

Peel Health Surveillance

September 14, 2025 to September 27, 2025 (Weeks 38-39)

- **Overall respiratory activity in Peel remained low in weeks 38 and 39.**
- **Next report:** October 15, 2025.

Table 1: Indicators of respiratory virus activity in Peel

Indicator	Week 39 Activity in Peel	Activity Level	Weekly Change
Lab-Confirmed Cases¹			
Influenza	3 new cases reported	 Low	▼ Lower
Percent Positivity of Lab Tests			
Influenza ²	1.3% percent positivity (week 38)	 Low	▲ Higher
SARS-CoV-2 (COVID-19) ³	6.6% percent positivity (week 39)	 Low	≈ Similar
Other respiratory viruses ²	Adenovirus: 0.9% (week 38) Enterovirus/Rhinovirus: 18.2% (week 38) Human metapneumovirus: 0.3% (week 38) Parainfluenza virus: 3.0% (week 38) Seasonal human coronavirus: 0.3% (week 38) Respiratory syncytial virus (RSV): 0.7% (week 38)	--	--
Emergency Department Visits⁴			
Influenza-like illness (ILI)	2.9% of total ED visits	 Low	≈ Similar
Respiratory symptoms	4.0% of total ED visits	 Low	≈ Similar
Respiratory Outbreaks in Hospitals, Long-Term Care Homes, and Retirement Homes¹	5 new respiratory outbreaks declared Total outbreaks this season: Influenza: 0 COVID-19: 13 Other or multiple respiratory viruses: 11	 Moderate	≈ Similar
Wastewater Surveillance⁵ [no updates since last report]			
Influenza A	Not detected (week 37)	 Not detected	≈ Similar
Influenza B	Not detected (week 37)	 Not detected	≈ Similar
SARS-CoV-2 (COVID-19)	Moderate activity (week 37)	 Moderate	≈ Similar
Respiratory syncytial virus (RSV)	Moderate activity (week 37)	 Moderate	≈ Similar

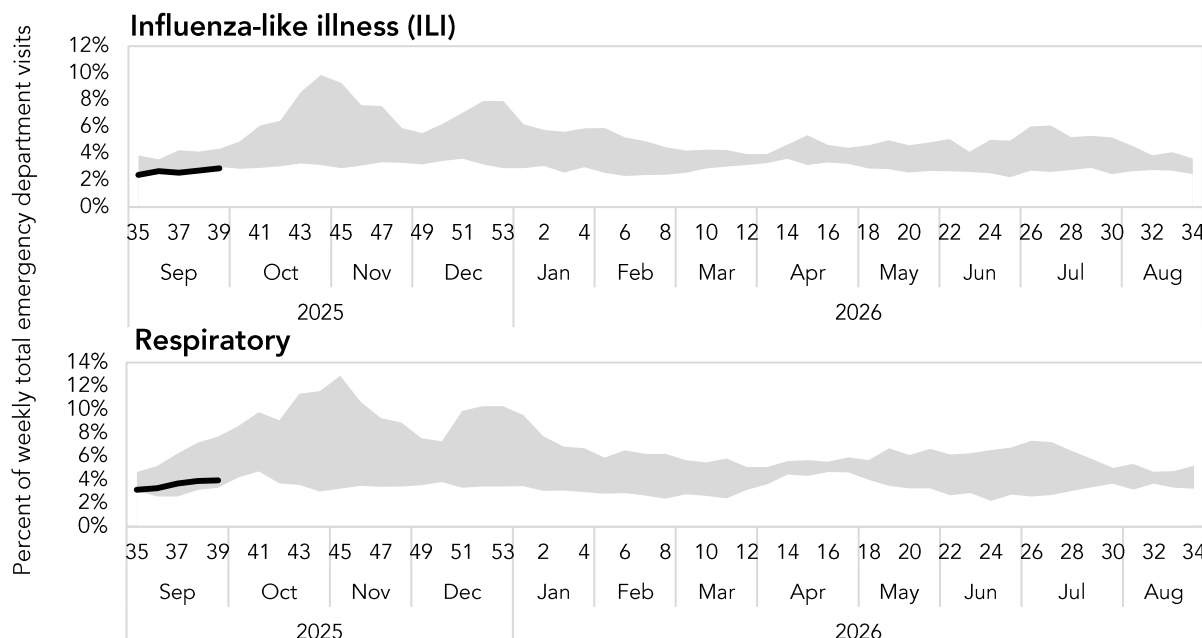
Notes: Current activity level (low/moderate/high) is assigned based on comparisons to historical data, and weekly change (lower/similar/higher) is based on comparisons to the previous week. **Bold** indicates a change in activity level compared to the previous week.

