

Community Respiratory Illness Surveillance Program (CRISP)

Situation Report: November 10, 2023 (Reporting Period October 22 – November 04, 2023)

Summary

- COVID-19 increased from 396 positive tests in the week ending October 28 to 442 positive tests this week. Test positivity for the most recent surveillance week was 15.7% compared to 17.1% for the preceding week.
- Respiratory Syncytial Virus (RSV) increased with 22 cases in the last two weeks and 1.3% test positivity for the most recent surveillance week.
- Influenza positivity increased over the past two weeks from 42 to 166 positive lab detections with a test positivity of 14.6% surpassing a 2% threshold indicate the start of the influenza season. Influenza Type A accounted for 97.4% of the positive detections this season.
- COVID-19, Influenza and other respiratory viruses account for 67%, 18% and 10% of hospitalizations due to viral respiratory illnesses across the province, respectively. Total hospital admissions for respiratory viruses increased from 307 for the previous two weeks to 353 the most recent two-weeks, reflecting a 13% increase in the number of hospitalizations.
- Sentinel surveillance indicators of respiratory transmission in the community have increased:
 - Weekly visits to the emergency departments for respiratory-like illnesses (RLI) increased from 16.4 per 1,000 to 20.4 per 1,000 visits in the most recent week.
 - School-absenteeism for the week ending November 4, 2023, increased to 13.1% from 10.0% the previous week.
 - Calls to HealthLine 811 for respiratory-like illness increased from 100.9 to 122.9 per 1,000 calls in the most recent week.
 - Of COVID-19, Influenza A/B, RSV, and 'other' respiratory viruses¹: COVID-19 and Rhinovirus were the most detected virus in the sentinel provider program. The most detected virus in the province overall was COVID-19.
 - Current weekly wastewater surveillance data indicate an upward trend in COVID-19 signals across all the surveilled areas of the province, including Regina and Saskatoon, except for the Central East area.

COVID-19

- The number of positive tests for COVID-19 increased from 396 in the week ending October 28 to 442 in the most recent week.
- COVID-19 cases were highest in the 65+ years age group (47.7%), followed by the 20 to 64 group (42.2%).
- There were 40 COVID-19 outbreaks reported in a high-risk setting in the past two week compared to 23 in the previous two week period.
- EG.5 and its sublineages (denoted as EG.5*) were the most detected variants (53.4% of sequenced specimens collected during the two most recent surveillance weeks), followed by XBB.1.16* (18.6%) and XBB.1.9.2* (9.1%).

- COVID-19 hospitalizations dropped from 244 for the previous two weeks to 237 during the most recent two weeks. COVID-19 ICU admissions have remained stable at 21 for the previous two weeks to 20 for the most recent two weeks.
- The proportion of staffed inpatient beds occupied by COVID-19 patients increased to 7.7% for the most recent week.
- In the last two weeks, two deaths associated with COVID-19 were reported.
- Of those aged six months and older, 12.1% have received at least one dose of COVID-19 vaccine on or after September 18. For those under age 65 years, all the zones have less than 10% coverage. For those 65 years and older, all zones except for Central West (40.8%) and Regina (40.9%) have less than 40% coverage.

Influenza

- Influenza test positivity increased over the past two weeks from 42 to 166 positive lab detections with a test positivity of 14.6%. Influenza increase appears higher at this point in the Northwest and Saskatoon compared to Regina and the south.
- Influenza hospitalizations have increased from three for the previous two weeks to 64 for the most recent two weeks. Influenza ICU admissions have increased from zero for the previous two weeks to six for the most recent two weeks.
- As of November 4, 2023, 15.3% of the Saskatchewan population received influenza vaccine this season. For those aged 65 years and older overall coverage was 43.7%, the highest was in Central West (47.8%) and lowest in Far North Central (18.8%). For those aged less than 65 years the overall coverage was 9.5%; the highest was in Saskatoon (11.0%) and lowest in Far North West (4.7%).

RSV and Other Respiratory Viruses¹

- Other respiratory virus lab detections remained stable at 64 for each of the past two weeks. The weekly positivity rate ranged from 15.2% to 18.4%. See Table 1 footnote for a description of the change to the methodology for this indicator.
- RSV hospitalizations have remained stable at three for the most recent two weeks compared to one for the previous two weeks. Hospitalizations for 'Other' respiratory viruses have decreased from 52 for the previous two weeks to 34 for the most recent two weeks. 'Other' respiratory viruses ICU admissions have remained stable at eight for the previous two weeks as well as the most recent two weeks.
- Outbreaks due to 'other' viruses have remained stable. One outbreak was 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/Rhinovirus; * Represents all sublineages of Omicron

Table 1: Viral indicators by surveillance period, October 08 – November 04, 2023

Report date	COVID-19 positive laboratory test	COVID-19 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
Oct 29 – Nov 04	442	15.7%	17	166	14.6%	0	14	1.3%	0	64	15.2%	1
Oct 22 - 28	396	17.1%	23	42	4.4%	0	8	0.9%	0	64	18.4% [#]	0
Oct 15 - 21	390	15.5%	11	10	1.0%	0	1	0.1%	0	69	3.4%	0
Oct 08 -14	345	14.9%	12	5	0.5%	0	7	0.7%	0	82	4.2%	1

