Biweekly respiratory surveillance report for week ending October 19, 2024

- For respiratory surveillance in Canada, visit: Respiratory Virus Detection Surveillance System and COVID-19 Data Trends
- For surveillance of COVID-19 variants of concern, visit World Health Organization: Tracking SARS-CoV-2 Variants
- For COVID-19 vaccination coverage in Canada, visit: COVID-19 vaccination in Canada

Overall Summary

Respiratory virus activity has remained stable in recent weeks in the Yukon. The table below describes the intensity, geographical spread, and local trends.

	Level	**Rationale**
Intensity	Medium	Activity appears to be at levels typical for the season.
Geographical spread	Widespread	There is respiratory activity presence across the territory.
Trend	Stable	Trends for many indicators are stable. Influenza hospitalizations have slightly increased in recent weeks.

The intensity is based on the overall level of clinical activity in the Yukon, measured through syndromic, sentinel, active and lab surveillance indicators. Low means no activity or activity below baseline, medium means expected or average levels of activity, high means levels of activity that are higher than historical baseline, and very high means exceptionally high levels of activity*.

*Baseline is the level at which activity remains throughout summer and most of the winter, or based on historical data for the same time period in previous years, where available.

The geographical spread is rated as either no activity (no evidence of increased or unusual respiratory disease activity), regional (activity occurring in some but not all regions of Yukon), or widespread (activity generally occurring across all of the Yukon).

The trend is a comparison of surveillance indicators to the previous two weeks. Increasing means there is evidence that the level of respiratory disease activity is increasing, stable means respiratory disease activity is relatively unchanged, and decreasing means there is evidence that the level of respiratory disease activity is decreasing.

Disease summaries

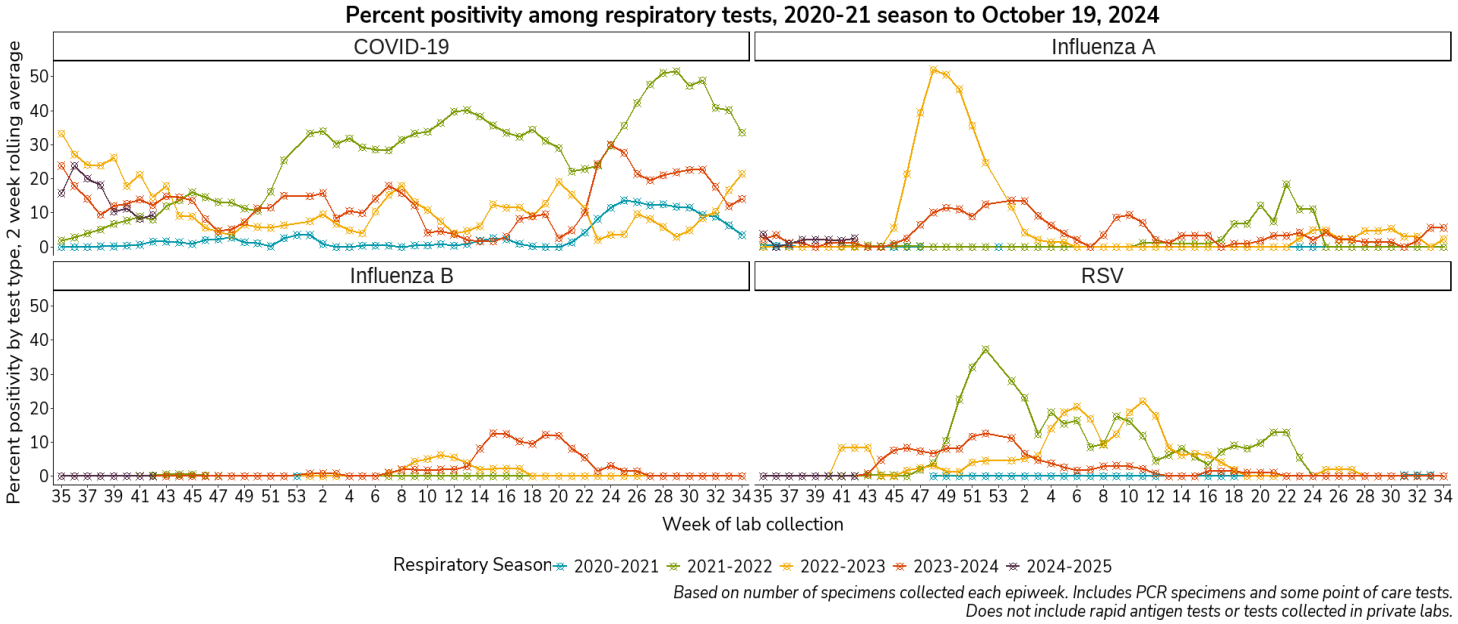
The table below provides general trends from the different surveillance indicators for each disease that is included in this report.

	COVID-19	**Influenza**	**RSV**
Case rates	Stable	Stable	Stable
Percent positivity	Decreasing	Stable	Stable
Syndromic indicators		Decreasing	
Severity	Stable	Increasing	Stable
Wastewater	Stable	N/A	N/A
Vaccination uptake	N/A	N/A	N/A

Laboratory indicators

- COVID-19 test positivity slightly decreased compared to the previous two weeks, and was highest in Whitehorse area
- Influenza A test positivity remained the same compared to the previous two weeks, and was highest in rural Yukon
- Influenza B test positivity remained the same compared to the previous two weeks, and was the same in rural Yukon and Whitehorse area
- RSV test positivity remained the same compared to the previous two weeks, and was the same in rural Yukon and Whitehorse area
- COVID-19 was the organism with the highest average test positivity over the last two weeks
- Testing volume was highest among Whitehorse residents over the last two weeks
- COVID-19 wastewater viral load in Haines Junction is stable

Figure 1: Percent positivity by respiratory virus



Based on number of specimens collected each epiweek. Includes PCR specimens and some point of care tests. Does not include rapid antigen tests or tests collected in private labs.

Figure 2: Number of COVID-19 tests and percent positivity by pathogen and region

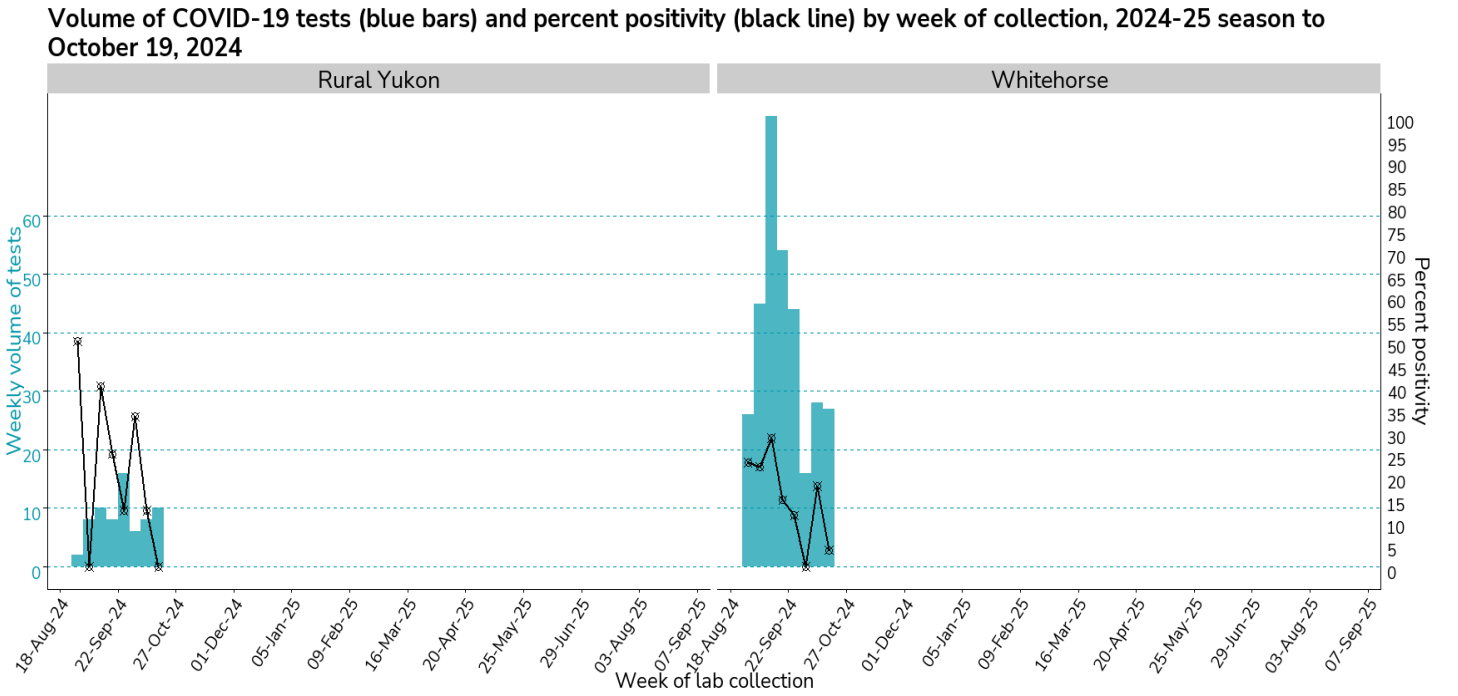


Figure 3: Number of Influenza A tests and percent positivity by region

Volume of Influenza A tests (blue bars) and percent positivity (black line) by week of collection, 2024-25 season to October 19, 2024