Sources: 1) Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Sep/2025]; 2) Public Health Ontario (PHO), Ontario Respiratory Virus Tool, extracted by Peel Public Health [29/Sep/2025]; 3) Ontario Ministry of Health, Ontario Laboratory Information System; 4) South East Health Unit, Acute Care Enhanced Surveillance; 5) Government of Canada, Wastewater Monitoring Dashboard, available at: <https://health-infobase.canada.ca/wastewater/> as of [29/Sep/2025]. Please interpret activity level information with caution because of a lack of baseline data. Activity level includes not detected. Wastewater trend is calculated based on the past 35 days. Refer to the Wastewater Monitoring Dashboard – Technical notes for more information. In this report, current wastewater activity level and trend are reported separately; this may differ from the Wastewater Monitoring Dashboard which reports activity level and trend in a combined index.

Peel Health Surveillance

Respiratory Infection Activity

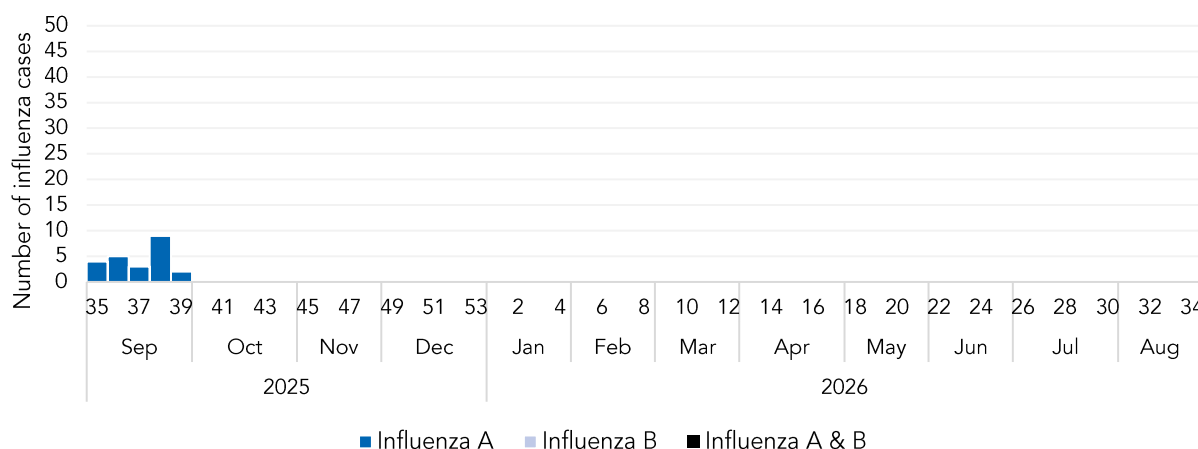
Figure 1. Weekly percent of emergency department visits due to influenza-like illness or respiratory syndromes, Peel residents: August 24, 2025 to September 27, 2025



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: South East Health Unit, Acute Care Enhanced Surveillance, extracted by Peel Public Health [29/Sep/2025]

Figure 2. Laboratory-confirmed influenza cases in Peel by type and episode week: August 24, 2025 to September 27, 2025



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/Sep/2025]

Peel Health Surveillance

Table 2. Laboratory-confirmed influenza cases and rates by age group, Peel: September 1, 2025 to September 27, 2025

