

COVID-19 Integrated Epidemiology Situation Report

Week of February 20-26, 2022

Purpose

This report provides COVID-19 surveillance information at the provincial and COVID-19 reporting zone levels on a weekly basis. Surveillance information is used for a variety of public health purposes including public communications and decision-making, both strategic and operational. The reporting week for most public health surveillance data runs from Sunday to Saturday and the data are analysed early the following week. The hospital census data are compiled on a Wednesday to Wednesday cycle to ensure the most up-to-date information is available.

The report provides a snapshot of key indicators for the previous week. Where appropriate, longer term comparisons are offered to provide context on the profile of COVID-19 in Saskatchewan. New information is also introduced in this report, such as sentinel surveillance. Sentinel surveillance involves the collection of information about respiratory illness from a variety of sites across the province. For example, analysis of visits to emergency departments for COVID-like illness provides information about community transmission of respiratory illnesses in the province.

Highlights for the week

- 7,833 laboratory tests were performed in Saskatchewan (SK) reflecting 6.5 tests performed per 1,000 population.
- The number of tests was about 86% of the number of tests in the previous week (9,142).
- Just over one in eight of laboratory tests were positive (weekly test positivity of 13.6%).
- Test positivity was slightly lower than test positivity in the previous week (14.4%).
- 1,102 new cases were confirmed reflecting about 0.9 laboratory-confirmed cases per 1,000 population.
- The number of new laboratory-confirmed cases was over three-quarters of the number of new cases in the previous week (1,407).
- There were 506 new lineage results reported this week. Of the 506 variants of concern (VOCs) identified by whole genome sequencing, 100% were Omicron.
- Based on data recorded in Panorama, the public health database, there were 44 newly reported COVID-19 deaths, which is 19% higher than the number reported in the previous week (37).
- There were 39.5 COVID-like illness patients (CLI) per 1,000 emergency department (ED) visits which is similar to the average weekly rate in the previous six weeks (44.0/week/1000 visits).
- Eleven (11) confirmed COVID-19 outbreaks in long-term care and care home settings were reported this week.
- As of February 26, of the population five years and older, 85.5% received at least one dose of a two-dose COVID-19 vaccine and 80.3% completed a series.
- Among the population 18 years and older, 50.7% had received at least one booster vaccination.

Weekly COVID-19 Hospitalization Indicators: February 23, 2022 as compared to March 2, 2022

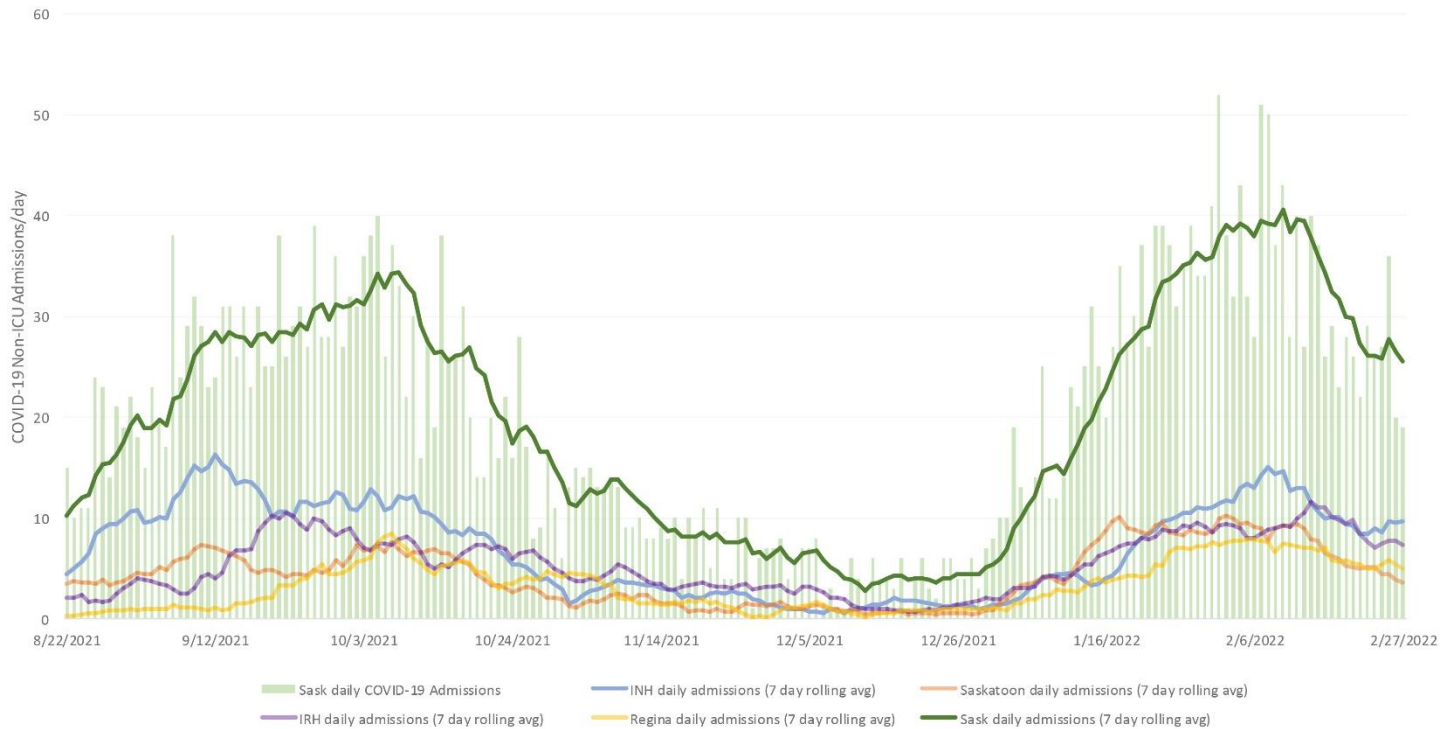
	23-Feb	2-Mar	Change from last reporting period
Total COVID Hospitalized	372	353	-19
Total COVID Adult ICU/ICU Surge	27	30	+3
Average Daily Admissions over past 7 days	26.1	24.7	-1.4
Total COVID Related Illness	149	151	+2
Total Incidental COVID Infection	204	183	-21
Total Undetermined	19	19	0

All data is reflective of the 12:00pm (noon) snapshot with the exception of the average daily admissions over past 7 days, which is reflective of the previous Wednesday to Tuesday reporting cycle.

