

Peel Health Surveillance

August 30, 2026 to September 12, 2026 (Weeks 35-36)

- In week 36, overall respiratory activity in Peel is low.
- Starting October 1, 2026, Respiratory Virus Activity Report is moving to a new day – available Thursdays!
- Next report: October 1, 2026.

Table 1: Indicators of respiratory virus activity in Peel

Indicator	Week 36 Activity in Peel	Activity Level	Weekly Change
Lab-Confirmed Cases¹ (Week 35)			
Influenza	12 new cases reported	 Low	▲ Higher
Percent Positivity of Lab Tests¹ (Week 35)			
Influenza	2.2% percent positivity	 Low	▲ Higher
SARS-CoV-2 (COVID-19)	2.5% percent positivity	 Low	▲ Higher
Respiratory syncytial virus (RSV)	0.3% percent positivity	 Low	▲ Higher
Other respiratory viruses	Adenovirus: 2.5% Enterovirus/Rhinovirus: 10.6% Human metapneumovirus: 1.3% Parainfluenza virus: 3.8% Seasonal human coronavirus: 1.3%	--	--
Emergency Department Visits²			
Influenza-like illness (ILI)	2.3% of total ED visits	 Low	≈ Similar
Respiratory symptoms	3.5% of total ED visits	 Low	▲ Higher
Respiratory Outbreaks in Hospitals, Long-Term Care Homes, and Retirement Homes^{3,4}	2 new respiratory outbreaks declared. Total outbreaks this season: Influenza: 0 COVID-19: 0 Other or multiple respiratory viruses: 2	 Low	▲ Higher
Wastewater Surveillance⁵			
Influenza A	Not detected	 Not detected	≈ Similar
Influenza B	Not detected	 Not detected	≈ Similar
SARS-CoV-2 (COVID-19)	Moderate activity	 Moderate	≈ Similar
Respiratory syncytial virus (RSV)	Not detected	 Not detected	≈ Similar

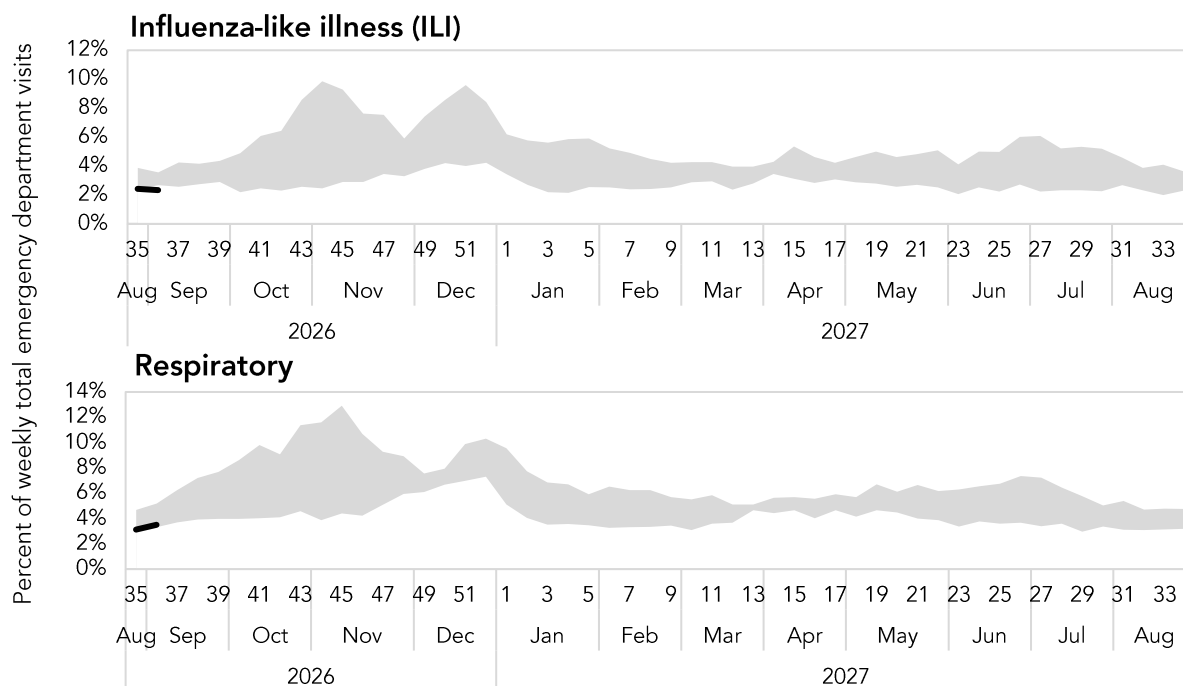
Notes: Current activity level (low/moderate/high) is assigned based on comparisons to historical data, and weekly change (lower/similar/higher) is based on comparisons to the previous week. **Bold** indicates a change in activity level compared to the previous week.

