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# Australia's Flu Season Is a Warning for Canada

## SPARK: Conversations Podcast Episode Summary

**Episode Title:** 'Tis the Season – Flu, RSV, and COVID, A Heads Up from Down Under
**Source:** SPARK: Conversations | Children's Healthcare Canada
**Speakers:** Dr. Lindy Samson (CHEO, Ottawa, Canada) and Dr. Sarah McNab (Royal Children's Hospital, Melbourne, Australia)
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Australia's recent respiratory viral season offers an early warning for Canada. Pediatric centres faced unusually high and sustained demand caused by influenza, as well as RSV, COVID, and other respiratory viruses. The lessons below emphasize what was most important for hospitals, health systems, and clinical teams on the ground.

### What This Means for Canada Now

Based on Australia's recent experience and early signals already emerging across Canadian pediatric centres, leaders should consider the following immediate implications:

- **Prepare for an early, influenza-driven surge:** Unlike recent years where RSV dominated, influenza emerged earlier and at higher volumes. Canadian centres should ensure influenza-specific pathways, messaging, and capacity planning are in place now.
- **Plan for sustained pressure, not just a short peak:** Australia's season was prolonged rather than sharply peaked. Workforce, bed capacity, and surge models should assume weeks to months of elevated demand.
- **Expect ED crowding driven by low-acuity illness:** Limited access to primary care contributed to high ED volumes. Interim diversion strategies - virtual care, urgent care models, and clear public guidance - can help preserve hospital capacity for the sickest children.
- **Build flexibility into staffing models:** Staff illness and absenteeism compounded system strain. Flexible rosters, cross-training, and relief staffing pools across disciplines are critical to maintaining services.
- **Use inpatient flow levers aggressively:** Nurse-led or criteria-based discharges and short-stay models can meaningfully improve throughput during peak periods.
- **Do not let a positive viral test obscure bacterial risk:** Co-infection with serious bacterial illness (including group A strep) was observed alongside influenza. Clinical vigilance remains essential.
- **Continue pushing prevention - even through mid-season:** Low influenza vaccine uptake was a key driver of severity. Hospital–public health partnerships, trusted messengers, and family storytelling remain important tools, even once the season has begun.

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## Key Discussion Points

**1. Expect a long, sustained respiratory viral season.**

- Australia experienced a stronger and more prolonged influenza season than in previous years.
- Influenza activity persisted later into the year than expected, requiring long-term surge planning rather than short peak responses.

**Key takeaway:** Plan for endurance, not just a short surge. Sustained pressure strains staff, beds, and morale.

**2. Influenza was the dominant driver of pressure.**

- Admissions for influenza increased significantly compared to the prior year, even with reduced testing.
- RSV is back to its typical pattern, but hoping to see a reduction as a result of prevention measures introduced in pregnancy and newborns
- All staff at the Royal Children's Hospital are required to be vaccinated for the Flu and other respiratory VPDs, to help ensure a stable workforce.

**Key takeaway:** With influenza as the primary driver of pediatric admissions and system strain, focus efforts on surge planning, clinical readiness, and prevention efforts focused on the flu.

**3. Critically low vaccine rates will result in more cases over a longer season**

- Influenza vaccine coverage among children under five dropped by more than half compared with pre-pandemic levels in Australia.
- Hospitals observed that many admitted children were unvaccinated, reinforcing the preventable nature of severe disease.
- Trust seems to have shifted in terms of vaccine uptake and vaccine acceptability.

**Key takeaway:** Low flu vaccine uptake is likely a major contributor to hospital pressure. Mid-season messaging had limited impact.

**4. RSV immunization shows promise, but impact is still emerging**

- RSV immunization for pregnant women and newborns was introduced during this season in parts of Australia.
- Early uptake was uneven, and full impact data are not yet available.

**Key takeaway:** RSV prevention strategies are expected to reduce future burden but require time, uptake, and monitoring.

**5. Flexible staffing models were essential**

- Staff illness significantly reduced available workforce during peak viral activity.
- Hospitals benefited from:
  - Relief and flex rosters for junior medical staff
  - Increased flexibility at senior physician (consultant/attending) levels

  - Cross-training to allow redeployment across units
- Nursing and allied health teams were often better positioned due to larger, more flexible staffing pools.

**Key takeaway:** Surge planning must assume staff absenteeism and include built--in flexibility across disciplines.

**6. Protecting the health of healthcare workers helped system resilience**

- Post-pandemic- norms supported:
  - Mask use when caring for infectious patients
  - Staying home when sick
  - Strong infection prevention culture
- Mandatory influenza vaccination for healthcare workers helped protect staff and patients, though it did not fully eliminate sick leave.

**Key takeaway:** Infection prevention practices reduce workplace spread but must be paired with workforce contingency planning.

**7. Nurse-directed, criteria--led discharge planning -improved patient flow**

- Short--stay units using criteria-led (nurse--directed-) discharge enabled faster, safer patient flow.
- Clear discharge criteria (e.g., off oxygen, feeding independently) reduced reliance on physician availability.
- Families and nursing teams were empowered to discharge patients as soon as clinically appropriate.

**Key takeaway:** Nurse-led discharge models can meaningfully improve inpatient capacity during high-demand periods.

**8. Emergency department pressure reflected gaps in primary care**

- Many children presenting to EDs had low-acuity illness and limited access to timely- primary care.
- Australia invested in alternatives, including:
  - Urgent care centres for non-admitted- conditions
  - A statewide virtual emergency department, offering telehealth assessments, advice, and prescriptions
- virtual ED services, successfully diverted families who would otherwise have presented in person.

**Key takeaway:** System-level- alternatives to ED care can significantly reduce unnecessary presentations during viral surges.

**9. Watch for serious bacterial co-infections**

- Some of the sickest children had influenza coinfection with invasive bacterial diseases, particularly Group A Strep.

- Clinicians emphasized maintaining vigilance for bacterial infections even when a viral cause is identified.

**Key takeaway:** Influenza can increase the risk of severe secondary bacterial infections; clinical caution remains essential.

**10. Testing strategies shifted, but trends remained clear**

- Many centres reduced routine viral swabbing when results would not change individual management.
- Despite less testing, hospitals still saw a ~30% increase in influenza admissions, underscoring the true disease burden.

**Key takeaway:** Surveillance data may be incomplete, but the operational impact can still be substantial.

**11. Collaboration and communication supported resilience**

- Ongoing communication between hospital leaders across regions improved morale and problem-solving.
- Sharing real-time experiences helped teams adapt strategies quickly.

**Key takeaway:** Cross-jurisdictional learning - within and across countries - strengthens preparedness.