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MANUAL

Respiratory Infection Surveillance Instructions 2025–26

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Introduction

Public Health Ontario (PHO) will begin respiratory infection surveillance activities for the 2025–26 season on **August 24, 2025**. This includes monitoring for influenza, COVID-19, respiratory syncytial virus (RSV) and other respiratory viruses. In online tools and graphs depicting respiratory virus data by surveillance week, the 35th surveillance week, which typically contains September 1, marks the first week of the surveillance period (refer to Appendix C for 2025–26 season surveillance weeks and dates).

This document provides public health units (PHUs) with instructions to standardize local surveillance activities. The information PHUs provide allows PHO to understand and report on the epidemiology of respiratory infections in Ontario through provincial surveillance reports and tools, as well as meet national surveillance obligations. High quality data provided by PHU is therefore the foundation of the Ontario Respiratory Virus Surveillance Program (refer to Appendix A for the overall program goals and objectives).

For the 2025–26 season, PHO will use surveillance data from various sources to generate actionable insights on influenza, COVID-19, and other respiratory viruses in Ontario. These data will continue to be reported in the Ontario Respiratory Virus Tool (ORVT)[5]—an interactive online dashboard. The ORVT will be updated weekly to support integrated public health monitoring, including informing health care providers and public health partners at the local, provincial, and federal levels and contributing to national and global surveillance.

Changes for the 2025–26 season

Starting October 2025, PHO will transition to calculating and reporting influenza episodes for provincial surveillance, discontinuing the use of influenza case data previously reported by PHUs. For simplicity, both influenza and COVID-19 episodes are referred to as “cases” in the ORVT. Other changes for this season include re-organized surveillance indicators (Appendix B) and updates in the Laboratory Surveillance sub-section.

Summary of Public Health Unit Responsibilities for the 2025–26 Season

Influenza and COVID-19 are diseases of public health significance in Ontario that are reportable as per Regulation 135/18: Designation of Diseases, Regulation 569: Reports and amendments under the *Health Protection and Promotion Act* (HPPA).[1-2]

The reporting of respiratory infection outbreaks in institutions and public hospitals, which may include influenza, COVID-19, RSV, and other respiratory viruses, is also a legal reporting requirement under the HPPA.[1-2]

Laboratory-Confirmed Seasonal Influenza Cases

Case Follow-up

There is no provincial requirement for PHUs to conduct follow-up on laboratory-confirmed seasonal influenza cases, although PHUs may choose to do so.

Case Data Entry

Starting in the 2025–26 season, PHO will calculate influenza episodes using Ontario Laboratory Information System (OLIS) data for surveillance purposes in place of influenza case data from the integrated Public Health Information System (iPHIS) and aggregately reported influenza case counts. Influenza episodes are designed to match influenza cases as closely as possible. This approach is similar to the approach used since the 2024–25 season for COVID-19 episodes in place of COVID-19 case data.

If PHUs use iPHIS for recording influenza case data in the 2025–26 season, entry should be in accordance with the *iPHIS User Guide: Outbreak module – respiratory diseases, section I – sporadic influenza cases*.[3] This user guide is accessible from the iPHIS and Cognos Document Repository, or by emailing Communicable.DiseaseControl@oahpp.ca. This includes linking all individually entered confirmed influenza cases to their associated outbreaks in iPHIS.

COVID-19 Deaths

Case Follow-up

PHUs are required to enter all reported COVID-19 deaths in iPHIS as described below. However, there is no provincial requirement for PHUs to follow-up on any laboratory-confirmed COVID-19 cases, including deaths, although PHUs may choose to do so.

Case Data Entry Process

PHUs are required to enter all COVID-19 deaths reported to them in iPHIS in accordance with the most recent version of iPHIS User Guide: COVID-19,[4] which is accessible from the iPHIS and Cognos Document Repository, by emailing Communicable.DiseaseControl@oahpp.ca.

PHUs may choose to collect and enter additional COVID-19 case data in iPHIS for local surveillance needs. If entered in iPHIS, entry should be in accordance with the COVID-19 User Guide. This includes linking all individually entered confirmed COVID-19 cases to their associated outbreaks in iPHIS.

