

RESPIRATORY WATCH

Weeks 35-40 (August 24, 2025 to October 4, 2025)

Highlights of this six week reporting period¹

The 2025-2026 season runs from August 24, 2025 to August 29, 2026

Activity levels²

- Weekly influenza activity was consistently low in this reporting period (weeks 35-40)(N=14).
 - The total number of PCR positive cases in this reporting period (N=14) was similar to the same reporting period in the 2024/25 season (N=9).
- Weekly COVID-19 activity increased during this reporting period (weeks 35-40)(N=499; N=59 in week 35 and N=139 in week 40).
 - The total number of PCR positive cases in this reporting period (N=499) was lower than the number in the same reporting period in the 2024/25 season (N=1444).
- Weekly RSV activity was consistently low in this reporting period (weeks 35-40)(N=4).
 - The total number of PCR-positive cases in this reporting period (N=4) was similar to the number in the same reporting period in the 2024/25 season (N=5).

Influenza, COVID-19, and respiratory syncytial virus (RSV) activity during this six week reporting period and the 2025/26 season

2020/20 0000011	Influe	enza	covi	D-19	RS	/
	This reporting period	2025/26 season	This reporting period	2025/26 season	This reporting period	2025/26 season
Laboratory testing						
New laboratory-confirmed cases	14	14	499	499	4	4
Percent positivity (%) ³	0.3	-	11.3	-	0.1	-
Severe outcome ⁴						
Hospitalizations (non-ICU)	0	0	51	51	0	0
ICU admissions	0	0	6	6	0	0
Deaths	0	0	3	3	0	0
A.1. 1.5						
Outbreaks ⁵						
Acute-care facility	0	0	4	4	0	0
Long-term care facility	0	0	16	16	0	0

	During this reporting period (weeks 35-40), the percentage of emergency room
ILI activity ⁶	visits for influenza like illness (ILI) was low (range=0.1% to 0.4%); in week 40, it was
	0.2%.

² Use of multiplex polymerase chain reaction (PCR) respiratory virus testing may affect the number of tests conducted and number of cases identified and reported.

¹ See data notes in Appendix.

³ Percent positivity is useful for understanding current pathogen spread in the community. Percent positivity calculated for the six week period; weekly percent positivity for influenza, COVID-19, and RSV are presented in figures below.

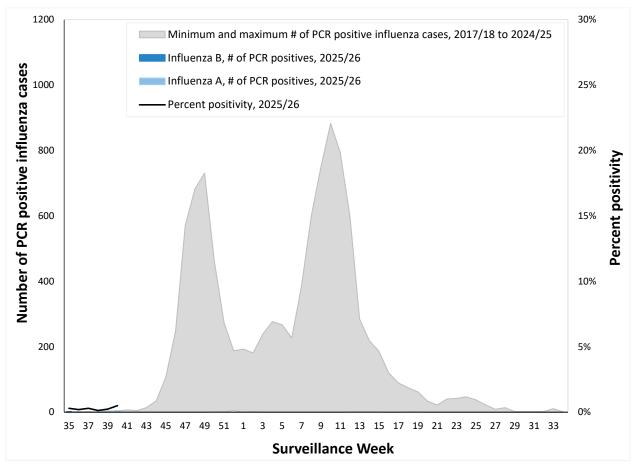
⁴ Recent hospitalization, ICU admission, and death counts in recent surveillance weeks may not be up to date because of reporting delays.

⁵ Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

⁶ ILI percentages may vary from previous surveillance weeks as emergency departments continuously enter and update data.

Influenza

Figure 1: Laboratory-confirmed influenza cases (N=14) and percent positivity by surveillance week, 2025/26 season, compared with previous seasons, Nova Scotia⁷



⁷ Minimum is zero during reporting weeks where there were no positive specimens. There were no influenza cases reported during the 2020/21 season. Local public health continuously enters and updates influenza case data and counts may differ from previous surveillance weeks.