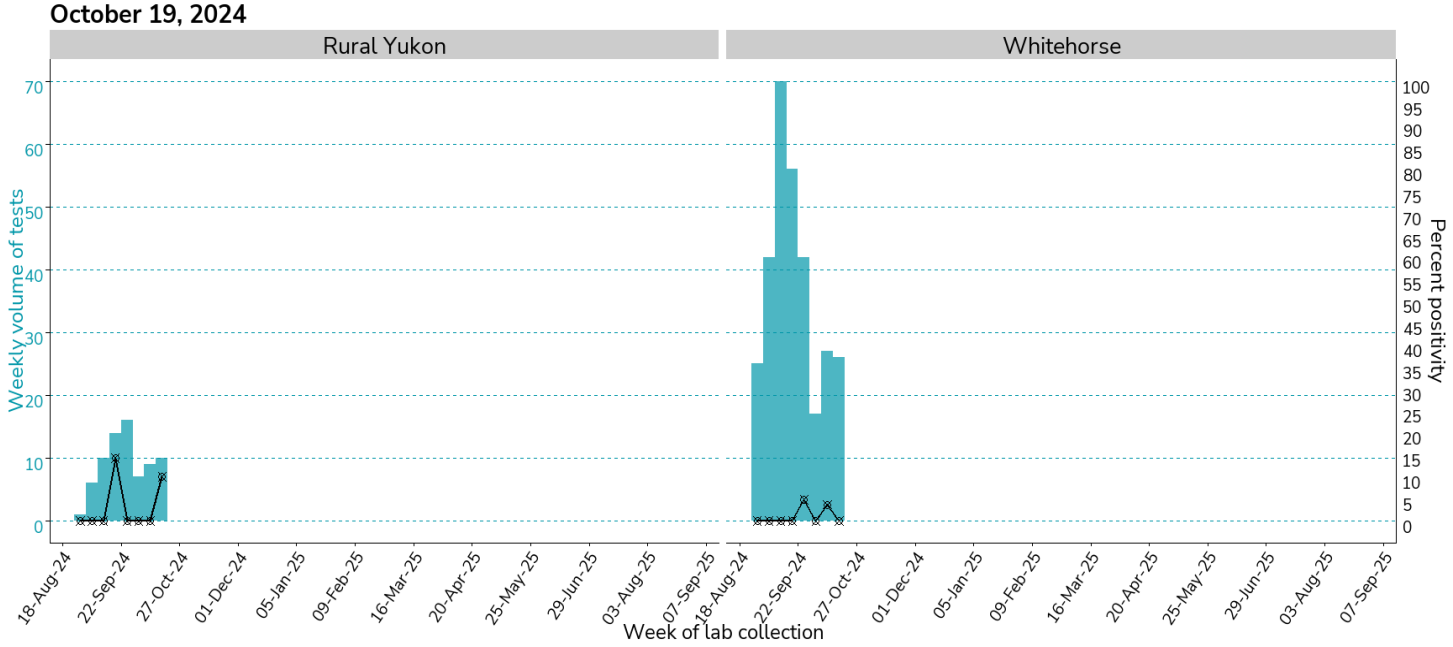


Figure 4: Number of Influenza B tests and percent positivity by region

Volume of Influenza B tests (blue bars) and percent positivity (black line) by week of collection, 2024-25 season to October 19, 2024

