

Community Respiratory Illness Surveillance Program (CRISP)

Situation Report: April 26, 2024 (Reporting Period April 7 – April 20, 2024)

Note: CRISP reports will be transitioning to monthly during the summer as the prevalence of respiratory viruses in the warmer month's declines. We will return to regular bi-weekly CRISP reporting in the fall.

Summary

- The number of **positive tests for COVID-19 decreased** from 75 tests in the week ending April 6 to 47 tests in the week ending April 20. The test positivity declined from 4.6% to 3.6% in the same period.
- The **test positivity for influenza continues to decrease this week** (8.1%) compared to the week ending April 13 (12.6%). In the most recent week, the proportions of laboratory-confirmed influenza cases were highest among those 20-64 years of age (47.3%). Of the influenza A viruses subtyped, the majority were H1N1 (86.6%).
- The number of **Respiratory Syncytial Virus (RSV) positive tests has remained stable** over the past four weeks. RSV test positivity was 4.0% in the most recent surveillance week. In the most recent week, the proportion of RSV cases was highest in the 65 years and older age group (42.4%) followed by the 0 – 4-year group (39.4%). 'Other' respiratory virus test positivity remained stable at 28.7%.
- COVID-19, Influenza, RSV, other respiratory viruses, and co-infected cases accounted for 20.3%, 25.3%, 15.4%, 36.8%, and 2.2% respectively of the viral respiratory illness hospitalizations in the province during this reporting period. The total number of **hospital admissions for respiratory viruses decreased** by 22% from 233 to 182, over the previous two weeks.
- Sentinel surveillance indicators of respiratory virus transmission in the community continue to fluctuate:
 - Weekly emergency department visits for respiratory-like illnesses (RLI) decreased from 17.2 per 1,000 in the week ending April 13 to 11.1 per 1,000 in the week ending April 20.
 - School illness absenteeism increased from 9.7% in the week ending April 13, to 11.1% in the week ending April 20. Illness absenteeism relates to any cause, including respiratory symptoms.
 - RLI calls to the HealthLine increased from 76.9 per 1,000 calls for the week ending April 13, to 79.6 per 1,000 calls in the week ending April 20.
 - Two out of seven samples tested at the sentinel provider sites were positive. The most commonly detected viruses were Adenovirus and Influenza B.
 - Wastewater data indicate a sustained decrease and low concentrations of COVID-19 across the surveyed areas of the province.

COVID-19

- In the most recent week, the proportions of laboratory-confirmed COVID-19 cases were highest among those 65 and older (61.5%), followed by individuals 20-64 years of age (20.5%).
- COVID-19 outbreaks in high-risk settings remained stable at three for the previous two weeks compared to five for the most recent two weeks.
- From March 3 to April 13, JN.1 and its sublineages (denoted as JN.1*) were the most commonly detected variants (98.1%), followed by EG.5* (1.3%). The proportion of JN.1* is 100% for the week ending April 13.

- COVID-19 hospitalizations decreased from 47 for the previous two weeks to 37 for the most recent two weeks, reflecting a 21% decrease. COVID-19 ICU admissions increased from one for the previous two weeks to five for the most recent two weeks.
- The proportion of staffed inpatient beds occupied by COVID-19 patients decreased to 1.8% this current week.
- In the last two weeks, two COVID-19-associated deaths were reported.
- As of April 20, 2024, 18.4% of those aged six months and older have received a COVID-19 vaccine dose. Vaccination coverage is generally below 10% for ages six months to 64 years, except in Saskatoon (14.8%), Regina (14.5%), and North East (10.4%). For those 65 and older, Far North West (34.5%) and Far North Central (20.1%) have less than 40% coverage, while Regina (59.9%), Saskatoon (57.1%), Central West (52.0%), South Central (51.1%), and North Central (50.4%) exceed 50% coverage for this age group.

Influenza

- The number of positive tests for influenza have decreased from 235 in the week ending April 6, 2024, to 79 in the current surveillance week.
- In the last two weeks, no influenza-associated deaths were reported.
- Influenza hospitalizations decreased from 75 for the previous two weeks to 46 for the most recent two weeks. Influenza ICU admissions remained stable at seven for the previous two weeks compared to eight for the most recent two weeks.
- As of April 20, 2024, 24.9% of the Saskatchewan population received influenza vaccine this season. For those aged 65 years and older overall coverage was 59.4%; the highest was in Regina (64.3%) and lowest in Far North Central (41.0%). For those aged less than 65 years the overall coverage was 17.7%; the highest was in Saskatoon (21.5%) and lowest was in Far North West (10.4%).

RSV and Other Respiratory Viruses¹

- RSV outbreaks remained stable. One outbreak was reported for the previous two weeks compared to two for the most recent two weeks.
- RSV hospitalizations have remained stable at 26 for the previous two weeks to 28 for the most recent two weeks. RSV ICU admissions decreased from three for the previous two weeks to 0 for the most recent two weeks. Hospitalizations for 'Other' respiratory viruses have decreased from 82 for the previous two weeks to 67 for the most recent two weeks. 'Other' respiratory viruses ICU admissions have remained stable at 10 for the last two weeks.
- 'Other' respiratory viruses increased to 227 positive lab detections in the current reporting two weeks compared to 188 detections in the previous two-week period.
- Outbreaks due to 'other' viruses have remained stable. Five outbreaks were reported in high-risk settings over the past two weeks.

Notes:

¹ 'Other' respiratory viruses: Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus and Enterovirus;

* Represents all sublineages of Omicron

Table 1: Viral indicators by surveillance period, March 24 – April 20, 2024

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
Apr 14 – Apr 20	47	3.6%	2	79	8.1%	0	33	4.0%	0	96	28.7%	3
Apr 7 – Apr 13	61	3.8%	3	170	12.6%	1	40	3.5%	2	131	28.2%	2
Mar 31 – Apr 6	75	4.6%	1	235	17.9%	1	38	3.6%	0	89	23.2%	3
Mar 24 – Mar 30	81	4.6%	2	264	18.3%	0	48	4.1%	1	99	21.0%	2

Notes: ¹Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus and Enterovirus/Rhinovirus. See Technical Notes for details

[#]Starting with the week of Oct 22-28, 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. For example, during the week of Oct 22-28, 64 of 347 samples tested for "Other" respiratory viruses were positive for one or more of these viruses, which results in a test positivity of 18.4%. Samples that tested positive for more than one of the "Other" viruses are counted only once.