Sources: 1) Ontario Laboratories Information System (OLIS), extracted by Peel Public Health [15/Sep/2026]; 2) Southeast Public Health, Acute Care Enhanced Surveillance; 3) Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [15/Sep/2026]; 4) Total outbreak counts include outbreaks declared between week 35 of the current respiratory season and current report week; 5) Government of Canada, Wastewater Monitoring Dashboard, available at: <https://health-infobase.canada.ca/wastewater/> as of [15/Sep/2026]. 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.

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Respiratory Infection Activity

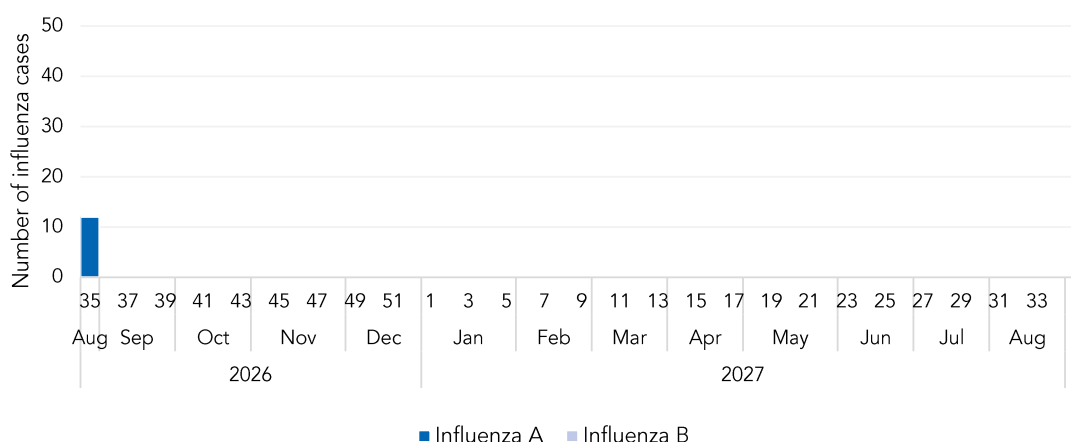
Figure 1. Weekly percent of emergency department visits due to influenza-like illness or respiratory syndromes, Peel residents: August 30, 2026 to September 12, 2026



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 2021/22 and 2025/26.

Source: Southeast Public Health, Acute Care Enhanced Surveillance, extracted by Peel Public Health [15/Sep/2026]

Figure 2. Laboratory-confirmed influenza cases in Peel by type and surveillance week: August 30, 2026 to September 5, 2026



Note: Week 36 data are not available. Surveillance week of cases reflect the laboratory sample collection date (if available), sample received date, or test date. Repeat positive tests are counted as another case if they are at least 30 days from a previous positive result or are determined to have a different subtype. Cases are assigned to Peel based on hierarchy of available information: postal code of the tested individual > practitioner postal code > reporting lab postal code, which may result in inclusion of non-Peel residents. Data during the most recent weeks may be incomplete as collected samples are undergoing laboratory testing.

