

# Biweekly respiratory surveillance report for week ending March 15, 2025

- 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 decreased 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 level typical for the season. Influenza A activity remains above typical level but continues to decrease.
Geographical spread	Widespread	There is respiratory disease activity presence across the territory.
Trend	Decreasing	Trends for many indicators are decreasing, particularly for Influenza A.

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	Decreasing	Decreasing
Percent positivity	Stable	Decreasing	Stable
Syndromic indicators	Stable		
Severity	Stable	Decreasing	Decreasing
Wastewater (as of March 1, 2025)	Decreasing	Stable	Stable
Vaccination uptake	Stable	Stable	N/A

## Laboratory indicators

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- COVID-19 test positivity remained the same compared to the previous two weeks, and was highest in Whitehorse area
  - Influenza A test positivity decreased compared to the previous two weeks, and was highest in Whitehorse area
  - Influenza B test positivity remained the same compared to the previous two weeks, and was highest in Whitehorse area
  - RSV test positivity remained the same compared to the previous two weeks, and was highest in Whitehorse area
  - Influenza A 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
  - Wastewater surveillance data is current as of the week ending on March 1, 2025. Wastewater viral load decreased for COVID-19, and remained the same for Influenza A, Influenza B, and for RSV
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Figure 1: Percent positivity by respiratory virus