Table 1: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2025/26 season, by zone, Nova Scotia⁸

Zone	Current reporting period		Cumulative (2025/26)			
Zone	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total
Western	1	1	2	1	1	2
Northern	3	0	3	3	0	3
Eastern	3	0	3	3	0	3
Central	6	0	6	6	0	6
Nova Scotia Total	13	1	14	13	1	14

Table 2: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2025/26 season, by age groups, Nova Scotia⁸

Ago group (voors)	Current reporting period		Cumulative (2025/26)			
Age group (years)	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total
0-4	0	1	1	0	1	1
5-19	1	0	1	1	0	1
20-44	2	0	2	2	0	2
45-64	3	0	3	3	0	3
≥ 65	7	0	7	7	0	7
Nova Scotia Total	13	1	14	13	1	14

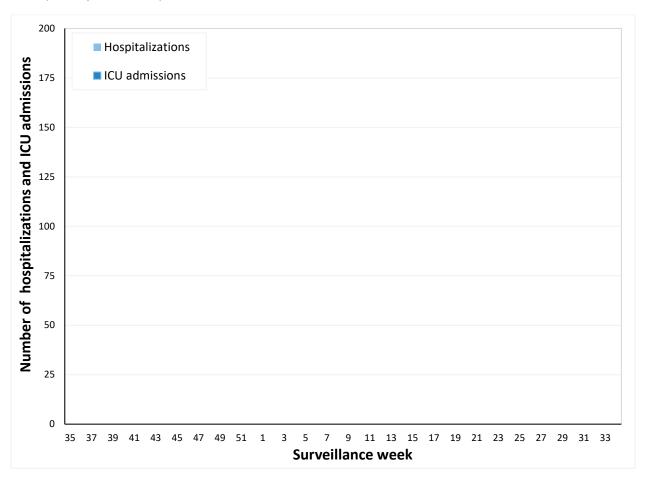
Table 3: Cumulative number of hospitalizations, ICU admissions, and deaths among lab-confirmed influenza positive patients, 2025/26 season, Nova Scotia⁹

A see success (consuma)	Cumulative (2025/26)			
Age group (years)	Hospitalizations	ICU	Deaths	
0-4	0	0	0	
5-19	0	0	0	
20-44	0	0	0	
45-64	0	0	0	
≥ 65	0	0	0	
Nova Scotia Total	0	0	0	

⁸ Local public health continuously enters and updates influenza case data and counts may differ from previous surveillance weeks.

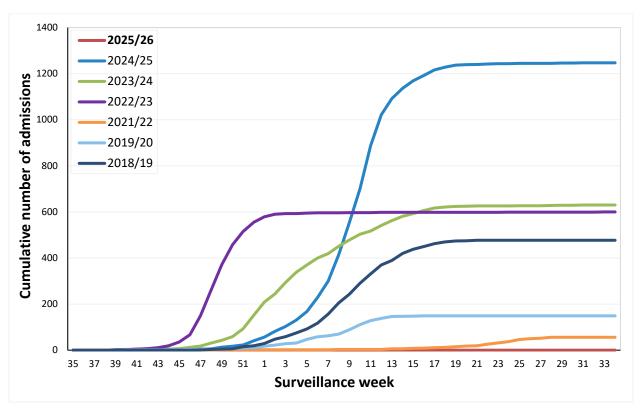
⁹ Individuals may be included in multiple columns if they have more than one severe outcome (i.e., categories are not mutually exclusive). Recent hospitalizations, ICU admissions, and death counts may not be up to date because of reporting delays.

Figure 2: Number of influenza associated hospitalizations and ICU admissions by surveillance week, 2025/26 season, Nova Scotia¹⁰



¹⁰ Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalization and ICU admission counts may not be up to date because of reporting delays.

Figure 3: Cumulative number of influenza associated hospitalizations and ICU admissions by surveillance week, 2025/26 season compared with previous seasons, Nova Scotia¹¹



¹¹ Figure 3 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once. There were no reported cases of influenza during the 2020-2021 season.

COVID-19

Figure 4: Number of laboratory-confirmed COVID-19 cases (N=499) and percent positivity, 2025/26 season, compared with previous seasons, Nova Scotia¹²

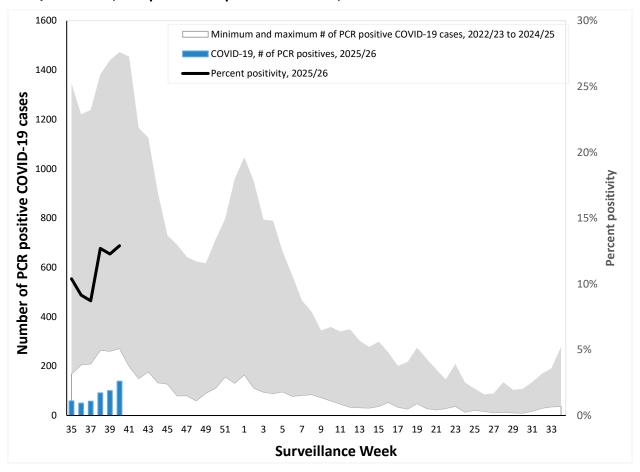


Table 4: Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2025/26 season, by zone, Nova Scotia¹²