Age group (years)	Influenza A				Influenza B Total	Total Influenza cases (%)	Influenza rate per 100,000 [†]
	A(H1N1) pdm09	A(H3N2)	A(UnS)*	A Total			
0-4	1	2	1	4	0	4 (22.2%)	5.2
5-17	1	2	0	3	0	3 (16.7%)	1.3
18-44	0	1	1	2	0	2 (11.1%)	0.3
45-64	0	2	2	4	0	4 (22.2%)	1.0
65+	0	2	3	5	0	5 (27.8%)	2.0
Total	2	9	7	18	0	18 (100%)	1.1

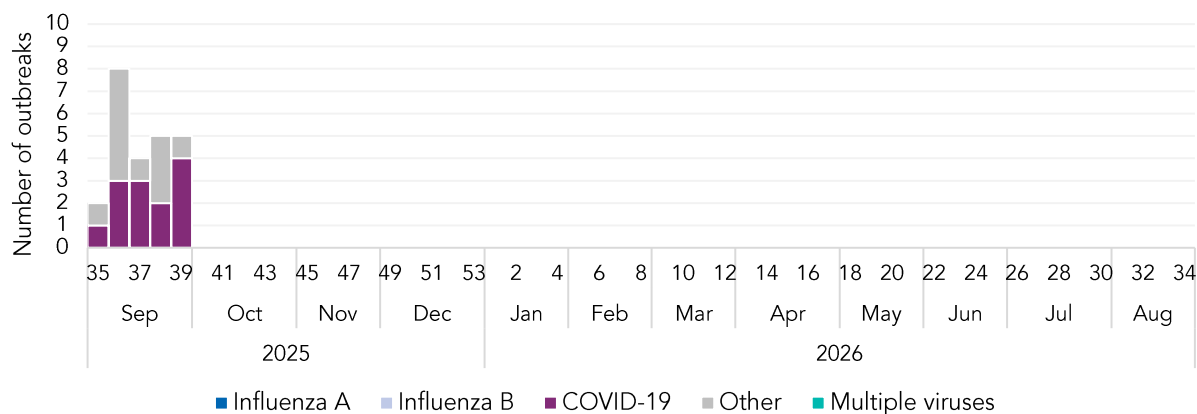
*UnS: unsubtype; the specimen was typed as influenza A, but no result for subtyping was available.

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

Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Sep/2025]; Ontario Ministry of Finance, Population projections by county and PHU, 2025 [Feb/2025]

Outbreaks in Priority Settings

Figure 3. Confirmed institutional respiratory outbreaks by week declared and virus, Peel: August 24, 2025 to September 27, 2025



Peel Health Surveillance

Table 3. Institutional respiratory outbreak summary, Peel: September 1, 2025 to September 27, 2025

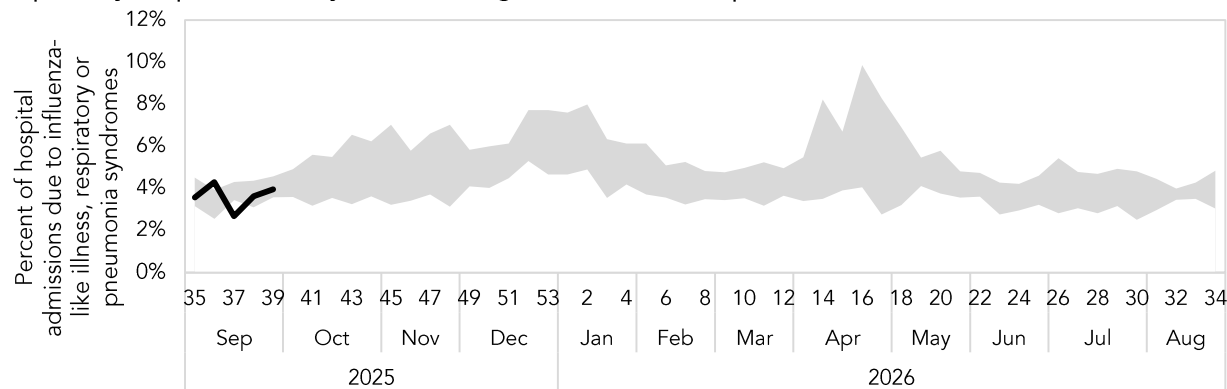
Measure	Influenza A	Influenza B	COVID-19	Other virus
Total institutional outbreaks	0	0	11	10
Acute Care	0	0	2	0
Long-Term Care Home	0	0	6	5
Retirement Home	0	0	3	5
Congregate Living Settings	0	0	0	0
Number of deaths among outbreak-associated cases	0	0	0	0

