Respiratory Virus Activity Report, 2025-2026 Season

Peel Health Surveillance

Region of Peel
working with you

November 2, 2025 to November 8, 2025 (Week 45)

- **Respiratory virus activity in Peel was low overall in week 45.**
- **While influenza remains low overall, some indicators are showing higher activity than the previous week.**
- **Next report:** November 19, 2025.

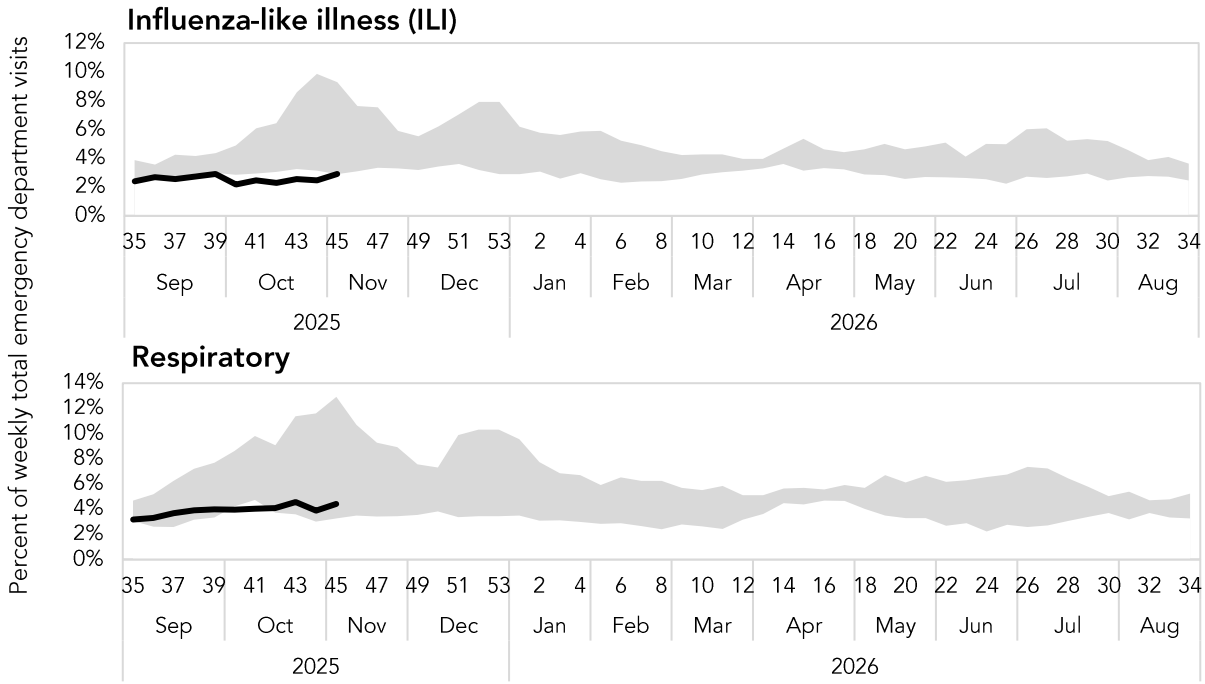
Table 1: Indicators of respiratory virus activity in Peel

Indicator	Week 45 Activity in Peel	Activity Level	Weekly Change
Lab-Confirmed Cases[1]			
Influenza	31 new cases reported	**Moderate**	▲ Higher
Percent Positivity of Lab Tests[2] (Week 44)			
Influenza	2.5% percent positivity	Low	▲ Higher
SARS-CoV-2 (COVID-19)	3.4% percent positivity	Low	▼ Lower
Respiratory syncytial virus (RSV)	2.1% percent positivity	Low	▲ Higher
Other respiratory viruses	Adenovirus: 1.0% Enterovirus/Rhinovirus: 7.7% Human metapneumovirus: 0.3% Parainfluenza virus: 5.5% Seasonal human coronavirus: 1.0%	--	--
Emergency Department Visits[3]			
Influenza-like illness (ILI)	2.9% of total ED visits	Low	▲ Higher
Respiratory symptoms	4.4% of total ED visits	Low	▲ Higher
Respiratory Outbreaks in Hospitals, Long-Term Care Homes, and Retirement Homes[1]	1 new respiratory outbreak declared. Total outbreaks this season: **Influenza:** 1 **COVID-19:** 18 **Other or multiple respiratory viruses:** 24	Low	≈ Similar
Wastewater Surveillance[4] (Week 44) ***[no update since last report]***			
Influenza A	Moderate activity	Moderate	▲ Higher
Influenza B	Not detected	Not detected	≈ Similar
SARS-CoV-2 (COVID-19)	Low activity	Low	≈ Similar
Respiratory syncytial virus (RSV)	Moderate activity	Moderate	▲ Higher

