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Respiratory Virus Season 2026–27

Part 1: Surveillance and Testing

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Public Health Ontario (PHO) Rounds: September 28, 2026



Welcome and Land Acknowledgement

Disclosures

- Mr. Whelan does not have any conflicts of interest to disclose.
- Dr. Hasso does not have any conflicts of interest to disclose.

Disclaimer

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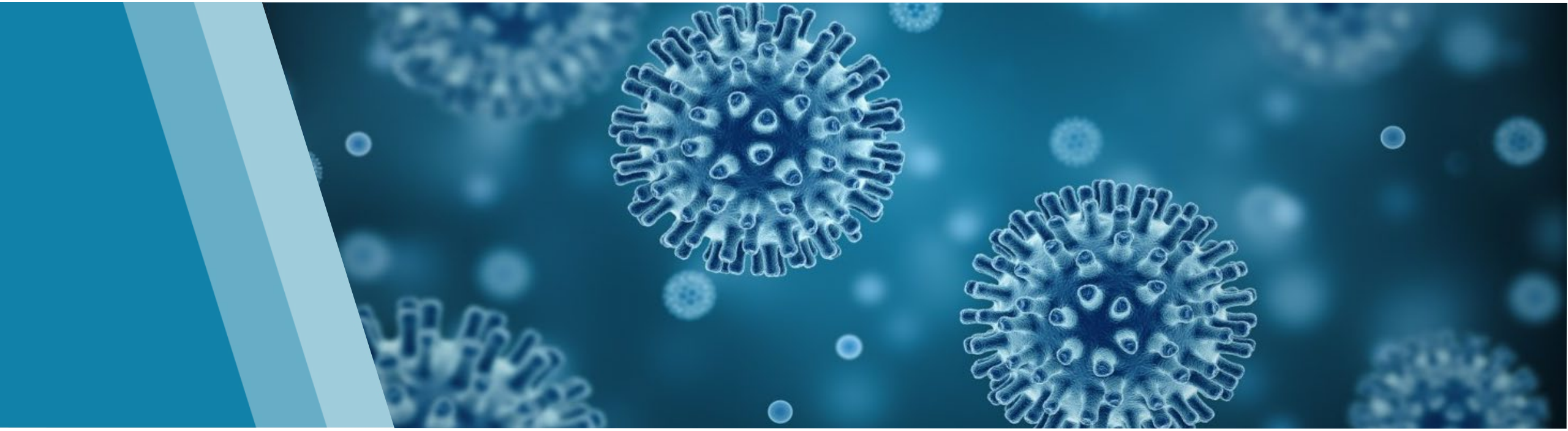
Learning Objectives

By the end of this session, participants will be able to:

1. Summarize current epidemiological trends in influenza, COVID-19, and respiratory syncytial virus (RSV) in Ontario, Canada, and internationally.
2. Identify where to find the Public Health Ontario (PHO) resources on respiratory viruses in Ontario.
3. Describe the testing options available in Ontario for influenza, COVID-19, RSV and other respiratory viruses for the 2026-27 season.

Respiratory Virus Activity in Ontario and Canada

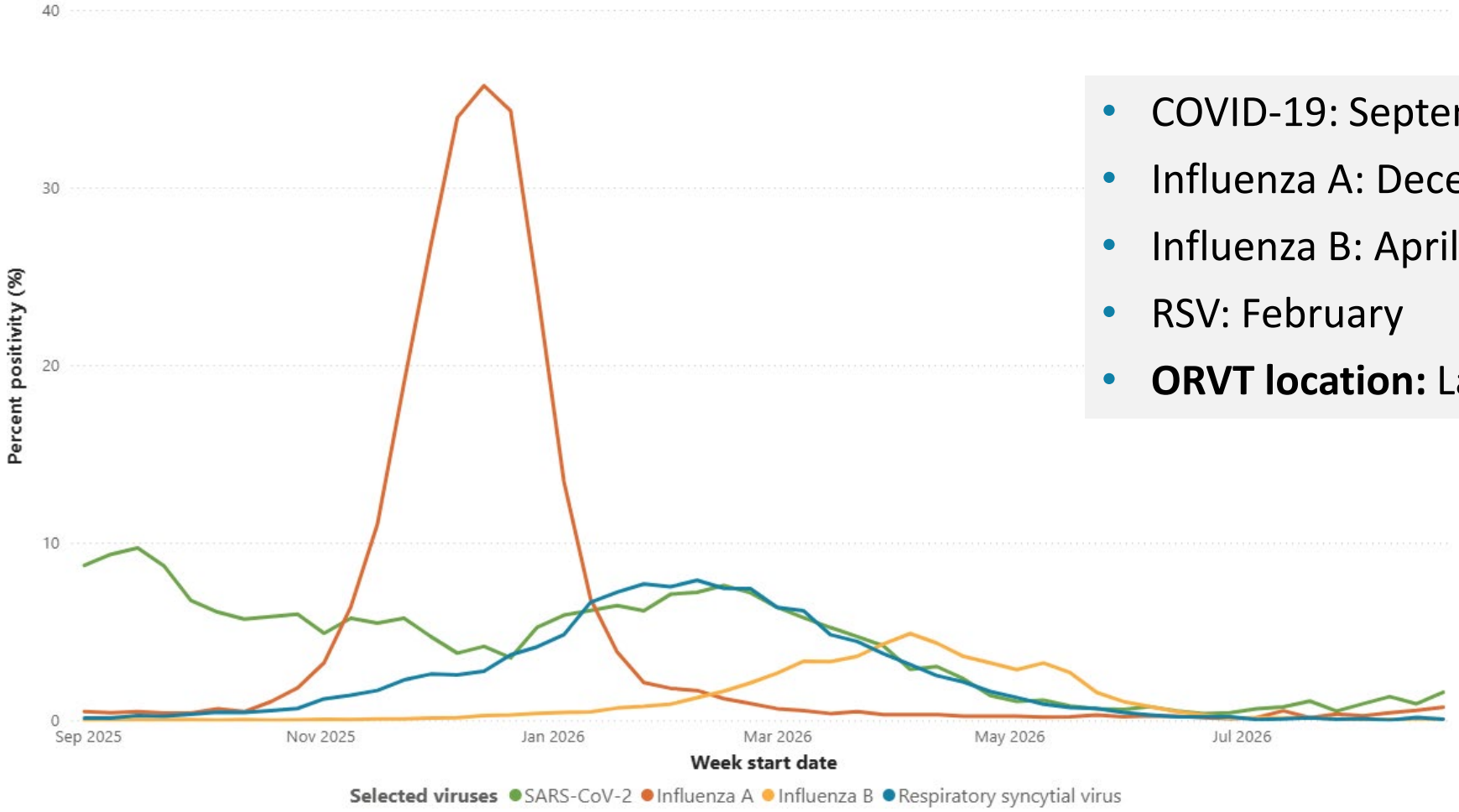
2025–26 Surveillance Season



Monitoring Respiratory Virus Activity in 2025–26

- Percent positivity from laboratory testing data is the primary indicator
- Other indicators:
  - Cases and outbreaks in institutions and public hospitals, which typically follow similar patterns as percent positivity
  - Hospital bed census data and COVID-19 deaths, typically lag behind percent positivity
- In general:
  - Influenza activity was the biggest driver of respiratory illness in the 2025-26 season
  - COVID-19 activity occurred throughout 2025-26 at lower levels than previous seasons
  - RSV activity peaked late at lower levels than prior seasons but was elevated for longer

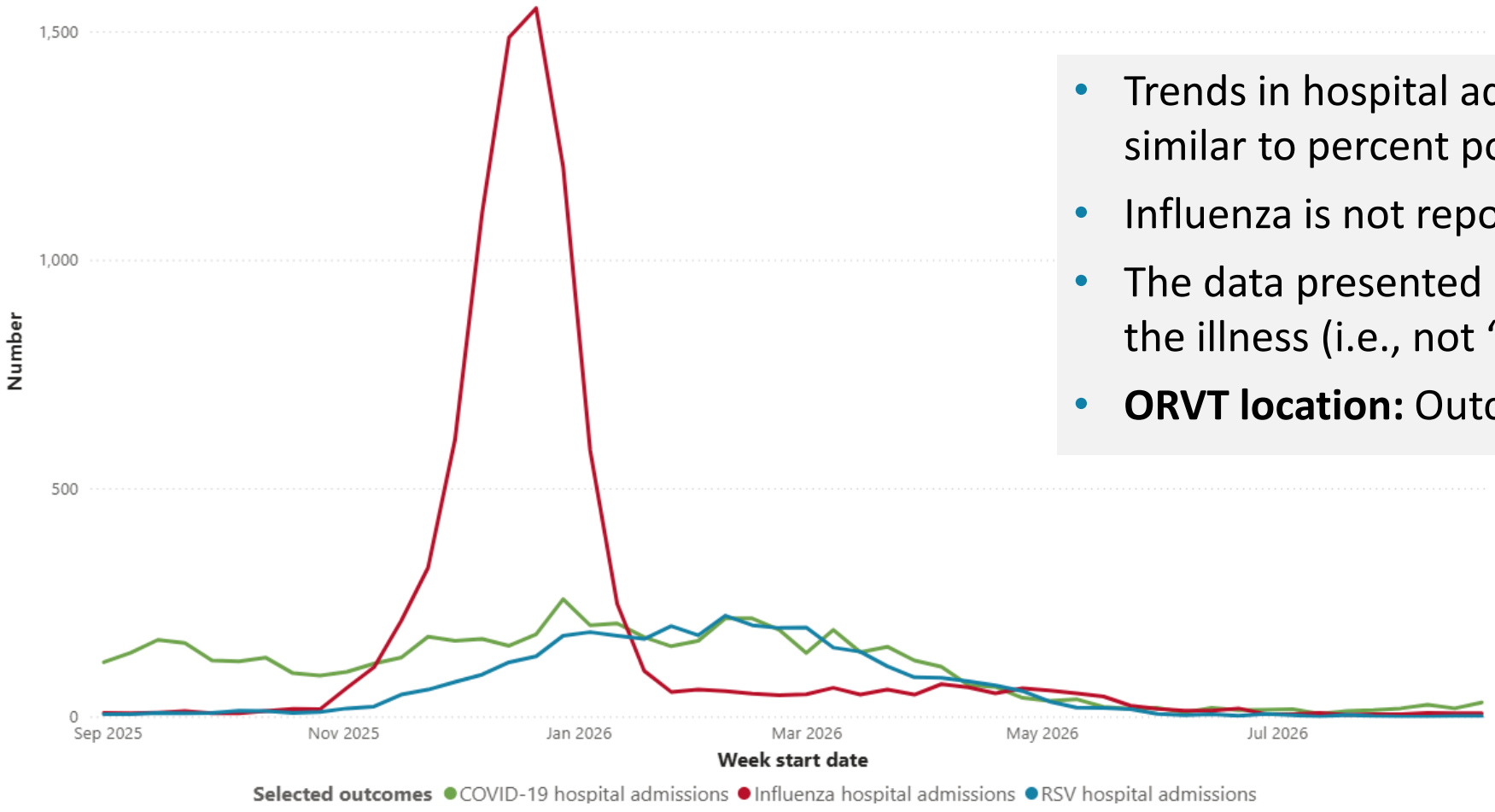
COVID-19, Influenza, and RSV Test Percent Positivity in 2025–26



- COVID-19: September and February
- Influenza A: December
- Influenza B: April
- RSV: February
- **ORVT location:** Lab testing > Virus

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 8]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

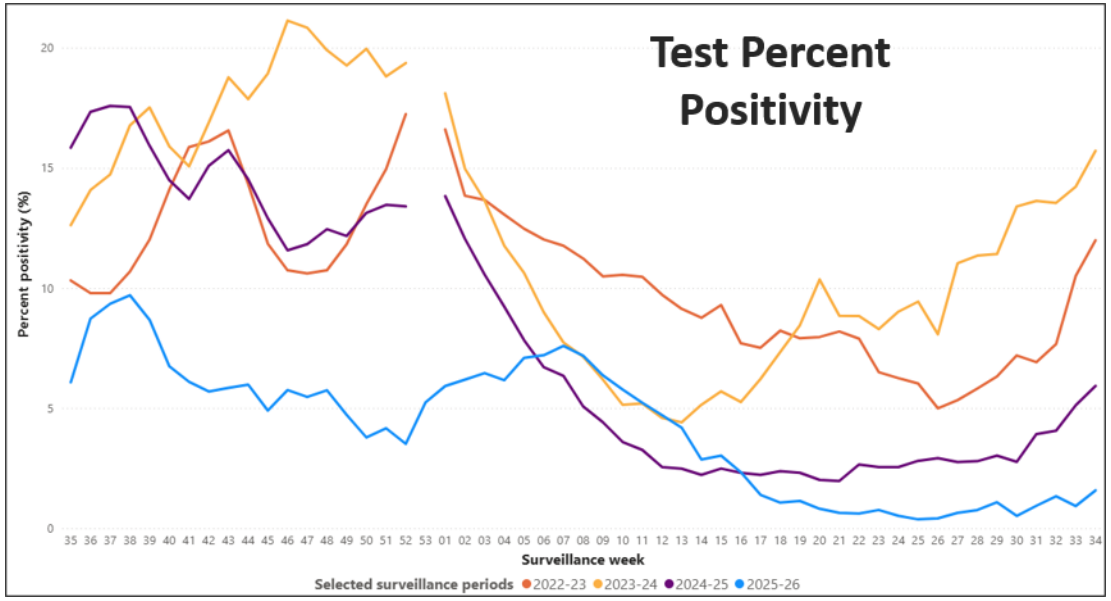
COVID-19, Influenza, and RSV Hospital Admissions in 2025–26

