

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to February 08, 2021

This report includes the most current information available from CCM as of February 08, 2021.

Please visit the interactive <u>Ontario COVID-19 Data Tool</u> to explore recent COVID-19 data by public health unit, age group, sex, and trends over time.

A weekly summary report is available with additional information to complement the daily report.

This **daily** report provides an epidemiologic summary of recent COVID-19 activity in Ontario. The change in cases is determined by taking the cumulative difference between the current day and the previous day.

Highlights

- There are a total of 280,494 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 1,022 confirmed cases (percent change of -19.2%)
 - An increase of 17 deaths (percent change of -48.5%)
 - An increase of 1,388 resolved cases (percent change of -18.4%)

In this document, the term 'change in cases' refers to cases publicly reported by the province for a given day. Data corrections or updates can result in case records being removed and or updated from past reports and may result in subset totals for updated case counts (i.e., age group, gender) differing from the overall updated case counts.

The term public health unit reported date in this document refers to the date local public health units were first notified of the case.

Case Characteristics

Table 1a. Summary of recent confirmed cases of COVID-19: Ontario

	Change in cases February 07, 2021	Change in cases February 08, 2021	Percentage change February 08, 2021 compared to February 07, 2021	Cumulative case count as of February 08, 2021
Total number of cases	1,265	1,022	-19.2%	280,494
Number of deaths	33	17	-48.5%	6,555
Number resolved	1,700	1,388	-18.4%	259,991

Note: The number of cases publicly reported by the province each day may not align with case counts reported to public health on a given day; public health unit reported date refers to the date local public health was first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports.

Table 1b. Summary of recent confirmed cases of COVID-19 by age group and gender: Ontario

	Change in cases February 07, 2021	Change in cases February 08, 2021	Cumulative case count as of February 08, 2021
Gender: Male	640	512	137,287
Gender: Female	598	507	141,561
Ages: 19 and under	188	119	36,701
Ages: 20-39	457	382	102,531
Ages: 40-59	348	301	81,117
Ages: 60-79	203	182	40,552
Ages: 80 and over	68	38	19,541

Note: Not all cases have a reported age or gender reported. Data corrections or updates can result in case records being removed and or updated from past reports and may result in subset totals (i.e., age group, gender) differing from past publicly reported case counts.

Data Source: CCM

Table 2. Summary of recent confirmed cases of COVID-19 in school aged children by age group, August 30, 2020 to February 08, 2021: Ontario

	Change in cases February 07, 2021	Change in cases February 08, 2021	Cumulative case count from August 30, 2020 to February 08, 2021
Ages: 4 to 8	33	28	5,997
Ages: 9 to 13	43	18	8,198
Ages: 14 to 17	46	32	8,641

Note: Includes all confirmed cases of COVID-19 for specified ages, regardless of school attendance. Data corrections or updates can result in case records being removed and or updated from past reports and may result in subset totals (i.e., age group) differing from past publicly reported case counts.

Table 3. Summary of recent confirmed cases of COVID-19 in long-term care homes: Ontario

Long-term care home cases	Change in cases February 07, 2021	Change in cases February 08, 2021	Cumulative case count as of February 08, 2021
Residents	14	11	14,820
Health care workers	18	9	6,434
Deaths among residents	8	7	3,747
Deaths among health care workers	0	0	10

Note: Information on how long-term care home residents and health care workers are identified is available in the technical notes. Also, the change in cases in these categories may represent existing case records that have been updated.

Data Source: CCM

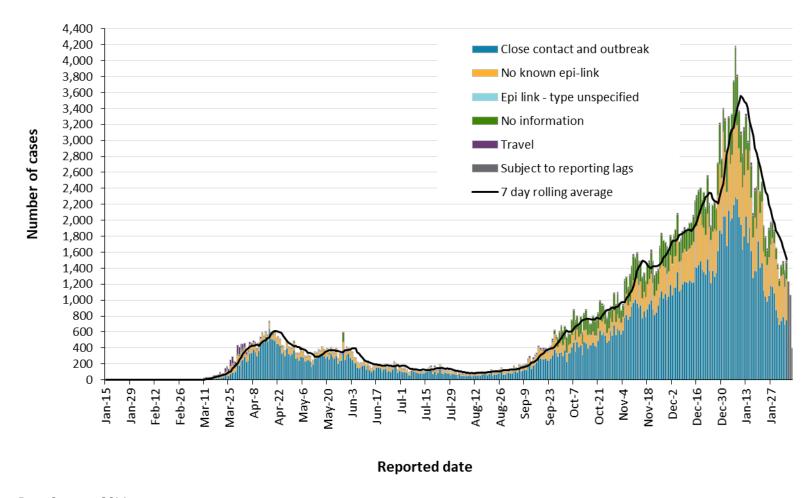
Table 4. Summary of confirmed variant of concern (VOC) cases: Ontario