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: Patient-confirmed respiratory illness by age group, October 29 – November 04, 2023

Age group (Years)	COVID-19 case count	Influenza case count	RSV case count	'Other' virus case count ¹
0-4	22 (5.6%)	42 (25.3%)	10 (71.4%)	64
5-19	18 (4.5%)	34 (20.5%)	1 (7.1%)	
20-64	167 (42.2%)	69 (41.6%)	3 (21.4%)	
≥65	189 (47.7%)	21 (12.7%)	-	
Total	396 (100%)	166 (100%)	14 (100%)	64 (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, October 08 – November 04, 2023

Report date	School illness absenteeism ¹	RLI** ED visits per 1,000 ²	RLI** 811 calls per 1,000	COVID-19 Wastewater indicator ³	Sentinel provider test positivity	Most commonly detected virus: Sentinel providers ⁴
Oct 29 – Nov 04	13.1%	20.4	122.9	Low n=1, Medium n=5, Medium-High n=1, High n=2	41% (n=7)	COVID-19, Rhinovirus
Oct 22 - 28	10.0%	16.4	100.9	Low n=3, Medium n=5, Medium-High n=1	48% (n=11)	Rhinovirus
Oct 15 - 21	9.7%	15.4	82.8	Low (n=3), Medium (n=4), Medium-High (n=1)	50% (n=10)	COVID-19
Oct 08 -14	7.4%	13.2	88.7	Low (n=2), Medium (n=6), High (n=1)	50% (n=7)	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 all report date. 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, RSV, Adenovirus, Metapneumovirus, Rhinovirus, Parainfluenza viruses 1-4, and seasonal Coronaviruses (229E, HKU1, NL63, and OC43).

Table 4: Outcome, health care capacity and immunization coverage indicators by surveillance period, October 08 – November 04, 2023[‡]

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 ³	Deaths – Influenza ³	Proportion of population with COVID-19 vaccine administered ⁴	Proportion of population immunized for Influenza vaccine ⁴
Oct 29 – Nov 04	117	7	54	5	1	0	7.7%	1	0	12.1%	15.3%
Oct 22 - 28	120	13	10	1	2	0	7.6%	1	0	9.9%	12.7%
Oct 15 - 21	120	12	3	0	0	0	6.4%	1	0	7.1%	8.9%
Oct 08 -14	124	9	0	0	1	0	4.7%	3	0	3.5%	4.2%

[‡]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 October 22 to November 04, 2023, there were 353 respiratory illness cases hospitalized with lab-positive Covid19 (237), influenza (64), RSV (3), other respiratory illnesses (34), and co-infected cases (15). The Covid19 lab positives were among the age groups of 0-19 (10), 20-59 (57) and ≥60 (170). The Influenza lab positives were among the age groups of 0-19 (14), 20-59 (23) and ≥60 (27). The RSV lab positives cases were among the age groups of 0-19 (2) and ≥60 (1). The other respiratory lab positives were in the age group of 0-19 (22), 20-59 (5), and ≥60 (7). The Co-infection lab positives were in the age groups of 0-19 (11) and 20-59 (3) and ≥60 (1).
- From October 22 to November 04, 2023 there were 39 respiratory illness cases admitted to the ICU with lab-positive Covid19 (20), influenza (6), other respiratory illnesses (8), and co-infected cases (5). The Covid19 lab positives were among the age groups of 0-19 (1), 20-59 (5) and ≥60 (14). The Influenza lab positives were among the age groups of 20-59 (2) and ≥60 (4). The other respiratory lab positives were in the age groups of 0-19 (7) and ≥60 (1). The Co-infection lab positives were in the age group of 0-19 (5).