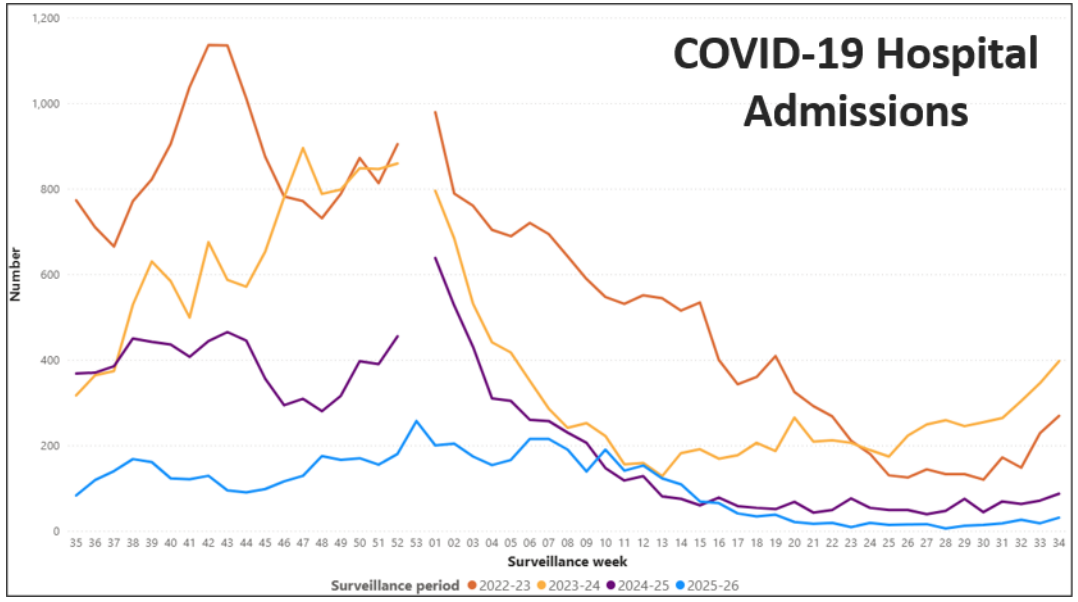


- Trends in hospital admissions were similar to percent positivity
- Influenza is not reported by type
- The data presented are admissions ‘with’ the illness (i.e., not ‘for’ the illness)
- **ORVT location:** Outcomes > Outcome

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King’s Printer for Ontario; 2026 [cited 2026 Sep 8]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

COVID-19 Test Positivity and Admissions in 2022–23 to 2025–26

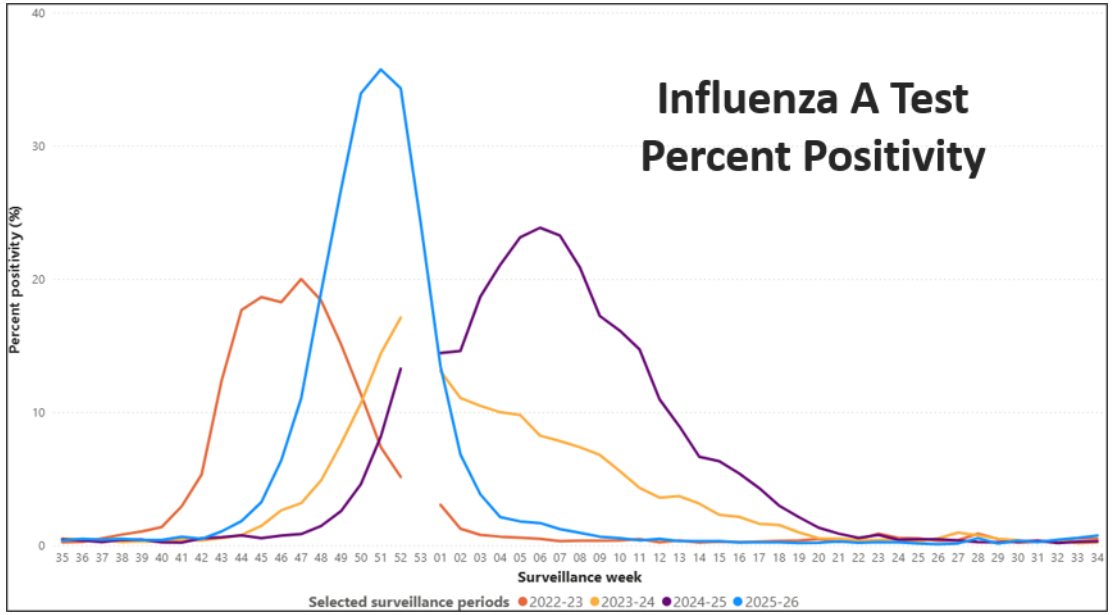


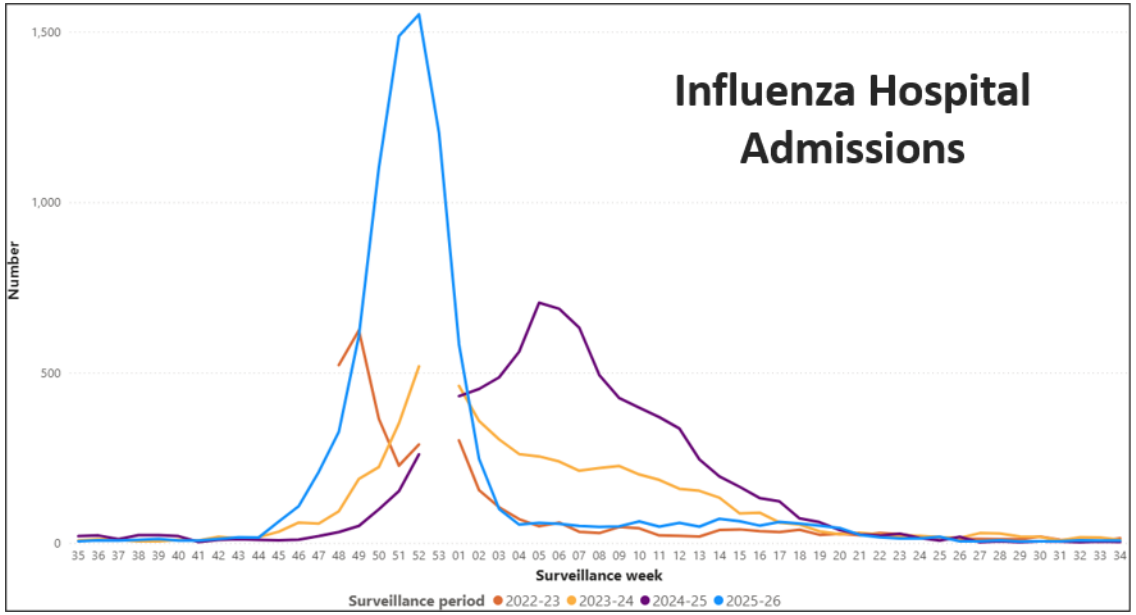


- COVID-19 activity in 2025-26 (blue line) was lower than in previous seasons
- Activity is generally highest in fall/winter
- **ORVT locations:** Lab testing>Surveillance Season;
  Outcomes>Surveillance Season>By surveillance week

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 8]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

Influenza A Test Positivity and Admissions in 2022–23 to 2025–26

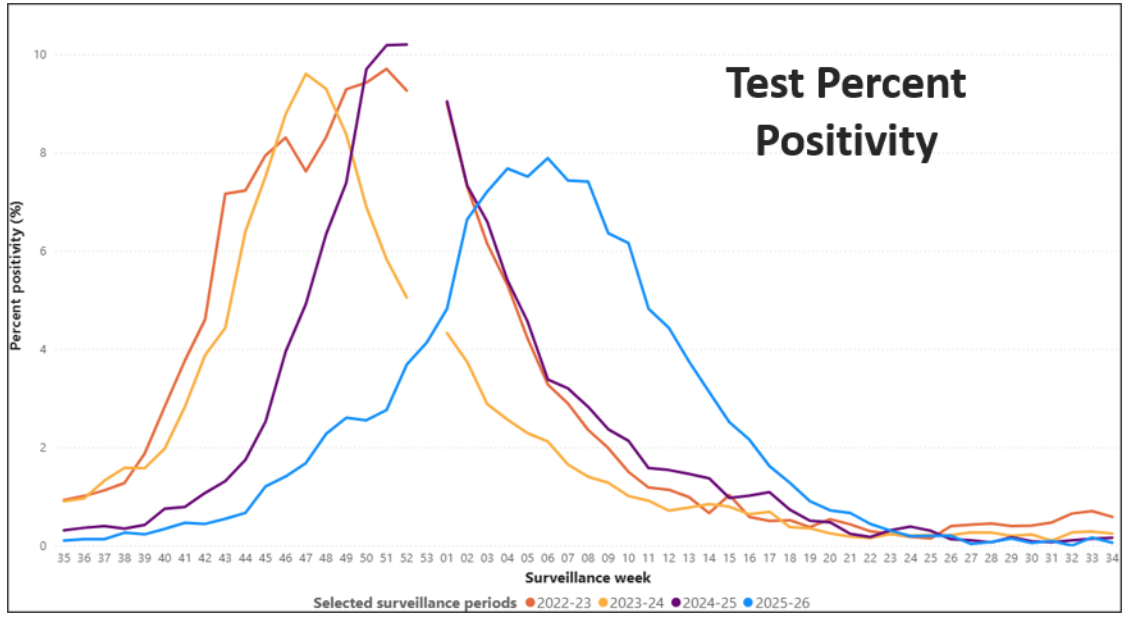


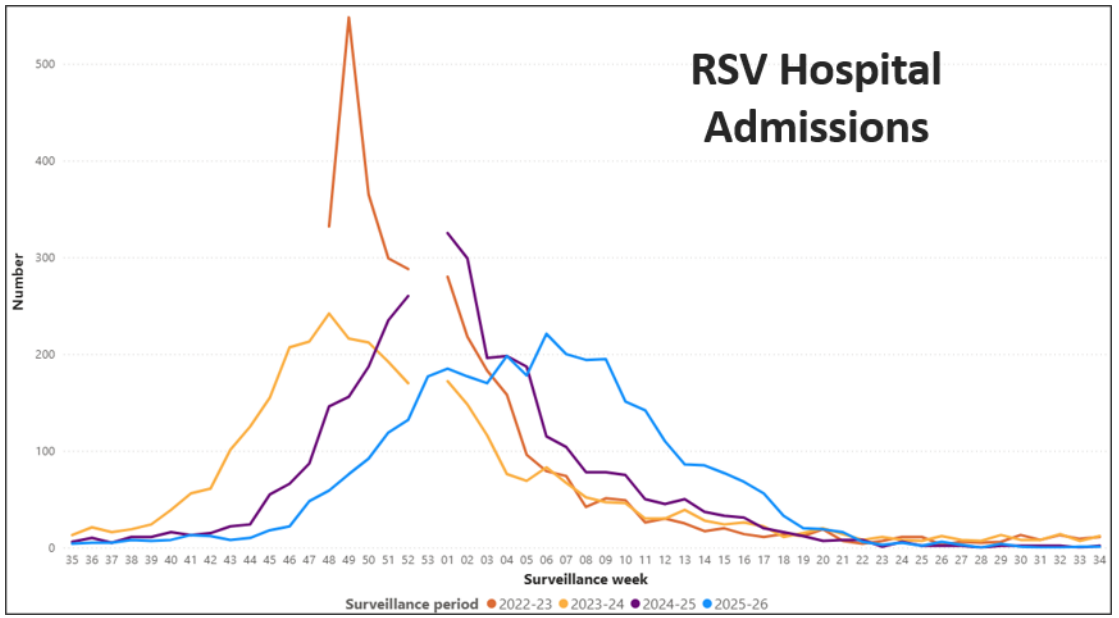


- The 2025-26 season had the highest percent positivity and weekly number of hospital admissions
- Activity was more concentrated in 2025-26, with spread over a relatively shorter period
- **ORVT locations:** Lab testing>Surveillance Season;
  Outcomes>Surveillance Season>By surveillance week

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 8]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