Table 2: Lab-confirmed respiratory illness by age group, April 14 – April 20, 2024

Age group (Years)	COVID-19 case count	Influenza case count	RSV case count	'Other' virus case count ¹
0 – 4	2 (5.1%)	8 (10.8)	13 (39.4%)	96
5 – 19	5 (12.8%)	26 (35.1%)	4 (12.1%)	
20 – 64	8 (20.5%)	35 (47.3%)	2 (6.1%)	
≥65	24 (61.5%)	5 (6.8%)	14 (42.4%)	
Total	39 (100.0%)	74 (100.0%)	33 (100%)	96 (100%)

Notes: ¹Parainfluenza viruses 1 – 4; Adenovirus; Human Metapneumovirus, seasonal Coronavirus and Enterovirus/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, March 24 – April 20, 2024

Report date	School illness absenteeism ¹	RLI** ED visits per 1,000 ²	RLI** 811 calls per 1,000	SARS-CoV-2 Wastewater indicator ³	Sentinel provider test positivity ⁴	Most commonly detected virus: Sentinel providers ⁴
Apr 14 – Apr 20	11.1%	11.1	79.6	Low (n= 8), Medium (n= 0), Medium-high (n= 0), High (n= 0)	29% (n=2)	Adenovirus, Influenza B
Apr 7 – Apr 13	9.7%	17.2	76.9	Low (n= 9), Medium (n= 0), Medium-high (n= 0), High (n= 0)	85% (n=11)	Influenza B
Mar 31 – Apr 6	5.4%	19.1	87.1	Low (n=4), Medium (n=2), Medium-high (n=3)	67% (n=10)	Influenza B, RSV, PIV-3, Seasonal Coronavirus OC43
Mar 24 – Mar 30	10.5%	19.2	90.4	Low (n=8), Medium (n=1)	40% (n=2)	PIV-3, Rhinovirus

Notes: *Sentinel surveillance are sampling programs representative of the population; ¹School absenteeism is the proportion of scheduled children who were absent from the class due to illness. The type of illness is not specified. ²Respiratory-like illnesses (RLI) are based on reports from ten of thirteen reporting areas for the week of April 17 – 13 and from nine out of thirteen reporting areas for the week of Apr 14 - 20. ³Count of wastewater treatment facilities reporting low, moderate or high levels of viral load causing COVID-19 infection. See Technical Notes and appendix for details ⁴Most 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, March 24 – April 20, 2024[‡]

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
Apr 14 – Apr 20	19	2	18	3	16	0	1.8%	2	0	18.4%	24.9%
Apr 7 – Apr 13	18	3	28	5	12	0	2.2%	0	0	18.4%	24.9%
Mar 31 – Apr 6	24	0	35	4	14	3	2.4%	0	1	18.4%	24.9%
Mar 24 – Mar 30	23	1	40	3	12	0	2.3%	0	0	18.3%	24.9%

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

Cases by respiratory organisms across the age groups

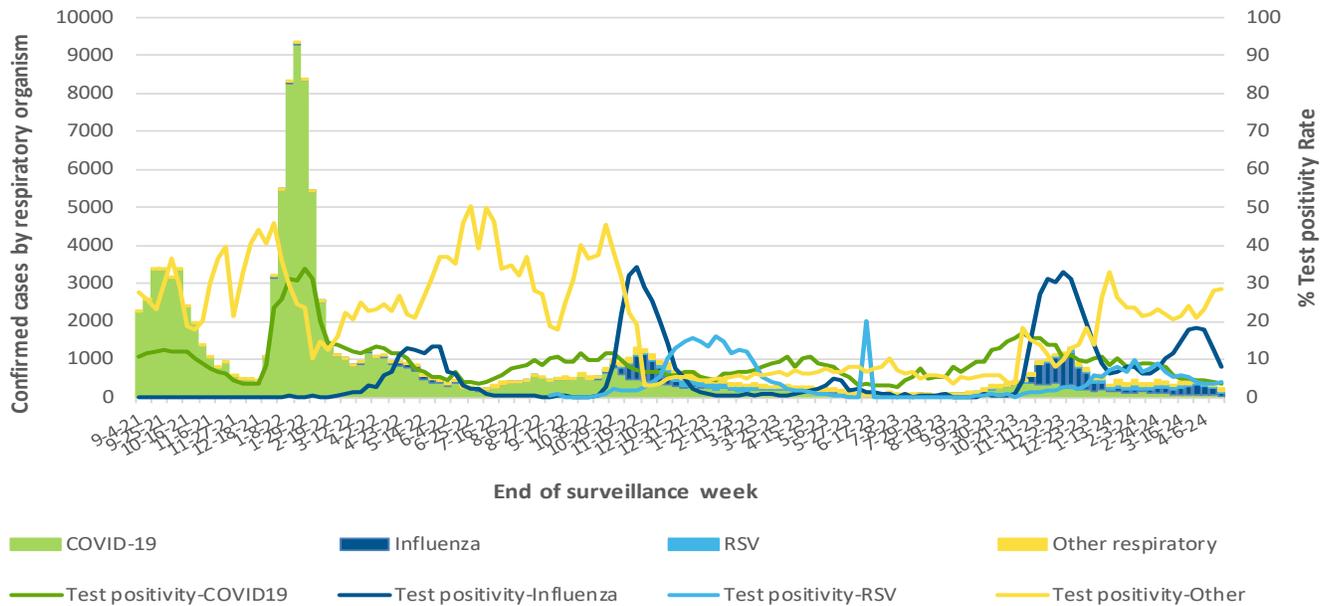
- From April 7 to April 20, there were 182 respiratory illness cases hospitalized with lab-positive COVID-19 (37), influenza (46), RSV (28), other respiratory illnesses (67), and co-infected cases (4). The COVID-19 lab positives were among the age groups of 0-19 (2), 20-59 (5) and ≥60 (30). The Influenza lab positives were among the age groups of 0-19 (13), 20-59 (23) and ≥60 (10). The RSV lab positives cases were among the age groups of 0-19 (17) and ≥60 (11). The other respiratory lab positives were in the age group of 0-19 (28), 20-59 (16), and ≥60 (23). The Co-infection lab positives were in the age groups of 0-19 (3) and ≥60 (1).
- From April 7 to April 20, there were 23 respiratory illness cases admitted to the ICU with lab-positive COVID-19 (5), influenza (8) and other respiratory illnesses (10). The COVID-19 lab positives were among the age groups of 20-59 (2) and ≥60 (3). The Influenza lab positives were among the age group of 0-19 (2), 20-59 (4), and ≥60 (2). The other respiratory lab positives were in the age groups of 0-19 (6), 20-59 (1), and ≥60 (3).
- 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).

