Respiratory Virus Activity Report, 2024-2025 Season



Peel Health Surveillance

October 13, 2024 to October 26, 2024 (Weeks 42-43)

- Overall respiratory virus activity in weeks 42-43 was low in Peel.
- Respiratory outbreak activity in institutional settings increased to a moderate level for this reporting period; multiple agents (COVID-19, RSV, Rhinovirus and Enterovirus) were driving outbreaks in week 43.
- Next report: November 6, 2024.

Table 1: Indicators of respiratory virus activity in Peel

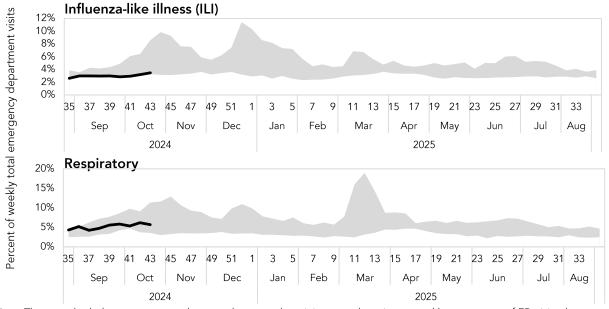
Indicator	Week 43 Activity in Peel		Activity Level		Weekly Change		
Lab-Confirmed Cases ¹							
Influenza	2 new cases reported		Low	Y	Lower		
Percent Positivity of Lab Tests							
Influenza ²	0.0% percent positivity (week 42)		Low	≈	Similar		
SARS-CoV-2 (COVID- 19) ³	8.9% percent positivity (week 43)		Low	≈	Similar		
Other respiratory viruses ⁴	Adenovirus: 1.6% (week 42) Enterovirus/Rhinovirus: 28.7% (week 42) Parainfluenza virus: 7.4% (week 42) Seasonal human coronavirus: 0.8% (week 42) Respiratory syncytial virus (RSV): 0.7% (week 42)						
Emergency Department Vi	sits ⁵						
Influenza-like illness (ILI)	3.5% of total ED visits	-1	Low	≈	Similar		
Respiratory symptoms	5.7% of total ED visits		Moderate	Y	Lower		
Respiratory Outbreaks in Hospitals, Long-Term Care Homes, and Retirement Homes ¹	8 new respiratory outbreaks declared Total outbreaks this season: Influenza: 0 COVID-19: 38 Other or multiple respiratory viruses: 13	.ıl	Moderate	*	Similar		

Notes: Current activity level (low/moderate/high) is assigned based on comparisons to historical data, and weekly change (lower/similar/higher) is based on comparisons to the previous week. Bold indicates a change in activity level compared to the previous week.

Sources: 1) Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Oct/2024]; 2) Public Health Ontario (PHO), Ontario Respiratory Virus Tool, extracted by Peel Public Health [29/Oct/2024]; 3) Ontario Ministry of Health, Ontario Laboratory Information System; 4) RSV and four other respiratory viruses with the highest percent positivity in the most recent complete week, extracted by Peel Public Health [29/Oct/2024], are presented. Percent positivity for respiratory viruses not presented may be found on PHO's Ontario Respiratory Virus Tool; 5) Kingston, Frontenac and Lennox & Addington Public Health, Acute Care Enhanced Surveillance.

Respiratory Infection Activity

Figure 1. Weekly percent of emergency department visits due to influenza-like illness or respiratory syndromes, Peel residents: August 25, 2024 to October 26, 2024



Note: The grey shaded area represents the range between the minimum and maximum weekly percentage of ED visits due to ILI or respiratory syndromes, between 2019/20 and 2023/24.

Source: Kingston, Frontenac and Lennox & Addington Public Health, Acute Care Enhanced Surveillance, extracted by Peel Public Health [29/Oct/2024]

Figure 2. Laboratory-confirmed influenza cases in Peel by type and episode week: August 25, 2024 to October 26, 2024



Note: Episode date of cases reflect the earliest of symptom onset, test date, or date reported to public health. Illnesses occurring during the most recent weeks may not yet be reported to public health.

