

## DAILY EPIDEMIOLOGICAL SUMMARY

# COVID-19 in Ontario: January 15, 2020 to September 10, 2021

This report includes the most current information available from CCM as of **September 10, 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 573,835 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
  - An increase of 857 confirmed cases (percent change of +1.1%)
  - An increase of 8\* deaths (percent change of +60.0%)
  - An increase of 756 resolved cases (percent change of -1.8%)

\* In addition, there were 7 deaths that occurred more than one month ago and were added to the cumulative count based on data cleaning.

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 September 9, 2021	Change in cases September 10, 2021	Percentage change September 10, 2021 compared to September 9, 2021	Cumulative case count as of September 10, 2021
Total number of cases	848	857	+1.1%	573,835
Number of deaths	5	8	+60.0%	9,605*
Number resolved	770	756	-1.8%	558,021

**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.

\* In addition, there were 7 deaths that occurred more than one month ago and were added to the cumulative count based on data cleaning on September 10, and there were 6 deaths that occurred more than one month ago and were added to the cumulative count based on data cleaning on September 9.

**Data Source:** CCM

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

	Change in cases September 9, 2021	Change in cases September 10, 2021	Cumulative case count as of September 10, 2021
Gender: Male	437	428	285,978
Gender: Female	420	400	283,887
Ages: 0-4	45	46	15,737
Ages: 5-11	82	105	28,014
Ages: 12-19	90	71	51,149
Ages: 20-39	353	346	216,520
Ages: 40-59	178	193	161,899
Ages: 60-79	83	78	74,821
Ages: 80 and over	17	18	25,588

**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 long-term care homes: Ontario**

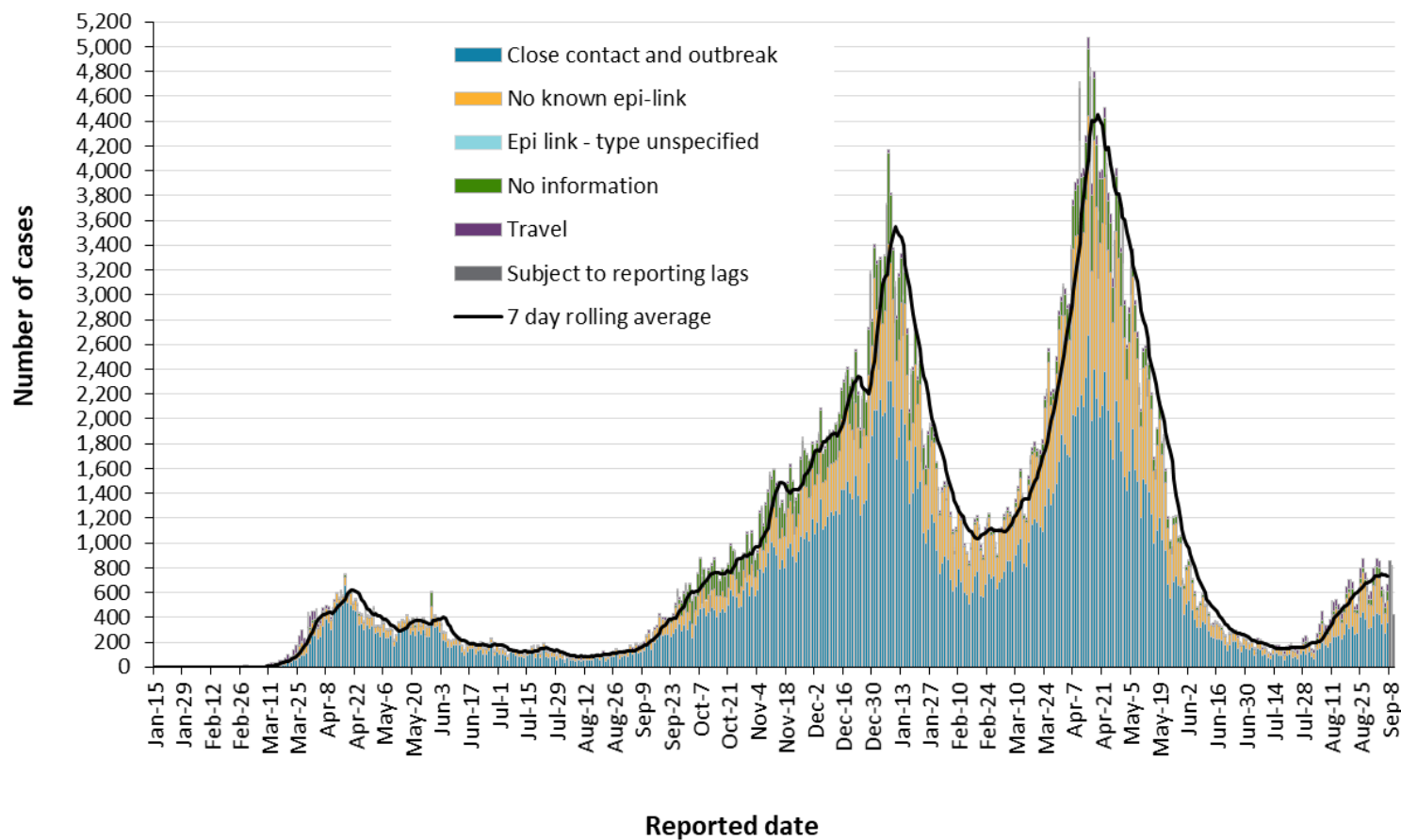
Long-term care home cases	Change in cases September 9, 2021	Change in cases September 10, 2021	Cumulative case count as of September 10, 2021
Residents	2	1	15,522
Health care workers	1	0	7,305
Deaths among residents	1	1	3,997
Deaths among health care workers	0	0	10