²7-day average of percentage of acute inpatient beds staffed and in operation that are occupied by COVID-positive patients as of 8AM census

³Includes 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. Based on Panorama update, one death was added in week 46; and one death removed from each week from week 47-50.

⁴The fall immunization campaign for COVID-19 and influenza started on October 10, 2023. The first doses of COVID-19 and influenza vaccines arrived in SK the week of September 18. Coverage is based on doses administered on or after September 18, 2023.

Figure 1: Epidemic curve, respiratory illness by organism and test positivity, August 29, 2021 – April 20, 2024



Data sources: Panorama IOM extracted on April 22, 2024 (COVID-19 cases)

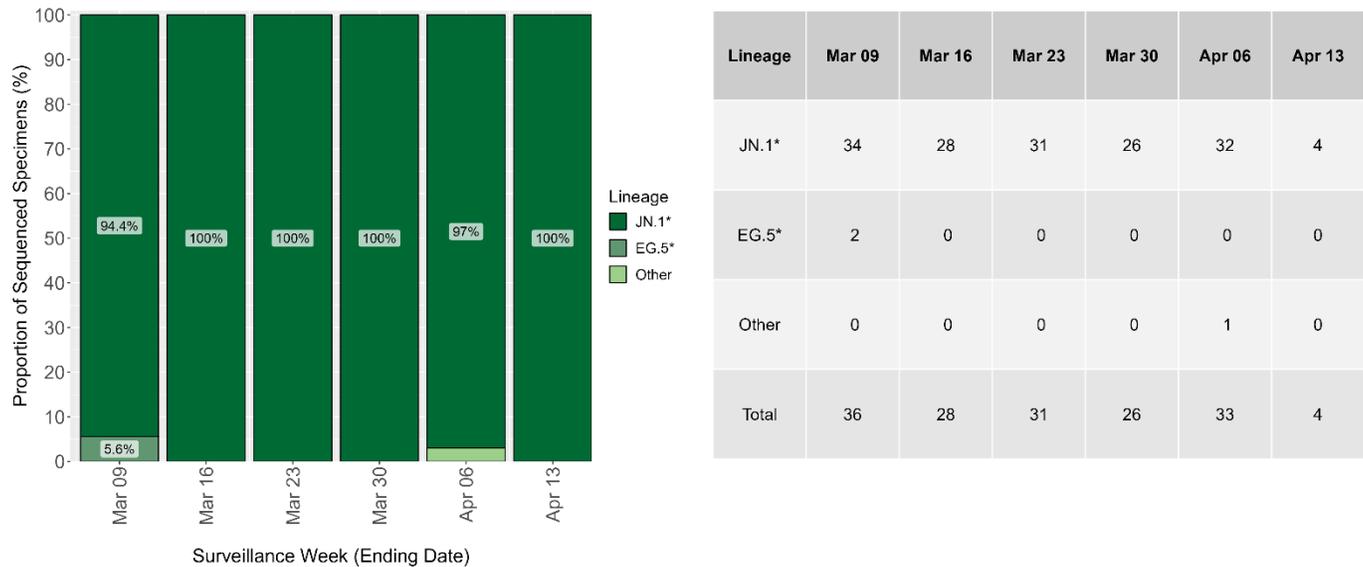
Respiratory Virus Detections Surveillance System (influenza and other respiratory) (RRPL extracted April 22, 2024)

As of September 4, 2022, COVID-19 cases include new and reinfections.

For the two weeks of April 7 to April 20, 2024, there were:

- 109 COVID-19 cases (12 were 0 to 19 years; 27 were 20 to 59 years; and 70 were 60 years and older).
- 249 influenza lab detections
- 73 RSV detections
- 227 other viral lab detections (parainfluenza, adenovirus, human metapneumovirus, rhinovirus, coronavirus)