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 [11/Nov/2025]; 2) Public Health Ontario (PHO), Ontario Respiratory Virus Tool, extracted by Peel Public Health [11/Nov/2025]; 3) South East Health Unit, Acute Care Enhanced Surveillance; 4) Government of Canada, Wastewater Monitoring Dashboard, available at: https://health-infobase.canada.ca/wastewater/ as of [11/Nov/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.

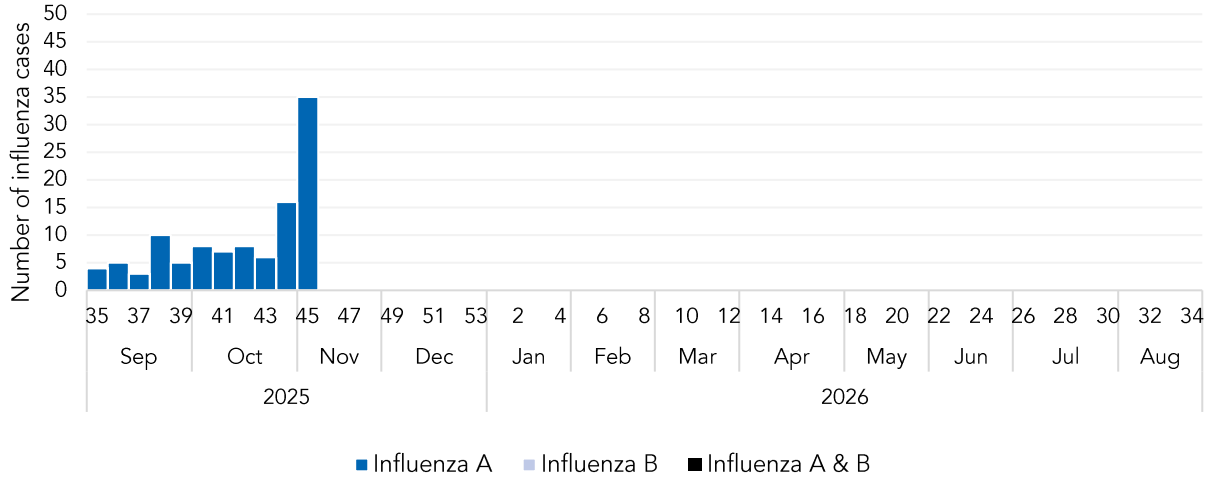
Respiratory Infection Activity

Figure 1. Weekly percent of emergency department visits due to influenza-like illness or respiratory syndromes, Peel residents: August 24, 2025 to November 8, 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 2020/21 and 2024/25.
Source: South East Health Unit, Acute Care Enhanced Surveillance, extracted by Peel Public Health [11/Nov/2025]

Figure 2. Laboratory-confirmed influenza cases in Peel by type and episode week: August 24, 2025 to November 8, 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 [11/Nov/2025]

