Newfoundland & Labrador

2024/2025 Seasonal Respiratory Activity Report

Department of Health and Community Services

Contents

About this Report

The purpose of this report is to provide a summary of COVID-19, influenza, and other respiratory virus activity throughout the 2024/2025 season.

While the activity of most respiratory viruses peaks in the winter, the Public Health Division within the Department of Health and Community Services of Newfoundland and Labrador conducts continuous respiratory activity surveillance throughout the year. Epidemiological surveillance data are posted to the provincial respiratory activity dashboard for the current season.

This report will summarize the trends observed during Newfoundland and Labrador's 2024/2025 respiratory virus activity season.

Influenza Activity

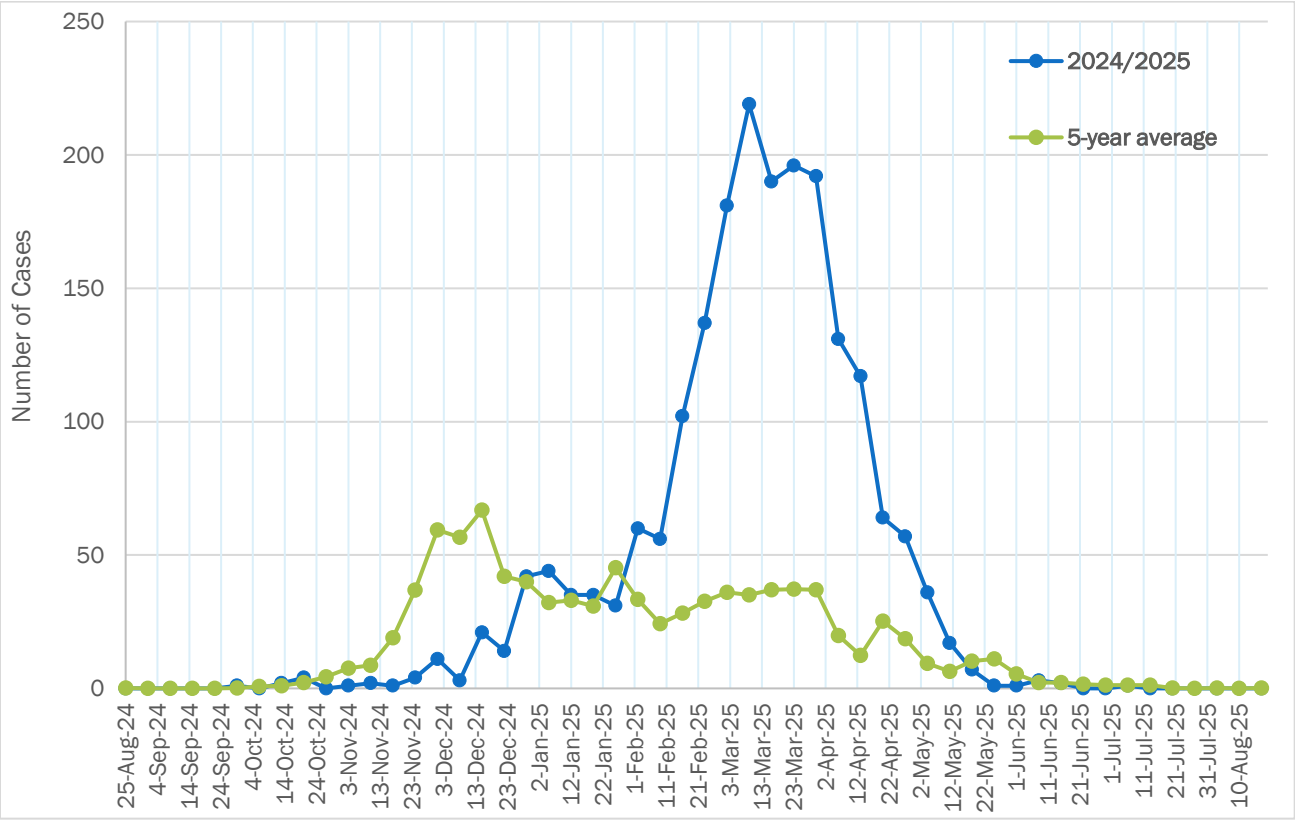
Overview

- There were 2021 laboratory-confirmed cases of influenza during the 2024/2025 season. Of these cases, there were 743 hospitalizations, 79 ICU admissions, and 36 influenza-related deaths (Figure 3).
- The season peaked in week 11 (week starting March 9, 2025), which is consistent with what was reported before the COVID-19 pandemic (Figure 1).
- Influenza A was the predominant virus circulating across all health zones, accounting for 97.8% of all laboratory-confirmed cases (Figure 2).

Epidemiology of Cases

- The 2023/2024 season peaked in week 11 (week starting March 9, 2025).
  - This is consistent with the peak timing observed prior to the COVID-19 pandemic.
- Overall, more laboratory-confirmed influenza cases were reported in 2024/2025 compared to the 2023/2024 season.

Figure 1: Number of Influenza Cases by Epidemiological Week (with 5-year average), NL, 2024/2025



- The average age of influenza cases was 58 years (Figure 2).
- Influenza A was the predominant strain during the 2024/2025 season.
    - Since the start of the COVID-19 pandemic in 2020, fewer influenza B detections have been reported compared to pre-pandemic years. In 2024/2025, the proportion of influenza B detections (2.2%) decreased compared to all seasons since 2018/2019.
- The Labrador-Grenfell Zone of Newfoundland and Labrador Health Services (NLHS) reported the highest rate of influenza cases throughout the 2024/2025 season.