Variant	Cumulative case count up to February 08
Lineage B.1.1.7	227
Lineage B.1.351	3

Note: Caution should be taken when interpreting VOC data due to the nature of the screening and confirmation process, including delays between specimen collection and whole genome sequencing (WGS). A confirmed VOC case is defined as a COVID-19 case in whom a designated VOC was detected by WGS of their SARS-CoV-2 positive specimen. Data corrections or updates can result in case records being removed and/or updated and may result in totals differing from past publicly reported case counts. For a breakdown of confirmed VOC cases by PHU please see Appendix A.

Time

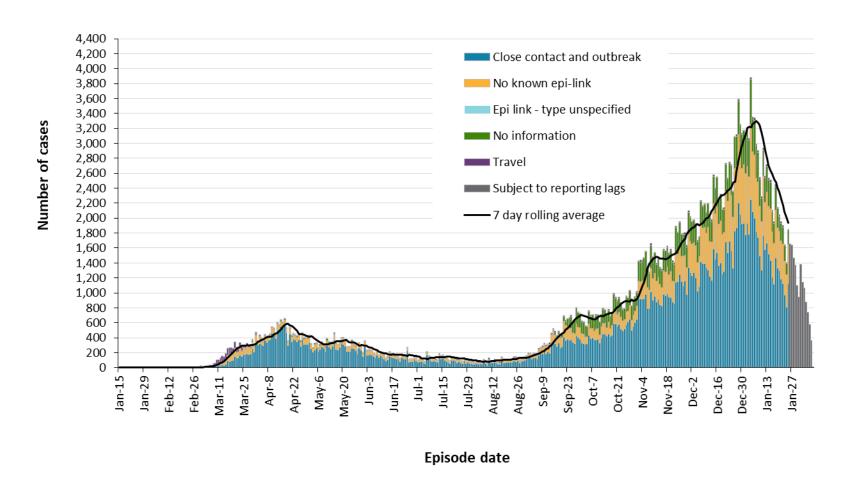
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to February 08, 2021



Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to February 08, 2021

Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to February 08, 2021

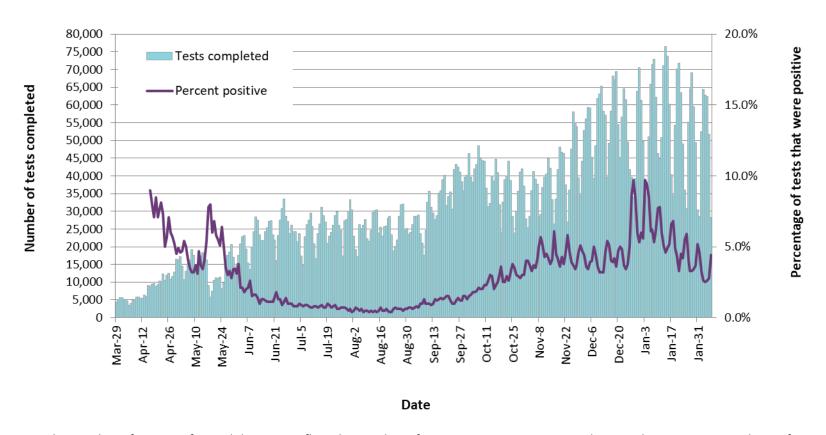


Note: Not all cases may have an episode date and those without one are not included in the figure. Episode date is defined and available in the technical notes.

Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to February 08, 2021



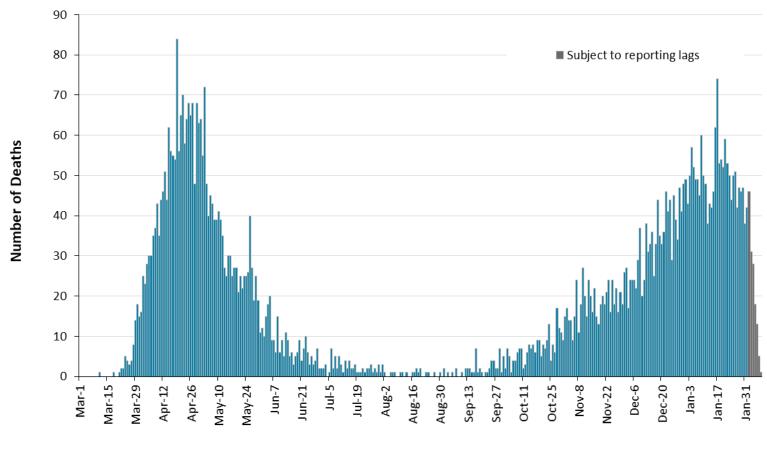


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

Data Source: The Provincial COVID-19 Diagnostics Network, data reported by member microbiology laboratories.

Severity

Figure 4. Confirmed deaths among COVID-19 cases by date of death: Ontario, March 1, 2020 to February 08, 2021



Date of Death

Note: Cases without a death date are not included in the figure.

Table 5. Confirmed cases of COVID-19 by severity: Ontario

	Cumulative case count as of February 08, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	6,555	2.3%
Deaths reported in ages: 19 and under	2	<0.1%
Deaths reported in ages: 20-39	27	<0.1%
Deaths reported in ages: 40-59	253	0.3%
Deaths reported in ages: 60-79	1,776	4.4%
Deaths reported in ages: 80 and over	4,496	23.0%
Ever in ICU	2,561	0.9%
Ever hospitalized	14,080	5.0%

Note: Not all cases have an age reported. Data corrections or updates can result in case records being removed and/or updated and may result in totals differing from past publicly reported case counts.

Geography

Table 6. Summary of recent confirmed cases of COVID-19 by public health unit and region: Ontario

Public Health Unit Name	Change in cases February 07, 2021	Change in cases February 08, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	1	0	278	317.1
Thunder Bay District Health Unit	8	0	1,062	708.2
TOTAL NORTH WEST	9	0	1,340	563.9
Algoma Public Health	3	3	184	160.8
North Bay Parry Sound District Health Unit	0	13	209	161.1
Porcupine Health Unit	2	0	294	352.3
Public Health Sudbury & Districts	5	2	552	277.4
Timiskaming Health Unit	0	1	91	278.4
TOTAL NORTH EAST	10	19	1,330	237.8
Ottawa Public Health	50	25	13,709	1,299.9
Eastern Ontario Health Unit	4	1	2,531	1,212.7
Hastings Prince Edward Public Health	1	0	364	216.0
Kingston, Frontenac and Lennox & Addington Public Health	2	4	670	315.0
Leeds, Grenville & Lanark District Health Unit	1	0	821	474.1
Renfrew County and District Health Unit	0	0	305	280.8

Public Health Unit Name	Change in cases February 07, 2021	Change in cases February 08, 2021	Cumulative case count	Cumulative rate per 100,000 population
TOTAL EASTERN	58	30	18,400	955.2
Durham Region Health Department	61	25	11,106	1,559.0
Haliburton, Kawartha, Pine Ridge District Health Unit	9	13	937	495.9
Peel Public Health	256	250	56,979	3,548.0
Peterborough Public Health	0	0	559	377.8
Simcoe Muskoka District Health Unit	43	23	5,836	973.3
York Region Public Health	130	128	26,542	2,165.3
TOTAL CENTRAL EAST	499	439	101,959	2,275.5
Toronto Public Health	421	343	88,119	2,824.0
TOTAL TORONTO	421	343	88,119	2,824.0
Chatham-Kent Public Health	9	9	1,304	1,226.5
Grey Bruce Health Unit	0	2	658	387.3
Huron Perth Public Health	3	1	1,274	911.6
Lambton Public Health	5	1	1,877	1,433.2
Middlesex-London Health Unit	36	24	5,918	1,166.1
Southwestern Public Health	8	4	2,393	1,131.5
Windsor-Essex County Health Unit	40	16	12,369	2,911.5
TOTAL SOUTH WEST	101	57	25,793	1,525.5
Brant County Health Unit	11	5	1,555	1,001.9