Zone	Current reporting period	Cumulative (2025/26)
Western	90	90
Northern	120	120
Eastern	94	94
Central	195	195
Nova Scotia Total	499	499

¹² Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks.

Table 5. Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2025/26 season, by age group, Nova Scotia¹³

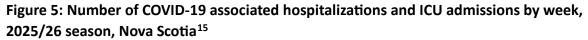
Age group (years)	Current reporting period	Cumulative (2025/26)
0-4	14	14
5-19	14	14
20-44	60	60
45-64	81	81
≥ 65	330	330
Nova Scotia Total	499	499

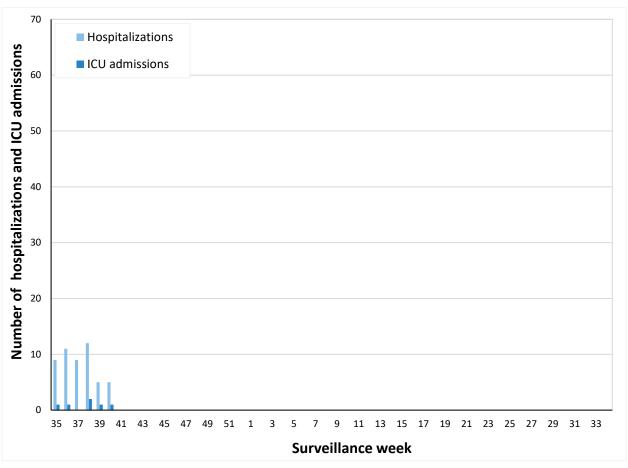
Table 6: Cumulative number of hospitalizations, ICU admissions, and deaths among COVID-19 positive patients, 2025/26 season, Nova Scotia¹⁴

Ago group (voors)	Cumulative (2025/26)			
Age group (years)	Hospitalizations	ICU admissions	Deaths	
0-4	1	0	0	
5-19	0	0	0	
20-44	3	2	0	
45-64	4	1	0	
≥ 65	43	3	3	
Nova Scotia Total	51	6	3	

¹³ Local public health continuously enters and updates COVID-19 case data. Counts may differ from previous surveillance weeks.

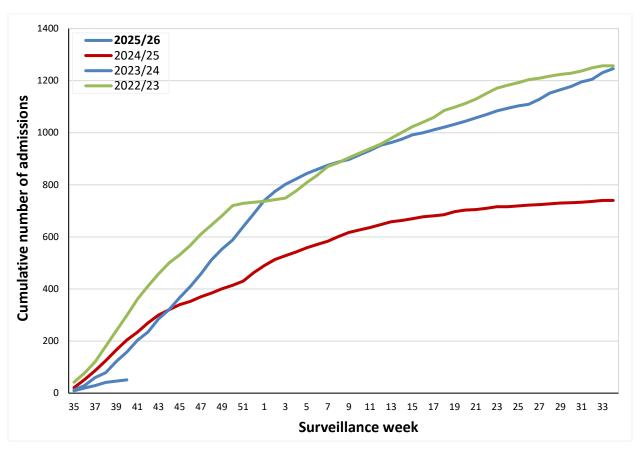
¹⁴ Cases can have more than one severe outcome (e.g., be hospitalized and then admitted to the ICU); therefore, cases may be counted multiple times if they have more than one severe outcome (i.e., categories are not mutually exclusive). Recent hospitalization, ICU admission, and death counts may not be up to date because of reporting delays.





¹⁵ Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalization and ICU admission counts may not be up to date because of reporting delays.