Figure 2: Percentage of SARS-CoV-2 variants, March 3 – April 13, 2024^{‡*}



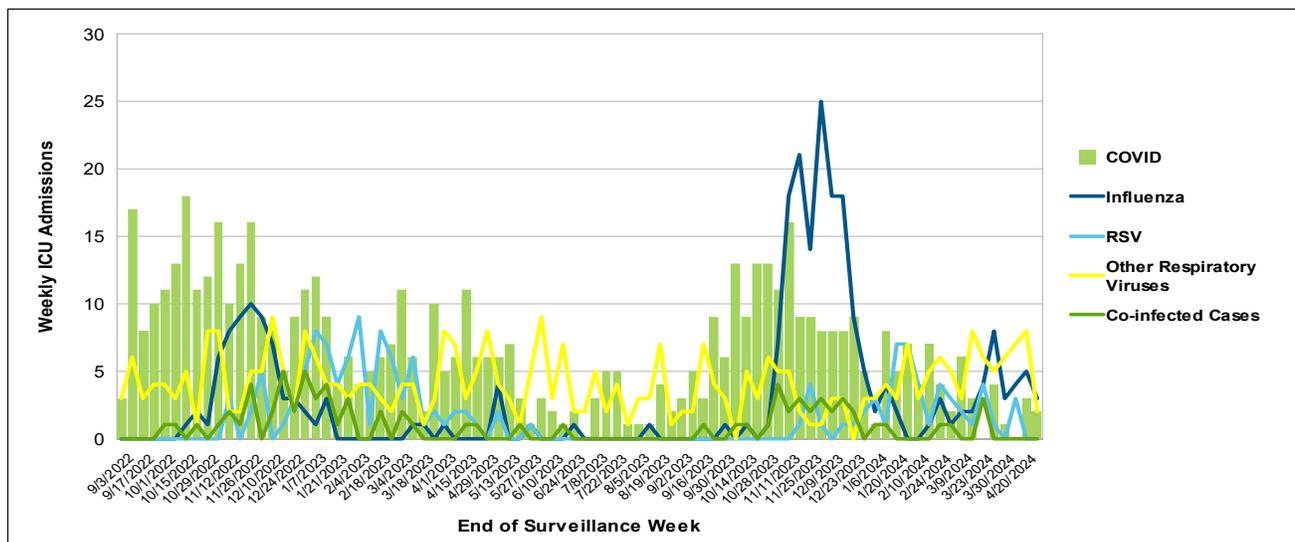
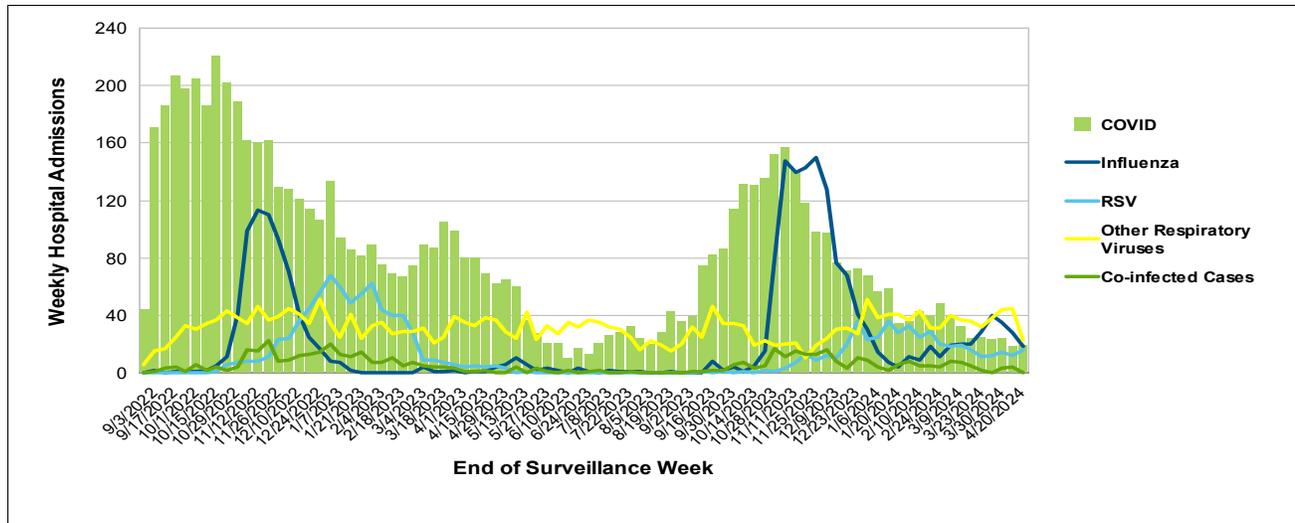
Data Source: Roy Romanow Provincial Laboratory, Saskatchewan Health Authority, as of April 24, 2024

[‡] Surveillance weeks correspond to specimen collection date.

* Parent lineage reported also includes all sublineages derived from this parent lineage.

“Other” represents non-VOC variant groups and their sublineages. For the current period of March 3 to April 13, 2024, the Other category includes XDP* (1 case).

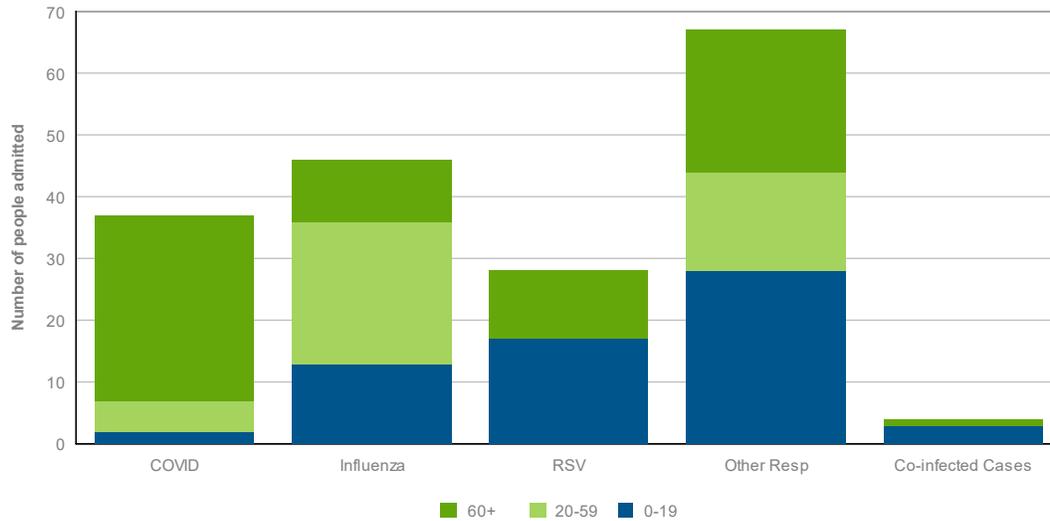
Figure 3: The number of COVID-19, influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital and ICU by week of the admission, September 03, 2022 – April 20, 2024*



Data source: Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on April 23, 2024* 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’.