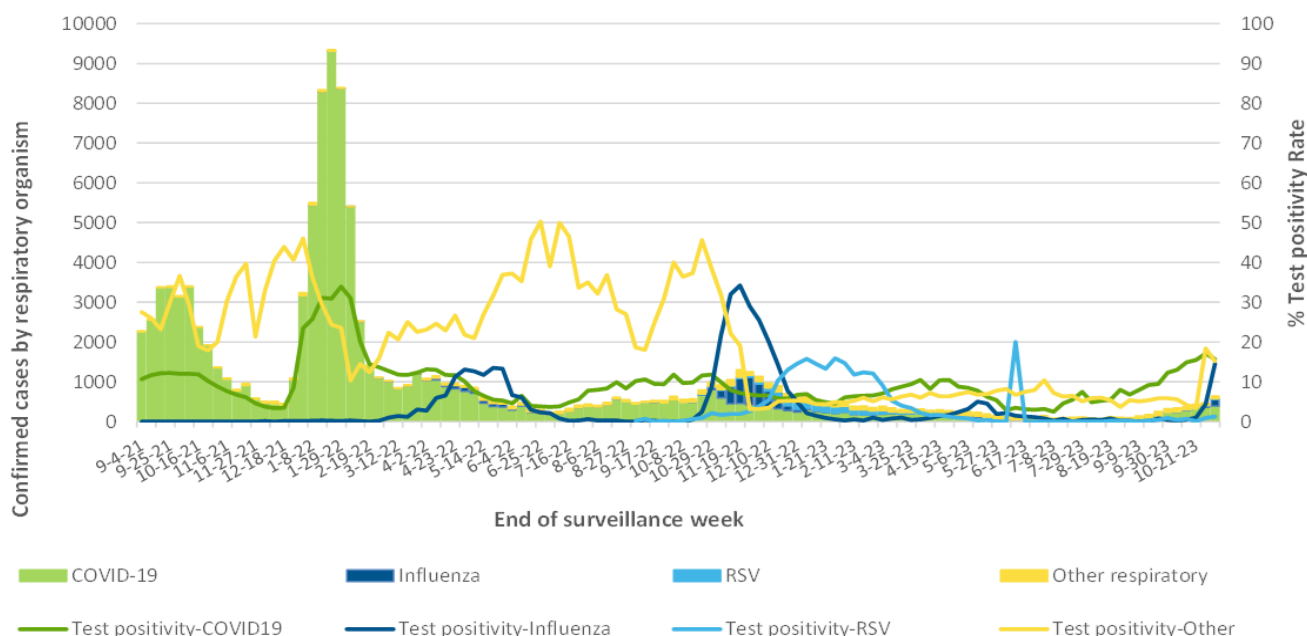
Notes: ¹ The delay in date tested result affects the total number of Influenza (A/B), RSV and other respiratory virus admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated. The counts for influenza, RSV, and other respiratory virus-associated hospital and ICU admissions refer to individuals with laboratory or point of care tests positive for influenza, RSV, and other respiratory viruses, respectively, occurring within four days before the admission date AND/OR at any point during the hospital stay. The counts for COVID-19 hospital and ICU admissions refer to individuals with laboratory tests positive for COVID-19 virus, occurring within 21 days before the admission date and/or at any point during the hospital stay or 7 days from the discharge. Episodes of care considers patients total movement within the health system related to their condition. It combines 2 or more admission from 2 or more different facilities, if they are transfers (No break in care). Transfer: Admission to any other hospital within 24 hours of discharge from previous hospital. Co-infected cases: positive for influenza and RSV or, positive for influenza and other respiratory virus or positive for RSV and other respiratory viruses or, positive for COVID-19 and influenza or, positive for COVID-19 and RSV or, Positive for COVID-19 and other respiratory viruses. Other includes: Parainfluenza 1-4, Adenovirus, Enterovirus, Human Metapneumovirus, Rhinovirus, Seasonal Coronavirus (O43, NL63, 229E, HKU1f.)

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

³ Includes deaths entered into Panorama IOM among lab-confirmed cases. Deaths reported based on the actual date of death. Deaths reported in previous periods subject to change due death reporting data lags

⁴ The fall immunization campaign for COVID-19 and influenza started on October 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 – November 04, 2023



Data sources: Panorama IOM extracted on November 6, 2023 (COVID-19 cases)

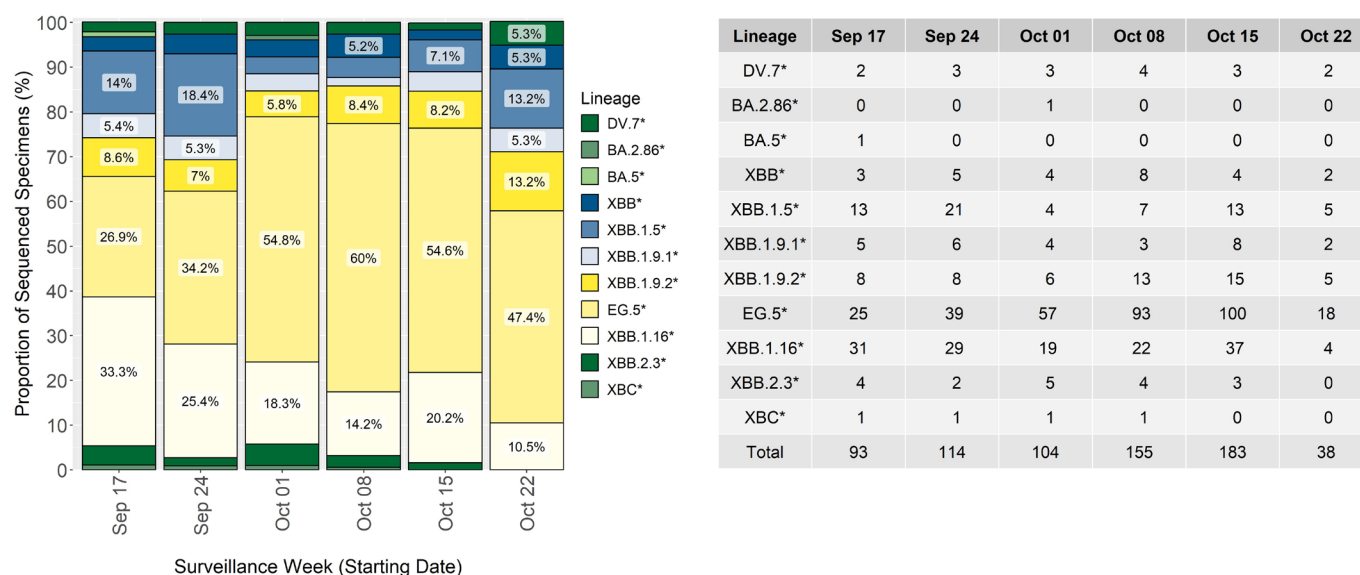
Respiratory Virus Detections Surveillance System (influenza and other respiratory) (RRPL extracted November 6, 2023). Starting with the week of Oct 22-28, the method for calculating test positivity for “Other” respiratory viruses has changed to more accurately reflect the number of positive results in 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.

