

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to February 13, 2021

This report includes the most current information available from CCM as of **February 13, 2021**.

Please visit the interactive [Ontario COVID-19 Data Tool](#) 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 285,868 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 981 confirmed cases (percent change of -24.5%)
 - An increase of 42 deaths (percent change of +121.1%)
 - An increase of 1,235 resolved cases (percent change of -13.9%)

* As part of continued data quality checks and remediation activities following Toronto Public Health's (TPH) migration to CCM, case counts may fluctuate.

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 12, 2021 | Change in cases* February 13, 2021 | Percentage change February 13, 2021 compared to February 12, 2021 | Cumulative case count as of February 13, 2021 |
|-----------------------|---|--|--|--|
| Total number of cases | 1,300 | 981 | -24.5% | 285,868 |
| Number of deaths | 19 | 42 | +121.1% | 6,693 |
| Number resolved | 1,434 | 1,235 | -13.9% | 267,128 |

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.

Data Source: CCM

* As part of continued data quality checks and remediation activities following Toronto Public Health's (TPH) migration to CCM, case counts may fluctuate.

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

| | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count as of February 13, 2021 |
|--------------------|--------------------------------------|--------------------------------------|---|
| Gender: Male | 655 | 500 | 140,117 |
| Gender: Female | 645 | 461 | 144,193 |
| Ages: 19 and under | 174 | 145 | 37,482 |
| Ages: 20-39 | 506 | 365 | 104,526 |
| Ages: 40-59 | 395 | 294 | 82,711 |
| Ages: 60-79 | 177 | 127 | 41,330 |
| Ages: 80 and over | 44 | 51 | 19,760 |

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 13, 2021: Ontario

| | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count from August 30, 2020 to February 13, 2021 |
|----------------|--------------------------------------|--------------------------------------|---|
| Ages: 4 to 8 | 32 | 35 | 6,150 |
| Ages: 9 to 13 | 35 | 38 | 8,370 |
| Ages: 14 to 17 | 60 | 29 | 8,854 |

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.

Data Source: CCM

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

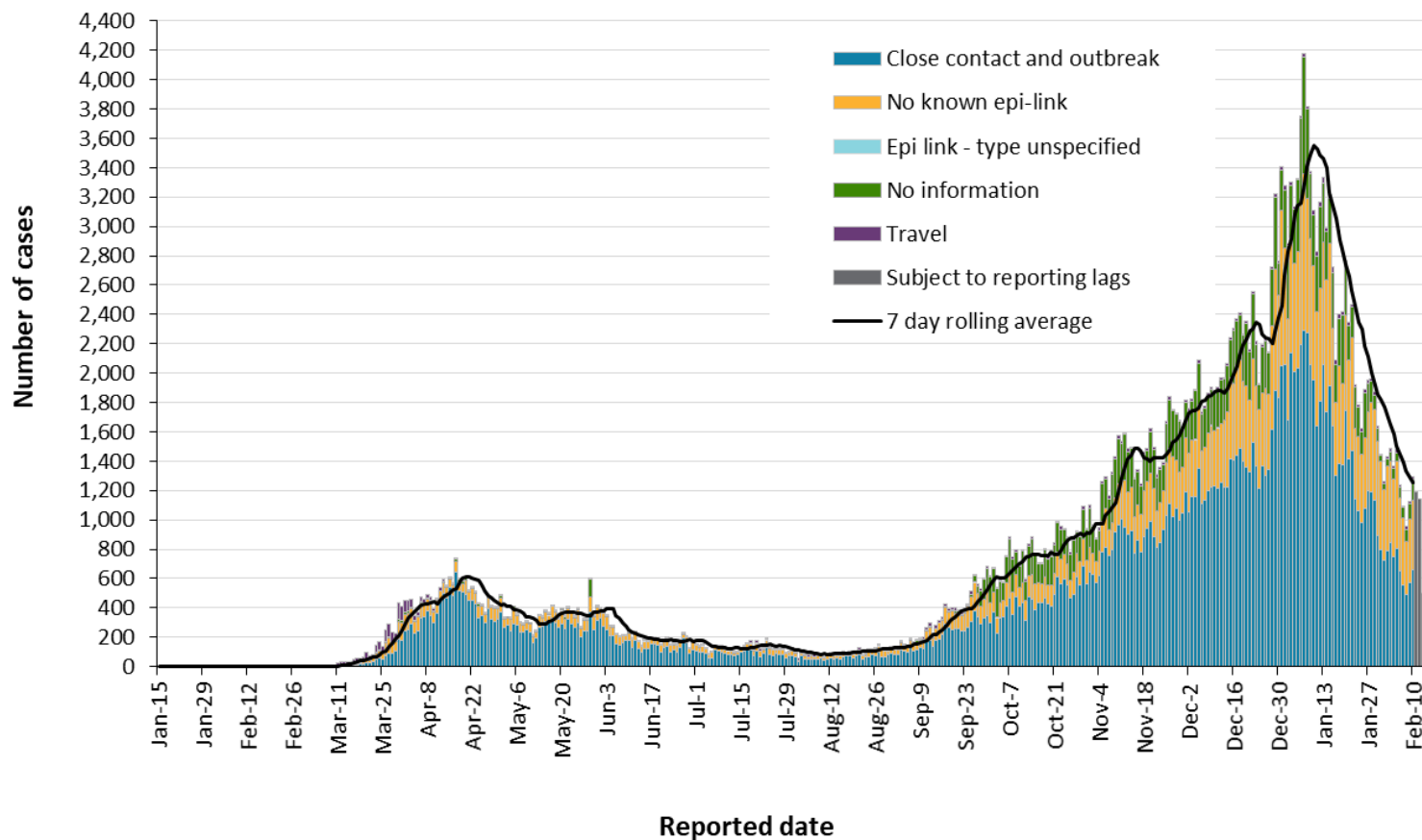
| Long-term care home cases | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count as of February 13, 2021 |
|-------------------------------------|--------------------------------------|--------------------------------------|--|
| Residents | 8 | 55 | 14,895 |
| Health care workers | 21 | 11 | 6,484 |
| Deaths among residents | 3 | 17 | 3,797 |
| 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