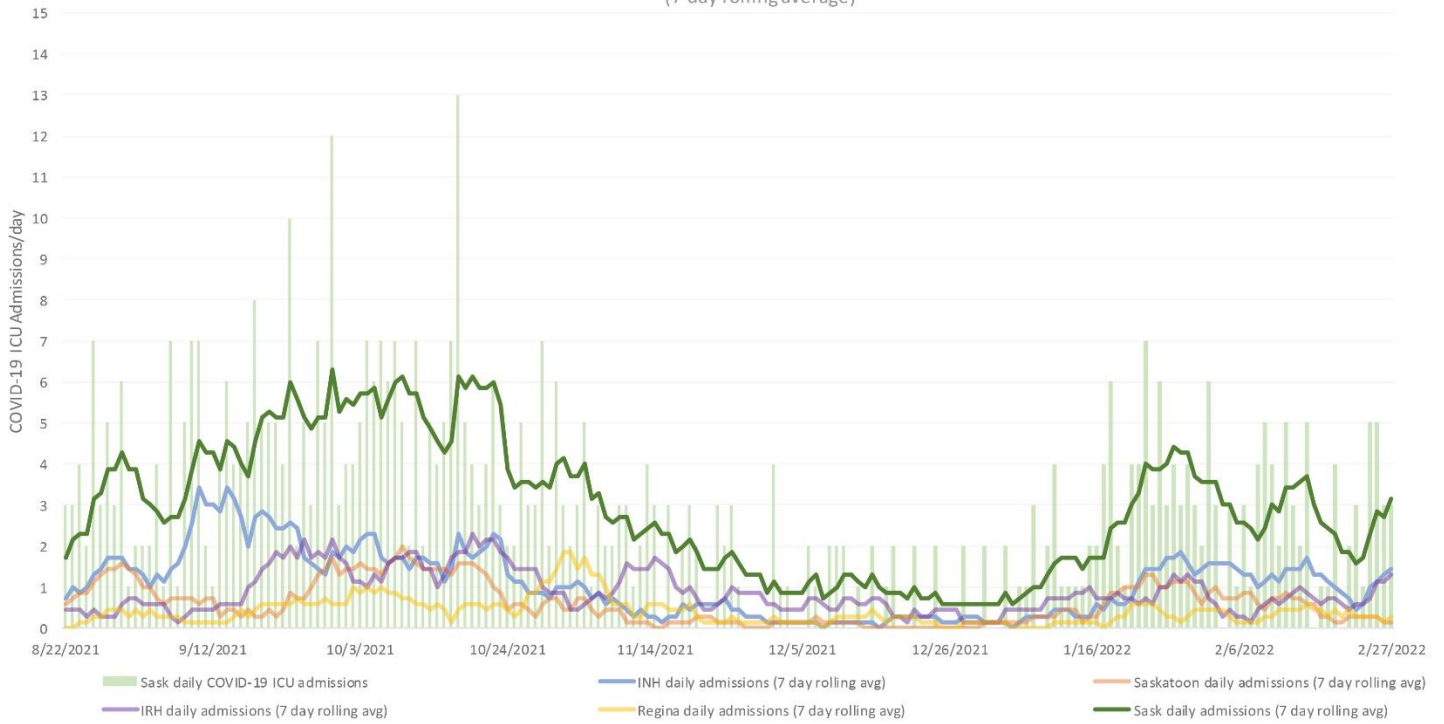
Note: Because of the delay in date tested result, it affects the total number of COVID-19 admissions for a particular day. This lag in data impacts mostly the last couple of days from the day the report is updated.

COVID-19 Hospital Admissions per day

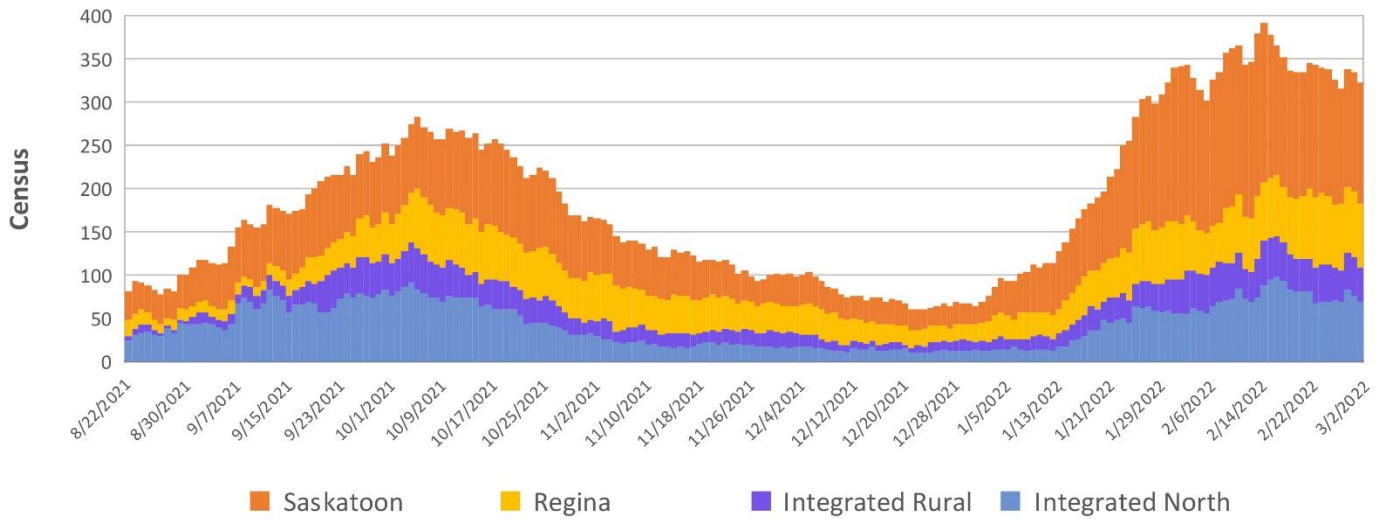
(7 day rolling average)



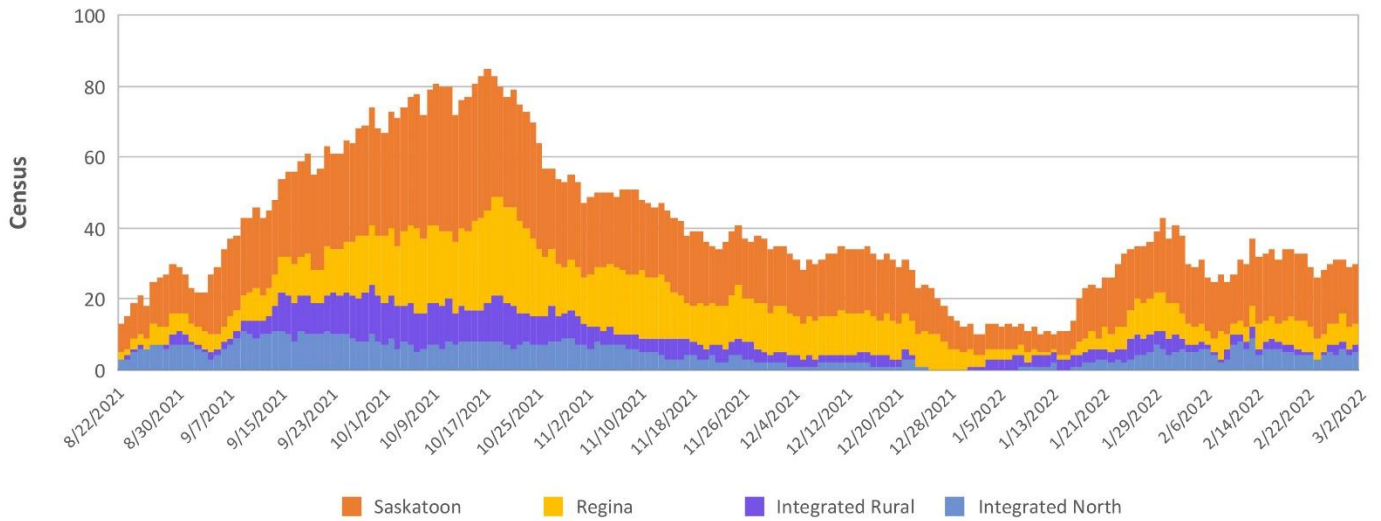
COVID-19 ICU Admissions per day (7 day rolling average)



COVID-19 Daily Census - Noon Snapshot For Inpatient



COVID-19 Daily Census - Noon Snapshot For ICU



Rapid Antigen Test Distribution as of March 1, 2022

Sector	SPSA	SHA	Sector Totals
SHA Internal		4,210,693	4,210,693
NITHA/ISC	1,753,315	433,720	2,187,035
Schools	994,175	1,390,000	2,384,175
Congregate Living	199,110	417,252	616,362
Law Enforcement & Fire Depts.	148,500	37,440	185,940
EMS		15,615	15,615
Test to Protect & Unclassified		291,150	291,150
Public Distribution Centres	7,111,165	1,372,660	8,483,825
Total Tests:	10,206,265	8,168,530	18,374,795