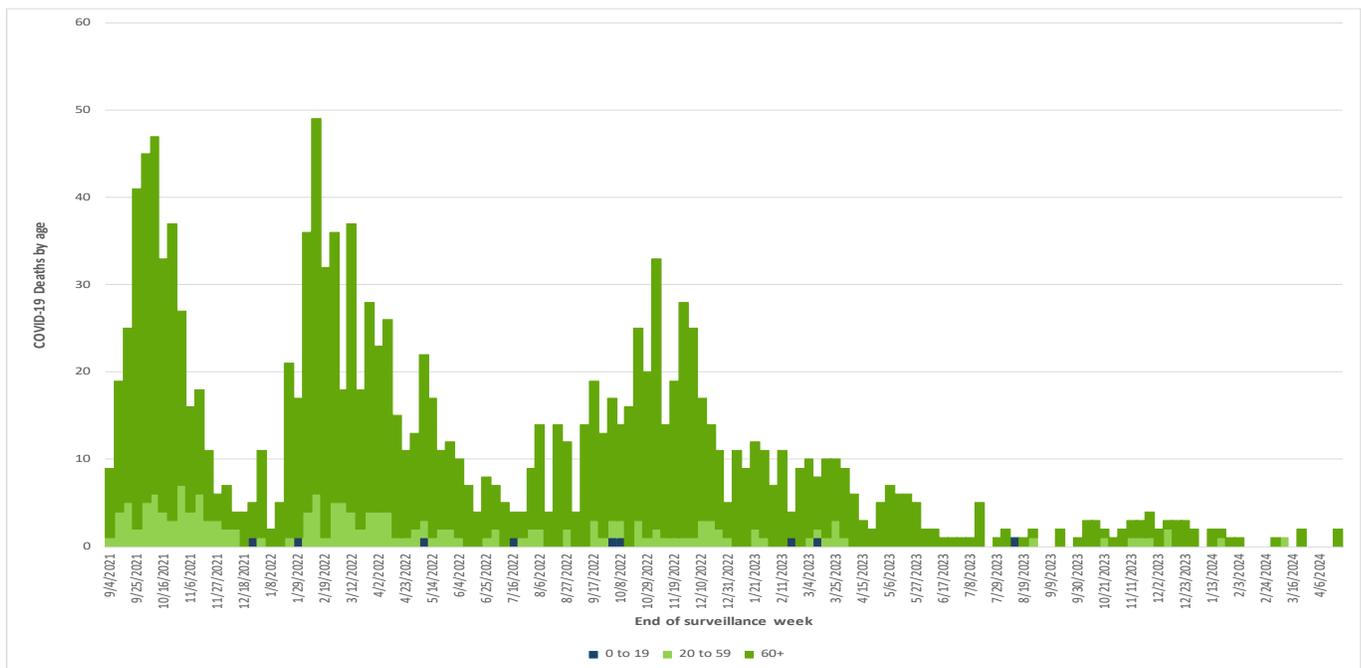
Figure 4: The number of COVID-19, influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital by age group, April 7 – April 20, 2024



Data source: Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on April 23, 2024* 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, September 4, 2021 – April 20, 2024*



Source: Panorama April 22, 2024

In the past two weeks, April 7 to April 20, 2024, two deaths were reported among COVID-19 cases.

*Total COVID-19 deaths from March 2020 to date; n=2,060

Table 5: Community Respiratory Infection Surveillance Program Indicators by zone, April 14 – April 20, 2024

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 [†]	Proportion of population with COVID-19 vaccine administered ⁵		Proportion of population with Influenza vaccine administered ⁵	
								<65 Yrs	≥65 Yrs	<65 Yrs	≥65 Yrs
Far North West (Meadow Lake & area)	3.8% (1)	2.0% (1)	2.0% (1)	No data	-	7.0%	Low	4.8%	34.5%	10.4%	46.0%
Far North Central	0.0% (0)	50.0% (1)	0.0% (0)	No data	-	2.2%	No data	3.2%	20.1%	12.7%	41.0%
Far North East (La Ronge & area)	0.0% (0)	9.5% (2)	0.0% (0)	No data	-	8.1%	No data	6.9%	45.1%	14.6%	53.4%
North West (Lloydminster & area/North Battleford)	1.6% (1)	7.9% (9)	1.1% (1)	9.0	61.9	11.7%	Low	5.9%	44.1%	11.2%	51.2%
North Central (Prince Albert & area)	0.0% (0)	11.0% (9)	9.1% (7)	0.0	-	10.3%	No data	9.6%	50.4%	15.7%	57.8%
North East (Melfort & area)	0.0% (0)	23.3% (7)	3.4% (1)	75.9	61.9	11.7%	No data	10.4%	48.4%	16.3%	55.7%
Saskatoon	3.6% (13)	6.6% (12)	2.8% (5)	15.2	111.6	11.8%	Low	14.8%	57.1%	21.5%	62.7%
Central West (Kindersley & area)	0.0% (0)	5.3% (1)	0.0% (0)	No data	-	8.5%	No data	8.2%	52.0%	16.7%	61.3%
Central East (Yorkton/Melville & area)	8.2% (13)	6.7% (8)	12.9% (9)	10.9	-	9.8%	Low	8.4%	48.3%	14.5%	55.5%
Regina	5.2% (6)	4.8% (5)	2.9% (3)	4.1	53.1	11.7%	Low	14.5%	59.9%	19.6%	64.3%
South West (Swift Current/ Maple Creek & area)	5.0% (1)	4.9% (2)	2.4% (1)	19.2	105.6	10.2%	Low	9.1%	47.2%	16.2%	55.5%
South Central (Moose Jaw & area)	0.0% (0)	11.0% (8)	0.0% (0)	2.5	-	11.3%	Low	9.4%	51.1%	15.7%	58.9%
South East (Weyburn/Estevan & area)	6.7% (3)	10.6% (5)	11.1% (4)	50.0	74.4	11.2%	Low	7.2%	45.3%	14.8%	56.8%
Unknown/Out of Province	2.9% (9)	9.6% (9)	3.8% (1)	No data	-	10.4%	-	-	-	-	-
SASKATCHEWAN	3.6% (47)	8.1% (79)	4.0% (33)	11.1	79.6	11.1%	-	11.5%	52.5%	17.7%	59.4%