Time

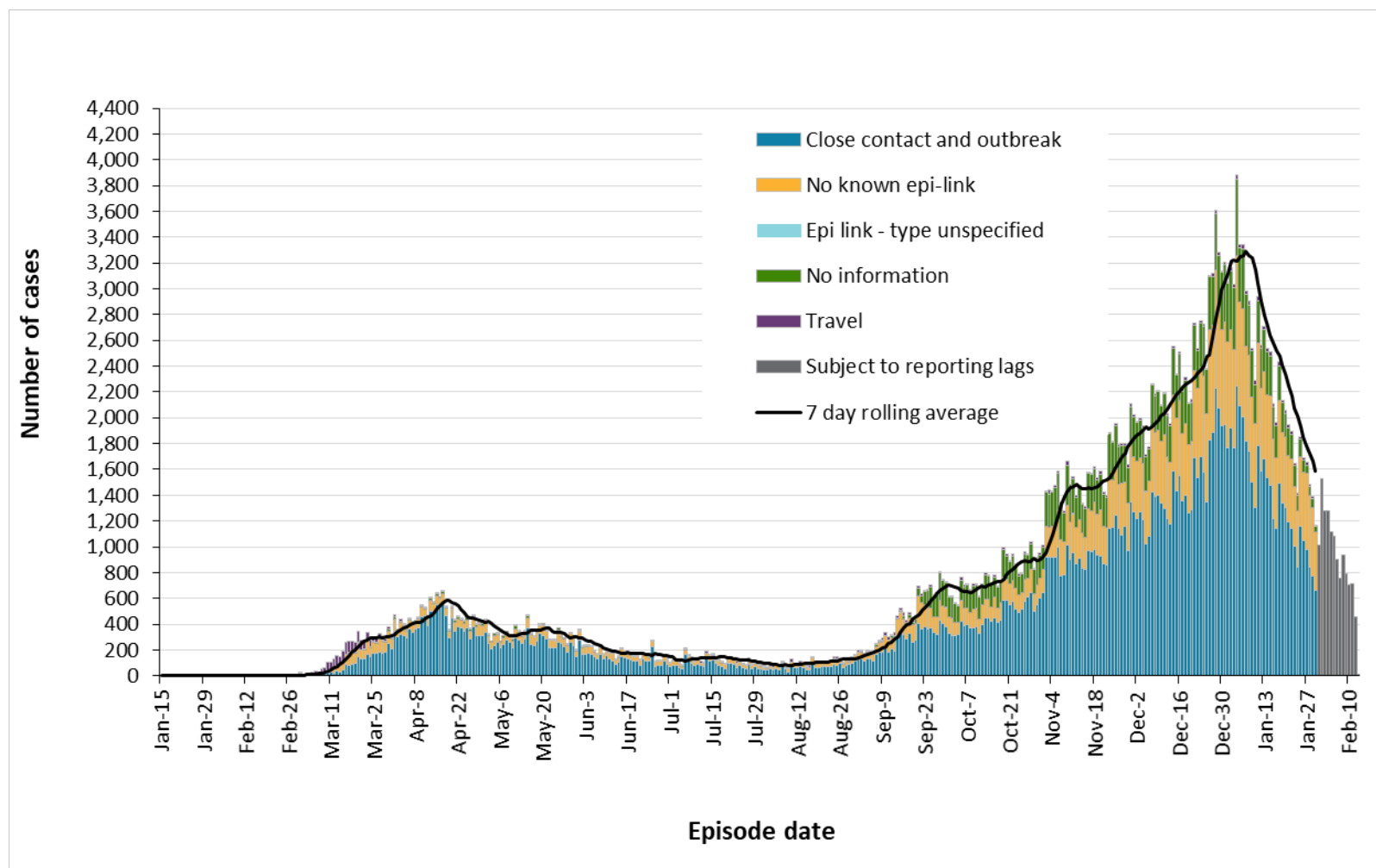
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to February 13, 2021



