

DAILY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: January 15, 2020 to March 10, 2022

Due to changes in the Ministry of Health's [updated guidance on testing and case, contact and outbreak management](#), case counts in this report are an underestimate of the true number of individuals with COVID-19 in Ontario. In addition, data for hospitalizations, intensive care unit (ICU) admission and deaths in the most recent reporting period should be interpreted with caution due to data entry and reporting lags.

In alignment with the Ministry of Health's updates to COVID-19 death reporting, COVID-19 deaths in this report will include deaths for which COVID-19 is the underlying cause of death, COVID-19 contributed to but was not the underlying cause of death, and those with a type of death unknown or missing.

Introduction

This report includes the most current information available from CCM as of **March 10, 2022**.

A [weekly summary report](#) is available with additional information to complement the daily report.

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. For more information about whole genome sequencing, please see the [SARS CoV-2 Whole Genome Sequencing in Ontario 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.

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, sex) 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.

Highlights

- There are a total of 1,121,694 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 2,130 confirmed cases (percent change of +0.2%)
 - The net change in deaths is not available today due to a planned change in reporting methods.
 - An increase of 2,523 resolved cases (percent change of +6.9%)

Case Characteristics

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

	Change in cases March 9, 2022	Change in cases March 10, 2022	Percentage change March 10, 2022 compared to March 9, 2022	Cumulative case count as of March 10, 2022
Total number of cases	2,125	2,130	0.2	1,121,694
Number of deaths	14	N/A	N/A	12,227*
Number resolved	2,361	2,523	6.9	1,093,499

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. The number of deaths presented in the change in cases column for each day only includes deaths that occurred in the last 30 days.

* As a result of the Ministry of Health's updates to COVID-19 death reporting, the cumulative number of deaths is 411 lower.

Data Source: CCM

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

	Change in cases March 9, 2022	Change in cases March 10, 2022	Cumulative case count as of March 10, 2022
Sex: Male	862	929	532,990
Sex: Female	1,223	1,200	582,171
Ages: 0-4	48	68	33,489
Ages: 5-11	137	130	67,558
Ages: 12-19	225	197	96,635
Ages: 20-39	749	782	428,780
Ages: 40-59	628	663	311,438
Ages: 60-79	251	214	135,018
Ages: 80 and over	86	76	48,402

Note: Not all cases have an age or sex 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, sex) 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 March 9, 2022	Change in cases March 10, 2022	Cumulative case count as of March 10, 2022
Residents	59	30	25,058
Health care workers	34	9	11,595
Deaths among residents	2	N/A	4,380*
Deaths among health care workers	0	0	10