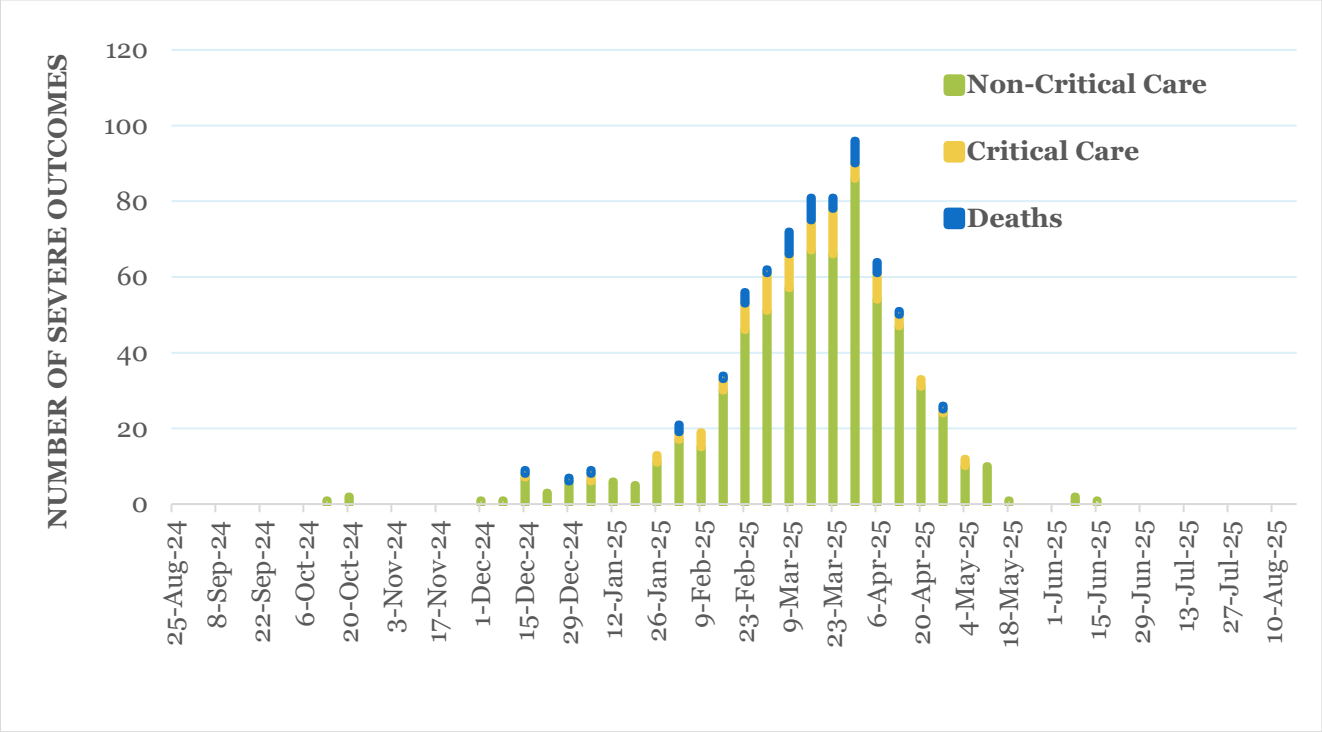
Figure 2. Demographic Information of Laboratory-Confirmed Influenza Cases, NL, 2024/2025

Cases 	**Average Age**	58 years
	% Female	55.7%
	% Influenza A	97.8%
	Rate (per 100,000 population) by Health Zone	Eastern Zones: 362 cases per 100,000 Central Zone: 380 cases per 100,000 Western Zone: 352 cases per 100,000 Labrador-Grenfell Zone: 472 cases per 100,000

Epidemiology of Severe Outcomes

➔ Throughout the 2024/2025 season, there were 743 hospitalizations, 79 ICU admissions, and 36 influenza-related deaths (Figure 3). This represents the highest number of influenza-related hospitalizations reported in NL during the last ten seasons.

Figure 3. Influenza Hospitalizations, ICU Admissions, and Deaths by Epidemiological Week, NL, 2023/2024



- ➔ The average age of hospitalized cases was higher compared to non-hospitalized cases (65 years vs. 54 years) (Figure 4).
    - Of all hospitalizations, 62% were among those 65+. Those in the 0 to 19-year-old age group accounted for less than 10% of all hospitalizations.
- ➔ Most influenza-related deaths did not receive the influenza vaccine.
- ➔ There were a similar number of influenza-related deaths in females and in males.
- ➔ Across all severe outcomes, 70% of individuals did not receive a flu shot. The proportion of those who experienced a severe outcome and had not received the flu shot increased since last season.

Figure 4. Demographic Information of Severe Outcomes, NL, 2024/2025

		Hospitalization	Death
Severe Outcomes 	Average Age	65	76
	% Female	50%	53%
	% Vaccinated*	Yes: 29% No: 70% U: 1%	Yes: 36% No: 64% U: 0%

