Provincial Laboratory (RRPL) performs genetic typing (genotyping) of Influenza A, Influenza B, and SARS-CoV-2 viruses to support the surveillance of circulating respiratory viruses in Saskatchewan and characterize changes in their genetic characteristics over time. Routine genotyping facilitates the identification and monitoring of viral subtypes, subclades, lineages, and variant groups that may be epidemiologically significant – including those associated with changes in viral transmissibility, replication, or pathogenicity, as well as those demonstrating changes in prevalence or geographic distribution. Integration of viral genotyping results with clinical and epidemiological data supports the interpretation of trends in respiratory virus activity and informs public health risk assessment and decision-making. Influenza A subtyping is performed at RRPL at intervals of one to two weeks using polymerase chain reaction (PCR) testing of clinical specimens. Additional Influenza A subtyping and subclade identification, as well as SARS-CoV-2 lineage and variant group characterization, is performed at intervals of two weeks to one month using whole genome sequencing (WGS). SARS-CoV-2 lineages and variant groups of current public health interest can be referenced using the World Health Organization's "Tracking SARS-CoV-2 variants" website (<https://www.who.int/activities/tracking-SARS-CoV-2-variants>).