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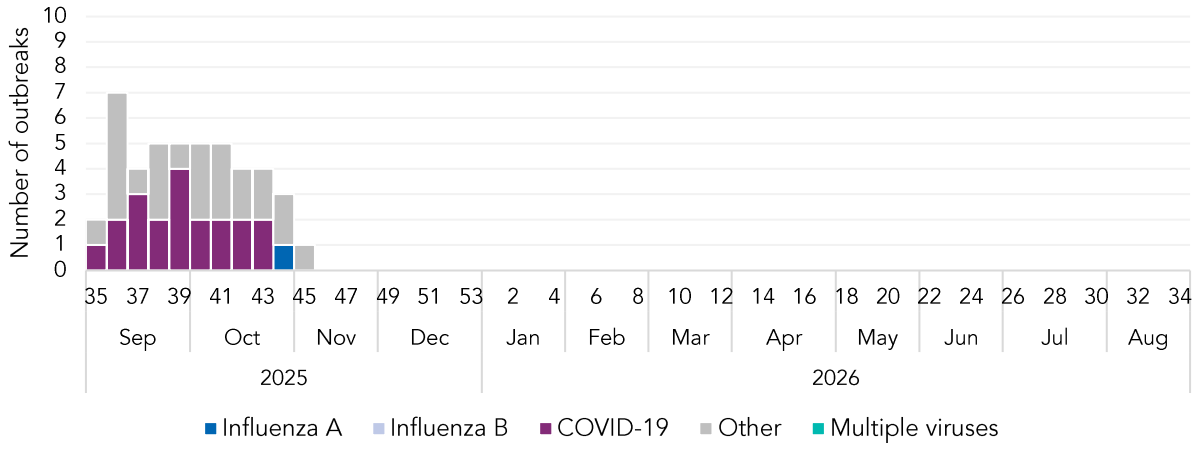
Table 2. Laboratory-confirmed influenza cases and rates by age group, Peel: September 1, 2025 to November 8, 2025

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	3	8	17	28	0	28 (27.5%)	36.1
5-17	2	9	9	20	0	20 (19.6%)	8.9
18-44	3	3	4	10	0	10 (9.8%)	1.4
45-64	2	4	6	12	0	12 (11.8%)	3.1
65+	4	7	21	32	0	32 (31.4%)	12.9
Total	**14**	**31**	**57**	**102**	**0**	**102 (100.0%)**	**6.1**

*UnS: unsubtyped; 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 [11/Nov/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 November 8, 2025



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: rhinovirus (n=11), seasonal human coronavirus (n=4), entero/rhinovirus (n=3), unspecified (n=2), parainfluenza virus (n=2), human metapneumovirus (n=1), enterovirus (n=1); multiple virus outbreaks include: none. The outbreak declared date represents the date the outbreak first met the definition for a confirmed outbreak.
Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [11/Nov/2025].

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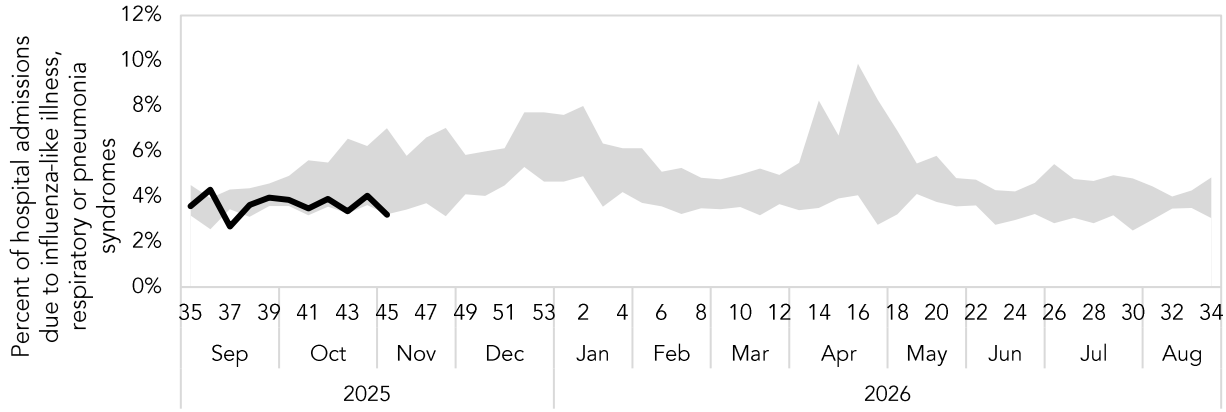
Table 3. Institutional respiratory outbreak summary, Peel: September 1, 2025 to November 8, 2025

