

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to March 01, 2021

This report includes the most current information available from CCM as of March 01, 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 <u>weekly summary report</u> 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 302,805 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 966 confirmed cases (percent change of -5.6%)
 - An increase of 11 deaths (percent change of +83.3%)
 - An increase of 979 resolved cases (percent change of +4.3%)

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 28, 2021	Change in cases March 01, 2021	Percentage change March 01, 2021 compared to February 28, 2021	Cumulative case count as of March 01, 2021
Total number of cases	1,023	966	-5.6%	302,805
Number of deaths	6	11	+83.3%	6,997
Number resolved	939	979	+4.3%	285,262

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 28, 2021	Change in cases March 01, 2021	Cumulative case count as of March 01, 2021
Gender: Male	511	502	148,970
Gender: Female	503	448	152,268
Ages: 19 and under	225	183	40,604
Ages: 20-39	396	389	110,944
Ages: 40-59	268	249	87,427
Ages: 60-79	118	119	43,516
Ages: 80 and over	13	28	20,250

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 March 01, 2021: Ontario

	Change in cases February 28, 2021	Change in cases March 01, 2021	Cumulative case count from August 30, 2020 to March 01, 2021
Ages: 4 to 8	57	38	6,810
Ages: 9 to 13	47	58	9,149
Ages: 14 to 17	59	41	9,589

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.

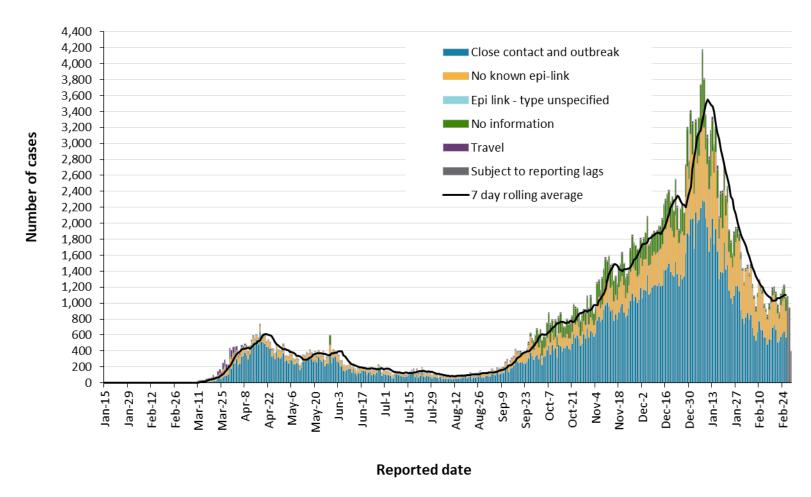
Table 3. Summary of recent confirmed cases of COVID-19 in long-term care homes: Ontario

Long-term care home cases	Change in cases February 28, 2021	Change in cases March 01, 2021	Cumulative case count as of March 01, 2021
Residents	0	0	14,958
Health care workers	4	4	6,626
Deaths among residents	1	2	3,867
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.

Time

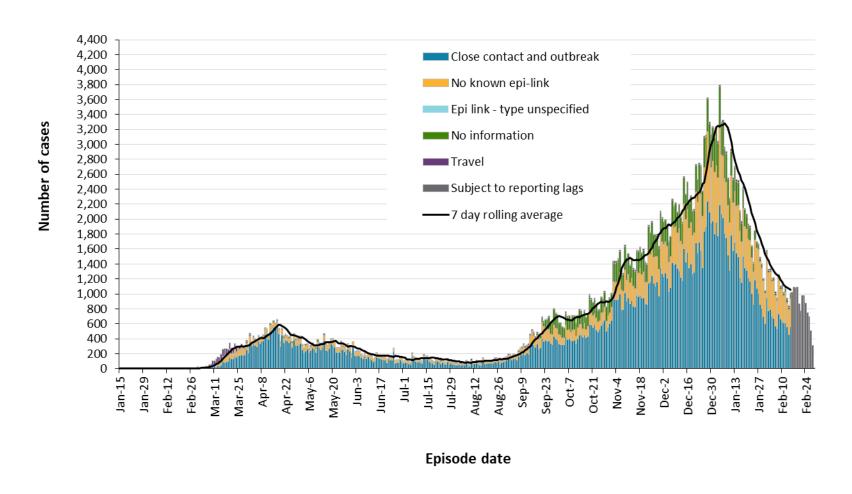
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to March 01, 2021



Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to March 01, 2021

Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to March 01, 2021

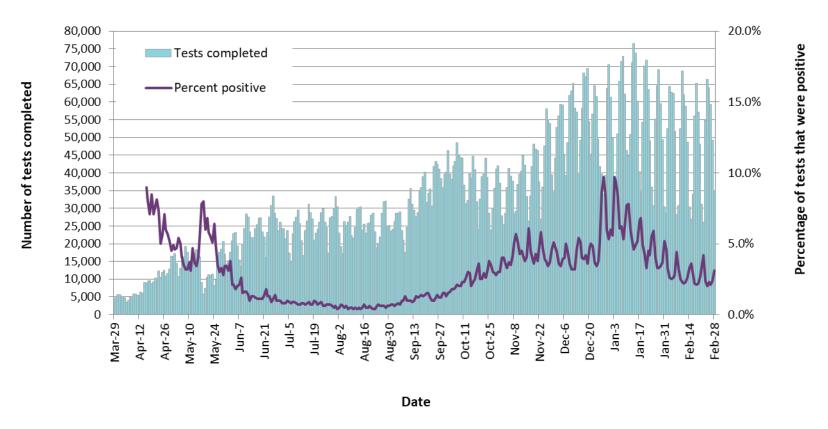


Note: Not all cases may have an episode date and those without one are not included in the figure. Episode date is defined and available in the technical notes.

Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to March 01, 2021



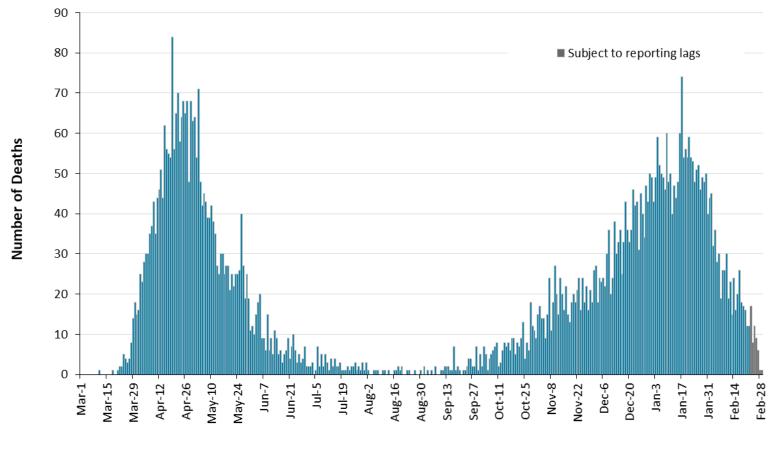


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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 March 01, 2021



Date of Death

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

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

	Cumulative case count as of March 01, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	6,997	2.3%
Deaths reported in ages: 19 and under	2	<0.1%
Deaths reported in ages: 20-39	30	<0.1%
Deaths reported in ages: 40-59	283	0.3%
Deaths reported in ages: 60-79	1,921	4.4%
Deaths reported in ages: 80 and over	4,760	23.5%
Ever in ICU	2,751	0.9%
Ever hospitalized	15,287	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

COVID-19 in Ontario: January 15, 2020 to March 01, 2021

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 28, 2021	Change in cases March 01, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	12	5	476	542.9
Thunder Bay District Health Unit	55	39	1,679	1119.6
TOTAL NORTH WEST	67	44	2,155	906.9
Algoma Public Health	3	0	200	174.8
North Bay Parry Sound District Health Unit	1	0	261	201.2
Porcupine Health Unit	1	0	339	406.3
Public Health Sudbury & Districts	11	19	655	329.1
Timiskaming Health Unit	0	0	93	284.5
TOTAL NORTH EAST	16	19	1,548	276.8
Ottawa Public Health	72	64	14,791	1402.4
Eastern Ontario Health Unit	9	7	2,694	1290.8
Hastings Prince Edward Public Health	4	2	413	245.1
Kingston, Frontenac and Lennox & Addington Public Health	0	0	708	332.8
Leeds, Grenville & Lanark District Health Unit	2	5	862	497.8
Renfrew County and District Health Unit	7	0	347	319.4