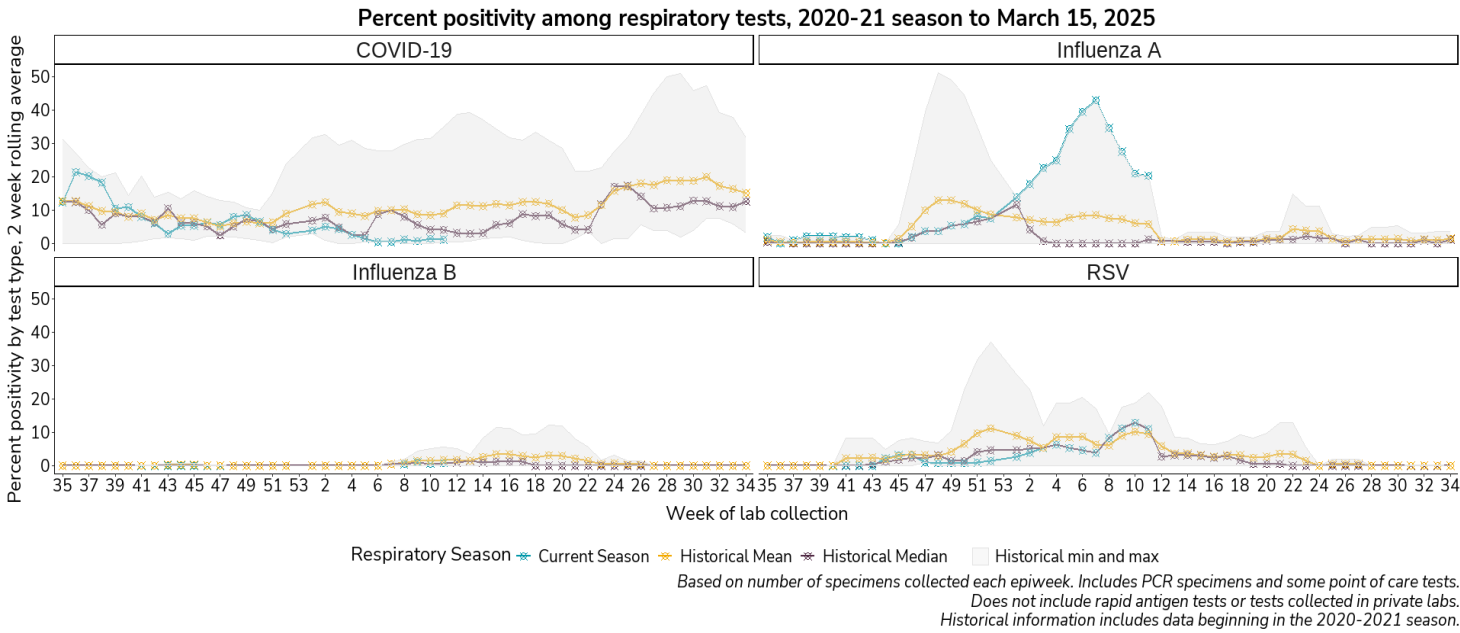


Figure 2: Number of COVID-19 tests and percent positivity by pathogen and region

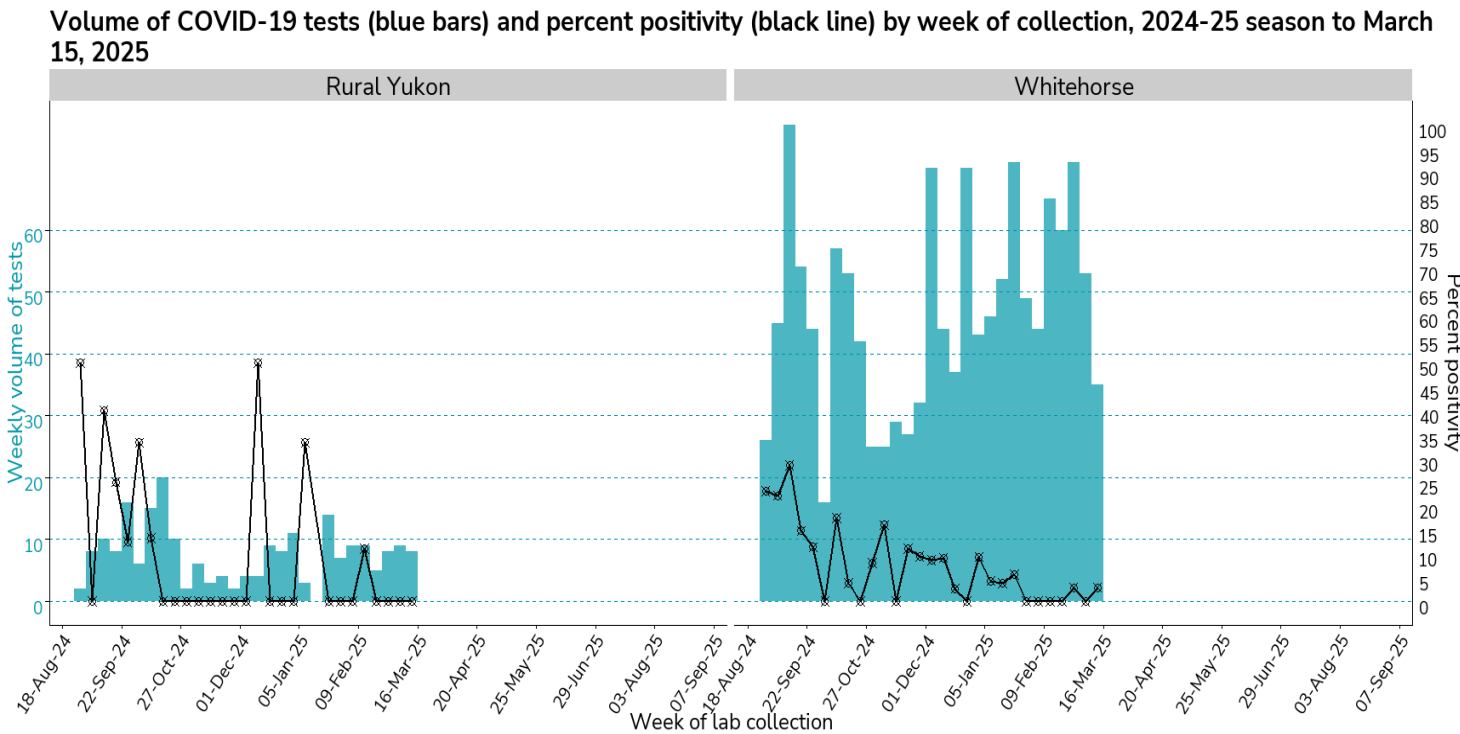


Figure 3: Number of Influenza A tests and percent positivity by region

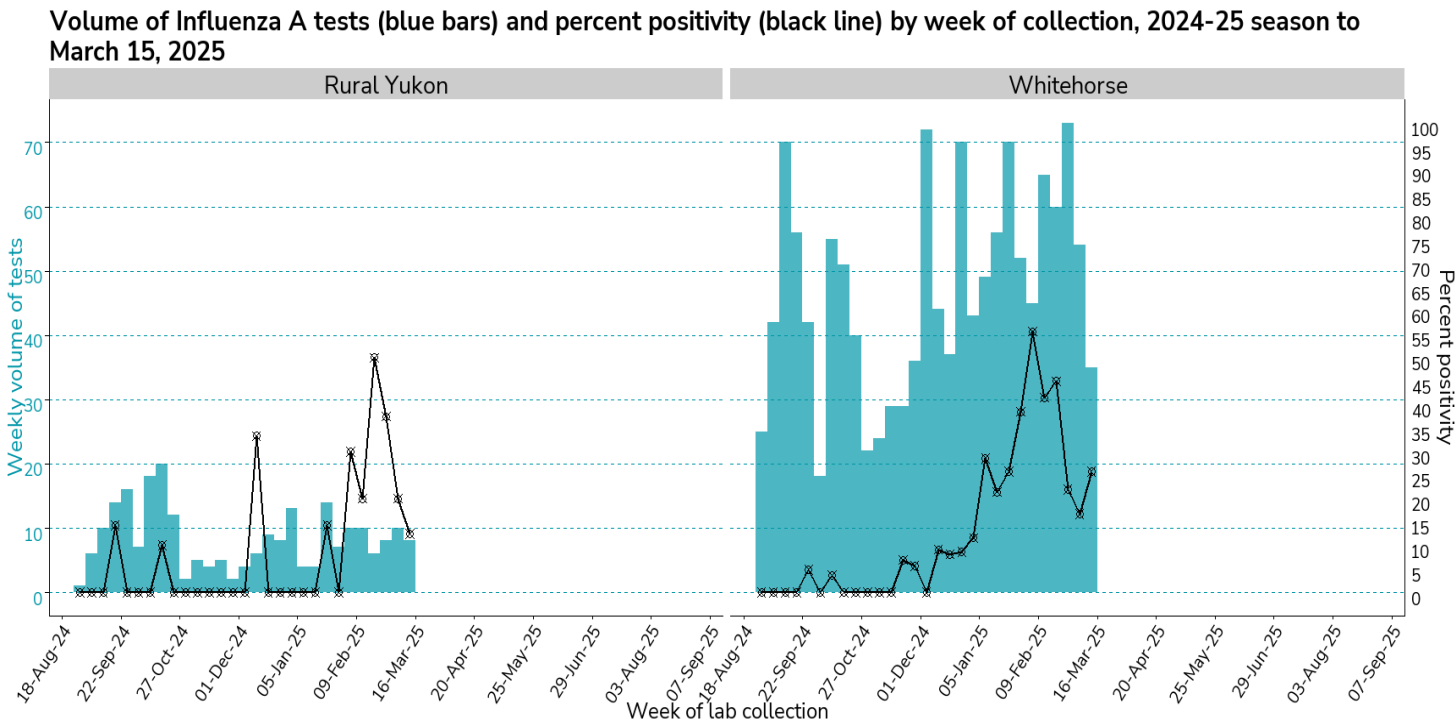


Figure 4: Number of Influenza B tests and percent positivity by region

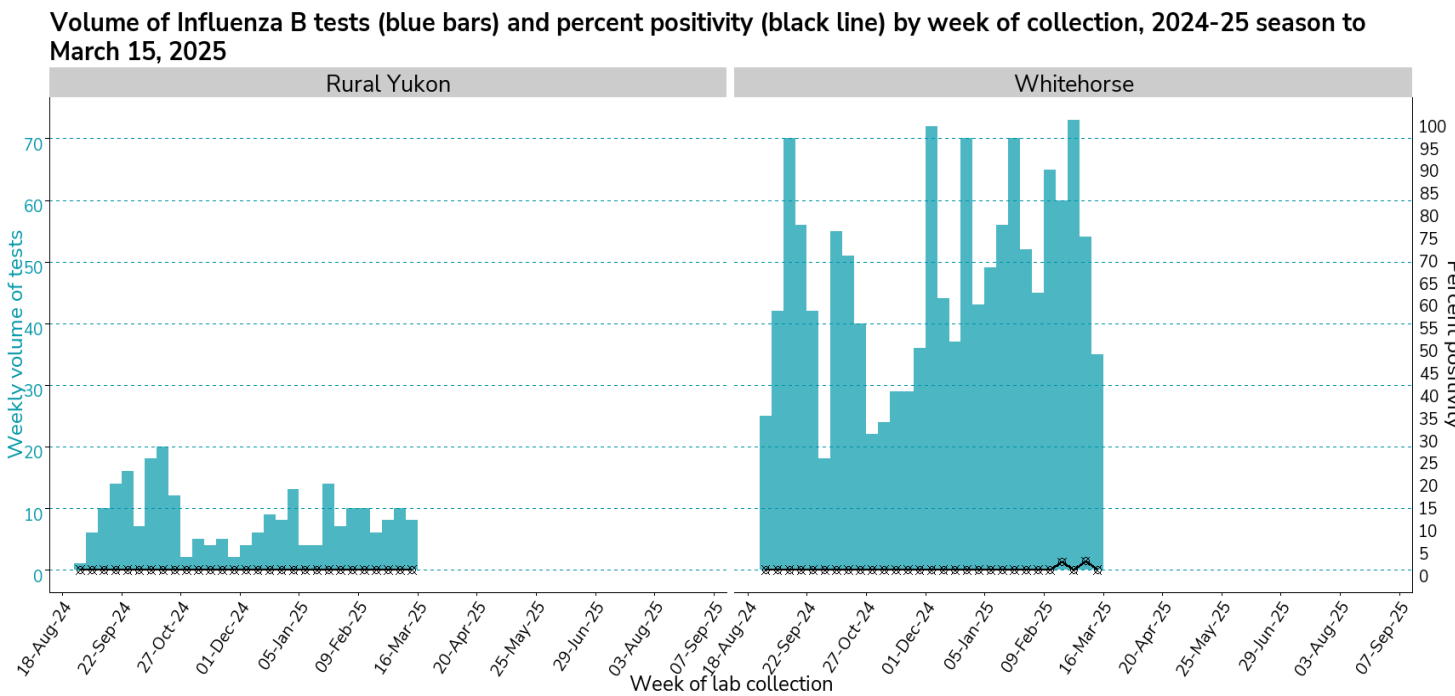


