

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to March 04, 2021

This report includes the most current information available from CCM as of **March 04, 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 306,007 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 1,250 confirmed cases (percent change of +25.8%)
 - An increase of 22 deaths (percent change of +120.0%)
 - An increase of 1,159 resolved cases (percent change of +8.1%)

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 March 03, 2021	Change in cases March 04, 2021	Percentage change March 04, 2021 compared to March 03, 2021	Cumulative case count as of March 04, 2021
Total number of cases	994	1,250	+25.8%	306,007
Number of deaths	10	22	+120.0%	7,046
Number resolved	1,072	1,159	+8.1%	288,583

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

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

	Change in cases March 03, 2021	Change in cases March 04, 2021	Cumulative case count as of March 04, 2021
Gender: Male	516	641	150,633
Gender: Female	457	584	153,766
Ages: 19 and under	165	226	41,170
Ages: 20-39	382	465	112,161
Ages: 40-59	277	364	88,324
Ages: 60-79	142	159	43,946
Ages: 80 and over	24	34	20,337

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 04, 2021: Ontario

	Change in cases March 03, 2021	Change in cases March 04, 2021	Cumulative case count from August 30, 2020 to March 04, 2021
Ages: 4 to 8	35	47	6,931
Ages: 9 to 13	46	65	9,300
Ages: 14 to 17	36	58	9,722

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

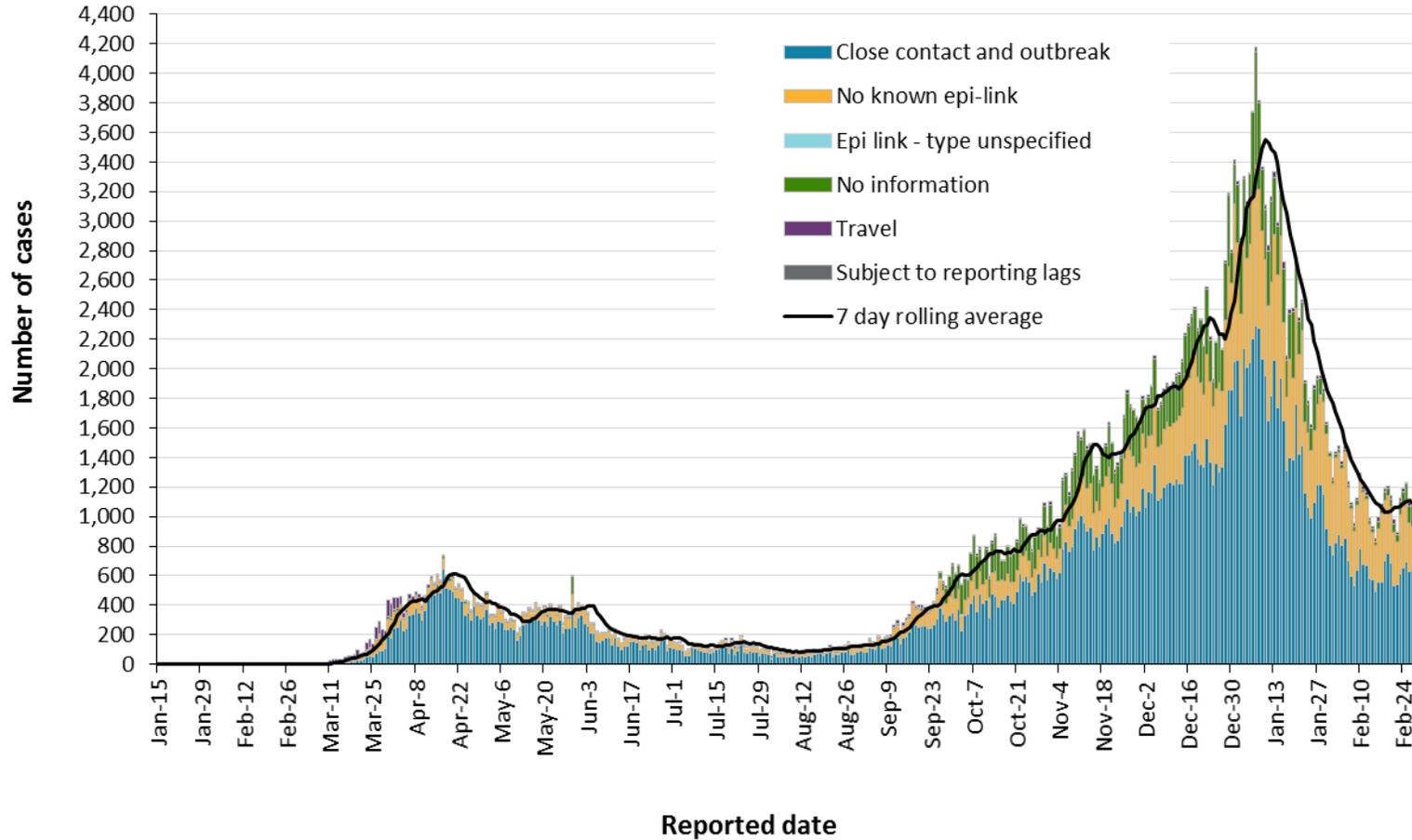
Long-term care home cases	Change in cases March 03, 2021	Change in cases March 04, 2021	Cumulative case count as of March 04, 2021
Residents	2	1	14,964
Health care workers	7	10	6,652
Deaths among residents	2	2	3,873
Deaths among health care workers	0	0	10