Public Health Unit Name	Change in cases February 28, 2021	Change in cases March 01, 2021	Cumulative case count	Cumulative rate per 100,000 population
TOTAL EASTERN	94	78	19,815	1028.6
Durham Region Health Department	34	34	11,876	1667.0
Haliburton, Kawartha, Pine Ridge District Health Unit	1	3	1,034	547.3
Peel Public Health	182	223	61,311	3817.7
Peterborough Public Health	12	4	647	437.2
Simcoe Muskoka District Health Unit	39	36	6,569	1095.6
York Region Public Health	47	99	28,849	2353.5
TOTAL CENTRAL EAST	315	399	110,286	2461.4
Toronto Public Health	280	253	94,650	3033.3
TOTAL TORONTO	280	253	94,650	3033.3
Chatham-Kent Public Health	0	-2	1,350	1269.8
Grey Bruce Health Unit	1	-4	691	406.7
Huron Perth Public Health	1	5	1,353	968.1
Lambton Public Health	14	11	2,113	1613.4
Middlesex-London Health Unit	18	6	6,190	1219.6
Southwestern Public Health	1	1	2,540	1201.0
Windsor-Essex County Health Unit	22	23	12,997	3059.3
TOTAL SOUTH WEST	57	40	27,234	1610.7
Brant County Health Unit	16	13	1,819	1172.0

Public Health Unit Name	Change in cases February 28, 2021	Change in cases March 01, 2021	Cumulative case count	Cumulative rate per 100,000 population
City of Hamilton Public Health Services	53	23	10,525	1777.4
Haldimand-Norfolk Health Unit	5	2	1,388	1216.7
Halton Region Public Health	39	32	9,221	1489.5
Niagara Region Public Health	30	4	8,606	1821.4
Region of Waterloo Public Health and Emergency Services	39	46	10,767	1842.5
Wellington-Dufferin-Guelph Public Health	12	13	4,791	1536.0
TOTAL CENTRAL WEST	194	133	47,117	1653.6
TOTAL ONTARIO	1,023	966	302,805	2037.1

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

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 28, 2021	Change in outbreaks March 01, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	1	4	89	1,279
Retirement homes	0	4	58	757
Hospitals	1	0	28	416

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.

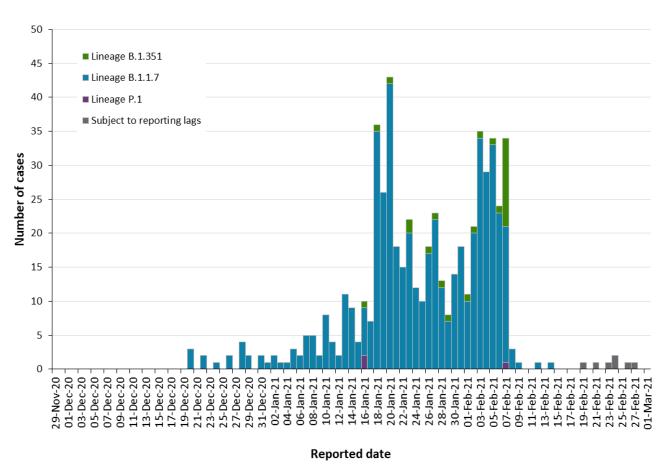
Variant COVID-19 Cases

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

Variant	Change in cases February 28, 2021	Change in cases March 01, 2021	Cumulative case count up to March 01, 2021
Lineage B.1.1.7	7	7	542
Lineage B.1.351	0	0	27
Lineage P.1	0	0	3

Note: Interpret the VOC trends with caution due to the varying time required to complete whole genome sequencing following the initial positive test for SARS-CoV-2. Due to the nature of the WGS process, test results may be completed in batches. 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 and interim N501Y mutation screening test volumes and percent positivity please see Appendix A and B.