Figure 6: Cumulative number of COVID-19 associated hospitalizations and ICU admissions, by surveillance week, 2025/26 season compared with previous seasons, Nova Scotia¹⁶



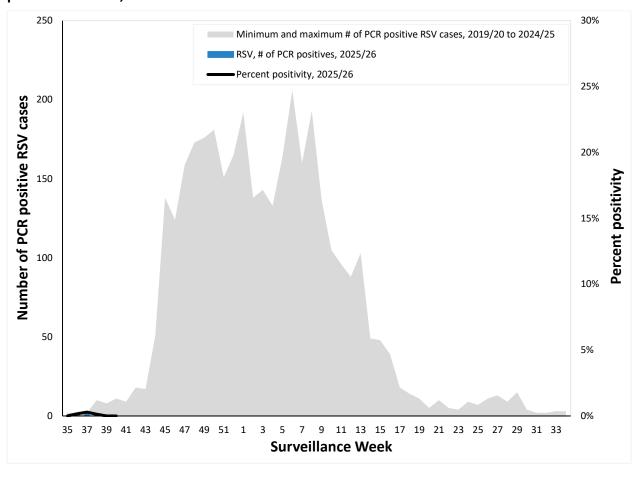
¹⁶ Figure 6 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once.

Respiratory Syncytial Virus (RSV)

Table 7: Number of laboratory-confirmed RSV cases by age group, current reporting period and cumulative 2025/26 season, Nova Scotia

Age group	Current reporting period	Cumulative (2025/26)
0-5 months	0	2
6-11 months	0	0
12-23 months	0	0
2-4 years	0	0
5-19 years	0	0
20-64 years	0	0
65-74 years	0	1
≥ 75 years	0	1
Nova Scotia Total	0	4

Figure 7: Laboratory-confirmed RSV cases (N=4) by week, 2025/26 season, compared with previous seasons, Nova Scotia¹⁷

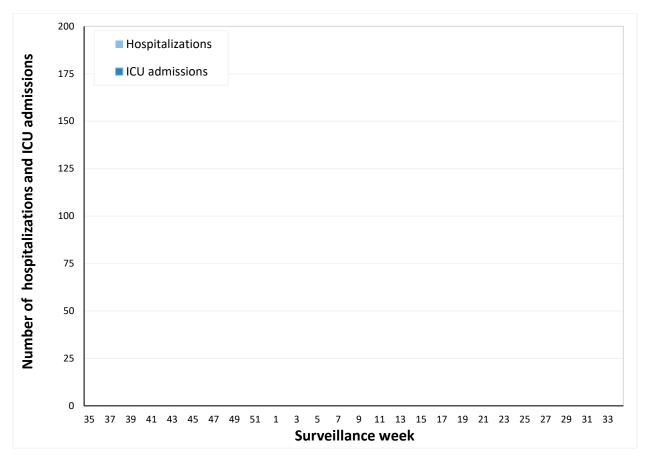


¹⁷ There were no reported RSV cases during the 2020-2021 season. RSV became notifiable on September 6, 2025. The implementation of the multiplex respiratory virus PCR testing in 2022/23 may have increased the number of cases detected.

Table 8: Cumulative number of RSV associated hospitalizations, ICU admissions, and deaths, 2025/26 season, Nova Scotia¹⁸

	Cumulative				
Age group	Hospitalizations	ICU admissions	Deaths		
0-5 months	0	0	0		
6-11 months	0	0	0		
12-23 months	0	0	0		
2-4 years	0	0	0		
5-19 years	0	0	0		
20-64 years	0	0	0		
65-74 years	0	0	0		
≥ 75 years	0	0	0		
Nova Scotia Total	0	0	0		

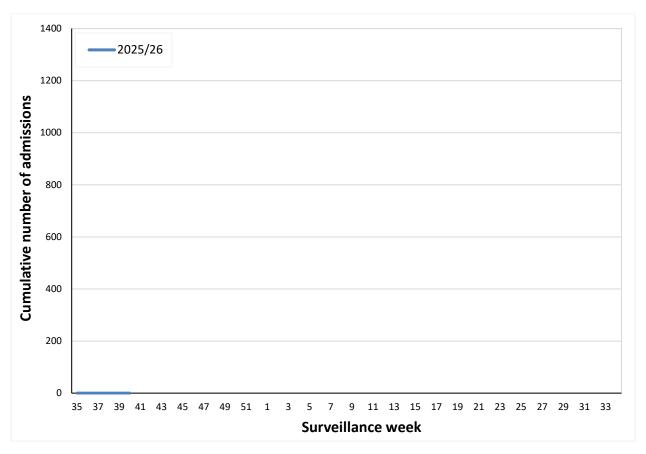
Figure 8: Number of RSV associated hospitalizations and ICU admissions by surveillance week, 2025/26 season, Nova Scotia¹⁹



¹⁸ RSV became notifiable on September 6, 2025

¹⁹ Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. Recent hospitalization and ICU admission counts may not be up to date because of reporting delays.