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

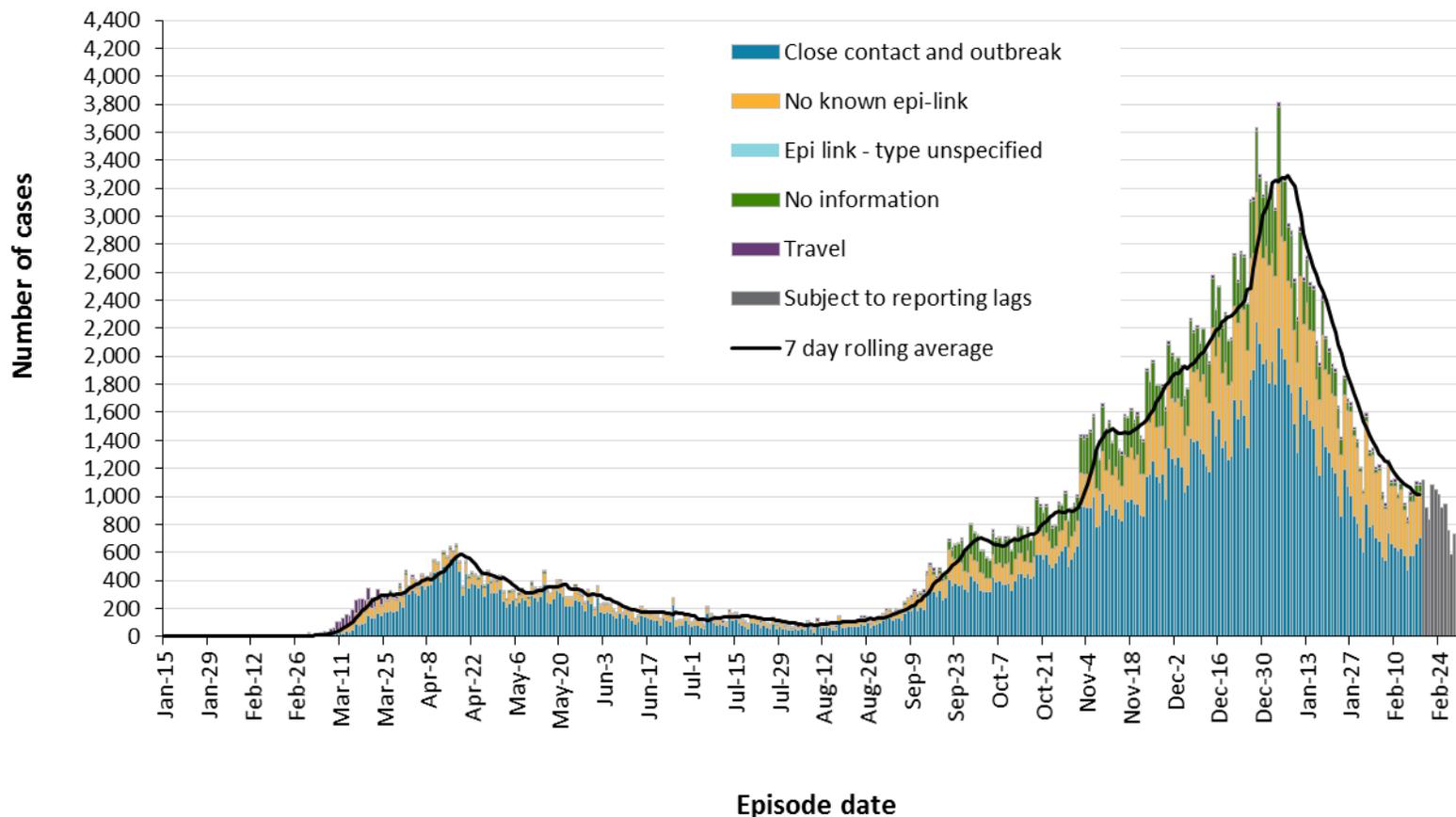
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to March 04, 2021



Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to March 04, 2021

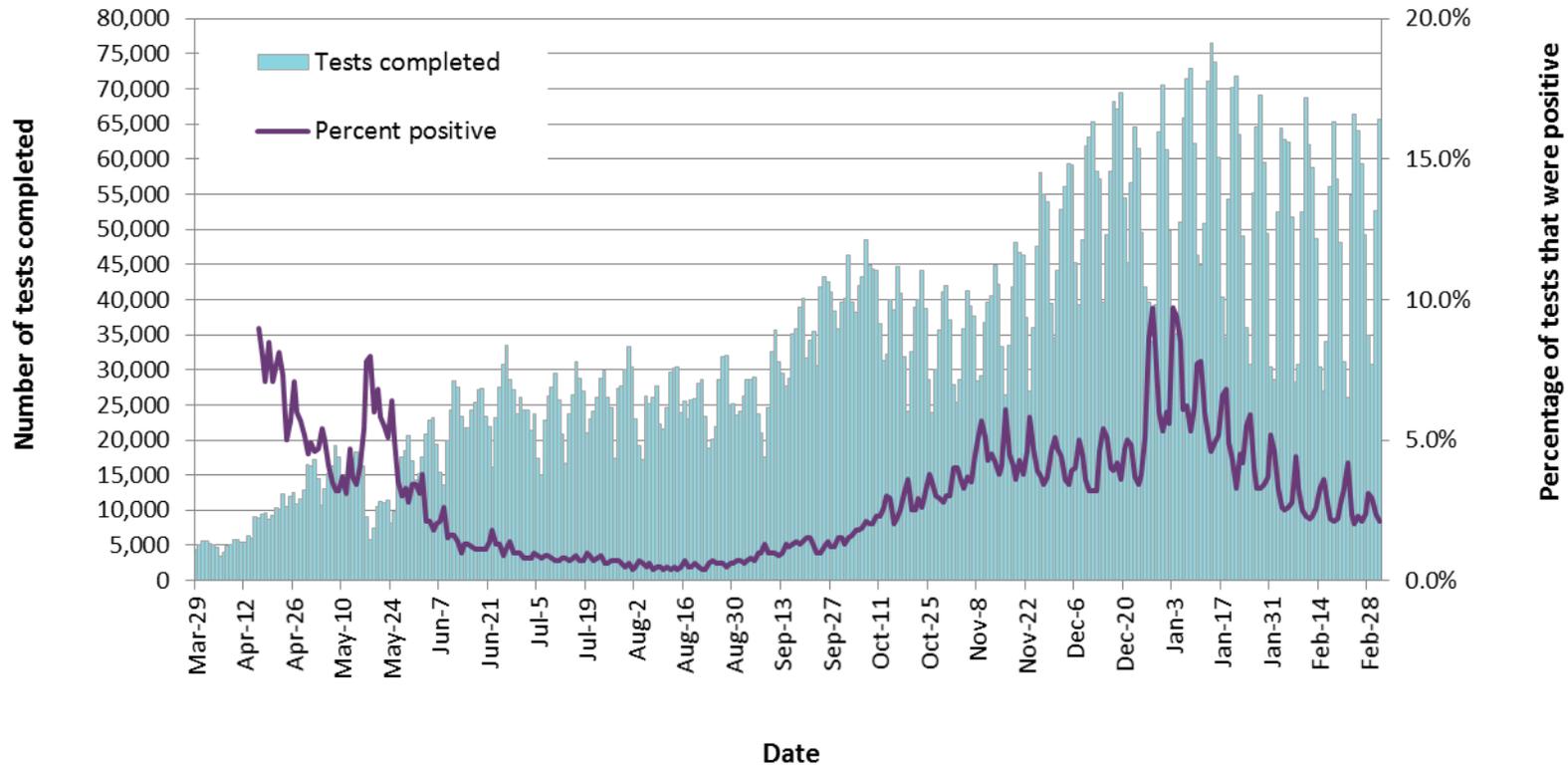
Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to March 04, 2021