Measure	Influenza A	Influenza B	COVID-19	Other virus
Total institutional outbreaks	**1**	**0**	**19**	**23**
Acute Care	1	0	3	0
Long-Term Care Home	0	0	9	17
Retirement Home	0	0	5	6
Congregate Living Settings	0	0	2	0
Number of deaths among outbreak-associated cases	**0**	**0**	**1**	**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=11), seasonal human coronavirus (n=4), entero/rhinovirus (n=3), unspecified (n=2), parainfluenza virus (n=1), enterovirus (n=1), human metapneumovirus (n=1).
Sources: Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [11/Nov/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 November 8, 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 2020/21 and 2024/25.
Source: South East Health Unit, Acute Care Enhanced Surveillance, extracted by Peel Public Health [11/Nov/2025]

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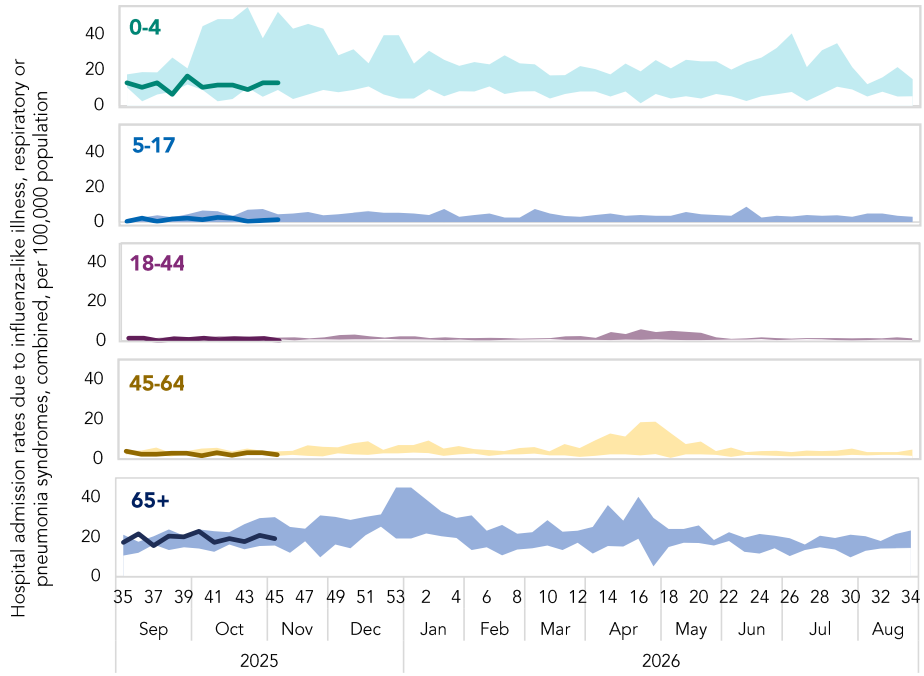
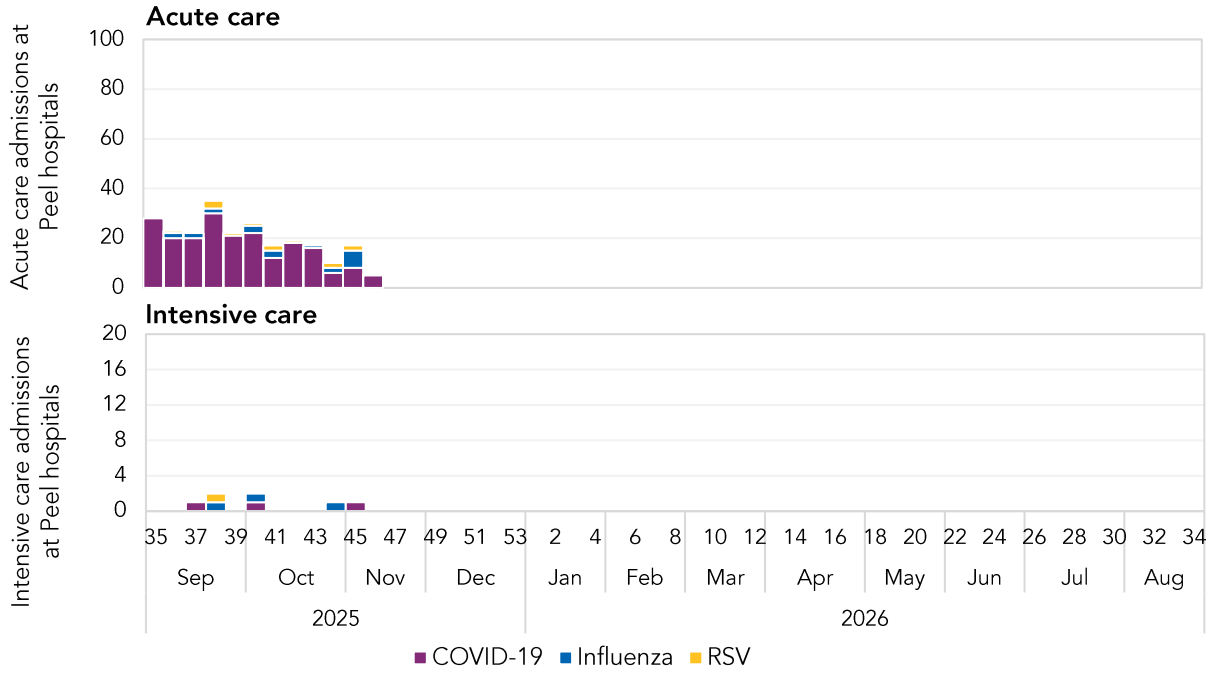
Figure 5. Weekly hospital admission rates among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes, combined, by age group: August 24, 2025 to November 8, 2025