- There are currently 655 public distribution centres in the province. The full list is available at <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/testing-information/rapid-testing/locations-for-rapid-antigen-self-test-kits>

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A. Laboratory Surveillance

Overview of COVID-19 Laboratory Tests

Table 1: Summary of COVID-19 laboratory tests for the week of February 20 to 26, 2022, by zone

Zone	Current Week (February 20 to 26, 2022)			Previous Week (February 13 to 19, 2022)			Change from Previous Week	
	Total Number of Tests Performed	% Tested Positive	Tests performed per 1,000 population	Total Number of Tests Performed	% Tested Positive	Tests performed per 1,000 population	Test Positivity	Tests performed per 1,000 population
FNW	143	14.0%	4.8	232	20.3%	7.8	↓ -6.3	↓ -3.0
FNC	9	11.1%	3.4	3	0.0%	1.1	↑ 11.1	↑ 2.3
FNE	63	12.7%	2.6	79	27.8%	3.3	↓ -15.1	↓ -0.7
NW	385	9.9%	4.7	438	11.6%	5.3	↓ -1.7	↓ -0.6
NC	331	21.5%	3.7	410	19.8%	4.6	↑ 1.7	↓ -0.9
NE	167	17.4%	4.0	197	15.2%	4.7	↑ 2.2	↓ -0.7
ST	1,421	10.4%	4.2	1,525	11.3%	4.5	↓ -0.9	↓ -0.3
CW	145	21.4%	3.9	136	19.9%	3.7	↑ 1.5	↑ 0.2
CE	498	17.3%	5.1	604	17.9%	6.1	↓ -0.6	↓ -1.0
RE	920	18.6%	3.4	1,170	16.2%	4.3	↑ 2.4	↓ -0.9
SW	150	24.0%	3.9	195	18.5%	5.0	↑ 5.5	↓ -1.1
SC	324	16.4%	5.4	386	16.1%	6.4	↑ 0.3	↓ -1.0
SE	333	20.4%	3.7	427	22.0%	4.8	↓ -1.6	↓ -1.1
Unknown	2,944	10.5%		3,340	12.0%		↓ -1.5	
SK	7,833	13.6%	6.5	9,142	14.4%	7.6	↓ -0.8	↓ -1.1

Source: RRPL Daily Test Count Table by new zones, extracted February 28, 2022; Covered Population, 08-Jul-2021 Ministry of Health version (2021 Version 1).

For the week of February 20 to 26, 2022:

- 7,833 laboratory tests were performed in Saskatchewan.
- The number of tests per 1,000 population was 6.5. This was lower than the previous week (February 13 to 19, 2022) by 1.1 tests per 1,000 population. It was also lower than the average for the previous four weeks (January 23 to February 19, 2022) by 6.5 tests per 1,000 population where the weekly average was 13.0 tests per 1,000 population (data not shown).
- The Far South Central zone had the highest testing rate (5.4 tests per 1,000 population). The Far North East zone had the lowest testing rate (2.6 tests per 1,000 population).
- 13.6% of tests in the province were positive. This was 0.8 percentage points lower than in the previous week (February 13 to 19, 2022) and 11.3 percentage points lower than in the previous four weeks (January 23 to February 19, 2022).
- The South West zone (24.0%) had the highest test positivity. The North West zone had the lowest test positivity (9.9%).

Overview of COVID-19 Laboratory-Confirmed Cases

Table 2: Summary of new laboratory-confirmed COVID-19 cases for the week of February 20 to 26, 2022, by zone

Zone	New cases		Previous Week		Change in Cases per 1,000 from Previous Week	Weekly Rate in Previous Four Weeks		Change from Previous 4-week Rate
	Confirmed cases	Cases ¹ per 1,000	Confirmed cases	Cases ¹ per 1,000		Confirmed cases	Cases ¹ per 1,000	
FNW	27	0.9	54	1.8	↓ -0.9	66	2.2	↓ -1.3
FNC	2	0.8	2	0.8	↑ 0.0	6	2.4	↓ -1.6
FNE	9	0.4	33	1.4	↓ -1.0	72	3.0	↓ -2.6
NW	68	0.8	88	1.1	↓ -0.2	322	3.9	↓ -3.1
NC	76	0.9	105	1.2	↓ -0.3	416	4.7	↓ -3.8
NE	34	0.8	41	1.0	↓ -0.2	103	2.5	↓ -1.6
ST	191	0.6	237	0.7	↓ -0.1	1,168	3.5	↓ -2.9
CW	45	1.2	36	1.0	↑ 0.2	108	2.9	↓ -1.7
CE	100	1.0	123	1.3	↓ -0.2	346	3.5	↓ -2.5
RE	268	1.0	298	1.1	↓ -0.1	993	3.6	↓ -2.7
SW	49	1.3	49	1.3	↑ 0.0	135	3.5	↓ -2.2
SC	70	1.2	85	1.4	↓ -0.2	256	4.2	↓ -3.1
SE	85	1.0	130	1.5	↓ -0.5	340	3.8	↓ -2.9
Pending	78		126			97		
SK	1,102	0.9	1,407	1.2	↓ -0.3	4,426	3.7	↓ -2.8

Source: RRPL line list February 28, 2022.

¹ Proportion per 100,000 calculated using the Saskatchewan 2021 Covered Population, 08-Jul-2021 Ministry of Health SAS version (2021 Version 1)
Data should be interpreted with caution because they do not include cases detected by home rapid-antigen-test kits.

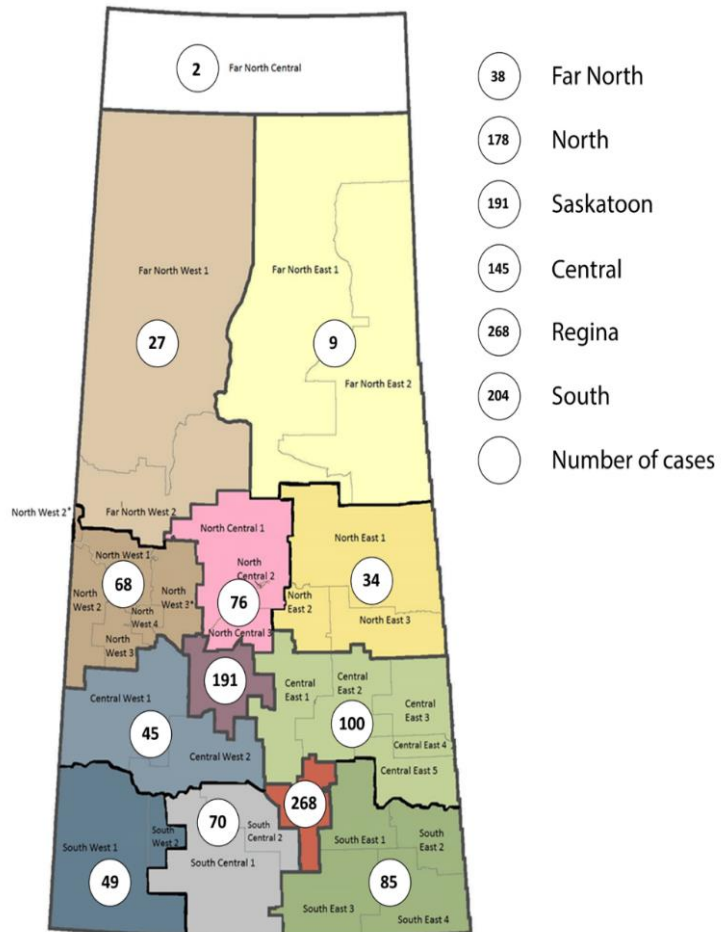
For the week of February 20 to 26, 2022

- 1,102 new cases were confirmed by a positive laboratory test.
- The proportion of new laboratory-confirmed cases was 0.9 per 1,000, a decrease of 0.3 per 1,000 since last week. This was lower than the weekly rate in the previous four weeks (January 23 to February 19, 2022) by 2.8 cases per 1,000 population.
- The highest proportion of new cases for the week was in the South West zone (1.3 per 1,000) and the lowest was in the Far North East zone (0.4 per 1,000).
- Numbers and proportions of new cases were similar in all zones compared to last week except in the Central West zone.
- Rates should be interpreted with caution because they do not include cases detected by home rapid-antigen test kits.

