



# 2025-26 Seasonal Respiratory Surge Exercise

Ministry of Health

July 2025

Ontario 

# Exercise Outline

Sections	Suggested Time for Completion
<b>Introduction:</b> <ul style="list-style-type: none"><li>• Context</li><li>• Exercise Purpose &amp; Objectives</li><li>• Planning Assumptions</li></ul>	15 min.
<b>Exercise Scenario:</b> <ul style="list-style-type: none"><li>• Phase 1</li><li>• Phase 2</li></ul>	45 min. 45 min.
<b>Hot Wash</b>	15 min.
<b>Total Time</b>	<b>2 hours</b>

# Context

- Current data indicates ongoing risk from COVID-19, as well as seasonal respiratory season risk from influenza, RSV and other viruses. Additionally, there are other **ongoing risks** to the health care system such as measles.
- Per emergency management best practices, **effective planning and preparedness** can be fostered in the facilitation and participation of emergency exercises.
- Exercises provide a low-risk, cost-effective environment **to test and validate plans, policies, procedures and capabilities**; and **identify resource requirements, capability gaps, strengths, areas for improvement, and potential best practices**. These exercises are a useful way to maintain and strengthen coordination tables and networks that may be used during respiratory season.
- As the province looks towards the 2025-2026 respiratory season, there are opportunities to inform both health system and community-level readiness to seasonal respiratory pathogens through the roll-out of a **respiratory exercise**.
- We understand that the burden of respiratory diseases disproportionately affects populations already facing health inequities – including Indigenous, Black, and other racialized, low-income, and newcomer communities. Health and social inequities are exacerbated during such outbreaks.

# Planning Assumptions

- Players are responding with the **resources, plans and processes** already available to them at the time of the exercise; **no additional funding/resources should be assumed** e.g. additional assessment centres being funded by the province.
- Players are responding with the direction already available to them at the time of the exercise; **no additional guidance should be assumed** e.g. universal masking direction from province.
- The exercise **scenarios do not reflect real data for the 2025-2026 respiratory season**. Actual planning assumptions for what is anticipated will be updated and shared closer to the season as the ministry receives more information from various jurisdictions.

# Exercise Purpose & Objectives

**Purpose:** Exercise preparedness and response plans to bolster health system and community-level readiness and resilience for future pandemics and infectious disease threats.

*We thank all participants of the 2024 exercise. Your feedback has been instrumental in enhancing this year's experience. In response to the feedback received, we have made improvements to this year's Exercise Package, tailoring the content to be more adaptable and data-centric, facilitating a more comprehensive discussion. Additionally, we have expedited the delivery of the Package, providing it two months in advance of last year's timeline. This proactive measure aims to facilitate earlier planning sessions and foster broader stakeholder engagement*

## Objectives



**Validate** governance/response structures related to respiratory season readiness planning and/or response



**Validate** roles and responsibilities related to respiratory season readiness planning and/or response.



**Identify** planning and/or response readiness gaps to mitigate risks related to respiratory season.



# Scenario – Phase 1

Today is October 7, 2025...

## Pathogen Report:

- Influenza is still **very low** at inter-seasonal levels (<5% positivity)
- RSV is still **low** but rising and currently at 7% positivity. COVID-19 (12% positivity) continues to circulate at **moderate** levels.
- There are ongoing sporadic cases and clusters of measles across the province.