**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

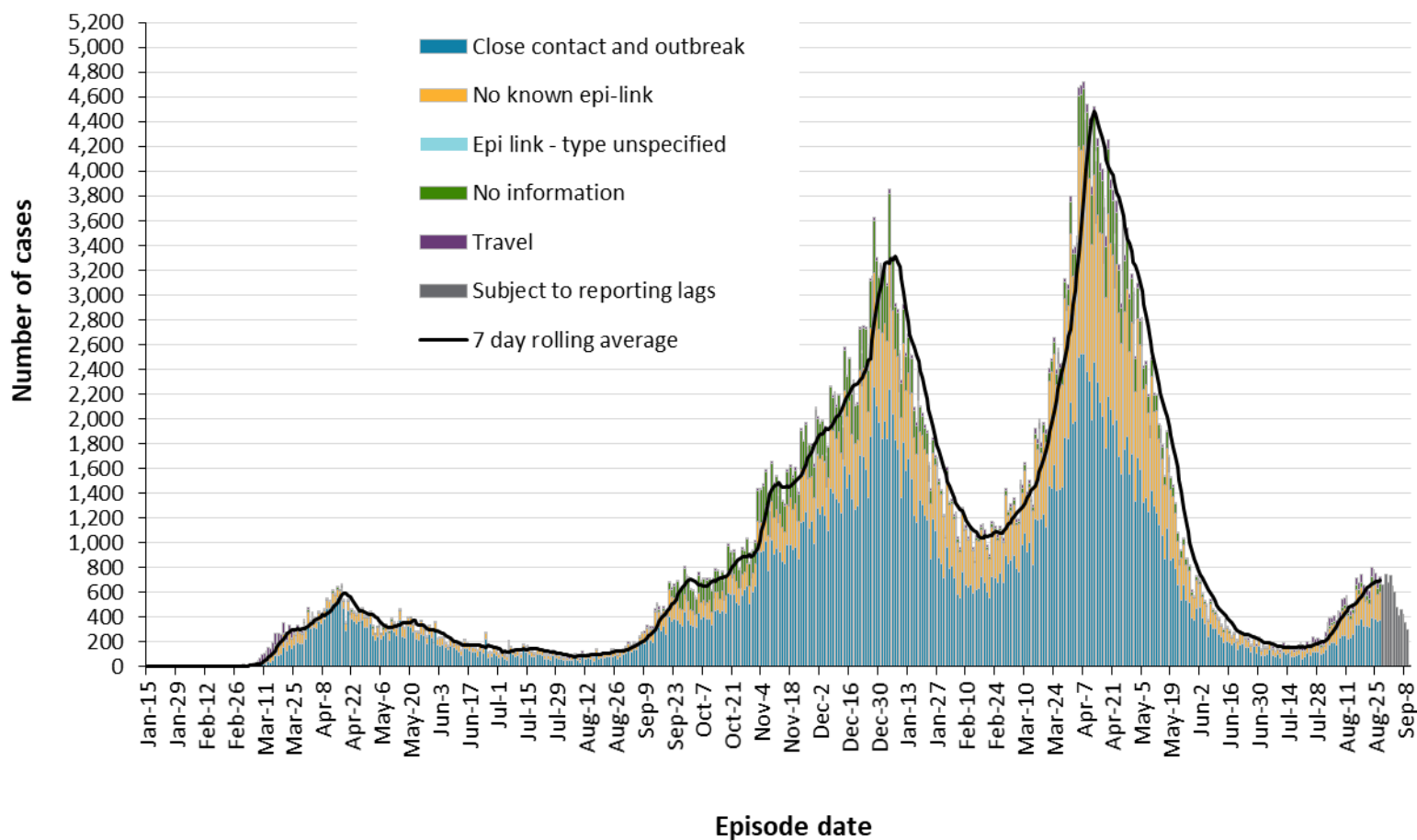
**Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to September 10, 2021**