Data Source: CCM

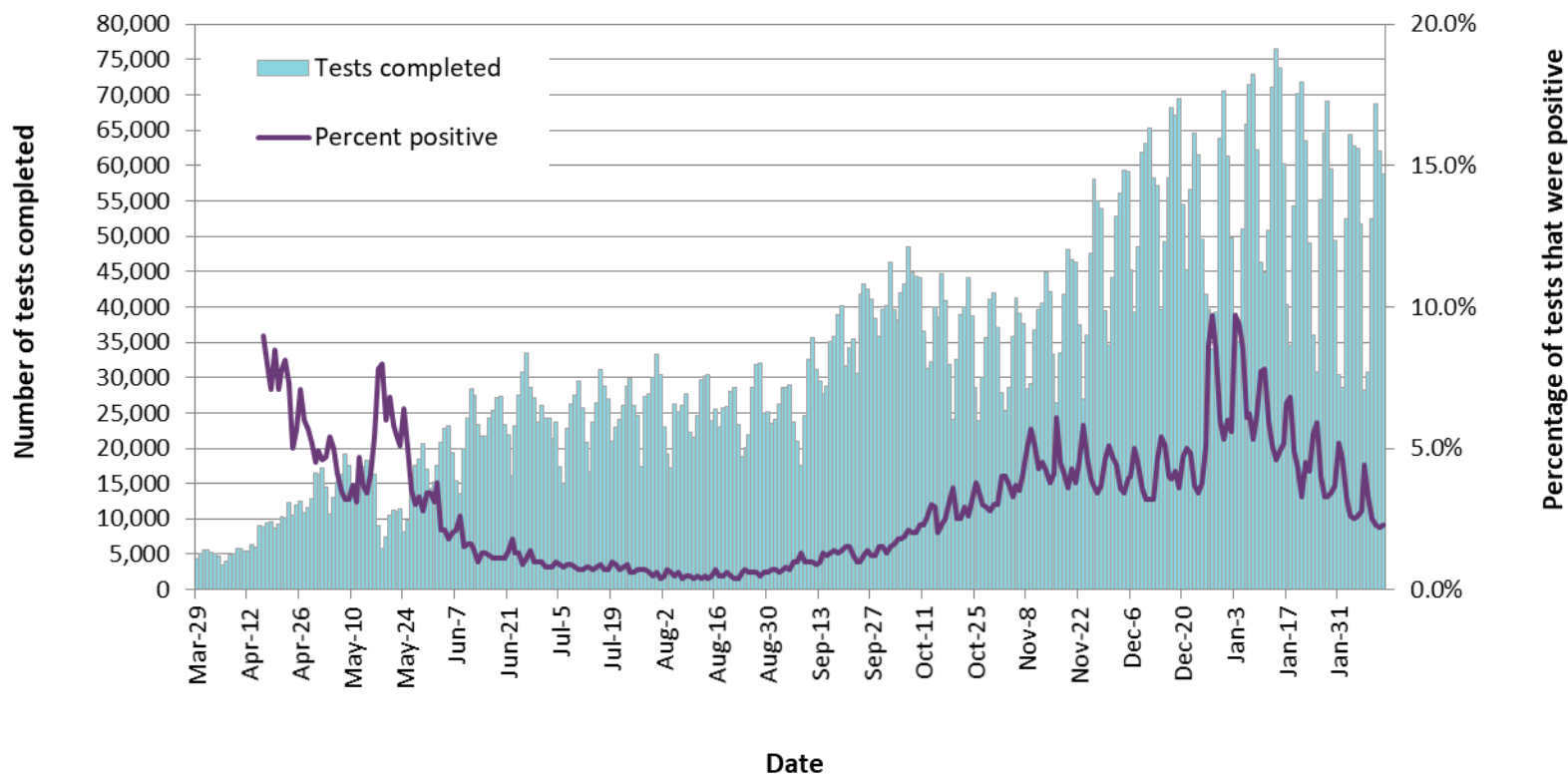
COVID-19 in Ontario: January 15, 2020 to February 13, 2021

Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to February 13, 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

Figure 3. Number of COVID-19 tests completed and percent positivity: Ontario, March 29, 2020 to February 12, 2021