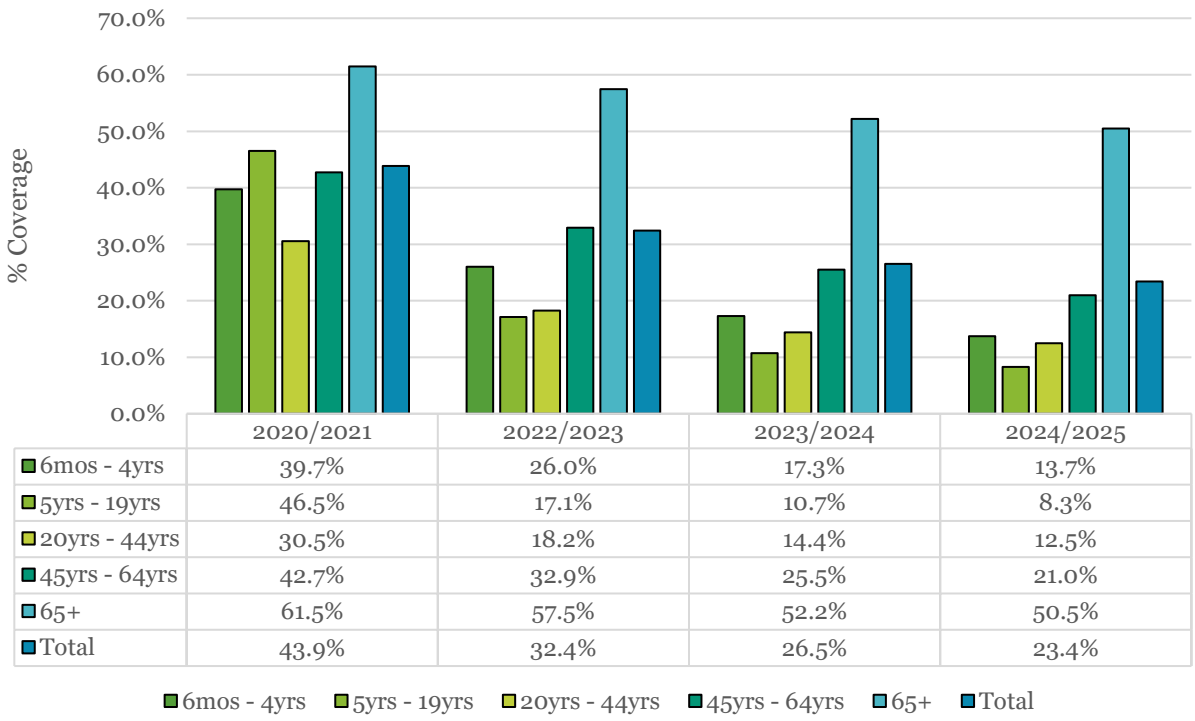
*Yes = Received flu shot, No = Did not receive flu shot, U = Unknown or not eligible vaccination status.

Vaccination

Since the start of the vaccination campaign on October 21, 2024, 23.4% of the NL population (age 6 months+) received a dose of influenza vaccine. Vaccination rates have consistently been highest in the 65+ age group (Figure 5). Vaccine coverage rates have declined over the last three seasons (Figure 5).

Vaccination significantly reduced the risk of experiencing influenza-related severe outcomes. In the 2023/2024 season, likelihood of hospitalization was reduced by 38% for those who received a dose of the influenza vaccine, after accounting for other factors including age and sex. These findings highlight the importance of getting immunized each fall.

Figure 5. Influenza Vaccination Rates in NL, 2020/2021 to 2024/2025 Season, By Age Group

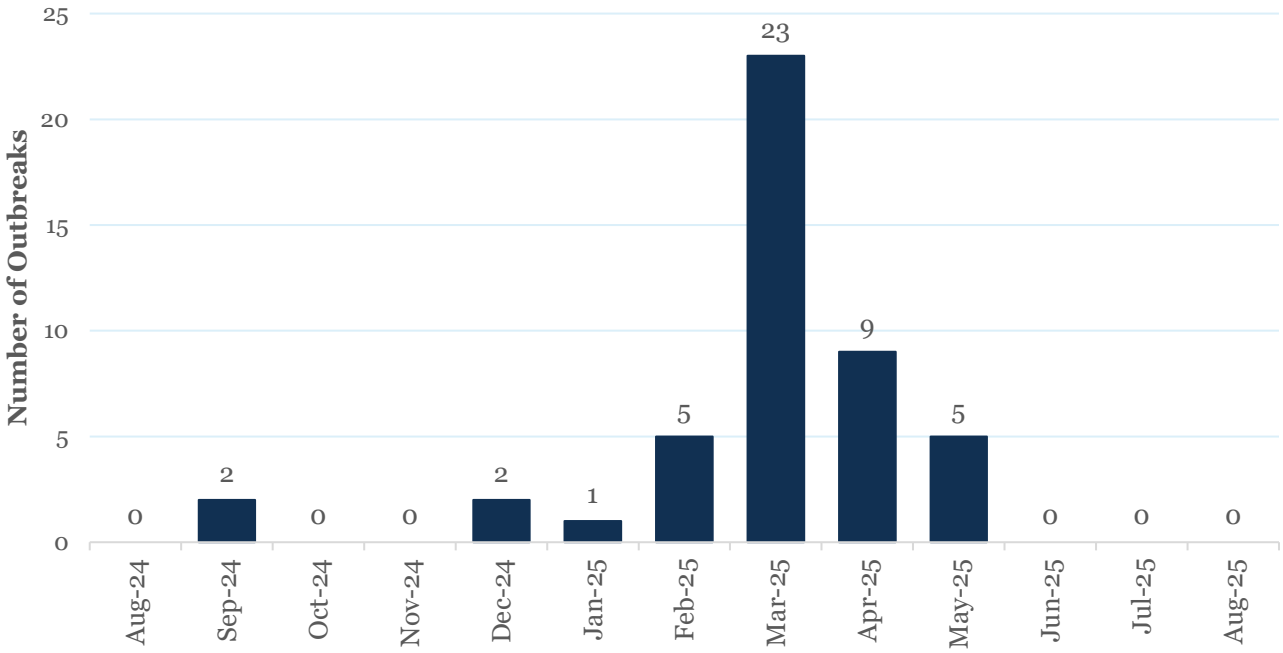


	2020/2021	2022/2023	2023/2024	2024/2025
6mos - 4yrs	39.7%	26.0%	17.3%	13.7%
5yrs - 19yrs	46.5%	17.1%	10.7%	8.3%
20yrs - 44yrs	30.5%	18.2%	14.4%	12.5%
45yrs - 64yrs	42.7%	32.9%	25.5%	21.0%
65+	61.5%	57.5%	52.2%	50.5%
Total	43.9%	32.4%	26.5%	23.4%

Influenza Outbreaks

- Influenza outbreaks in acute care and institutional settings were highest in March 2025.
- The last influenza outbreak of the 2024/2025 season occurred in May 2025.