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 March 03, 2021

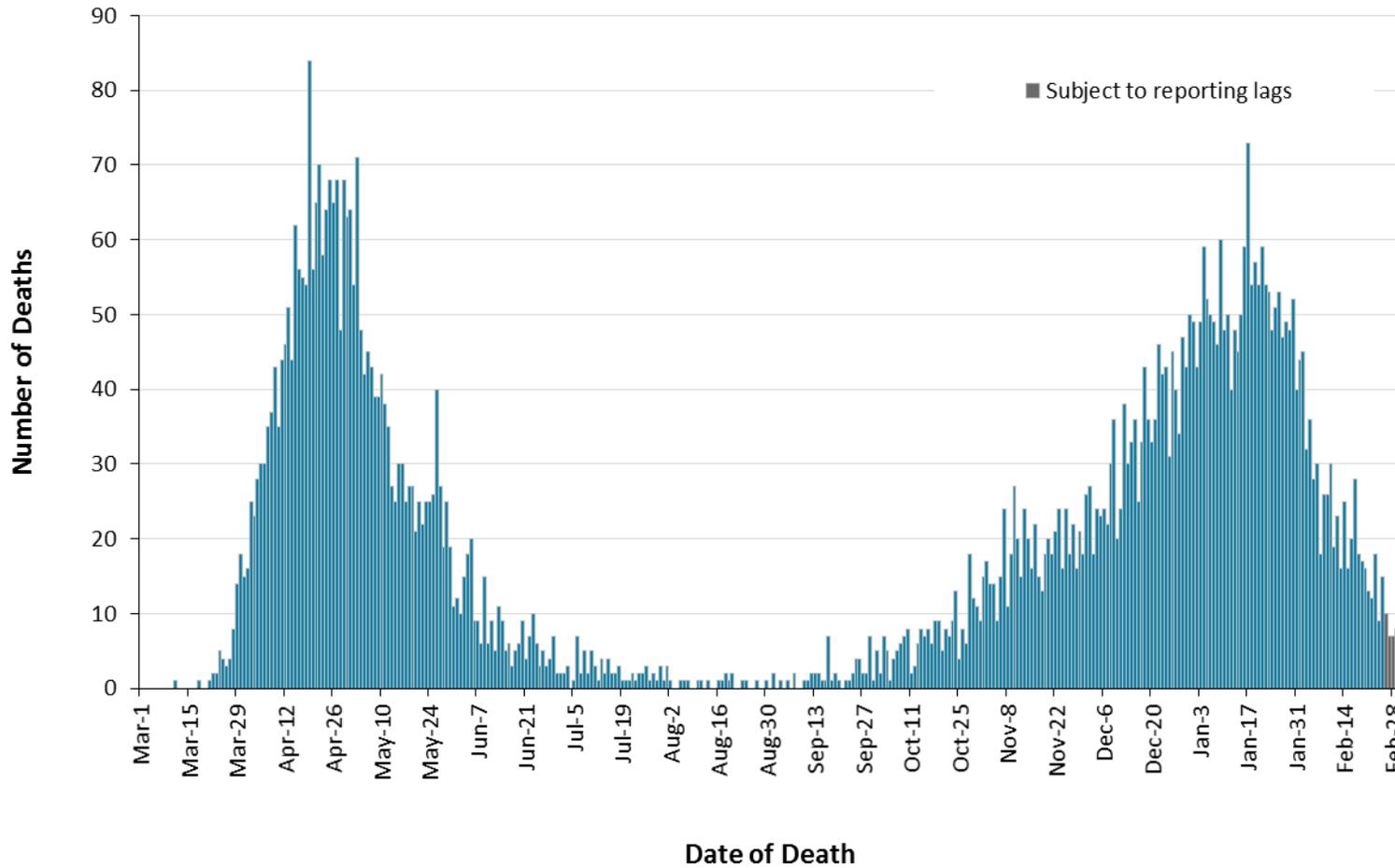


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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 04, 2021



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

Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to March 04, 2021

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

	Cumulative case count as of March 04, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	7,046	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	287	0.3%
Deaths reported in ages: 60-79	1,942	4.4%
Deaths reported in ages: 80 and over	4,784	23.5%
Ever in ICU	2,767	0.9%
Ever hospitalized	15,430	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 March 03, 2021	Change in cases March 04, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	9	8	494	563.4
Thunder Bay District Health Unit	24	71	1,804	1,203.0
TOTAL NORTH WEST	33	79	2,298	967.0
Algoma Public Health	0	1	200	174.8
North Bay Parry Sound District Health Unit	2	0	265	204.2
Porcupine Health Unit	0	1	342	409.9
Public Health Sudbury & Districts	18	18	713	358.3
Timiskaming Health Unit	2	3	99	302.9
TOTAL NORTH EAST	22	23	1,619	289.4
Ottawa Public Health	49	63	14,960	1,418.5
Eastern Ontario Health Unit	9	11	2,727	1,306.6
Hastings Prince Edward Public Health	4	1	421	249.9
Kingston, Frontenac and Lennox & Addington Public Health	7	4	724	340.4
Leeds, Grenville & Lanark District Health Unit	10	7	887	512.2
Renfrew County and District Health Unit	2	4	358	329.6
TOTAL EASTERN	81	90	20,077	1,042.2

Public Health Unit Name	Change in cases March 03, 2021	Change in cases March 04, 2021	Cumulative case count	Cumulative rate per 100,000 population
Durham Region Health Department	23	55	11,995	1,683.7
Haliburton, Kawartha, Pine Ridge District Health Unit	4	1	1,038	549.4
Peel Public Health	171	167	61,813	3,849.0
Peterborough Public Health	9	15	689	465.6
Simcoe Muskoka District Health Unit	39	35	6,661	1,110.9
York Region Public Health	64	129	29,134	2,376.7
TOTAL CENTRAL EAST	310	402	111,330	2,484.7
Toronto Public Health	298	337	95,534	3,061.6
TOTAL TORONTO	298	337	95,534	3,061.6
Chatham-Kent Public Health	2	2	1,358	1,277.3
Grey Bruce Health Unit	0	1	691	406.7
Huron Perth Public Health	7	1	1,363	975.3
Lambton Public Health	39	23	2,176	1,661.5
Middlesex-London Health Unit	12	26	6,256	1,232.7
Southwestern Public Health	6	9	2,560	1,210.4
Windsor-Essex County Health Unit	16	23	13,057	3,073.5
TOTAL SOUTH WEST	82	85	27,461	1,624.2
Brant County Health Unit	9	9	1,854	1,194.6
City of Hamilton Public Health Services	40	74	10,686	1,804.6

