WINDSOR REGIONAL HOSPITAL

Respiratory Virus Season and Surge Readiness 2026-27

Update for the Board and media
As of November 3, 2026

At a glance: quiet start, preparing now

Activity is low locally, provincially and nationally. We are preparing for the rise expected in the coming weeks and the usual peak in early January.

17

positive tests at WRH since Oct 1

of about 220 patients tested: 10 influenza A, 5 COVID-19, 2 RSV

900

vaccinated against influenza

736 staff and 164 volunteers, contractors, students and physicians (Nov 2)

Very low

RSV in every province and territory

Ontario very low for influenza, COVID-19 and RSV (week ending Oct 24)

New

Paediatric and NICU visitor restrictions

Seasonal limits on visitors began this week to protect children and infants

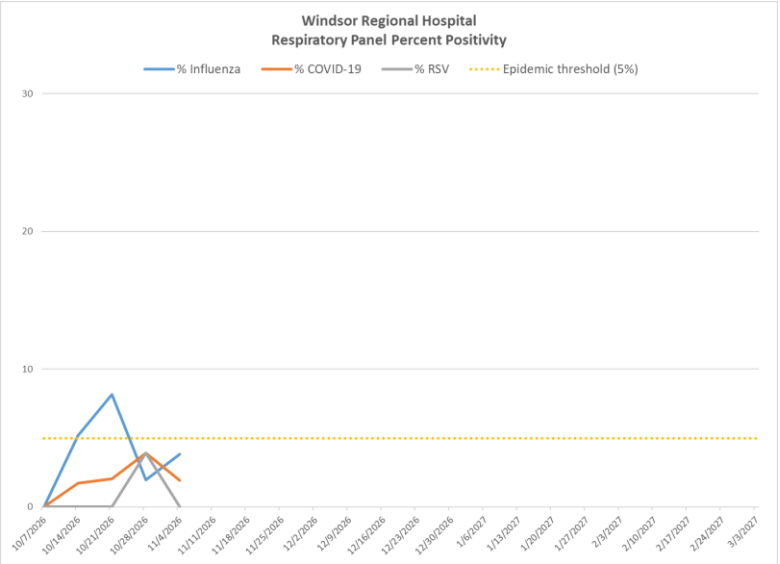
All three viruses are below the 5% warning level

Virus	Positive at WRH (Oct 1 to date)	Latest weekly positivity	Ontario
Influenza A	10	About 4%	Very low
COVID-19	5	About 2%	Very low
RSV	2	0%	Very low

In hospital: no more than 3 patients with COVID-19, influenza or RSV in any week.

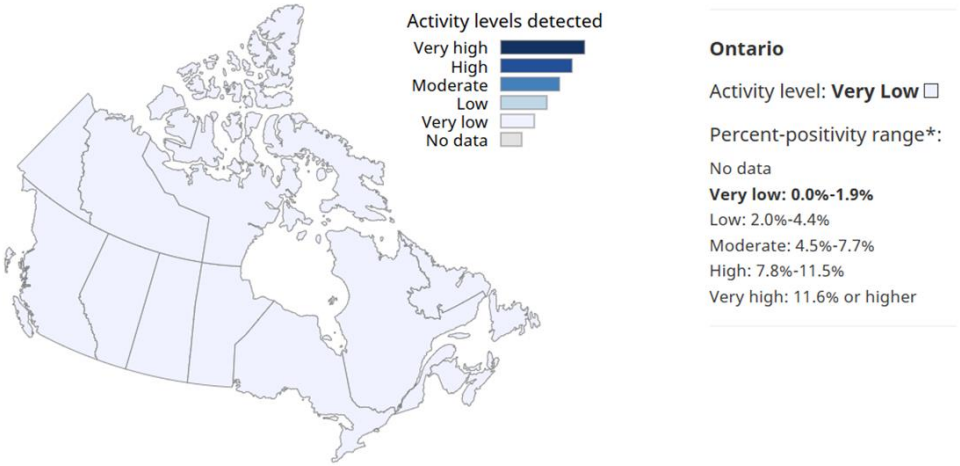
Mid-October: influenza briefly reached about 8% before falling back.

Above 5%: expect more ED visits, admissions and staff illness.



RSV is very low across all of Canada

Figure 1: Map of RSV activity levels by province and territory in Canada, week 42 (week ending October 24, 2026)



Source: Public Health Agency of Canada, respiratory virus surveillance, week ending October 24, 2026

RSV

Very low in every province and territory.

Influenza

Higher in parts of western and northern Canada. National positivity has already passed 5%.

Ontario

Very low for influenza, COVID-19 and RSV.

A quiet start does not mean a mild season

NOW

Low activity

All three viruses below 5% at WRH and very low in Ontario.

NEXT 2 WEEKS

Influenza rises

Influenza activity and hospitalizations expected to increase in Ontario. COVID-19 and RSV stable.

EARLY JANUARY

Expected peak

A spike in cases in the first two weeks of the New Year, as in previous seasons.

What Australia's season tells us

Unusually quiet January to June, then a rapid rise from late July. The peak came later, but the overall pattern matched 2023 and pre-pandemic seasons.

Possible reasons: strong immunity after late-2025 season, lower early vaccine effectiveness, and colder weather from mid-July.