Figure 6. Number of Influenza Outbreaks in Acute Care and Institutional Settings by Month, NL, 2024/2025



COVID-19 Activity

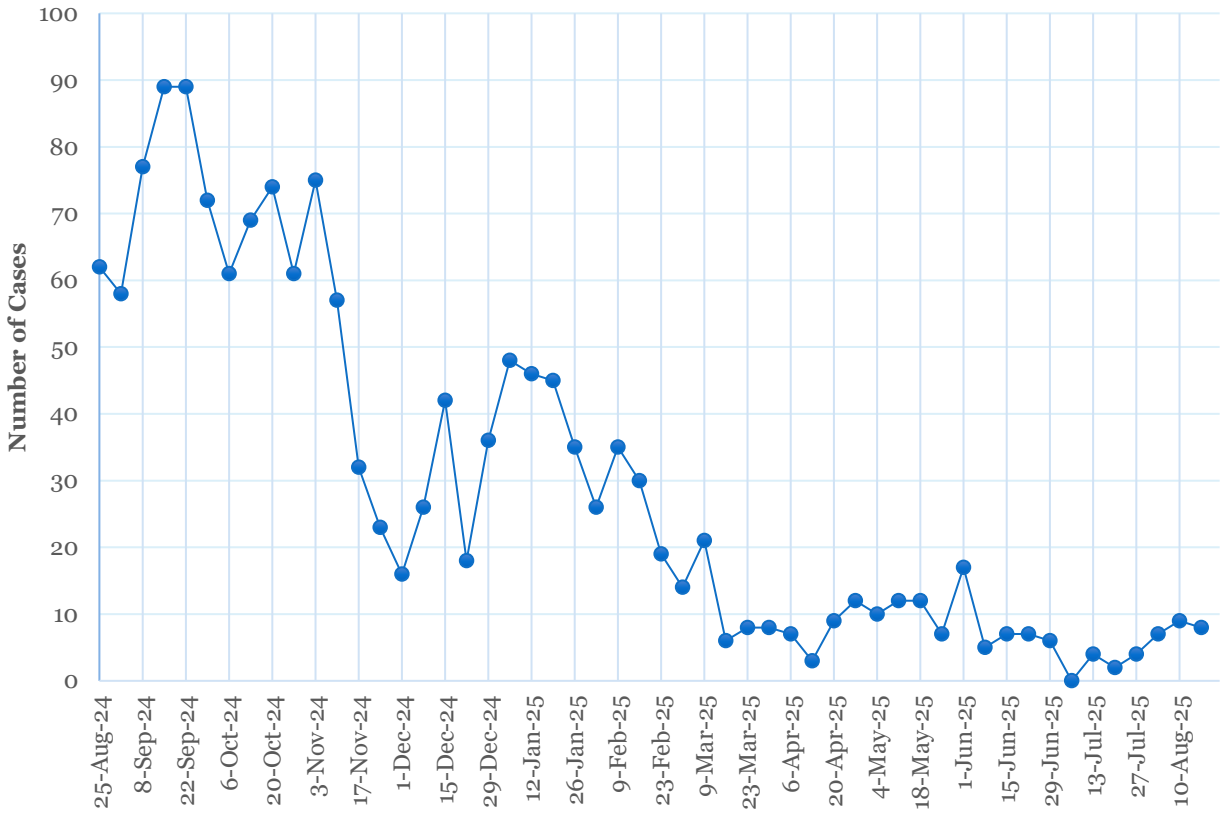
Overview

- There were 1526 laboratory-confirmed cases of COVID-19 during the 2024/2025 season. Of these cases, there were 172 hospitalizations, 17 ICU admissions, and 17 COVID-19 related deaths.

Epidemiology of Cases

- Unlike influenza, COVID-19 has not demonstrated clear seasonal patterns. As a result, comparisons to previous seasons are challenging. However, COVID-19 lab-confirmed cases were at their highest in the middle of September during the 2024/2025 respiratory season.

Figure 7. Number of COVID-19 Cases by Epidemiological Week, NL, 2024/2025



- The average age of laboratory-confirmed COVID-19 cases was 63 years (Figure 8).
- XEC and KP.3.1.1, descendants of omicron, were the predominant circulating strains during the 2024/2025.
- The Western Zone of Newfoundland and Labrador Health Services (NLHS) reported the highest rate of COVID-19 cases throughout the 2024/2025 season.

Figure 8. Demographic Information of COVID-19 cases, NL, 2024/2025

Cases 	**Average Age**	63 years
	% Female	57%
	Predominant Lineages	XEC KP.3.1.1
	Rate (per 100,000 population) by Health Zone	Eastern Rural & Urban Zone: 223 cases per 100,000 Central Zone: 339 cases per 100,000 Western Zone: 415 cases per 100,000 Labrador-Grenfell Zone: 287 cases per 100,000

Epidemiology of Severe Outcomes

➔ Cumulatively, during the 2024/2025 season, there were 172 hospitalizations, 17 ICU admissions, and 17 COVID-19-related deaths (Figure 9).