Public Health Unit Name	Change in cases March 03, 2021	Change in cases March 04, 2021	Cumulative case count	Cumulative rate per 100,000 population
Haldimand-Norfolk Health Unit	8	10	1,410	1,236.0
Halton Region Public Health	33	47	9,321	1,505.6
Niagara Region Public Health	37	26	8,692	1,839.6
Region of Waterloo Public Health and Emergency Services	23	47	10,883	1,862.4
Wellington-Dufferin-Guelph Public Health	18	21	4,842	1,552.4
TOTAL CENTRAL WEST	168	234	47,688	1,673.7
TOTAL ONTARIO	994	1,250	306,007	2,058.7

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

Data Source: CCM

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 March 03, 2021	Change in outbreaks March 04, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	7	4	85	1,293
Retirement homes	-1	4	56	761
Hospitals	2	0	26	418

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

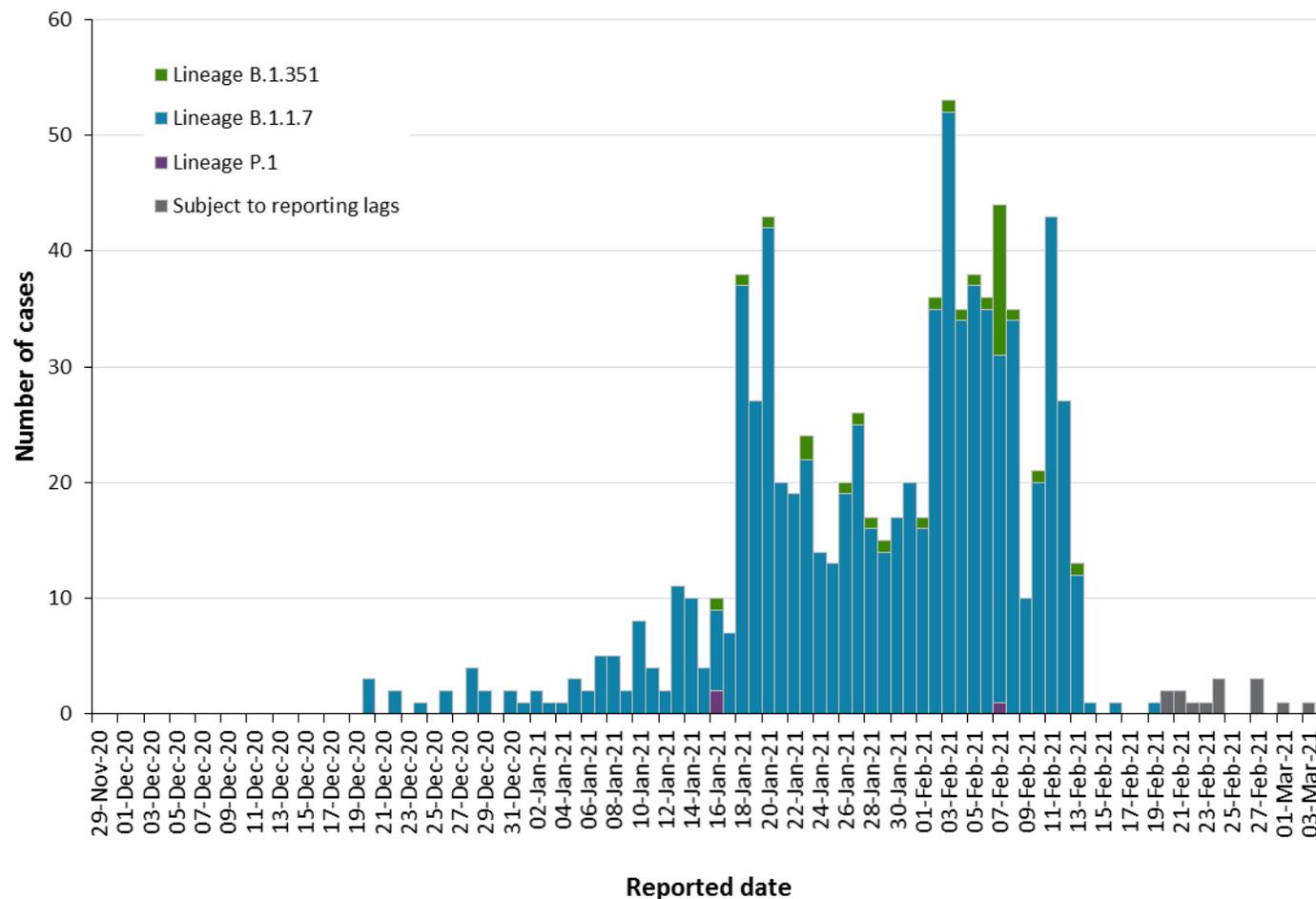
Table 7. Summary of confirmed variant of concern (VOC) cases: Ontario

Variant	Change in cases March 03, 2021	Change in cases March 04, 2021	Cumulative case count up to March 04, 2021
Lineage B.1.1.7	92	155	799
Lineage B.1.351	4	0	31
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.