Figure 1: Map of new laboratory-confirmed COVID-19 cases by zone and area for the week of February 20 to 26, 2022

For the week of February 20 to 26, 2022:

- 38 new cases in the Far North (FNW, 27 cases; FNC, 2 cases; FNE, 9 cases);
- 178 new cases in the North (NW, 68 cases; NC, 76 cases; NE, 34 cases);
- 191 new cases in the Saskatoon area;
- 145 new cases in the Central area (CW, 45 cases; CE, 100 cases);
- 268 new cases in the Regina area; and
- 204 new cases in the South (SW, 49 cases; SC, 70 cases; SE, 85 cases).
- 78 new cases still have pending residence information.



Source: RRPL line list February 28, 2022.

The zones include cases reported by First Nations (FN) jurisdictions based on the location of the FN community.

Far North – Far North West, Far North Central, Far North East; North – North West, North Central, North East; Saskatoon; Central – Central West, Central East; Regina; South – South West, South Central, South East.

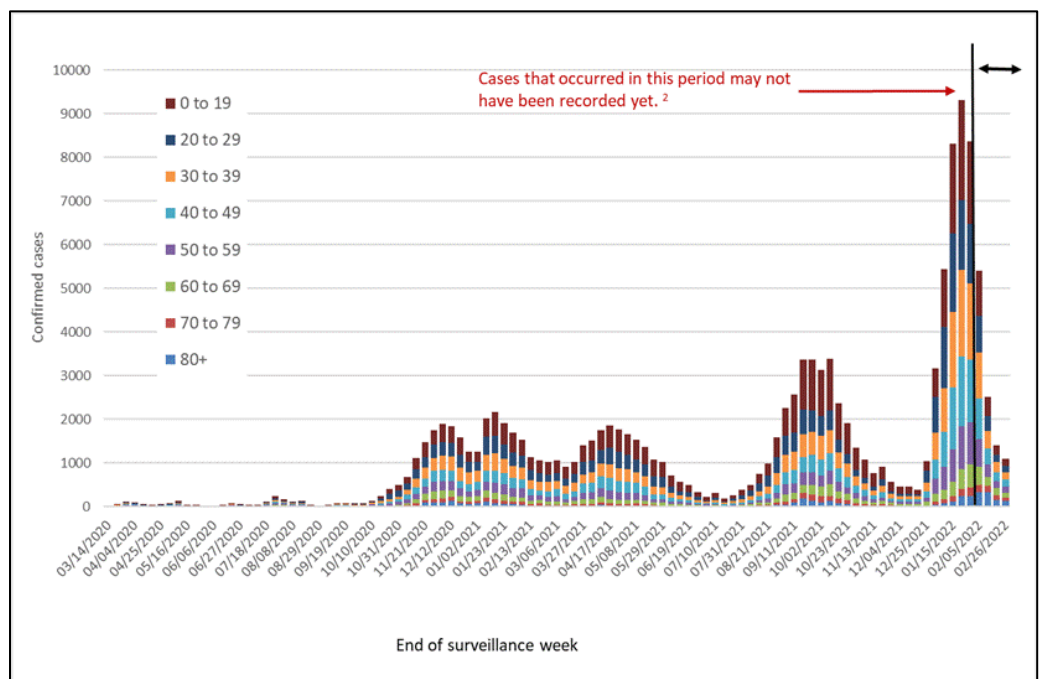
Figure 2: Laboratory-confirmed cases¹, by age group and week, March 8, 2020 to February 26, 2022

- From March 8, 2020 to February 26, 2022, there were 128,263 laboratory-confirmed cases.
- 50.1% were between 20 and 49 years of age and 26.6% were younger than 20 years of age.

Source: Panorama IOM February 28, 2022.

¹ Panorama IOM record.

² Due to data entry lag, cases for this period may be under-reported and not captured in this figure.



Variants of Concern

Table 3: Distribution of variants of concern (VOCs) among sequenced COVID-19 cases February 20 to 26, 2022, by zone

Zone	Current week (February 20-26)			Previous week (February 13-19)		
	Delta (B.1.617.2)	Omicron (B.1.1.529)	Total	Delta (B.1.617.2)	Omicron (B.1.1.529)	Total
Far North West		100%	8		100%	2
Far North Central					100%	3
Far North East		100%	8		100%	4
North West		100%	32		100%	20
North Central		100%	35		100%	22
North East		100%	13		100%	5
Saskatoon		100%	111		100%	72
Central West		100%	13		100%	4
Central East		100%	38		100%	10
Regina		100%	140		100%	10
South West		100%	19		100%	3
South Central		100%	36		100%	3
South East		100%	48		100%	4
Pending		100%	5			0
Total	0.0%	100%	506	0.0%	100%	162

Source: Panorama February 28, 2022.

Notes:

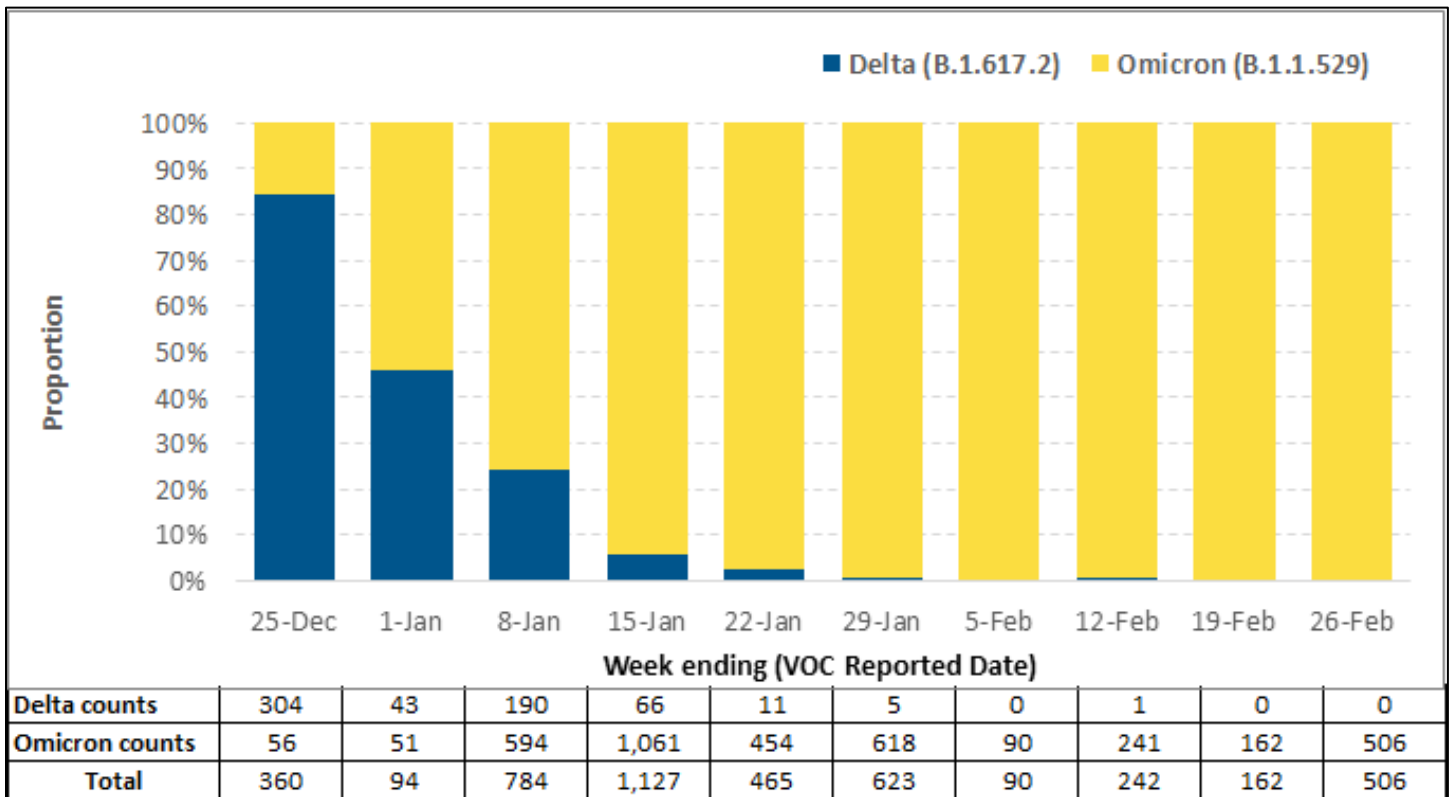
Results are based on the date variants of concern (VOC) were reported by the provincial laboratory (RRPL).

Zones are assigned based on information as available in the Panorama database.

Pending cases are those whose geographical information is not available at the time of reporting.

- There were 506 VOCs reported during the current week (February 20-26) compared to 162 in the previous week (February 13-19).
- Of the total VOCs reported in the past two weeks, 100% were the Omicron VOCs.
- As of February 26, 2022, a total of 63 VOC sub-lineage BA.2 was reported in Saskatchewan. This includes, 34 that were reported this week (February 20-26) and five (5) in the previous week (February 13-19).

Figure 3: Distribution of VOCs among sequenced COVID-19 cases (N=4,453), December 19, 2021 to February 26, 2022



Data source: Panorama IOM; data extraction: February 28, 2022
 Results are based on the number of samples sequenced and the date VOCs were reported by RRPL.
 The Omicron variant began increasing substantially in Saskatchewan during the week of December 19, 2021.

- The Omicron VOC was first reported in South Africa, and the World Health Organization (WHO) designated Omicron as a variant of concern on November 26, 2021.
- Of all 4,453 positive samples sequenced between December 19, 2021 and February 26, 2022, 13.9% (620) were Delta VOC and 86.1% (3833) were Omicron VOC.
- The proportion of Delta VOC declined rapidly since the first week of January, 2022.
- The Omicron VOC rapidly increased since the first week of January and is now the dominant variant in Saskatchewan.

B. Description of Severe COVID-19 Cases

Table 4: Number and proportion of COVID-19 deaths reported during the week of February 20 to 26, 2022

- In the week of February 20 to 26, 2022, there were 44 new COVID-19 deaths reported.
- One quarter (11) of new reported deaths were in the North Central zone, which is similar to the previous week (9 in 37).
- Deaths should be interpreted with caution because of small numbers.

Zone	Deaths	
	Number	Deaths per 100,000 population
FNW	1	3.4
FNC		
FNE		
NW	2	2.4
NC	11	12.4
NE	1	2.4
ST	4	1.2
CW	2	5.4
CE	5	5.1
RE	9	3.3
SW	2	5.2
SC	2	3.3
SE	5	5.6
Pending		
SK	44	3.7

Source: Panorama IOM February 28, 2022.

¹ Proportion per 100,000 calculated using the Saskatchewan 2021 Covered Population, 08-Jul-2021 Ministry of Health SAS version (2021 Version 1)

This week's newly reported deaths did not necessarily occur in this past week. They may have occurred in previous weeks.

Table 5: Age and sex distribution of COVID-19 deaths reported for the week of February 20 to 26, 2022

- For the week of February 20 to 26, 2022, there were 44 COVID-19 new deaths reported.
- There were no newly reported deaths among those younger than 40 years of age.
- 55% of the deaths were among those 80 years of age or older and 11% of the deaths were among those 40-59 years of age.
- Almost 60% of deaths were in males.

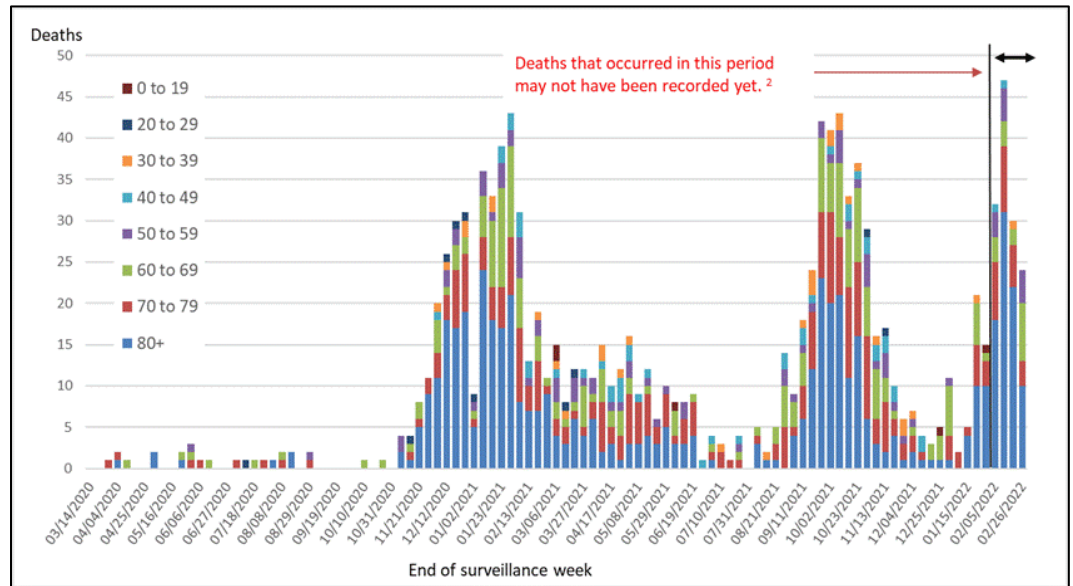
		Deaths	
		n	%
Age	19 and younger		
	20 to 39		
	40 to 59	5	11
	60 to 69	7	16
	70 to 79	8	18
	80 and older	24	55
	TOTAL	44	100
Sex	Female	18	41
	Male	26	59
	Total	44	100

Source: Panorama IOM February 28, 2022

This week's newly reported deaths did not necessarily occur in this past week. They may have occurred in previous weeks.

Figure 4: Deaths¹ in COVID-19 cases, by age group and week, March 8, 2020 to February 26, 2022

- From March 8, 2020 to February 26, 2022, there were 1,137 cases with a fatal outcome in Panorama IOM.
- 763 (67.1%) were 70 years and older.
- Five (5) or 0.4% of deaths were reported in the 0 to 19 age group.



