

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 62-24

TO: Chair and Members of the Board of Health

FROM: Dr. Joanne Kearon, Acting Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2024 September 19

2024-2025 RESPIRATORY SEASON REVIEW AND UPDATE

Recommendation

It is recommended that the Board of Health receive Report No. 62-24 re: "2024-2025 Respiratory Season Review and Update" for information.

Report Highlights

- COVID-19 cases and outbreaks continued to dominate the 2023-2024 respiratory season, with more than 2,800 confirmed cases and 146 institutional outbreaks.
- Influenza activity in the 2023-2024 season was comparable to pre-pandemic seasons, with more than 800 confirmed cases and seven institutional influenza A outbreaks.
- While most respiratory pathogens demonstrated a more 'typical' season of decreased activity over the summer, COVID-19 outbreaks continued to be identified to the end of August 2024.
- In 2024-2025, the Middlesex-London Health Unit will continue working to reduce the burden of respiratory illness in Middlesex-London by communicating risk, encouraging vaccination and managing outbreaks.

Background

This report offers an assessment and overview of the 2023-2024 respiratory season, while also outlining Middlesex-London Health Unit's (MLHU) preparedness for the upcoming 2024-2025 season.

During the 2023-2024 season, COVID-19 continued to be the predominant virus circulating in the community. However, there was also concurrent circulation of respiratory pathogens that typically circulated pre-pandemic, such as influenza. For most respiratory pathogens, the 2023-2024 season was characterized by a more 'typical' pattern of decreased activity throughout the late spring and early summer. However, COVID-19 outbreaks continued to be identified throughout and up to the end of the summer in August 2024.

Looking forward to the 2024-2025 season, the MLHU, alongside health system partners, will continue to monitor, assess and communicate risk, encourage vaccination against respiratory pathogens, and manage outbreaks.

2023-2024 Respiratory Season Review - Epidemiology

[Appendix A](#) provides tables and figures reviewing various indicators of respiratory activity in the 2023-2024 respiratory season in Middlesex-London. There were over 2,800 COVID-19 cases confirmed by laboratory testing among Middlesex-London residents. Although COVID-19 was the most commonly identified respiratory pathogen in the 2023-2024 season, the number of confirmed cases was much lower compared to previous seasons. This may be due to several factors, including reduced testing availability compared to previous seasons, and other changes in provincial surveillance.

There were 66 deaths where COVID-19 was either the underlying cause of death or contributed to the death. This represented a decrease from previous years. Hospitalization, another indicator of severity, showed that bed occupancy peaked in mid-December 2023, with 50 cases in hospital with or due to COVID-19. Hospital bed occupancy decreased throughout the spring and into the early summer but started increasing again through July and August 2024.

COVID-19 was the most common pathogen identified in outbreaks in institutional settings (hospitals, long-term care homes and retirement homes) in the 2023-2024 season, being found to have caused 146 outbreaks, or 81%. While COVID-19 outbreaks were most numerous from the beginning of the season and into the beginning of 2024, COVID-19 outbreaks continued to be identified throughout and up to the end of the season in August 2024, unlike typical respiratory pathogens pre-pandemic.

The first local case of influenza A was reported on October 2, 2023 and the first local influenza B case was reported on December 10, 2023. In 2023-2024, more than 800 influenza cases reported among Middlesex-London residents. The majority (79%) of cases were influenza A. This is comparable to pre-pandemic levels.

In addition to seven influenza A outbreaks (4%), there were also 11 entero/rhinovirus outbreaks (6%) and five parainfluenza outbreaks (3%). Unlike the previous season, when respiratory syncytial virus (RSV) was identified in 5% of outbreaks, there was only one RSV institutional outbreak identified in the 2023-2024 season. Like typical respiratory seasons, outbreaks related to non-COVID-19 respiratory pathogens decreased over the summer.