**Data Source:** CCM

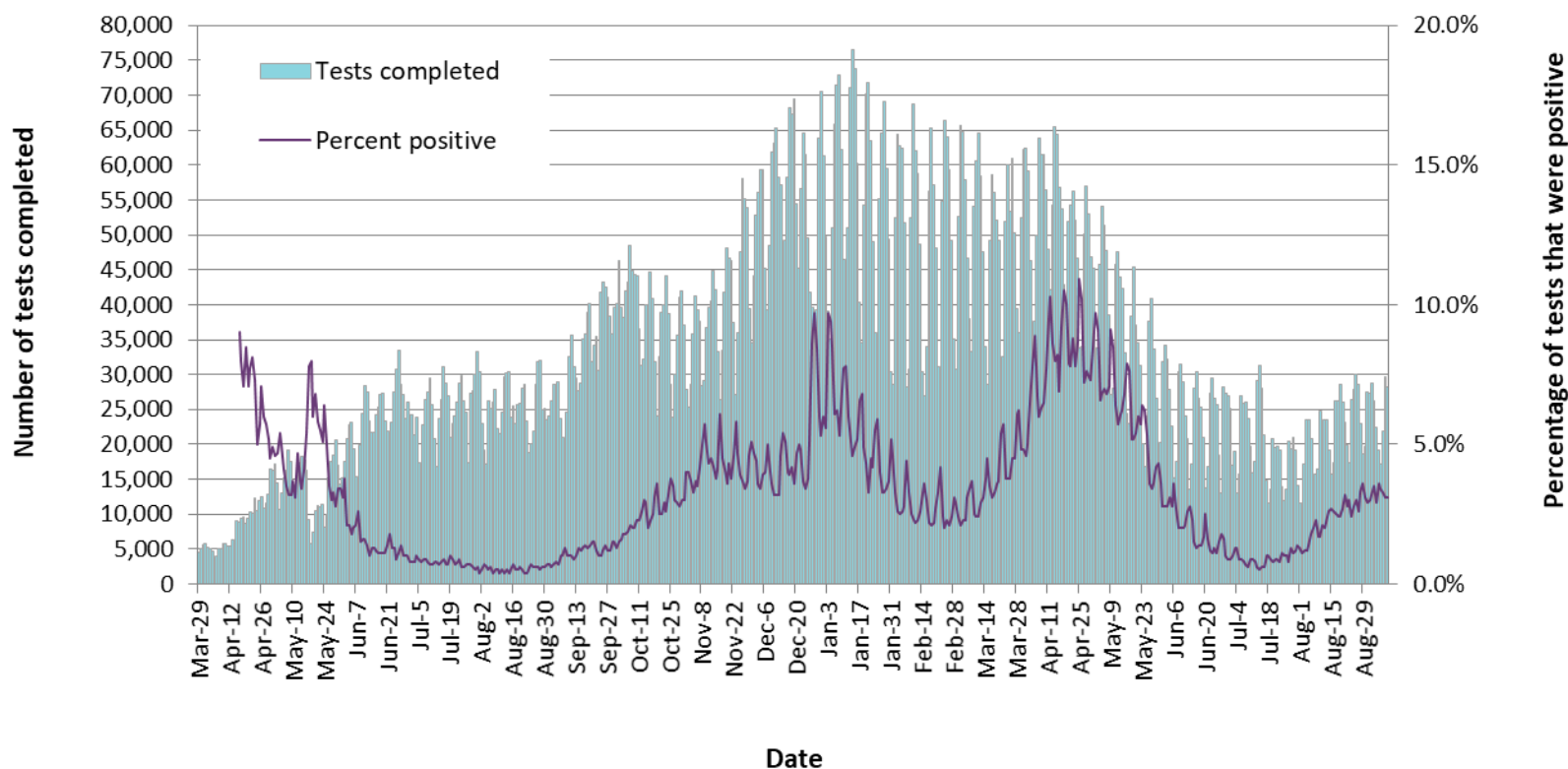
COVID-19 in Ontario: January 15, 2020 to September 10, 2021

**Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to September 10, 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 September 9, 2021**