Figure 5: Number of RSV tests and percent positivity by region

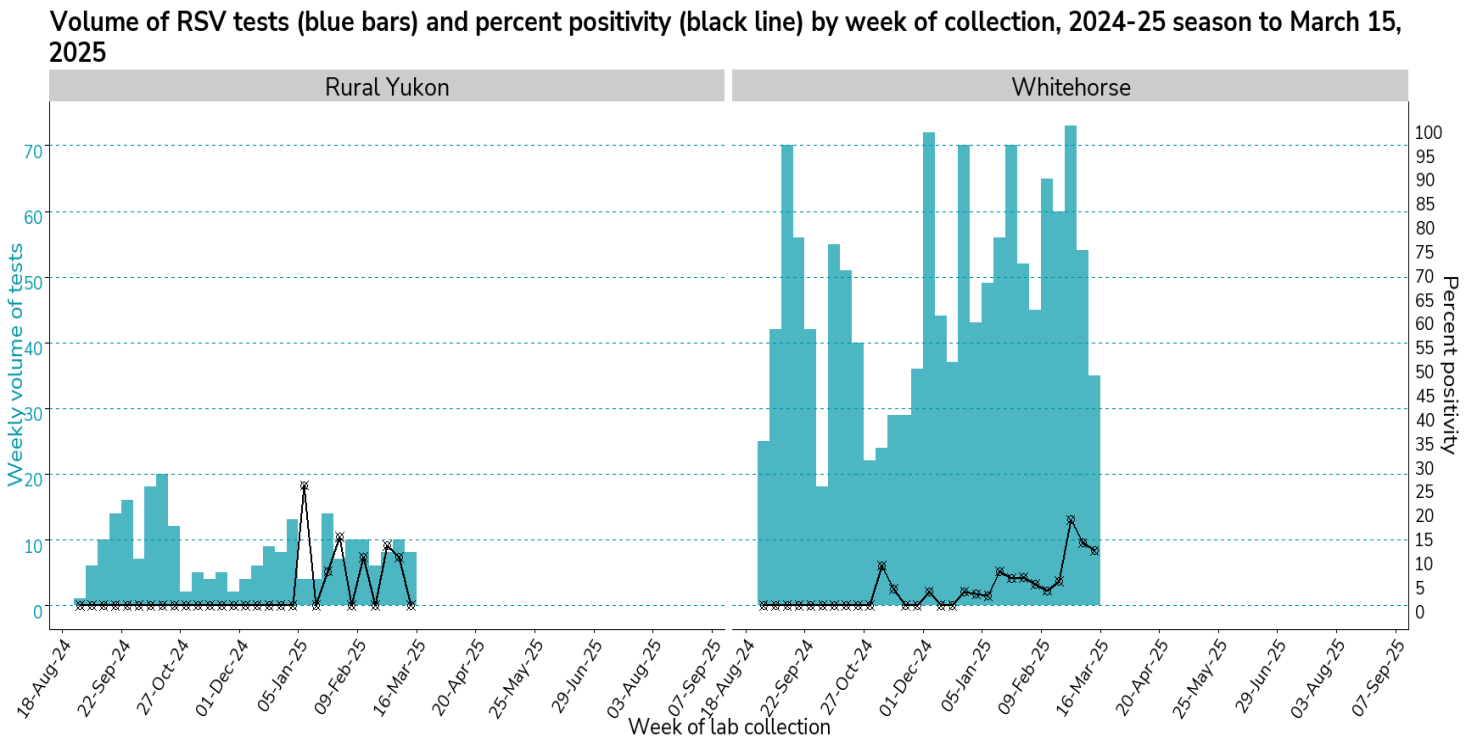
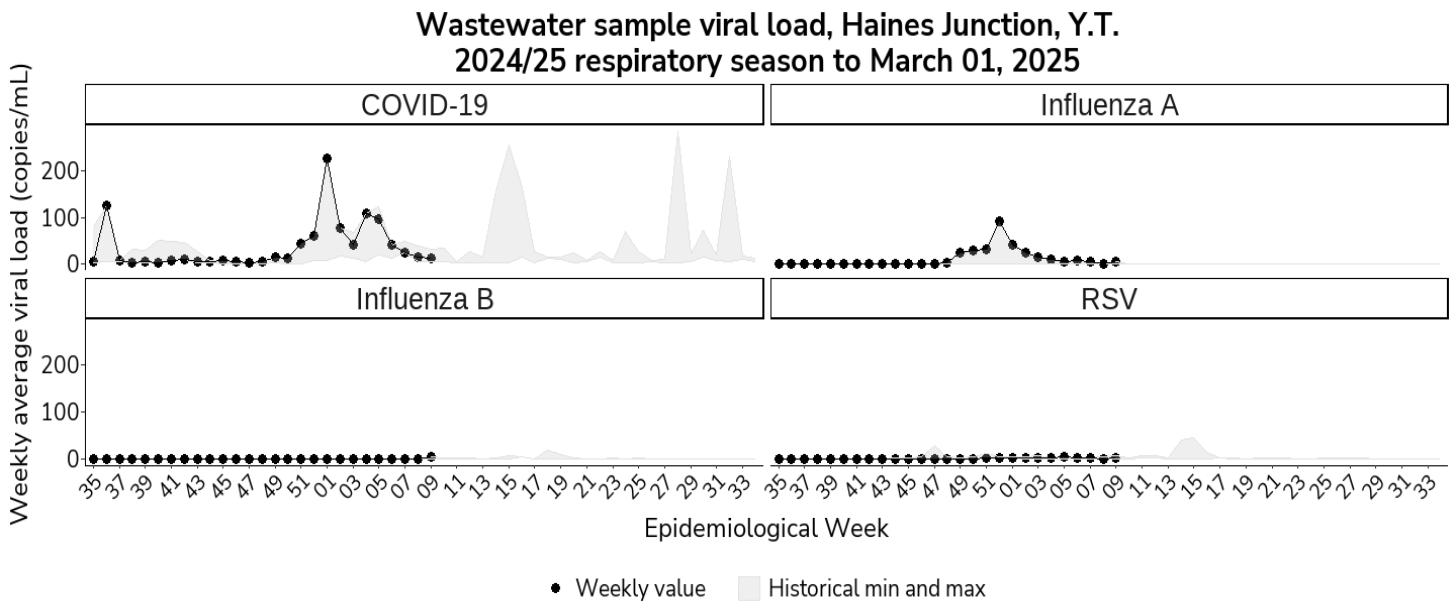


Figure 6: COVID-19, Influenza A, Influenza B, and RSV wastewater surveillance – Haines Junction

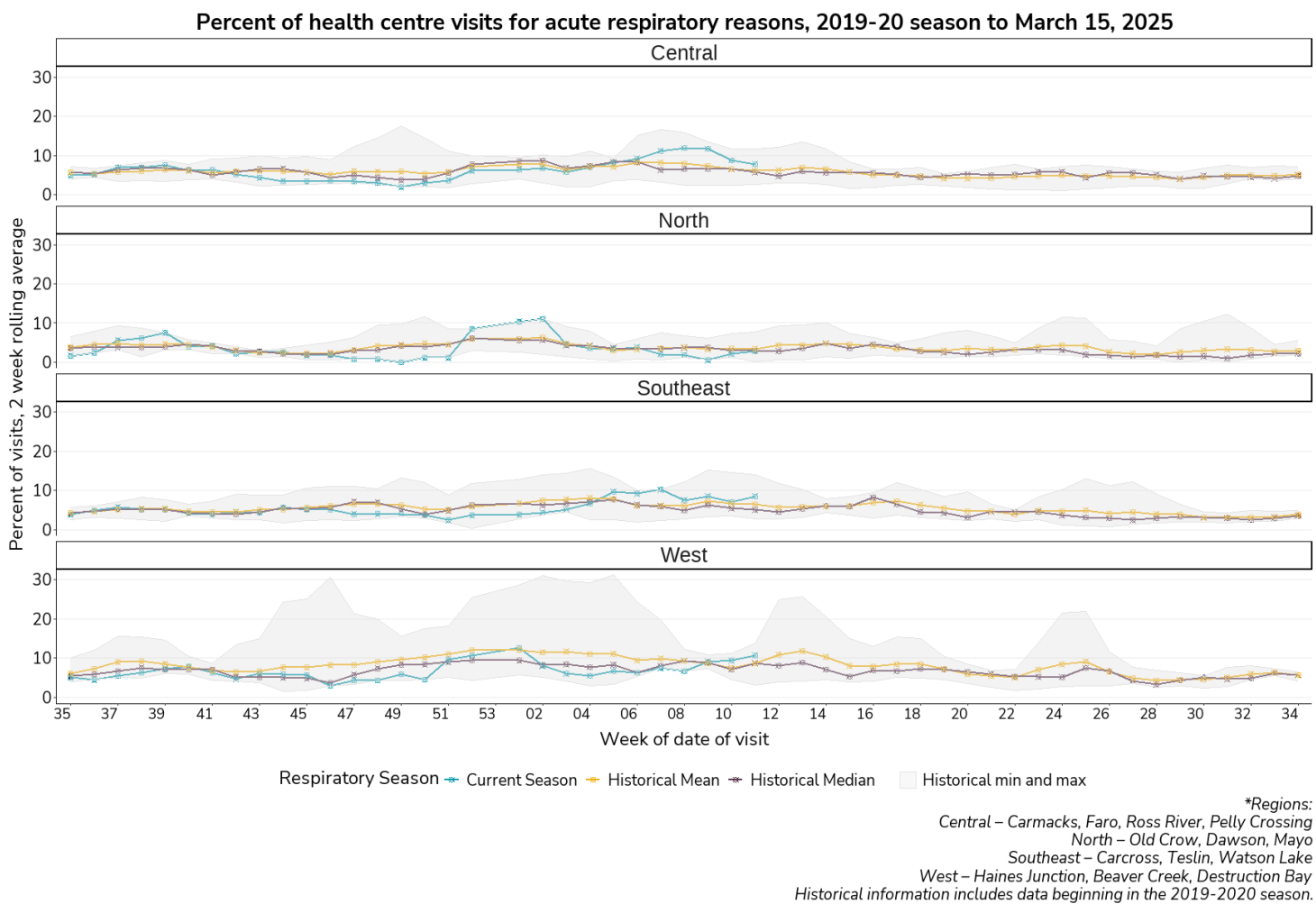


Note: this province/territory has low population coverage (1.71%). Please consider this coverage when interpreting the displayed graph.