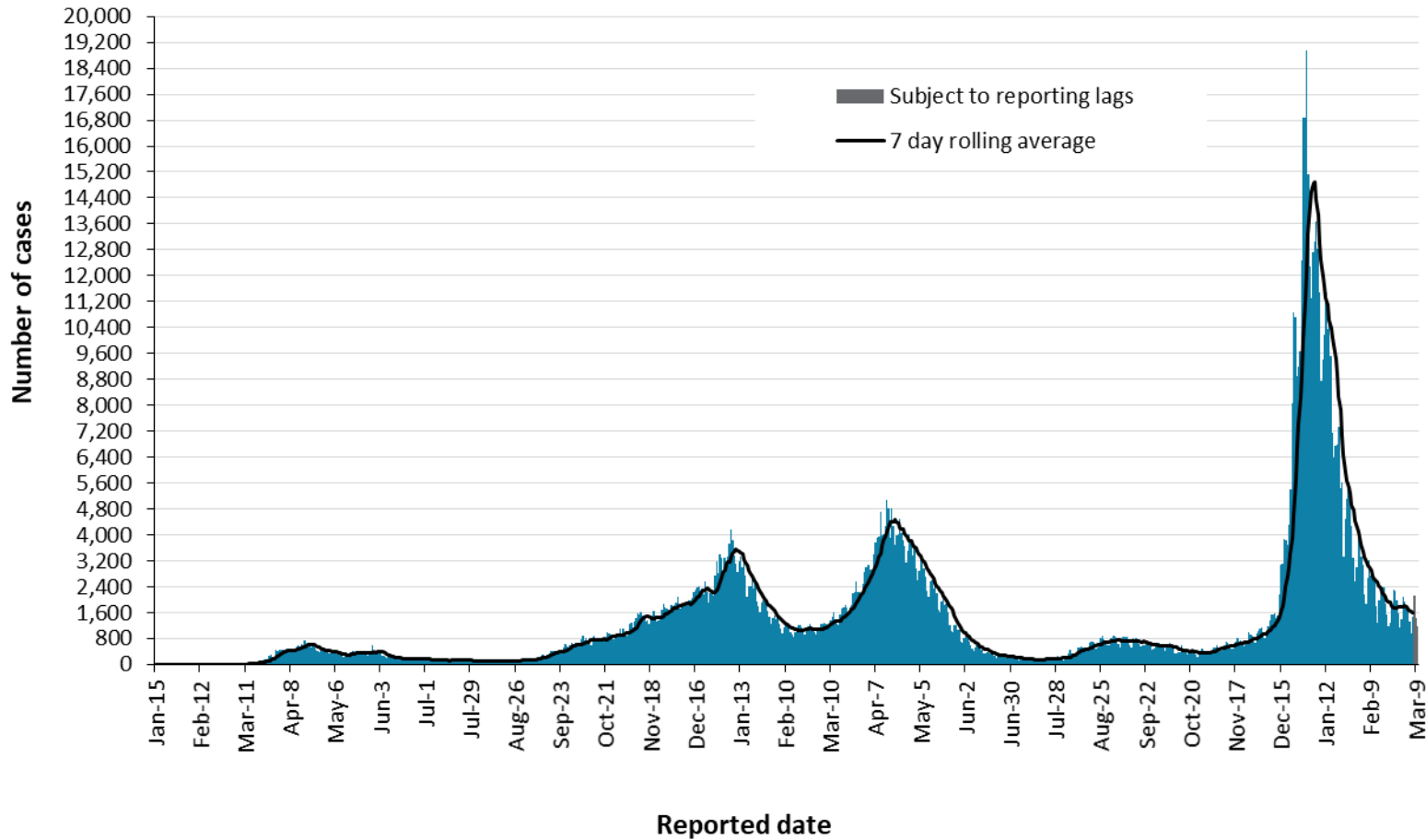
Note: Information on how long-term care home residents and health care workers are identified is available in the [technical notes](#). Also, the change in cases in these categories may represent existing case records that have been updated.

*As a result of the Ministry of Health's updates to COVID-19 death reporting, the cumulative number of deaths among LTCH residents is 123 lower.