2023-2024 Respiratory Season Review – MLHU Response

In the 2023-2024 respiratory season, all individuals were recommended to receive both an influenza vaccine and a COVID-19 vaccine in the fall. High-risk individuals were recommended to receive an additional COVID-19 vaccine in the spring. The MLHU held mass and mobile vaccine clinics throughout 2023, providing COVID-19 and Influenza vaccines to the general population. As of January 1, 2024, funding for general population dose administration for both COVID-19 and influenza was moved primarily to pharmacies and health care providers. The MLHU's focus for COVID-19 vaccination pivoted to providing access to children under 2 years of age, as pharmacies and health care providers did not often offer these vaccines to this age group. During the 2023-2024 respiratory season, the RSV vaccine was introduced for specific high-risk populations. The MLHU distributed RSV vaccine, as well as providing support for

administration in certain settings. [Appendix B](#) contains details about MLHU vaccine distribution to all area partners and dose administration at MLHU clinics in 2023.

During the 2023-2024 respiratory season, there were several provincial updates related to COVID-19 monitoring aimed at bringing reporting into alignment with other respiratory pathogens. As of June 2024, only COVID-19 cases with a fatal outcome are now required to be reported, rather than all confirmed cases. The provincial system (CCM) for reporting COVID-19 cases and all adverse events following immunization, which was developed as part of the provincial pandemic response, was discontinued and case reporting transitioned to the existing provincial system (iPHIS) used for all other diseases of public health significance. Finally, as of July 31, 2024, the provincial wastewater surveillance program was discontinued. These changes led to a temporary interruption of the MLHU's weekly Respiratory Surveillance Report during the summer months to reassess available data to best evaluate and communicate risk.

2024-2025 Respiratory Season Response Planning

The planning for the 2024-2025 respiratory season began in June 2024 and consists of internal and external preparedness activities. MLHU participated in two regional exercises led by Ontario Health West along with local and regional health system partners. The MLHU will also facilitate a respiratory outbreak tabletop exercise for long-term care and retirement homes on September 25, 2024, to review Ministry guidelines for the upcoming season and identify areas for further education and preparation. Throughout the 2024-2025 season, the Infectious Disease Control team will continue to support institutions with preventing and managing respiratory outbreaks.

The MLHU will be receiving large allocations of COVID-19, Influenza and RSV vaccines for distribution this fall to health care providers, long-term care and retirement homes administering their own vaccine. In 2024-2025, the MLHU's vaccine administration focus will be on those who have a more difficult time obtaining the vaccine and/or are part of priority populations. The Vaccine Preventable Disease (VPD) Team in collaboration with the Health Equity and Indigenous Reconciliation Team (HEART) and community partners are planning to provide 2-3 mobile clinics this fall. The VPD team will also be supporting RSV vaccine administration at retirement homes who do not have registered nursing staff. Pharmacies are expected to be the predominant access point for COVID-19 and influenza vaccination to the public. However, as pharmacies do not administer to children under 2 years, the MLHU will continue to have clinic appointments available for young children. [Appendix C](#) provides the expected timelines for vaccine availability for 2024-2025.

Included in the planning process for the upcoming respiratory season, a communication plan has been developed to encourage immunization and other respiratory illness risk reduction advice and guidance. The MLHU's weekly Respiratory Surveillance Report has also been re-initiated as of September 10, 2024. Health care providers will receive the newest information through the health care provider newsletter and weekly webinar. Other health and social services partners will be provided easy to use resources, key messages, and directions to the most accurate and accessible information.

Next Steps

The burden of all respiratory pathogens on the Middlesex-London region is expected to be similar in the 2024-2025 respiratory season as compared to last year. This burden will be monitored and managed through preparatory activities with health system partners, alongside

encouraging vaccination, outbreak investigation and management, vaccine administration, and public risk communication.

This report was written by the Environmental Health, Infectious Disease, and Clinical Services Division and the Public Health Foundations Division.



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This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- Chronic Disease Prevention and Wellbeing, Immunization, Infectious and Communicable Disease Prevention and Control standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically in regards to equity seeking groups accessing information and availability to seasonal vaccines. The MLHU is committed to providing equitable access to vaccinations and other services.