900 people vaccinated against influenza

736 staff

164 volunteers, contractors, students and physicians

As of November 2, up from 666 staff on October 30. Provincial target: 75% of staff. Inpatients are offered influenza, RSV and COVID-19 vaccines; outpatients and staff can get them at W.E. Care pharmacies.



Masking and infection prevention

- Masking within 2 metres of coughing patients, for suspected respiratory infection, and for staff returning after illness
- Watching local data to decide when to mask within 2 metres of all patients, as most Southwestern Ontario hospitals do
- November: reviewing surveillance and outbreak policies and refreshing masking practice with frontline staff

Seasonal visitor restrictions now in place

Starting this week, to protect children and infants during respiratory virus season.

Paediatric Unit

Hours	8:00 am to 8:00 pm. One caregiver may stay overnight
At one time	2 visitors per family, including parents
Age	All visitors over 16, including siblings
Illness	No visiting with cough, fever, chills or sore throat until well. Tell staff before entering

NICU

Hours	Parents 24 hours, except shift change (6:45 to 7:45 am and pm). Others 12:00 to 6:00 pm with a parent at the bedside
At one time	2 visitors per family, including parents
Age	All visitors over 16, including siblings
Illness	Same as Paediatrics, with strict screening at entry

The challenge: two years of sustained surge

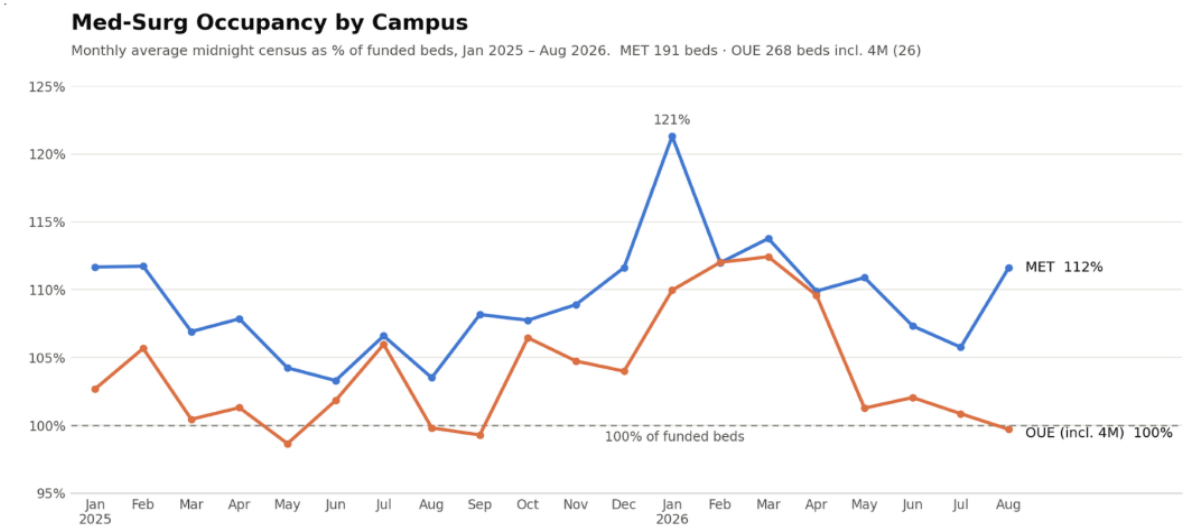
Medicine and Surgery have run above funded capacity at both campuses, consistent with the provincial pattern.

110%+

Medicine and Surgery capacity, sustained

121%

Met Campus peak, January 2026



What we learned

Surge spaces need clear criteria to flex up during sick calls, and unconventional spaces need proper equipment and supplies.

Surge readiness: the 4 S's

Built on lessons from two years of near-continuous surge, when Medicine and Surgery ran above 110% capacity.

Space

Pre-named surge spaces at the Met and Ouellette campuses, each with one accountable leader

Staffing

Clear criteria to flex up during sick calls; December holiday coverage confirmed

Supply

Surge-space kits: workstations on wheels, call bells and marked spaces

Systems

Clear triggers, real-time decisions, escalation and notification

Escalation pathway

Normal
Business as usual flow

Level 1
Campus actions; daily huddle focus

Level 2
Corporate actions; notify OH atHome and regional table

Level 3
Full corporate response

Key local actions, October to March

Patient flow

Home First discharge planning, H2H program, transitional care beds, weekly planning with OH atHome

Emergency

Early-warning and sepsis framework, admission avoidance pathway. Urgent Medicine Clinic utilization.

Critical care and paediatrics

Critical care surge policy, staffing plans for surge beds, paediatric surge beds

OCT
Surge plans signed off; flu campaign

NOV
Test triggers and surge spaces

DEC
Holiday staffing confirmed

JAN
Expected peak; daily huddles

FEB
Sustain ALC and ED flow

MAR
Season ends; debrief

Sources

- Public Health Agency of Canada: Respiratory virus surveillance (week ending Oct 24, 2026)
- Public Health Ontario: Ontario Respiratory Virus Tool
- Australian Respiratory Surveillance Report, October 5 to 18, 2026
- Ontario Health, Fall/Winter 2026/27 Operational Direction (October 8, 2026)
- WRH microbiology laboratory, Employee Health and Infection Prevention and Control data