Data Source: CCM

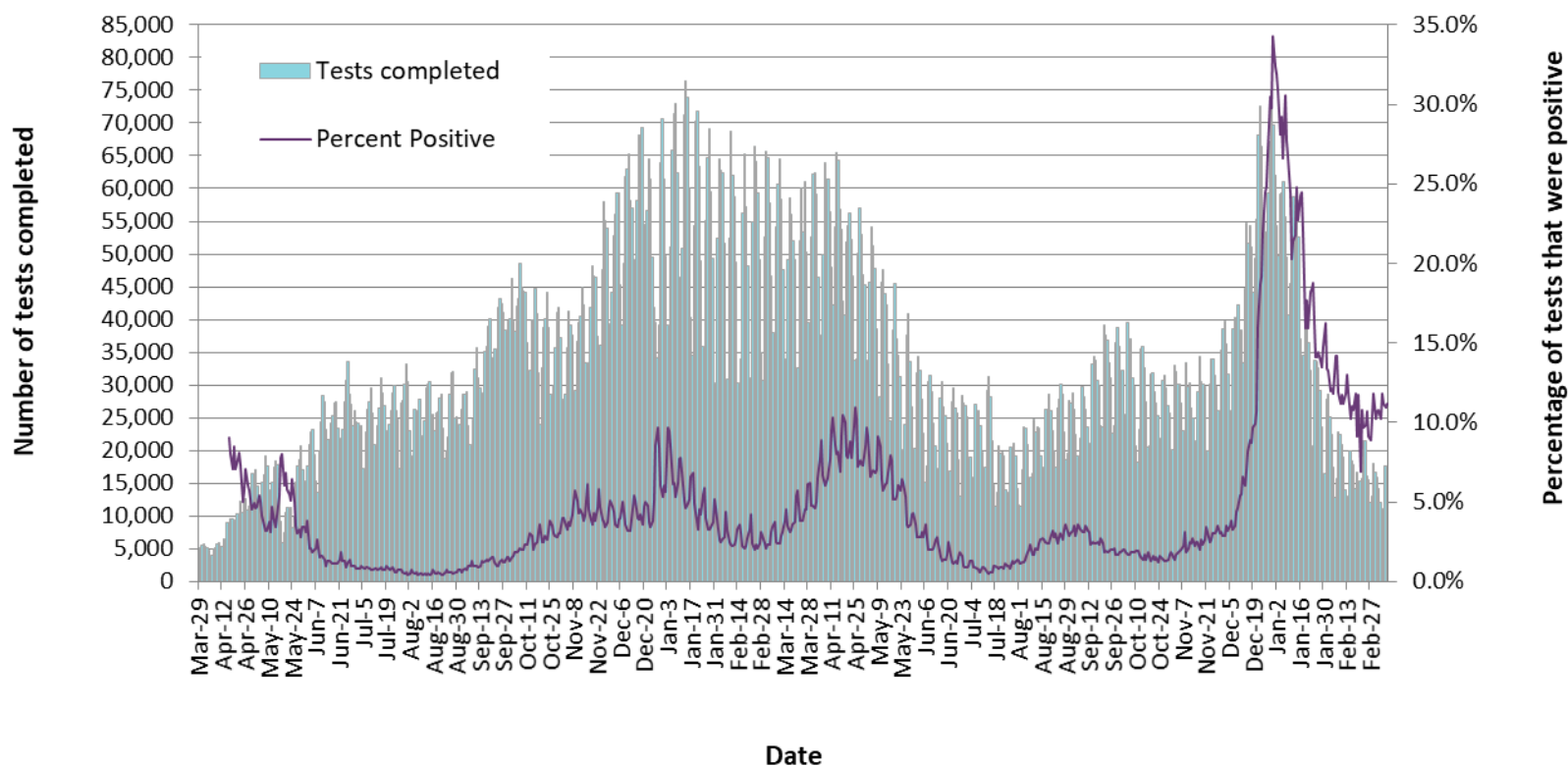
Time

Figure 1. Confirmed cases of COVID-19 by public health unit reported date: Ontario, January 15, 2020 to March 10, 2022



Note: Changes in testing eligibility went into effect on December 31, 2021, limiting access to testing and resulting in a change in the population being tested.
Data Source: CCM

Figure 2. Number of COVID-19 tests completed and percent positivity: Ontario, March 29, 2020 to March 9, 2022