Source: Ontario Laboratories Information System (OLIS), extracted by Peel Public Health [15/Sep/2026]

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Table 2. Laboratory-confirmed influenza cases and rates by age group, Peel: August 30, 2026 to September 5, 2026

Age group (years)	Influenza A				Influenza B Total	Total Influenza cases (%)	Influenza rate per 100,000 [†]
	A(H1)	A(H3)	A(UnS)*	A Total			
0-4	1	0	5	6	0	6 (50.0%)	7.5
5-17	0	0	0	0	0	0 (0.0%)	0.0
18-49	0	0	1	1	0	1 (8.3%)	0.1
50-64	0	0	1	1	0	1 (8.3%)	0.4
65+	0	0	4	4	0	4 (33.3%)	1.6
Total	1	0	11	12	0	12 (100%)	0.7

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

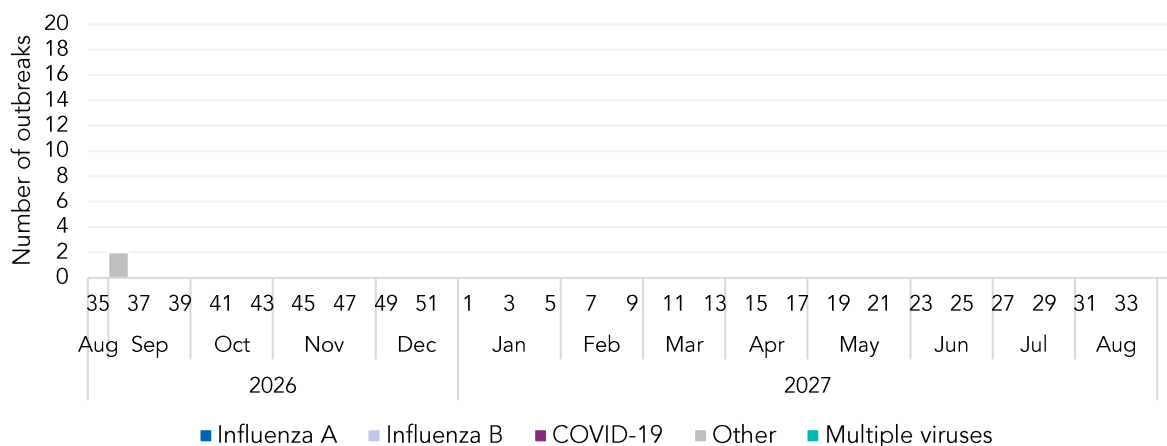
[†]Cumulative incidence rate per 100,000 population.

Note: Week 36 data are not available. Surveillance week of cases reflect the laboratory sample collection date (if available), sample received date, or test date. Repeat positive tests are counted as another case if they are at least 30 days from a previous positive result or are determined to have a different subtype. Cases are assigned to Peel based on hierarchy of available information: postal code of the tested individual > practitioner postal code > reporting lab postal code, which may result in inclusion of non-Peel residents. Data during the most recent weeks may be incomplete as collected samples are undergoing laboratory testing.

Sources: Ontario Laboratories Information System (OLIS), extracted by Peel Public Health [15/Sep/2026]; Ontario Ministry of Finance, Population projections by county and PHU, 2026 [Feb/2025]

Outbreaks in Priority Settings

Figure 3. Confirmed institutional respiratory outbreaks by week declared and virus, Peel: August 30, 2026 to September 12, 2026



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=1), unspecified (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 [15/Sep/2026].

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Table 3. Institutional respiratory outbreak summary, Peel: September 1, 2026 to September 12, 2026

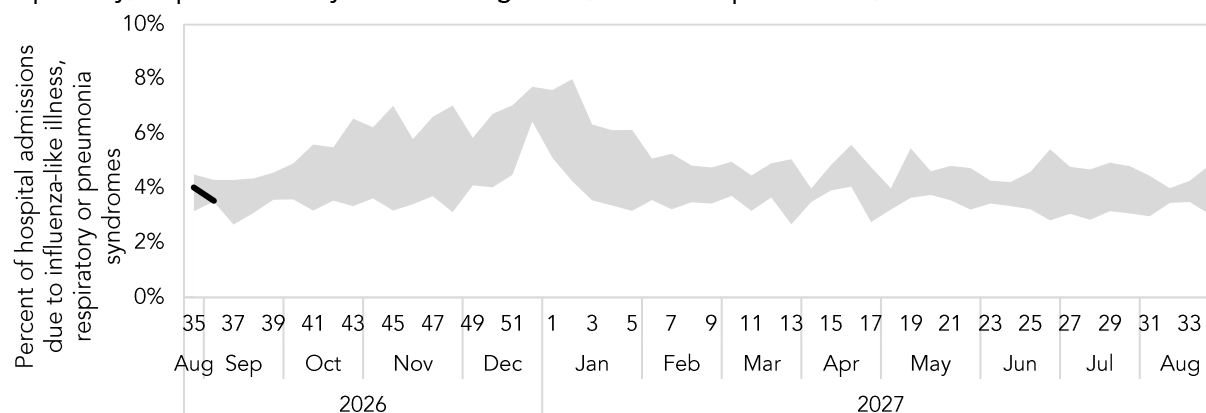
Measure	Influenza A	Influenza B	COVID-19	Other virus
Total institutional outbreaks	0	0	0	2
Acute Care	0	0	0	0
Long-Term Care Home	0	0	0	2
Retirement Home	0	0	0	0
Congregate Living Settings	0	0	0	0
Number of deaths among outbreak-associated cases	0	0	0	0