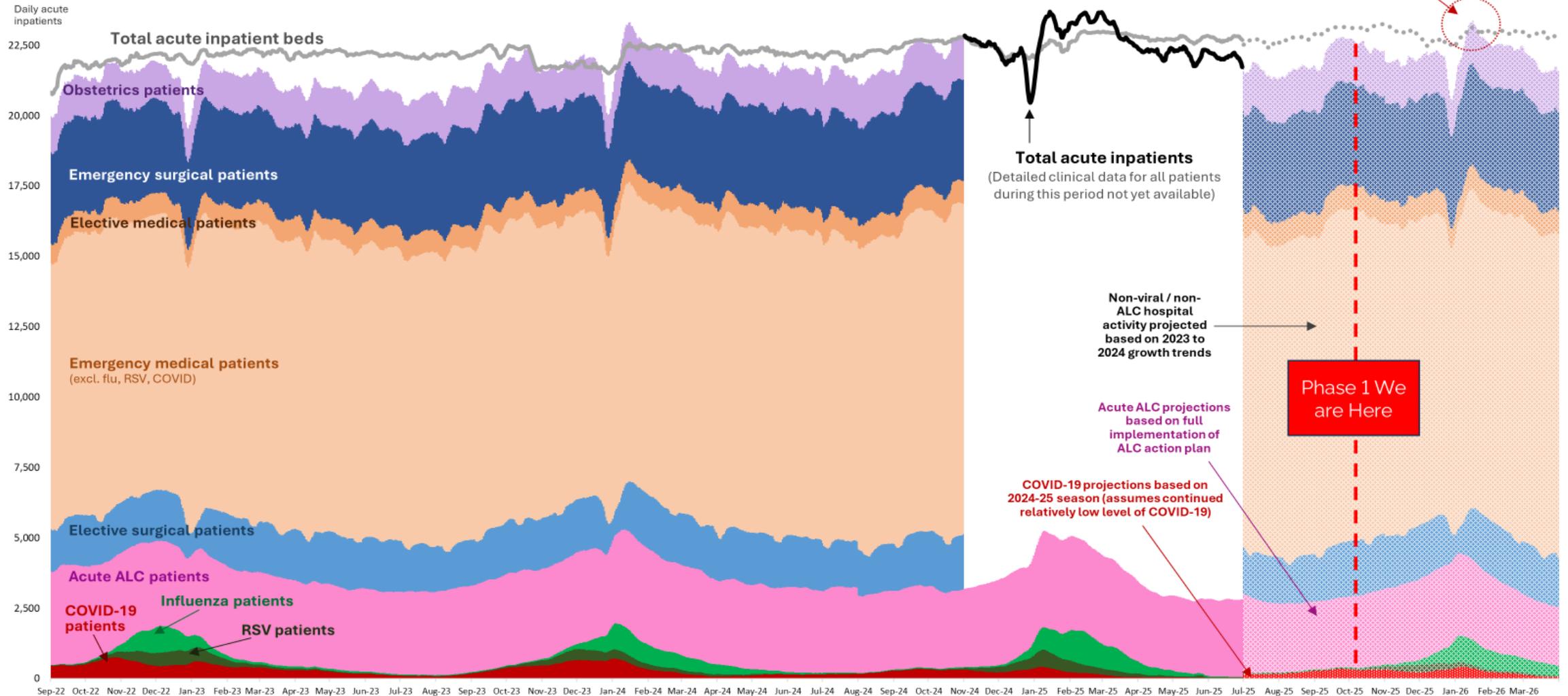
## Additional Updates:

- Influenza and COVID vaccines are available for high-risk groups, and influenza vaccine will soon be available for the general population.
- There has been low uptake of influenza, COVID and RSV vaccines in LTCH/RHs so far.
- Infant RSV immunization is continuing in hospitals and primary care.
- A healthcare worker in your pediatric unit tested positive for measles, prompting contact tracing and staff isolation resulting in temporary staff shortages.
- There are local complaints of difficulty accessing testing to support treatment for COVID-19 in your region.
- LTCH/RHs are seeing an increase in respiratory outbreaks and have run into challenges with expired testing kits and initiating outbreak protocols.

## Fall-Winter 2025-26 Acute Inpatient Demand Forecast (All ages)

Based on moderate RSV/influenza season modeled on 2023/24 season + high rate of nirsevimab uptake in infants + relatively rate of RSV vaccine uptake in seniors  $\geq 75$  + full implementation of the ALC Action Plan with adequate community capacity

Forecast: July 1, 2025 to March 31, 2026



Forecasted winter surge peak (Early / mid- January)

Total acute inpatients (Detailed clinical data for all patients during this period not yet available)

Non-viral / non-ALC hospital activity projected based on 2023 to 2024 growth trends

Acute ALC projections based on full implementation of ALC action plan

COVID-19 projections based on 2024-25 season (assumes continued relatively low level of COVID-19)

Phase 1 We are Here

# Phase 1 Discussion Questions

## Immediate Questions

- What is your organization's role and responsibilities in this situation?
- What applicable plan/policy/procedure will you be using here?
- What coordination structures will you leverage and what health system partners will you engage?