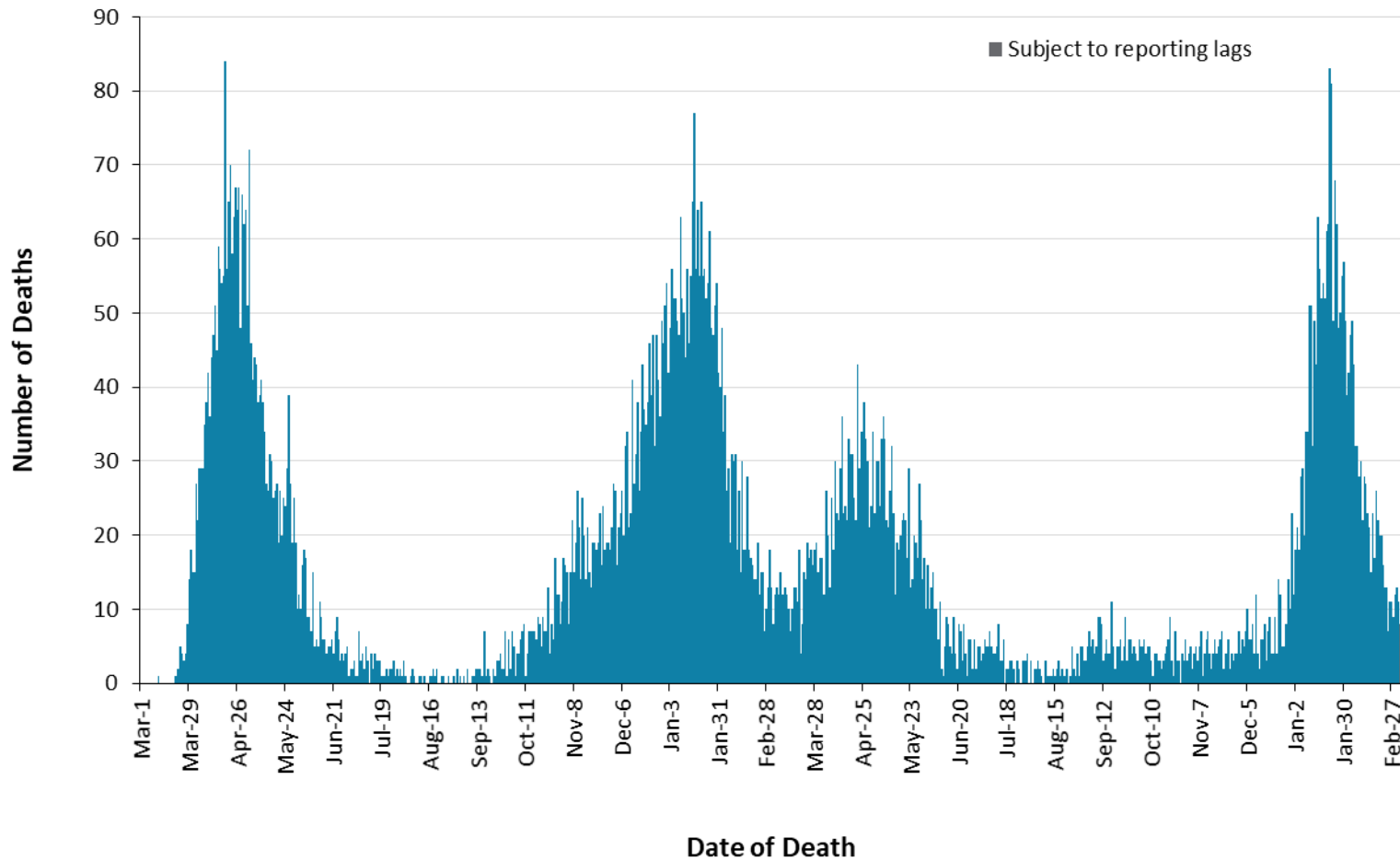


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive. Changes in testing eligibility went into effect on December 31, 2021, limiting access to testing and resulting in a change in the population being tested.

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

Severity

Figure 3. Confirmed deaths among COVID-19 cases by date of death: Ontario, March 1, 2020 to March 10, 2022



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 March 10, 2022	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	12,227*	1.1%
Deaths reported in ages: 19 and under	13	<0.1%
Deaths reported in ages: 20-39	126	<0.1%
Deaths reported in ages: 40-59	869	0.3%
Deaths reported in ages: 60-79	4,101	3.0%
Deaths reported in ages: 80 and over	7,116	14.7%
Ever in ICU	7,850	0.7%
Ever hospitalized	42,561	3.8%

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.

*As a result of the Ministry of Health's updates to COVID-19 death reporting, the cumulative number of deaths is 411 lower.

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 March 9, 2022	Change in cases March 10, 2022	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	43	40	5,386	6,634.2
Thunder Bay District Health Unit	60	49	9,174	5,817.2
TOTAL NORTH WEST	103	89	14,560	6,094.8
Algoma Public Health	52	32	5,632	4,779.4
North Bay Parry Sound District Health Unit	28	27	4,097	3,168.4
Porcupine Health Unit	35	45	5,838	6,868.2
Public Health Sudbury & Districts	78	61	11,757	5,727.9
Timiskaming Health Unit	9	5	1,214	3,582.7
TOTAL NORTH EAST	202	170	28,538	4,995.4
Ottawa Public Health	137	170	63,976	6,133.1
Eastern Ontario Health Unit	24	10	13,813	6,399.1
Hastings Prince Edward Public Health	22	37	7,173	4,150.3
Kingston, Frontenac and Lennox & Addington Public Health	84	88	10,971	5,243.5
Leeds, Grenville & Lanark District Health Unit	29	33	6,957	3,866.2
Renfrew County and District Health Unit	35	10	3,498	3,224.7
TOTAL EASTERN	331	348	106,388	5,513.8