Source: Panorama IOM February 28, 2022

¹Death means the Panorama IOM record reported outcome-fatal.

²Due to data entry lag, deaths for this period may be under-reported and not captured in this figure.

Table 6: Most common pre-existing conditions among severe COVID-19 cases in Saskatchewan, as of February 26, 2022**

- There were 2,593 discrete cases who reported having one or more underlying pre-existing conditions.
- Of the cases with underlying condition, the most common pre-existing conditions were hypertension (53.6%), diabetes (45.4%), heart disease (36.0%), lung disease (27.5%), obesity (8.4%) and pregnancy (2.3%).

Co-morbidity	Number of cases (N=2,593*)	Percent
Hypertension	1,389	53.6%
Diabetes	1,177	45.4%
Heart Disease	934	36.0%
Lung Disease	713	27.5%
Obesity	218	8.4%
Pregnancy	60	2.3%

Source: Panorama IOM February 28, 2022

Note - Some cases reported recently are yet to be reported in Panorama.

*Number of cases represents unique clients.

** Severe cases indicate those cases where case investigation showed admitted to hospital and/or ICU, and death.

C. Sentinel Surveillance

Emergency Department (ED) visits related to COVID-19-like illness (CLI)

Emergency department (ED) visit data regarding COVID-like illness (CLI) is one component of community-based respiratory illness surveillance. Visitors with CLI in EDs reflect the level of respiratory illness activity in the community. Visitors may access EDs as their primary health care service or come when health provider offices are closed.

Table 7: COVID-19-like illness (CLI) surveillance (rate per 1,000) in emergency departments by zone and week, January 22 to February 26, 2022

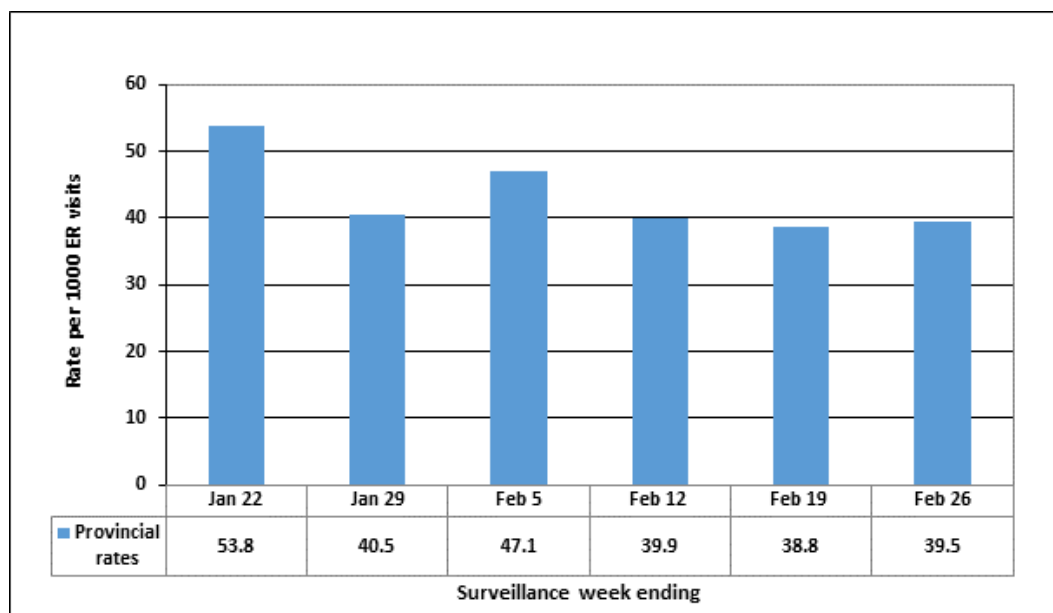
COVID-like patients per 1000 ED visits	Jan 22	Jan 29	Feb 5	Feb 12	Feb 19	Feb 26
Provincial Rate	53.8	40.5	47.1	39.9	38.8	39.5
FNW	43.1	40.5	59.1	53.6	49.8	72.7
FNC	No report	No report	No report	No report	No report	No report
FNE	No report	No report	No report	No report	No report	No report
NW	61.1	69.4	63.8	60.2	46.8	46.2
NC	No report	No report	62.5	No report	No report	No report
NE	277.1	132.7	129.0	92.0	51.3	155.2
ST	23.7	12.6	31.8	18.2	24.3	12.8
CW	167.7	No report	47.4	35.6	24.8	89.5
CE	No report	No report	No report	No report	No report	No report
RE	37.5	40.5	24.1	40.0	41.5	No report
SW	No report	No report	114.3	104.2	No report	127.7
SC	No data	0.0	No data	0.0	0.0	0.0
SE	114.3	86.4	119.4	84.5	183.9	72.3
Preschool age 1-4 years	137.5	62.5	90.1	93.7	110.2	48.5
School age 5 -19	71.6	31.3	17.3	23.6	9.0	36.6
Working age 20-64	37.9	36.6	44.3	38.8	34.8	39.5
Seniors 65 +	51.1	50.1	59.3	33.9	42.6	37.8

Source: Emergency department surveillance data, February 28, 2022. No report: no report was submitted by the zone. No data: no data reported by ED.

- Eight of 13 zones submitted data this week.
- This week's provincial rate of 39.5 COVID-19-like illness patients per 1,000 visits, the continuation of a stable pattern with rates similar to the past two weeks, is an indicator of respiratory viral activity in the community, still largely reflective of COVID-19.
- No influenza was detected this week. Respiratory syncytial virus (RSV) detections remain low at 5% positive specimens over the most recent three weeks.
- This week's preschool age rate of 48.5/1,000 visits was almost half the average weekly rate of 93.7/1,000 over the previous six weeks.
- The school age rate at 36.6/1,000 was similar to the previous six-week average rate of 31.6/1,000.
- The working age group rate at 39.5/1,000 visits was similar to the average rate in previous six weeks (38.6/1,000).
- The seniors' age group rate at 37.8/1,000 was lower than the average six-week rate of 45.8/1,000 visits.
- Pediatric and school age rates can vary widely week by week.

Figure 5: COVID-19-like illness surveillance in emergency departments, January 22 to February 26, 2022

- The provincial emergency department (ED) rate of visitors with COVID-19-like illness (CLI), representing eight of 13 areas of the province, was 39.5 patients/1,000 visitors in the reporting week ending February 26, comparable to the average rate over the previous six weeks (44.0/1000 visits). This week's rate represents 114 COVID-19-like illness patients among 2,886 visitors to the EDs.



Source: Emergency department surveillance data, February 28, 2022.

Note: COVID-like illness (CLI) may present as the gradual onset of respiratory illness with fever and cough or one or more of the following – severe headache, chills, sore throat, arthralgia, myalgia, gastrointestinal disorder, prostration or shortness of breath which could be due to COVID-19.

HealthLine Callers with COVID-19-like Illness (CLI)

Table 8: HealthLine callers with COVID-like symptoms by zone, week of February 21 to 27, 2022

- In the week ending February 27, of the 1,762 calls to HealthLine (811), 173 callers reported respiratory symptoms similar to COVID-19 and other common respiratory viral infections. The provincial rate was 98.2 callers with CLI per 1,000 calls to HealthLine.