Source: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Oct/2024]

Table 2: Laboratory-confirmed influenza cases and rates by age group, Peel: September 1, 2024 to October 26, 2024

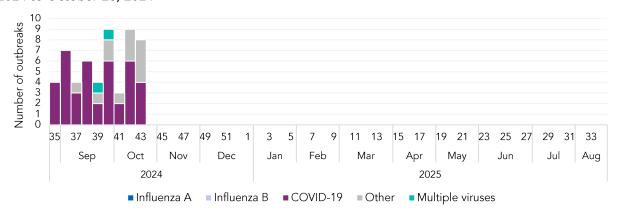
Age group	Influenza A				Influenza	Total Influenza	Influenza
(years)	A(H1N1) pdm09	A(H3N2)	A(UnS)*	A Total	B Total	cases (%)	rate per 100,000†
0-4	3	0	6	9	1	10 (18.0%)	11.0
5-17	2	1	8	11	0	11 (20.0%)	5.0
18-44	2	1	6	9	1	10 (18.0%)	1.0
45-64	2	0	7	9	0	9 (16.0%)	2.0
65+	3	2	10	15	1	16 (29.0%)	7.0
Total	12	4	37	53	3	56 (100%)	3.0

^{*}UnS: unsubtyped; the specimen was typed as influenza A, but no result for subtyping was available.

Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Oct/2024]; Ontario Ministry of Finance, Population projections by county and PHU, 2024 [Oct/2020]

Outbreaks in Priority Settings

Figure 3. Confirmed institutional respiratory outbreaks by week declared and virus, Peel: August 25, 2024 to October 26, 2024



Notes: Institutional settings include hospitals, long-term care homes, retirement homes, and congregate living settings (i.e., shelters, correctional facilities, supported living facilities, group homes and hospices). Other virus outbreaks include: respiratory infection unspecified (n=5), rhinovirus (n=2), parainfluenza virus (n=1), respiratory syncytial virus (n=2), enterovirus (n=1); multiple virus outbreaks include: COVID-19 and rhinovirus (n=1), parainfluenza virus and rhinovirus (n=1). The outbreak declared date represents the date the outbreak first met the definition for a suspect or confirmed outbreak.

Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Oct/2024].

[†]Cumulative incidence rate per 100,000 population.

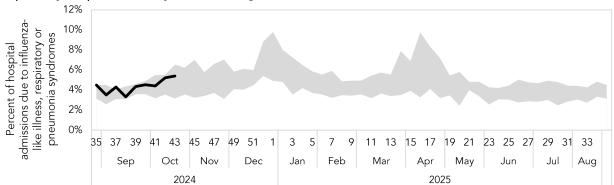
Table 3. Institutional respiratory outbreak summary, Peel: September 1, 2024 to October 26, 2024

Measure	Influenza A	Influenza B	COVID-19	Other virus
Total institutional outbreaks	0	0	37	15
Acute Care	0	0	14	0
Long-Term Care Home	0	0	10	12
Retirement Home	0	0	12	2
Congregate Living Settings	0	0	1	1
Number of deaths among outbreak-associated cases	0	0	3	1

Notes: Congregate living settings include: shelters, correctional facilities, supported living facilities, group homes, and hospices. Only COVID-19 outbreaks are declared in congregate settings. In congregate settings, only COVID-19 outbreaks require reporting to Public Health. Outbreaks with multiple co-circulating viruses are counted per virus. Other virus outbreaks include: respiratory infection unspecified (n=6), rhinovirus (n=4), parainfluenza virus (n=2), respiratory syncytial virus (n=2), enterovirus (n=1). Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Oct/2024]

Disease Severity

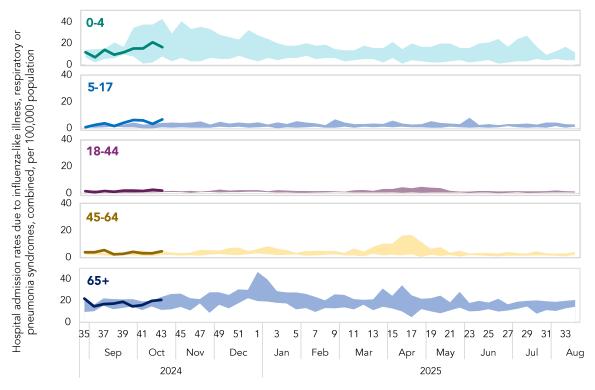
Figure 4. Weekly percent of hospital admissions among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes: August 25, 2024 to October 26, 2024



Note: The shaded area represents the range between the minimum and maximum weekly percentage of admissions due to ILI, respiratory, or pneumonia syndromes, between 2019/20 and 2023/24.