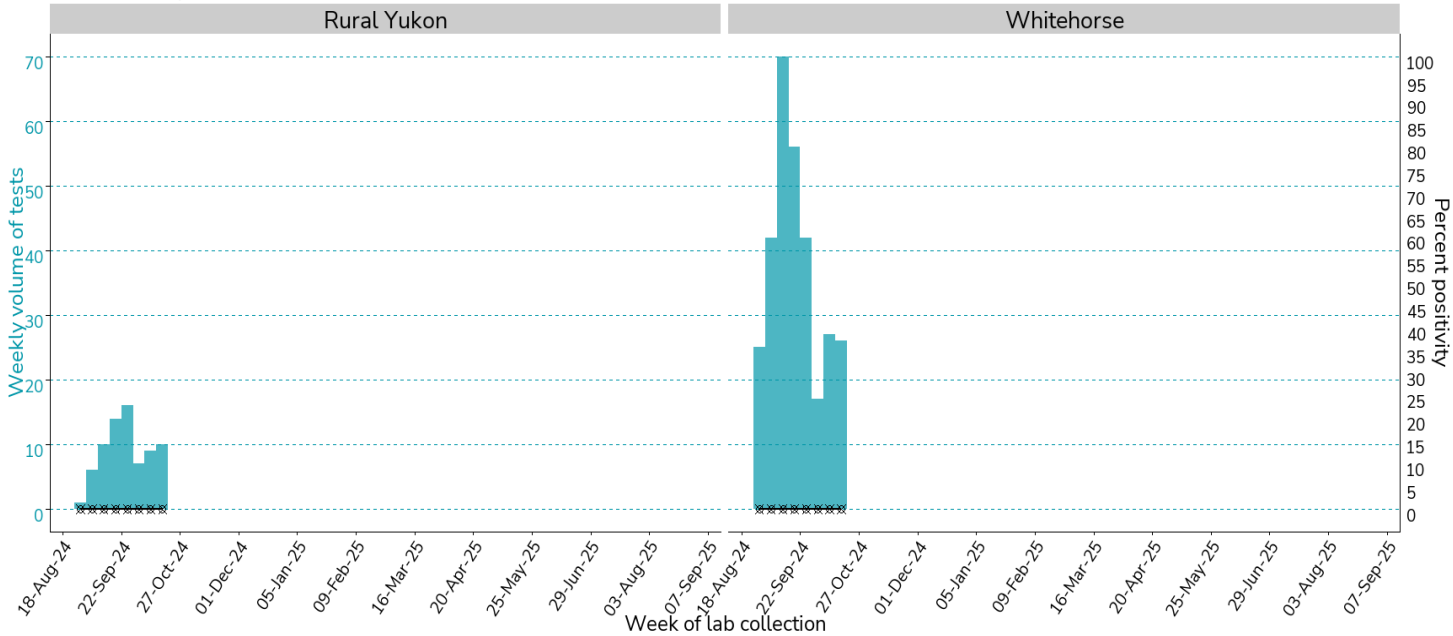


Figure 5: Number of RSV tests and percent positivity by region

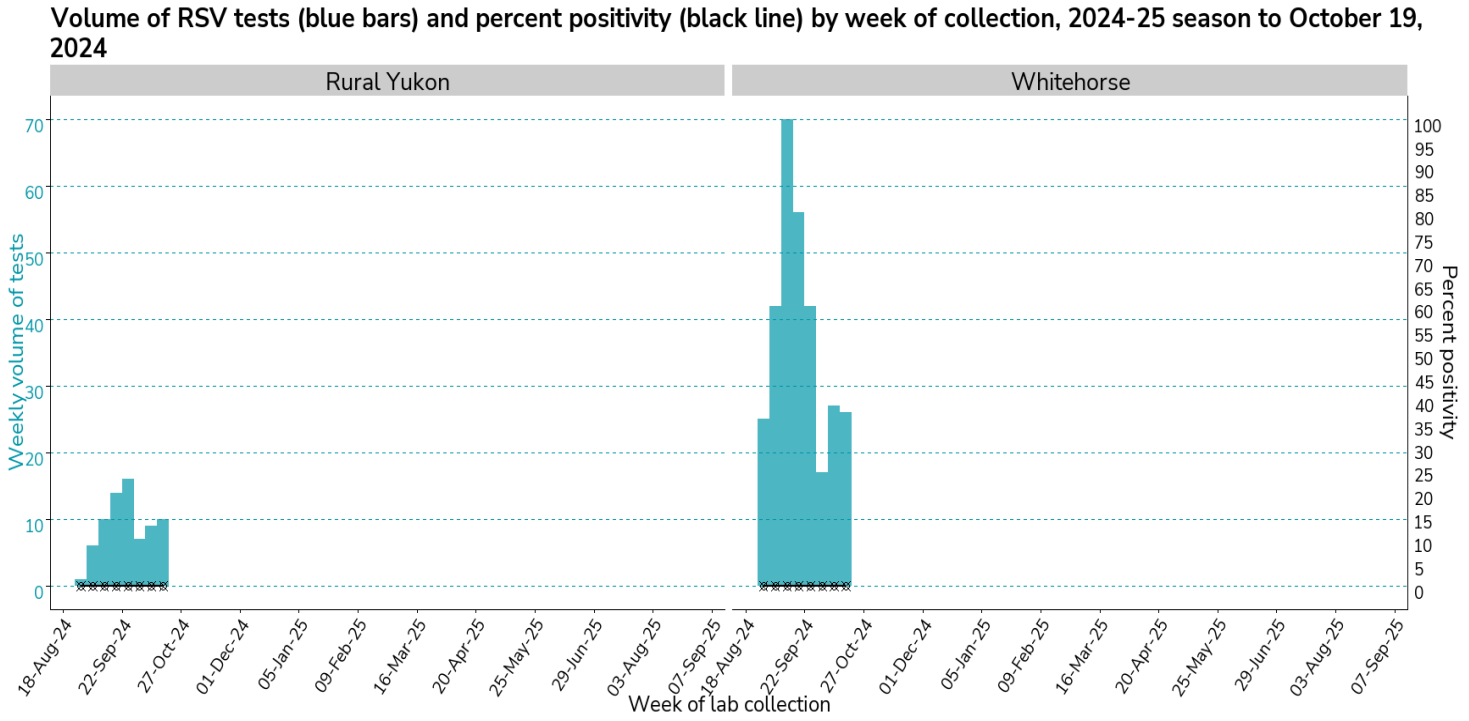
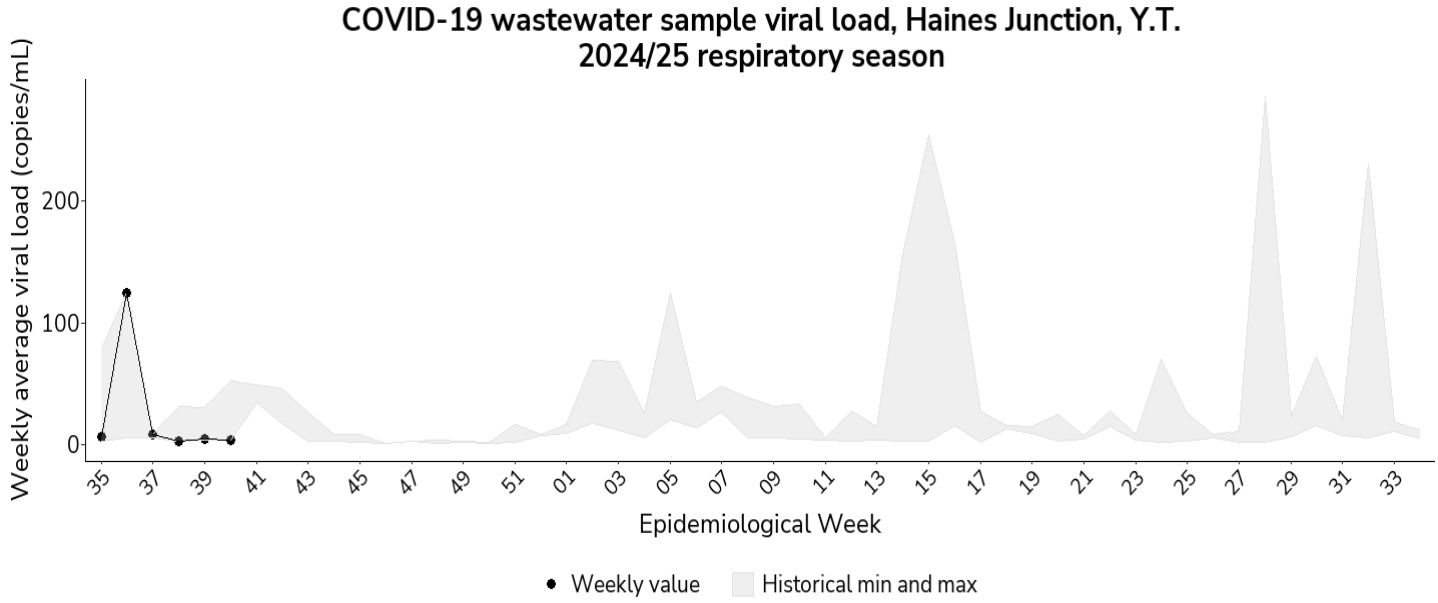


Figure 6: COVID-19 wastewater surveillance – Haines Junction

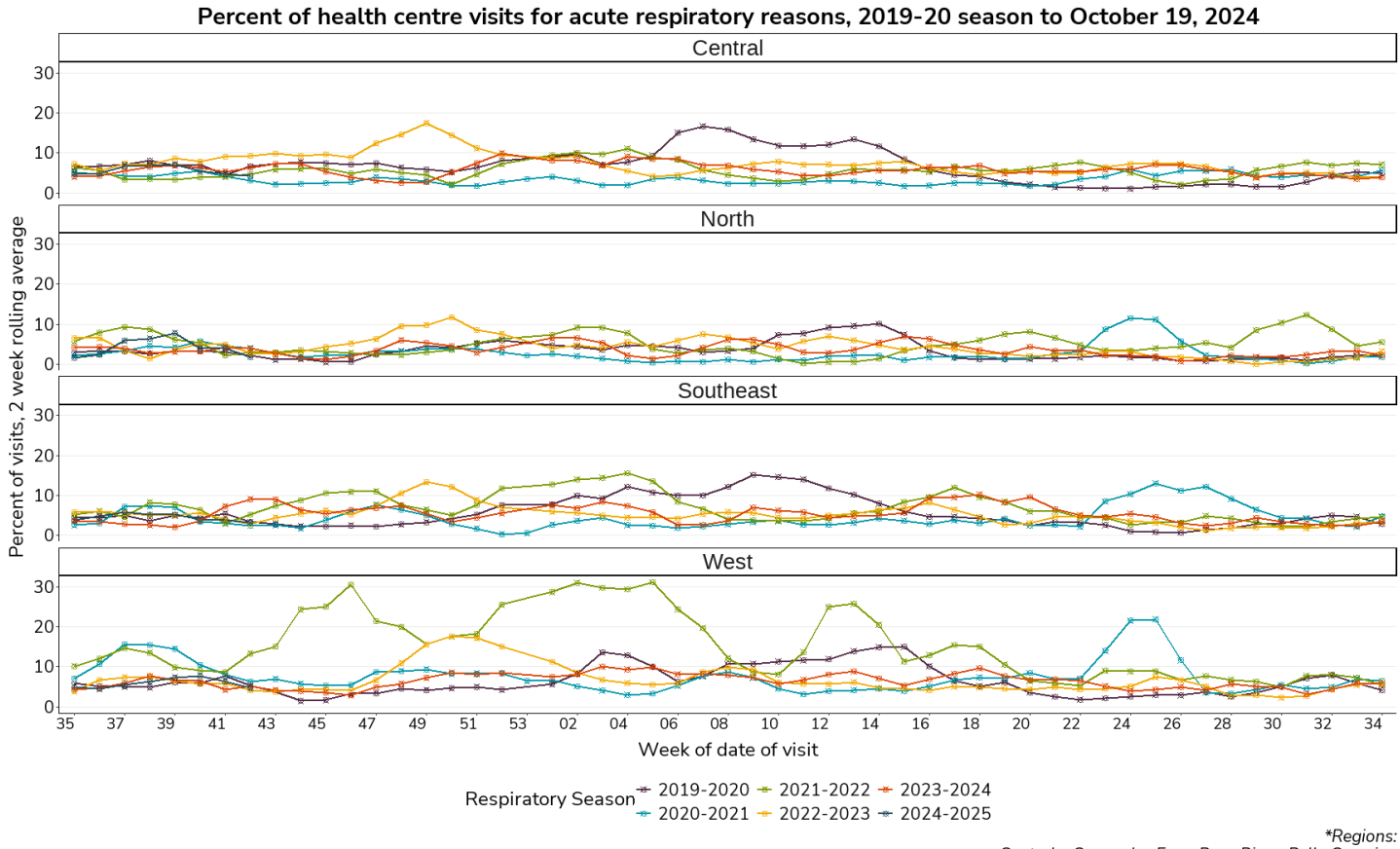


Note: this province/territory has low population coverage (1.71%). Please consider this coverage when interpreting the displayed graph.

Syndromic surveillance indicators

- Visits to community health centres for respiratory-related symptoms were similar compared to previous years. Respiratory visits were highest in the West and Central regions.
- Visits to community health centres for respiratory-related symptoms are decreasing in the Central, Southeast, and West regions, and stable in the Northern region.