Notes: ¹By week of lab detection; effective Oct 30, 2022, includes cases who tested positive more than once >= 90 days apart; ²For COVID-19 test positivity, all tests reported were performed within the province. Respiratory-like illness; ³Based on reports from nine of thirteen reporting areas. ⁴811 data available at the six Integrated Service Areas geographical level; ⁵Unknown 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.; ⁵The fall immunization campaign for COVID-19 and influenza started on October 10, 2023. The first doses of COVID-19 and influenza vaccines arrived in SK the week of September 18. Coverage is based on doses administered on or after September 18, 2023



Technical Notes

1. **Laboratory surveillance:** Conducted through epidemiological analyses and 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 Virology Section of the 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. **Respiratory-Like Illness (RLI) cases in Emergency Departments (EDs) across different regions of Saskatchewan** are recorded using two primary systems: the Sunrise Clinical Manager (SCM) and the local public health offices (LPHO).

The SCM ED data encompasses information from eight zones, namely Central East, North Central, North West, Regina, Saskatoon, South Central, South West, and South East (data received from both systems). On the other hand, the LPHO ED data covers three zones: North East, Central West, and South East (data received from both systems). It's important to note that the Far North West, Far North Central, and Far North East regions do not currently participate in RLI Surveillance for ED.

Digital Health Analytics (DHA) compiles and summarizes SCM data over a 7-day monitoring period, spanning from Sunday to Saturday. In contrast, the LPHO aggregates raw data received from ED's on the prescribed data collection form. The data is monitored for a minimum of 24 hours, on at least one day each week. The specific timing of this monitoring may vary depending on the ED's schedule.
5. **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.
6. **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.
7. **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.
8. **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

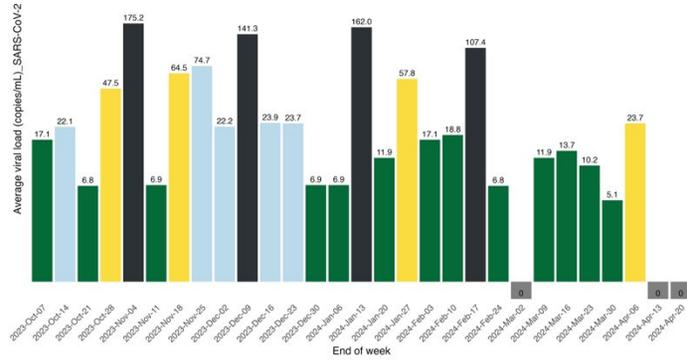
for RSV and Other respiratory viruses or, positive for Covid-19 and Influenza or, positive for Covid-19 and RSV or, positive for Covid-19 and Other Respiratory viruses.

9. **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.

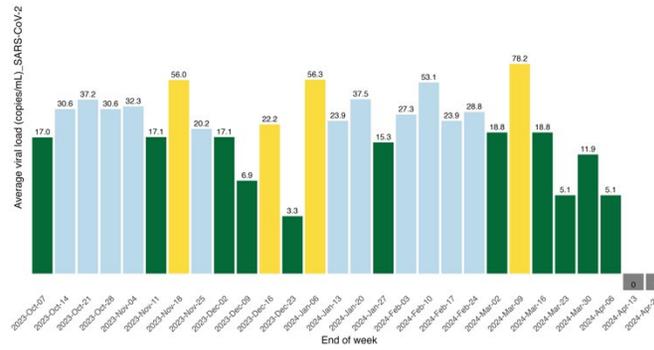
Lineages BA.2.86, JN.1, XBB, XBB.1.5, XBB.1.9.1, EG.5, XBB.1.16 and XBB.2.3 are all classified under the WHO label of "Omicron". Lineages that are not explicitly indicated in the analysis are aggregated under their corresponding parent lineage. Percentages are shown when a lineage or variant group constitutes 5% or more of total specimens evaluated for a given surveillance week.
10. **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.
11. **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.
12. **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.
13. **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.
14. **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 occupancy = $\frac{\sum(8am\ beds\ staffed\ and\ in\ operation)}{\sum(Planned\ beds + "Surge\ Beds" - "Closed")}$ × 100%. Where "bed staffed and in operation" = "Planned beds" + "Surge Beds" - "Closed" and $\sum(\dots)$ 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).
15. **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 \(March 2009\)](#).