Notes: Congregate living settings include: shelters, correctional facilities, supported living facilities, group homes, and hospices. There were 0 deaths associated outbreaks with multiple co-circulating viruses, which are not included in this table. At present, there have been 0 multiple virus outbreaks reported [none]. Outbreaks with multiple co-circulating viruses are counted per virus. Other virus outbreaks include: rhinovirus (n=1), unspecified (n=1).

Sources: Ontario Ministry of Health, Integrated Public Health Information System (iPHIS) database, extracted by Peel Public Health [15/Sep/2026]

Disease Severity

Figure 4. Weekly percent of hospital admissions among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes: August 30, 2026 to September 12, 2026

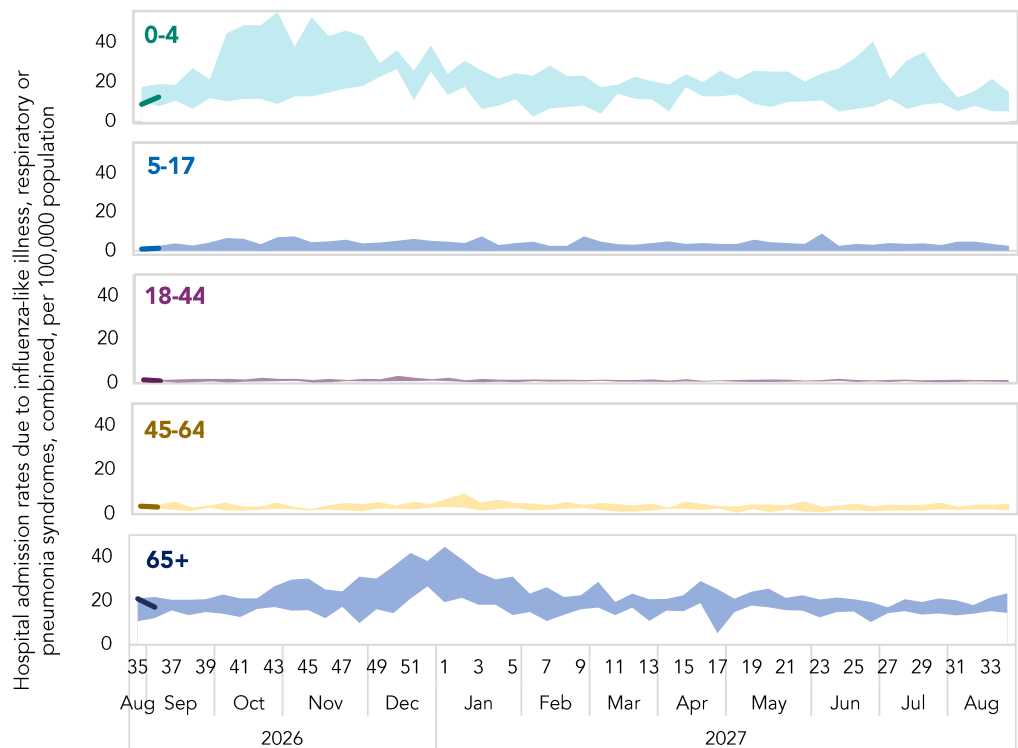


Note: The shaded area represents the range between the minimum and maximum weekly percentage of admissions due to ILI, respiratory, or pneumonia syndromes, between 2021/22 and 2025/26.