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

For the two weeks of October 22 to November 4, 2023, there were:

- 754 COVID-19 cases (70 were 0 to 19 years; 268 were 20 to 59 years; and 416 were 60 years and older).
- 208 influenza lab detections
- 22 RSV detections
- 128 other viral lab detections (parainfluenza, adenovirus, human metapneumovirus, rhinovirus, coronavirus)

Figure 2: Percentage of SARS-CoV-2 variants by surveillance week starting*, September 17 – October 22, 2023

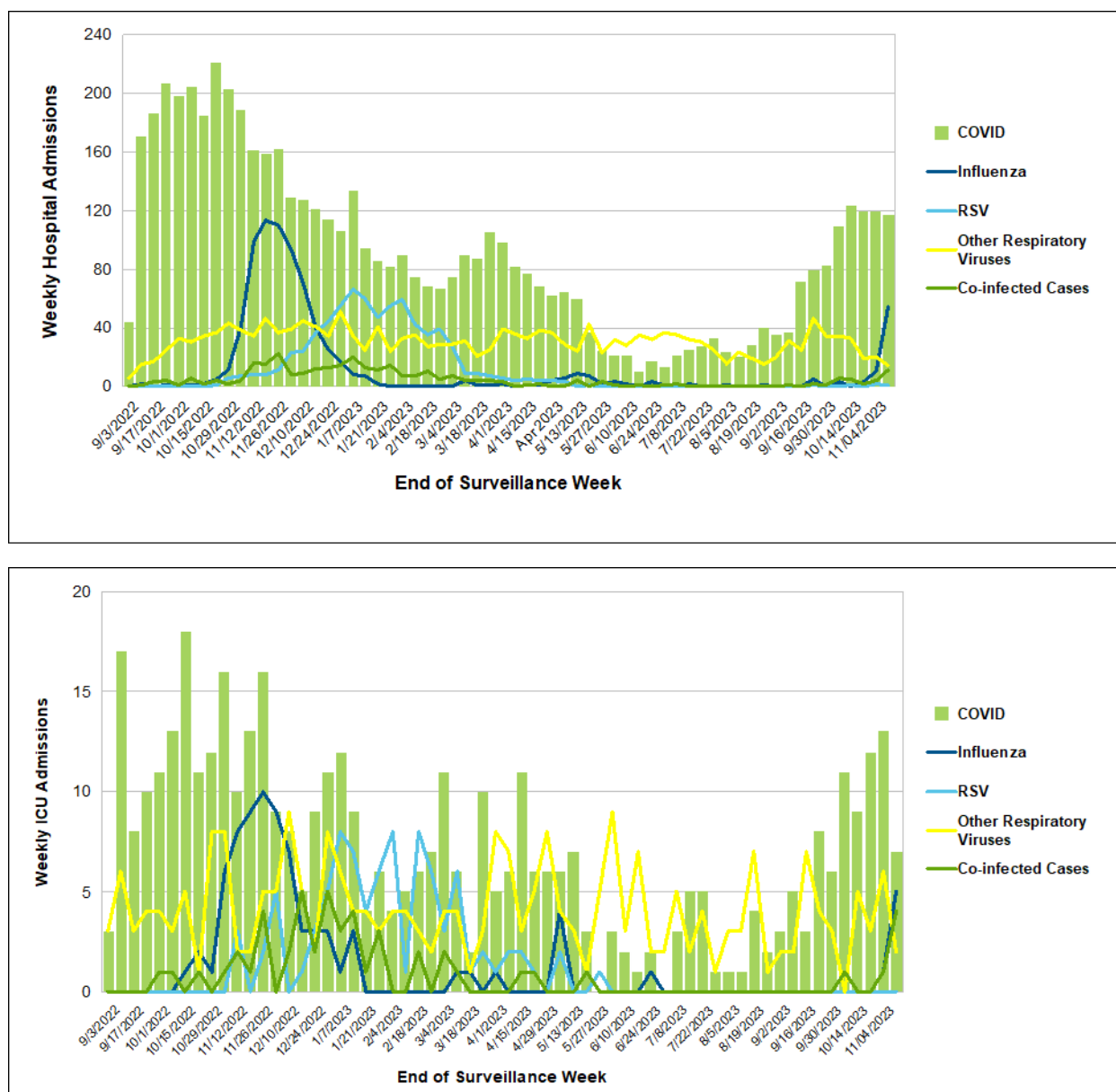


Data Source: Roy Romanow Provincial Laboratory, Saskatchewan Health Authority, as of November 06, 2023

The most recent VOC data available from the Provincial database is as of surveillance week ending October 22, 2023

* Surveillance weeks correspond to specimen collection date.