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

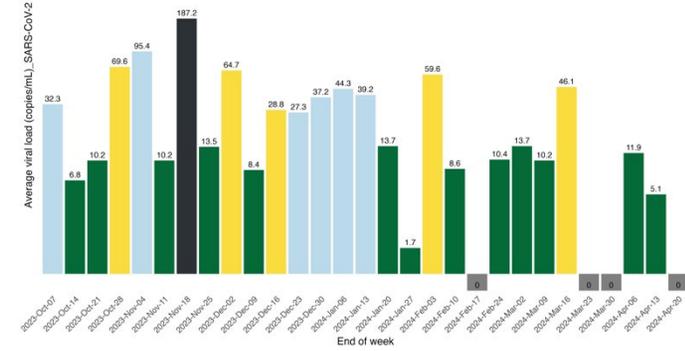
Meadow Lake



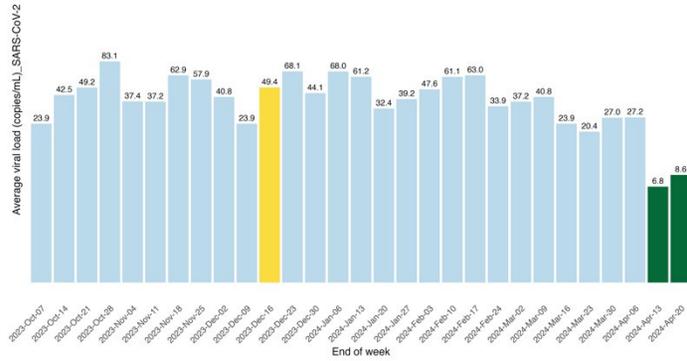
North Battleford



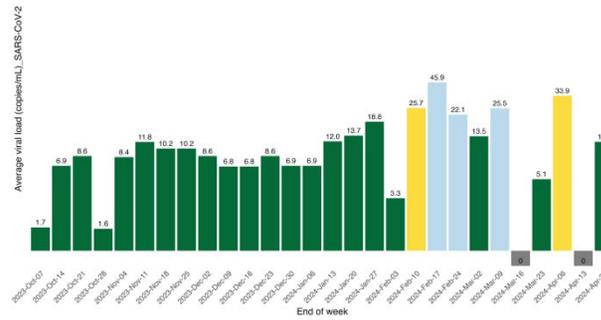
Battleford



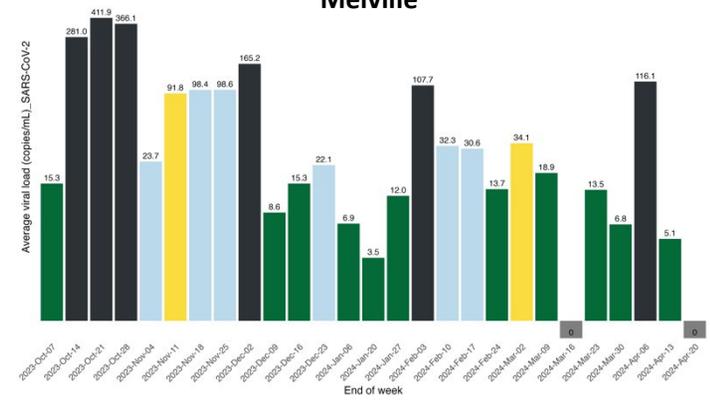
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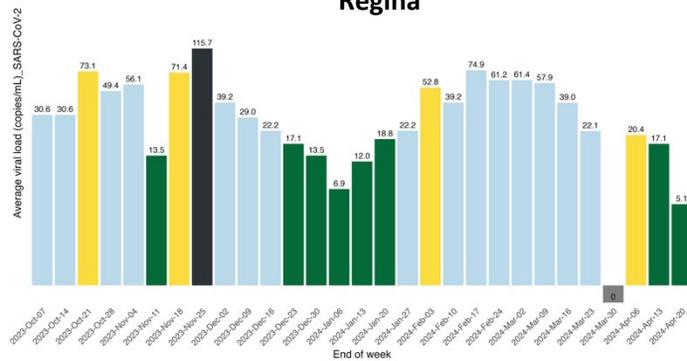
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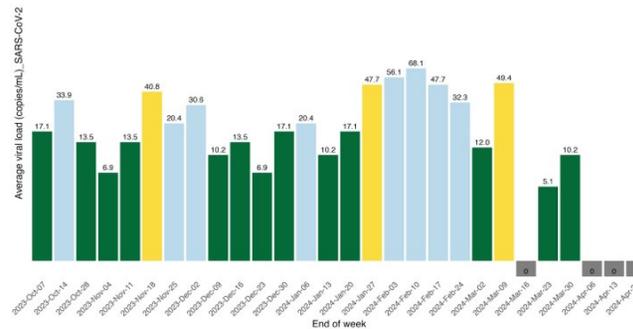
Melville



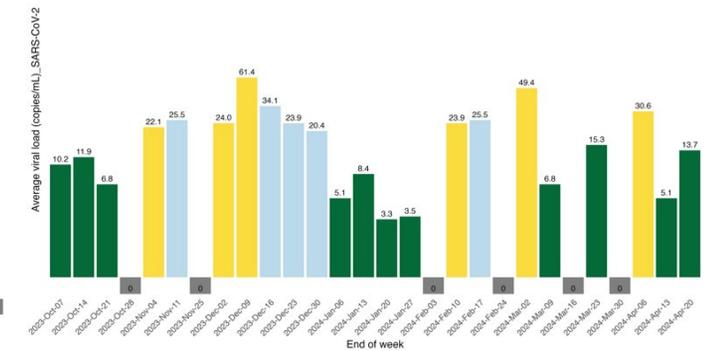
Regina



Swift Current



Maple Creek

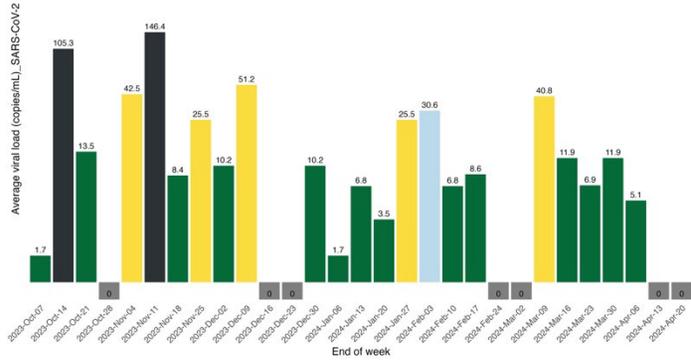


Quantitative Interpretation:

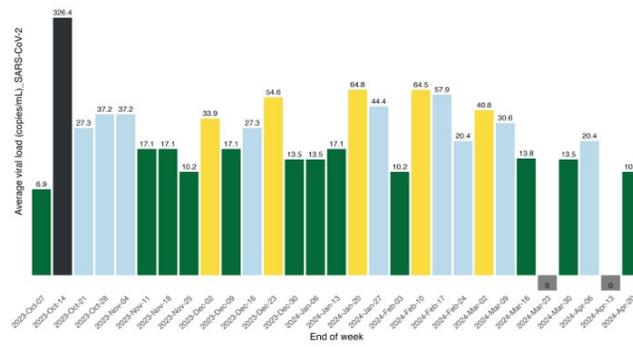
- Low: 0-20 copies per mL.
- Medium: 20-100 copies per mL and weekly change < 100%.
- Medium – High: 20-100 copies per mL and weekly change > 100%.
- High: > 100 copies per mL.