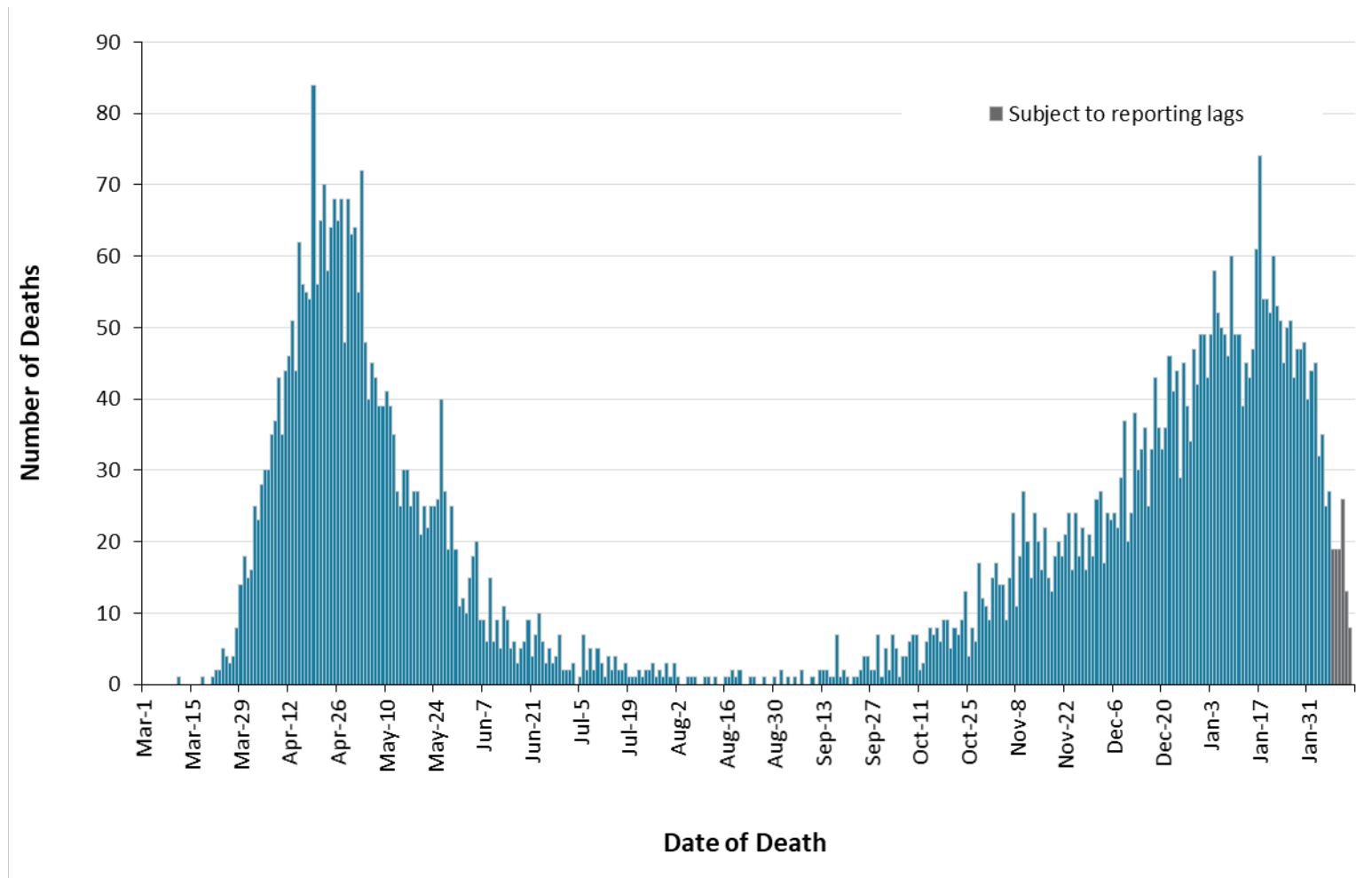


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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 13, 2021



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

Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to February 13, 2021

Table 4. Confirmed cases of COVID-19 by severity: Ontario

| | Cumulative case count as of February 13, 2021 | Percentage of all cases |
|--|--|----------------------------|
| Cumulative deaths reported (please note there may be a reporting delay for deaths) | 6,693 | 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 | 263 | 0.3% |
| Deaths reported in ages: 60-79 | 1,819 | 4.4% |
| Deaths reported in ages: 80 and over | 4,581 | 23.2% |
| Ever in ICU | 2,605 | 0.9% |
| Ever hospitalized | 14,381 | 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.

Data Source: CCM

Geography

Table 5. Summary of recent confirmed cases of COVID-19 by public health unit and region: Ontario

| Public Health Unit Name | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count | Cumulative rate per 100,000 population |
|--|---|---|--------------------------|--|
| Northwestern Health Unit | 11 | 41 | 334 | 381.0 |
| Thunder Bay District Health Unit | 23 | 35 | 1,161 | 774.2 |
| TOTAL NORTH WEST | 34 | 76 | 1,495 | 629.1 |
| Algoma Public Health | 3 | 1 | 193 | 168.7 |
| North Bay Parry Sound District Health Unit | 7 | 3 | 228 | 175.7 |
| Porcupine Health Unit | 0 | 4 | 306 | 366.7 |
| Public Health Sudbury & Districts | 5 | 3 | 579 | 290.9 |
| Timiskaming Health Unit | 0 | 0 | 91 | 278.4 |
| TOTAL NORTH EAST | 15 | 11 | 1,397 | 249.8 |
| Ottawa Public Health | 29 | 49 | 13,942 | 1,321.9 |
| Eastern Ontario Health Unit | 10 | 7 | 2,571 | 1,231.8 |
| Hastings Prince Edward Public Health | 4 | -1 | 376 | 223.2 |
| Kingston, Frontenac and Lennox & Addington Public Health | 7 | 3 | 684 | 321.6 |
| Leeds, Grenville & Lanark District Health Unit | 1 | 0 | 833 | 481.0 |
| Renfrew County and District Health Unit | 0 | -1 | 310 | 285.4 |