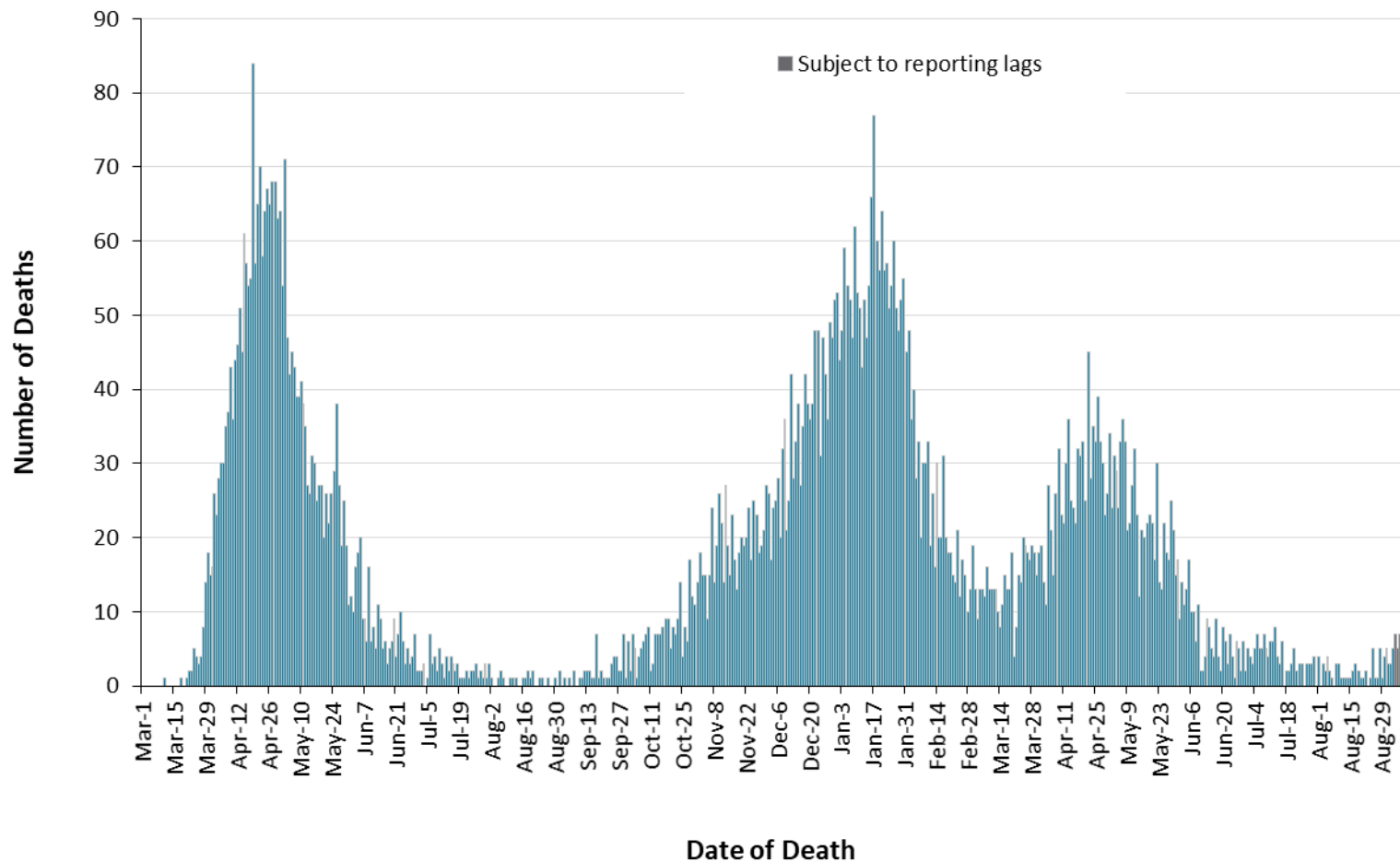


**Note:** The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

**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 September 10, 2021



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

**Data Source:** CCM



**Table 3. Confirmed cases of COVID-19 by severity: Ontario**

	Cumulative case count as of September 10, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	9,605	1.7%
Deaths reported in ages: 19 and under	5	<0.1%
Deaths reported in ages: 20-39	93	<0.1%
Deaths reported in ages: 40-59	638	0.4%
Deaths reported in ages: 60-79	3,116	4.2%
Deaths reported in ages: 80 and over	5,752	22.5%
Ever in ICU	5,714	1.0%
Ever hospitalized	29,361	5.1%

**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. Percentage of deaths reported for each age group is calculated using all cases in the age group as the denominator.

**Data Source:** CCM

## Geography

**Table 4. Summary of recent confirmed cases of COVID-19 by public health unit and region: Ontario**

Public Health Unit Name	Change in cases September 9, 2021	Change in cases September 10, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	1	4	1,134	1,396.8
Thunder Bay District Health Unit	0	3	3,384	2,145.8
<b>TOTAL NORTH WEST</b>	1	7	4,518	1,891.2
Algoma Public Health	8	1	445	377.6
North Bay Parry Sound District Health Unit	3	5	714	552.2
Porcupine Health Unit	0	2	2,186	2,571.8
Public Health Sudbury & Districts	7	8	2,309	1,124.9
Timiskaming Health Unit	0	0	209	616.8
<b>TOTAL NORTH EAST</b>	18	16	5,863	1,026.3
Ottawa Public Health	52	73	28,811	2,762.0
Eastern Ontario Health Unit	21	3	4,851	2,247.3
Hastings Prince Edward Public Health	4	8	1,318	762.6
Kingston, Frontenac and Lennox & Addington Public Health	7	7	1,650	788.6
Leeds, Grenville & Lanark District Health Unit	2	5	1,818	1,010.3
Renfrew County and District Health Unit	3	0	774	713.5
<b>TOTAL EASTERN</b>	89	96	39,222	2,032.8

Public Health Unit Name	Change in cases September 9, 2021	Change in cases September 10, 2021	Cumulative case count	Cumulative rate per 100,000 population
Durham Region Health Department	48	29	26,468	3,720.4
Haliburton, Kawartha, Pine Ridge District Health Unit	6	8	2,369	1,242.1
Peel Public Health	117	100	112,917	7,221.4
Peterborough Public Health	5	10	1,743	1,176.8
Simcoe Muskoka District Health Unit	27	33	13,238	2,189.9
York Region Public Health	77	77	55,366	4,612.8
<b>TOTAL CENTRAL EAST</b>	280	257	212,101	4,800.1
Toronto Public Health	166	170	171,135	5,726.6
<b>TOTAL TORONTO</b>	166	170	171,135	5,726.6
Chatham-Kent Public Health	21	24	2,200	2,063.4
Grey Bruce Health Unit	4	2	2,221	1,260.9
Huron Perth Public Health	10	4	2,111	1,443.5
Lambton Public Health	4	3	3,711	2,790.8
Middlesex-London Health Unit	19	24	13,602	2,663.9
Southwestern Public Health	3	15	4,141	1,891.7
Windsor-Essex County Health Unit	74	50	18,907	4,387.3
<b>TOTAL SOUTH WEST</b>	135	122	46,893	2,722.5
Brant County Health Unit	6	23	4,231	2,755.3
City of Hamilton Public Health Services	53	55	23,704	4,074.8

Public Health Unit Name	Change in cases September 9, 2021	Change in cases September 10, 2021	Cumulative case count	Cumulative rate per 100,000 population
Haldimand-Norfolk Health Unit	5	9	2,827	2,355.7
Halton Region Public Health	35	18	18,364	3,007.7
Niagara Region Public Health	24	29	17,036	3,536.4
Region of Waterloo Public Health and Emergency Services	26	29	19,195	3,171.5
Wellington-Dufferin-Guelph Public Health	10	26	8,746	2,803.3
<b>TOTAL CENTRAL WEST</b>	<b>159</b>	<b>189</b>	<b>94,103</b>	<b>3,284.8</b>
<b>TOTAL ONTARIO</b>	<b>848</b>	<b>857</b>	<b>573,835</b>	<b>3,894.6</b>

**Notes:** Health units with data corrections or updates could result in records being removed from totals, leading to negative or zero counts.

**Data Source:** CCM

## Outbreaks

**Table 5. 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 September 9, 2021	Change in outbreaks September 10, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	-1	0	7	1,502
Retirement homes	2	1	6	885
Hospitals	0	0	4	590

**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

The laboratory detection of a variant of concern (VOC) is a multi-step process. Samples that test positive for SARS-CoV-2 and have a cycle threshold (Ct) value  $\leq 35$  can be tested for mutations common to variants of concern. If positive for the mutation of interest with a Ct value of  $\leq 30$ , these samples may then undergo genomic analyses to identify the VOC lineage. VOC lineages may still be confirmed using genomic analysis despite specific S gene mutation(s) being documented as 'unable to complete' due to poor sequence quality at the genome position. For more information about whole genome sequencing, please see the [SARS CoV-2 Whole Genome Sequencing in Ontario report](#).