Figure 7: Percentage of weekly Community Health Centre* visits for acute respiratory-related reasons, by region

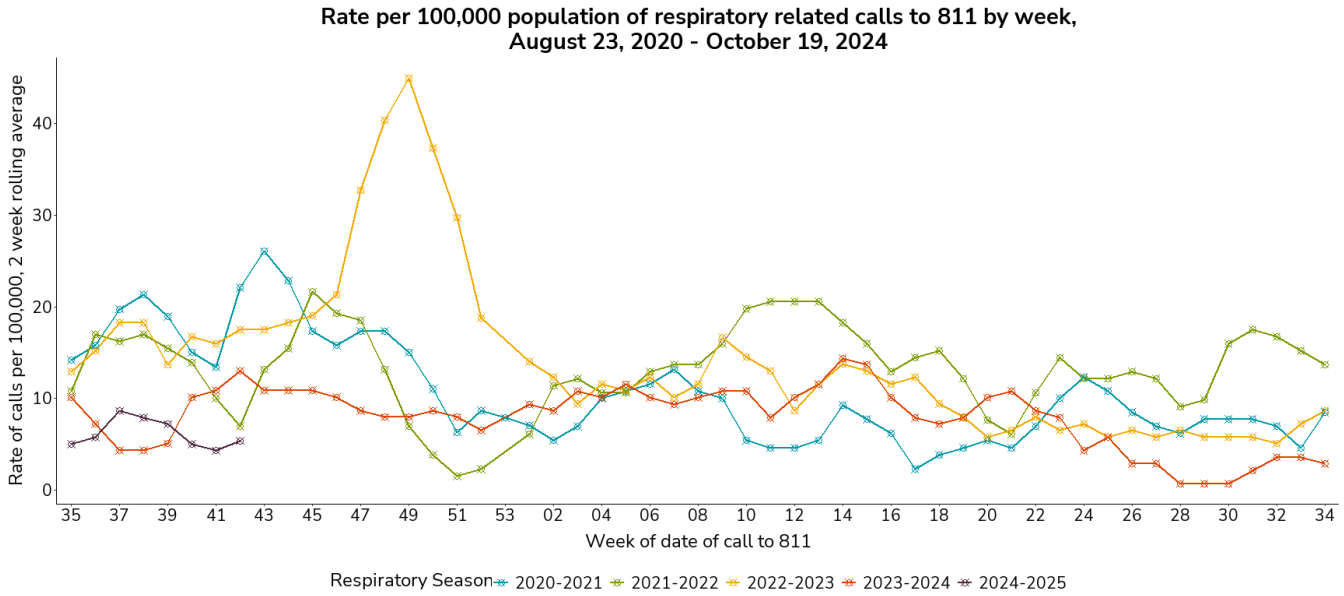


*Regions:
Central – Carmacks, Faro, Ross River, Pelly Crossing
North – Old Crow, Dawson, Mayo
Southeast – Carcross, Teslin, Watson Lake
West – Haines Junction, Beaver Creek, Destruction Bay

Sentinel surveillance indicators

- The rate of calls for respiratory-related reasons to 811 increased compared to the previous two weeks

Figure 8: Rate of 811 calls that are respiratory-related



Active surveillance indicators

- The number of confirmed cases of COVID-19 in the Yukon is stable, and similar to previous years. Hospitalization rates are stable and similar to previous years.
- The number of confirmed cases of Influenza A in the Yukon is stable, and similar to previous years. Hospitalization rates are increasing, and similar to previous years.
- The number of confirmed cases of Influenza B in the Yukon is stable, and similar to previous years. Hospitalization rates are stable, and similar to previous years.

- The number of confirmed cases of RSV in Yukon is stable, and similar to previous years. Hospitalization rates are stable, and similar to previous years.
- For COVID-19, influenza and RSV combined, case rates in rural Yukon are stable, and similar to previous years. Hospitalization rates are decreasing, and higher than previous years.
- For COVID-19, influenza and RSV combined, case rates in the Whitehorse area are stable, and similar to previous years. Hospitalization rates are increasing, and similar to previous years.

Figure 9: Confirmed cases by respiratory virus

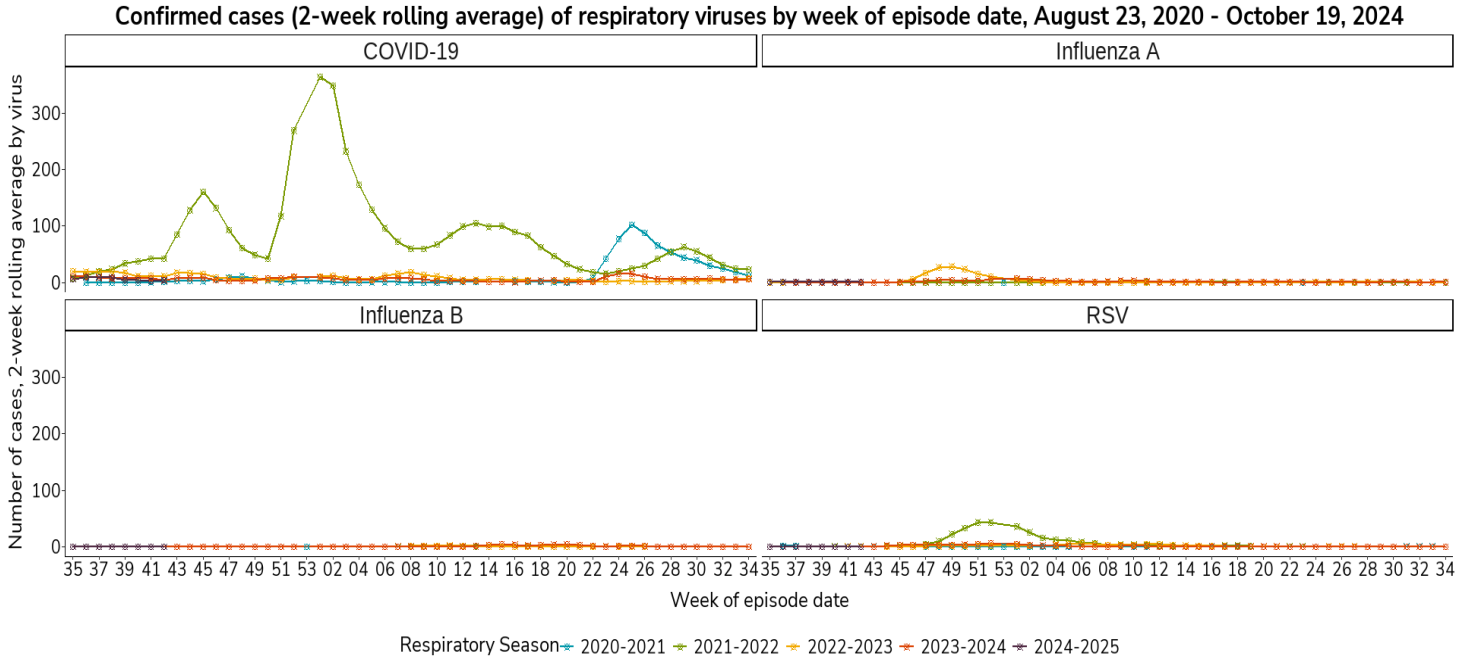


Figure 10: Hospitalization rates per 100,000 by respiratory virus

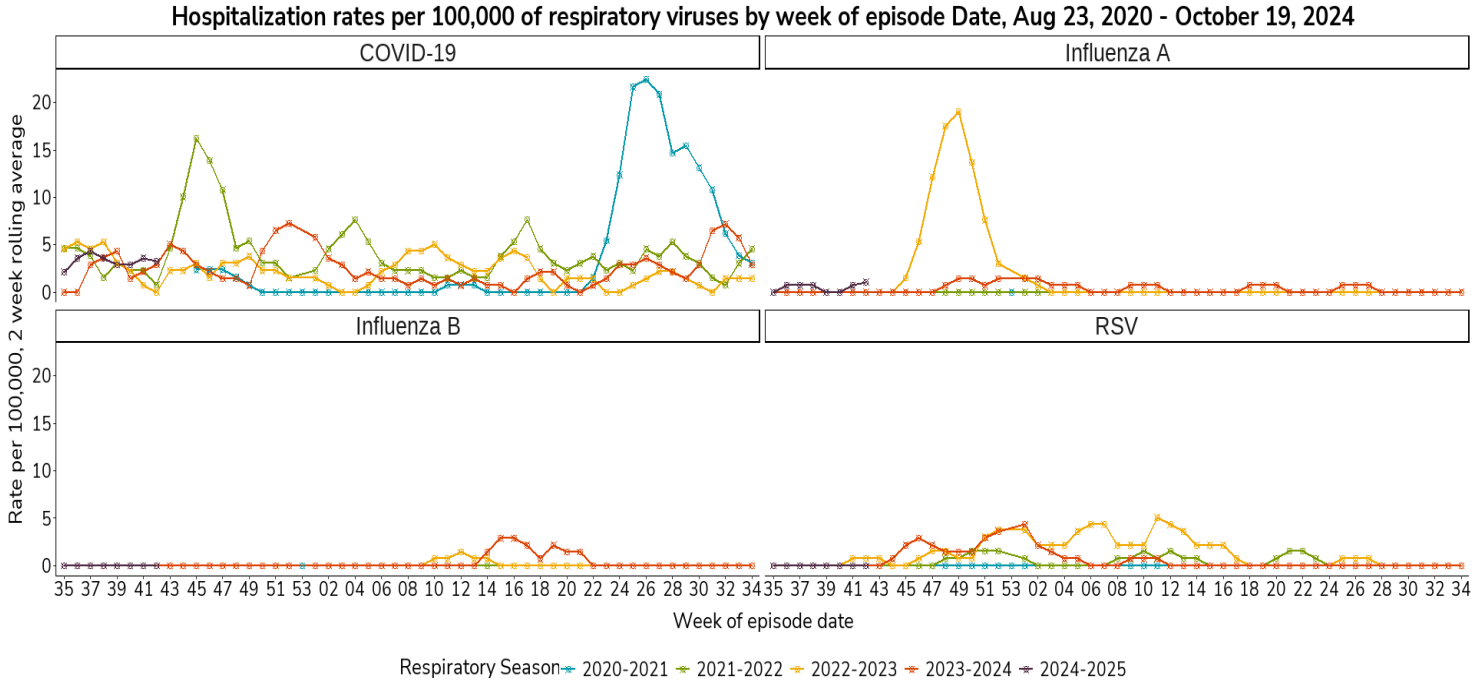


Table 1: Respiratory illness death rates per 100,000 by virus

Respiratory season	COVID-19 rate	Influenza A rate	Influenza B rate	RSV rate
2020-2021	19.0	0.0	0.0	0.0
2021-2022	51.0	0.0	0.0	0.0
2022-2023	13.7	0.0	0.0	2.3
2023-2024	17.4	0.0	2.2	0.0
2024-2025	2.2	0.0	0.0	0.0