| Public Health Unit Name | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count | Cumulative rate per 100,000 population |
|--|---|---|--------------------------|--|
| TOTAL EASTERN | 51 | 57 | 18,716 | 971.6 |
| Durham Region Health Department | 47 | 35 | 11,273 | 1,582.4 |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 1 | 7 | 966 | 511.3 |
| Peel Public Health | 253 | 209 | 58,105 | 3,618.1 |
| Peterborough Public Health | 0 | 6 | 571 | 385.9 |
| Simcoe Muskoka District Health Unit | 31 | 31 | 5,985 | 998.2 |
| York Region Public Health | 116 | 171 | 27,192 | 2,218.3 |
| TOTAL CENTRAL EAST | 448 | 459 | 104,092 | 2,323.1 |
| Toronto Public Health* | 433 | 122 | 89,540 | 2,869.5 |
| TOTAL TORONTO | 433 | 122 | 89,540 | 2,869.5 |
| Chatham-Kent Public Health | 1 | 1 | 1,329 | 1,250.0 |
| Grey Bruce Health Unit | 3 | 6 | 674 | 396.7 |
| Huron Perth Public Health | 6 | 5 | 1,299 | 929.5 |
| Lambton Public Health | 24 | 14 | 1,943 | 1,483.6 |
| Middlesex-London Health Unit | 17 | 33 | 6,017 | 1,185.6 |
| Southwestern Public Health | 3 | 10 | 2,432 | 1,149.9 |
| Windsor-Essex County Health Unit | 45 | 46 | 12,527 | 2,948.7 |
| TOTAL SOUTH WEST | 99 | 115 | 26,221 | 1,550.8 |
| Brant County Health Unit | 7 | 2 | 1,588 | 1,023.2 |

| Public Health Unit Name | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count | Cumulative rate per 100,000 population |
|---|---|---|--------------------------|--|
| City of Hamilton Public Health Services | 48 | 40 | 9,830 | 1,660.0 |
| Haldimand-Norfolk Health Unit | 1 | 3 | 1,333 | 1,168.5 |
| Halton Region Public Health | 38 | 35 | 8,708 | 1,406.6 |
| Niagara Region Public Health | 33 | 19 | 8,341 | 1,765.3 |
| Region of Waterloo Public Health and Emergency Services | 61 | 27 | 10,062 | 1,721.9 |
| Wellington-Dufferin-Guelph Public Health | 32 | 15 | 4,545 | 1,457.2 |
| TOTAL CENTRAL WEST | 220 | 141 | 44,407 | 1,558.5 |
| TOTAL ONTARIO | 1,300 | 981 | 285,868 | 1,923.2 |

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

Data Source: CCM

* As part of continued data quality checks and remediation activities following Toronto Public Health's (TPH) migration to CCM, case counts may fluctuate.

Outbreaks

Table 6. 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 12, 2021 | Change in outbreaks February 13, 2021 | Number of ongoing outbreaks | Cumulative number of outbreaks reported |
|----------------------|---|---|-----------------------------------|--|
| Long-term care homes | 5 | 0 | 174 | 1,229 |
| Retirement homes | 7 | 2 | 103 | 722 |
| Hospitals | 2 | 3 | 48 | 393 |

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.