Notes: Congregate living settings include: shelters, correctional facilities, supported living facilities, group homes, and hospices. Outbreaks with multiple co-circulating viruses are counted per virus. Other virus outbreaks include: rhinovirus (n=4), seasonal human coronavirus (n=3), entero/rhinovirus (n=2), enterovirus (n=1).

Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [29/Sep/2025]

Disease Severity

Figure 4. Weekly percent of hospital admissions among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes: August 24, 2025 to September 27, 2025

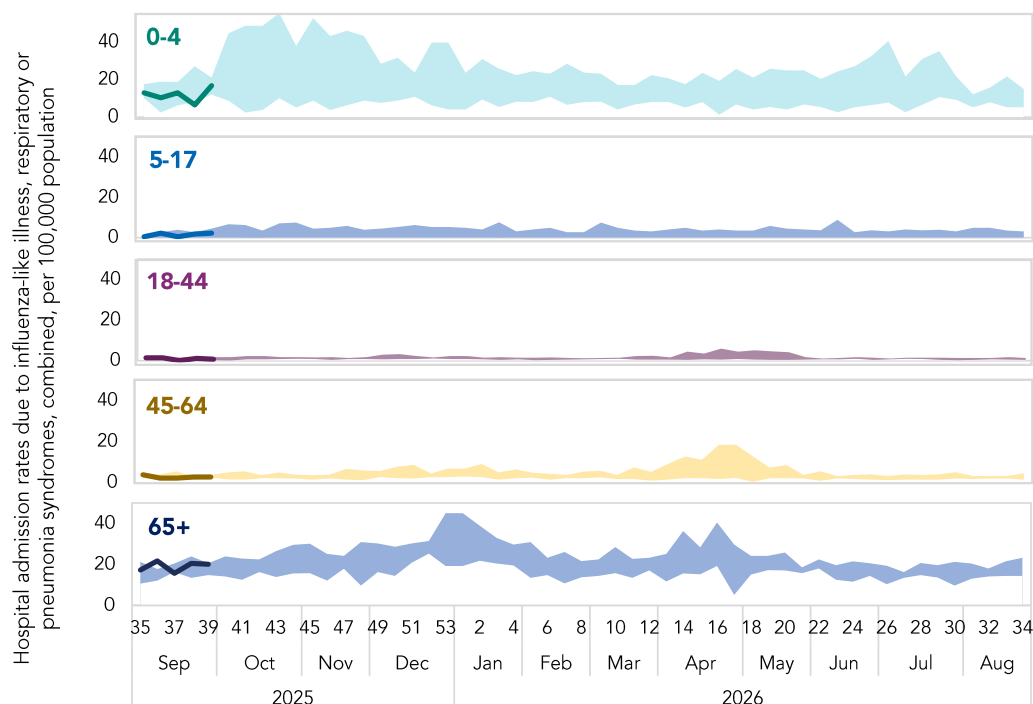


Note: The shaded area represents the range between the minimum and maximum weekly percentage of admissions due to ILI, respiratory, or pneumonia syndromes, between 2019/20 and 2023/24.