RSV Test Positivity and Admissions in 2022–23 to 2025–26

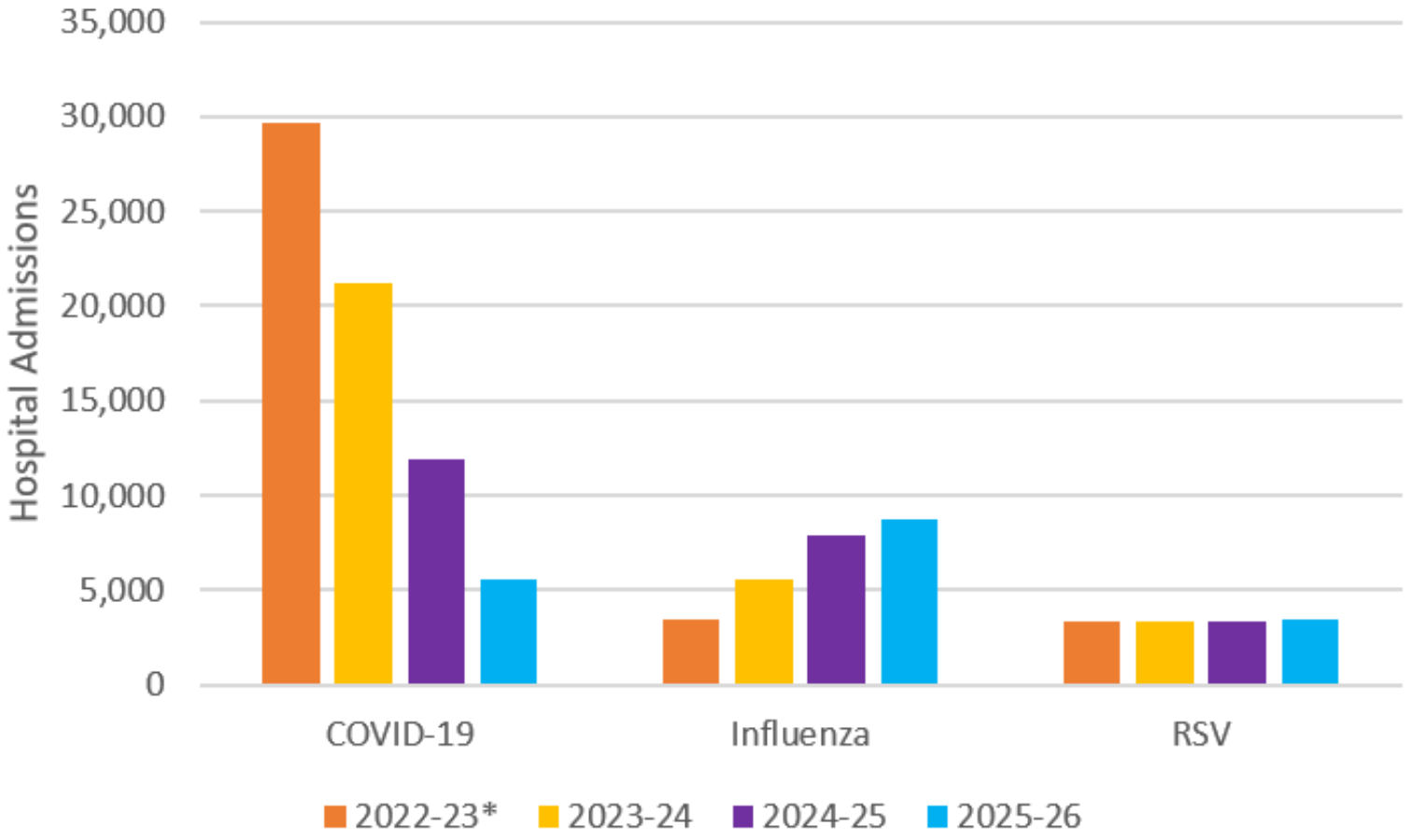




- RSV activity was later and peaks were lower in 2025-26 than in prior seasons
- Activity stretched over a longer time in 2025-26
- **ORVT locations:** Lab testing>Surveillance Season;
  Outcomes>Surveillance Season>By surveillance week

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 8]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

Total Hospital Admissions from 2022–23 to 2025–26

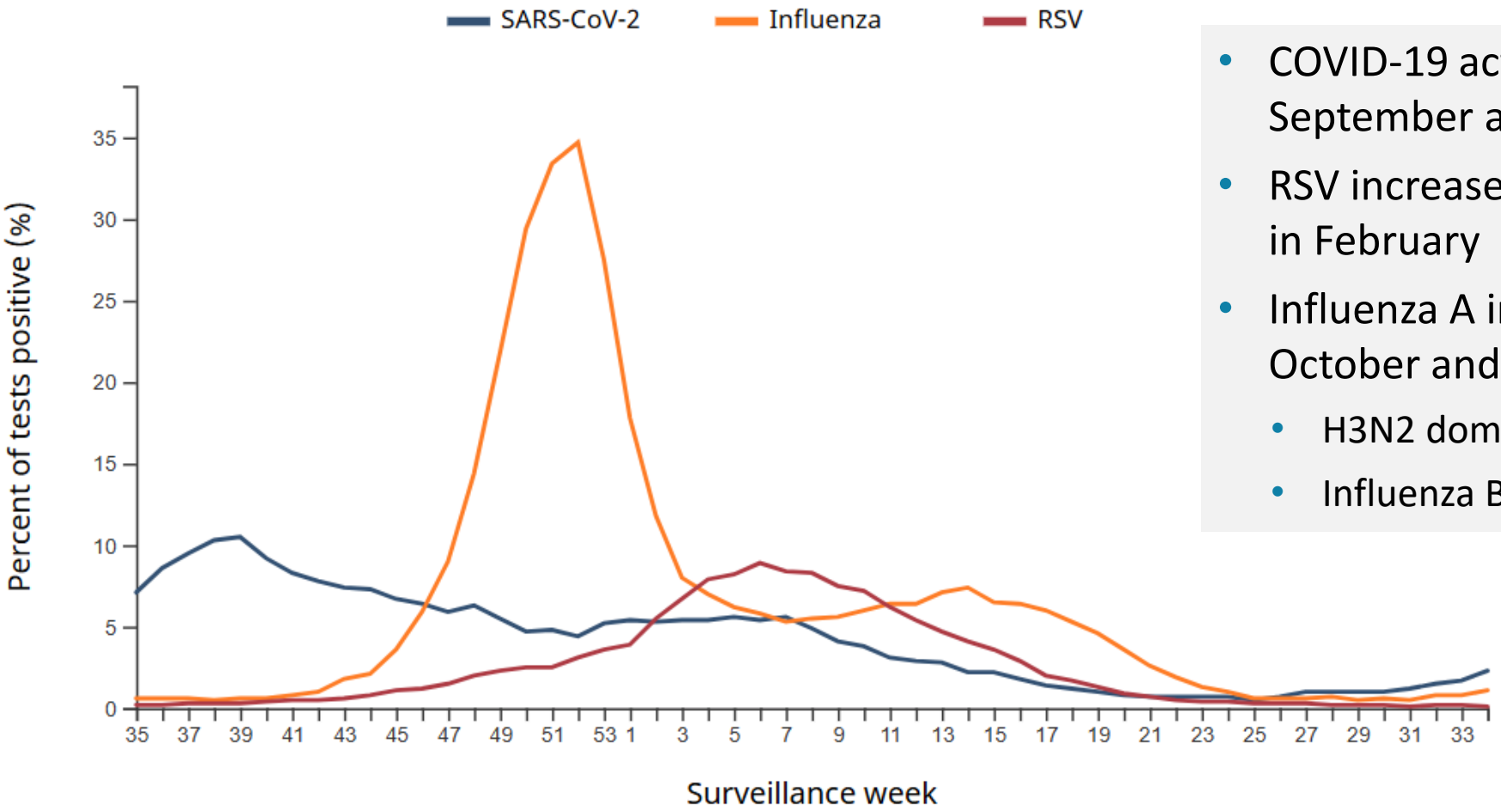


*2022-23 data are incomplete for influenza and RSV

- Influenza had the most admissions in 2025-26
- COVID-19 admissions continue to decline
- RSV admissions are consistent across
- **ORVT location:** Outcomes>Surveillance Season>Surveillance seasons totals

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory virus tool [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 8]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

Canadian and Ontario Respiratory Virus Trends Were Similar in 2025–26

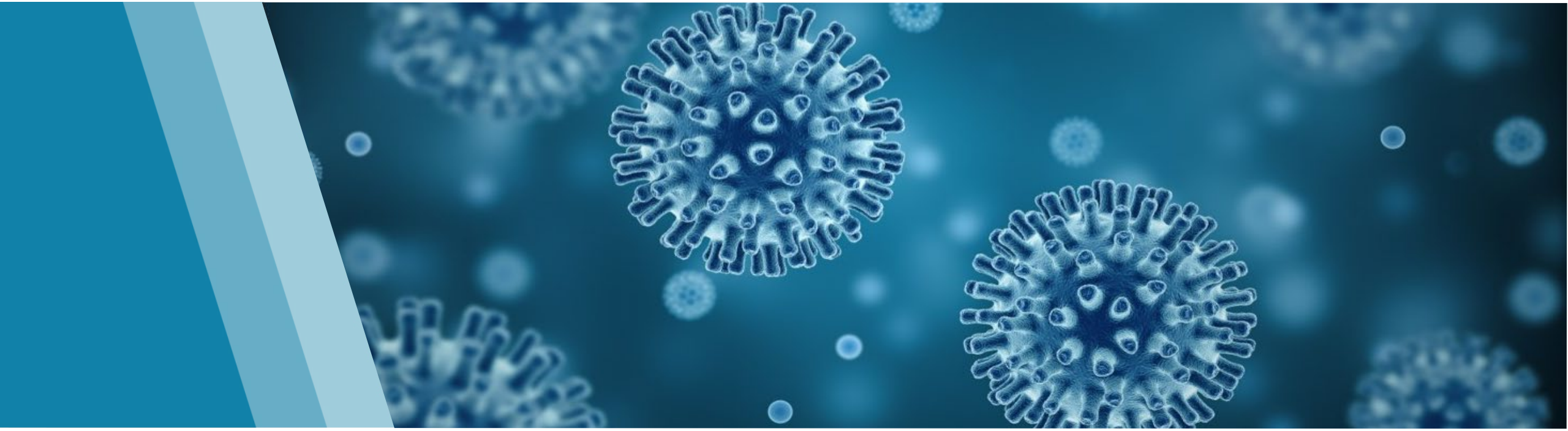


- COVID-19 activity peaked in September and around the new year
- RSV increased in November, peaked in February
- Influenza A increased starting in October and peaked in December
  - H3N2 dominant
  - Influenza B activity occurred in spring

Source: Public Health Agency of Canada. Canadian respiratory virus surveillance report [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 8]. Available from: https://health-infobase.canada.ca/respiratory-virus-surveillance/

Respiratory Virus Activity in the Southern Hemisphere

2026 Surveillance Season



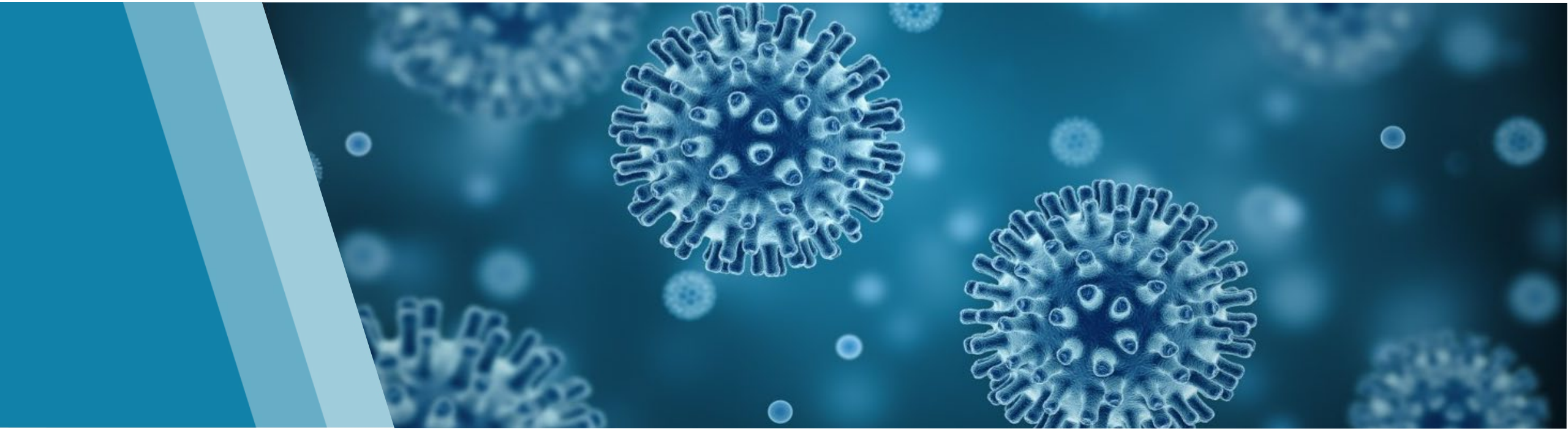
Monitoring Respiratory Virus Activity in Australia, New Zealand, and South Africa in 2026

	Australia	New Zealand	South Africa
COVID-19	• Low activity • No clear peak • Fewer cases than in 2023-25	• Low activity	• Low activity
Influenza	• Later increase than recent years, continuing late Aug. • Influenza A H3N2 dominant in cases with subtyping	• Higher and later than recent years • Influenza A H3N2 dominant in cases with subtyping	• Earlier activity than previous years • Peaked at a moderate level • Influenza A H3N2 dominant
RSV	• Fewer cases than in 2025 • Similar start and peak timing compared to 2025	• Similar activity to prior years • Similar timing to 2025	• Late start • Activity peaked in June at a moderate level

Sources: Interim Australian Centre for Disease Control. Australian respiratory surveillance report – 13 July 2026 to 26 July 2026 [Internet]. Canberra: Government of Australia; 2026 [cited 2026 Sep 8]. Available from: https://www.cdc.gov.au/sites/default/files/2026-08/australian-respiratory-surveillance-report_-10-to-23-august-2026.pdf
New Zealand Institute for Public Health and Forensic Science. Respiratory illness dashboard [Internet]. Wellington: Government of New Zealand; 2026 [cited 2026 Sep 8]. Available from: https://www.phfscience.nz/digital-library/respiratory-illness-dashboard#respdashboard
National Institute for Communicable Diseases. Weekly respiratory pathogens surveillance report [Internet]. Johannesburg: Government of South Africa; 2026. [cited 2026 Sep 8]. Available from: https://www.nicd.ac.za/wp-content/uploads/2026/08/Resp_Path_Report_2026_34-_Final.pdf