Public Health Unit Name	Change in cases February 07, 2021	Change in cases February 08, 2021	Cumulative case count	Cumulative rate per 100,000 population
City of Hamilton Public Health Services	33	12	9,638	1,627.6
Haldimand-Norfolk Health Unit	1	4	1,322	1,158.8
Halton Region Public Health	33	42	8,545	1,380.3
Niagara Region Public Health	28	18	8,228	1,741.4
Region of Waterloo Public Health and Emergency Services	39	41	9,827	1,681.7
Wellington-Dufferin-Guelph Public Health	22	12	4,438	1,422.9
TOTAL CENTRAL WEST	167	134	43,553	1,528.6
TOTAL ONTARIO	1,265	1,022	280,494	1,887.0

Notes: Health units with data corrections or updates could result in records being removed from totals resulting in negative counts.

Outbreaks

Table 7. Summary of recent confirmed COVID-19 outbreaks reported in long-term care homes, retirement homes and hospitals by status: Ontario

Institution type	Change in outbreaks February 07, 2021	Change in outbreaks February 08, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	4	2	218	1,224
Retirement homes	-1	5	117	702
Hospitals	1	2	66	382

Note: Ongoing outbreaks include all outbreaks that are 'Open' in CCM without a 'Declared Over Date' recorded, or where the outbreak started more than five months ago, even for outbreaks where the Outbreak Status value selected in CCM is 'OPEN'. The start of the outbreak is determined by the onset date of first case, or if missing the outbreak reported date, or else if that is also missing, then the outbreak created date.

Technical Notes

Data Sources

- The data for this report were based on information successfully extracted from the Public Health
 Case and Contact Management Solution (CCM) for all PHUs by PHO as of February 08, 2021 at 1
 p.m.
- CCM is a dynamic disease reporting system, which allows ongoing updates to data previously entered. As a result, data extracted from CCM represent a snapshot at the time of extraction and may differ from previous or subsequent reports.
- Ontario population projection data for 2020 were sourced from Ministry, IntelliHEALTH Ontario.
 Data were extracted on November 26, 2019.
- COVID-19 test data were based on information from The Provincial COVID-19 Diagnostics Network, reported by member microbiology laboratories.

Data Caveats

- The data only represent cases reported to public health units and recorded in CCM. As a result, all counts will be subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours, which may depend on severity of illness, clinical practice, changes in laboratory testing, and reporting behaviours.
- Lags in CCM data entry due to weekend staffing may result in lower case counts than would otherwise be recorded.
- Only cases meeting the confirmed case classification as listed in the MOH <u>COVID-19 case</u> <u>definition</u> are included in the report counts from CCM. This includes persons with a positive detection of serum/plasma immunoglobulin G (IgG) antibodies to SARS-CoV-2, which was added to the confirmed case definition on August 6, 2020.
- Cases of confirmed reinfection, i.e. where genome sequencing indicates the two episodes are caused by different viral lineages, added to the confirmed case definition on November 20, 2020, are counted as unique investigations.
- The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.
- Reported date is the date the case was reported to the public health unit.
- Case episode date is based on an estimate of the best date of disease onset. This date is calculated based on either the date of symptom onset, specimen collection/test date, or the date reported to the public health unit.