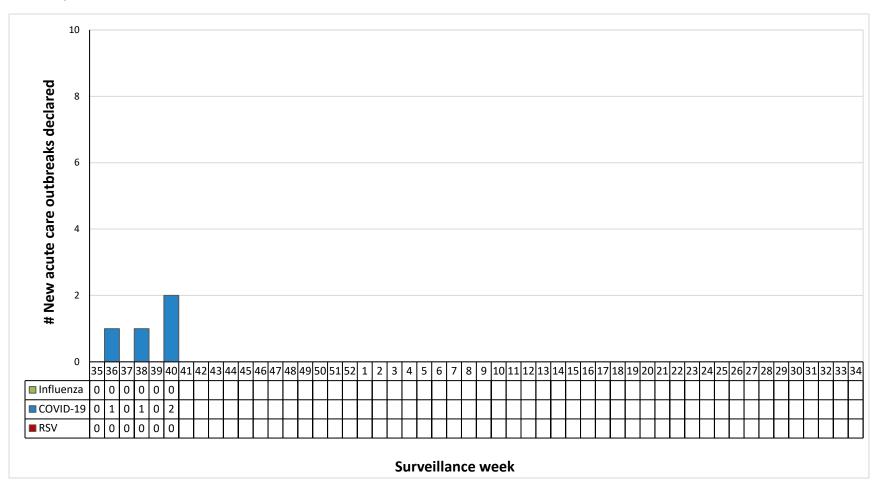
Figure 9: Cumulative number of RSV associated hospitalizations and ICU admissions, by surveillance week, 2025/26 season, Nova Scotia²⁰



²⁰ Figure 6 presents the cumulative number of cases who were admitted to hospital and/or ICU during the season. Cases are counted once.

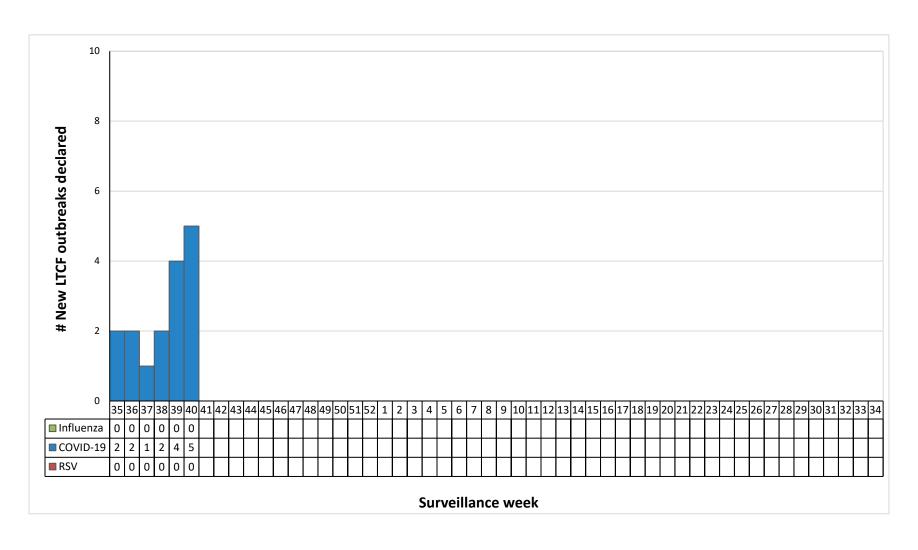
Respiratory Outbreaks

Figure 10. Number of new acute care facility respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2025/26 season, Nova Scotia²¹



²¹ Acute care facility outbreak definitions are in the Appendix. Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