Respiratory Virus Activity in Ontario

2026–27 Surveillance Season

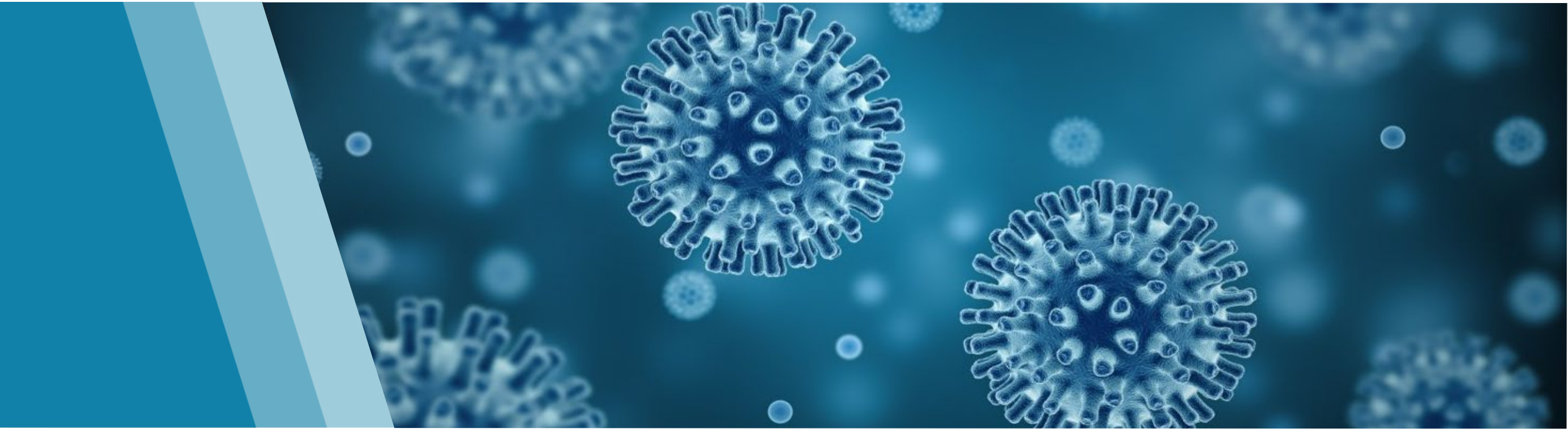


Outlook for Ontario's 2026–27 Respiratory Virus Season

- Circulation of SARS-CoV-2, influenza and RSV in the community is expected
- Based on current and past trends in Ontario:
  - COVID-19 could peak in the fall and have a second peak later
  - Influenza is most likely to peak in December or January and it is possible that H1N1 could be dominant although two consecutive seasons H3N2 dominance can happen
    - Looking back to 2011-12, excluding 2020-21 and 2021-22, the median time to peak once test positivity of 5% has been reached is 6 weeks (IQR 5-7)
  - RSV activity may peak in December
- Predicting seasonal respiratory activity based on Southern Hemisphere experience is unsupported by evidence

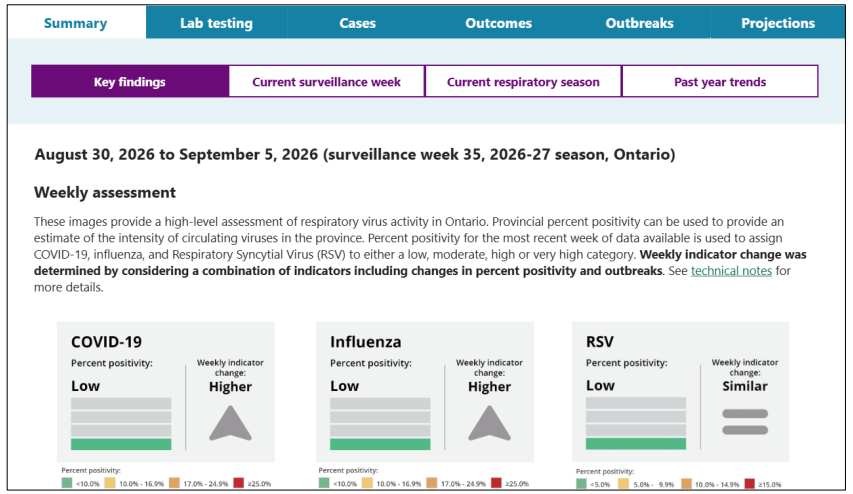
Source: Chan D, Lee L, Bancej C. Does the Australian influenza season predict the Canadian influenza season? A qualitative comparison of seasons, 2014–2020. Can Commun Dis Rep. 2023;49(11/12):494-500. Available from: https://doi.org/10.14745/ccdr.v49i1112a05

PHO’s Respiratory Virus Surveillance Resources



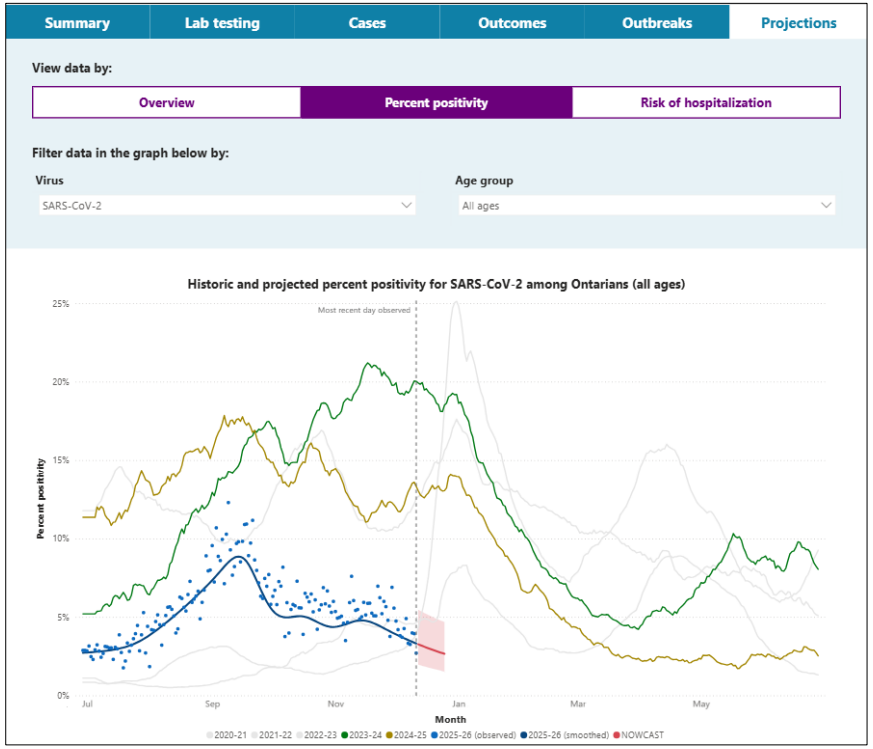
Ontario Respiratory Virus Data Tool (ORVT)

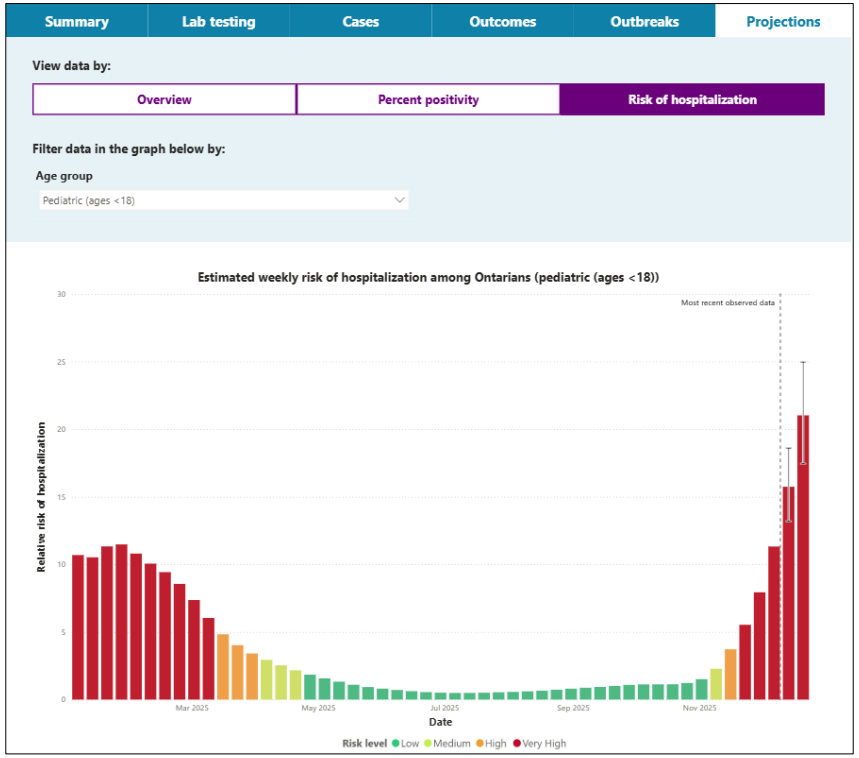
- Weekly updates to the Ontario Respiratory Virus Tool are published every Friday
- Summary tab: expanded and embedded Key Findings and added a graph of other respiratory viruses in Trends tab (now re-labelled Past year trends)
- Added RSV counts calculated from OLIS data from January 2020 onwards
- Distributed PHU maps from the Summary tab to appropriate tabs
- Updated age groups for lab testing, cases and COVID-19 deaths to better align across tabs
- Updated Technical Notes
- New Projections tab



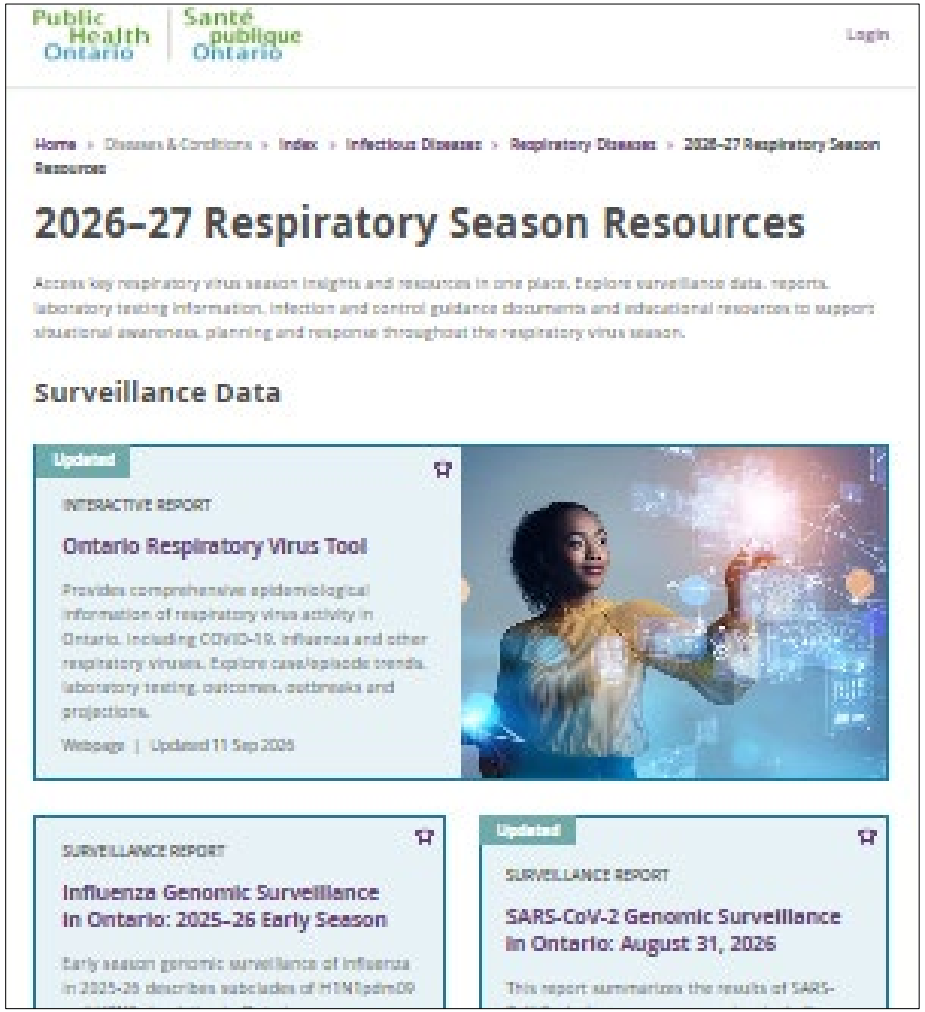
ORVT Projections Tab

- Integrates figures previously published in the Integrated Respiratory Virus Risk Indicators (IRVRI) PDF report into an interactive, filterable format
- Weekly updates available beginning in late October





Respiratory Surveillance Webpage and Reports

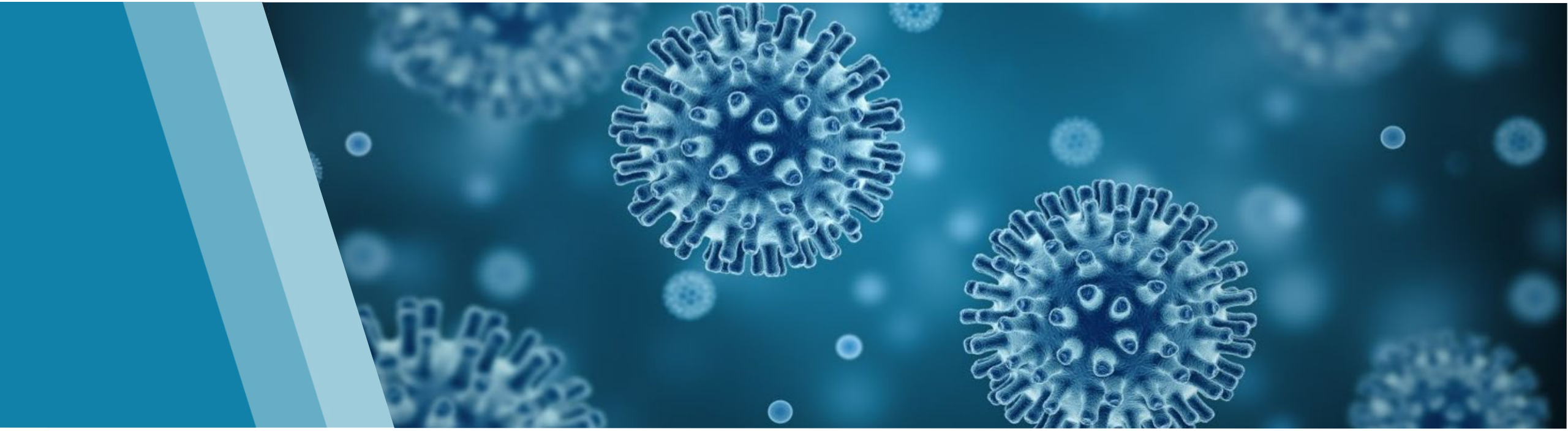


- 2026–27 Respiratory Season Resources Webpage
- SARS-CoV-2 Genomic Surveillance in Ontario
- Influenza Genomic Surveillance in Ontario
- Respiratory Syncytial Virus Genomic Surveillance