Public Health Unit Name	Change in cases March 9, 2022	Change in cases March 10, 2022	Cumulative case count	Cumulative rate per 100,000 population
Durham Region Health Department	93	135	53,983	7,588.0
Haliburton, Kawartha, Pine Ridge District Health Unit	34	19	7,289	3,821.7
Peel Public Health	162	119	173,221	11,078.0
Peterborough Public Health	24	20	5,772	3,896.9
Simcoe Muskoka District Health Unit	97	100	36,551	6,046.4
York Region Public Health	83	104	99,022	8,250.0
TOTAL CENTRAL EAST	493	497	375,838	8,505.6
Toronto Public Health	305	304	281,422	9,417.1
TOTAL TORONTO	305	304	281,422	9,417.1
Chatham-Kent Public Health	9	9	7,028	6,591.6
Grey Bruce Health Unit	38	54	6,542	3,713.9
Huron Perth Public Health	26	13	5,833	3,988.6
Lambton Public Health	26	25	9,928	7,466.2
Middlesex-London Health Unit	103	85	32,453	6,355.7
Southwestern Public Health	21	21	11,408	5,211.3
Windsor-Essex County Health Unit	88	87	37,941	8,804.1
TOTAL SOUTH WEST	311	294	111,133	6,452.0
Brant County Health Unit	25	20	10,015	6,522.0
City of Hamilton Public Health Services	90	122	49,081	8,437.2
Haldimand-Norfolk Health Unit	20	20	7,205	6,003.8

Public Health Unit Name	Change in cases March 9, 2022	Change in cases March 10, 2022	Cumulative case count	Cumulative rate per 100,000 population
Halton Region Public Health	65	82	42,913	7,028.3
Niagara Region Public Health	76	91	34,818	7,227.7
Region of Waterloo Public Health and Emergency Services	61	53	40,999	6,774.1
Wellington-Dufferin-Guelph Public Health	43	40	18,784	6,020.6
TOTAL CENTRAL WEST	380	428	203,815	7,114.4
TOTAL ONTARIO	2,125	2,130	1,121,694	7,613.0

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 March 9, 2022	Change in outbreaks March 10, 2022	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	3	3	50	2,172
Retirement homes	3	3	41	1,473
Hospitals	2	1	28	1,159

Note: Ongoing outbreaks are those that are reported in CCM as 'Open' and without a 'Declared Over Date' recorded. 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

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 10, 2022 at 1 p.m.** for cases reported from May 1, 2021 onwards and as of **March 10, 2022 at 9 a.m.** for cases reported up to April 30, 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

- Due to changes in the availability of testing, driven by increasing COVID-19 cases related to the Omicron variant, case counts in this report are an underestimate of the true number of individuals with COVID-19 in Ontario. As such, data should be interpreted with caution.
- 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 Thursdays and may impact the case count published on Tuesdays and Fridays.
- 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.