Data Source: CCM

Variant COVID-19 Cases

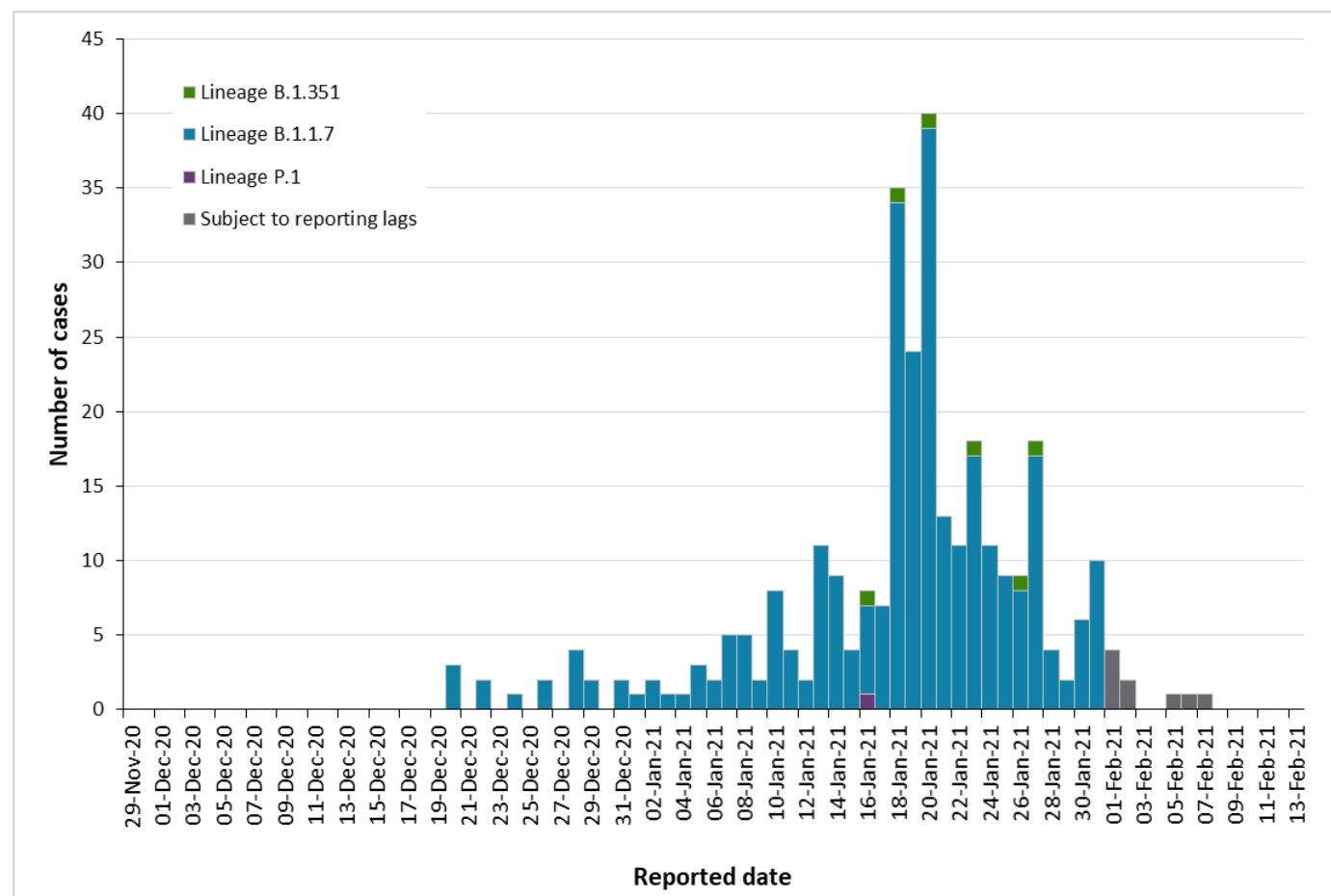
Table 7. Summary of confirmed variant of concern (VOC) cases: Ontario

| Variant | Change in cases February 12, 2021 | Change in cases February 13, 2021 | Cumulative case count up to February 13, 2021 |
|-----------------|--------------------------------------|--------------------------------------|--|
| Lineage B.1.1.7 | 22 | 6 | 303 |
| Lineage B.1.351 | 0 | 3 | 6 |
| Lineage P.1 | 1 | 0 | 1 |

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

Data Source: CCM

Figure 5. Confirmed COVID-19 variants of concern (VOC) cases by public health unit reported date: Ontario, November 29, 2020 to February 13, 2021



Note: Reported date is based on the date the case was reported, not the date that the VOC was identified. Additional testing was conducted on January 20, 2021 which led to an increase in the number of cases with variants of concern identified. Further details on screening for variants of concern can be found in the [technical notes](#). Caution should be taken when interpreting these data due to potential sampling biases and delay between sample collection and sequencing in recent days.

Data Source: CCM

Table 8. Summary of confirmed variant of concern (VOC) cases by age group and gender: Ontario

| | Lineage B.1.1.7 | Lineage B.1.351 | Lineage P.1 | Cumulative case count as of February 13, 2021 |
|--------------------|-----------------|-----------------|-------------|--|
| Gender: Male | 130 | 3 | 1 | 134 |
| Gender: Female | 172 | 3 | 0 | 175 |
| Ages: 19 and under | 29 | 0 | 0 | 29 |
| Ages: 20-39 | 102 | 3 | 0 | 105 |
| Ages: 40-59 | 67 | 1 | 0 | 68 |
| Ages: 60-79 | 55 | 2 | 1 | 58 |
| Ages: 80 and over | 50 | 0 | 0 | 50 |

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 9. Summary of confirmed variant of concern (VOC) cases likely source of acquisition: Ontario

| | Lineage B.1.1.7 | Percentage | Lineage B.1.351 | Percentage | Lineage P.1 | Percentage | Cumulative case count up to February 13, 2021 | Cumulative percentage |
|--|--------------------|------------|--------------------|------------|----------------|------------|--|--------------------------|
| Travel | 21 | 6.9% | 1 | 16.7% | 0 | 0.0% | 22 | 7.1% |
| Outbreak-associated or close contact of a confirmed case | 249 | 82.2% | 2 | 33.3% | 0 | 0.0% | 251 | 81.0% |
| Epidemiological link – type unspecified | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| No known epidemiological link | 31 | 10.2% | 3 | 50.0% | 1 | 100.0% | 35 | 11.3% |
| Information missing or unknown | 2 | 0.7% | 0 | 0.0% | 0 | 0.0% | 2 | 0.6% |
| Total | 303 | | 6 | | 1 | | 310 | |

Note: Information for how cases are grouped within each category is available in the technical notes.