We value your feedback! If you have any feedback on any of PHO's products, please email your comments to: Communicable.DiseaseControl@oahpp.ca

Respiratory Virus Testing

2026–27 Surveillance Season



Purpose of Respiratory Virus Testing

- Accurate and rapid detection of respiratory viruses to support:
  - Early clinical intervention with targeted antiviral therapy, when indicated
  - Outbreak detection
- Inform public health response strategies, such as
  - Enhanced surveillance
  - Infection prevention and control measures
  - Chemoprophylaxis, as appropriate
- Enable the characterization of respiratory illness trends to assess disease burden and evaluate program impact.
  - Monitoring seasonal activity
  - Detection of emerging variants and novel pathogens
  - Geographic distribution by health unit

Molecular Respiratory Virus Testing at PHO: FLUVID and MRVP

FLUVID Assay
(4 targets)

- SARS-CoV-2
- Influenza A
- Influenza B
- RSV (A & B)

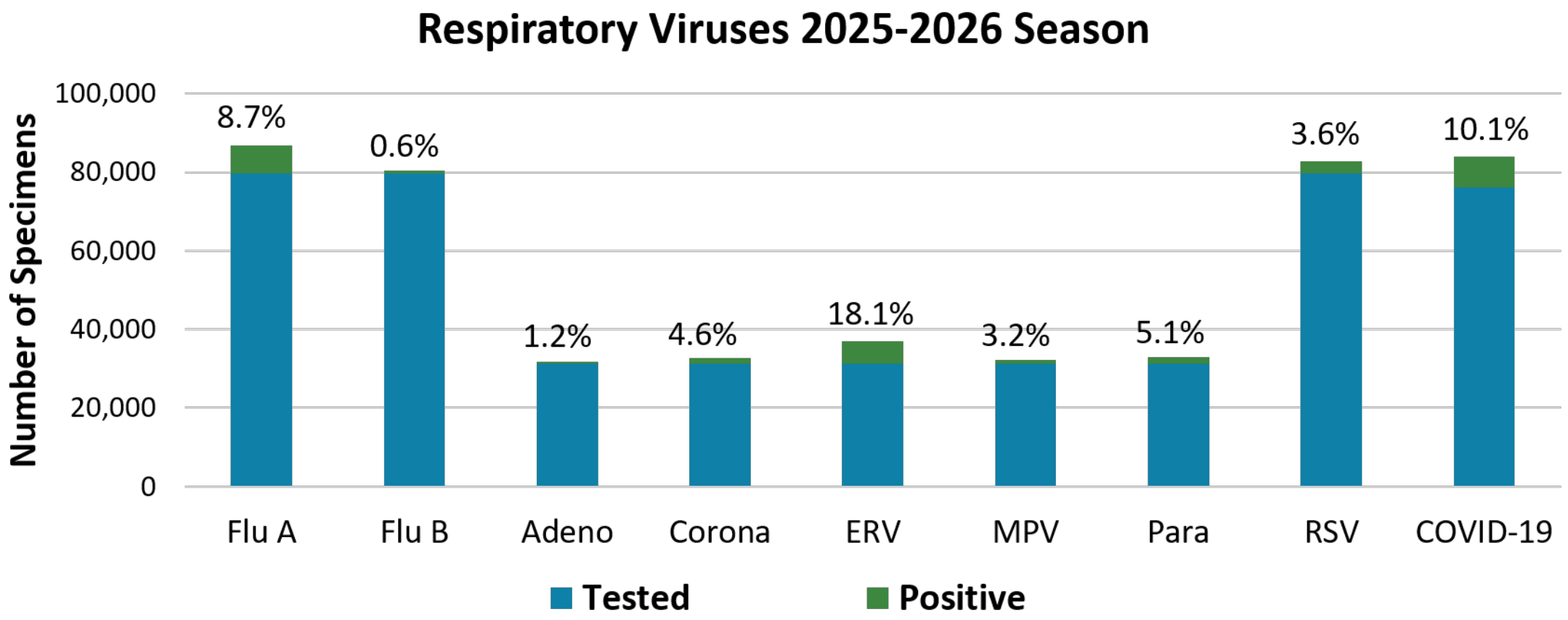
MRVP - Multiplex Respiratory Virus Panel
(12 targets)

- SARS-CoV-2
- Influenza A, including:
  - H3 (seasonal H3N2)
  - H1 (pdm09)
- Influenza B
- RSV, subgroup A & B
- Parainfluenza viruses, types 1–4
- Adenoviruses
- Enteroviruses
- Seasonal human coronaviruses
- Rhinoviruses
- Human metapneumovirus

Note: Standalone COVID-19 test requests will be tested using either FLUVID or the MRVP, according to patient eligibility criteria.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Respiratory viruses (including influenza) [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 11]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory

Respiratory Virus Testing Volume and Positivity Rates, 2025–26



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Laboratory information management system. Toronto, ON: King's Printer for Ontario; [unpublished].

Eligibility for SARS-CoV-2 Testing (COVID-19 Test to Treat)

COVID-19 symptoms **and** belong to any of the following groups:

- People aged 65 years of age 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
- Residents and patients in certain high-risk settings including hospitals and congregate living settings with medically and socially vulnerable individuals
- People in the context of suspected or confirmed outbreaks, as directed by the local public health unit

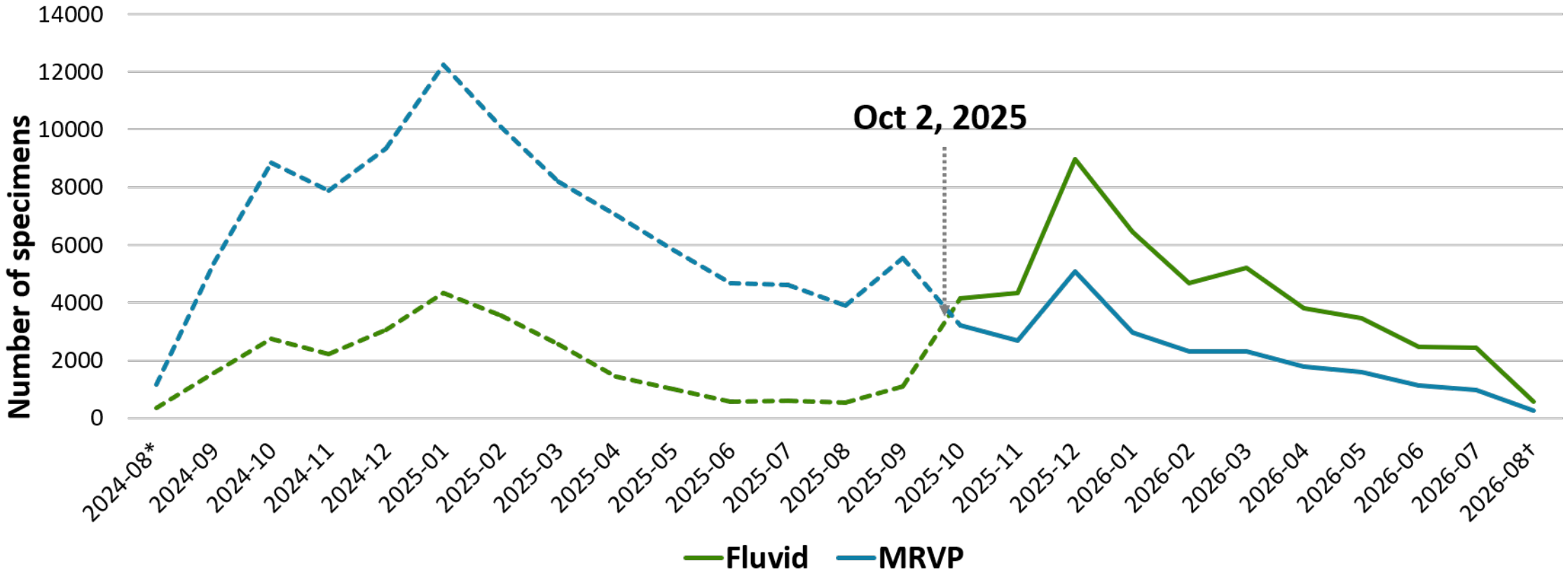
Eligibility for FLUVID Testing at PHO

- 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
- Symptomatic individuals eligible for COVID-19 testing belonging to any of the following groups:
  - People aged 65 years of age 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

Eligibility for MRVP Testing at PHO

- Hospitalized patients requiring intensive care
- Hospitalized admitted patients that are:
  - Children < 18 years of age who are at risk of complications, in the presence of community-acquired pneumonia, or
  - Immunocompromised or immunosuppressed, or
  - Pregnant
- Patients/residents who are part of a hospital or PHU-declared respiratory outbreaks in congregate living settings. (Only the first four symptomatic patients in a respiratory outbreak (subsequent patients will be tested by FLUVID)

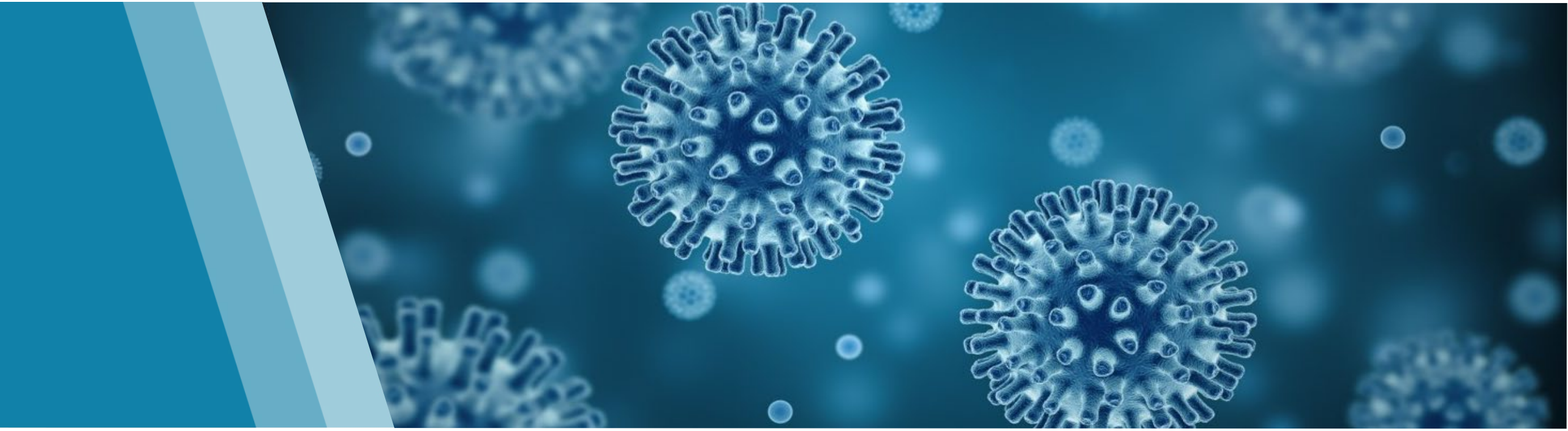
Respiratory Virus Testing After Eligibility Criteria Optimization



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Laboratory information management system. Toronto, ON: King's Printer for Ontario; [unpublished].

Respiratory Virus Testing at PHO

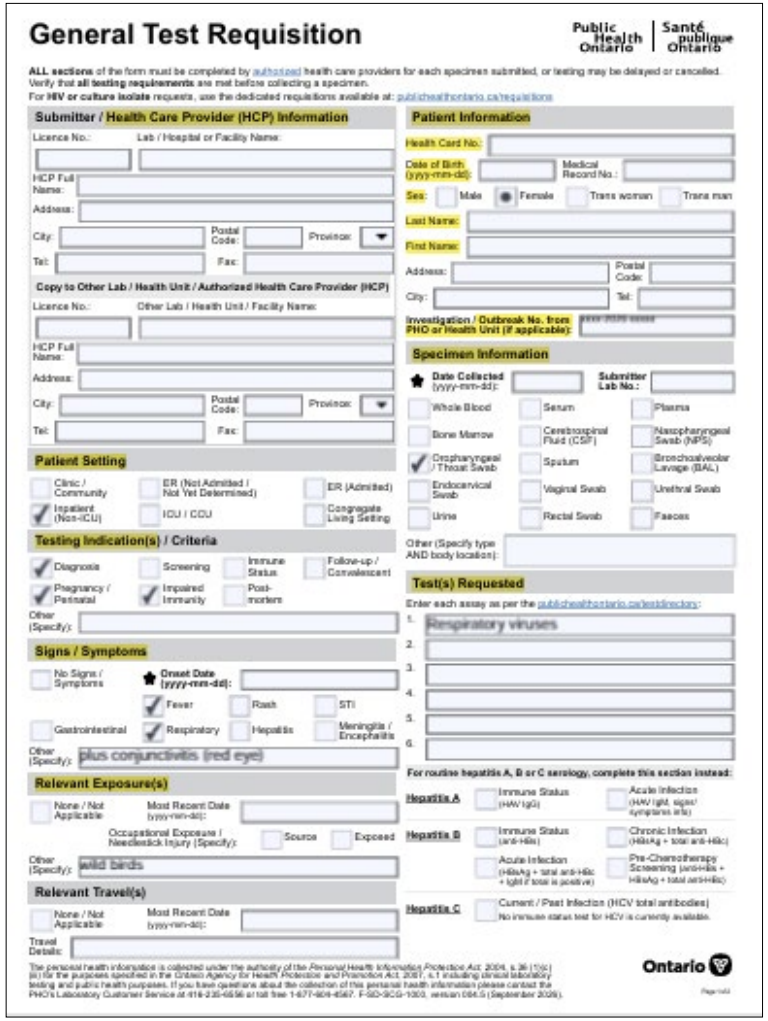
2026–27 Submission and Laboratory Guidance



