

TARRANT VIRAL WATCH

February 2026 Newsletter

TARRANT News & Updates



Greetings sentinels,

We are mid-way through the 2025-26 respiratory virus season, which has been quite eventful so far. To all our new sentinels who joined us in the past month – welcome! We are thankful to all sentinels for their diligence in submitting swabs to Tarrant so far this year, as we received over 400 swabs in December alone.

Season update

As many primary care physicians experienced in practice, this season has been characterized by an unusually high influenza A H3N2 peak, with 46% of swabs testing positive throughout December (Figure 1, Table 1). Since then, influenza A positivity has decreased substantially, and influenza B positivity has begun to increase a little earlier than in previous seasons. At this point, we also usually would have seen weekly RSV case positivity rates above 10% lasting from mid-December to January, but positivity has remained low so far and only peaked above 10% in the beginning of February.

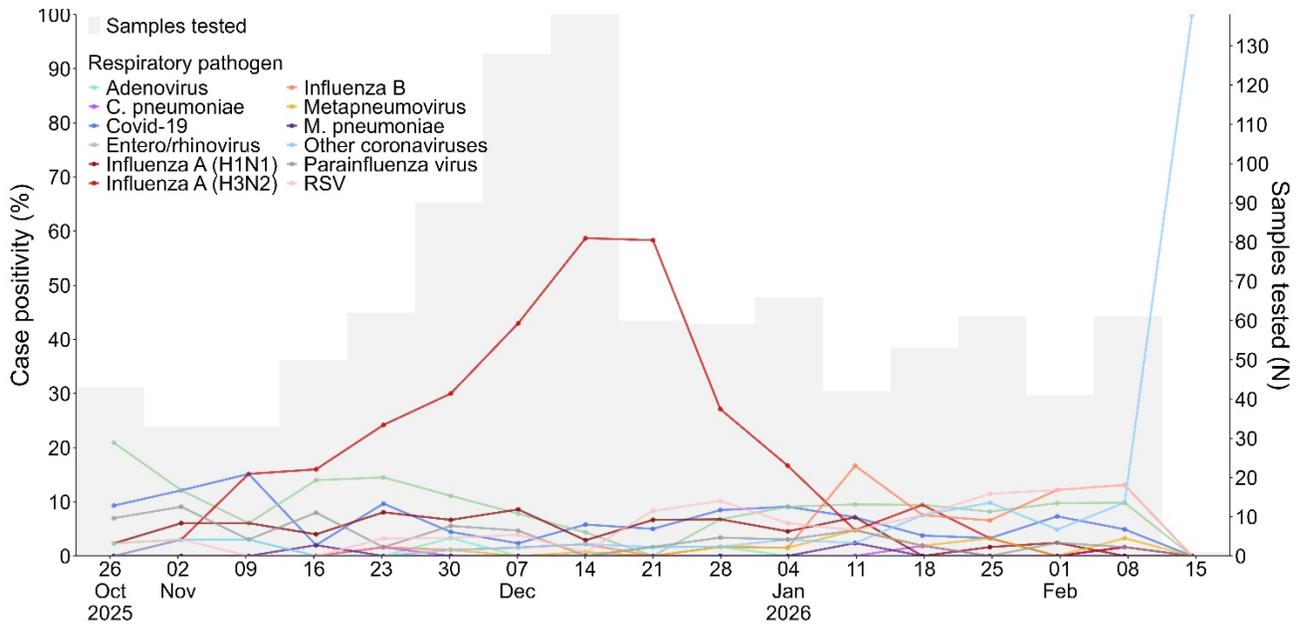
Month	Samples tested (N)	Case positivity (# positive)											
		Influenza A (H1N1)	Influenza A (H3N2)	Influenza B	RSV	Covid-19	Other coronaviruses	Parainfluenza virus	Meta-pneumovirus	Enterovirus/rhinovirus	Adenovirus	Chlamydia pneumoniae	Mycoplasma pneumoniae
November 2025	183	6.0% (11)	15.8% (29)	0.5% (1)	1.6% (3)	9.8% (18)	1.1% (2)	5.5% (10)	0.0% (0)	12.0% (22)	1.1% (2)	0.5% (1)	0.5% (1)
December 2025	457	6.1% (28)	46.0% (210)	1.3% (6)	3.5% (16)	5.0% (23)	1.8% (8)	2.8% (13)	0.4% (2)	6.6% (30)	1.1% (5)	0.0% (0)	0.0% (0)
January 2026	239	3.3% (8)	10.0% (24)	7.1% (17)	8.8% (21)	5.4% (13)	5.4% (13)	2.1% (5)	2.9% (7)	8.4% (20)	0.0% (0)	0.4% (1)	0.4% (1)
February 2026	103	1.0% (1)	1.0% (1)	12.6% (13)	12.6% (13)	5.8% (6)	8.7% (9)	1.9% (2)	1.9% (2)	9.7% (10)	1.0% (1)	1.0% (1)	0.0% (0)
Total	640	4.9% (48)	26.9% (264)	3.8% (37)	5.4% (53)	6.1% (60)	3.3% (32)	3.1% (30)	1.1% (11)	8.4% (82)	0.8% (8)	0.3% (3)	0.2% (2)