Figure 5. Confirmed COVID-19 variants of concern (VOC) cases by public health unit reported date: Ontario, November 29, 2020 to March 01, 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 <u>technical notes</u>. Interpret the VOC trends with caution due to the varying time required to complete whole genome sequencing following the initial positive test for SARS-CoV-2.

Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to March 01, 2021

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 March 01, 2021
Gender: Male	240	12	1	253
Gender: Female	301	15	2	318
Ages: 19 and under	66	2	0	68
Ages: 20-39	197	12	0	209
Ages: 40-59	135	6	1	142
Ages: 60-79	87	7	2	96
Ages: 80 and over	57	0	0	57

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.

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 March 01, 2021	Cumulative percentage
Travel	38	7.0%	3	11.1%	1	33.3%	42	7.3%
Outbreak-associated or close contact of a confirmed case	418	77.1%	22	81.5%	1	33.3%	441	77.1%
Epidemiological link – type unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No known epidemiological link	81	14.9%	2	7.4%	1	33.3%	84	14.7%
Information missing or unknown	5	0.9%	0	0.0%	0	0.0%	5	0.9%
Total	542		27		3		572	

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

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 March 01, 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.
- N501Y mutation screening test and percent positivity data were based on the MOH extract of the Ontario Laboratory Information System (OLIS) by Health Analytics & Insight Branch (HAIB), MOH accessed on March 01, 2021 on the MOH SAS server.

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 <u>MOH Case Definition</u> <u>Coronavirus Disease (COVID-19) document</u> are included in the report counts from CCM. This includes persons with:
 - laboratory confirmation by a validated NAAT assay
 - a validated point-of-care (POC) assay deemed acceptable to provide a final result
 - a validated laboratory-based serological assay SARS-CoV-2
- Cases of confirmed reinfection, as defined in the provincial case definitions, are counted as unique investigations.
- Case classification information may be updated for individuals with a positive result issued from a point-of-care assays.

- 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 may include some duplicate records, if these records were not identified and resolved.
- 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
- Screening results for the spike (S) gene N501Y mutation presented in this report are extracted from OLIS and may differ from data in CCM, especially related to public health unit attribution.
- Screening results for the spike (S) gene N501Y mutation presented in this report do not include all provincial results because:
 - Some labs are conducting screening but are not submitting directly, or indirectly via PHO to OLIS
 - Some labs are not providing sufficient information alongside specimens transferred to PHO for testing/OLIS entry, so they are rejected from OLIS
 - Some labs may be submitting screening results to OLIS in a manner that does not conform with the VOC nomenclature, and
 - The Ministry of Health does not receive test results for specimens without an associated health card number, or that have a consent block

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, February 14 to February 26, 2021

Public Health Unit Name	Feb 14 to Feb 20	Feb 15 to Feb 21	Feb 16 to Feb 22	Feb 17 to Feb 23	Feb 18 to Feb 24	Feb 19 to Feb 25	Feb 20 to Feb 26	% change from Feb 14- Feb 20 to Feb 20- Feb 26
NORTH WEST								
Northwestern Health Unit	108.4	96.9	90.1	74.1	74.1	53.6	60.5	-44.2%
Thunder Bay District Health Unit	112.7	123.4	140.0	160.0	176.0	199.4	188.1	+66.9%
NORTH EAST								
Algoma Public Health	2.6	1.7	1.7	1.7	1.7	1.7	0.9	-65.4%
North Bay Parry Sound District Health Unit	21.6	20.8	19.3	18.5	17.7	6.2	4.6	-78.7%
Porcupine Health Unit	21.6	19.2	25.2	25.2	24.0	26.4	25.2	+16.7%
Public Health Sudbury & Districts	8.0	8.5	9.0	11.1	13.1	14.6	20.6	+157.5%
Timiskaming Health Unit	0.0	0.0	0.0	3.1	3.1	3.1	6.1	N/A
EASTERN								
Ottawa Public Health	36.5	37.1	36.6	35.2	36.3	34.2	34.4	-5.8%
Eastern Ontario Health Unit	24.4	21.6	22.5	26.8	26.4	27.3	27.3	+11.9%
Hastings Prince Edward Public Health	5.9	5.3	5.3	8.3	10.1	10.1	9.5	+61.0%
Kingston, Frontenac and Lennox & Addington Public Health	4.7	5.6	6.1	6.1	5.2	5.2	4.7	0.0%