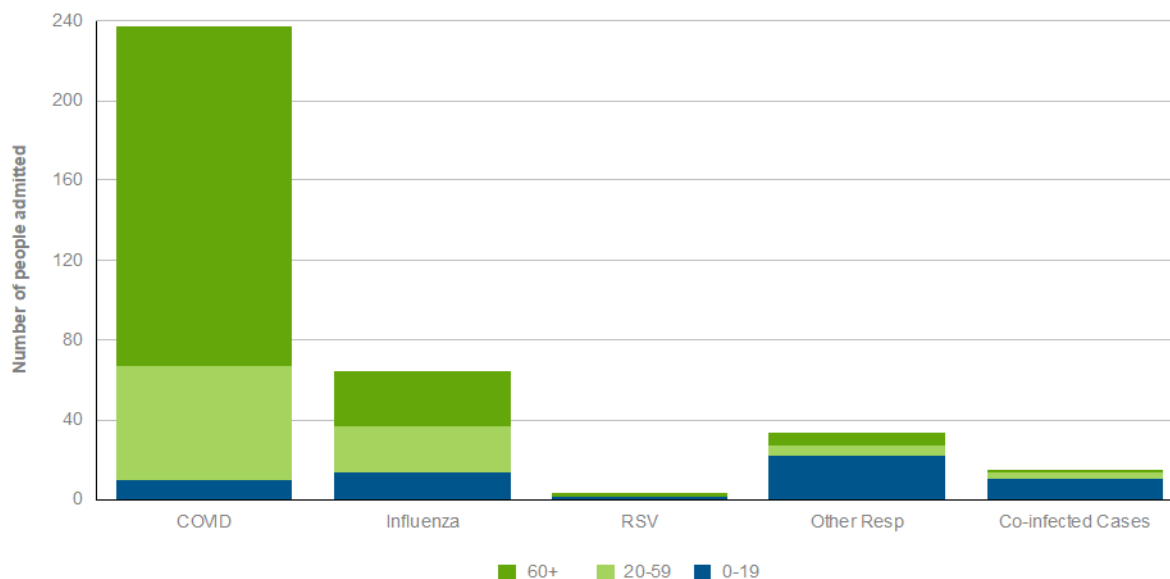
Figure 3: The number of COVID-19, influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital and ICU by week of the admission, September 02, 2022 – November 04, 2023*



Data source: Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on November 7, 2023. * 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. 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'.

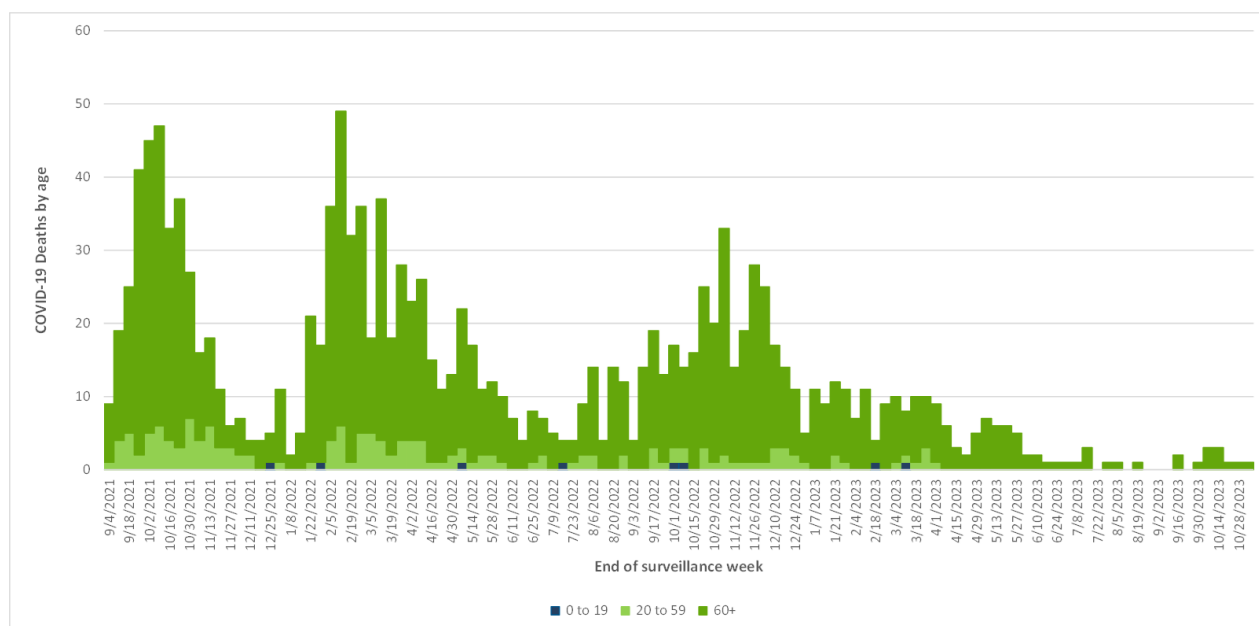
Figure 4: The number of COVID-19, influenza, RSV, other respiratory viruses, and co-infected cases admitted to hospital by age group, October 22– November 04, 2023*



Data source: Digital Health Analytics, Saskatchewan Health Authority, Episode of Care methodology (Admission, Discharge, Transfer Database (ADT, RRPL, Panorama); data extracted on November 7, 2023. * 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. 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 – November 04, 2023*



Data Source: Panorama November 06, 2023,

In the past two weeks, October 22 to November 04, there have been two deaths in COVID-19 cases, all in the 60 years or older group.