Source: Kingston, Frontenac and Lennox & Addington Public Health, Acute Care Enhanced Surveillance, extracted by Peel Public Health [29/Oct/2024]

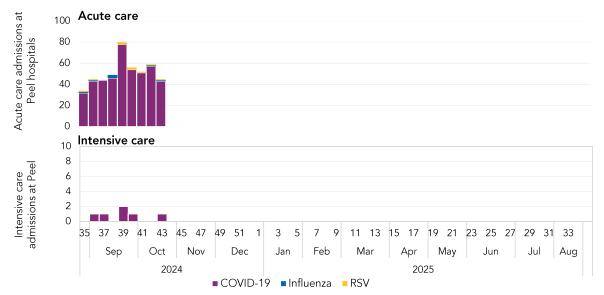
Figure 5. Weekly hospital admission rates among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes, combined, by age group: August 25, 2024 to October 26, 2024



Note: The shaded areas represent the ranges between the minimum and maximum age-specific admission rates due to ILI, respiratory, or pneumonia syndromes, between 2019/20 and 2023/24.

Sources: Kingston, Frontenac and Lennox & Addington Public Health, Acute Care Enhanced Surveillance, extracted by Peel Public Health [29/Oct/2024]; Ontario Ministry of Finance, Population projections by county and PHU, 2022 [Oct/2020]

Figure 6. Weekly acute care admissions among COVID-19, influenza, and RSV cases, Peel hospitals, August 25, 2024 to October 26, 2024



Sources: Ontario Ministry of Health, Daily Bed Census, extracted [29/Oct/2024]; Ontario Ministry of Health, Critical Care Information System, extracted [29/Oct/2024]

Data notes

- Unless otherwise specified, this report includes the most current data available as of 8:30 am on [29/October/2024] from the provincial Integrated Public Health Information System (iPHIS).
- iPHIS is a dynamic reporting source for infectious disease surveillance data. Data extracted represent a snapshot of data entered up to and at the time of extraction and may differ in previous or subsequent reports.
- Laboratory-confirmed cases included in this report represent those individuals who resided in Peel region at the time of their diagnosis.
- Emergency department visit and admission data from the <u>Acute Care Enhanced Surveillance Application</u> are categorized by syndromes and do not necessarily represent health care utilization/outcomes due to respiratory virus infections. Syndromes are not clinical diagnoses.

Respiratory virus testing indications

Currently, PCR testing eligibility differs for SARS-CoV-2 compared to influenza and other respiratory viruses. Therefore, metrics such as test positivity cannot be compared between SARS-CoV-2 and other viruses, due to differing denominators. In general, non-SARS-CoV-2 tests can be requested for symptomatic patients who are hospitalized, visit the emergency department, live in institutional settings, or are involved in an institutional outbreak. SARS-CoV-2 testing eligibility is set by the Ontario Ministry of Health.

Table 5. Respiratory virus testing indications

Patient		Testing Available by Request			
symptom	Patient setting	SARS-CoV-2	Influenza A, Influenza B, and other viruses*		
Symptomatic	Hospitalized (all inpatients)	~	~		
	Remote communities	~	~		
	Public health unit declared respiratory infection outbreak	~	~		
	Institutions (non-outbreak)	~	~		
	Emergency department adult patients who are at risk of severe disease or outcomes and whose treatment decisions may be impacted by test results, as outlined in provincial eligibility criteria for respiratory virus testing	~	~		
	Emergency Department: pediatric patients (<18 years old)	~	~		
	Ambulatory settings or not specified	~			

^{*}The multiplex respiratory virus PCR (MRVP) tests for: influenza A, influenza B, respiratory syncytial virus (RSV A/B), parainfluenza (1 – 4), adenovirus, enterovirus, seasonal human coronavirus (OC43, 229E, NL63, HKU1), rhinovirus and human metapneumovirus.

Note: As of October 1, 2024, asymptomatic patients are no longer eligible for COVID-19 PCR testing (Public Health Ontario: Coronavirus Disease 2019 (COVID-19) – PCR).

Adapted from: Public Health Ontario: Coronavirus Disease 2019 (COVID-19) – PCR; Public Health Ontario: Respiratory Viruses (including influenza); Public Health Ontario: Eligibility Criteria for Respiratory Virus Testing: At Risk Ambulatory/Emergency Department Patients; Ontario Ministry of Health: COVID-19 Provincial Testing Guidance Update (January 25, 2023).

Resources

Influenza surveillance

- Provincial: <u>Public Health Ontario: Ontario Respiratory Virus</u>
 <u>Tool</u>
- Federal: <u>Public Health Agency of Canada: FluWatch surveillance</u>
- Global: <u>World Health Organization: Global Influenza</u>
 <u>Programme</u>

COVID-19 surveillance

- Provincial: <u>Public Health Ontario: Ontario Respiratory Virus</u> Tool
- Provincial genomic surveillance: <u>Public Health Ontario</u>: <u>SARS-CoV-2 Genomic Surveillance in Ontario</u>
- Federal: <u>Public Health Agency of Canada: COVID-19</u> <u>epidemiology update</u>