Zone	Number of callers with symptoms	Rate per 1000 calls
North East	28	107.3
North West	18	110.4
Regina	51	106.7
Saskatoon	42	86.1
South East	19	106.7
South West	15	77.3
Saskatchewan	173	98.2

Source: HealthLine Database February 28, 2022

D. Outbreak Surveillance

Table 9: Confirmed COVID-19 outbreaks in long-term care and other care home settings reported for the week of February 20 to 26, 2022, by zone

Surveillance Zones	# COVID-19 Outbreaks in LTC	# COVID-19 Outbreaks in care homes including personal care homes
Far North West		
Far North Central		
Far North East		
North West	1	1
North Central		
North East		
Saskatoon	2	1
Central West		
Central East		
Regina	2	
South West	2	
South Central		
South East	1	1
Total	8	3

Source: Outbreak line list, PHB, extracted February 28, 2022

- Eleven (11) confirmed new COVID-19 outbreaks in high risk settings were reported this week.
- Eight (8) outbreaks were reported in long term care facilities. Of the three outbreaks in care homes, two (2) were in personal care homes and one (1) in a group home.

Table 10: COVID-19 outbreaks in high risk settings, weeks ending January 22 to February 26, 2022

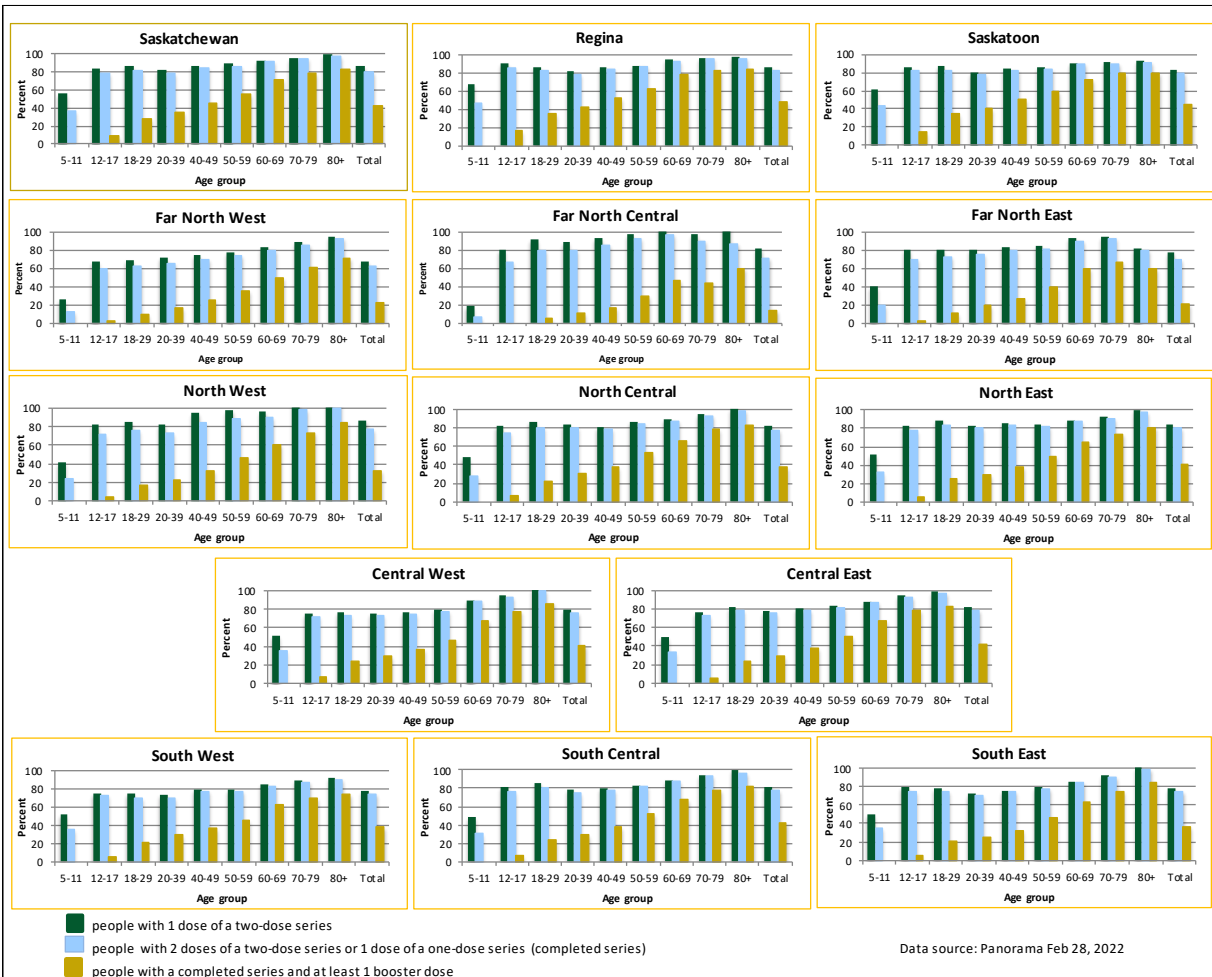
High risk setting	22-Jan	29-Jan	05-Feb	12-Feb	19-Feb	26-Feb	6-week total by setting
# COVID-19 Outbreaks in LTC	25	12	22	8	6	8	81
# COVID-19 Outbreaks in personal care homes, group homes, shelters	21	15	18	19	9	3	85
Total by week	46	27	40	27	15	11	166

Source: Outbreak line list, PHB, extracted February 28, 2022

- Over the past six weeks, eighty-one (81) outbreaks occurred in long term care facilities, forty-five (45) in personal care homes, thirty-eight (38) in group homes, and two (2) in shelters. One hundred nineteen (72%) of these outbreaks are ongoing.

E. Immunization

Figure 6: COVID-19 immunization coverage (% population 5 years and older) by age group and zone, up to and including February 26, 2022



Notes: Zone is based on the client's address in Panorama. People whose addresses cannot be mapped to a zone are counted only in the Saskatchewan total. The denominator used for coverage calculation is the Saskatchewan 2021 covered population (08-Jul-2021 Ministry of Health SAS version (2021 Version 1)). Completed series is defined as immunized with one dose of a one-dose vaccine or two doses of a two-dose vaccine where the minimum interval criterion is met. Booster doses are additional doses beyond the one or two-dose primary series and meeting certain minimum interval criteria. Although certain sub-populations have been identified as requiring a three-dose primary series, they cannot be reliably identified in the Panorama immunization registry. These doses are therefore counted as booster doses. Lloydminster is in the North West zone. Some Alberta residents living in Lloydminster, AB are included in the numerator but they are not included in the denominator. This results in an overestimation of the percentage of the population immunized in the North West zone. Although proof of vaccination now allows for non-Health Canada approved vaccines (nonHCAs), they are NOT included in the immunization coverage tables.

As of February 26, 2022:

- Of the population five years and older:
 - 85.5% received at least one dose of a two-dose COVID-19 vaccine, no change from the week earlier, and
 - 80.3% completed a series compared to 80.1% the week earlier (as of February 19, 2022).
- Among the population 12 years and older, 47.0% had received at least one booster (not shown in the chart) compared to 46.6% the week earlier.
- Among the population 18 years and older, 50.7% had received at least one booster (not shown in the chart) compared to 50.4% the week earlier.
- Among the youngest age group, five to 11 years of age:
 - 55.8% received one dose compared to 55.6% the week earlier, and
 - 37.4% completed their series compared to 36.0% the week earlier.
- The Regina zone at 82.0% is the single zone reporting over 80% of the eligible population with a completed series. All others are below 80%.

Table 11a: Vaccine doses administered February 20 to 26, 2022

- During the week of February 20 to 26, 2022, 9,135 doses of COVID-19 vaccine were administered, of which 1,935 (21.2%) were pediatric primary series doses and 6,394 (70.0%) were booster doses.