General Test Requisition Requirements

- Use PHO's **General Test Requisition Form**
- Mandatory information is used for triaging specimens for the assay selection:
  - Two unique patient's identifiers (full name, DOB)
  - Patient setting (ICU, in-patient ward, LTC/NH)
  - Medical condition (immunocompromised, pregnant)
  - Valid outbreak number, not outdated (if applicable)
  - Symptoms (mandatory for both FLUVID and MRVP)

Note: No testing is offered for asymptomatic individuals


General Test Requisition

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ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled.
Verify that all testing requirements are met before collecting a specimen.
For HIV or culture isolate requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information
Licence No.: Lab / Hospital or Facility Name:
HCP Full Name:
Address:
City: Postal Code: Province:
Tel: Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)
Licence No.: Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: Postal Code: Province:
Tel: Fax:

Patient Setting
Clinic / Community
ER (Not Admitted / Not Yet Determined)
ER (Admitted)
Inpatient (Non-ICU)
ICU / CCU
Congregate Living Setting

Testing Indication(s) / Criteria
Diagnosis
Screening
Immune Status
Follow-up / Convalescent
Pregnancy / Perinatal
Impaired Immunity
Post-mortem
Other (Specify):

Signs / Symptoms
No Signs / Symptoms
Onset Date (yyyy-mm-dd):
Fever
Rash
STI
Gastrointestinal
Respiratory
Hepatitis
Meningitis / Encephalitis
Other (Specify): plus conjunctivitis (red eye)

Relevant Exposure(s)
None / Not Applicable
Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify):
Source
Exposed
Other (Specify): wild birds

Relevant Travel(s)
None / Not Applicable
Most Recent Date (yyyy-mm-dd):
Travel Details:

The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 including provincial laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SID-SCG-1303, version 004.5 (September 2026).

Patient Information
Health Card No.:
Date of Birth (yyyy-mm-dd):
Medical Record No.:
Sex: Male Female Trans woman Trans man
Last Name:
First Name:
Address:
Postal Code:
City:
Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information
Date Collected (yyyy-mm-dd):
Submitter Lab No.:
Whole Blood
Serum
Plasma
Bone Marrow
Cerebrospinal Fluid (CSF)
Nasopharyngeal Swab (NPS)
Oropharyngeal / Throat Swab
Sputum
Bronchoalveolar Lavage (BAL)
Endocervical Swab
Vaginal Swab
Urethral Swab
Urine
Rectal Swab
Faeces
Other (Specify type AND body location):

Test(s) Requested
Enter each assay as per the publichealthontario.ca/testdirectory:
1. Respiratory viruses
2.
3.
4.
5.
6.

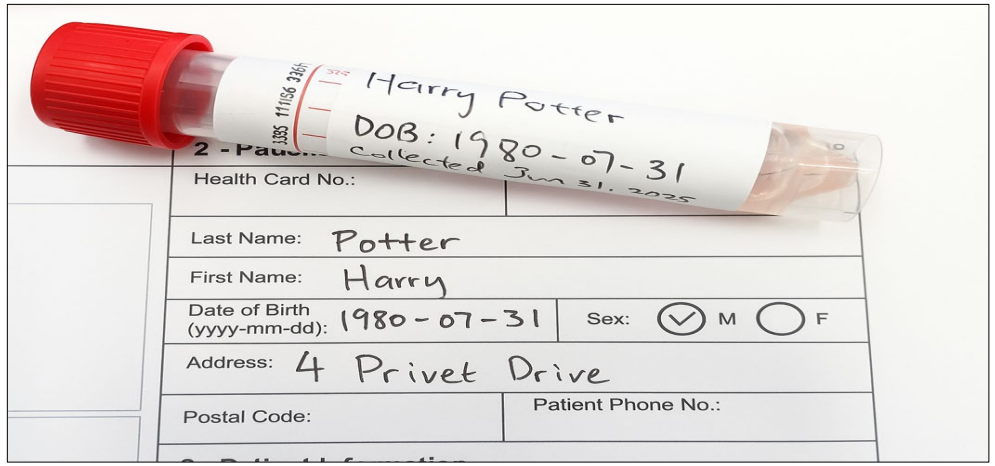
For routine hepatitis A, B or C serology, complete this section instead:
Hepatitis A: Immune Status (HAV IgG); Acute Infection (HAV IgM, signs/symptoms only)
Hepatitis B: Immune Status (anti-HBs); Chronic Infection (HBsAg + total anti-HBc); Acute Infection (HBsAg + total anti-HBc + IgM if total is positive); Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C: Current / Past Infection (HCV total antibodies); No immune status test for HCV is currently available.

Ontario

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). General test requisition [Internet]. Toronto, ON: King's Printer for Ontario; [cited 2026 Sep 11]. Available from: https://www.publichealthontario.ca/-/media/Documents/Lab/general-test-requisition.pdf

Specimen Collection Requirements

- Nasopharyngeal collection is the most sensitive specimen type for respiratory virus testing.
- **Proper labelling of specimens/collection kits:**
  1. The patient's first AND last name
  2. Date of collection
  3. One other unique identifier, such as the patient's DOB or Health Card Number
- **Specimens will be rejected if:**
  - Specimens received in expired kits or transport media tubes
  - Specimens containing multiple swabs in a single transport tube

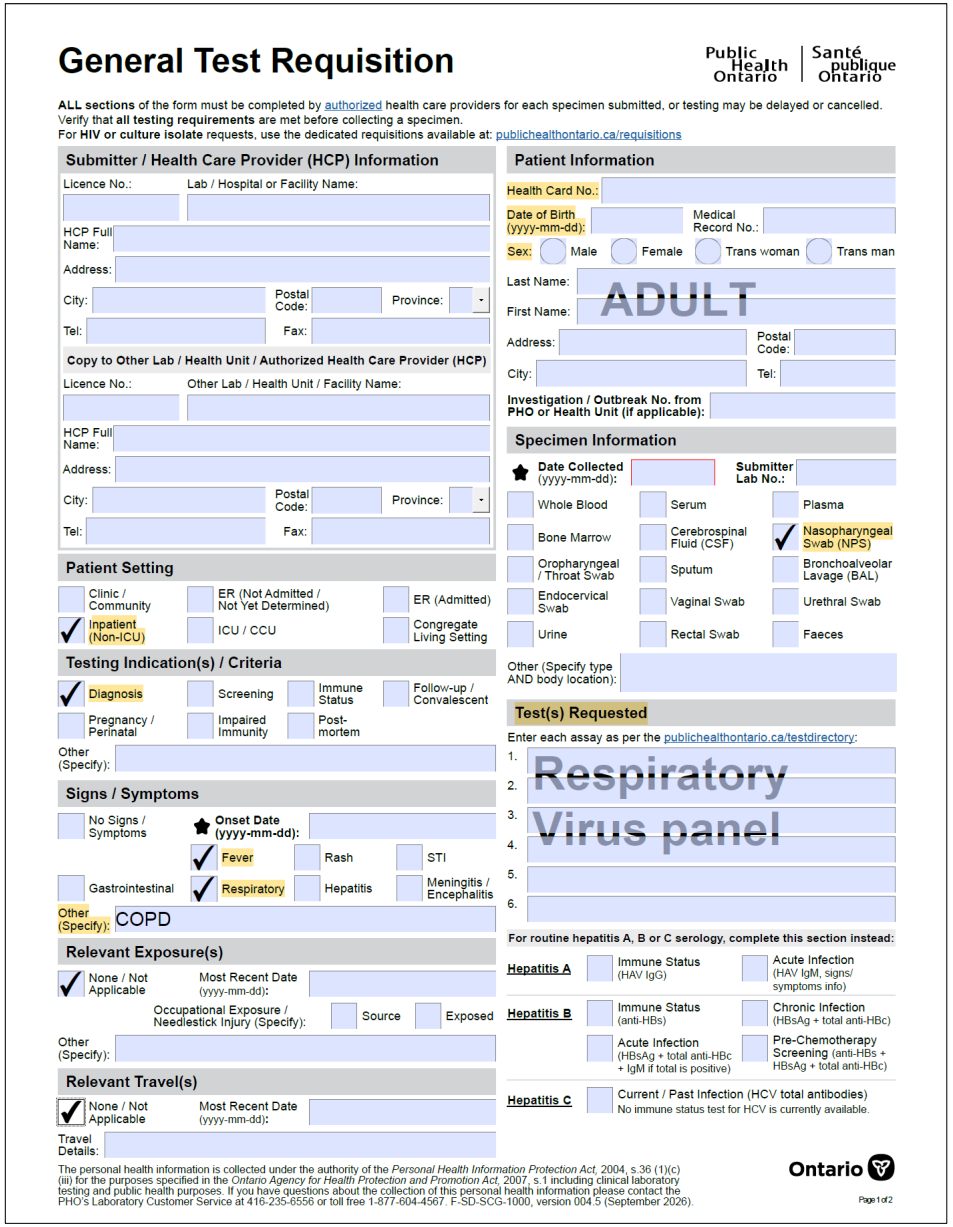


2025-26 Status	Number of Specimens	Percent
Received	91,553	100%
Tested	81,636	88.1%
Rejected/Cancelled	**10,974**	**11.9%**

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Criteria for acceptance of specimens [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2025 Sep 17]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/About-Laboratory-Services/Specimen-Acceptance-Criteria and PHO laboratory information management system

FLUVID Testing Eligibility

- 48M
- Symptoms: fever, cough, congestion, runny nose
- Comorbidities: COPD
- Setting: hospitalized (ward)
- Eligibility criteria: Symptomatic adults admitted to hospital or seen in the ER and are likely to be admitted
- Test(s) ordered: Respiratory virus
- **Test(s) performed: FLUVID**



General Test Requisition

Public Health Ontario | Santé publique Ontario

ALL sections of the form must be completed by authorized health care providers for each specimen submitted, or testing may be delayed or cancelled.
Verify that **all testing requirements** are met before collecting a specimen.
For **HIV or culture isolate** requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information

Licence No.: | Lab / Hospital or Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: | Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Patient Setting

☐ Clinic / Community ☐ ER (Not Admitted / Not Yet Determined) ☐ ER (Admitted)
☑ Inpatient (Non-ICU) ☐ ICU / CCU ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☑ Diagnosis ☐ Screening ☐ Immune Status ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal ☐ Impaired Immunity ☐ Post-mortem
Other (Specify):

Signs / Symptoms

☐ No Signs / Symptoms ★ Onset Date (yyyy-mm-dd):
☑ Fever ☐ Rash ☐ STI
☐ Gastrointestinal ☑ Respiratory ☐ Hepatitis ☐ Meningitis / Encephalitis
Other (Specify): COPD

Relevant Exposure(s)

☑ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)

☑ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information

Health Card No.:
Date of Birth (yyyy-mm-dd): | Medical Record No.:
Sex: ◯ Male ◯ Female ◯ Trans woman ◯ Trans man
Last Name: ADULT
First Name:
Address: | Postal Code:
City: | Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ Date Collected (yyyy-mm-dd): | Submitter Lab No.:

☐ Whole Blood ☐ Serum ☐ Plasma
☐ Bone Marrow ☐ Cerebrospinal Fluid (CSF) ☑ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab ☐ Sputum ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab ☐ Vaginal Swab ☐ Urethral Swab
☐ Urine ☐ Rectal Swab ☐ Faeces

Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. Respiratory
2. Virus panel
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A	☐ Immune Status (HAV IgG)	☐ Acute Infection (HAV IgM, signs/ symptoms info)
Hepatitis B	☐ Immune Status (anti-HBs)	☐ Chronic Infection (HBsAg + total anti-HBc)
	☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive)	☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C	☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.	