Data Source: CCM

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 13, 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 [COVID-19 case definition](#) 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.
- PANGO lineage P.1 (also known as 501Y.V3): This lineage was first detected January, 2021 in Brazil and has several mutations of concern, including spike (S) gene N501Y, K417T, and E484K. Early evidence suggests that these mutations may increase SARS-CoV-2 transmissibility and decrease vaccine efficacy. The PANGO lineage P.1 is assigned to genome sequences with more than 10 of the 17 defining P.1 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 29 to February 10, 2021

| Public Health Unit Name | Jan 29 to Feb 04 | Jan 30 to Feb 05 | Jan 31 to Feb 06 | Feb 01 to Feb 07 | Feb 02 to Feb 08 | Feb 03 to Feb 09 | Feb 04 to Feb 10 | % change from Jan 29- Feb 04 to Feb 04- Feb 10 |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---|
| NORTH WEST | | | | | | | | |
| Northwestern Health Unit | 9.1 | 18.2 | 18.2 | 18.2 | 18.2 | 18.2 | 18.2 | +100.0% |
| Thunder Bay District Health Unit | 55.3 | 63.4 | 60.7 | 52.0 | 47.3 | 48.0 | 58.7 | +6.1% |
| NORTH EAST | | | | | | | | |
| Algoma Public Health | 12.2 | 13.1 | 14.0 | 16.6 | 14.9 | 12.2 | 13.1 | +7.4% |
| North Bay Parry Sound District Health Unit | 4.6 | 4.6 | 5.4 | 14.6 | 19.3 | 17.7 | 17.7 | +284.8% |
| Porcupine Health Unit | 31.2 | 31.2 | 22.8 | 22.8 | 21.6 | 22.8 | 20.4 | -34.6% |
| Public Health Sudbury & Districts | 12.1 | 14.1 | 14.1 | 13.6 | 14.6 | 18.6 | 20.1 | +66.1% |
| Timiskaming Health Unit | 9.2 | 6.1 | 6.1 | 6.1 | 6.1 | 3.1 | 3.1 | -66.3% |
| EASTERN | | | | | | | | |
| Ottawa Public Health | 31.6 | 31.7 | 33.3 | 34.0 | 33.8 | 32.4 | 31.1 | -1.6% |
| Eastern Ontario Health Unit | 45.0 | 38.8 | 36.4 | 32.6 | 32.6 | 27.3 | 28.3 | -37.1% |
| Hastings Prince Edward Public Health | 2.4 | 2.4 | 3.0 | 3.0 | 4.2 | 5.3 | 6.5 | +170.8% |
| Kingston, Frontenac and Lennox & Addington Public Health | 3.3 | 3.8 | 4.2 | 5.6 | 5.2 | 5.2 | 6.6 | +100.0% |

| Public Health Unit Name | Jan 29 to Feb 04 | Jan 30 to Feb 05 | Jan 31 to Feb 06 | Feb 01 to Feb 07 | Feb 02 to Feb 08 | Feb 03 to Feb 09 | Feb 04 to Feb 10 | % change from Jan 29- Feb 04 to Feb 04- Feb 10 |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---|
| Leeds, Grenville & Lanark District Health Unit | 12.1 | 8.7 | 8.7 | 5.8 | 4.6 | 5.2 | 7.5 | -38.0% |
| Renfrew County and District Health Unit | 4.6 | 2.8 | 4.6 | 3.7 | 3.7 | 4.6 | 5.5 | +19.6% |
| CENTRAL EAST | | | | | | | | |
| Durham Region Health Department | 54.9 | 50.8 | 50.1 | 45.6 | 41.3 | 39.7 | 38.7 | -29.5% |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 35.5 | 32.3 | 33.3 | 33.3 | 34.9 | 36.5 | 27.0 | -23.9% |
| Peel Public Health | 126.5 | 123.9 | 121.3 | 116.9 | 114.1 | 112.2 | 111.7 | -11.7% |
| Peterborough Public Health | 12.8 | 12.8 | 10.1 | 8.8 | 8.1 | 8.1 | 7.4 | -42.2% |
| Simcoe Muskoka District Health Unit | 49.0 | 46.5 | 47.9 | 47.2 | 47.0 | 44.9 | 40.2 | -18.0% |
| York Region Public Health | 78.1 | 74.0 | 73.6 | 75.1 | 73.4 | 71.5 | 71.5 | -8.5% |
| TORONTO | | | | | | | | |
| Toronto Public Health | 115.5 | 109.6 | 101.8 | 96.4 | 91.0 | 87.1 | 85.8 | -25.7% |
| SOUTH WEST | | | | | | | | |
| Chatham-Kent Public Health | 91.2 | 72.4 | 76.2 | 75.2 | 79.0 | 74.3 | 60.2 | -34.0% |
| Grey Bruce Health Unit | 13.0 | 12.4 | 10.0 | 11.2 | 10.0 | 9.4 | 9.4 | -27.7% |
| Huron Perth Public Health | 32.2 | 32.2 | 31.5 | 29.3 | 27.9 | 26.5 | 27.9 | -13.4% |
| Lambton Public Health | 28.3 | 31.3 | 29.0 | 26.7 | 28.3 | 35.1 | 40.5 | +43.1% |
| Middlesex-London Health Unit | 38.6 | 38.4 | 37.6 | 37.2 | 37.4 | 33.9 | 35.3 | -8.5% |