Source: South East Health Unit, Acute Care Enhanced Surveillance, extracted by Peel Public Health [29/Sep/2025]

Peel Health Surveillance

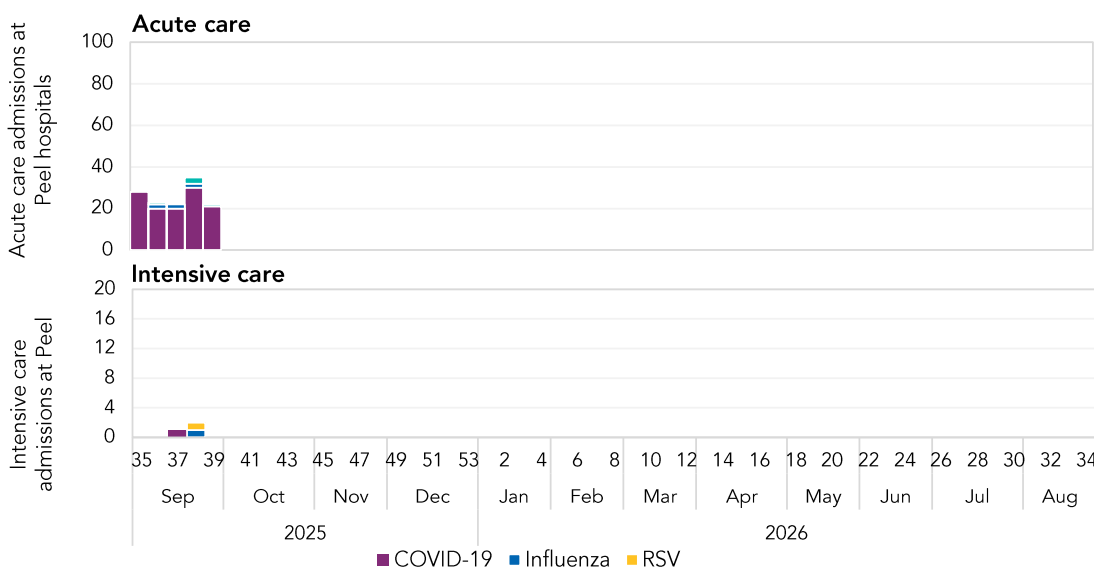
Figure 5. Weekly hospital admission rates among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes, combined, by age group: August 24, 2025 to September 27, 2025



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: South East Health Unit, Acute Care Enhanced Surveillance, extracted by Peel Public Health [29/Sep/2025]; Ontario Ministry of Finance, Population projections by county and PHU, 2024 [Oct/2022]

Figure 6. Weekly acute care and intensive care admissions among COVID-19, influenza, and RSV cases, Peel hospitals, August 24, 2025 to September 27, 2025



Sources: Ontario Ministry of Health, Daily Bed Census, extracted [29/Sep/2025]; Ontario Ministry of Health, Critical Care Information System, extracted [29/Sep/2025]

Peel Health Surveillance

Data notes

- Unless otherwise specified, this report includes the most current data available as of 8:30 am on [30/Sep/2025] 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 [Acute Care Enhanced Surveillance Application](#) 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.

Table 5. Respiratory virus testing indications for symptomatic patients

Patient setting	Testing Available by Request		
	SARS-CoV-2	Multiplex Respiratory Virus (MRVP)*	FLUVID**
Hospitalized (all inpatients)	✓	✓	✓
Remote communities	✓	✓	✓
Public health unit declared respiratory infection outbreak – residents only	✓	✓ (First 4 specimens)	✓ (Additional specimens)
Public health unit declared respiratory infection outbreak – healthcare workers/staff			✓
Institutions (non-outbreak) – residents only	✓	✓	✓
Emergency Department: pediatric patients (<18 years old)	✓	✓	
Emergency Department: adult patients: individuals at risk of severe illness or outcome in whom care or treatment decisions may be impacted by test results			✓
Ambulatory settings and meets Ministry guidance criteria for COVID-19 testing (as per: COVID-19 testing and treatment ontario.ca)	✓		

*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.

**The FLUVID PCR tests for: influenza A, influenza B, RSV A/B, and SARS-CoV-2.

Adapted from: [Respiratory Viruses \(including influenza\) | Public Health Ontario](#); [COVID19 testing and treatment | ontario.ca](#)

Resources

- [Public Health Ontario: Ontario Respiratory Virus Tool](#)
- [Government of Canada: Canadian respiratory virus surveillance report \(FluWatch+\)](#)
- [Government of Canada: Wastewater monitoring dashboard](#)
- [World Health Organization: Global Influenza Programme](#)