Respiratory Infection Outbreaks in Institutions and Public Hospitals

For the 2025–26 respiratory season, all respiratory infection outbreaks in institutions and public hospitals **must be entered into iPHIS within one business day** of the PHU receiving notification of the outbreak, in accordance with the guidance in the latest version of *iPHIS Bulletin #17 – Timely Entry of Cases and Outbreaks for Diseases of Public Health Significance*.[5]

iPHIS field definitions and other relevant information can be found in the most recent version of the *iPHIS User Guide: Respiratory Infection Outbreaks in Institutions and Public Hospitals*.[6] Required fields to be reported within one business day include but are not limited to:

- Summary case counts (as reported when outbreak is declared) by role (e.g., staff, residents)
  Note: The **summary case count by role must be entered in iPHIS** in order for the outbreak to be included in the Ontario Respiratory Virus Tool[7] and in the assessment of influenza activity levels. The outbreak will not be included in provincial indicators if the total number of cases entered in the summary case counts in iPHIS is less than the number of cases required to meet the case definition for the confirmed outbreak of interest.
- Outbreak description
- Laboratory-confirmed organism (if known)
- Outbreak setting type

Final reports of respiratory infection outbreaks in institutions and public hospitals must be entered into iPHIS and **closed as soon as possible and by no later than 15 business days** after the outbreak has been declared over. PHUs are asked to enter the "declared over" date for the outbreak as soon as possible, ideally within 1 business day of the declared over date. Following the notification of the outbreak and before it is declared over, information should be updated in iPHIS as required, such as when there are significant changes to the status of the outbreak (e.g., marked increase in the number of cases, hospitalizations or outbreak-associated deaths). PHO will continue to include analysis of respiratory infection outbreaks in institutions and public hospitals by severity indicators in surveillance reports including the Ontario Respiratory Virus Tool, which relies on timely entry of outbreak data in iPHIS.

PHO determines the influenza activity level for each surveillance week and for each PHU based on the number of influenza episodes and the number of newly declared or ongoing (i.e., not declared over) influenza outbreaks in institutions or public hospitals in iPHIS.

Timely PHU entry of outbreak data along with entry of declared over dates for outbreaks is critical for correct activity level assessments to be made for influenza as well as COVID-19 and RSV. Refer to Appendix B for further data entry details and guidance.

References

1. *Designation of Diseases*, O Reg 135/18. Available from: https://www.ontario.ca/laws/regulation/180135
2. *Reports*, RRO 1990, Reg 569. Available from: https://www.ontario.ca/laws/regulation/900569
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). iPHIS user guide: outbreak module: respiratory diseases. Toronto, ON: Queen's Printer for Ontario; 2009. Section I, Sporadic influenza cases.
4. Ontario Agency for Health Protection and Promotion (Public Health Ontario). iPHIS user guide: COVID-19. Toronto, ON: King's Printer for Ontario; 2024.
5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). iPHIS bulletin #17: timely entry of cases and outbreaks for diseases of public health significance [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2025 Aug 12]. Available from: https://www.publichealthontario.ca/-/media/documents/i/2020/iphis-bulletin-timely-entry.pdf
6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). iPHIS user guide: respiratory infection outbreaks in institutions and public hospitals. Toronto, ON: King's Printer for Ontario; 2024.
7. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2024 Aug 30]. Available from: https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/respiratory-virus-tool
8. *Developmental Services Act*, RSO 1990, c D.11 (Ontario), as repealed by *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008,* SO 2008, c 14. Available from: https://www.ontario.ca/laws/statute/90d11
9. *Mental Health Act,* RSO 1990, c M.7. Available from: https://www.ontario.ca/laws/statute/90m07
10. *Health Protection and Promotion Act,* RSO 1990, c H.7, s 21(1). Available from: https://www.ontario.ca/laws/statute/90h07#BK26
11. *General*, O Reg 166/11. Available from: https://www.ontario.ca/laws/regulation/110166

Appendix A: Goal and Objectives of the Ontario Respiratory Virus Surveillance Program

Goal: To promote early detection and provide timely, comprehensive information regarding viral respiratory infections in Ontario, including influenza, COVID-19 and respiratory syncytial virus (RSV), in order to guide prevention and control efforts.