Data Source: CCM

Figure 5. Confirmed COVID-19 variants of concern (VOC) cases by public health unit reported date: Ontario, November 29, 2020 to March 04, 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](#). 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 04, 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 04, 2021
Gender: Male	385	15	1	401
Gender: Female	412	16	2	430
Ages: 19 and under	102	2	0	104
Ages: 20-39	300	14	0	314
Ages: 40-59	215	7	1	223
Ages: 60-79	119	8	2	129
Ages: 80 and over	63	0	0	63

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 March 04, 2021	Cumulative percentage
Travel	48	6.0%	5	16.1%	1	33.3%	54	6.5%
Outbreak-associated or close contact of a confirmed case	594	74.3%	24	77.4%	1	33.3%	619	74.3%
Epidemiological link – type unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No known epidemiological link	147	18.4%	2	6.5%	1	33.3%	150	18.0%
Information missing or unknown	10	1.3%	0	0.0%	0	0.0%	10	1.2%
Total	799		31		3		833	

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 **March 04, 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 03, 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 [MOH Case Definition – Coronavirus Disease \(COVID-19\) document](#) 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 17 to Mar 01, 2021

Public Health Unit Name	Feb 17 to Feb 23	Feb 18 to Feb 24	Feb 19 to Feb 25	Feb 20 to Feb 26	Feb 21 to Feb 27	Feb 22 to Feb 28	Feb 23 to Mar 01	% change from Feb 17-Feb 23 to Feb 23-Mar 01
NORTH WEST								
Northwestern Health Unit	74.1	75.3	54.7	61.6	47.9	51.3	51.3	-30.8%
Thunder Bay District Health Unit	160.7	176.7	198.7	186.7	190.7	199.4	195.4	+21.6%
NORTH EAST								
Algoma Public Health	1.7	1.7	1.7	0.9	3.5	3.5	3.5	+105.9%
North Bay Parry Sound District Health Unit	18.5	17.7	6.2	4.6	2.3	2.3	3.1	-83.2%
Porcupine Health Unit	25.2	24.0	26.4	25.2	16.8	18.0	12.0	-52.4%
Public Health Sudbury & Districts	11.1	13.1	14.6	20.6	27.1	35.7	43.7	+293.7%
Timiskaming Health Unit	3.1	3.1	3.1	6.1	6.1	6.1	6.1	+96.8%
EASTERN								
Ottawa Public Health	35.5	36.4	34.3	34.1	34.7	34.1	36.2	+2.0%
Eastern Ontario Health Unit	26.4	25.4	26.4	26.8	25.9	29.2	31.6	+19.7%
Hastings Prince Edward Public Health	8.3	10.1	10.1	9.5	11.9	15.4	16.0	+92.8%
Kingston, Frontenac and Lennox & Addington Public Health	6.1	5.2	5.2	4.7	4.7	3.3	4.7	-23.0%

Public Health Unit Name	Feb 17 to Feb 23	Feb 18 to Feb 24	Feb 19 to Feb 25	Feb 20 to Feb 26	Feb 21 to Feb 27	Feb 22 to Feb 28	Feb 23 to Mar 01	% change from Feb 17-Feb 23 to Feb 23-Mar 01
Leeds, Grenville & Lanark District Health Unit	4.6	5.8	4.6	5.2	6.4	9.2	10.4	+126.1%
Renfrew County and District Health Unit	12.9	20.3	21.2	23.0	24.9	25.8	28.5	+120.9%
CENTRAL EAST								
Durham Region Health Department	39.3	39.4	40.0	35.8	32.4	31.2	32.3	-17.8%
Haliburton, Kawartha, Pine Ridge District Health Unit	16.9	14.8	16.9	15.9	13.2	12.7	12.7	-24.9%
Peel Public Health	88.7	89.6	89.9	89.2	90.9	89.9	89.7	+1.1%
Peterborough Public Health	15.5	14.9	14.2	15.5	18.9	29.1	30.4	+96.1%
Simcoe Muskoka District Health Unit	49.0	49.0	48.9	45.7	41.7	37.7	37.4	-23.7%
York Region Public Health	61.4	58.7	58.7	55.6	52.4	53.3	54.2	-11.7%
TORONTO								
Toronto Public Health	77.0	75.9	75.5	73.3	70.8	69.5	68.3	-11.3%
SOUTH WEST								
Chatham-Kent Public Health	12.2	12.2	11.3	13.2	12.2	9.4	9.4	-23.0%
Grey Bruce Health Unit	5.3	6.5	5.3	4.7	4.7	4.7	3.5	-34.0%
Huron Perth Public Health	14.3	19.3	21.5	22.9	18.6	20.8	21.5	+50.3%
Lambton Public Health	51.2	45.8	48.1	58.8	58.0	59.6	60.3	+17.8%
Middlesex-London Health Unit	16.6	15.4	15.0	13.8	17.1	16.6	16.0	-3.6%