# Syndromic surveillance indicators

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

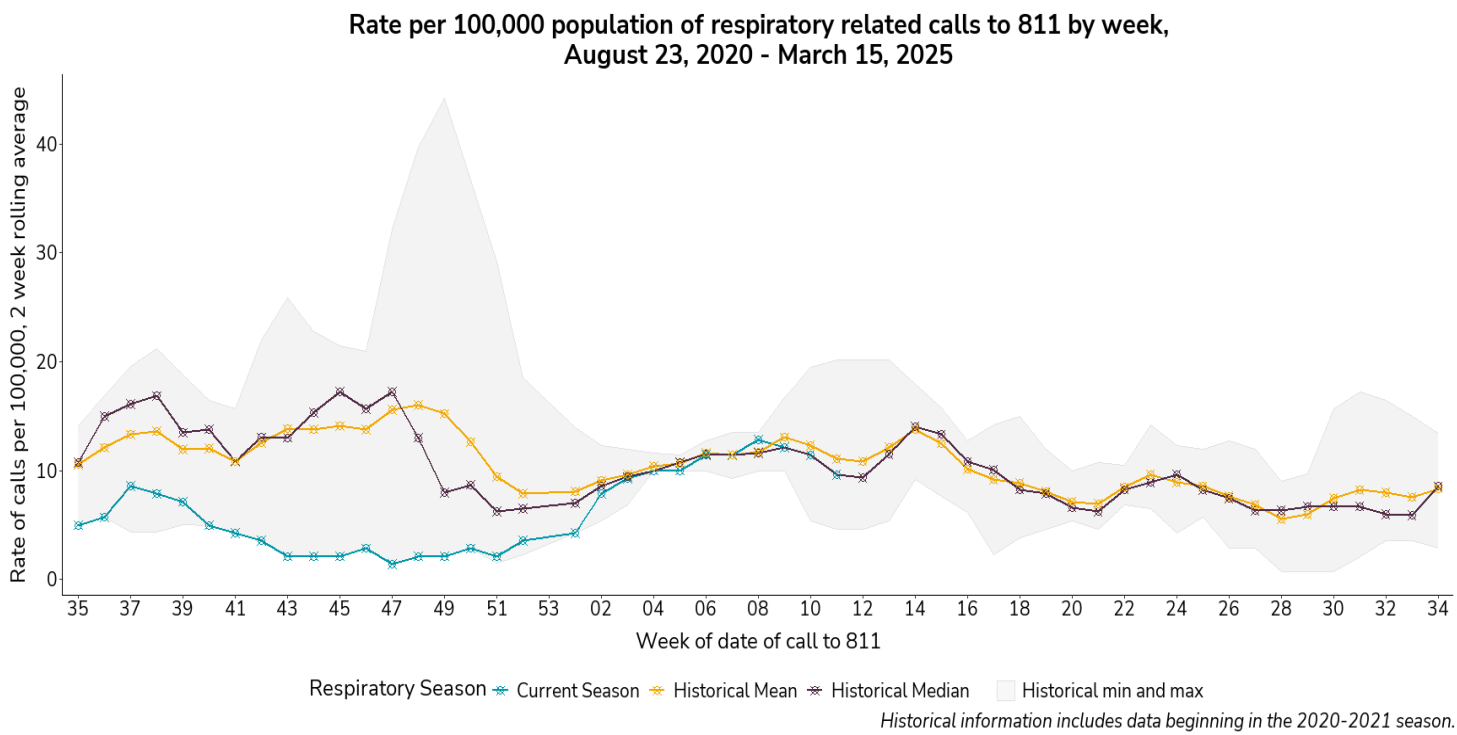
Figure 7: Percentage of weekly Community Health Centre\* visits for acute respiratory-related reasons, by region



# Sentinel surveillance indicators

- The rate of calls for respiratory-related reasons to 811 decreased 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 decreasing, and higher than previous years. Hospitalization rates are decreasing, and higher than 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 decreasing, and similar to previous years. Hospitalization rates are decreasing, and higher than previous years.
- For COVID-19, Influenza and RSV combined, case rates in rural Yukon are decreasing, and similar to previous years. Hospitalization rates are decreasing, and similar to previous years.
- For COVID-19, Influenza and RSV combined, case rates in the Whitehorse area are decreasing, and similar to previous years. Hospitalization rates are decreasing, and higher than previous years.

Figure 9: Confirmed cases by respiratory virus

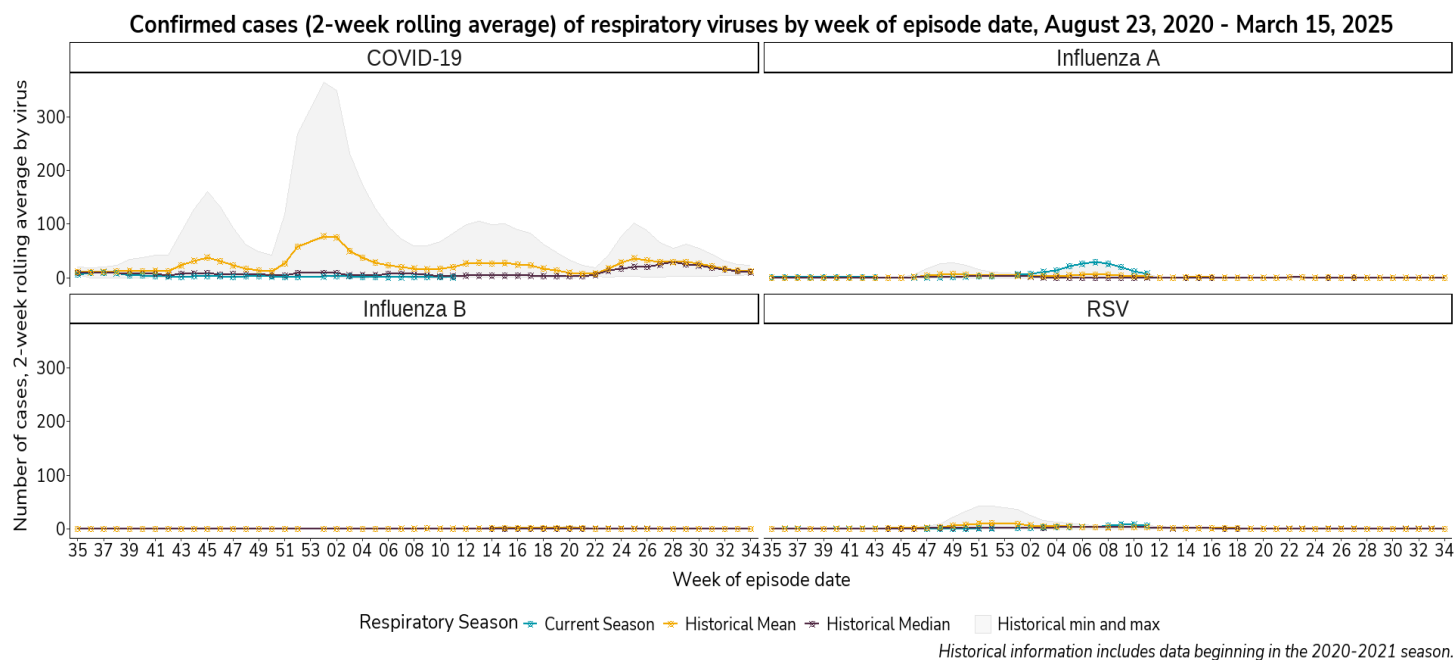


Figure 10: Hospitalization rates per 100,000 by respiratory virus

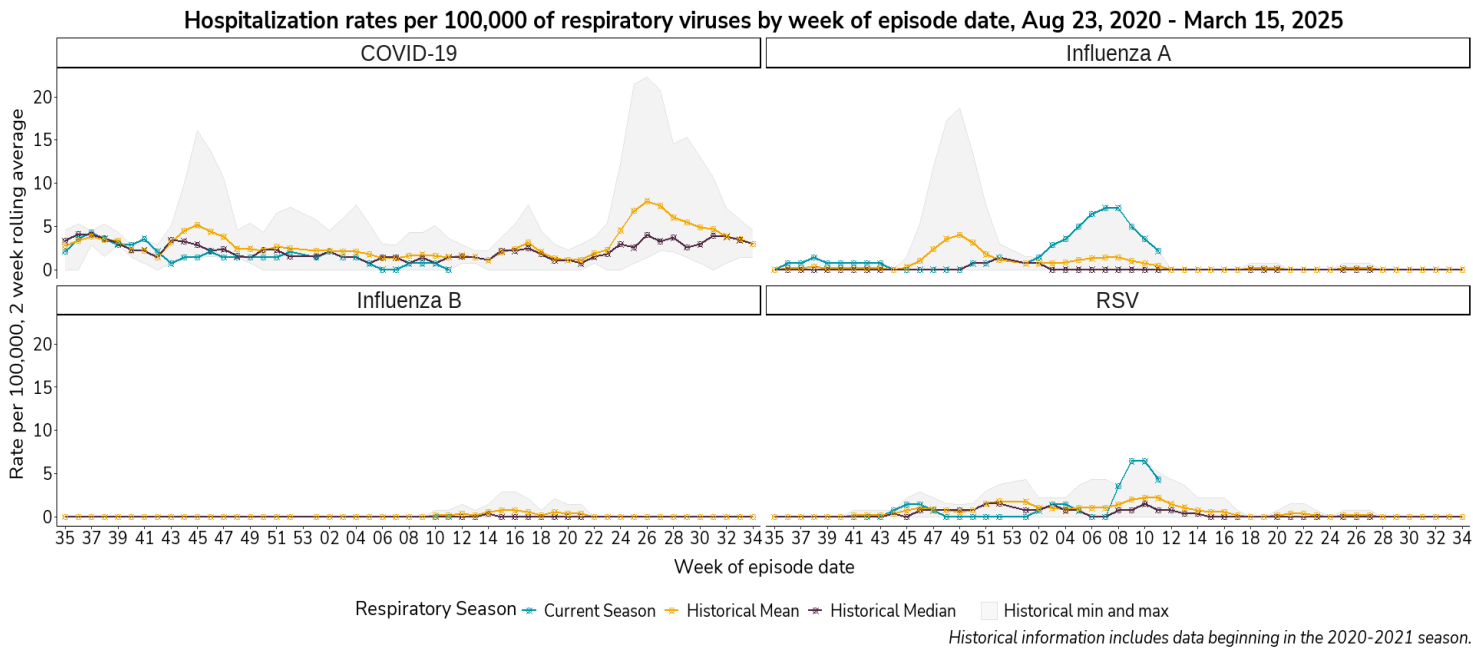


Table 1: Respiratory illness death rates per 100,000 by virus

Respiratory season	COVID-19 rate	Influenza A rate	Influenza B rate	RSV rate
2020-2021	18.8	0.0	0.0	0.0
2021-2022	50.6	0.0	0.0	0.0
2022-2023	13.5	0.0	0.0	2.2
2023-2024	17.4	0.0	2.2	0.0
2024-2025	2.1	0.0	0.0	0.0