* Total COVID-19 deaths from March 2020 to date; n=2,017

Table 5: Community Respiratory Infection Surveillance Program Indicators by zone, October 29 – November 04, 2023

Location	Test positivity – COVID-19 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)	17.6% (19)	33.3% (24)	0.0% (0)	No data	-	8.7%	High	2.5%	22.1%	4.7%	31.2%
Far North Central	0.0% (0)	0.0% (0)	0.0% (0)	No data	-	7.1%	No Data	1.5%	8.3%	5.0%	18.8%
Far North East (La Ronge & area)	24.2% (8)	28.0% (7)	0.0% (0)	No data	-	4.9%	High	3.8%	28.5%	7.2%	36.2%
North West (Lloydminster & area/North Battleford)	9.0% (16)	19.5% (25)	0.0% (0)	32.2	150.0	14.0%	Medium	3.6%	32.0%	5.6%	37.7%
North Central (Prince Albert & area)	9.4% (14)	36.5% (23)	0.0% (0)	20.2	-	14.2%	No Data	5.7%	35.8%	8.1%	41.5%
North East (Melfort & area)	15.0% (9)	39.3% (11)	0.0% (0)	32.3	125.6	13.2%	No Data	7.0%	36.2%	9.5%	41.6%
Saskatoon	16.9% (104)	17.4% (42)	0.8% (2)	24.3	148.1	14.7%	Medium	8.7%	39.6%	11.0%	45.3%
Central West (Kindersley & area)	19.5% (8)	10.5% (2)	0.0% (0)	90.9	-	9.1%	No Data	5.6%	40.8%	9.8%	47.8%
Central East (Yorkton/Melville & area)	17.0% (37)	9.5% (8)	0.0% (0)	0.0	-	11.2%	Low	5.4%	34.6%	8.4%	41.7%
Regina	16.0% (42)	3.4% (7)	4.9% (10)	9.0	100.2	12.9%	Medium	8.9%	40.9%	10.9%	47.1%
South West (Swift Current/ Maple Creek & area)	25.9% (21)	1.6% (1)	0.0% (0)	17.5	126.9	9.1%	Medium	6.0%	35.2%	8.7%	40.5%
South Central (Moose Jaw & area)	16.7% (13)	1.8% (1)	1.8% (1)	0.0	-	12.6%	Medium	5.5%	35.6%	8.5%	42.4%
South East (Weyburn/Estevan & area)	18.5% (22)	10.5% (6)	0.0% (0)	49.2	74.7	13.5%	Medium-High	5.0%	34.1%	8.8%	44.5%
Unknown/Out of Province	14.9% (129)	9.6% (9)	1.5% (1)	No data	-	10.6%		-	-	-	-
SASKATCHEWAN	15.7% (442)	14.6% (166)	1.3% (14)	20.4	122.9	13.1%		7.0%	37.1%	9.5%	43.7%

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. ³Respiratory-like illness; ⁴Based on reports from ten of thirteen reporting areas. ⁵811 data available at the six Integrated Service Areas geographical level; [†]Unknown represents the number of students who were absent from the class due to illness with no known geography for the school. School absenteeism is the proportion of scheduled children who were absent from the class due to illness. The type of illness is not specified. [†]SK overall estimate is currently unavailable as this metric tends to overestimate and underestimate WW level due to varied patterns across regions, which is difficult to synchronize with the population size of each region.; 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.