Figure 9. COVID-19 Hospitalizations, ICU Admissions, and Deaths by Epidemiological Week, NL, 2024/2025

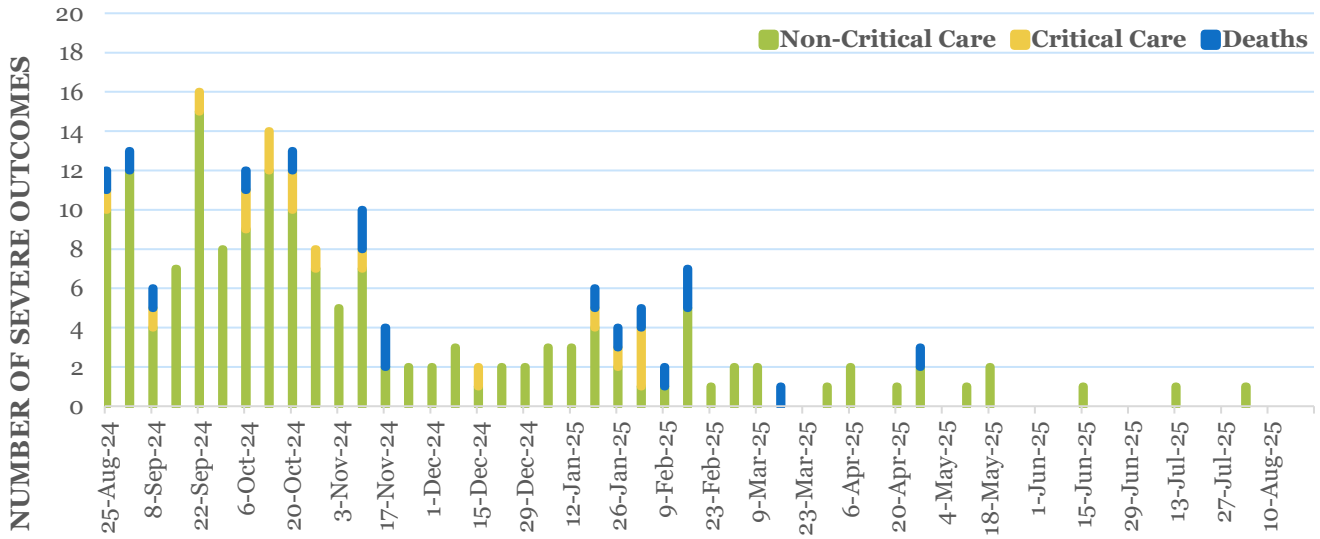


Figure 10. Demographic Information of COVID-19 Severe Outcomes, NL, 2024/2025

		Hospitalization	Death
Severe Outcomes 	Average Age	71	81
	% Female	50%	47%
	% Vaccinated*	4%	6%

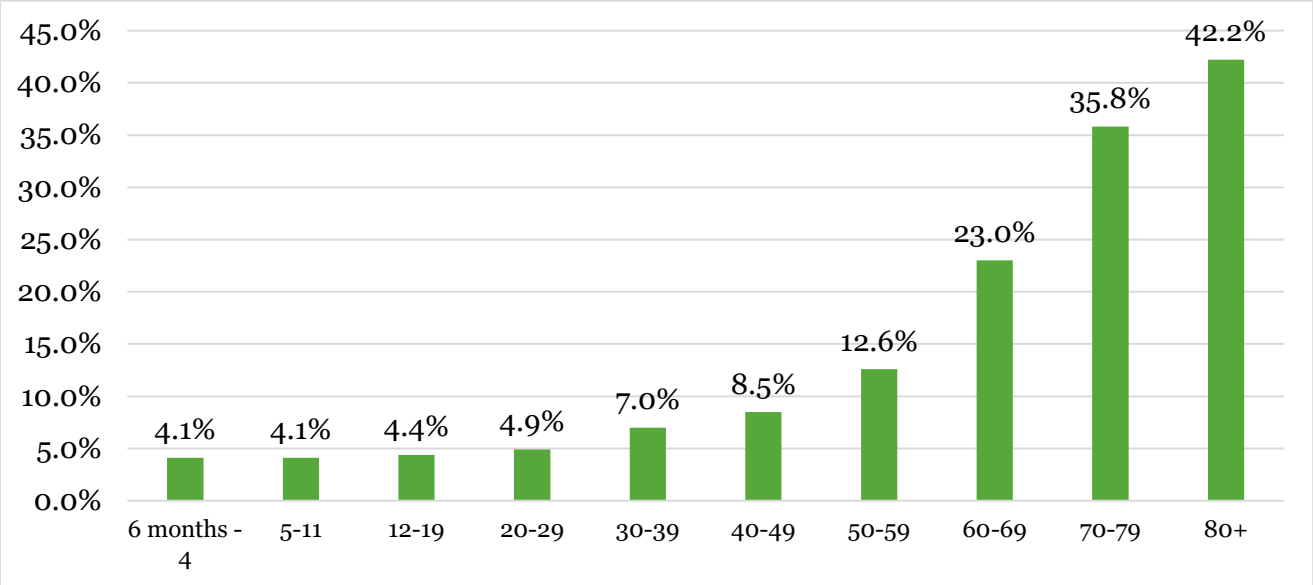
*Received a dose of the COVID-19 vaccine on or after October 21, 2024, and prior to testing positive for COVID-19.

Vaccination

Since the start of the vaccination campaign on October 21, 2024, 15.1 % of the NL population (age 6 months+) received a dose of the latest formulation of the COVID-19 vaccine. Vaccination rates were highest in the 65+ year old age group (Figure 11).

Vaccination reduces the risk of severe outcomes related to COVID-19. During the 2024/2025 season, individuals who received a dose of the updated COVID-19 vaccine formulation were estimated to have a 68% lower likelihood of hospitalization, after adjusting for factors such as age and sex. While this estimate is subject to uncertainty, the findings underscore the continued importance of annual immunization.