## Themes to Consider During Discussion

- Roles, Responsibilities, and Coordination
- Risk Communication and Public Messaging
- Health Human Resources & Surge Capacity
- Continuity of Operations Planning/Emergency Management
- Vaccines, Testing, & Therapeutics
- Outbreaks & Infection Prevention and Control
- Surveillance, Modelling & Evidence
- Community & Community Settings
- Supplies & Equipment
- Hospitals & Emergency Medical Services
- High risk populations/communities

# Scenario – Phase 2

**Today is March 7th, 2026...**

## **Pathogen Report:**

- Influenza A and RSV activity is on the decline, but influenza B positivity rates are increasing, exceeding 10% in the last two weeks.
- COVID-19 levels have declined (10% positivity) and other respiratory viruses (other than COVID and Influenza) are still circulating.

## **Additional Updates:**

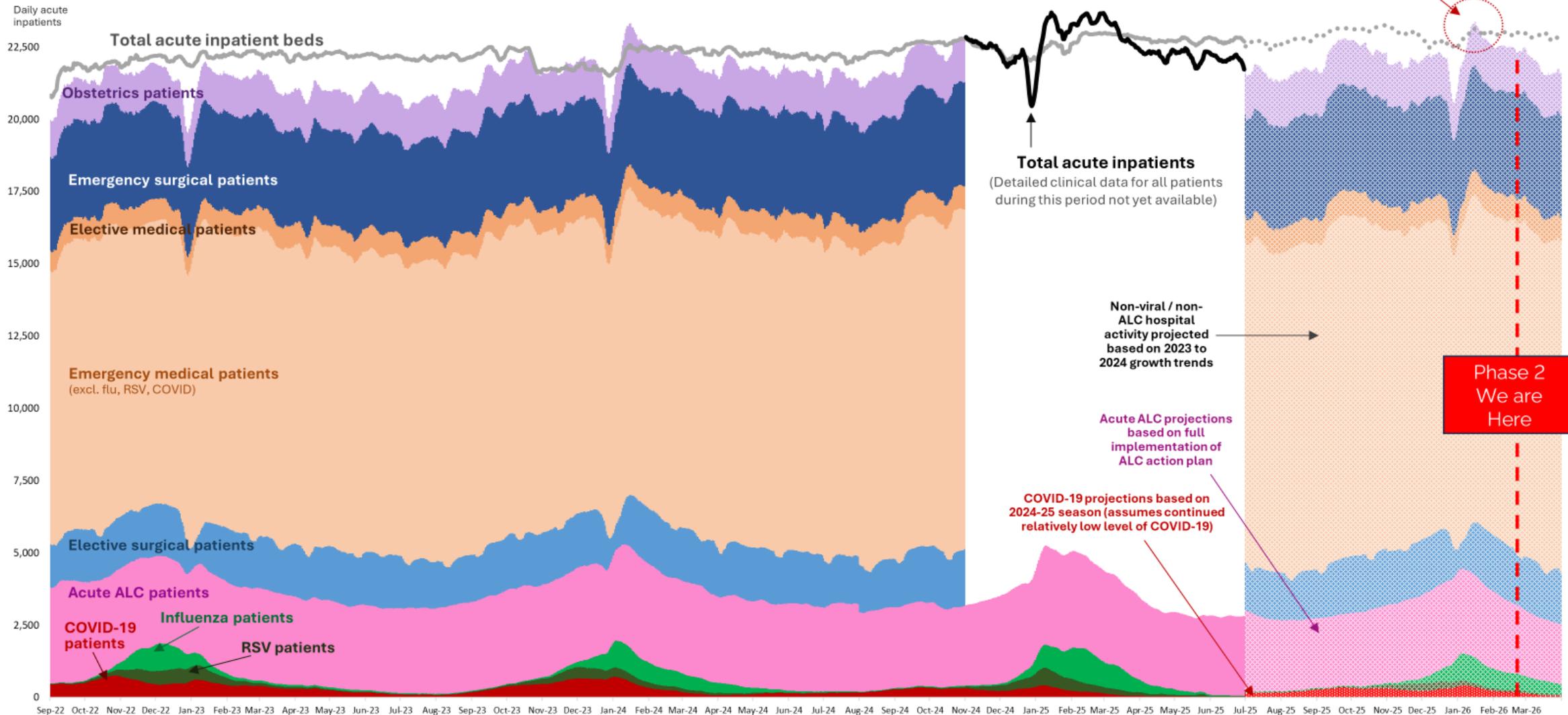
- A very long respiratory virus season has resulted in high occupancy for the past two months and is forecasted to remain high for the next several weeks.
- Home and Community Care clients in your region are experiencing delays in care due to ongoing snowstorm conditions and staff shortages. Hospital pressures are increasing post snowstorm due to demands across the system.
- Despite immunization efforts, a LTCH in your region reports the death of 5 seniors in 2 days due to COVID-19, whilst also dealing with a Norovirus outbreak, leading to persistent concerns among healthcare workers and residents in LTCH/RHs regarding the prolonged respiratory season.
- Staffing levels across all organizations are strained and resulting in intermittent ED service reductions in up to 10% of facilities.