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

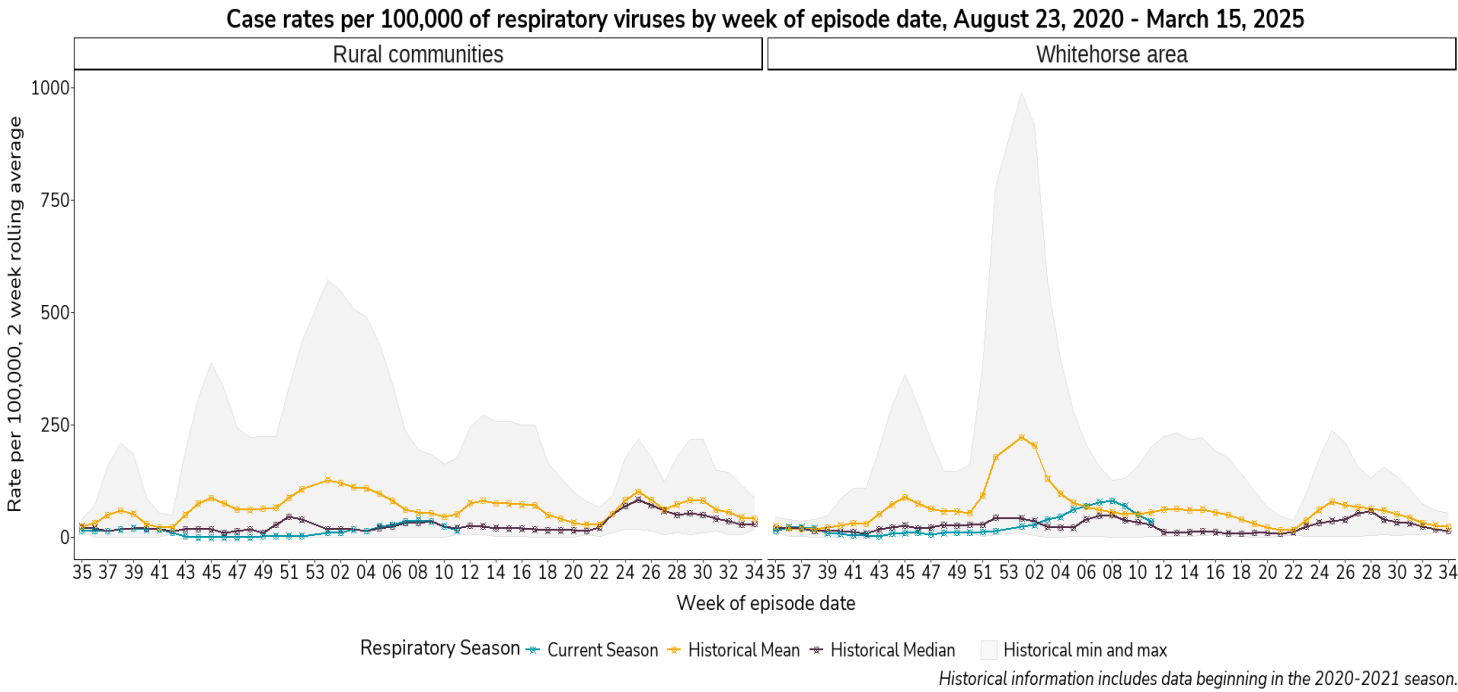


Figure 12: Respiratory illness hospitalization rates per 100,000 by residence

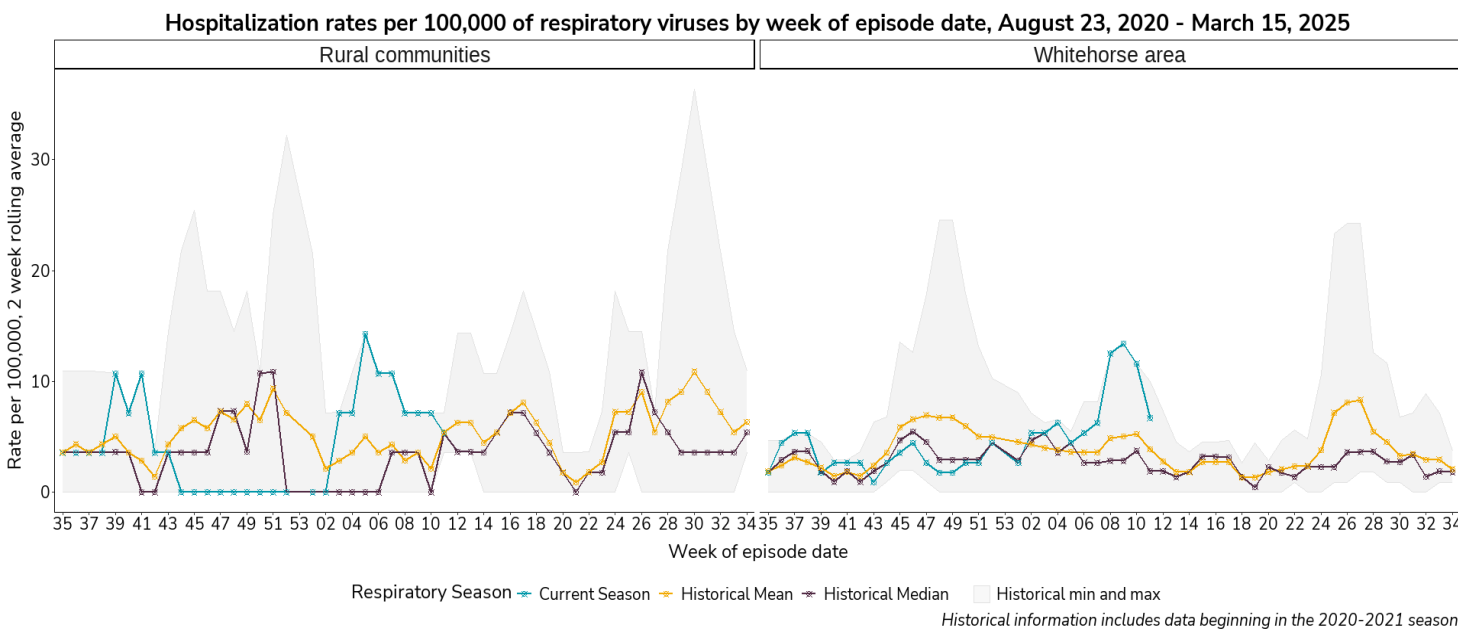


Figure 13: Respiratory virus case and hospitalization rates per 100,000, current season