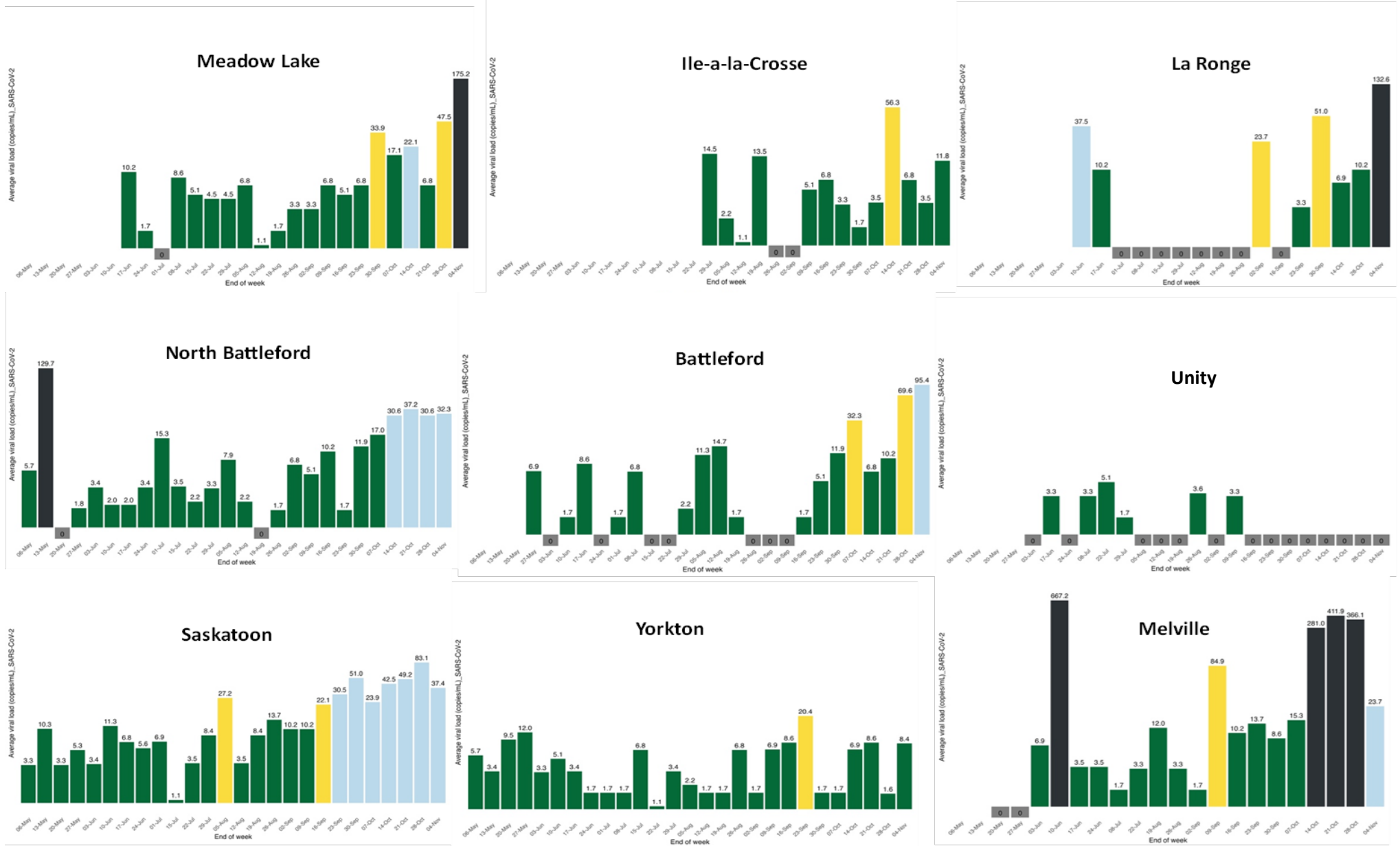
Technical Notes

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. 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.
VOC lineages BA.1, BA.2, BA.2.75, CH.1.1, BA.5, BQ.1, BQ.1.1, XBB, XBB.1.5, XBB.1.9.1, XBB.1.9.2, EG5, XBB.1.16, XBB.2.3, and XBF 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 = $\frac{\sum(8am\ covid\ census)}{\sum(8am\ beds\ staffed\ and\ in\ operation)} \times 100\%$. Where "bed staffed and in operation" = "Planned beds" + "Surge Beds" - "Closed" and $\sum(...)$ indicates summation over 7-day period from Sunday to Saturday. 8am COVID census is taken from the ADT patient registration, which is fed to the provincial data-mart and archived hourly. 8am planned bed, surge beds, and closed beds is compiled via data feeds from APF (Saskatoon & Regina) and the provincial bed edits interface (INH & IRH).
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 results by cities, Saskatchewan