- Resolved cases are determined only for COVID-19 cases that have not died. Cases that have died are considered fatal and not resolved. The following cases are classified as resolved:
 - Cases that are reported as 'recovered' in CCM
 - Cases that are not hospitalized and are 14 days past their episode date
 - Cases that are currently hospitalized (no hospital end date entered) and have a status of 'closed' in CCM (indicating public health unit follow-up is complete) and are 14 days past their symptom onset date or specimen collection date
- Hospitalization includes all cases for which a hospital admission date was reported at the time of
 data extraction. It includes cases that have been discharged from hospital as well as cases that
 are currently hospitalized. Emergency room visits are not included in the number of reported
 hospitalizations.
- ICU admission includes all cases for which an ICU admission date was reported at the time of data extraction. It is a subset of the count of hospitalized cases. It includes cases that have been treated or that are currently being treated in an ICU.
- Orientation of case counts by geography is based on the diagnosing health unit (DHU). DHU
 refers to the case's public health unit of residence at the time of illness onset and not
 necessarily the location of exposure. Cases for which the DHU was reported as MOH-PHO (to
 signify a case that is not a resident of Ontario) have been excluded from the analyses.
- Likely source of acquisition is determined by examining the epidemiologic link and epidemiologic link status fields in CCM. If no epidemiologic link is identified in those fields the risk factor fields are examined to determine whether a case travelled, was associated with a confirmed outbreak, was a contact of a case, had no known epidemiological link (sporadic community transmission) or was reported to have an unknown source/no information was reported. Some cases may have no information reported if the case is untraceable, was lost to follow-up or referred to FNIHB. Cases with multiple risk factors were assigned to a single likely acquisition source group which was determined hierarchically in the following order:
 - For cases with an episode date on or after April 1, 2020: Outbreak-associated > close contact of a confirmed case > travel > no known epidemiological link > information missing or unknown
 - For cases with an episode date before April 1, 2020: Travel > outbreak-associated > close contact of a confirmed case > no known epidemiological link > information missing or unknown
- Deaths are determined by using the outcome field in CCM. Any case marked 'Fatal' is included in the deaths data. The CCM field Type of Death is not used to further categorize the data.
 - The date of death is determined using the outcome date field for cases marked as 'Fatal' in the outcome field.
- COVID-19 cases from CCM for which the Classification and/or Disposition was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, IGNORE, DUPLICATE, or any variation on

- these values have been excluded. The provincial case count for COVID-19 includes cases that are counted once across all systems from which the case data are obtained. Duplicate records may exist if these records were not identified and resolved prior to data upload to the Ministry.
- Ongoing outbreaks include all outbreaks that are 'Open' in CCM without a 'Declared Over Date'
 recorded, or where the outbreak started more than five months ago, even for outbreaks where
 the Outbreak Status value selected in CCM is 'OPEN'. The start of the outbreak is determined by
 the onset date of first case, or if missing the outbreak reported date, or else if that is also
 missing, then the outbreak created date.
- 'Long-term care home residents' includes cases that reported 'Yes' to the risk factor 'Resident of a long-term care home'; or 'Yes' to the risk factor 'Resident of nursing home or other chronic care facility' and reported to be part of an outbreak assigned as a long-term care home (via the Outbreak number or case comments field); or were reported to be part of an outbreak assigned as a long-term care home (via the outbreak number or case comments field) with an age over 70 years and did not report 'No' to the risk factors 'Resident of long-term care home' or 'Resident of nursing home or other chronic care facility'. 'Long-term care home residents' excludes cases that reported 'Yes' to any of the health care worker occupational risk factors.
- The 'health care workers' variable includes cases that reported 'Yes' to any of the occupation of health care worker, doctor, nurse, dentist, dental hygienist, midwife, other medical technicians, personal support worker, respiratory therapist, first responder.
- 'Health care workers associated with long-term care outbreaks' includes 'health care workers' reported to be part of an outbreak assigned as a long-term care home (via the outbreak number or case comments field). Excludes cases that reported 'Yes' to risk factors 'Resident of long-term care home' or 'Resident of nursing home or other chronic care facility' and 'Yes' to the calculated 'health care workers' variable.
- Percent change is calculated by taking the difference between the current period (i.e., daily count or sum of the daily count over a 7-day period) and previous period (i.e., daily count or sum of the daily count over a 7-day period), divided by the previous period.
- PANGO lineage B.1.1.7: This lineage was first detected in England in September, 2020. Early
 evidence suggests that the N501Y mutation may increase SARS-CoV-2 transmissibility. The
 PANGO lineage B.1.1.7 is assigned to genome sequences with at least 5 of the 17 defining
 B.1.1.7 SNPs.
- PANGO lineage B.1.351 (also known as 501Y.V2): This lineage was first detected October, 2020 in South Africa and has several mutations of concern, including spike (S) gene: N501Y, K417N, and E484K. Early evidence suggests that these mutations may increase SARS-CoV-2 transmissibility and decrease vaccine efficacy. The PANGO lineage B.1.351 will be assigned to genome sequences at least 5 of the 9 defining B.1.351 SNPs.
- Public Health Ontario conducts variants of concern (VOC) surveillance on a subset of SARS-CoV-2 positive specimens. Additional SARS-CoV-2 specimens are referred to PHO Laboratory for screening provided they meet the criteria outlined here:
 https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19-voc