- For surveillance purposes, a COVID-19 death is defined as a death resulting from a clinically compatible illness unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g., trauma, medically assisted death). There should be no period of complete recovery from COVID-19 between illness and reported death.
- Deaths are determined by using the Outcome and Type of Death fields in CCM. COVID-19 deaths are counted where the Outcome value is 'Fatal' and the Type of Death value is not 'DOPHS was unrelated to cause of death'.
 - COVID-19 deaths are placed in time using the 'Date of Death' field in CCM. If the date of death is missing, the outcome date field is used as a proxy.
- Resolved cases are determined only for COVID-19 cases that are not considered COVID-19 deaths. The following cases are classified as resolved:
 - Cases that are reported as 'recovered' in CCM based on local public health unit assessment
 - Cases that are not hospitalized and are 14 days past their symptom onset date or specimen collection date (where symptom onset date is not known)
 - 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
 - Cases that died with a Type of Death = "DOPHS was unrelated to cause of death". These are considered resolved for the purpose of COVID-19 surveillance and reporting
- Hospitalization includes all cases hospitalized (or that had their hospital stay extended) because of COVID-19. It includes cases that have been discharged from hospital as well as cases that are currently hospitalized. Includes Intensive Care Unit (ICU) cases but not emergency room visits. Hospitalizations were identified by a reported hospital admission date or reported 'Yes' for hospitalization/ICU
- 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.
- Male/Female information presented in this report are sourced from the Sex field in CCM and are intended to represent sex assigned at birth. On October 14, 2021 changes were made in CCM to enable reporting on the Sex field where these data are supplemented by archived Male/Female information previously entered in the Gender 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 are those that are reported in CCM as 'Open' and without a 'Declared Over Date' recorded. Closed outbreaks are 'Closed' or have a 'Declared Over Date' recorded in CCM or where the outbreak start date (determined by the onset date of first case, or if missing the reported date, or if missing the created date) is more than 5 months from the current date, even for outbreaks where the outbreak status value selected in CCM is 'OPEN'.
- '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.

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 23, 2022 to March 7, 2022

Public Health Unit Name	Feb 23 to Mar 1	Feb 24 to Mar 2	Feb 25 to Mar 3	Feb 26 to Mar 4	Feb 27 to Mar 5	Feb 28 to Mar 6	Mar 1 to Mar 7	% change from Feb 23 – Mar 1 to Mar 1 – Mar 7
NORTH WEST								
Northwestern Health Unit	500.1	503.8	459.4	427.4	434.8	390.5	400.3	-20.0%
Thunder Bay District Health Unit	228.3	220.0	189.0	196.6	202.9	211.8	187.7	-17.8%
NORTH EAST								
Algoma Public Health	319.1	305.5	307.2	303.8	279.2	279.2	286.8	-10.1%
North Bay Parry Sound District Health Unit	194.9	194.9	194.1	186.4	174.0	171.7	147.7	-24.2%
Porcupine Health Unit	314.1	260.0	278.8	257.6	252.9	249.4	256.5	-18.3%
Public Health Sudbury & Districts	240.2	244.1	223.6	201.7	204.6	191.0	189.0	-21.3%
Timiskaming Health Unit	85.6	94.4	106.2	123.9	126.9	132.8	144.6	+68.9%
EASTERN								
Ottawa Public Health	79.2	79.1	79.5	77.5	71.5	72.1	77.9	-1.6%
Eastern Ontario Health Unit	85.7	80.6	71.8	65.3	63.5	62.5	63.0	-26.5%
Hastings Prince Edward Public Health	145.8	123.2	119.2	119.2	112.2	113.4	104.1	-28.6%

Public Health Unit Name	Feb 23 to Mar 1	Feb 24 to Mar 2	Feb 25 to Mar 3	Feb 26 to Mar 4	Feb 27 to Mar 5	Feb 28 to Mar 6	Mar 1 to Mar 7	% change from Feb 23 – Mar 1 to Mar 1 – Mar 7
Kingston, Frontenac and Lennox & Addington Public Health	271.0	262.4	246.6	245.2	233.2	217.0	219.4	-19.0%
Leeds, Grenville & Lanark District Health Unit	88.9	78.4	81.7	76.1	72.8	71.1	71.7	-19.3%
Renfrew County and District Health Unit	88.5	91.3	93.1	91.3	86.7	83.9	87.6	-1.0%
CENTRAL EAST								
Durham Region Health Department	83.5	81.8	77.7	71.1	71.4	64.7	62.3	-25.4%
Haliburton, Kawartha, Pine Ridge District Health Unit	75.0	71.8	67.1	64.0	64.5	69.2	72.4	-3.5%
Peel Public Health	35.2	35.5	34.4	33.1	32.6	32.9	33.0	-6.3%
Peterborough Public Health	105.3	87.8	75.6	79.0	72.9	66.8	66.2	-37.1%
Simcoe Muskoka District Health Unit	102.7	97.8	90.7	86.4	84.7	84.7	85.9	-16.4%
York Region Public Health	56.3	52.6	49.6	50.0	46.5	44.7	44.0	-21.8%
TORONTO								
Toronto Public Health	58.8	59.5	58.2	58.3	58.6	58.4	58.1	-1.2%
SOUTH WEST								
Chatham-Kent Public Health	148.2	155.7	151.0	133.2	121.9	113.5	117.2	-20.9%
Grey Bruce Health Unit	117.5	114.7	108.4	102.8	98.8	94.2	95.4	-18.8%