Table 1: Monthly case positivity and positive cases of respiratory pathogens reported to Tarrant

Figure 1: Weekly case positivity of respiratory pathogens and total number of samples submitted weekly to Tarrant

Your data goes to Geneva!

The interim analysis of vaccine effectiveness this season, as published recently in Eurosurveillance, will be one of the sets of information used in the WHO Meeting that decides



next year’s vaccine composition, to occur in this last week of February.

Dr. Danuta Skowronski, from the BCCDC, is the team leader for the four-province Sentinel Practitioner Surveillance Network (SPSN). Last week she gave a presentation on this season’s results, showing the connections between the viral structures, the immunological responses and how vaccine effects vary with age, because of the prior experience of different cohorts of people. While this has little clinical significance, it is quite intellectually fascinating, and can be found at the BCCDC grand rounds website for those who are interested:

<https://nexuswebcast.mediasite.com/mediasite/Showcase/bc-cdc-showcase>

Virus highlight: Respiratory Syncytial Virus (RSV)

After analyzing data from the 5,216 swabs submitted to Tarrant since November 2021, we found 234 cases (4.4%) that tested positive for RSV. Epidemic periods - where weekly case positivity exceeds 10% for two or more consecutive weeks – typically began in mid- to late-December, lasting several weeks into the new year. However, we are only just now seeing the 10% threshold being met in the 2025-26 season, which began in the last week of January and is currently ongoing.

Overall, there was no difference in infection by sex or the presence of chronic medical conditions, but a distinct trend in RSV infection by age. During epidemic periods, the probability of having RSV is about 50% for children under 4-years old who present to their primary care physician with acute respiratory illness. This probability of infection decreases with age until adulthood, when it begins to increase again, with a 28.6% probability of infection in individuals 80-years old and older.

For more information on these results, please review our poster “*Epidemiology of RSV in Community Practices*”, which will also be presented at the upcoming 2026 Family Medicine Summit on March 6 in Calgary.



Epidemiology of RSV in Community Practices



Introduction

Respiratory syncytial virus (RSV) is a major cause of acute respiratory illness (ARI) that circulates seasonally, largely affecting young children and older adults. The epidemiology of RSV has typically been described using information from hospitalized cases, focused on children under 3 years old and elderly people. However, much RSV occurs in community cases. Using data collected through an ongoing sentinel surveillance network, we therefore describe the epidemiology of RSV cases presenting with ARI to community practices in Alberta.