Appendix A

Table A1. Weekly rates of confirmed COVID-19 cases per 100,000 population over recent rolling 7-day periods, by reported date and public health unit: Ontario, January 24 to February 05, 2021

Public Health Unit Name	Jan 24 to Jan 30	Jan 25 to Jan 31	Jan 26 to Feb 01	Jan 27 to Feb 02	Jan 28 to Feb 03	Jan 29 to Feb 04	Jan 30 to Feb 05	% change from Jan 24-Jan 30 to Jan 30-Feb 05
NORTH WEST								
Northwestern Health Unit	13.7	13.7	11.4	13.7	13.7	9.1	19.4	+41.6%
Thunder Bay District Health Unit	73.4	81.4	85.4	83.4	68.7	56.0	63.4	-13.6%
NORTH EAST								
Algoma Public Health	14.0	14.9	17.5	20.1	17.5	12.2	12.2	-12.9%
North Bay Parry Sound District Health Unit	3.9	4.6	3.1	4.6	5.4	4.6	4.6	+17.9%
Porcupine Health Unit	64.7	62.3	61.1	55.1	41.9	31.2	31.2	-51.8%
Public Health Sudbury & Districts	34.2	29.1	23.1	21.1	16.1	12.1	14.1	-58.8%
Timiskaming Health Unit	3.1	3.1	3.1	6.1	6.1	9.2	6.1	+96.8%
EASTERN								
Ottawa Public Health	38.2	36.6	36.8	35.3	33.1	31.5	31.8	-16.8%
Eastern Ontario Health Unit	62.3	60.8	56.5	50.8	48.9	45.0	39.3	-36.9%
Hastings Prince Edward Public Health	0.6	1.2	1.8	2.4	1.8	2.4	2.4	+300.0%
Kingston, Frontenac and Lennox & Addington Public Health	3.3	3.3	4.7	4.7	3.3	3.3	4.2	+27.3%

Public Health Unit Name	Jan 24 to Jan 30	Jan 25 to Jan 31	Jan 26 to Feb 01	Jan 27 to Feb 02	Jan 28 to Feb 03	Jan 29 to Feb 04	Jan 30 to Feb 05	% change from Jan 24-Jan 30 to Jan 30-Feb 05
Leeds, Grenville & Lanark District Health Unit	15.0	17.3	18.5	16.2	13.3	12.1	8.7	-42.0%
Renfrew County and District Health Unit	3.7	4.6	4.6	5.5	6.4	4.6	2.8	-24.3%
CENTRAL EAST								
Durham Region Health Department	66.3	67.7	64.9	62.7	60.2	54.9	50.8	-23.4%
Haliburton, Kawartha, Pine Ridge District Health Unit	23.3	28.1	26.5	27.0	37.6	36.0	32.8	+40.8%
Peel Public Health	146.8	143.8	138.4	136.7	133.9	126.5	123.8	-15.7%
Peterborough Public Health	20.9	20.9	20.9	18.2	15.5	12.8	12.8	-38.8%
Simcoe Muskoka District Health Unit	51.5	51.2	50.9	51.2	53.2	48.2	45.7	-11.3%
York Region Public Health	98.5	95.1	92.3	85.8	80.8	76.7	72.8	-26.1%
TORONTO								
Toronto Public Health	137.2	134.0	133.1	129.1	123.4	117.9	111.9	-18.4%
SOUTH WEST								
Chatham-Kent Public Health	109.1	108.2	98.8	92.2	94.1	91.2	73.4	-32.7%
Grey Bruce Health Unit	15.3	14.1	17.1	16.5	13.5	12.4	11.8	-22.9%
Huron Perth Public Health	50.1	37.2	35.1	30.1	27.9	31.5	30.8	-38.5%
Lambton Public Health	48.9	44.3	41.2	40.5	32.8	27.5	31.3	-36.0%
Middlesex-London Health Unit	47.9	45.7	45.5	45.7	41.4	38.6	38.6	-19.4%