Public Health Unit Name	Feb 23 to Mar 1	Feb 24 to Mar 2	Feb 25 to Mar 3	Feb 26 to Mar 4	Feb 27 to Mar 5	Feb 28 to Mar 6	Mar 1 to Mar 7	% change from Feb 23 – Mar 1 to Mar 1 – Mar 7
Huron Perth Public Health	68.4	67.0	64.3	62.9	60.9	60.9	62.2	-9.1%
Lambton Public Health	109.8	118.1	102.3	89.5	92.5	94.8	92.5	-15.8%
Middlesex-London Health Unit	82.5	82.5	77.2	82.3	80.7	80.5	86.0	+4.2%
Southwestern Public Health	81.8	78.1	65.3	68.5	63.0	64.9	70.3	-14.1%
Windsor-Essex County Health Unit	126.7	113.9	121.4	112.1	111.2	115.3	113.7	-10.3%
CENTRAL WEST								
Brant County Health Unit	83.4	78.1	67.1	59.9	54.1	48.8	50.1	-39.9%
City of Hamilton Public Health Services	76.2	72.7	71.2	72.5	71.3	71.2	71.0	-6.8%
Haldimand-Norfolk Health Unit	100.0	87.5	100.0	97.5	93.3	92.5	95.0	-5.0%
Halton Region Public Health	69.0	68.6	71.1	68.5	66.8	63.9	65.3	-5.4%
Niagara Region Public Health	102.5	97.2	94.2	97.6	99.4	97.8	100.7	-1.8%
Region of Waterloo Public Health and Emergency Services	58.0	58.3	52.5	51.2	52.7	56.2	56.3	-2.9%
Wellington-Dufferin-Guelph Public Health	87.5	79.5	78.5	73.1	75.0	71.5	73.4	-16.1%
TOTAL ONTARIO	86.6	84.0	80.8	78.8	77.1	75.9	76.3	-11.9%

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. Number of confirmed COVID-19 cases with a fatal outcome by date of death in the last 30 days: Ontario

Date of Death	Number of deaths
February 9, 2022	30
February 10, 2022	22
February 11, 2022	28
February 12, 2022	27
February 13, 2022	23
February 14, 2022	21
February 15, 2022	15
February 16, 2022	23
February 17, 2022	17
February 18, 2022	26
February 19, 2022	22
February 20, 2022	20
February 21, 2022	20
February 22, 2022	16
February 23, 2022	13
February 24, 2022	13
February 25, 2022	7
February 26, 2022	11
February 27, 2022	11
February 28, 2022	9
March 1, 2022	12
March 2, 2022	13

Date of Death	Number of deaths
March 3, 2022	11
March 4, 2022	8*
March 5, 2022	8*
March 6, 2022	12*
March 7, 2022	6*
March 8, 2022	7*
March 9, 2022	5*
March 10, 2022	0*

Note: Cases without a death date are not included in the table. As a result of the Ministry of Health’s updates to COVID-19 death reporting, the number of deaths reported on some days may be lower compared to previously published reports.

*Subject to reporting lags

Data Source: CCM

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Epidemiologic summary: COVID-19 in Ontario – January 15, 2020 to March 10, 2022. Toronto, ON: Queen’s Printer for Ontario; 2022.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario’s government, public health organizations and health care providers. PHO’s work is guided by the current best available evidence at the time of publication. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use. This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

For Further Information

For more information, cd@oahpp.ca.

Public Health Ontario

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

For more information about PHO, visit publichealthontario.ca.



©Queen’s Printer for Ontario, 2022