Public Health Unit Name	Feb 14 to Feb 20	Feb 15 to Feb 21	Feb 16 to Feb 22	Feb 17 to Feb 23	Feb 18 to Feb 24	Feb 19 to Feb 25	Feb 20 to Feb 26	% change from Feb 14- Feb 20 to Feb 20- Feb 26
Leeds, Grenville & Lanark District Health Unit	5.2	4.6	4.0	4.6	5.8	4.6	5.2	0.0%
Renfrew County and District Health Unit	7.4	10.1	10.1	12.9	20.3	21.2	22.1	+198.6%
CENTRAL EAST								
Durham Region Health Department	41.8	36.9	37.9	39.3	39.3	39.6	35.4	-15.3%
Haliburton, Kawartha, Pine Ridge District Health Unit	19.6	15.9	15.9	16.9	14.8	16.9	15.9	-18.9%
Peel Public Health	85.1	85.6	88.3	88.7	89.7	89.9	89.1	+4.7%
Peterborough Public Health	20.9	18.9	15.5	15.5	14.9	14.2	16.9	-19.1%
Simcoe Muskoka District Health Unit	46.0	47.5	48.0	48.9	48.5	47.9	44.5	-3.3%
York Region Public Health	68.6	66.0	63.2	61.4	58.7	58.7	55.4	-19.2%
TORONTO								
Toronto Public Health	73.1	76.5	74.4	76.9	75.5	75.1	72.5	-0.8%
SOUTH WEST								
Chatham-Kent Public Health	10.3	13.2	13.2	12.2	12.2	10.3	12.2	+18.4%
Grey Bruce Health Unit	5.9	4.7	5.9	5.3	6.5	5.3	4.7	-20.3%
Huron Perth Public Health	14.3	14.3	14.3	14.3	19.3	21.5	22.9	+60.1%
Lambton Public Health	55.7	58.0	53.4	51.2	45.8	48.1	58.8	+5.6%
Middlesex-London Health Unit	14.0	14.4	16.4	16.6	15.4	15.0	14.0	0.0%

Public Health Unit Name	Feb 14 to Feb 20	Feb 15 to Feb 21	Feb 16 to Feb 22	Feb 17 to Feb 23	Feb 18 to Feb 24	Feb 19 to Feb 25	Feb 20 to Feb 26	% change from Feb 14- Feb 20 to Feb 20- Feb 26
Southwestern Public Health	11.8	10.9	10.4	12.8	15.6	17.5	35.5	+200.8%
Windsor-Essex County Health Unit	40.7	39.3	46.8	46.1	49.9	51.1	49.2	+20.9%
CENTRAL WEST								
Brant County Health Unit	38.7	38.0	38.0	39.9	54.1	71.5	76.0	+96.4%
City of Hamilton Public Health Services	52.2	51.7	54.4	56.6	60.1	58.3	57.9	+10.9%
Haldimand-Norfolk Health Unit	19.3	21.9	23.7	26.3	28.9	24.5	26.3	+36.3%
Halton Region Public Health	36.0	35.5	33.6	35.7	34.4	32.1	33.8	-6.1%
Niagara Region Public Health	23.5	22.2	22.9	23.3	25.2	24.1	23.5	0.0%
Region of Waterloo Public Health and Emergency Services	48.4	48.4	52.2	50.1	55.6	61.4	59.0	+21.9%
Wellington-Dufferin- Guelph Public Health	27.3	29.2	30.1	28.9	32.4	38.8	43.3	+58.6%
TOTAL ONTARIO	49.8	50.2	50.4	51.2	51.8	52.0	51.2	+2.8%