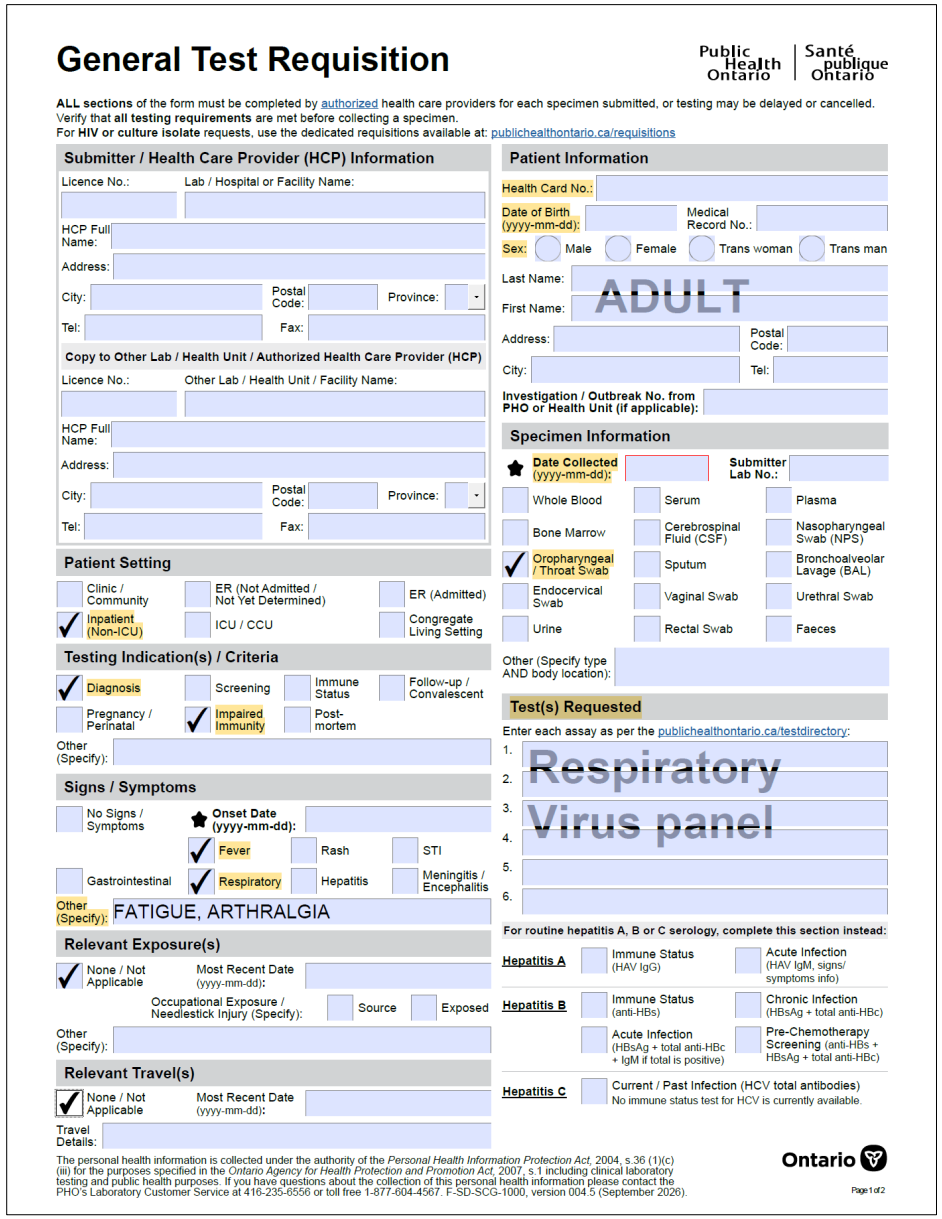
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Ontario

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MRVP Testing Eligibility (1 of 2)

- 59F
- Symptoms: fever, cough, fatigue, arthralgia
- Comorbidities: Renal transplant
- Setting: hospitalized
- Eligibility criteria: Hospitalized symptomatic Immunocompromised patients
- Test(s) ordered: Respiratory viruses including COVID-19
- **Test(s) performed: expanded MRVP**



General Test Requisition

Public Health Ontario | Santé publique Ontario

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Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)

Licence No.: | Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Patient Setting

☐ Clinic / Community ☐ ER (Not Admitted / Not Yet Determined) ☐ ER (Admitted)
☑ Inpatient (Non-ICU) ☐ ICU / CCU ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☑ Diagnosis ☐ Screening ☐ Immune Status ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal ☑ Impaired Immunity ☐ Post-mortem
Other (Specify):

Signs / Symptoms

☐ No Signs / Symptoms ★ Onset Date (yyyy-mm-dd):
☑ Fever ☐ Rash ☐ STI
☐ Gastrointestinal ☑ Respiratory ☐ Hepatitis ☐ Meningitis / Encephalitis
Other (Specify): FATIGUE, ARTHRALGIA

Relevant Exposure(s)

☑ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)

☑ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information

Health Card No.:
Date of Birth (yyyy-mm-dd): | Medical Record No.:
Sex: ○ Male ○ Female ○ Trans woman ○ Trans man
Last Name: ADULT
First Name:
Address: | Postal Code:
City: | Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ Date Collected (yyyy-mm-dd): | Submitter Lab No.:

☐ Whole Blood ☐ Serum ☐ Plasma
☐ Bone Marrow ☐ Cerebrospinal Fluid (CSF) ☐ Nasopharyngeal Swab (NPS)
☑ Oropharyngeal / Throat Swab ☐ Sputum ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab ☐ Vaginal Swab ☐ Urethral Swab
☐ Urine ☐ Rectal Swab ☐ Faeces

Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:

1. Respiratory
2. Virus panel
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

Hepatitis A: ☐ Immune Status (HAV IgG) ☐ Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B: ☐ Immune Status (anti-HBs) ☐ Chronic Infection (HBsAg + total anti-HBc) ☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C: ☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

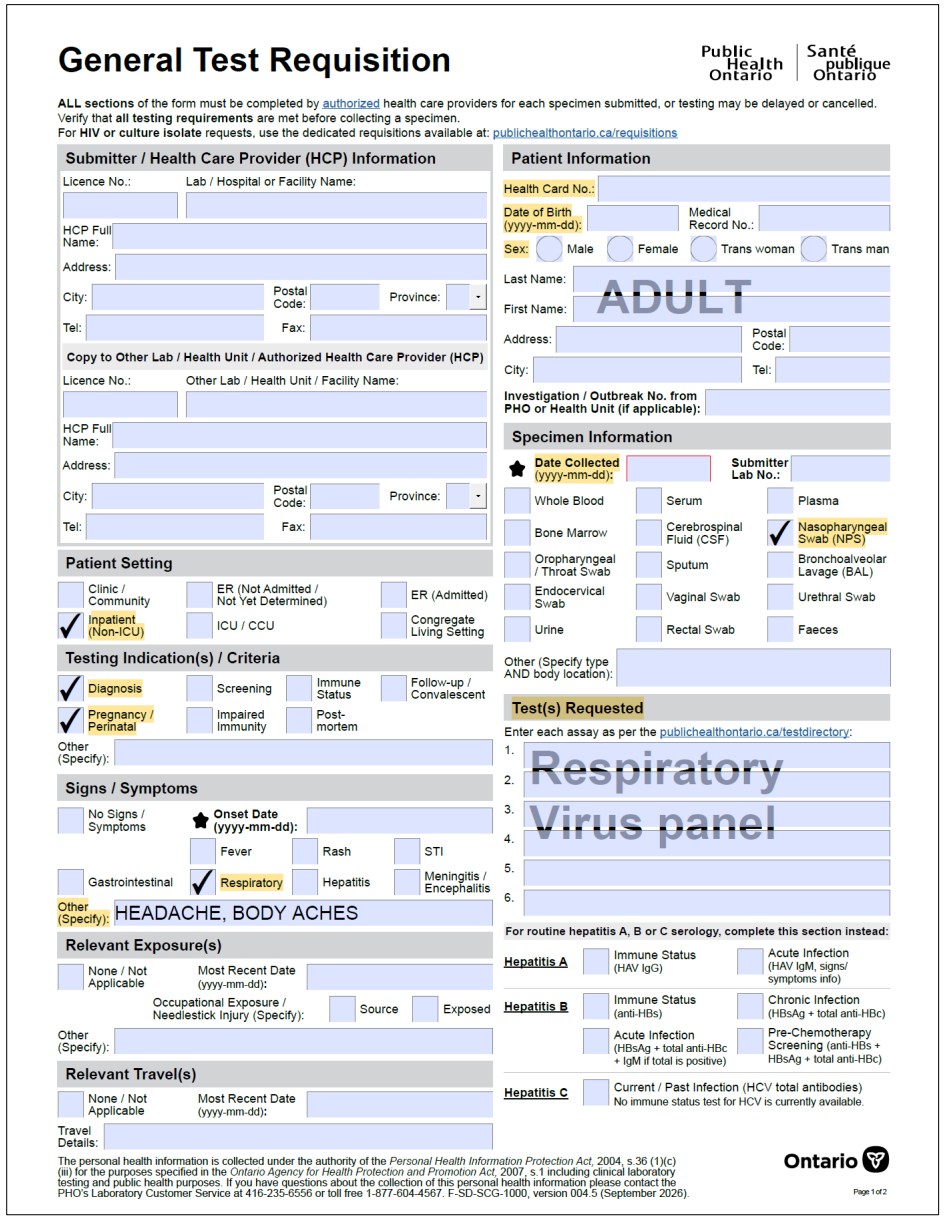
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MRVP Testing Eligibility (2 of 2)

- 24F (GA 35 wk. pregnant)
- Symptoms: congestion, headache, body aches
- Comorbidities: None
- Setting: In-patient
- Eligibility criteria: Hospitalized pregnant symptomatic patients
- Test(s) ordered: Respiratory viruses including COVID-19
- **Test(s) performed: expanded MRVP**



General Test Requisition

Public Health Ontario | Santé publique Ontario

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Licence No.: | Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: | Postal Code: | Province:
Tel: | Fax:

Patient Setting

☐ Clinic / Community ☐ ER (Not Admitted / Not Yet Determined) ☐ ER (Admitted)
☑ Inpatient (Non-ICU) ☐ ICU / CCU ☐ Congregate Living Setting

Testing Indication(s) / Criteria

☑ Diagnosis ☐ Screening ☐ Immune Status ☐ Follow-up / Convalescent
☑ Pregnancy / Perinatal ☐ Impaired Immunity ☐ Post-mortem
Other (Specify):

Signs / Symptoms

☐ No Signs / Symptoms ★ **Onset Date (yyyy-mm-dd):**
☐ Fever ☐ Rash ☐ STI
☐ Gastrointestinal ☑ Respiratory ☐ Hepatitis ☐ Meningitis / Encephalitis
Other (Specify): HEADACHE, BODY ACHES

Relevant Exposure(s)

☐ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)

☐ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information

Health Card No.:
Date of Birth (yyyy-mm-dd): | Medical Record No.:
Sex: ☐ Male ☐ Female ☐ Trans woman ☐ Trans man
Last Name: ADULT
First Name:
Address: | Postal Code:
City: | Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Specimen Information

★ **Date Collected (yyyy-mm-dd):** | **Submitter Lab No.:**

☐ Whole Blood ☐ Serum ☐ Plasma
☐ Bone Marrow ☐ Cerebrospinal Fluid (CSF) ☑ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab ☐ Sputum ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab ☐ Vaginal Swab ☐ Urethral Swab
☐ Urine ☐ Rectal Swab ☐ Faeces
Other (Specify type AND body location):

Test(s) Requested

Enter each assay as per the publichealthontario.ca/testdirectory:
1. Respiratory Virus panel
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:

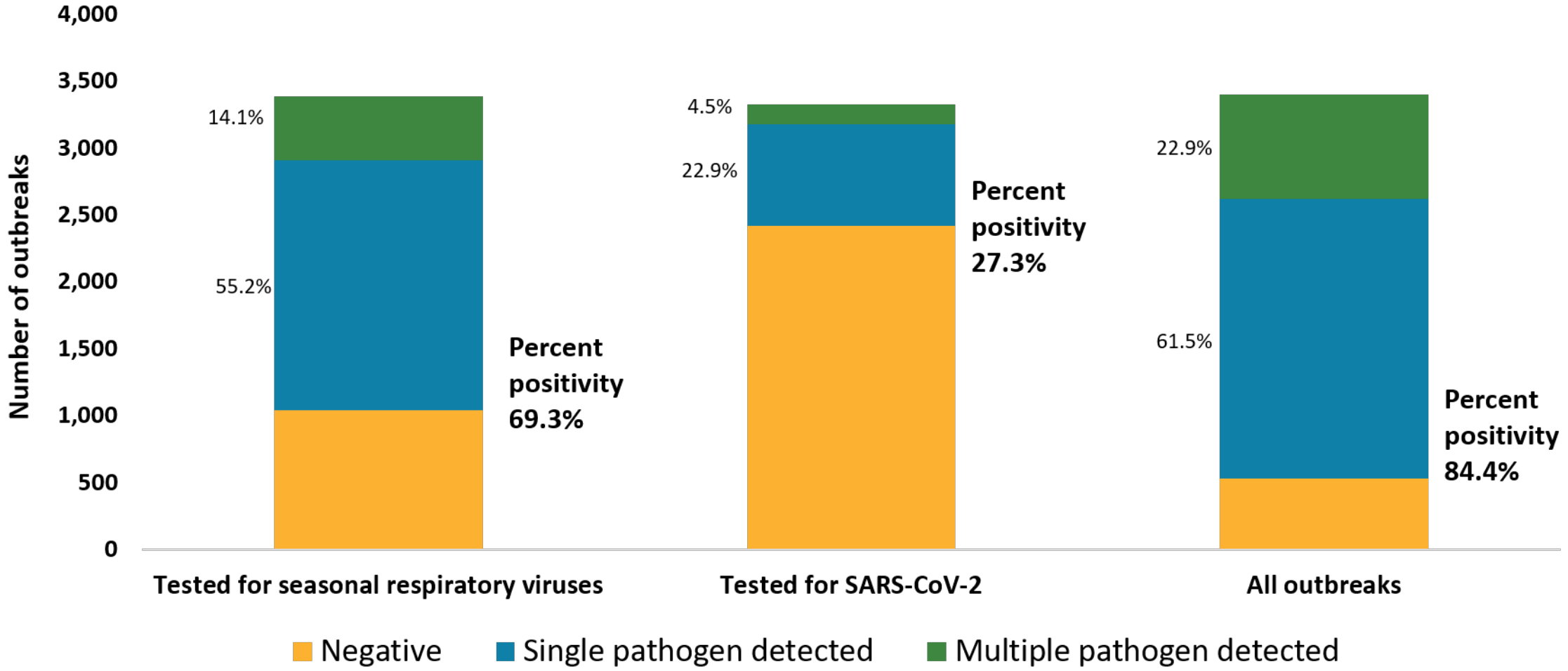
Hepatitis A ☐ Immune Status (HAV IgG) ☐ Acute Infection (HAV IgM, signs/ symptoms info)
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☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C ☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