Source: Southeast Public Health, Acute Care Enhanced Surveillance, extracted by Peel Public Health [15/Sep/2026]

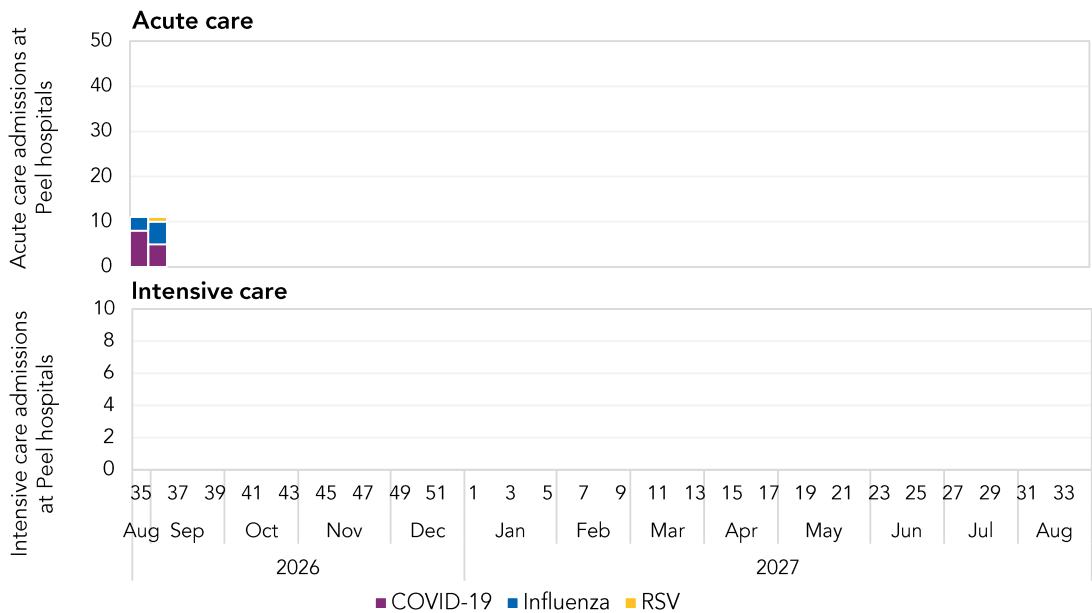
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Figure 5. Weekly hospital admission rates among Peel residents due to influenza-like illness, respiratory, or pneumonia syndromes, combined, by age group: August 30, 2026 to September 12, 2026



Note: The shaded areas represent the ranges between the minimum and maximum age-specific admission rates due to ILI, respiratory, or pneumonia syndromes, between 2021/22 and 2025/26.
Sources: Southeast Public Health, Acute Care Enhanced Surveillance, extracted by Peel Public Health [15/Sep/2026]; Ontario Ministry of Finance, Population projections by county and PHU, 2026 [Feb/2025]

Figure 6. Weekly acute care and intensive care admissions among COVID-19, influenza, and RSV cases, Peel hospitals, August 30, 2026 to September 12, 2026



Sources: Ontario Ministry of Health, Daily Bed Census, extracted [15/Sep/2026]; Ontario Ministry of Health, Critical Care Information System, extracted [15/Sep/2026]

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Data notes

- This report includes the most current data available as of 8:30 am on [15/Sep/2026].
- Ontario Laboratories Information System (OLIS) and the provincial Integrated Public Health Information System (iPHIS) are dynamic reporting sources for infectious disease laboratory and 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 may include non-Peel residents if the laboratory sample did not include client postal code and was assigned to Peel based on practitioner or reporting laboratory postal code.
- 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 August 31, 2026, 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)*
Residents in congregate living settings (including long-term care, retirement home and correctional facilities) that are not in an outbreak	✓	
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	✓	
Respiratory symptomatic individuals eligible for COVID-19 testing belonging to any of the following groups: • People aged 65 years and older • People who are immunocompromised • People who are at increased risk due to a combination of age and other medical conditions or risk factors, based on an assessment by a health care provider	✓	
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 in congregate living settings (only the first four symptomatic patients). Note: refer to FLUVID for testing beyond the first four specimens.		✓

*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 A H3 (seasonal H3N2) subtype, influenza A H1 (pdm09) subtype, influenza B, respiratory syncytial virus (RSV A/B), SARS-CoV-2, 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](#)

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](#)