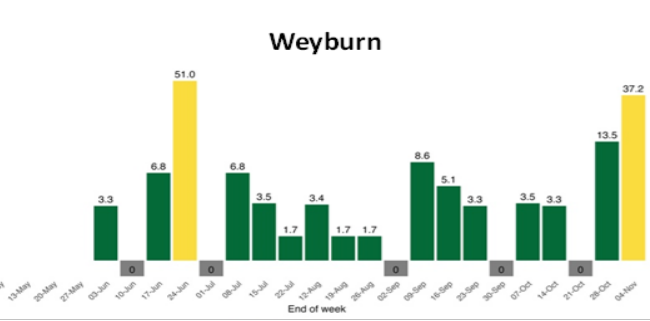
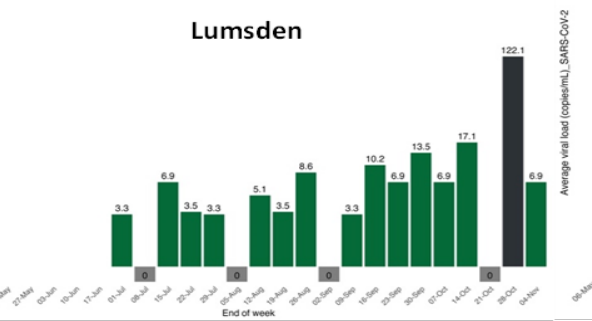
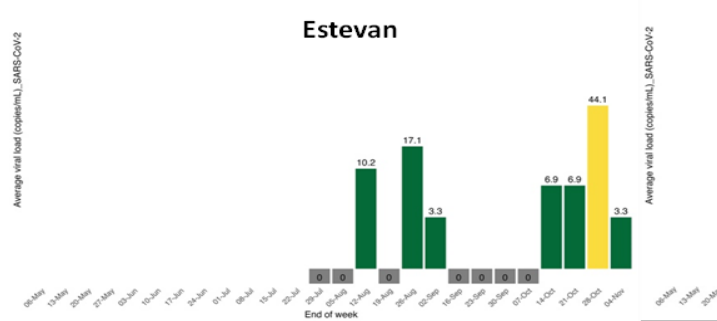
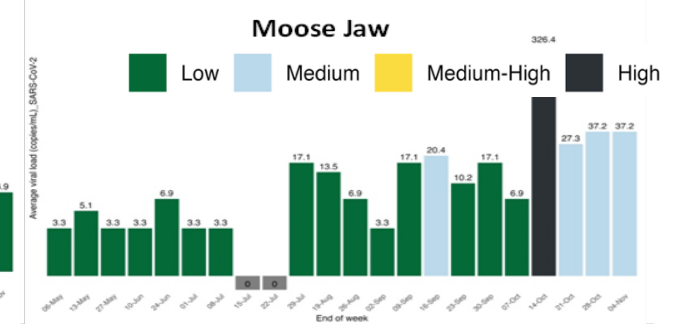
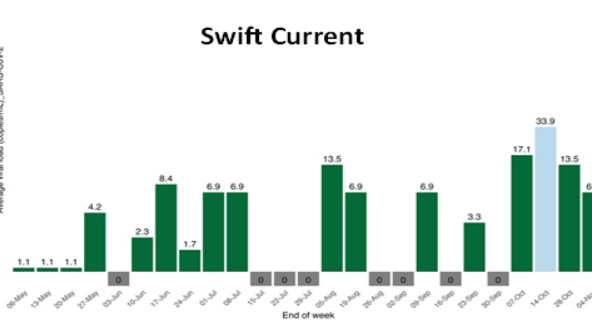
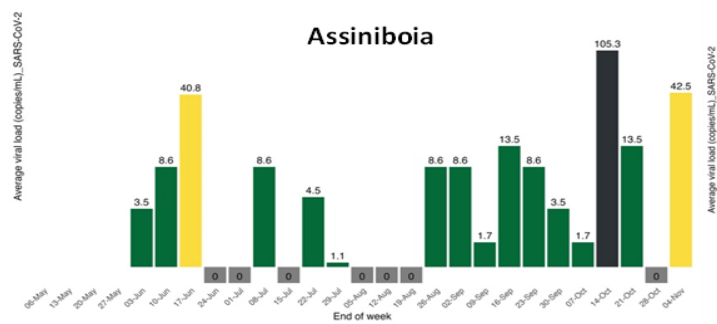
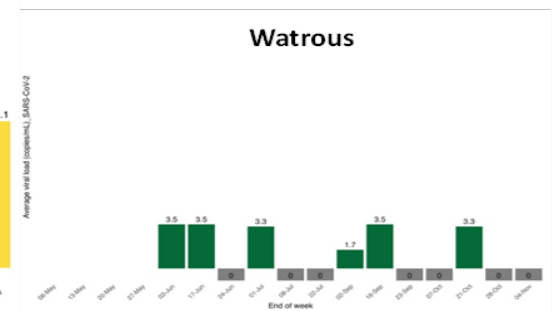
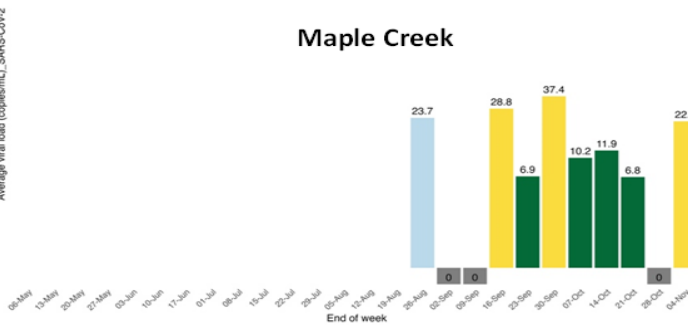
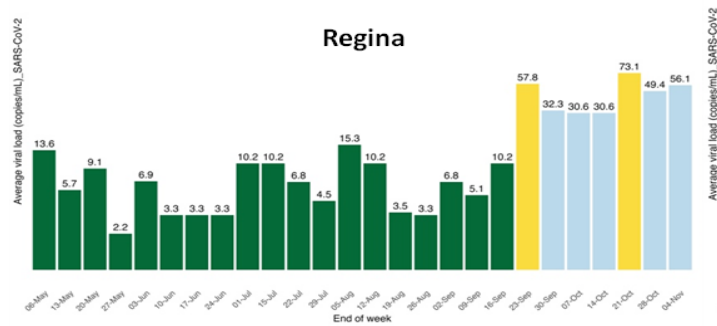


Quantitative Interpretation:

- 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.

Low Medium Medium-High High

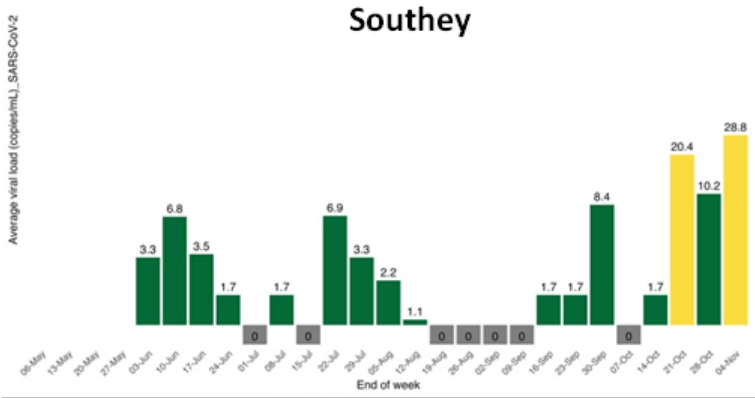
Appendix: Wastewater Surveillance results by cities, Saskatchewan



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