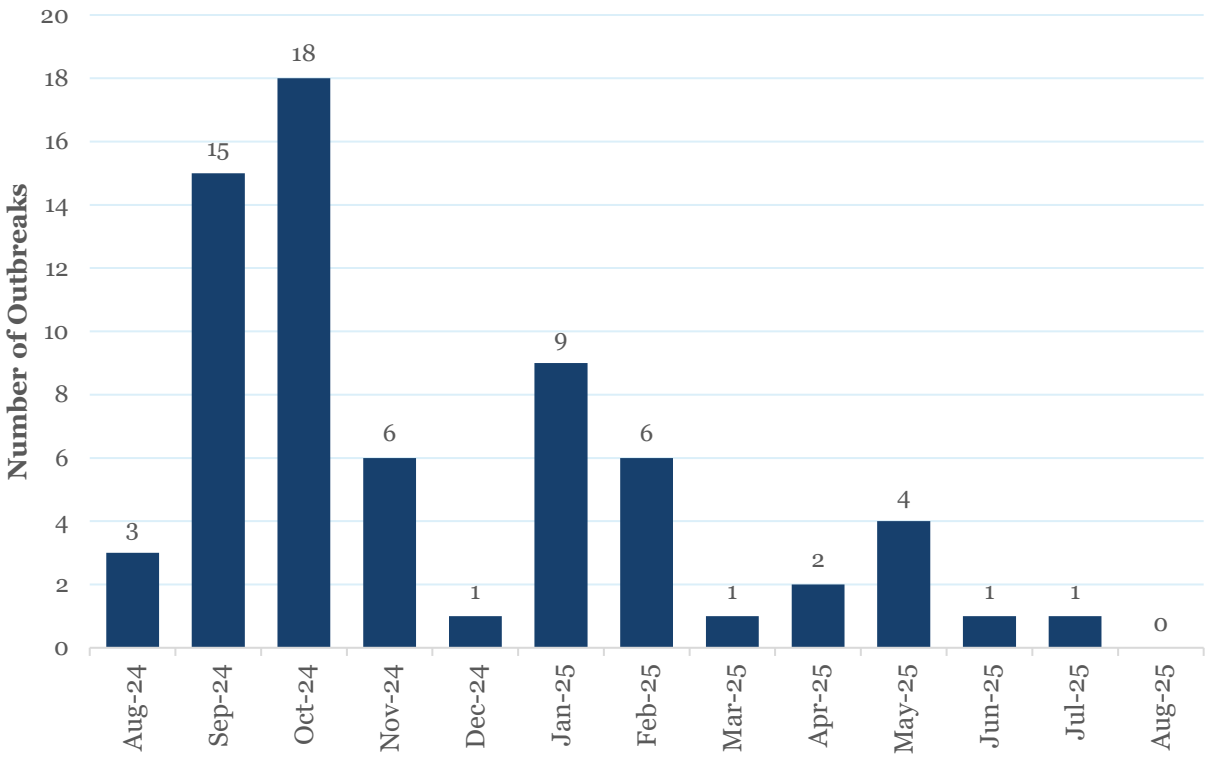
Figure 11. COVID-19 Vaccination Rates in NL, 2024/2025 Season, By Age Group



COVID-19 Outbreaks

The number of COVID-19 outbreaks in acute care and institutional settings peaked in October 2024.

Figure 12. Number of COVID-19 Outbreaks by Month, NL, 2024/2025

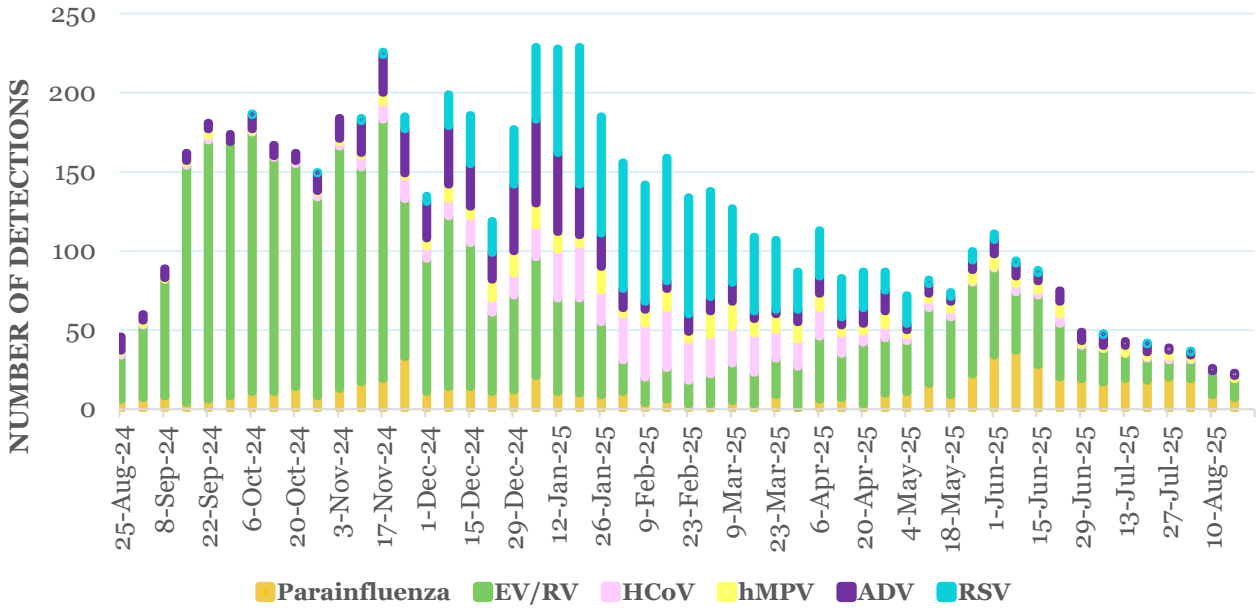


Other Respiratory Pathogens

Overview

- At the beginning of the respiratory season, enterovirus and rhinovirus (EV/RV) were the predominant circulating other respiratory pathogens.
- Respiratory syncytial virus (RSV) became the predominantly circulating other respiratory pathogen in the middle of January 2025.
- While influenza activity peaked in March, other respiratory pathogen activity peaked in January.
    - At the peak, activity of EV/RV and RSV were highest.