**Table 6. Summary of confirmed COVID-19 cases with a mutation or VOC detected: Ontario**

	Change in cases September 9, 2021	Change in cases September 10, 2021	Cumulative case count up to September 10, 2021
Variant of Concern			
Lineage B.1.1.7 (Alpha)*	4	4	146,448
Lineage B.1.351 (Beta)**	0	0	1,501
Lineage P.1 (Gamma) ***	0	0	5,225
Lineage B.1.617.2 (Delta)†	748	88	14,139
Mutations			
N501Y and E484K	5	4	4,452
N501Y (E484K unknown)‡	0	0	12,305
E484K (N501Y negative)	1	0	5,904
E484K (N501Y unknown)	-1	0	426
Mutation not detected§	129	448	23,844

**Note:** Interpret the VOC and mutation trends with caution due to the varying time required to complete VOC testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Due to the nature of the genomic analysis, 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. Data for calculating the change in cases and the cumulative case counts uses data from the Investigation Subtype field only. Changes to the VOC testing algorithm may impact counts and trends. Further details can be found in the [data caveats](#) section.

\*Includes all confirmed COVID-19 cases where lineage B.1.1.7 was identified by genomic analysis and those presumed to be B.1.1.7 based on positive N501Y and negative E484K mutation in the Investigation Subtype field

\*\*Includes B.1.351 cases identified by genomic analysis and those presumed to be B.1.351 based on 'Mutation K417N+ and N501Y+ and E484K+' in the Investigation Subtype field

\*\*\*Includes P.1 cases identified by genomic analysis and those presumed to be P.1 based on 'Mutation K417T+ and N501Y+ and E484K+' in the Investigation Subtype field

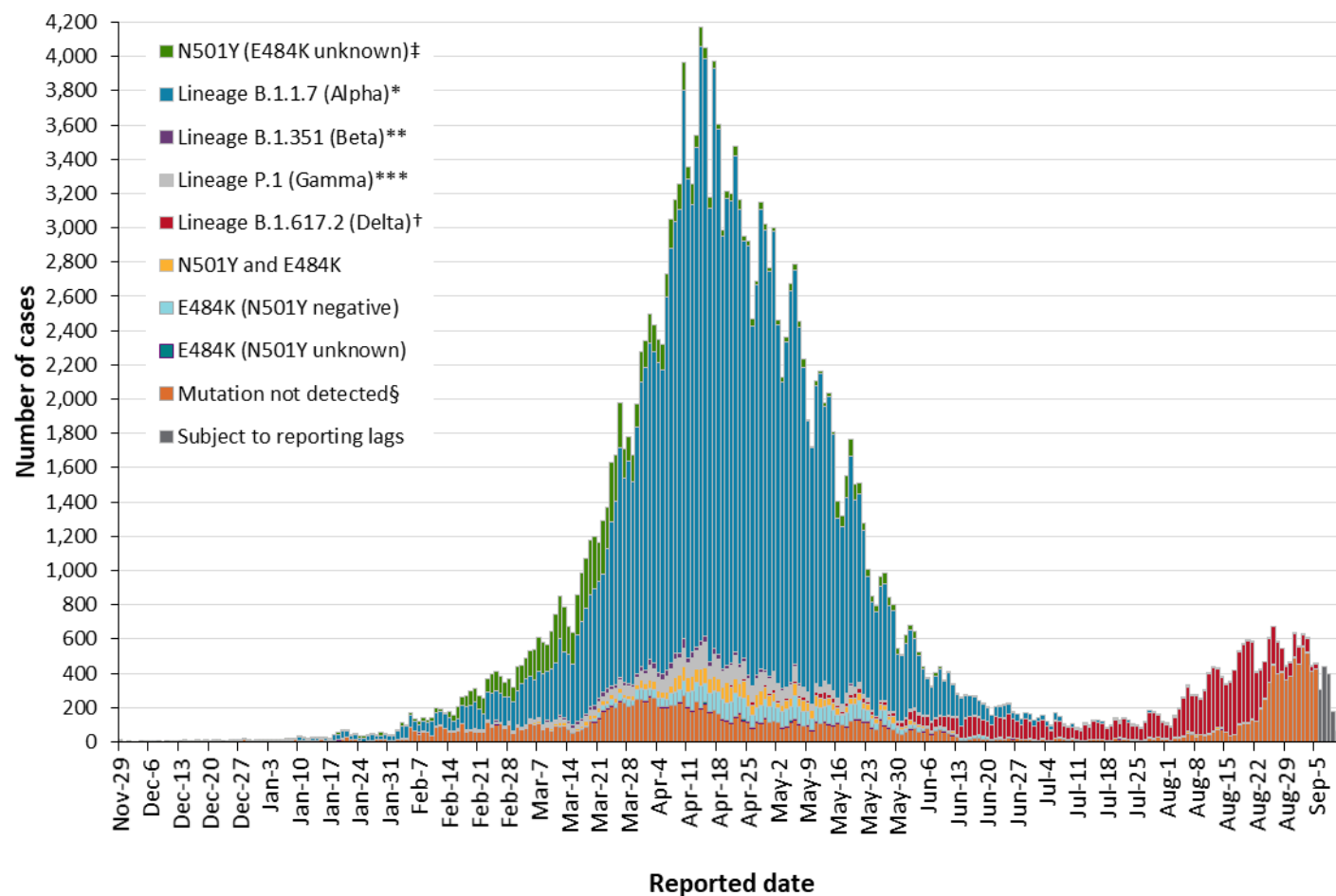
†Includes B.1.617.2 and AY.3 cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

‡The category 'N501Y (E484K unknown)' mainly consists of results from before the introduction of the E484K test. Counts will shift from this category into a VOC lineage category as E484K tests or genomic analysis are completed.