Objectives:

1. To raise awareness of respiratory virus activity and support the implementation of appropriate prevention and control measures, accurate and timely information is collected that will:
    - Allow the determination of the onset, duration, conclusion, geographic patterns, severity and progression of seasonal respiratory virus activity
    - Detect unusual events (e.g., new respiratory pathogens, unusual outcomes or syndromes, unusual severity or distribution, and new influenza strains including epizootic strains, antigenic drift/shift)
    - Identify dominant circulating respiratory viruses
    - Identify influenza types and subtypes to enable comparisons between circulating influenza strains and strains included in and/or recommended for the current season's influenza vaccine
    - Estimate viral respiratory illness indicators such as attack rates, emergency department visits, hospitalization rates, and case fatality rates
    - Identify high-risk groups for viral respiratory illness and complications
    - Allow comparisons with national and international respiratory virus activity
2. To share accurate and timely surveillance information with public health partners at the local, provincial, national and international levels in order to:
    - Anticipate and guide prevention, response, and control efforts
    - Evaluate treatment, prophylaxis and control measures in the management and termination of outbreaks
    - Guide and inform timely research

Appendix B: Surveillance Indicators

For the 2025–26 respiratory infection surveillance season, PHO will report on two surveillance indicators that are based on public health unit (PHU) entry in iPHIS. These indicators are described below, followed by information on select additional indicators, including those that were previously based on PHU entry, but are now calculated by PHO using Ontario Laboratory Information System (OLIS) data. For all other surveillance indicators covered in the Ontario Respiratory Virus Tool (ORVT), please refer to the ORVT Technical Notes.

PHU-Supported Surveillance Indicators for the 2025–26 Season

iPHIS Entry of COVID-19 Deaths

PHUs are required to enter all COVID-19 deaths in iPHIS in accordance with the most recent version of the iPHIS User Guide: COVID-19.[5] In addition, all COVID-19 deaths associated with an outbreak should be included in the summary count section as indicated below.

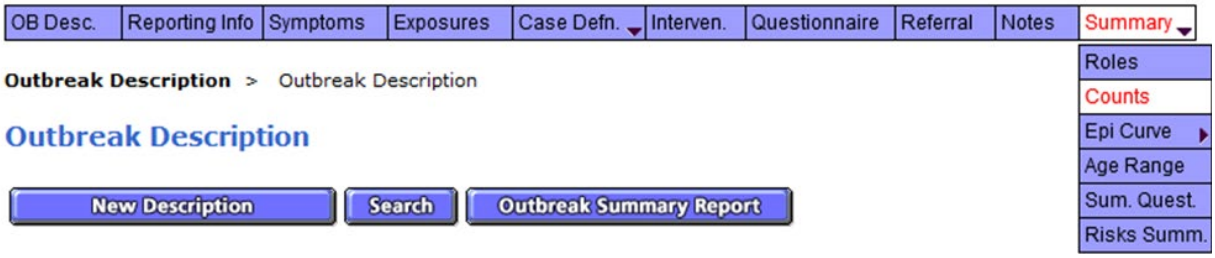
iPHIS Entry of Respiratory Infection Outbreaks in Institutions and Public Hospitals

PHUs must report, via iPHIS, on respiratory infection outbreaks in institutions and public hospitals as per the HPPA.[10] A complete list of the types of institutions can be found under section 21 (1) of the HPPA.[10]

While reporting by retirement homes is not expressly required under the HPPA, PHUs often consider retirement homes to fall under the definition of an institution, as "any other place of a similar nature" under the HPPA section 21(1).[10] Under the *Retirement Homes Act*, Regulation 166/11,[11] retirement homes are required to have an infection prevention and control program which includes developing a written surveillance protocol and reporting outbreaks to the local MOH or designate. Influenza outbreaks in retirement homes are considered when determining influenza activity levels. Reporting of respiratory infection outbreaks in schools is not required.