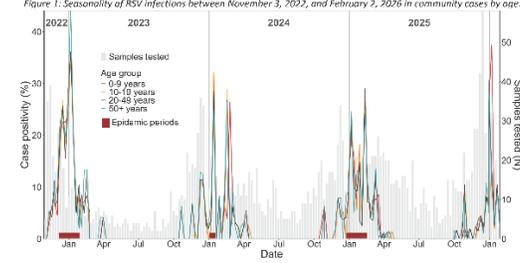
We investigated:

- 1 When RSV epidemics occur
- 2 Age distribution of RSV infections
- 3 Predicted probability of RSV diagnosis by age

Results

Demographics: Swabs were obtained from 5,216 patients. Ages ranged from one month to 100 years old, with a median age of 39 years old (IQR: 20-59). 59.0% of participants were female and 27.4% had at least one chronic medical condition. The distribution of sex and chronic medical conditions was consistent across all seasons. The proportion of patients immunized for RSV increased between the 2024-25 (2.1%) and 2025-26 (5.7%) seasons.

Figure 1: Seasonality of RSV infections between November 3, 2022, and February 2, 2026 in community cases by age.



Predicted probability: Predicted probability of RSV infection during epidemic periods was highest in children under two and between 2 and four years old. Predicted probability decreased with age until the 15 to 19 years age group and then increased with age (Table 2). Overall, the model demonstrated the highest level of predicted probabilities in young children and older adults, with fair discrimination (AUC = 0.71).

Age group (years)	Predicted probability (%), 95% CI
<2	57.9 (35.6-77.4)
2 to 4	48.3 (31.1-65.9)
5 to 9	22.5 (12.1-37.9)
10 to 14	2.3 (0.3-14.4)
15 to 19	4.8 (14.3-29.0)
20 to 49	20.7 (14.3-29.0)
50 to 64	16.0 (9.6-25.7)
65 to 79	16.0 (9.6-25.7)
80+	28.6 (13.4-50.8)

Methods

This analysis occurred as part of an Alberta-based respiratory pathogen surveillance system of primary care physician “sentinels” who have been collecting and reporting data since 1975 (TARRANT network, REB15-0587). From consenting patients presenting at community clinics with ARI, sentinel physicians collect swabs that are tested at Alberta’s Precision Laboratories using a multiplex pathogen panel. Laboratory results are paired with patient questionnaires detailing patient characteristics and vaccine history.



We analyzed all records collected between November 3, 2022, and February 2, 2026 for this study. Collected records were categorized into yearly respiratory virus seasons beginning and ending late August.

Receipt of an RSV vaccine was only included on the 2024-25 and 2025-26 season questionnaires. Epidemic periods were characterized by the first and last of two consecutive weeks with an RSV case positivity $\geq 10\%$. Odds ratios (OR) from logistic regression were used to estimate predicted probabilities of RSV infection.

Conclusions

The RSV season starts near the end of December each year, with varying intensity, and lasts up to seven weeks. Infection occurs similarly in males and females, and affects all ages, with highest rates among children under five years and adults above 80 years old. During epidemic periods, the probability of RSV is around 50% in children presenting to primary care physicians with ARI symptoms.

Limitations: Our sample comprises symptomatic patients who were sick enough to attend primary care physicians, and does not represent the general Alberta population. False-negatives may occur due to inadequate swabbing technique or lower viral load in patients with early- or late-stage infection.

Seasonal variability in RSV intensity and epidemic structure since the end of the COVID-19 pandemic highlight the importance of sustained, community level monitoring to support timely public health response. RSV is an infection of all ages, suggesting that it infects people recurrently throughout life, but usually only causes severe infection in young children and older adults. Future community-based surveillance and comparison with hospital-based trends will help establish a baseline for future investigations into the effectiveness of the novel RSV immunization in Canada.

Additional information

Visit the TARRANT website for more information [→](#)



Emilie Toews, Dr. James A. Dickinson

Sentinel Payments

We are processing swab payouts for the 2025 calendar year and expect that payments should be made to you by the end of the month. For those who we have reached out to complete payment forms, please return them so we can proceed with the Medical Faculty payment process.

Farewell Anamika and welcome back, Aunshu

Anamika Kambo worked with us on a short-term contract and has now moved on to her Nursing Degree. Thanks, Anamika, for all your hard work!

Finally, we are welcoming back Aunshu Goyal, a long-time member of the Tarrant team who has been away on maternity leave. We are pleased to have her back on the team as we move forward with many exciting things this season!

Kind regards,

The Tarrant Viral Watch Team