§Includes cases identified as 'Mutation not detected' or 'Mutation N501Y- and E484K-' in the Investigation Subtype field only.

**Data Source:** CCM

**Figure 5. Confirmed COVID-19 cases with a mutation or VOC detected by public health unit reported date: Ontario, November 29, 2020 to September 10, 2021**



**Note:** Reported date is based on the date the case was reported, not the date that the VOC or mutation was identified. Further details on testing for variants of concern can be found in the [technical notes](#). Interpret the VOC and mutation trends with caution due to the varying time required to complete testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Data for calculating the change in cases and the cumulative case count uses data from the Investigation



Subtype field only. Data for cases with a B.1.1.7, B.1.351, P.1 and B.1.617.2 lineage detected or any of the mutations listed above are determined using the Investigation Subtype field only. Changes to the VOC testing algorithm may impact counts and trends. Further details can be found in the [data caveats](#) section. As of March 22, 2021, positive specimens with a Ct  $\leq$  35 are tested for both the N501Y and E484K mutation, with all E484K positive specimens with a Ct  $\leq$  30 forwarded for further genomic analysis. If found to be positive for the N501Y mutation only, no further genomic analysis are performed as these are presumed to be B.1.1.7. As of May 26, 2021, cases where an E484K mutation is detected will no longer be reflexed for sequencing as VOC testing labs switched to a representative sampling method where only a proportion of all positives with a Ct  $\leq$  30 are forwarded for further genomic analysis.

\*Includes all confirmed COVID-19 cases where lineage B.1.1.7 was identified by genomic analysis and those presumed to be B.1.1.7 based on positive N501Y and negative E484K mutation in the Investigation Subtype field

\*\*Includes B.1.351 cases identified by genomic analysis and those presumed to be B.1.351 based on 'Mutation K417N+ and N501Y+ and E484K+' in the Investigation Subtype field

\*\*\*Includes P.1 cases identified by genomic analysis and those presumed to be P.1 based on 'Mutation K417T+ and N501Y+ and E484K+' in the Investigation Subtype field

†Includes B.1.617.2 and AY.3 cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

‡The category 'N501Y (E484K unknown)' mainly consists of results from before the introduction of the E484K test. Counts will shift from this category into a VOC lineage category as E484K tests or genomic analysis are completed.

§Includes cases identified as 'Mutation not detected' or 'Mutation N501Y- and E484K-' in the Investigation Subtype field only.

**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 **September 10, 2021 at 1 p.m.** for cases reported from February 1, 2021 onwards and as of **September 9, 2021 at 9 a.m.** for cases reported up to January 31, 2021.
- VOC data for this report were based on information successfully extracted from CCM for all PHUs by PHO as of **September 10, 2021 at 1 p.m.** for cases reported from April 1, 2021 onwards and as of **September 9, 2021 at 9 a.m.** for cases reported up to March 31, 2021.
- 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 estimate data were sourced from Statistics Canada. Population estimates 2001-2020: Table 1 annual population estimates by age and sex for July 1, 2001 to 2020, health regions, Ontario [unpublished data table]. Ottawa, ON: Government of Canada; 2021 [received April 22, 2021].
- 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.
- Data cleaning for older cases is incorporated on Mondays and may impact the case count published on Tuesdays
- 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
- 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 represents an estimate of disease onset. This date is calculated based on the earliest 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 or hospitalization/ICU was reported as 'Yes' 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 permanent health unit. This is equivalent to the diagnosing health unit (DHU) in iPHIS. 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.
- Public Health Ontario conducts testing and genomic analyses for SARS-CoV-2 positive specimens using the criteria outlined here: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19-voc>
- Lineage nomenclature is dynamic. PANGO lineage naming and assignment may change as more samples are sequenced and analyzed.
- Variant status may be updated based on scientific evidence. Variants designated as a VOC in Canada is available on the [Public Health Agency of Canada's SARS-CoV-2 Variants webpage](#).
- Changes to the VOC testing algorithm may occur over time and trends should be interpreted with caution. Since February 3, 2021 all PCR positive SARS-CoV-2 specimens with Ct values  $\leq 35$  are tested for a N501Y mutation. As of March 22, 2021, positive specimens with a Ct  $\leq 35$  are tested for both the N501Y and E484K mutation, with all E484K positive specimens with a Ct  $\leq 30$  forwarded for further genomic analysis. If found to be positive for the N501Y mutation only, no

further genomic analysis are performed as these are presumed to be B.1.1.7. As of May 26, 2021, cases where a E484K mutation is detected will no longer be reflexed for sequencing as VOC testing labs switched to a representative sampling method where only a proportion of all positives with a  $Ct \leq 30$  are forwarded for further genomic analysis.