Figure 11: Respiratory illness case rates per 100,000 by residence

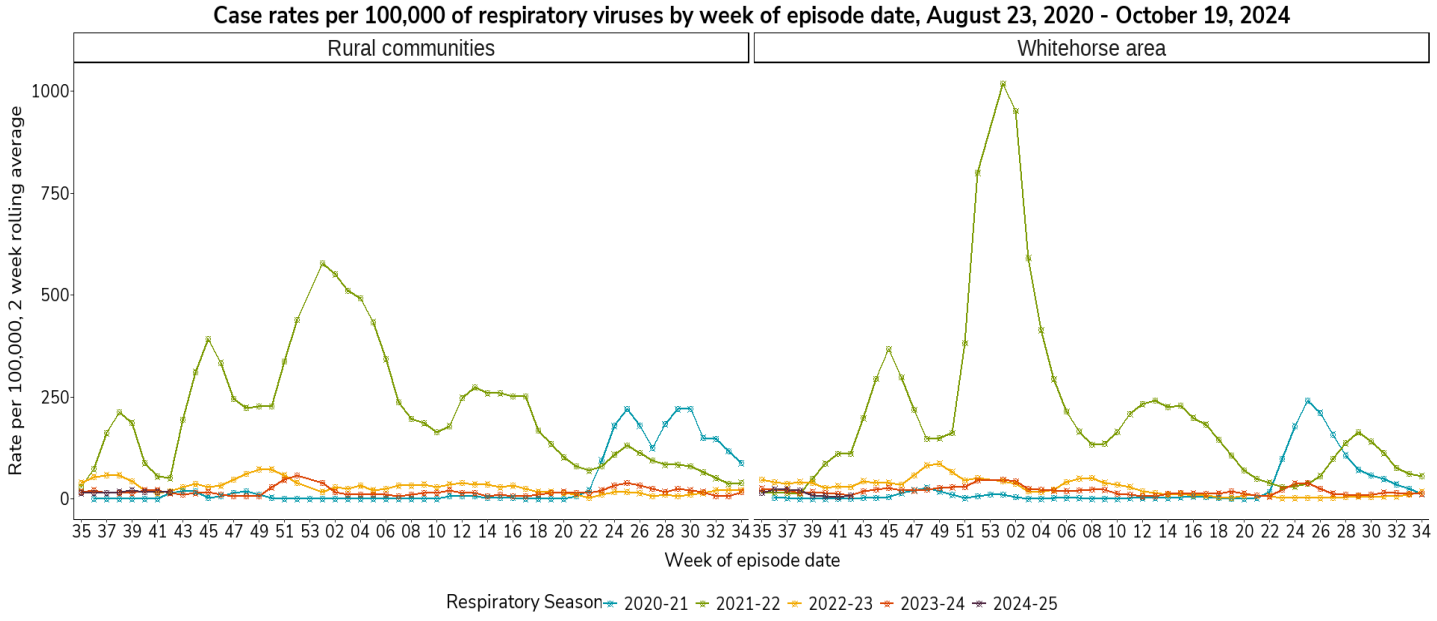


Figure 12: Respiratory illness hospitalization rates per 100,000 by residence

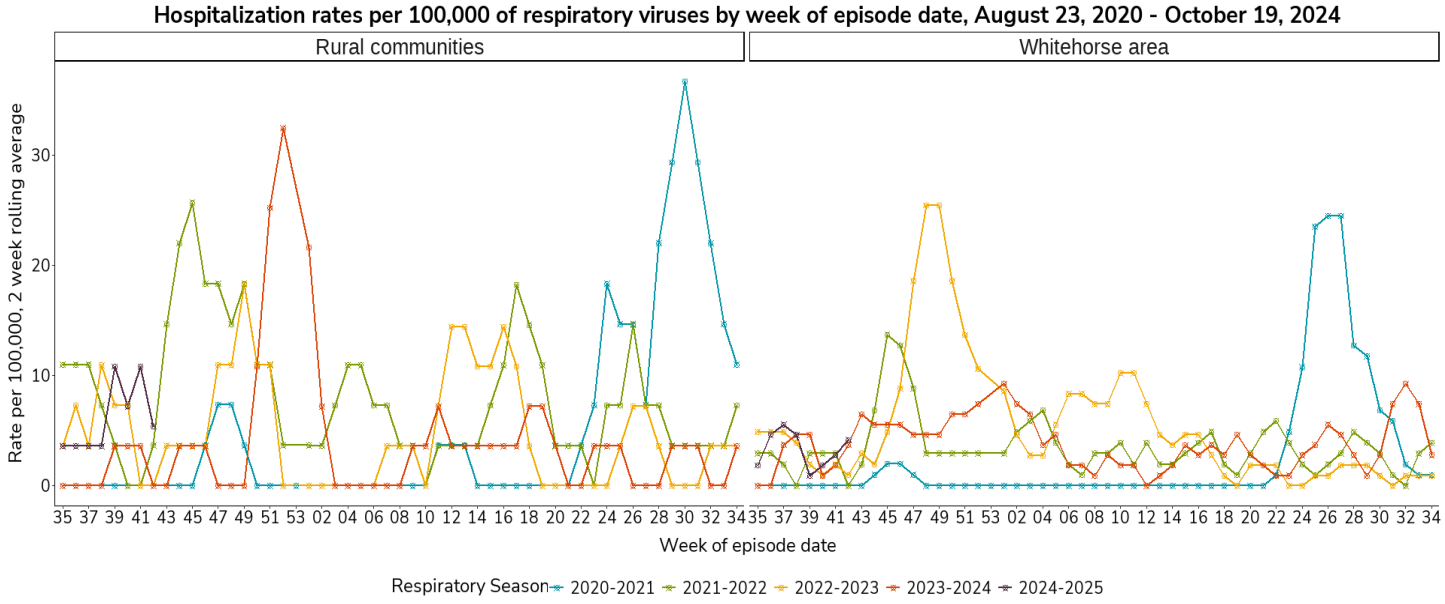


Figure 13: Respiratory virus case and hospitalization rates per 100,000, current season