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 March 01, 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	3	0	0
Durham Region Health Department	24	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	13	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	14	0
Northwestern Health Unit	1	0	0
Ottawa Public Health	8	1	0
Peel Public Health	90	10	0
Peterborough Public Health	1	0	0
Porcupine Health Unit	0	0	0
Public Health Sudbury & Districts	3	0	0
Region of Waterloo Public Health and Emergency Services	10	0	0
Renfrew County and District Health Unit	0	0	0
Simcoe Muskoka District Health Unit	188	0	0
Southwestern Public Health	0	0	0
Thunder Bay District Health Unit	0	0	0
Timiskaming Health Unit	0	1	0
Toronto Public Health	115	1	3
Wellington-Dufferin-Guelph Public Health	1	0	0
Windsor-Essex County Health Unit	0	0	0
York Region Public Health	79	0	0
TOTAL ONTARIO	542	27	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.

Appendix B

The laboratory detection of a variant of concern is a two-step process. Samples that test positive for SARS-CoV-2 and have a cycle threshold (Ct) value \leq 35 can be tested for the N501Y mutation. If positive for the N501Y mutation these samples then undergo whole genome sequencing (WGS) to confirm the presence of a designated VOC. The table below refers to step one of this process.

Note: The number of specimens screened for the spike (S) gene N501Y mutation is defined as the number of unique specimens with a test request code indicating a VOC screening test (TR12952-8). The number of specimens with spike (S) gene N501Y mutation detected is defined as the number of unique specimens where the Observation Value for the VOC screening test result was 'Detected'. The N501Y mutation screening results presented here do not include all screening results in the province. Further details can be found in the <u>technical notes</u>. Testing numbers may be subject to change due to reporting lags. Data presented in Appendix B are from OLIS and may differ from that presented in CCM, especially related to public health unit attribution. These data are interim and will change as data collection and reporting methods are refined in the coming weeks.

Table B1. Interim cumulative number of specimens screened for N501Y mutation and percent positivity: Ontario as of February 28, 2021

	Cumulative number of specimens screened for the spike (S) gene N501Y mutation	Cumulative number of specimens with spike (S) gene N501Y mutation detected	Cumulative percent positivity
Specimens screened	21,869	2,988	13.7%

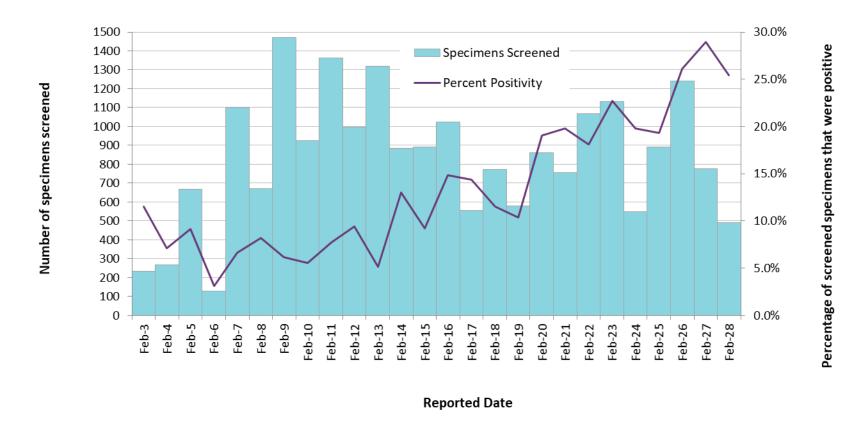
Table B2. Interim daily number of specimens screened for N501Y mutation and percent positivity: Ontario as of February 28, 2021

Reported Date ¹	# of specimens screened for the spike (S) gene N501Y mutation	# of specimens with spike (S) gene N501Y mutation detected	Daily percent positivity	Weekly percent positivity over a rolling 7-day period
February 22, 2021	1,068	193	18.1%	15.9%
February 23, 2021	1,174	265	22.6%	17.4%
February 24, 2021	636	121	19.0%	17.9%