Public Health Unit Name	Feb 17 to Feb 23	Feb 18 to Feb 24	Feb 19 to Feb 25	Feb 20 to Feb 26	Feb 21 to Feb 27	Feb 22 to Feb 28	Feb 23 to Mar 01	% change from Feb 17-Feb 23 to Feb 23-Mar 01
Southwestern Public Health	12.3	14.7	16.5	35.0	35.9	37.8	37.8	+207.3%
Windsor-Essex County Health Unit	46.1	49.9	51.1	49.2	53.4	53.0	46.6	+1.1%
CENTRAL WEST								
Brant County Health Unit	39.9	54.1	72.2	76.7	94.7	98.6	108.2	+171.2%
City of Hamilton Public Health Services	56.1	59.8	57.9	57.2	56.6	59.6	56.1	0.0%
Haldimand-Norfolk Health Unit	26.3	28.9	26.3	28.1	29.8	29.8	28.9	+9.9%
Halton Region Public Health	35.9	34.7	32.5	34.1	37.5	37.5	38.3	+6.7%
Niagara Region Public Health	23.5	25.4	24.1	23.7	25.0	25.8	26.0	+10.6%
Region of Waterloo Public Health and Emergency Services	50.3	56.1	62.5	60.4	59.7	60.1	60.4	+20.1%
Wellington-Dufferin-Guelph Public Health	29.2	32.7	38.8	43.3	45.8	44.2	43.6	+49.3%
TOTAL ONTARIO	51.3	51.9	52.2	51.5	51.2	51.2	51.1	-0.4%

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 March 04, 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	31	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	19	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	2	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	2	16	0
Northwestern Health Unit	1	0	0
Ottawa Public Health	8	2	0
Peel Public Health	155	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	11	0	0
Renfrew County and District Health Unit	0	0	0
Simcoe Muskoka District Health Unit	213	0	0
Southwestern Public Health	2	0	0
Thunder Bay District Health Unit	0	0	0
Timiskaming Health Unit	0	1	0
Toronto Public Health	188	2	3
Wellington-Dufferin-Guelph Public Health	3	0	0
Windsor-Essex County Health Unit	0	0	0
York Region Public Health	151	0	0
TOTAL ONTARIO	799	31	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.

Data Source: CCM

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 ≤ 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 [technical notes](#). 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 March 03, 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	24,354	3,772	15.5%

Data Sources: OLIS. Note that these are interim data sources to be replaced by CCM once data becomes available.

Table B2. Interim daily number of specimens screened for N501Y mutation and percent positivity: Ontario as of March 03, 2021

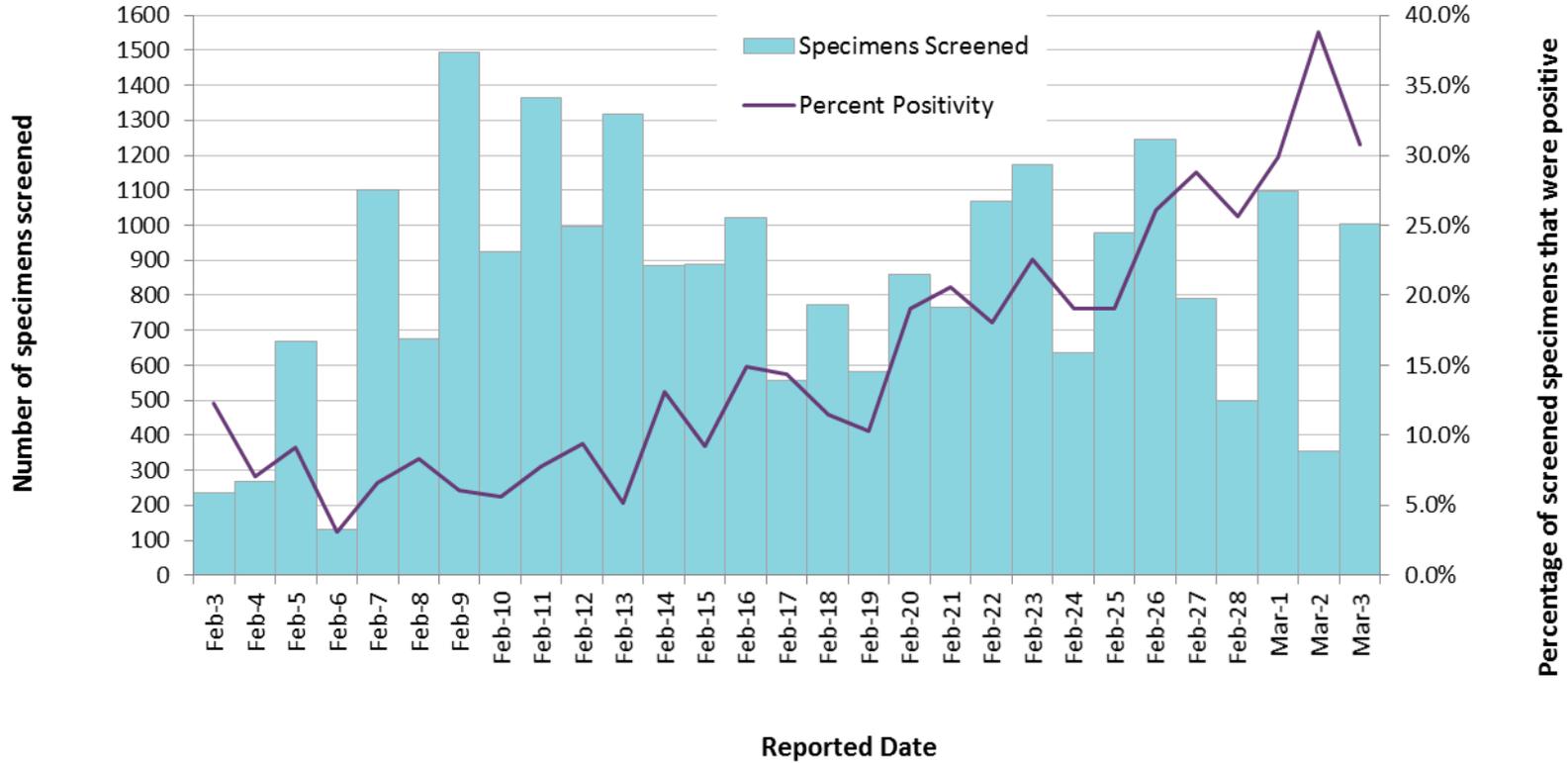
Reported Date ¹	# of specimens screened for the spike (S) gene N501Y mutation	# of specimens with spike (S) gene N501Y mutation detected	Daily percent positivity	Weekly percent positivity over a rolling 7-day period
February 25, 2021	978	186	19.0%	18.9%
February 26, 2021	1,247	325	26.1%	21.0%
February 27, 2021	791	228	28.8%	22.2%