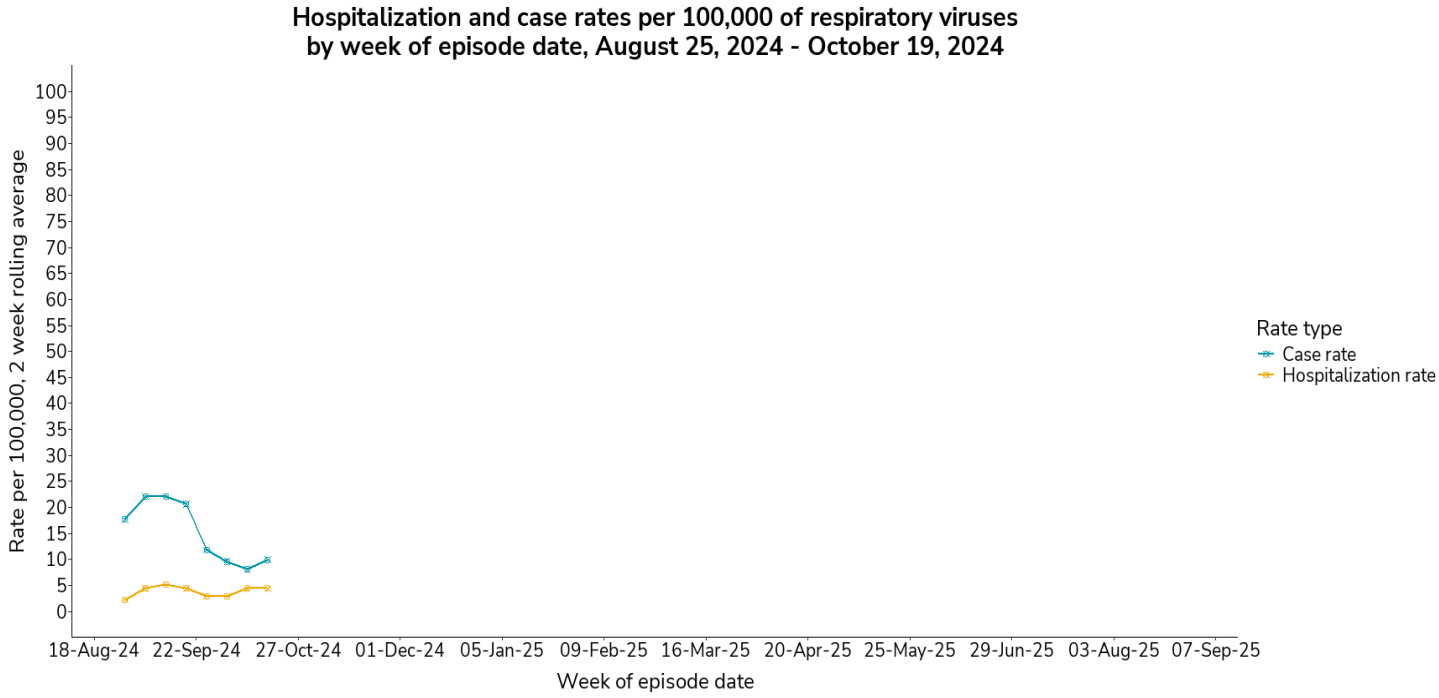
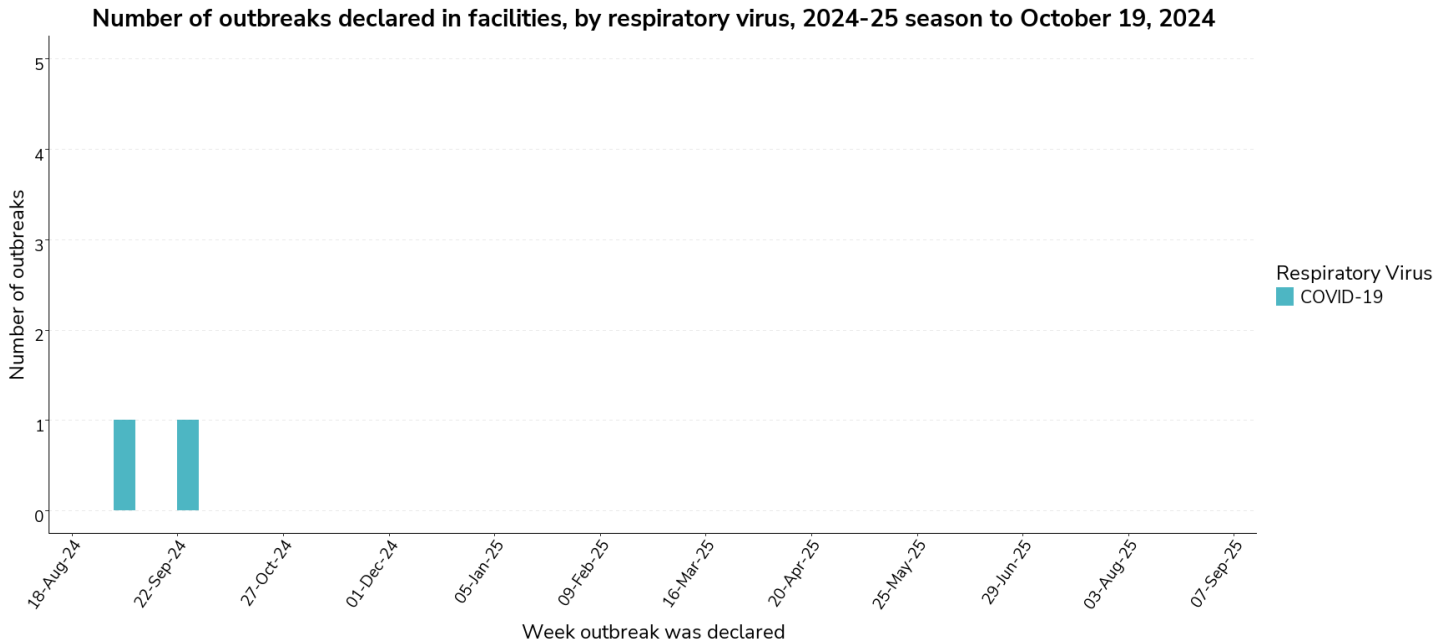


Figure 14: Respiratory virus outbreaks, current season



Immunization Indicator Summary

Book your COVID-19 and flu vaccine appointment here

Immunization indicators are updated monthly in the first full week of the month.

- Immunization data for the 2024-2025 season will be available starting in November 2024.