# Phase 2 Data for Context

## Fall-Winter 2025-26 Acute Inpatient Demand Forecast (All ages)

Based on moderate RSV/influenza season modeled on 2023/24 season + high rate of nirsevimab uptake in infants + relatively rate of RSV vaccine uptake in seniors  $\geq 75$  + full implementation of the ALC Action Plan with adequate community capacity

Forecast: July 1, 2025 to March 31, 2026



# Phase 2 Discussion Questions

## Immediate Questions

- What is your organization's role and responsibilities in this situation?
- What applicable plan/policy/procedure will you be using here?
- What coordination structures will you leverage and what health system partners will you engage?

## Themes to Consider During Discussion

- Roles, Responsibilities, and Coordination
- Risk Communication and Public Messaging
- Health Human Resources & Surge Capacity
- Continuity of Operations Planning/Emergency Management
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- Hospitals & Emergency Medical Services
- High risk populations/communities

# End of Exercise



# Scenario Summary - Phases 1 and 2

	Phase 1 – October 7, 2025	Phase 2 - March 7th, 2026
<b>Pathogen Report (Surge Info)</b>	<ul style="list-style-type: none"> <li>Influenza is still at inter-seasonal levels (&lt;5% positivity)</li> <li>RSV is still low but rising and currently at 7% positivity. COVID-19 (12% positivity) continues to circulate at moderate levels.</li> <li>There are ongoing sporadic cases and clusters of measles across the province.</li> </ul>	<ul style="list-style-type: none"> <li>Influenza A and RSV activity is on the decline, but influenza B positivity rates are increasing, exceeding 10% in the last two weeks.</li> <li>COVID-19 levels have declined (10% positivity) and other respiratory viruses like human metapneumovirus, enterovirus/rhinovirus, and parainfluenza virus are still circulating.</li> </ul>
<b>Additional Information (Injects)</b>	<ul style="list-style-type: none"> <li>Influenza and COVID vaccines are available for high-risk groups, and influenza vaccine will soon be available for the general population.</li> <li>There has been low uptake of influenza, COVID and RSV vaccines in LTCH/RHs so far.</li> <li>Infant RSV immunization is continuing in hospitals and primary care.</li> <li>A healthcare worker in your pediatric unit tested positive for measles, prompting contact tracing and staff isolation resulting in temporary staff shortages.</li> <li>There are local complaints of difficulty accessing testing to support treatment for COVID-19 in your region.</li> <li>LTCH/RHs are seeing an increase in respiratory outbreaks and have run into challenges with expired testing kits and initiating outbreak protocols</li> </ul>	<ul style="list-style-type: none"> <li>A very long respiratory virus season has resulted in high occupancy for the past two months and is forecasted to remain high for the next several weeks.</li> <li>Home and Community Care clients in your region are experiencing delays in care due to ongoing snowstorm conditions and staff shortages. Hospital pressures are increasing post snowstorm due to demands across the system.</li> <li>Despite immunization efforts, a LTCH in your region reports the death of 5 seniors in 2 days due to COVID-19, whilst also dealing with a Norovirus outbreak, leading to persistent concerns among healthcare workers and residents in LTCH/RHs regarding the prolonged respiratory season.</li> <li>Staffing levels across all organizations are strained and resulting in intermittent ED service reductions in up to 10% of facilities.</li> </ul>

## Exercise Play

1. What were key enablers identified during the exercise (e.g., existing tools/resources/processes/coordination mechanisms)?
2. What are the top **3 key gaps/challenges** that your exercise group identified from this exercise?

## Exercise Design

1. What is the something from today's exercise that your group thinks future respiratory season exercises should **continue doing**?
2. What is the something from today's exercise that your group thinks future respiratory season exercises should **do differently**?



# Thank you

**...for participating in this exercise to support readiness and resilience to surges of respiratory pathogens in Ontario**