Type of dose	Number
First dose of two	563
Second dose of two	2,163
Janssen single dose	15
First and second boosters after complete series*	6,394
Total	9,135
Pediatric doses	1,935
*Completed series is defined as immunized with one of a one-dose vaccine or two doses of a two-dose vaccine where the minimum interval criterion is met. Booster doses are additional doses beyond the one or two-dose completed series and meeting certain minimum interval criteria.	

Source: Panorama immunization registry February 28, 2022

Table 11b: Cumulative vaccines doses administered from start of the immunization campaign (December 15, 2020) to February 26, 2022

- Since the start of the immunization campaign to February 26, 2022, about 2.4 million doses of COVID-19 vaccine were administered.
- Of these, about 1.9 million (79.0%) were administered for a primary series, of which 102,046 were pediatric doses.

Type of dose	Number
Pediatric primary series doses	102,046
Primary series doses including pediatric doses	1,876,140
Total Doses including Booster Doses	2,374,903

Source: Panorama immunization registry February 28, 2022

F. Abbreviations

General

- CLI – COVID-19-like illness
- ED – emergency department
- FNIHB – First Nations and Inuit Health Branch
- ICU – intensive care unit
- IOM – Investigations and Outbreak Module – Panorama
- LTC – long-term care
- NA – not available
- NITHA – Northern Inter-Tribal Health Authority
- OOP – out of province
- PCR – polymerase chain reaction
- PHB – Population Health Branch
- SHA – Saskatchewan Health Authority
- SK – Saskatchewan
- SNP – single nucleotide polymorphism
- RRPL – Roy Romanow Provincial Laboratory
- WGS – whole genome sequencing
- WHO – World Health Organization

13 Zones

- FNW – Far North West zone
- FNC – Far North Central zone
- FNE – Far North East zone
- NW – North West zone
- NC – North Central zone
- NE – North East zone
- ST – Saskatoon zone
- CW – Central West zone
- CE – Central East zone
- RE – Regina zone
- SW – South West zone
- SC – South Central zone
- SE – South East zone

G. Technical Notes

Case Definition and Methods Overview

Confirmed cases are people with laboratory confirmation of infection with the virus that causes COVID-19 using a Health Canada approved test or confirmed at a reference laboratory (NML or RRPL). It requires detection of at least one specific gene target by nucleic acid amplification tests (i.e., real-time PCR or nucleic acid sequencing).

Laboratory testing is reserved for priority populations at elevated risk for severe outcomes. More information on the priority populations may be found [here](#).

Statistics presented in this report represent counts and crude incidence rates for zones and aggregated to the provincial level.

Data sources are the provincially mandated Panorama database, the Roy Romanow Provincial Laboratory LabWare database, as well as local public health. Confirmed cases must meet the provincial case definition. Surveillance case definitions ensure uniform reporting to allow comparability of surveillance data. The definitions are not intended to be used for clinical or laboratory diagnosis or management of cases. Proportions are calculated using the 2021 SK covered population as the denominator.

The counts and rates presented in this summary report are dependent on the timely reporting by physicians and laboratories to the local Medical Health Officer and timely entry of notifiable disease information into Panorama IOM.

As the counts are constantly being updated, the numbers and rates calculated may differ from previous summary reports. This is a result of a combination of factors including late reporting, data cleaning and verification.

Data on COVID-19 cases use Panorama IOM as the primary source. However, in some instances when the case has not yet been entered into Panorama, the RRPL data becomes the source for the time being (e.g., age, sex, geography) until the case is eventually entered. Additionally, if certain data elements in Panorama are missing or unknown, RRPL also becomes the source to fill in the gaps where the information is available in the RRPL data..

The geographical assignment of cases follows the Panorama IOM rules for documenting geography, as opposed to the assignment of zones by RRPL. As a result, some RRPL location/geography of cases and testing information may not match Panorama IOM (testing information cannot be reconciled because negative tests are not entered into IOM). Panorama IOM geography guidelines take into consideration the client's residence in a certain period, the residence upon diagnosis, and other factors. First Nations individuals under the jurisdiction of the First Nations and Inuit Health Branch (FNIHB) or the Northern Inter-Tribal Health Authority (NITHA) are included in the geographic areas.

Notifiable diseases are generally under-detected and underreported due to a number of factors including client's lack of contact with health care, inability to isolate organism, etc.

Rates based on small numbers may fluctuate dramatically over time and may not have public health significance.

Fatal Cases (Deaths) Table

- Includes all deaths entered into Panorama IOM.
- For those reported in the specified week, the deaths that were not previously reported are counted, regardless of when the death occurred.

VOC Section

Variant of concern (VOC) cases:

- VOCs are SARS-CoV-2 viruses that have undergone genetic modification or mutation causing in altered virus infectivity, replication and pathogenicity. As a result it can alter host immune response. The Roy Romanow Provincial Laboratory (RRPL) tests for and monitors COVID-19 variants of concern (VOCs) in Saskatchewan. Confirmation of VOC lineages is done by conducting whole genome sequencing (WGS) at RRPL or the National Microbiology Laboratory. It takes one to two weeks to complete WGS.
- Data sources for VOCs analysis include testing data from the RRPL, and epidemiological information from Panorama. Where geographical zone is missing in RRPL or Panorama data, the Saskatchewan postal code file is used to identify cases' geographical information.

Emergency Department Visits

- Data collection from EDs: Monitoring will be done for a twenty-four hour period on at least one week day (the exact time period will vary with the ED schedule). The ED should report to local public health services in their area on Wednesday afternoon and public health will report to the Ministry of Health on Thursday each week. This may increase to include one weekend day in certain areas if CLI activity is increasing and laboratory-confirmations support the need to do so.
- The count of CLI patients in each of four broad age categories, preschool (approximately 0-4 years), school age (approx. 5-19 years), working age group (approx. 20-64 years), seniors (approx. 65 years plus) as a proportion of total ED admissions in those age categories is captured. The age group in which to place a patient is determined in part by the age groups used by the ED's administrative database. The categories are approximate but provide a general profile of the broad age groups most affected by COVID-19.
- Reporting ED surveillance information: Because there is no centralized data capture source for ED admissions in the province each health area sets up a mechanism for EDs to report to public health services.
- Public health aggregates raw data from their EDs on the prescribed data collection form and sends it to the Ministry of Health for overall provincial monitoring.
- FNIHB and NITHA will report to the local zone in which the ED or health centre is located. This does not preclude monitoring in First Nations health care facilities.

HealthLine callers with Respiratory Symptoms

- A separate data field is completed by HealthLine nurses specific to whether the caller has respiratory-like symptoms.
- HealthLine data is collected for a 24-hour period twice a week, midnight to midnight on one week day (eg. Tuesday midnight to Wednesday midnight) and one weekend 24-hour period
- Data is transformed into the rate of callers with respiratory symptoms from each zone per 1000 calls from that zone concerning any type of symptom.

Outbreaks

- A confirmed outbreak is defined as two or more COVID-19 cases in settings outside a household where transmission is evident or there is a high level of suspicion of transmission.
- Outbreaks are reported by the week they were reported to the local public health office and not necessarily in the week that the outbreak began.
- # COVID-19 Outbreaks in LTC: number of COVID 19 outbreaks reported that occurred in a designated special care facility (LTC) (cumulative or in current reporting week).
- # COVID-19 Outbreaks in care homes: number of COVID 19 outbreaks reported that occurred in semi-closed settings where personal care is provided. This includes designated homes where the elderly reside or homes for the developmentally challenged (cumulative or in current reporting week). It also includes homes where residents are under the care of social services and in shelters.

H. Map of Saskatchewan by Zone and Sub-Zone