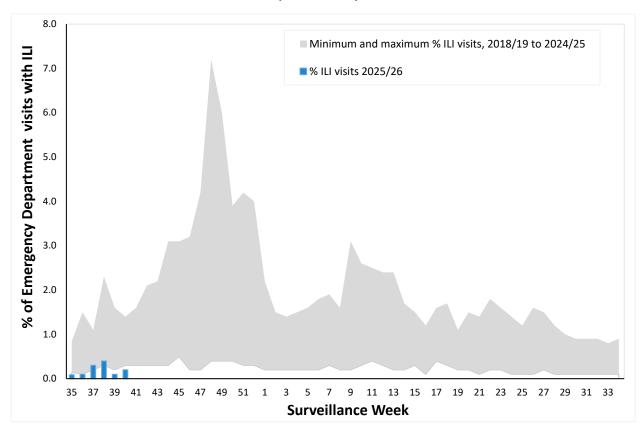
Figure 11. Number of new long-term care facility (LTCF) respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2025/26 season, Nova Scotia²²



²² LTCF outbreak definitions are in the Appendix. Local public health continuously enters and updates outbreak data. Counts may differ from previous surveillance weeks.

Syndromic Surveillance

Figure 10: Percentage of emergency department visits due to influenza-like illness (ILI) by surveillance week, 2025/26 season, compared with previous seasons, Nova Scotia²³



Other Respiratory Illness

Table 8: Number of positive specimens for other respiratory viruses, current reporting period and cumulative 2025/26 season, Nova Scotia

PATHOGEN	Current reporting period	Cumulative (2025/26)
Adenovirus	2	2
Bocavirus	1	1
Coronavirus*	0	0
Enterovirus/Rhinovirus	40	40
Metapneumovirus	0	0
Parainfluenza	4	4

^{*}Excludes COVID-19

²³ ILI percentages may vary from previous surveillance weeks as emergency departments continuously enter and update data.

Appendix – Data Notes and Definitions

Data Notes

- A surveillance week runs from Sunday to Saturday. Nova Scotia's 2025/26 season aligns with the <u>Public</u> Health Agency of Canada (PHAC) FluWatch surveillance weeks.
 - The 2025/26 respiratory season runs from August 24, 2025 (Week 35) to August 29, 2026 (Week 34).
- Reporting of hospitalizations, ICU admissions, and deaths may lag by several weeks, and deaths are
 particularly affected. Additionally, COVID-19, influenza, and RSV outcomes and outbreaks data may be
 incomplete for recent reporting periods because of lags in local public health reporting. Figures
 presenting outcomes by week may not include data for the most recent surveillance week.
- Hospitalization and death definitions for COVID-19 and influenza have changed across respiratory seasons. For example, the definition of COVID-19 associated hospitalizations changed in August 2025. These definitions are available in the surveillance guidelines.
- Testing eligibility guidelines and the use of multiplex PCR testing affect the number of cases identified and reported.
 - A multiplex PCR tests for multiple respiratory pathogens simultaneously. Routine multiplex PCR tests include, but are not limited to, influenza, RSV, and COVID-19. See Nova Scotia's Respiratory Surveillance Plan for Public Health for a full list of what is tested.
 - In the 2022/23 season, access to multiplex PCR testing in Nova Scotia increased which likely increased detection in community influenza and RSV.
 - Testing is limited to <u>specific populations</u> and the number of cases in the community is undercounted.

Definitions used in respiratory surveillance, and useful links, 2025/26

See: <u>Nova Scotia's Respiratory Response Plan for Public Health</u> and <u>Nova Scotia's Respiratory Surveillance</u> <u>Plan for Public Health</u>

Acronyms

ICU Intensive care unit
 ILI Influenza-like illness
 LTCF Long term care facilities
 PCR Polymerase chain reaction
 RSV Respiratory syncytial virus

Outbreak Definitions

Pathogen	Acute care facility	Long-term care facility
COVID, influenza,	Two or more confirmed cases of	Outbreak definitions in LTCFs are in
and RSV	influenza that are	Guide to Respiratory Virus Infection
	epidemiologically linked to a	and Outbreak Management in
	specific setting and/or location.	Long-Term Care Facilities.

Weeks 35-40 (August 24, 2025 to October 4, 2025)

ILI Case Definition

Acute onset of respiratory illness with fever and cough and with one or more of the following – sore throat, arthralgia, myalgia or prostration which is likely due to influenza. In children under 5 years, gastrointestinal symptoms may also be present. In patients under 5 or 65 years and older, fever may not be prominent.

Other case definitions

See: <u>Surveillance Guidelines | novascotia.ca</u>

Links to other weekly influenza reports

Canada: <u>Weekly influenza reports - Canada.ca</u> World: <u>Global Influenza Programme (who.int)</u>

US: FluView | FluView | CDC