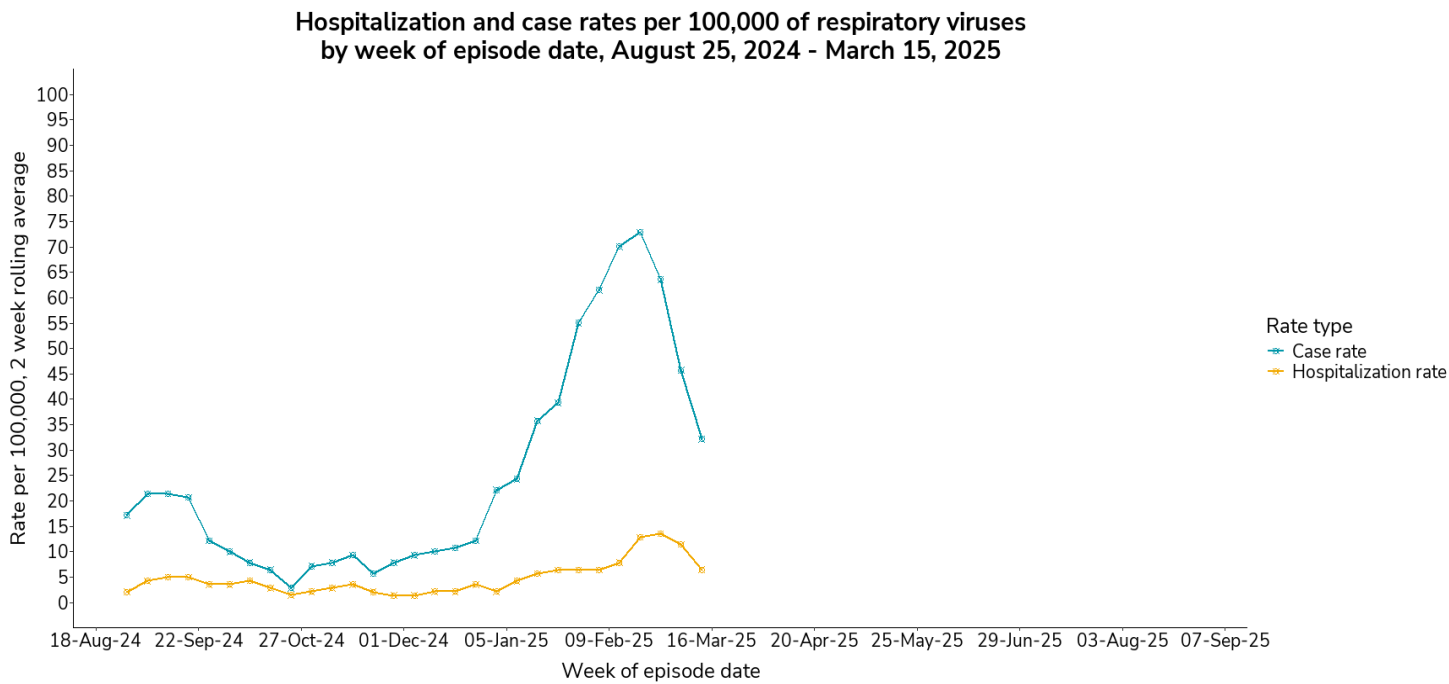
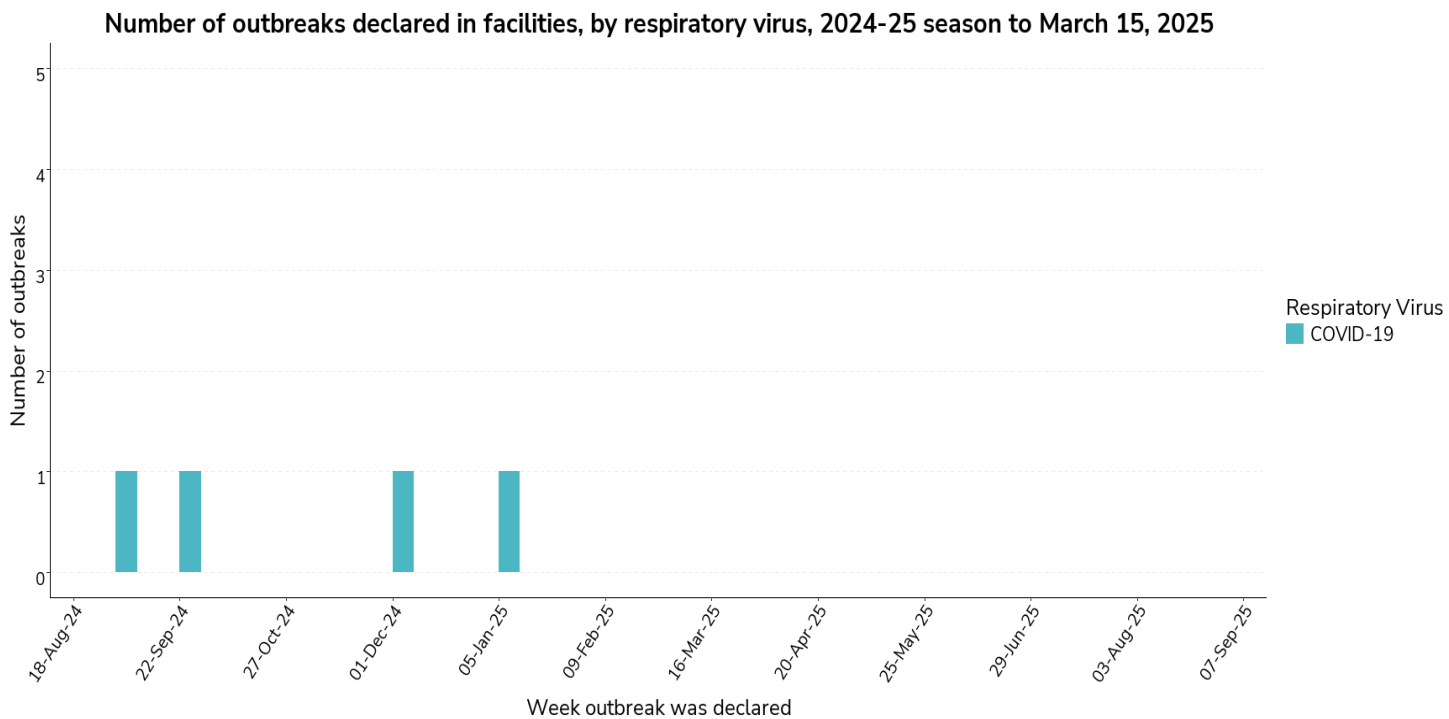


Figure 14: Respiratory virus outbreaks, current season



# Immunization Indicator Summary

Book your COVID-19, flu and RSV vaccine appointment [here](#)

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

- Influenza vaccination coverage is at 21% for the Yukon population this season. The highest coverage rate is in the 70+ age group and among residents of Whitehorse/Mendenhall.
- Overall, 15% of the Yukon population has had a KP.2 COVID-19 vaccination as their most recent dose. The highest KP.2 coverage is in the 70+ age group.
- Overall, 7% of the Yukon population has had an XBB.1.5 COVID-19 vaccination as their most recent dose. The highest XBB.1.5 coverage is in the 70+ age group.
- Influenza vaccination uptake is plateauing.