Note: The shaded areas represent the ranges between the minimum and maximum age-specific admission rates due to ILI, respiratory, or pneumonia syndromes, between 2020/21 and 2024/25.
Sources: South East Health Unit, Acute Care Enhanced Surveillance, extracted by Peel Public Health [11/Nov/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 November 8, 2025



Sources: Ontario Ministry of Health, Daily Bed Census, extracted [11/Nov/2025]; Ontario Ministry of Health, Critical Care Information System, extracted [11/Nov/2025]

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Data notes

- Unless otherwise specified, this report includes the most current data available as of 8:30 am on [11/Nov/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

Effective October 2, 2025, Public Health Ontario has updated its eligibility criteria for molecular respiratory virus testing.

Table 5. Respiratory virus testing indications for symptomatic individuals

Eligibility Criteria	Testing Available by Request		
	FLUVID*	Multiplex Respiratory Virus (MRVP)*	SARS-CoV-2
Residents in congregate living settings (including long-term care, retirement home and correctional facilities) that are not in an outbreak	✓		
Admitted patient in a hospital or residents of congregate living setting that is in an outbreak beyond the first four specimens tested by MRVP	✓		
Adults admitted to the hospital	✓		
Staff from congregate living setting that are part of an outbreak	✓		
Hospitalized patients requiring intensive care		✓	
Hospitalized admitted patients that are: a) Children <18 years of age who are at risk of complications, in the presence of community-acquired pneumonia, or b) Immunocompromised or immunosuppressed, or c) Pregnant		✓	
Patients/residents who are part of a hospital or public health unit declared respiratory outbreak (only the first four symptomatic patients).		✓	
Individuals with COVID-19 symptoms and belonging to any of the groups as specified by the Ontario Ministry of Health: • People aged 65 years and older • People aged 18 years and older who have at least one condition that puts them at higher risk of severe COVID-19 disease • People who are immunocompromised • Residents and patients in high-risk settings including hospitals and congregate living settings with medically and socially vulnerable individuals • People in the context of suspected or confirmed outbreaks, as directed by the local public health unit			✓

*The FLUVID PCR tests for: influenza A, influenza B, RSV A/B, and SARS-CoV-2.
**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.
Adapted from: Respiratory Viruses (including influenza) | Public Health Ontario; COVID-19 testing and treatment | ontario.ca

Resources

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