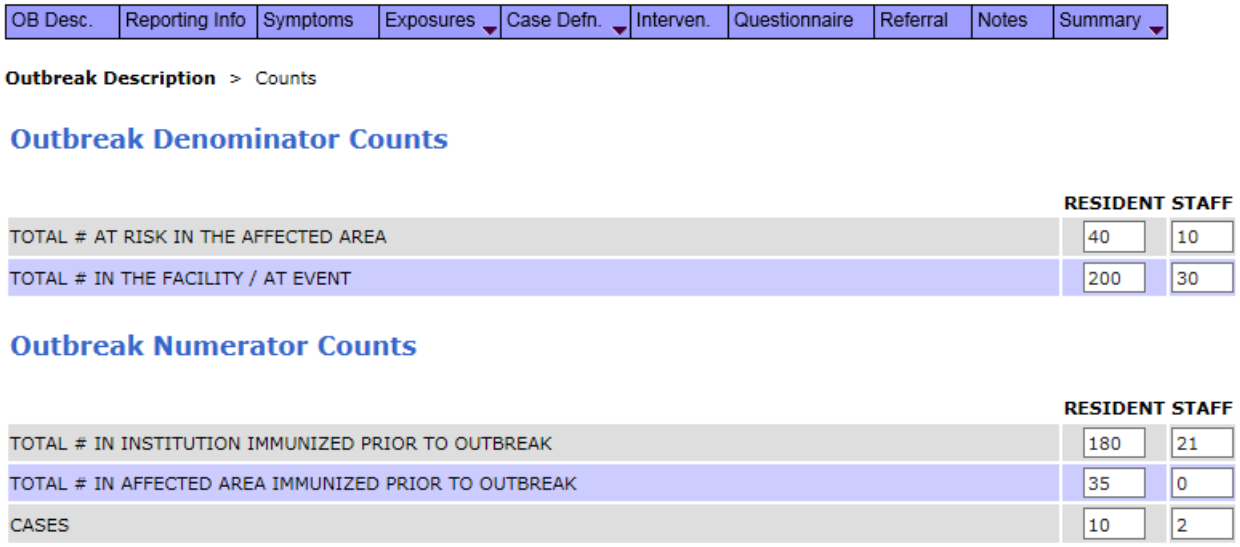
Where reporting is required, preliminary reports of respiratory infection outbreaks in institutions and public hospitals **must be entered within one business day** of notification. All outbreak-associated respiratory infection cases (i.e., both laboratory-confirmed and epi-linked) linked to the institution or public hospital must be entered into iPHIS using the **CASES** field in iPHIS, which can be located via this path: *Outbreak Description > Summary > Counts > Outbreak Numerator Counts* (Figures 1 and 2). Epi-linked outbreak associated cases which are later identified as having a negative laboratory result for the causative organism of the outbreak may be included in the numerator counts at the discretion of the outbreak investigator. The term summary case count refers to the total number of cases entered for both 'RESIDENTS/PATIENTS' and 'STAFF' (Figure 2). The summary case count in iPHIS reports are extracted from this field, and are not based on epi-curve data or laboratory-confirmed cases that are linked to the outbreak.

Figure 1: Entering Outbreak-Associated Respiratory Infection cases in Institutions and Public Hospitals in iPHIS



Source: Ontario. Ministry of Health. Integrated Public Health Information System (iPHIS) [database]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Oct 06].

Figure 2: Entering Summary Outbreak-Associated Respiratory Infection Case Counts for Staff and Residents of Institutions and Public Hospitals in iPHIS



Source: Ontario. Ministry of Health. Integrated Public Health Information System (iPHIS) [database]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Oct 06].

The final report of a respiratory infection outbreak in an institution or public hospital must be entered into iPHIS **no later than 15 business days after the outbreak has been declared over**. However, the **Date Outbreak Declared Over field should be completed as soon as possible, ideally within 1 business day** of the declared over date for the outbreak (Figure 3). Timely completion of this field is important for all respiratory infection outbreaks, but especially so for influenza outbreaks, as this field is a key component in determining influenza activity levels. In general, respiratory infection outbreaks without a **Date Outbreak Declared Over** will be considered ongoing and for influenza, this field will be used in the activity level assessments to categorize public health units as having localized or widespread influenza activity.

Figure 3: Select Outbreak Description Fields for Entering Onset Dates and Date Outbreak Declared Over in iPHIS

Source: Ontario. Ministry of Health. Integrated Public Health Information System (iPHIS) [database]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2022 Aug 11].

Between the notification of the outbreak and it being declared over, information pertaining to the outbreak should be updated when there are significant changes to the status of the outbreak (e.g., the causative organism has been identified, there have been deaths or hospitalizations attributed to the outbreak, or high attack rates are noted). This will enable accurate and timely analysis of surveillance data and estimates of the level and severity of ILI activity in the province as the respiratory infection season progresses.

Provincial calculations of PHU influenza activity levels also depend on PHUs entering outbreaks in iPHIS per these instructions. The activity level assessments will be impacted if one or more of the following have not been entered into iPHIS: outbreaks in institutions or public hospitals, the number of initially reported and final outbreak-associated cases for those outbreaks (i.e., under summary counts by role), or the **Date Outbreak Declared Over**, for outbreaks that are over.

Select Additional Surveillance Indicators

Laboratory Surveillance

Ontario Laboratory Information System (OLIS) testing data for respiratory viruses (e.g., SARS-CoV-2, influenza, RSV) will be used for provincial surveillance reporting where possible. OLIS is a comprehensive data source, which covers virtually all testing laboratories in the province.