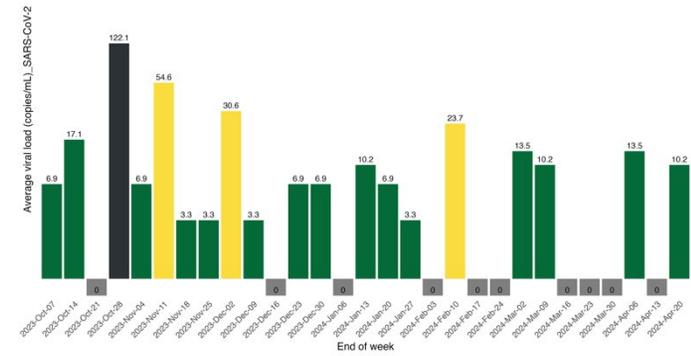
Assiniboia



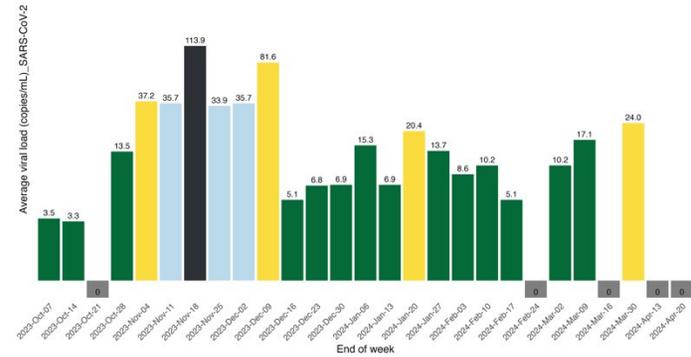
Moose Jaw



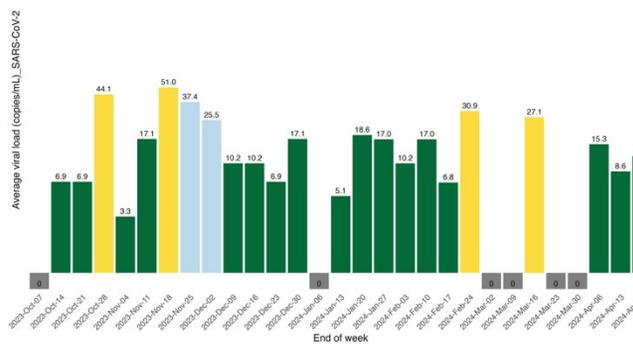
Lumsden



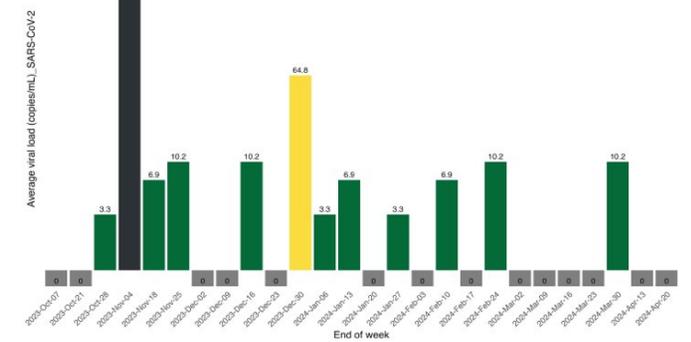
Weyburn



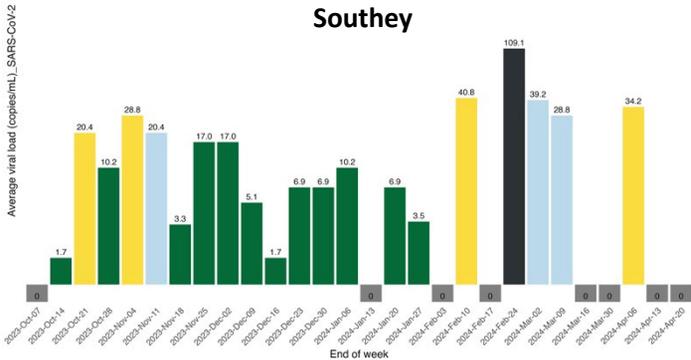
Estevan



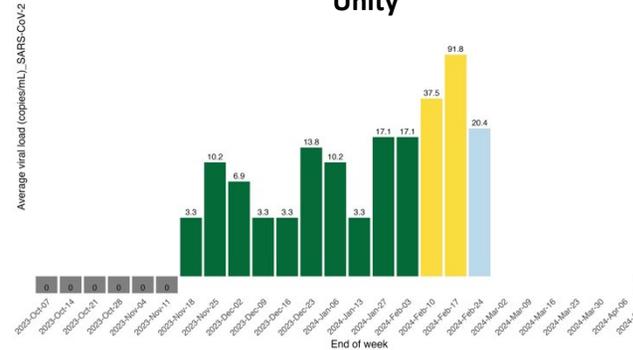
Birch Hills



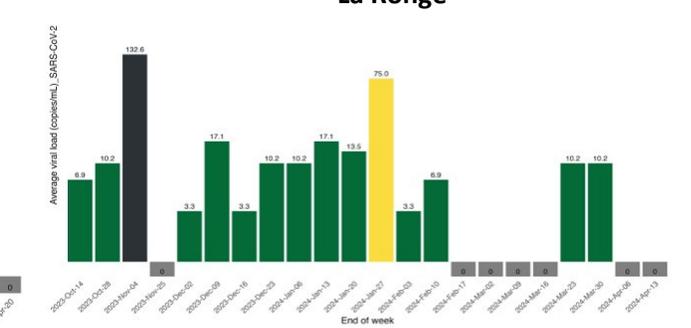
Souhey



Unity



La Ronge[‡]



Quantitative Interpretation:

- Low: 0-20 copies per mL.
- Medium: 20-100 copies per mL and weekly change < 100%.
- Medium – High: 20-100 copies per mL and weekly change > 100%.
- High: > 100 copies per mL.

[‡]Data for La Ronge is unavailable for the week ending April 20, 2024, due to the non-receipt of wastewater samples.