Figure 15: Influenza vaccine uptake (%), by year

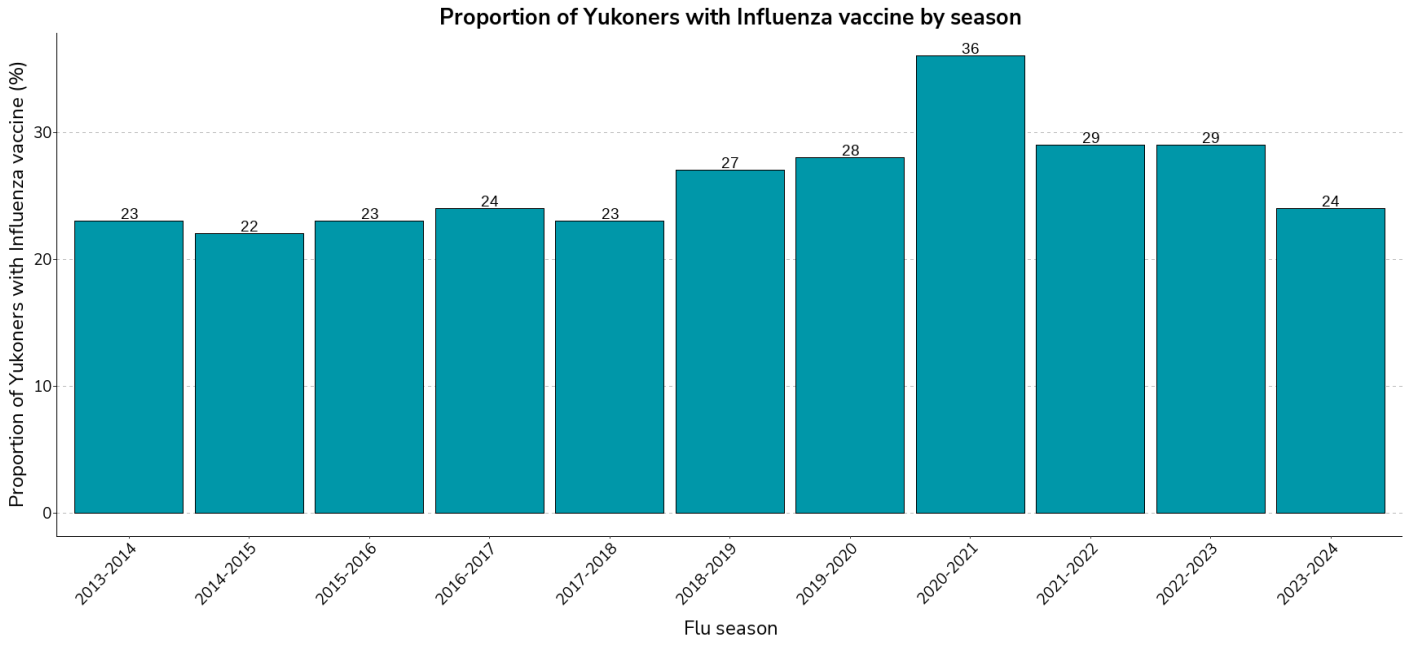


Figure 16: Influenza vaccine uptake (%), current season, by age group

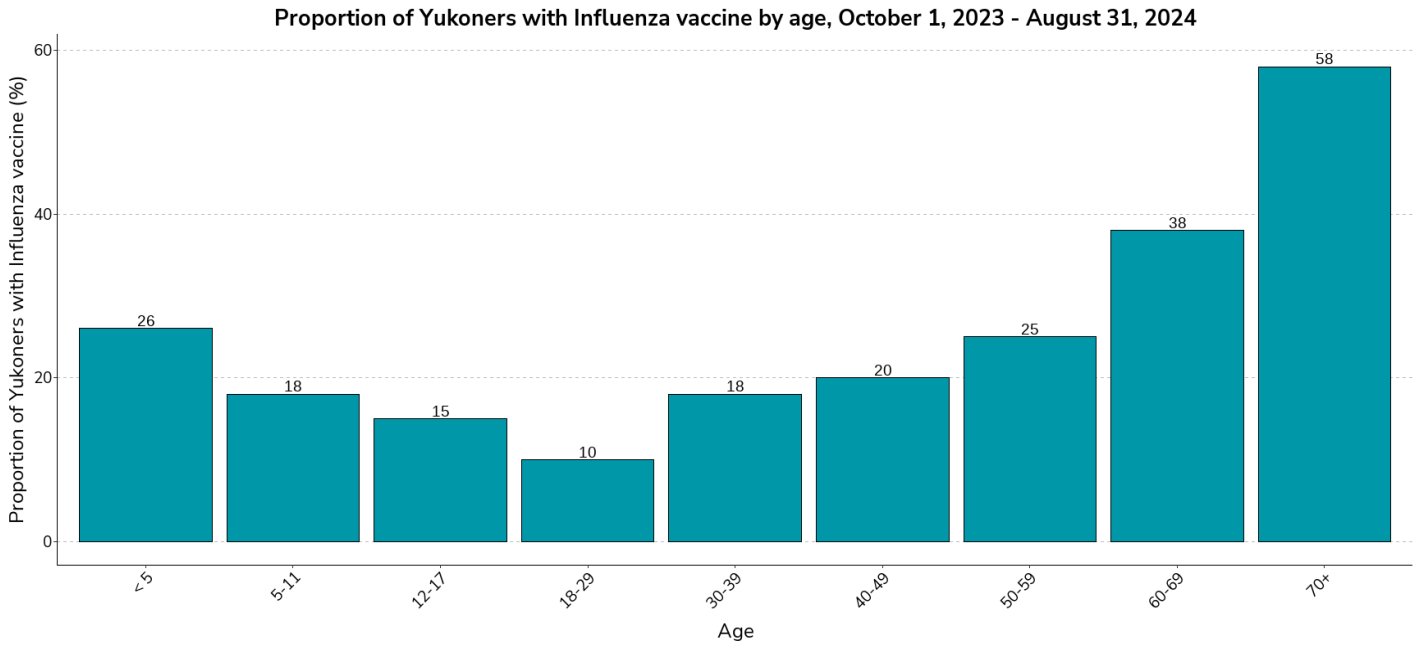


Figure 17: Influenza vaccine uptake (%), current season, by client health region

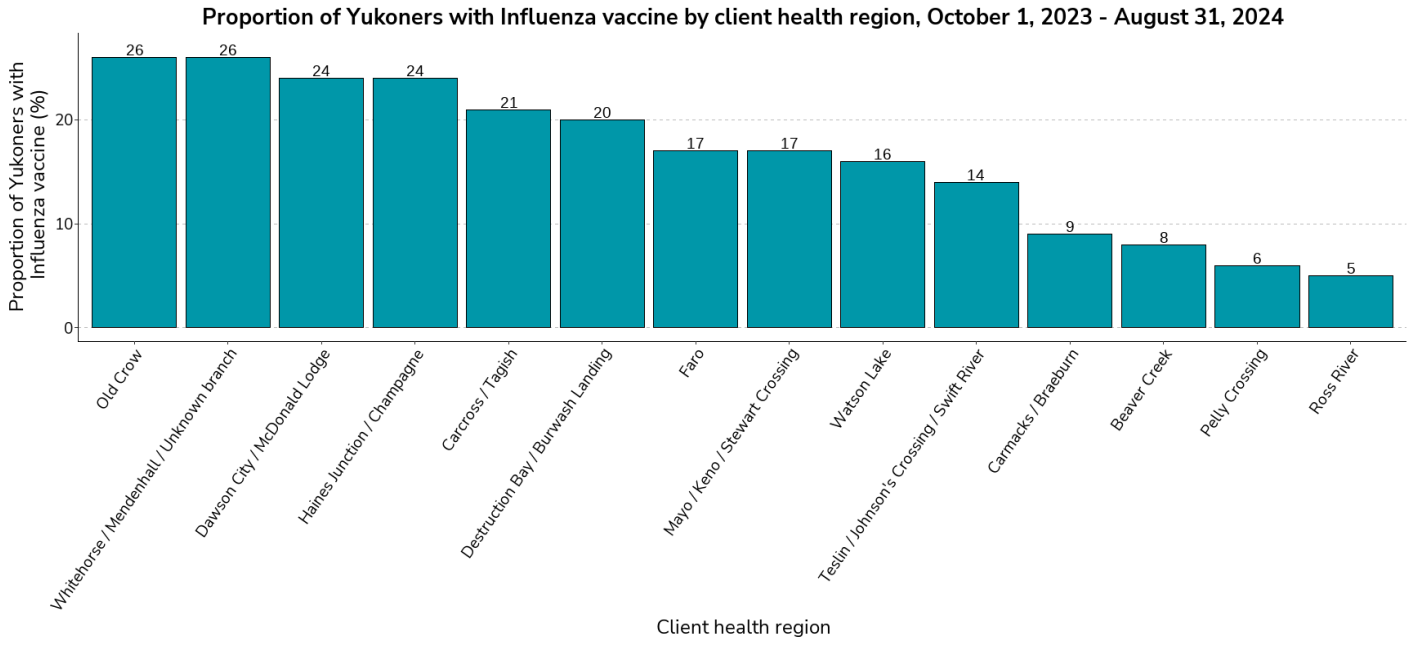


Figure 18: COVID-19 vaccination status, by age group

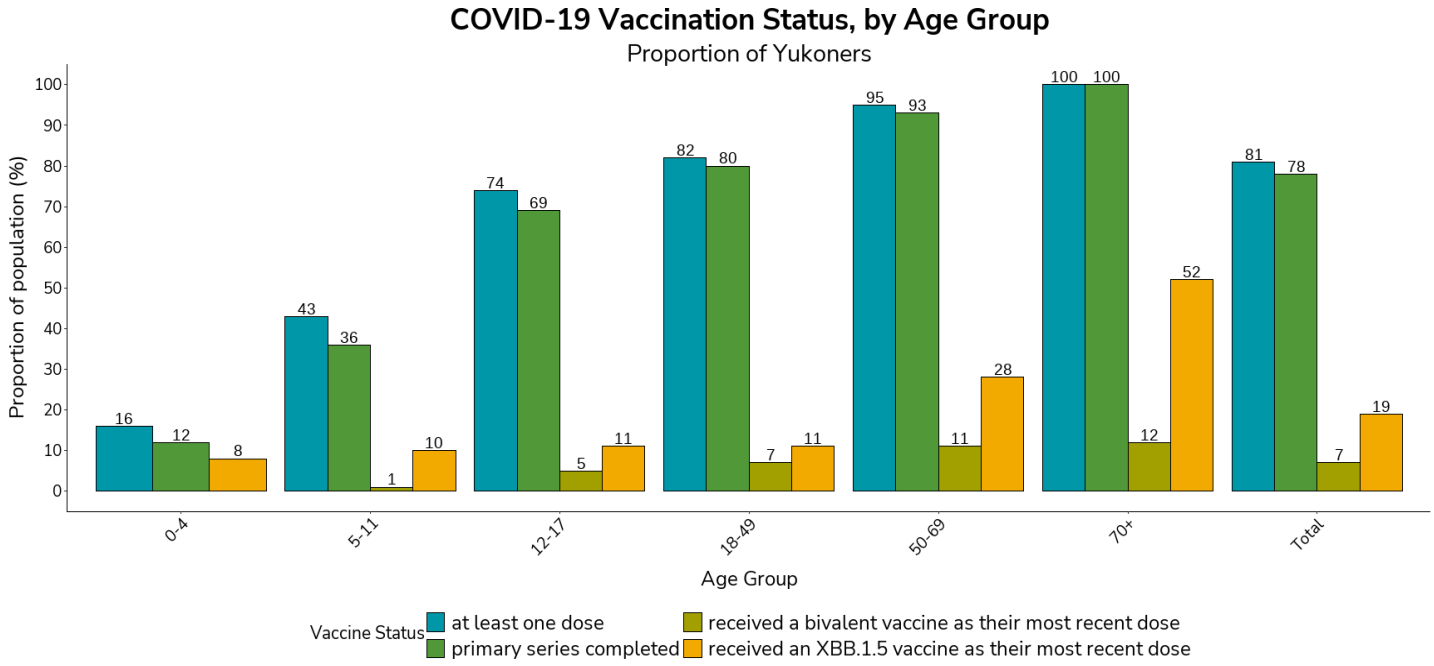


Figure 19: Percent of population whose most recent dose was a COVID-19 XBB.1.5 vaccination, by client health region and age group