Public Health Unit Name	Jan 24 to Jan 30	Jan 25 to Jan 31	Jan 26 to Feb 01	Jan 27 to Feb 02	Jan 28 to Feb 03	Jan 29 to Feb 04	Jan 30 to Feb 05	% change from Jan 24-Jan 30 to Jan 30-Feb 05
Southwestern Public Health	39.7	40.2	38.8	39.7	33.1	39.7	40.7	+2.5%
Windsor-Essex County Health Unit	90.4	85.0	76.0	72.0	65.0	62.4	58.8	-35.0%
CENTRAL WEST								
Brant County Health Unit	36.7	34.8	29.0	23.8	32.2	29.6	32.2	-12.3%
City of Hamilton Public Health Services	82.1	78.4	75.7	73.3	68.2	65.9	66.9	-18.5%
Haldimand-Norfolk Health Unit	32.4	33.3	34.2	37.7	35.1	35.9	30.7	-5.2%
Halton Region Public Health	56.9	58.3	56.2	53.1	61.1	63.2	63.2	+11.1%
Niagara Region Public Health	131.0	119.6	113.7	101.8	87.0	82.3	76.0	-42.0%
Region of Waterloo Public Health and Emergency Services	83.5	77.0	69.0	62.1	65.0	58.0	60.1	-28.0%
Wellington-Dufferin- Guelph Public Health	91.4	92.7	82.1	75.0	66.7	54.8	48.1	-47.4%
TOTAL ONTARIO	86.4	84.1	81.5	78.4	75.1	71.0	68.4	-20.8%

Note: Rates are based on the sum of the daily case counts during the date ranges specified in each column.

Table A2. Summary of confirmed variant of concern (VOC) cases by public health unit: Ontario as of February 08, 2021

Public Health Unit Name	Cumulative count for Lineage B.1.1.7	Cumulative count for Lineage B.1.351
Algoma Public Health	0	0
Brant County Health Unit	0	0
Chatham-Kent Public Health	0	0
City of Hamilton Public Health Services	0	0
Durham Region Health Department	11	0
Eastern Ontario Health Unit	0	0
Grey Bruce Health Unit	0	0
Haldimand-Norfolk Health Unit	1	0
Haliburton, Kawartha, Pine Ridge District Health Unit	0	0
Halton Region Public Health	1	0
Hastings Prince Edward Public Health	0	0
Huron Perth Public Health	0	0
Kingston, Frontenac and Lennox & Addington Public Health	1	0
Lambton Public Health	0	0
Leeds, Grenville & Lanark District Health Unit	0	0
Middlesex-London Health Unit	4	0
Niagara Region Public Health	0	0

Public Health Unit Name	Cumulative count for Lineage B.1.1.7	Cumulative count for Lineage B.1.351
North Bay Parry Sound District Health Unit	0	0
Northwestern Health Unit	0	0
Ottawa Public Health	6	1
Peel Public Health	20	2
Peterborough Public Health	0	0
Porcupine Health Unit	0	0
Public Health Sudbury & Districts	2	0
Region of Waterloo Public Health and Emergency Services	1	0
Renfrew County and District Health Unit	0	0
Simcoe Muskoka District Health Unit	130	0
Southwestern Public Health	0	0
Thunder Bay District Health Unit	0	0
Timiskaming Health Unit	0	0
Toronto Public Health	30	0
Wellington-Dufferin-Guelph Public Health	0	0
Windsor-Essex County Health Unit	0	0
York Region Public Health	20	0
TOTAL ONTARIO	227	3

Note: Caution should be taken when interpreting VOC data due to the nature of the screening and confirmation process, including delays between specimen collection and whole genome sequencing

(WGS). A confirmed VOC case is defined as a COVID-19 case in whom a designated VOC was detected by WGS of their SARS-CoV-2 positive specimen. Data corrections or updates can result in case records being removed and/or updated and may result in totals differing from past publicly reported case counts.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Epidemiologic summary: COVID-19 in Ontario – January 15, 2020 to February 08, 2021. Toronto, ON: Queen's Printer for Ontario; 2021.

For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.