| Public Health Unit Name | Jan 29 to Feb 04 | Jan 30 to Feb 05 | Jan 31 to Feb 06 | Feb 01 to Feb 07 | Feb 02 to Feb 08 | Feb 03 to Feb 09 | Feb 04 to Feb 10 | % change from Jan 29- Feb 04 to Feb 04- Feb 10 |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---|
| Southwestern Public Health | 40.7 | 41.6 | 41.1 | 40.7 | 37.4 | 36.4 | 34.5 | -15.2% |
| Windsor-Essex County Health Unit | 62.4 | 58.8 | 50.1 | 49.7 | 48.7 | 47.3 | 43.1 | -30.9% |
| CENTRAL WEST | | | | | | | | |
| Brant County Health Unit | 29.6 | 32.2 | 42.5 | 43.8 | 49.0 | 46.4 | 38.0 | +28.4% |
| City of Hamilton Public Health Services | 65.7 | 66.4 | 67.0 | 62.1 | 58.9 | 55.6 | 54.0 | -17.8% |
| Haldimand-Norfolk Health Unit | 36.8 | 31.6 | 30.7 | 29.8 | 28.9 | 25.4 | 21.0 | -42.9% |
| Halton Region Public Health | 62.5 | 62.3 | 60.9 | 58.8 | 59.9 | 56.1 | 48.3 | -22.7% |
| Niagara Region Public Health | 82.5 | 76.2 | 63.5 | 59.0 | 54.4 | 48.3 | 44.7 | -45.8% |
| Region of Waterloo Public Health and Emergency Services | 58.0 | 60.4 | 57.7 | 56.6 | 59.6 | 59.9 | 59.7 | +2.9% |
| Wellington-Dufferin-Guelph Public Health | 54.8 | 48.1 | 47.4 | 43.0 | 36.2 | 40.1 | 42.6 | -22.3% |
| TOTAL ONTARIO | 70.7 | 68.1 | 65.4 | 63.0 | 61.0 | 58.9 | 57.6 | -18.5% |

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

Data Source: CCM

Table A2. Summary of confirmed variant of concern (VOC) cases by public health unit: Ontario as of February 13, 2021

| Public Health Unit Name | Cumulative count for Lineage B.1.1.7 | Cumulative count for Lineage B.1.351 | Cumulative count for Lineage P.1 |
|--|--------------------------------------|--------------------------------------|----------------------------------|
| Algoma Public Health | 0 | 0 | 0 |
| Brant County Health Unit | 0 | 0 | 0 |
| Chatham-Kent Public Health | 0 | 0 | 0 |
| City of Hamilton Public Health Services | 0 | 0 | 0 |
| Durham Region Health Department | 18 | 0 | 0 |
| Eastern Ontario Health Unit | 0 | 0 | 0 |
| Grey Bruce Health Unit | 0 | 0 | 0 |
| Haldimand-Norfolk Health Unit | 1 | 0 | 0 |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 0 | 0 | 0 |
| Halton Region Public Health | 2 | 0 | 0 |
| Hastings Prince Edward Public Health | 0 | 0 | 0 |
| Huron Perth Public Health | 0 | 0 | 0 |
| Kingston, Frontenac and Lennox & Addington Public Health | 1 | 0 | 0 |
| Lambton Public Health | 0 | 0 | 0 |
| Leeds, Grenville & Lanark District Health Unit | 0 | 0 | 0 |
| Middlesex-London Health Unit | 4 | 0 | 0 |
| Niagara Region Public Health | 0 | 0 | 0 |

| Public Health Unit Name | Cumulative count for Lineage B.1.1.7 | Cumulative count for Lineage B.1.351 | Cumulative count for Lineage P.1 |
|--|--|--|--|
| North Bay Parry Sound District Health Unit | 0 | 0 | 0 |
| Northwestern Health Unit | 0 | 0 | 0 |
| Ottawa Public Health | 7 | 1 | 0 |
| Peel Public Health | 30 | 5 | 0 |
| Peterborough Public Health | 0 | 0 | 0 |
| Porcupine Health Unit | 0 | 0 | 0 |
| Public Health Sudbury & Districts | 3 | 0 | 0 |
| Region of Waterloo Public Health and Emergency Services | 3 | 0 | 0 |
| Renfrew County and District Health Unit | 0 | 0 | 0 |
| Simcoe Muskoka District Health Unit | 149 | 0 | 0 |
| Southwestern Public Health | 0 | 0 | 0 |
| Thunder Bay District Health Unit | 0 | 0 | 0 |
| Timiskaming Health Unit | 0 | 0 | 0 |
| Toronto Public Health | 35 | 0 | 1 |
| Wellington-Dufferin-Guelph Public Health | 1 | 0 | 0 |
| Windsor-Essex County Health Unit | 0 | 0 | 0 |
| York Region Public Health | 49 | 0 | 0 |
| TOTAL ONTARIO | 303 | 6 | 1 |

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.

Data Source: CCM

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For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

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