- The laboratory detection of a variant of concern is a multi-step process. Samples that test positive for SARS-CoV-2 and have a cycle threshold (Ct) value  $\leq 35$  can be tested for mutations common to variants of concern. If positive for the mutation of interest with a Ct value of  $\leq 30$ , these samples may then undergo genomic analyses to identify the VOC lineage. VOC lineages may still be confirmed using genomic analysis despite specific S gene mutation(s) being documented as 'unable to complete' due to poor sequence quality at the genome position.
- VOC testing data are analyzed for cases with a reported date on or after February 07, 2021. VOC testing data are based on CCM information reported within the laboratory object for select Logical Observation Identifiers Names and Codes (LOINC) and supplemented with information from the Investigation Subtype field. A confirmed Case Investigation is assigned a VOC test value (e.g., VOC test detected, VOC test not detected) based on the following hierarchy:
  - If multiple laboratory results are identified, a VOC test value is assigned based on the following hierarchy: Detected > Not Detected > Unable to complete
  - If a laboratory result is 'Not Detected' or 'Unable to complete', but data on the Investigation Subtype field is listed as a lineage or mutation common to a VOC, then the VOC test value is set to 'Detected'
- If a VOC is identified through genomic analysis cases initially classified as a mutation may be updated and moved to the appropriate lineage (B.1.1.7, B.1.351, P.1 and B.1.617.2)
- LOINC codes are a set of internationally used result description codes. In the absence of a standard LOINC, Ontario Health can create local result codes, which are identified with an 'XON' prefix. LOINC codes incorporate details of the result value (e.g. test method, target detected - such as IgG, DNA, isolate etc.) and are unique to each result.
- VOC testing data in this report are assigned on a per case basis. Multiple laboratory results may be associated to a single case investigation, but for analysis purposes are only counted once.
  - The percent of cases that test VOC positive is calculated by taking the number of VOC test positive, divided by the total number of confirmed COVID-19 cases for a given reported date.
- The VOC percent positive may be higher than described in this report. As testing algorithms change, the VOC percent positivity may not be reflective of the exact number of COVID-19 cases due to VOCs
- Only CCM case investigations with a CONFIRMED classification have their laboratory records with VOC testing information included in the percent positivity calculations

## 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, August 26 to September 7, 2021**

Public Health Unit Name	August 26 to Sept 1	August 27 to Sept 2	August 28 to Sept 3	August 29 to Sept 4	August 30 to Sept 5	August 31 to Sept 6	Sept 1 to Sept 7	% change from August 26 –Sept 1 to Sept 1 – Sept 7
<b>NORTH WEST</b>								
Northwestern Health Unit	4.9	6.2	11.1	12.3	12.3	12.3	9.9	+102.0%
Thunder Bay District Health Unit	7.0	5.7	4.4	5.7	5.1	7.0	7.0	0.0%
<b>NORTH EAST</b>								
Algoma Public Health	6.8	6.8	5.1	2.5	2.5	0.0	1.7	-75.0%
North Bay Parry Sound District Health Unit	13.1	19.3	21.7	22.4	26.3	22.4	20.1	+53.4%
Porcupine Health Unit	14.1	20.0	21.2	18.8	17.6	17.6	14.1	0.0%
Public Health Sudbury & Districts	11.2	11.7	10.2	10.2	7.3	9.3	12.7	+13.4%
Timiskaming Health Unit	3.0	3.0	3.0	3.0	3.0	0.0	0.0	-100.0%
<b>EASTERN</b>								
Ottawa Public Health	22.2	21.4	23.9	23.8	23.3	24.2	26.8	+20.7%
Eastern Ontario Health Unit	34.7	32.0	32.9	30.1	28.3	29.6	25.0	-28.0%
Hastings Prince Edward Public Health	19.7	23.1	19.1	18.5	16.2	12.7	13.3	-32.5%
Kingston, Frontenac and Lennox & Addington Public Health	5.3	7.2	7.6	9.1	9.1	11.9	13.4	+152.8%

Public Health Unit Name	August 26 to Sept 1	August 27 to Sept 2	August 28 to Sept 3	August 29 to Sept 4	August 30 to Sept 5	August 31 to Sept 6	Sept 1 to Sept 7	% change from August 26 –Sept 1 to Sept 1 – Sept 7
Leeds, Grenville & Lanark District Health Unit	3.9	5.0	5.0	5.0	5.6	5.6	6.1	+56.4%
Renfrew County and District Health Unit	1.8	1.8	1.8	0.9	0.9	1.8	1.8	0.0%
<b>CENTRAL EAST</b>								
Durham Region Health Department	32.8	32.5	32.5	32.8	31.6	30.8	30.2	-7.9%
Haliburton, Kawartha, Pine Ridge District Health Unit	5.2	5.8	6.3	6.3	7.9	8.9	11.0	+111.5%
Peel Public Health	40.5	39.9	42.7	40.7	42.8	41.1	37.5	-7.4%
Peterborough Public Health	15.5	14.2	14.2	18.2	17.6	16.9	23.0	+48.4%
Simcoe Muskoka District Health Unit	30.6	28.6	31.1	32.9	32.1	31.3	29.6	-3.3%
York Region Public Health	46.0	44.8	45.7	43.8	43.2	43.0	40.0	-13.0%
<b>TORONTO</b>								
Toronto Public Health	36.3	35.0	36.4	35.6	36.1	36.4	35.1	-3.3%
<b>SOUTH WEST</b>								
Chatham-Kent Public Health	71.3	74.1	79.7	76.0	77.8	88.2	93.8	+31.6%
Grey Bruce Health Unit	12.5	11.4	10.2	11.4	10.2	9.1	9.7	-22.4%
Huron Perth Public Health	19.1	19.8	18.5	19.8	21.2	21.9	26.0	+36.1%
Lambton Public Health	8.3	6.8	5.3	6.0	6.0	6.8	9.0	+8.4%
Middlesex-London Health Unit	35.1	33.3	31.1	31.7	32.5	33.1	31.1	-11.4%