Reported Date ¹	# of specimens screened for the spike (S) gene N501Y mutation	# of specimens with spike (S) gene N501Y mutation detected	Daily percent positivity	Weekly percent positivity over a rolling 7-day period
February 25, 2021	978	186	19.0%	18.9%
February 26, 2021	1,240	324	26.1%	21.0%
February 27, 2021	777	225	29.0%	22.2%
February 28, 2021	492	125	25.4%	22.6%

¹ Reporting date refers to the Observation Release Date

Figure 6. Number of specimens screened for the spike (S) gene N501Y mutation and percent positivity: Ontario, February 3, 2021 to February 28, 2021



Note: Reporting date refers to the Observation Release Date

Table B3. Interim number of specimens screened for N501Y mutation and percent positivity: Ontario, February 22, 2021 to February 28, 2021

Public Health Unit Name	# of specimens screened for the spike (S) gene N501Y mutation	# of specimens with spike (S) gene N501Y mutation detected	Weekly percent positivity over a rolling 7- day period	Cumulative percent positivity February 03 to February 28
Algoma Public Health	3	0	0.0%	5.0%
Brant County Health Unit	94	3	3.2%	1.8%
Chatham-Kent Public Health	30	0	0.0%	0.0%
City of Hamilton Public Health Services	339	37	10.9%	6.0%
Durham Region Health Department	281	62	22.1%	16.0%
Eastern Ontario Health Unit	31	0	0.0%	0.0%
Grey Bruce Health Unit	8	0	0.0%	0.0%
Haldimand-Norfolk Health Unit	23	1	4.3%	1.2%
Haliburton, Kawartha, Pine Ridge District Health Unit	28	6	21.4%	6.3%
Halton Region Public Health	163	22	13.5%	7.9%
Hastings Prince Edward Public Health	17	3	17.6%	8.7%
Huron Perth Public Health	23	0	0.0%	0.0%
Kingston, Frontenac and Lennox & Addington Public Health	11	0	0.0%	0.0%
Lambton Public Health	56	1	1.8%	0.6%
Leeds, Grenville & Lanark District Health Unit	6	0	0.0%	0.0%

Public Health Unit Name	# of specimens screened for the spike (S) gene N501Y mutation	# of specimens with spike (S) gene N501Y mutation detected	Weekly percent positivity over a rolling 7- day period	Cumulative percent positivity February 03 to February 28
Middlesex-London Health Unit	72	6	8.3%	2.8%
Niagara Region Public Health	64	21	32.8%	12.2%
North Bay Parry Sound District Health Unit	9	3	33.3%	55.8%
Northwestern Health Unit	24	0	0.0%	0.0%
Ottawa Public Health	64	9	14.1%	12.8%
Peel Public Health	996	263	26.4%	14.6%
Peterborough Public Health	16	1	6.3%	5.6%
Porcupine Health Unit	30	0	0.0%	5.7%
Public Health Sudbury & Districts	50	10	20.0%	10.6%
Region of Waterloo Public Health and Emergency Services	282	57	20.2%	11.5%
Renfrew County and District Health Unit	4	0	0.0%	0.0%
Simcoe Muskoka District Health Unit	196	74	37.8%	30.5%
Southwestern Public Health	16	0	0.0%	4.8%
Thunder Bay District Health Unit	217	1	0.5%	1.2%
Timiskaming Health Unit	1	0	0.0%	50.0%
Toronto Public Health	2,346	662	28.2%	15.7%

Public Health Unit Name	# of specimens screened for the spike (S) gene N501Y mutation	# of specimens with spike (S) gene N501Y mutation detected	Weekly percent positivity over a rolling 7- day period	Cumulative percent positivity February 03 to February 28
Wellington-Dufferin-Guelph Public Health	77	14	18.2%	9.2%
Windsor-Essex County Health Unit	166	6	3.6%	2.1%
York Region Public Health	567	159	28.0%	19.0%
TOTAL ¹	6,365	1,439	22.6%	13.7%

¹The N501Y screening results presented here do not include all screening results in the province. Further details can be found in the <u>technical notes</u>.

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.

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For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

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