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

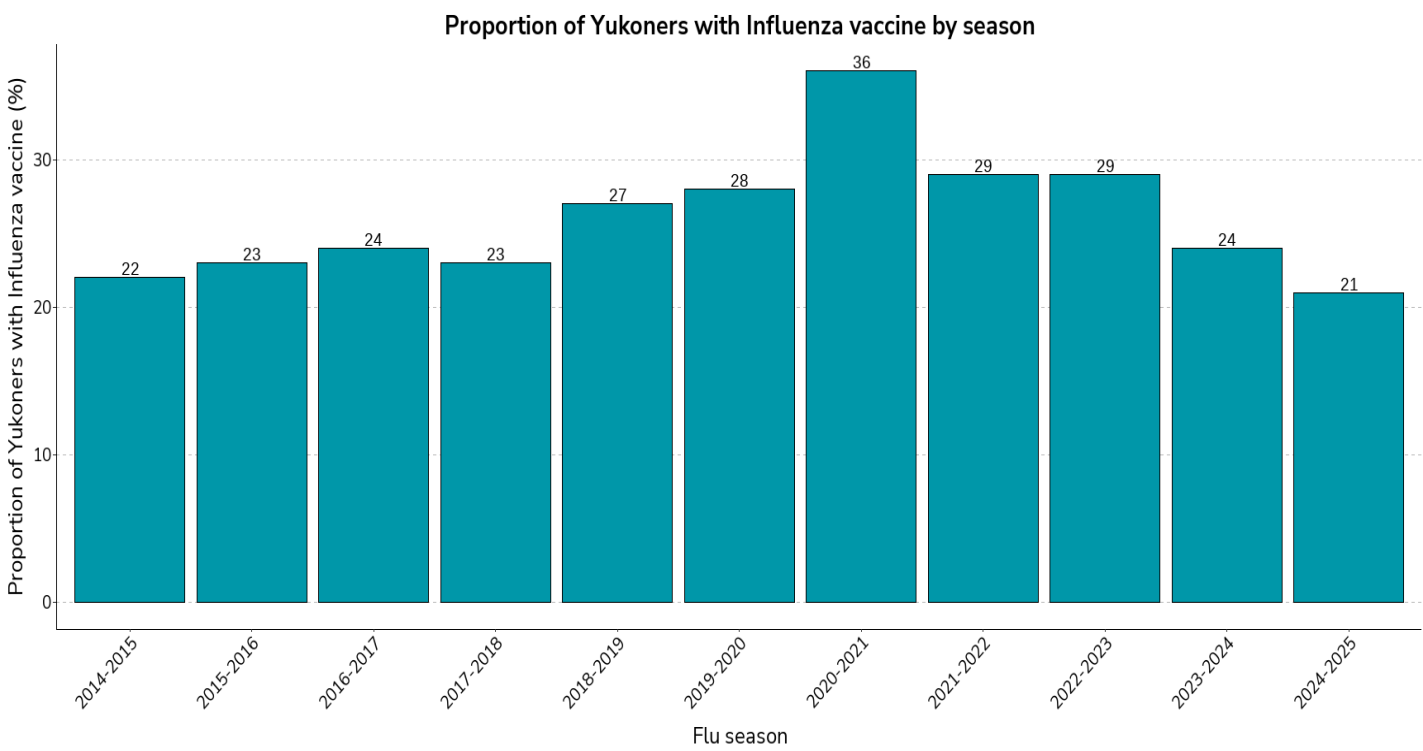


Figure 16: Influenza vaccine uptake (%), current season, by age group

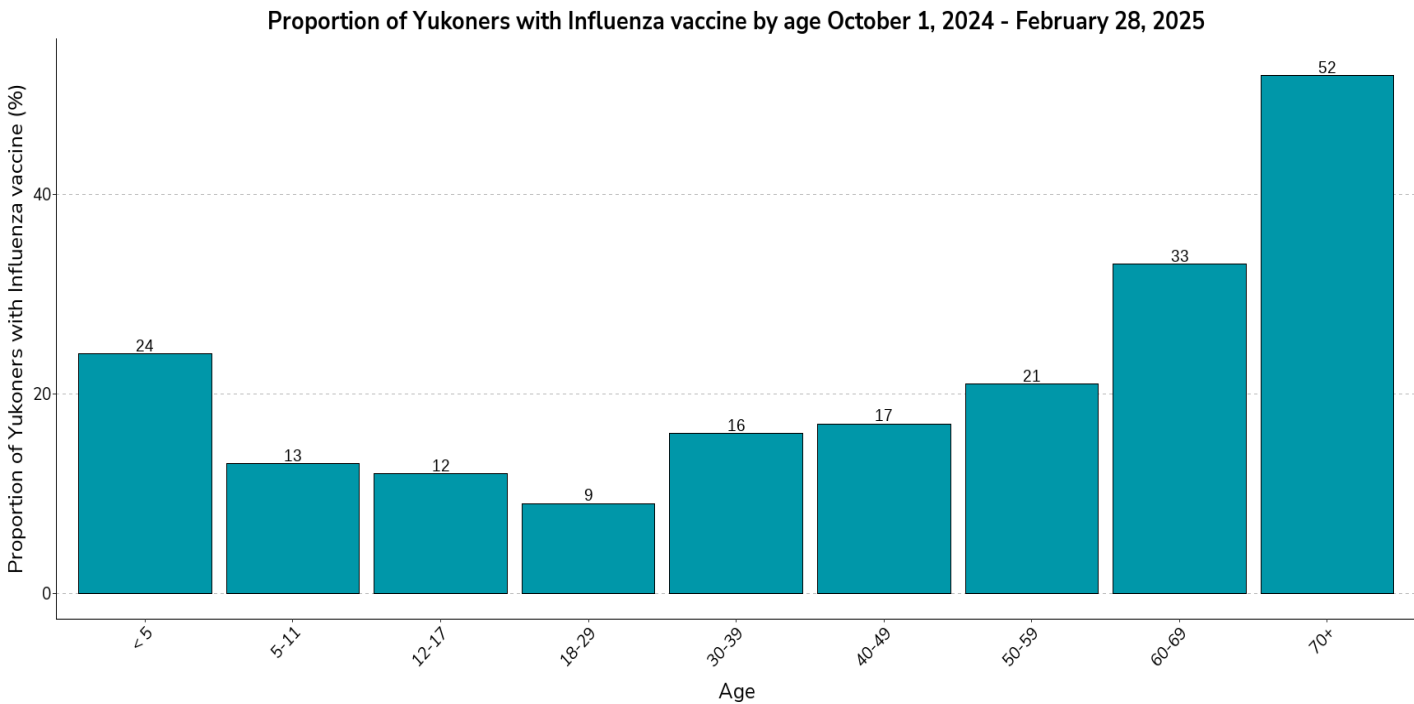


Figure 17: Influenza vaccine uptake (%), current season, by client health region

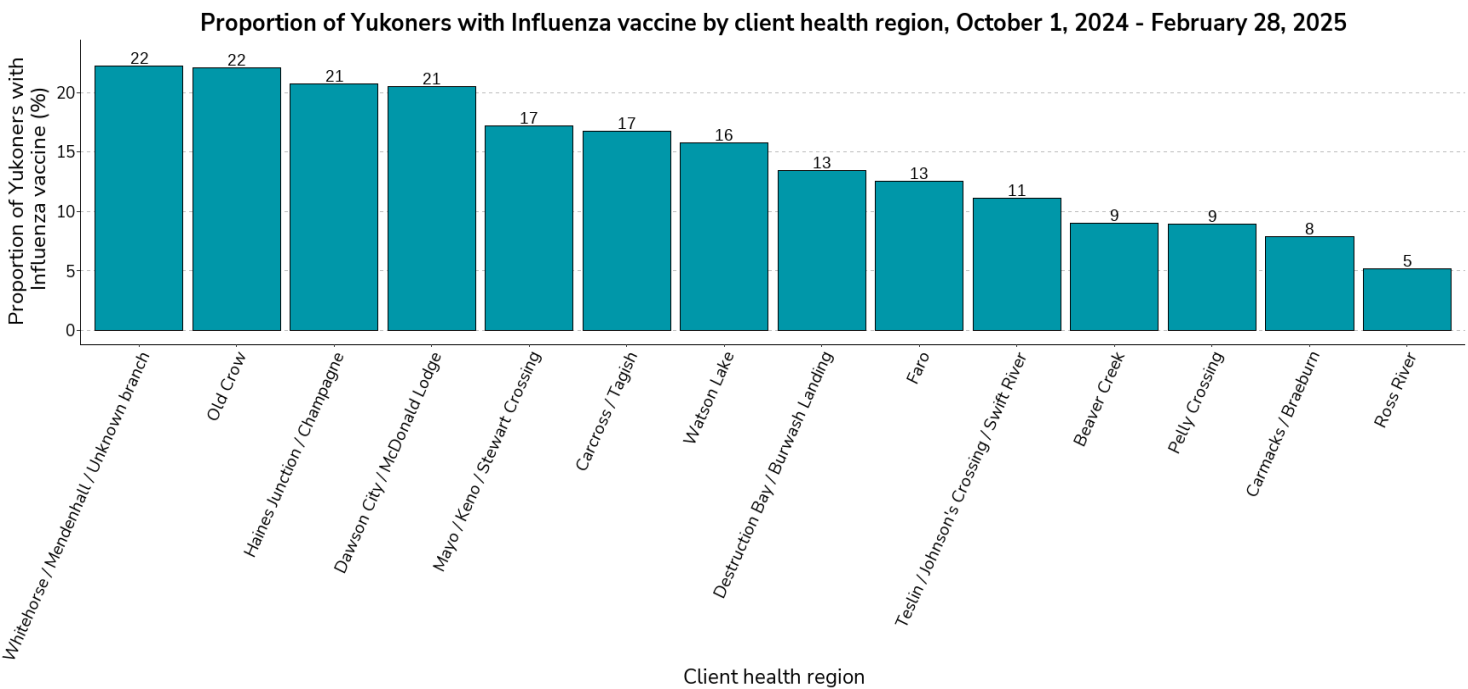


Figure 18: COVID-19 vaccination status, by age group

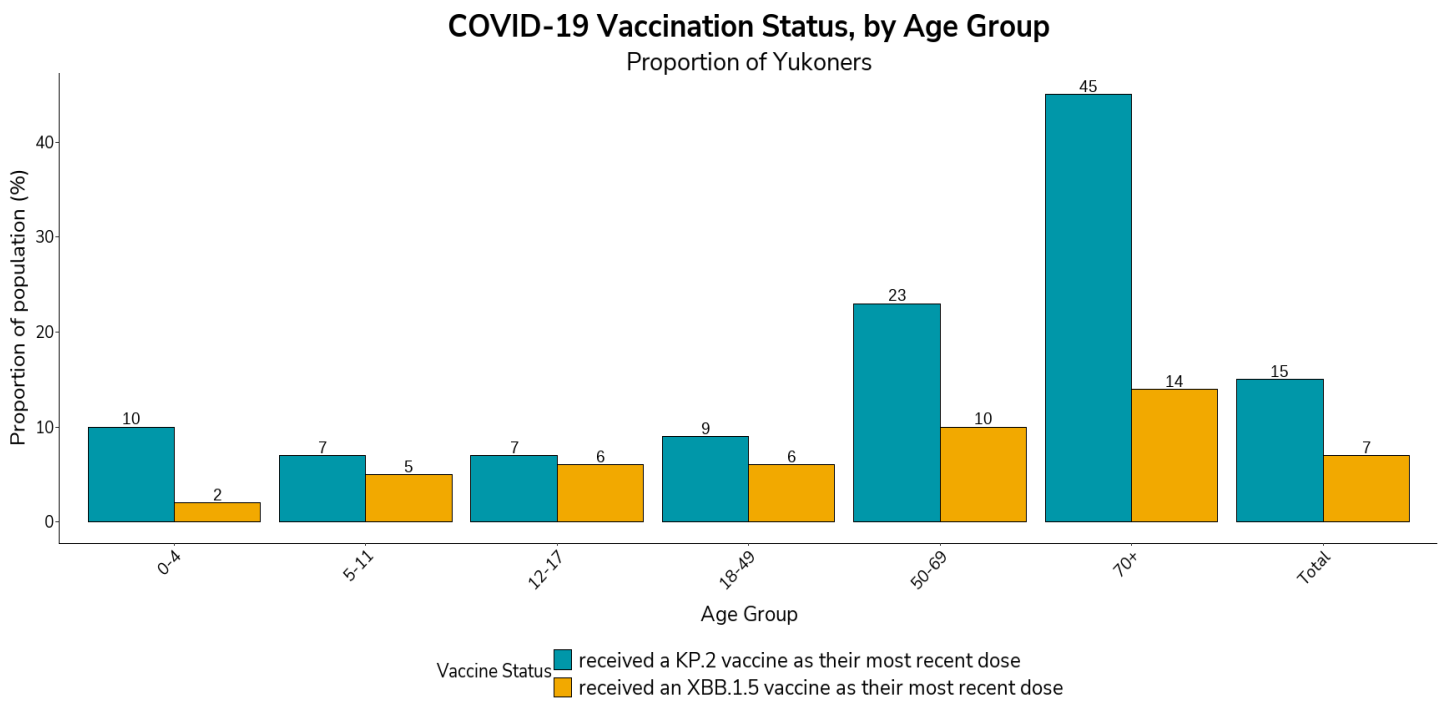


Figure 19: Percent of population whose most recent dose was a COVID-19 KP.2 vaccination, by client health region and age group