Figure 13. Number of Other Respiratory Laboratory Detections by Week, NL, 2024/2025



Syndromic Surveillance

- Syndromic surveillance involves the collection of population health indicators for the monitoring of infectious disease trends.
- The percentage of ED visits presenting with influenza-like-illness (ILI) symptoms and the number of 811 Healthline calls for ILI symptoms provides additional insight into the levels of circulating respiratory viruses.
- The peak of ILI occurred in the week starting January 19, 2025, which was consistent with the 2023/2024 season (Figure 14).
- The peak of 811 (Healthline) calls for ILI occurred at slightly earlier at the end of December 2024 (Figure 15).

Figure 14. Percent of ED Visits with Influenza-Like-Illness (ILI) (%) by Epidemiological Week, NL, 2024/2025

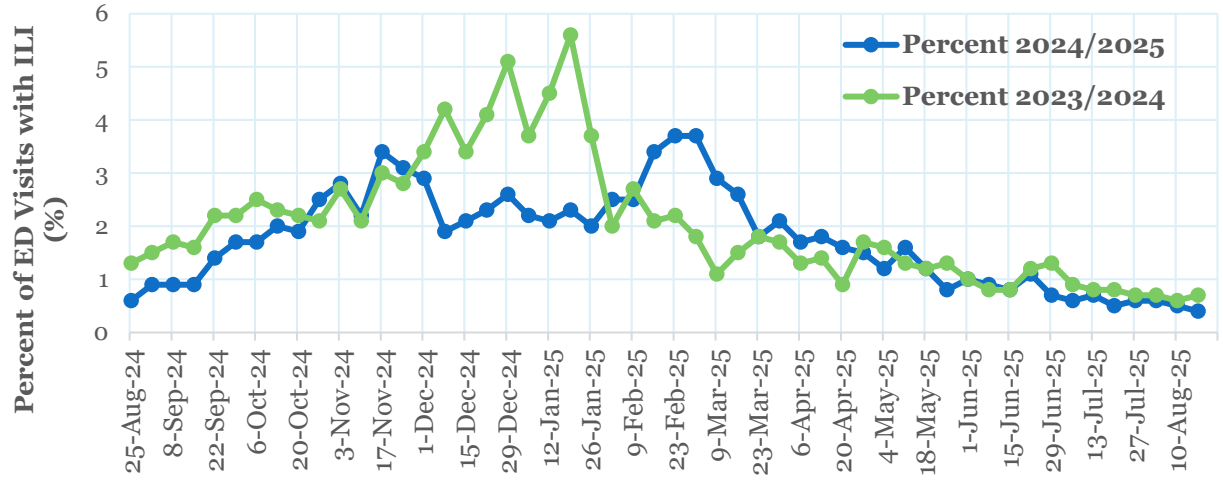
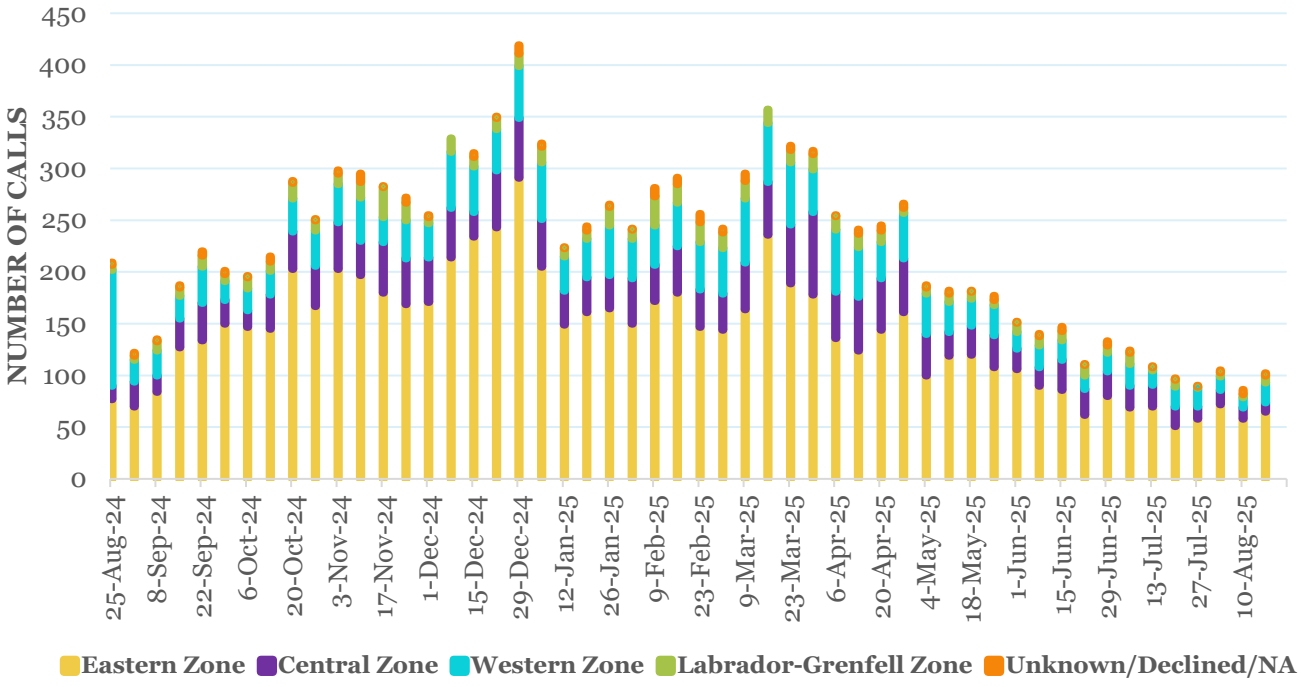