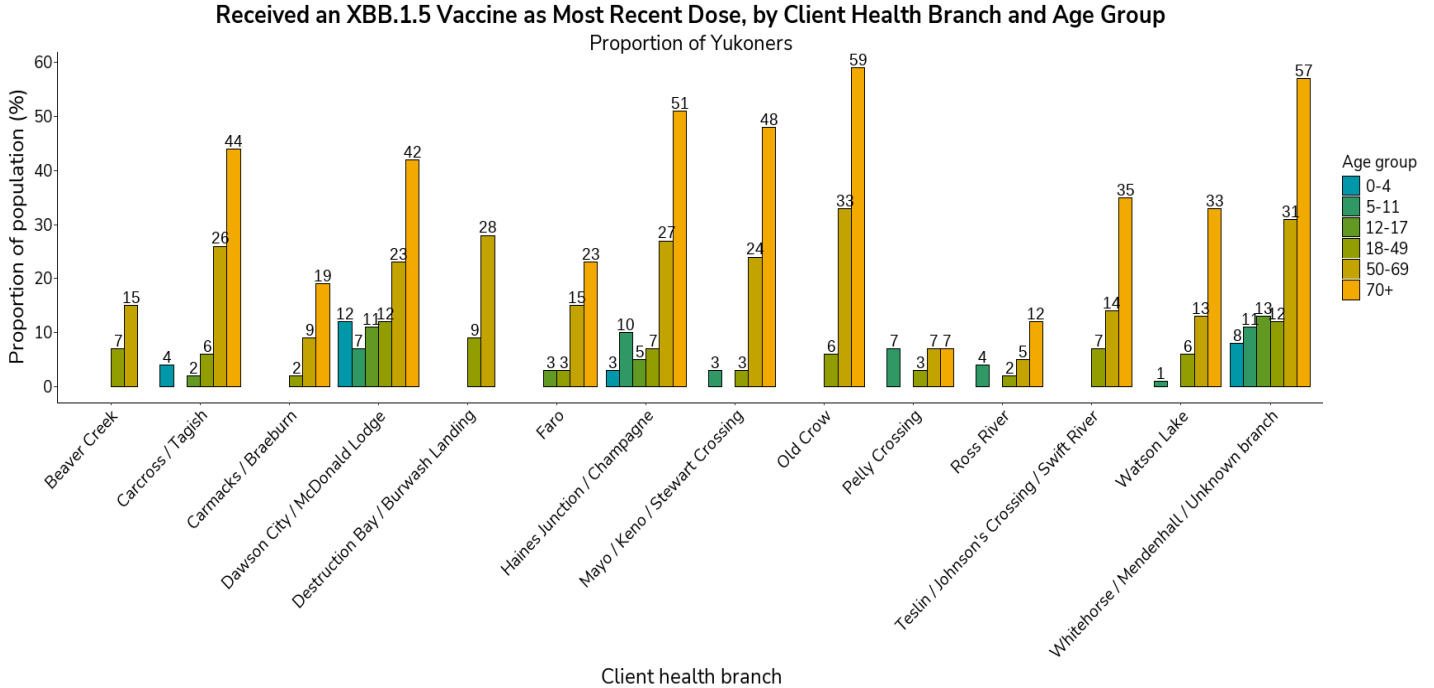
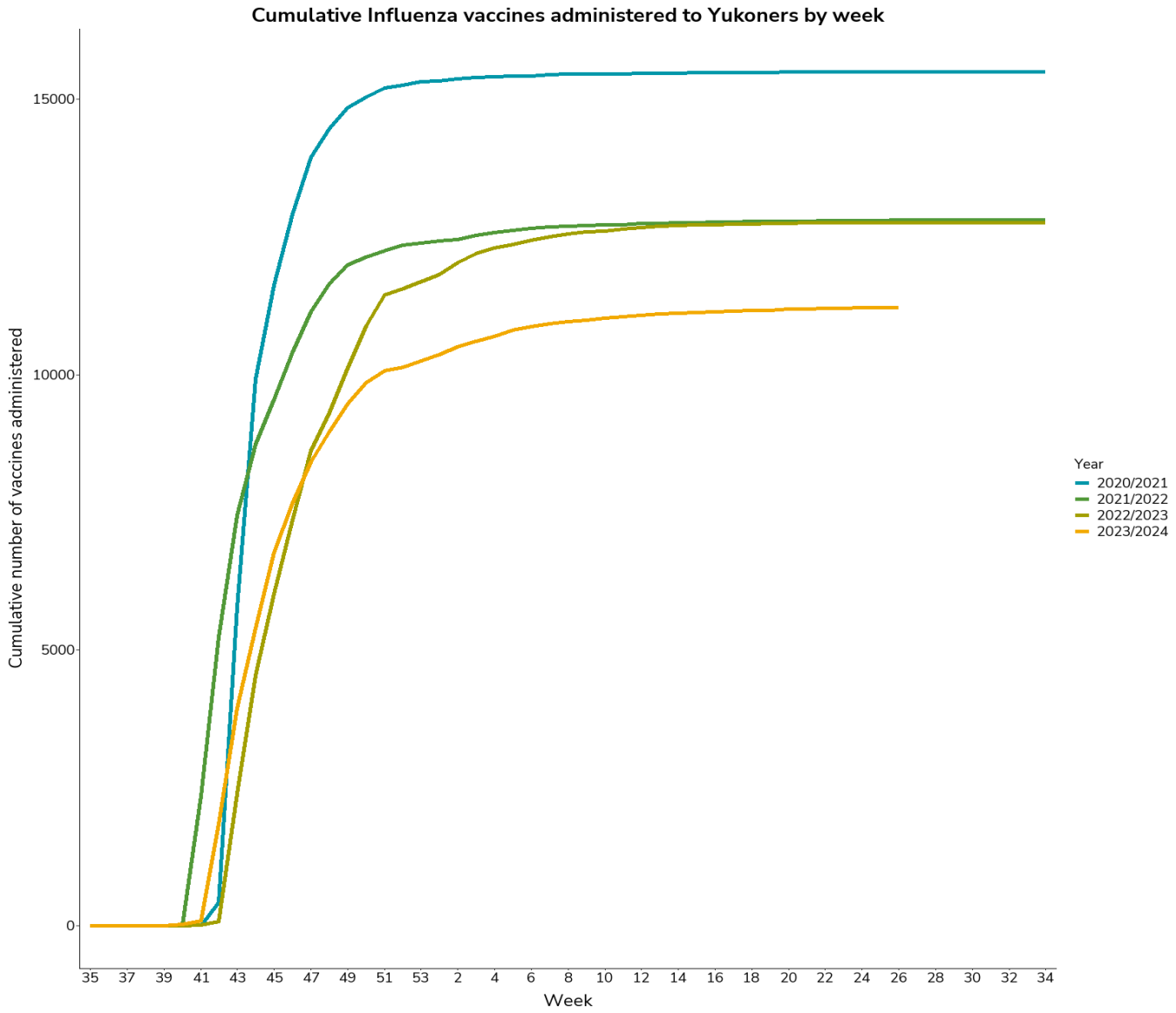


Figure 20: Cumulative uptake of influenza vaccine, by season



Data Notes

All information is subject to change as reconciliation occurs and data becomes more complete.

Epidemiological weeks are standardized ways to count events on weekly basis year after year. The epidemiological weeks used in this report run from Sunday to Saturday. A full calendar can be found on the Public Health Agency of Canada FluWatch website

This report is updated at the following frequency during respiratory season (late August to early June): laboratory, syndromic, sentinel, and active surveillance indicators updated bi-weekly; immunization indicators updated monthly.

This report is updated at the following frequency outside of respiratory season (early June to late August): laboratory, syndromic, sentinel, and active surveillance indicators updated monthly; immunization indicators not updated.

Lab Indicators

- Based on lab-based PCR tests and rapid point-of-care tests from Whitehorse General Hospital. This does not include at-home rapid tests or tests completed in private labs.
- Percent positivity is based on the volume of specimens. As such, one individual can appear in the data more than once.
- Data will be impacted by clinical testing criteria, availability of testing, and healthcare seeking behaviour.
- Indicators stratified by rural and Whitehorse area residence reflect the information on where the person who was tested resides, and does not necessarily indicate where that person was tested or was located at the time of infection.
- Wastewater surveillance data is extracted from the Public Health Agency of Canada COVID-19 wastewater surveillance dashboard

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Syndromic Surveillance Indicators

- Visits are classified by syndromes, which include clinician assessment and groupings of clinical signs and symptoms. As such, these are not considered diagnoses of communicable disease, and visits that are not related to respiratory viral illness may be included.
- Data is presented at the visit level, as such one individual can appear in the data more than once if they have several visits.
- Data may be impacted by factors such as healthcare seeking behaviour, and availability of health services.
- Community health centre visits reflect the regional location of the health centre, and not necessarily the residence of people visiting the health centre.

Sentinel Surveillance Indicators

- Includes calls to 811 from Yukon residents for respiratory-related reasons.
- Data may be impacted by factors such as the public's relative concern for symptoms or illness, and availability of health services.

Active Surveillance Indicators

- Includes all Yukon resident cases reported to Yukon Communicable Disease Control. Does not include non-resident cases that were diagnosed in the Yukon.
- Data will be impacted by clinical testing criteria and availability of testing.
- Episode dates are based on either date of symptom onset, laboratory collection date, or date of report to public health, depending on availability of data.
- Geographical region (rural, Whitehorse, etc.) is based on patient residence, not service delivery location.
- Death rates are estimated from Yukon Communicable Disease Control investigations, and do not reflect finalized Vital Statistics Database data. As such, these rates may be subject to some variation.
- Outbreaks are reported for institutional settings, including but not limited to hospitals, long term care, correctional facilities, and other congregate settings.

Immunization Indicators

- Vaccine status of Health Canada approved COVID-19 vaccines:
  - At least one dose
  - Primary series completed
  - Received a bivalent vaccine as their most recent dose
  - Received an XBB.1.5 vaccine as their most recent dose
- For full vaccination coverage definitions please visit the Government of Canada COVID-19 vaccination: Technical notes

- Client health region/branch indicates the most recently available information on where a person resides and does not necessarily indicate where that person received the vaccine