Public Health Unit Name	August 26 to Sept 1	August 27 to Sept 2	August 28 to Sept 3	August 29 to Sept 4	August 30 to Sept 5	August 31 to Sept 6	Sept 1 to Sept 7	% change from August 26 – Sept 1 to Sept 1 – Sept 7
Southwestern Public Health	13.7	14.6	12.3	13.2	17.8	16.0	15.5	+13.1%
Windsor-Essex County Health Unit	98.4	108.1	112.1	107.0	114.6	111.4	114.4	+16.3%
<b>CENTRAL WEST</b>								
Brant County Health Unit	51.4	59.9	58.0	64.5	64.5	62.5	58.6	+14.0%
City of Hamilton Public Health Services	92.1	88.9	82.9	80.6	73.6	66.9	61.2	-33.6%
Haldimand-Norfolk Health Unit	16.7	19.2	19.2	16.7	15.8	14.2	10.8	-35.3%
Halton Region Public Health	22.6	24.6	25.7	27.0	26.7	25.7	26.9	+19.0%
Niagara Region Public Health	34.5	37.6	39.2	44.4	45.9	43.8	46.9	+35.9%
Region of Waterloo Public Health and Emergency Services	25.6	25.4	24.6	25.8	26.4	26.6	25.1	-2.0%
Wellington-Dufferin-Guelph Public Health	39.7	40.1	37.2	34.0	34.9	32.7	30.4	-23.4%
<b>TOTAL ONTARIO</b>	<b>34.9</b>	<b>34.9</b>	<b>35.6</b>	<b>35.2</b>	<b>35.4</b>	<b>34.8</b>	<b>33.9</b>	<b>-2.9%</b>

**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 COVID-19 cases with a mutation or VOC by public health unit: Ontario as of September 10, 2021**

Public Health Unit Name	Cumulative count for Lineage B.1.1.7 (Alpha)*	Cumulative count for Lineage B.1.351 (Beta)**	Cumulative count for Lineage P.1 (Gamma)***	Cumulative count for Lineage B.1.617.2 (Delta)†	Cumulative count for mutations‡
Algoma Public Health	68	0	14	16	26
Brant County Health Unit	670	2	97	195	500
Chatham-Kent Public Health	132	5	16	85	106
City of Hamilton Public Health Services	5,064	66	105	994	2,094
Durham Region Health Department	9,523	66	270	609	1,212
Eastern Ontario Health Unit	662	46	21	52	269
Grey Bruce Health Unit	310	0	6	586	54
Haldimand-Norfolk Health Unit	368	3	23	66	408
Haliburton, Kawartha, Pine Ridge District Health Unit	443	0	23	110	308
Halton Region Public Health	5,091	30	167	521	619
Hastings Prince Edward Public Health	111	0	18	48	393
Huron Perth Public Health	278	0	12	108	28
Kingston, Frontenac and Lennox & Addington Public Health	457	2	35	26	133
Lambton Public Health	438	0	18	83	126
Leeds, Grenville & Lanark District Health Unit	295	19	0	21	44
Middlesex-London Health Unit	3,384	2	124	549	184

Public Health Unit Name	Cumulative count for Lineage B.1.1.7 (Alpha)*	Cumulative count for Lineage B.1.351 (Beta)**	Cumulative count for Lineage P.1 (Gamma)***	Cumulative count for Lineage B.1.617.2 (Delta)†	Cumulative count for mutations‡
Niagara Region Public Health	4,286	4	20	127	1,103
North Bay Parry Sound District Health Unit	235	28	3	48	14
Northwestern Health Unit	59	0	1	14	16
Ottawa Public Health	6,845	515	55	367	465
Peel Public Health	31,190	161	1,774	1,889	2,830
Peterborough Public Health	629	4	8	47	162
Porcupine Health Unit	1,108	2	0	58	8
Public Health Sudbury & Districts	691	13	10	43	268
Region of Waterloo Public Health and Emergency Services	3,133	21	98	1,647	257
Renfrew County and District Health Unit	232	8	7	8	12
Simcoe Muskoka District Health Unit	4,001	36	173	439	689
Southwestern Public Health	684	3	21	146	160
Thunder Bay District Health Unit	104	1	2	9	74
Timiskaming Health Unit	82	1	0	1	0
Toronto Public Health	46,063	375	1,523	3,016	7,469
Wellington-Dufferin-Guelph Public Health	2,085	1	81	320	179
Windsor-Essex County Health Unit	1,852	8	19	634	139

Public Health Unit Name	Cumulative count for Lineage B.1.1.7 (Alpha)*	Cumulative count for Lineage B.1.351 (Beta)**	Cumulative count for Lineage P.1 (Gamma)***	Cumulative count for Lineage B.1.617.2 (Delta)†	Cumulative count for mutations‡
York Region Public Health	15,875	79	481	1,257	2,738
<b>TOTAL ONTARIO</b>	<b>146,448</b>	<b>1,501</b>	<b>5,225</b>	<b>14,139</b>	<b>23,087</b>

**Note:** Interpret the VOC and mutation trends with caution due to the varying time required to complete VOC testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Due to the nature of the genomic analysis, 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. Data for calculating the change in cases and the cumulative case count uses data from the Investigation Subtype field only. Changes to the VOC testing algorithm may impact counts and trends. Further details can be found in the [data caveats](#) section.

\*Includes all confirmed COVID-19 cases where lineage B.1.1.7 was identified by genomic analysis and those presumed to be B.1.1.7 based on positive N501Y and negative E484K mutation.

\*\*Includes B.1.351 cases identified by genomic analysis and those presumed to be B.1.351 based on 'Mutation K417N+ and N501Y+ and E484K+' in the Investigation Subtype field

\*\*\*Includes P.1 cases identified by genomic analysis and those presumed to be P.1 based on 'Mutation K417T+ and N501Y+ and E484K+' in the Investigation Subtype field

†Includes B.1.617.2 and AY.3 cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

‡Mutations includes all confirmed COVID-19 cases with the following mutations detected, reported from the Investigation Subtype field: N501Y and E484K, N501Y (E484K unknown), E484K (N501Y negative), E484K (N501Y unknown).

If a VOC is identified through genomic analysis, the change in cases and/or cumulative case counts for mutations will fluctuate as the case is moved to one of the listed lineages.

**Data Source:** CCM

## Citation

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## For Further Information

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## Public Health Ontario

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