Starting in the 2025–26 season, PHO will be using OLIS data to calculate influenza episodes, which will replace influenza case data in PHO's surveillance products. Influenza episodes will consider influenza type, subtype and timing between positive results. Influenza episodes are meant to closely approximate influenza case data, and will include information on type and subtype, PHU, and age.

Strain characterization of influenza isolates (approximately 5%–10% of positive influenza isolates, primarily at the beginning and end of the season) and other laboratory testing (e.g., antiviral resistance testing) for influenza are done at the Public Health Agency of Canada's National Microbiology Laboratory in Winnipeg.

PHO will also use OLIS data to calculate COVID-19 episodes, which replaced COVID-19 cases for provincial reporting purposes in 2024.

For additional details on influenza and COVID-19 episode calculations, refer to the ORVT Technical Notes.

Influenza Activity Level Reporting

For the 2025–26 season, PHO will determine the weekly influenza activity level for each PHU based on any:

1. Influenza episodes with lab reported dates for that surveillance week
2. Influenza outbreaks in institutions or public hospitals entered in iPHIS occurring in the surveillance week, in other words the outbreak was either declared or remains ongoing (i.e., not yet declared over), with at least two outbreak-associated cases in total entered in the summary counts section

Refer to the ORVT Technical Notes for the updated influenza activity level definitions for the 2025–26 season, which reflects the change from influenza cases to influenza episodes for surveillance.

Appendix C: Surveillance Weeks

Table 1: Surveillance Weeks for the 2025–26 Respiratory Infection Season

Surveillance week	Start date (Sunday)	End date (Saturday)
Week 35	24-Aug-25	30-Aug-25
Week 36	31-Aug-25	06-Sep-25
Week 37	07-Sep-25	13-Sep-25
Week 38	14-Sep-25	20-Sep-25
Week 39	21-Sep-25	27-Sep-25
Week 40	28-Sep-25	04-Oct-25
Week 41	05-Oct-25	11-Oct-25
Week 42	12-Oct-25	18-Oct-25
Week 43	19-Oct-25	25-Oct-25
Week 44	26-Oct-25	01-Nov-25
Week 45	02-Nov-25	08-Nov-25
Week 46	09-Nov-25	15-Nov-25
Week 47	16-Nov-25	22-Nov-25
Week 48	23-Nov-25	29-Nov-25
Week 49	30-Nov-25	06-Dec-25
Week 50	07-Dec-25	13-Dec-25
Week 51	14-Dec-25	20-Dec-25
Week 52	21-Dec-25	27-Dec-25
Week 53	28-Dec-25	03-Jan-26
Week 1	04-Jan-26	10-Jan-26
Week 2	11-Jan-26	17-Jan-26
Week 3	18-Jan-26	24-Jan-26
Week 4	25-Jan-26	31-Jan-26
Week 5	01-Feb-26	07-Feb-26
Week 6	08-Feb-26	14-Feb-26
Week 7	15-Feb-26	21-Feb-26

Surveillance week	Start date (Sunday)	End date (Saturday)
Week 8	22-Feb-26	28-Feb-26
Week 9	01-Mar-26	07-Mar-26
Week 10	08-Mar-26	14-Mar-26
Week 11	15-Mar-26	21-Mar-26
Week 12	22-Mar-26	28-Mar-26
Week 13	29-Mar-26	04-Apr-26
Week 14	05-Apr-26	11-Apr-26
Week 15	12-Apr-26	18-Apr-26
Week 16	19-Apr-26	25-Apr-26
Week 17	26-Apr-26	02-May-26
Week 18	03-May-26	09-May-26
Week 19	10-May-26	16-May-26
Week 20	17-May-26	23-May-26
Week 21	24-May-26	30-May-26
Week 22	31-May-26	06-Jun-26
Week 23	07-Jun-26	13-Jun-26
Week 24	14-Jun-26	20-Jun-26
Week 25	21-Jun-26	27-Jun-26
Week 26	28-Jun-26	04-Jul-26
Week 27	05-Jul-26	11-Jul-26
Week 28	12-Jul-26	18-Jul-26
Week 29	19-Jul-26	25-Jul-26
Week 30	26-Jul-26	01-Aug-26
Week 31	02-Aug-26	08-Aug-26
Week 32	09-Aug-26	15-Aug-26
Week 33	16-Aug-26	22-Aug-26
Week 34	23-Aug-26	29-Aug-26
Week 35 (2026–27)	30-Aug-26	05-Sep-26

Citation

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