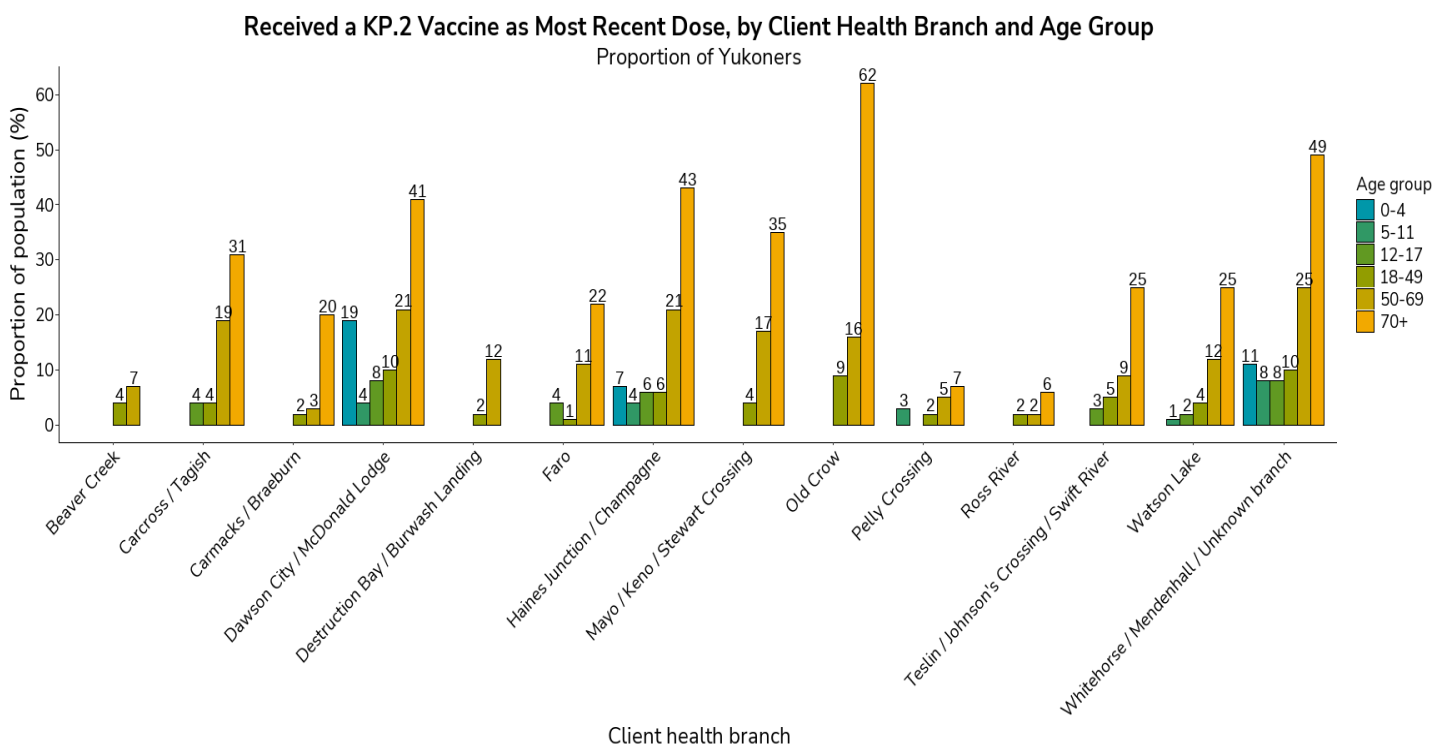
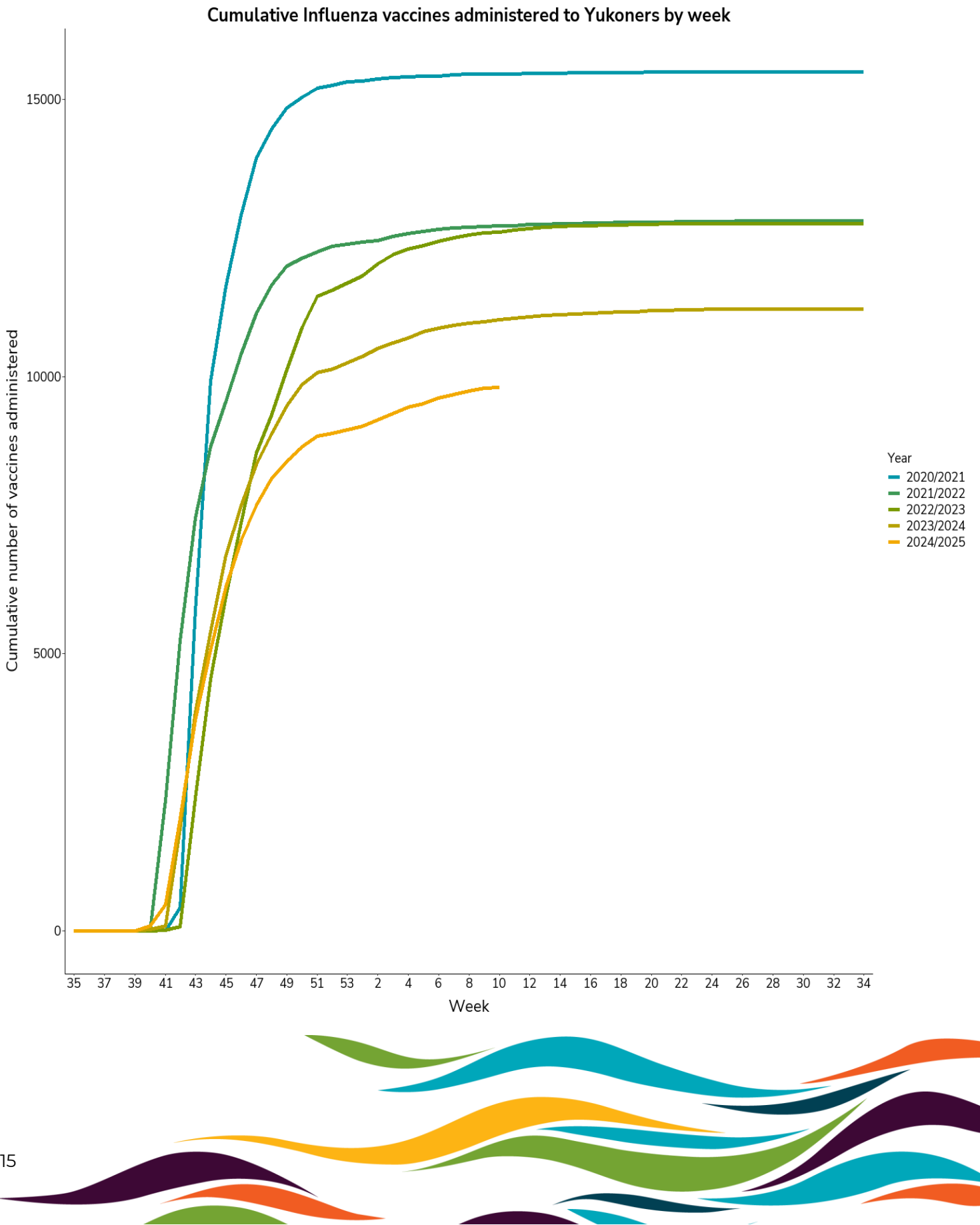


Figure 20: Cumulative uptake of influenza vaccine, by season





## Data Notes

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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.

Historical means, medians, maximums, and minimums are calculated by epidemiological week. Among all respiratory seasons for which data is available, the mean, median, maximum, and minimum are found for each epidemiological week of the season.

### 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.

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### **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.

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### **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.

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## Immunization Indicators

- Vaccine status of Health Canada approved COVID-19 vaccines:
  - Received a KP.2 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