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 28, 2021	499	128	25.7%	22.6%
March 01, 2021	1,098	328	29.9%	24.6%
March 02, 2021	353	137	38.8%	25.9%
March 03, 2021	1,002	308	30.7%	27.5%

¹ Reporting date refers to the Observation Release Date

Data Sources: OLIS. Note that these are interim data sources to be replaced by CCM once data becomes available.

Figure 6. Number of specimens screened for the spike (S) gene N501Y mutation and percent positivity: Ontario, February 03, 2021 to March 03, 2021



Note: Reporting date refers to the Observation Release Date

Data Sources: OLIS. Note that these are interim data sources to be replaced by CCM once data becomes available.

Table B3. Interim number of specimens screened for N501Y mutation and percent positivity: Ontario, February 24, 2021 to March 03, 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 March 03
Algoma Public Health	5	0	0.0%	4.5%
Brant County Health Unit	99	4	4.0%	2.0%
Chatham-Kent Public Health	20	0	0.0%	0.0%
City of Hamilton Public Health Services	370	57	15.4%	7.3%
Durham Region Health Department	236	72	30.5%	18.0%
Eastern Ontario Health Unit	21	2	9.5%	1.8%
Grey Bruce Health Unit	8	0	0.0%	0.0%
Haldimand-Norfolk Health Unit	28	2	7.1%	2.0%
Haliburton, Kawartha, Pine Ridge District Health Unit	26	7	26.9%	9.0%
Halton Region Public Health	117	20	17.1%	8.2%
Hastings Prince Edward Public Health	26	5	19.2%	11.9%
Huron Perth Public Health	21	0	0.0%	0.0%
Kingston, Frontenac and Lennox & Addington Public Health	12	0	0.0%	0.0%
Lambton Public Health	69	4	5.8%	1.9%
Leeds, Grenville & Lanark District Health Unit	14	2	14.3%	4.8%

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 March 03
Middlesex-London Health Unit	88	4	4.5%	2.6%
Niagara Region Public Health	63	21	33.3%	12.9%
North Bay Parry Sound District Health Unit	7	3	42.9%	56.5%
Northwestern Health Unit	12	0	0.0%	0.0%
Ottawa Public Health	67	12	17.9%	13.4%
Peel Public Health	1,094	383	35.0%	17.5%
Peterborough Public Health	22	4	18.2%	8.3%
Porcupine Health Unit	21	0	0.0%	5.6%
Public Health Sudbury & Districts	95	24	25.3%	15.6%
Region of Waterloo Public Health and Emergency Services	299	54	18.1%	12.4%
Renfrew County and District Health Unit	6	0	0.0%	0.0%
Simcoe Muskoka District Health Unit	106	39	36.8%	31.1%
Southwestern Public Health	25	0	0.0%	4.3%
Thunder Bay District Health Unit	216	0	0.0%	1.0%
Timiskaming Health Unit	1	0	0.0%	50.0%
Toronto Public Health	1,979	739	37.3%	18.3%

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 March 03
Wellington-Dufferin-Guelph Public Health	99	27	27.3%	11.7%
Windsor-Essex County Health Unit	207	12	5.8%	2.8%
York Region Public Health	441	135	30.6%	20.1%
TOTAL¹	5,968	1,640	27.5%	15.5%

¹The N501Y screening results presented here do not include all screening results in the province. Further details can be found in the [technical notes](#).

Data Sources: OLIS. Note that these are interim data sources to be replaced by CCM once data becomes available.

Disclaimer

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For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

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