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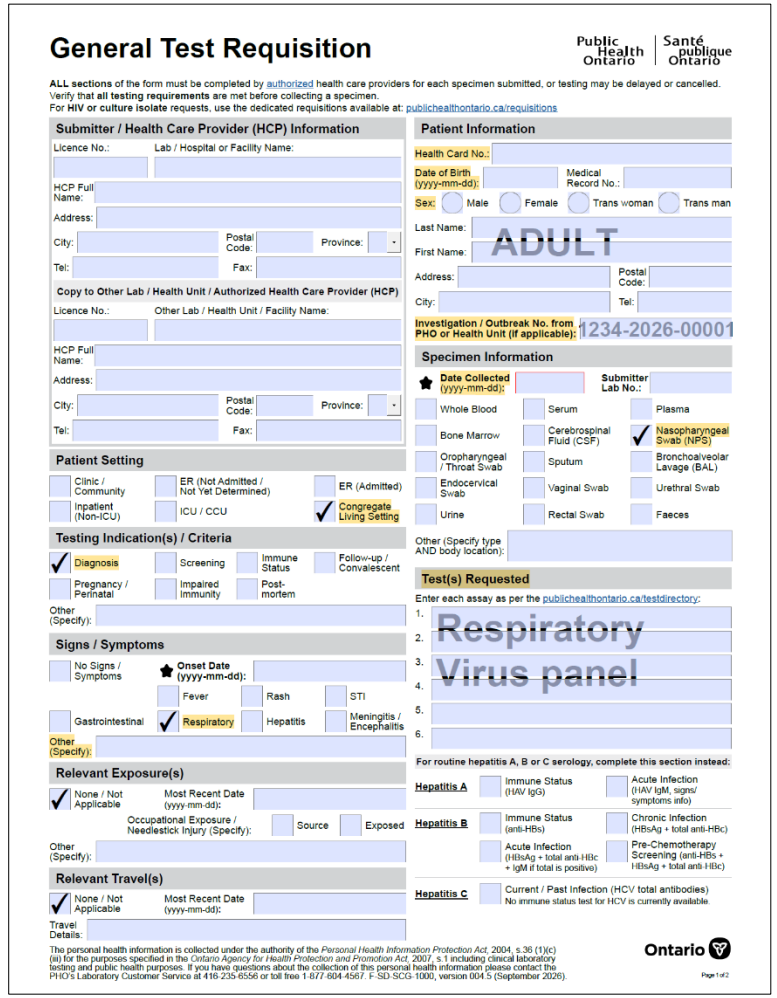
Respiratory Outbreak Testing Volumes and Positivity in 2025–26



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Laboratory information management system. Toronto, ON: King's Printer for Ontario; [unpublished].

Testing Algorithm for Respiratory Outbreaks

- The first four specimens from symptomatic individuals associated with an outbreak are eligible for MRVP and SARS-CoV-2 testing (expanded MRVP)
- Symptomatic patient/resident beyond the 4th specimen from an outbreak setting are eligible for FLUVID testing
- Rapid influenza antigen testing is performed on the first four outbreak specimens, **only** in non molecular PHO testing locations (if applicable)
- To request additional testing in an outbreak setting, contact PHO Customer Service Centre at 416-235-6556 or 1-877-604-4567 (toll-free)



General Test Requisition

Public Health Ontario | Santé publique Ontario

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Verify that all testing requirements are met before collecting a specimen.
For HIV or culture isolate requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

Submitter / Health Care Provider (HCP) Information
Licence No.: Lab / Hospital or Facility Name:
HCP Full Name:
Address:
City: Postal Code: Province:
Tel: Fax:
Copy to Other Lab / Health Unit / Authorized Health Care Provider (HCP)
Licence No.: Other Lab / Health Unit / Facility Name:
HCP Full Name:
Address:
City: Postal Code: Province:
Tel: Fax:

Patient Setting
☐ Clinic / Community ☐ ER (Not Admitted / Not Yet Determined) ☐ ER (Admitted)
☐ Inpatient (Non-ICU) ☐ ICU / CCU ☑ Congregate Living Setting

Testing Indication(s) / Criteria
☑ Diagnosis ☐ Screening ☐ Immune Status ☐ Follow-up / Convalescent
☐ Pregnancy / Perinatal ☐ Impaired Immunity ☐ Post-mortem
Other (Specify):

Signs / Symptoms
☐ No Signs / Symptoms ★ Onset Date (yyyy-mm-dd):
☐ Fever ☐ Rash ☐ STI
☐ Gastrointestinal ☑ Respiratory ☐ Hepatitis ☐ Meningitis / Encephalitis
Other (Specify):

Relevant Exposure(s)
☑ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Occupational Exposure / Needlestick Injury (Specify): ☐ Source ☐ Exposed
Other (Specify):

Relevant Travel(s)
☑ None / Not Applicable Most Recent Date (yyyy-mm-dd):
Travel Details:

Patient Information
Health Card No.:
Date of Birth (yyyy-mm-dd): Medical Record No.:
Sex: ☐ Male ☐ Female ☐ Trans woman ☐ Trans man
Last Name: ADULT
First Name:
Address: Postal Code:
City: Tel:
Investigation / Outbreak No. from PHO or Health Unit (if applicable): 1234-2026-00001

Specimen Information
★ Date Collected (yyyy-mm-dd): Submitter Lab No.:
☐ Whole Blood ☐ Serum ☐ Plasma
☐ Bone Marrow ☐ Cerebrospinal Fluid (CSF) ☑ Nasopharyngeal Swab (NPS)
☐ Oropharyngeal / Throat Swab ☐ Sputum ☐ Bronchoalveolar Lavage (BAL)
☐ Endocervical Swab ☐ Vaginal Swab ☐ Urethral Swab
☐ Urine ☐ Rectal Swab ☐ Faeces
Other (Specify type AND body location):

Test(s) Requested
Enter each assay as per the publichealthontario.ca/testdirectory:
1. Respiratory Virus panel
2.
3.
4.
5.
6.

For routine hepatitis A, B or C serology, complete this section instead:
Hepatitis A ☐ Immune Status (HAV IgG) ☐ Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B ☐ Immune Status (anti-HBs) ☐ Chronic Infection (HBsAg + total anti-HBc)
☐ Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) ☐ Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C ☐ Current / Past Infection (HCV total antibodies) No immune status test for HCV is currently available.

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Page 1 of 2

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Coronavirus disease 2019 (COVID-19) – PCR test information index [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Sep 9]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Covid-19

PHO Laboratory Sites Offering Respiratory Virus Testing

PHO Testing Site	FLUVID	MRVP	Rapid Flu	Business Days
Toronto	Year Round	Year Round	n/a	Monday-Sunday
Kingston, London, Ottawa, Timmins	Year Round	Year Round	n/a	Monday-Saturday
Hamilton, Thunder Bay	Year Round	Year Round	n/a	Monday-Friday
Orillia, Peterborough, Sudbury Sault Ste. Marie	n/a	n/a	Sept - May	Monday-Friday

Important Notes:

- **Rapid Flu (Direct Antigen Test for Influenza)** is performed only on the first four outbreak-related specimens, if molecular testing cannot be initiated within 24 hours of receipt by PHO.
- **Business Days:** Saturday cut-off for same day testing is 11:00 am. Samples received after 11:00 am will be tested on the next available run.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Respiratory viruses (including influenza) [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 11]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory

Test Frequency and Turnaround Time (TAT)

- FLUVID testing is performed seven days a week at PHO laboratory
  - In lab TAT is within 72 hours from receipt at a PHO laboratory
  - Majority are reported < 48 hr from receipt at PHO molecular testing site
- The TAT for MRVP testing is up to 96 hours
- TAT may vary according to geographical location and proximity to a PHO testing laboratory
- The TAT for influenza rapid testing is within one day after sample receipt at PHO's laboratory site

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Test information index: respiratory viruses (including influenza) [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Sep 17]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory

Other Respiratory Virus Testing at PHO

- Avian influenza, novel influenza, and Flu A subtyping
- Antiviral resistance in influenza
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- Enterovirus D68

Note: Use the General Test Requisition Form to order the assays

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Test information index [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 Sep 27]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index

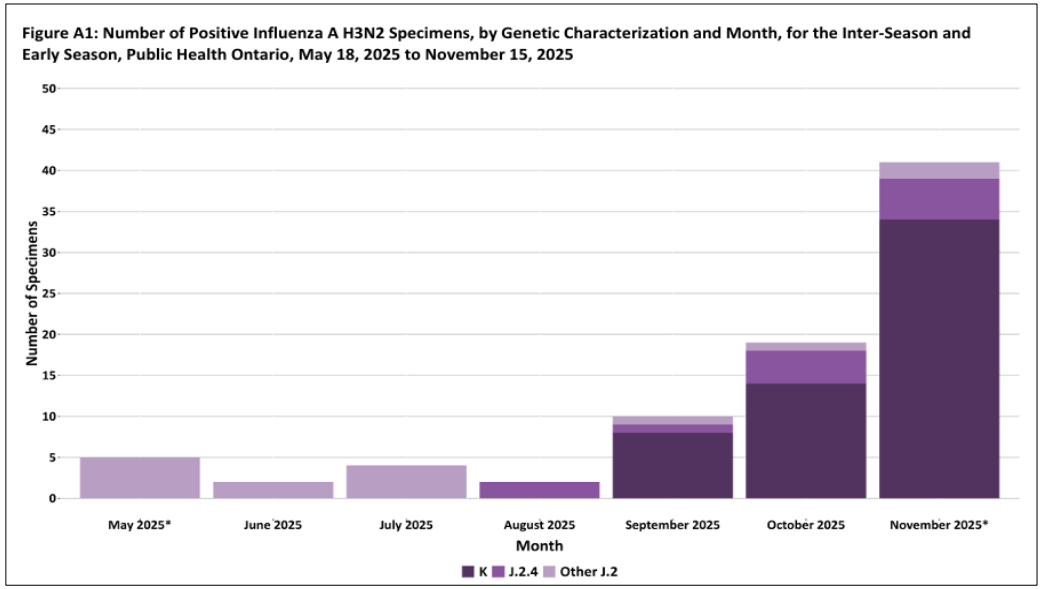
Influenza A Subtyping Criteria for the 2026–27 Season

- Specimens that cannot be subtyped by the primary testing laboratory using current commercial or lab developed PCR assays (non-H3/non-H1 specimens)
- Specimens from cases of suspected animal-to-human transmission of influenza A virus
- Specimens positive for Influenza A from a health unit declared outbreak that could not be subtyped by other means such as the Multiplex Respiratory Virus PCR. One specimen with high viral load will be subtyped.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Avian influenza and influenza A subtyping – real-time PCR [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2026 Sep 11]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Avian-Influenza-Subtyping-RT-PCR

Enhanced Influenza Surveillance and Genomic Analysis

- Essential for early identification of highly pathogenic avian influenza H5N1 and/or novel influenza strains
- Antigenic characterization and antiviral susceptibility testing for proportion of PHO specimens referred to NML
- Influenza genomic surveillance report, PHO early season and end of season reports
- Sentinel Practitioners Surveillance Network (SPSN) offers annual estimation of influenza and COVID-19 vaccine effectiveness



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Influenza genomic surveillance in Ontario: 2025–26 early season [Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2026 Sep 11]. Available from: https://www.publichealthontario.ca/-/media/Documents/I/24/influenza-genomic-surveillance-ontario.pdf

Influenza Antiviral Susceptibility Testing

- Influenza developing after initiation and/or completion of influenza antiviral prophylaxis (e.g., oseltamivir).
- Severely ill patients such as those admitted to an ICU with laboratory-confirmed influenza not responding to influenza antiviral therapy.
- Fatalities in patients with laboratory-confirmed influenza being treated with influenza antiviral therapy
- Patients who are not responding to full course of antiviral therapy
- Immunocompromised patients not responding to influenza antiviral therapy being at greater risk for more severe disease, persistent viral shedding and development of antiviral resistance
- Positive test for influenza A in a person who had close contact with a case with confirmed decreased susceptibility or a traveler returning from an area where resistant strain is circulating
- **Oseltamivir resistance PCR screen for H275Y mutation from H1N1pdm09 strain is available at PHO if it meets the criteria**

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Respiratory viruses (including influenza) [Internet]. Toronto, ON: King's Printer for Ontario; 2026 [cited 2026 Sep 11]. Available from: https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory

Influenza Antiviral Resistance in Canada, 2025–26

Antiviral		Total number of viruses	A(H1N1)	A(H3N2)	Influenza B
Oseltamavir	**Number of viruses tested**	**1420**	**274**	**787**	**359**
	Number of viruses sensitive	1419	273	787	359
	Number of viruses with reduced susceptibility	1	1	0	0
Zanamivir	**Number of viruses tested**	**1421**	**274**	**788**	**359**
	Number of viruses sensitive	1420	273	788	359
	Number of viruses with reduced susceptibility	1	1	0	0

Source: Health Infobase. Canadian respiratory virus surveillance report: influenza [Internet]. Ottawa, ON: Government of Canada; 2026 [cited 2026 Sep 11]. Available from: https://health-infobase.canada.ca/respiratory-virus-surveillance/influenza.html?utm=undefined&wbdisable=true#antiviralRes

PHO’s Respiratory Virus Resources Summary

- 2026–27 Respiratory Season Resources Webpage
- Ontario Respiratory Virus Tool
- SARS-CoV-2 Genomic Surveillance in Ontario
- Influenza Genomic Surveillance in Ontario: 2025–26 Early Season
- Respiratory Syncytial Virus Genomic Surveillance in Ontario: 2025–26
- Avian Influenza and Influenza A Subtyping test information index
- Respiratory Viruses (including influenza) test information index
- Coronavirus Disease 2019 (COVID-19) – PCR test information index
- General Test Requisition Form
- Criteria for Acceptance of Specimens

Acknowledgements

- Public Health Ontario
  - Communicable Disease Control
  - Microbiology and Laboratory Services
  - Laboratory Surveillance and Data Management
- Public Health Units
- Ministry of Health
- Ontario Health

For More Information About This Presentation, Contact:

Communicable Disease Control Portfolio:
Communicable.DiseaseControl@oahpp.ca

Public Health Ontario keeps Ontarians safe and healthy. Find out more at **PublicHealthOntario.ca**