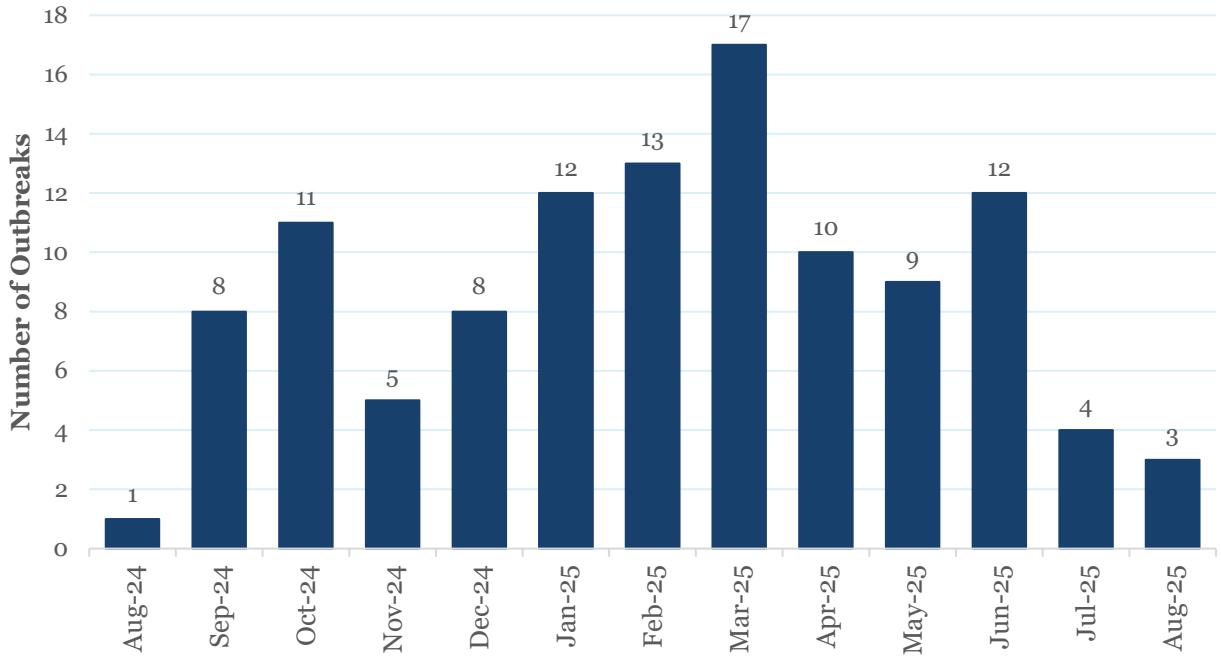
Figure 15. Number of Healthline (811) Calls for Influenza-Like-Illness (ILI), by Epidemiological Week and Health Zone, NL, 2024/2025



Outbreaks

➔ The number of outbreaks in acute care and institutional settings caused by other respiratory viruses was highest in March 2025.

Figure 16. Number of Institutional Outbreaks Caused by Other Respiratory Pathogens* by Month, NL, 2024/2025



*Other respiratory pathogens include parainfluenza, EV/RV, HCoV, hMPV, ADV, and RSV.

Technical Notes

Considerations

- All laboratory-confirmed influenza, COVID-19, and severe respiratory illness (SRI) are reported to the Regional Medical Officer of Health (RMOH) or designate responsible for accurate and timely provincial reporting.
- The data presented here are from August 25, 2024, to August 23, 2025; report weeks from various sources may not align exactly.
- Surveillance is a continuous process. Fluctuations in data occur with each update.
- The 2020/2021 season was omitted from the five-year average for influenza cases due to no influenza activity.
- For more information on influenza in Canada see the Public Health Agency of Canada website: http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/index-eng.php
- For more information on COVID-19 in Canada see the Public Health Agency of Canada website: https://health-infobase.canada.ca/covid-19/
- To reflect the most up-to-date data, this report was last updated on August 27, 2025.

Data Sources

- **COVID-19 Cases***:* COVID-19 Tracker, Health Information System (Meditech), Newfoundland and Labrador Health Services, Public Health Microbiology Laboratory.
- **Influenza Cases***:* Communicable Disease Control Influenza Reporting Tool, Newfoundland and Labrador Health Services.
- **COVID-19 Outbreaks**: COVID-19 Tracker, Health Information System (Meditech), Newfoundland and Labrador Health Services, Public Health Microbiology Laboratory.
- **Influenza Outbreaks**: Canadian Network for Public Health Intelligence (CNPHI).
- **Other respiratory pathogen cases (RSV, ADV, hMPV, EV/RV, HCoV, Parainfluenza)***:* Respiratory Virus Detection Surveillance System, Public Health Agency of Canada; Public Health Microbiology Laboratory, Newfoundland and Labrador Health Services.
- **Other respiratory pathogen outbreaks:** Canadian Network for Public Health Intelligence (CNPHI).
- **Vaccination Coverage***:* Pharmacy Network, Health Information System, and Electronic Medical Record.
- **Healthline***:* Newfoundland and Labrador Healthline
- **ILI***:* Health Information System (Meditech), Newfoundland and Labrador Health Services.

Definitions

Epidemiological Week: Seven-day period, from Sunday to Saturday, according to the national FluWatch weeks calendar.

Influenza-like-illness: Onset of respiratory illness with fever and cough and one or more of the following: sore throat, arthralgia, myalgia or prostration, which could be due to influenza virus.

Surveillance Season: Timeframe in which respiratory activity is measured, from epidemiological week 35 to epidemiological week 34. The 2024/2025 surveillance season was from August 25, 2024, to August 23, 2025.

Abbreviations

ADV: Adenovirus

COVID-19: Coronavirus disease 2019

ED: Emergency department

EV/RV: Enterovirus/Rhinovirus

HCoV: Human coronavirus (seasonal coronavirus)

hMPV: Human metapneumovirus

ILI: Influenza-like-illness

NL: Newfoundland and Labrador