

### Weekly Epidemiologic Summary

# COVID-19 in Ontario: Focus on June 7, 2020 to June 13, 2020

This report includes the most current information available from the iPHIS and other local case management systems (iPHIS plus) as of **June 16, 2020.** 

Please visit the interactive <u>Ontario COVID-19 Data Tool</u> to explore recent COVID-19 data by public health unit, age group, sex, and trends over time.

A <u>daily summary</u> is available and provides an epidemiologic summary of recent COVID-19 activity in Ontario. This weekly report provides an epidemiologic summary of COVID-19 activity in Ontario over time.

#### Highlights

- There are a total of 32,321 confirmed cases of COVID-19 in Ontario, with a public health unit reported date up to June 13, 2020.
- For cases with a public health unit reported date between June 7 and 13, 2020 (week 24)
  - A total of 1,491 cases were reported to public health compared to 2,297 cases the previous week (May 31 to June 6).
  - In recent weeks, rates reported amongst all age groups has been fairly stable. However, the proportion of cases reported among those aged 20-39 relative to all other age groups has increased in recent weeks.
  - The total number of outbreaks in 'other settings' (which include outbreaks within workplaces, daycares, restaurants, etc) has surpassed the number of outbreaks reported in long-term care homes.

The term public health unit reported date in this document refers to the date local public health units were first notified of the case.

Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported date may not align with daily change in cases publicly reported by the province for the same time period, which reflects the difference in cumulative counts between one day and the next.

#### **Cases Over Time**

## Figure 1. Confirmed cases of COVID-19 by likely source of acquisition and public health unit reported week: Ontario



**Note:** Week 4 refers to January 19 and 25, 2020, and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** iPHIS plus

## Figure 2. Confirmed cases of COVID-19 by likely source of acquisition and approximation of symptom onset week: Ontario



**Note:** Not all cases have an episode date. Cases without an episode date are not included in the figure. The definition for how episode date is defined is available in the technical notes. Week 4 refers to January 19 and 25, 2020, and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** iPHIS plus.

### **Case Characteristics**

## Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date:Ontario

	Reported week 23 (May 31 to June 6)	Reported week 24 (June 7 to 13)	Cumulative case count up to June 13	Rate per 100,000 population
Number of cases	2,297	1,491	32,321	217.4
Gender: Male	1,261	826	14,591	199.4
Gender: Female	1,017	653	17,467	231.5
Ages: 19 and under	195	147	1,394	44.4
Ages: 20-39	903	614	9,006	216.7
Ages: 40-59	730	429	9,910	251.7
Ages: 60-79	321	218	6,283	212.6
Ages: 80 and over	147	82	5,716	841.5
Number resolved	N/A	N/A	27,765	N/A

Note: Not all cases have an age or gender reported.

Interpret information for the most recent week with caution due to reporting lags. **Data Source**: iPHIS plus



## Figure 3. Percentage of confirmed cases of COVID-19 by gender and public health unit reported week: Ontario

**Note:** Not all cases have an age or gender reported. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Week 9 refers to February 23 and 29, 2020 and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** iPHIS plus





**Note**: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Week 9 refers to February 23 and 29, 2020 and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source**: iPHIS plus



Figure 4b. Percentage of confirmed cases of COVID-19 by age group and public health unit reported week: Ontario

**Note**: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Week 9 refers to February 23 and 29, 2020 and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source**: iPHIS plus

#### Deaths



Figure 5. Deaths among confirmed cases of COVID-19 by week of death: Ontario

Death week

**Note**: Cases without a death date are not included in the figure. Week 4 refers to January 19 and 25, 2020, and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

Data Source: iPHIS plus

## Table 2. Summary of deaths among confirmed cases of COVID-19 by reported week of death:Ontario

Deaths	Reported week 23 (May 31 to June 6)	Reported week 24 (June 7 to 13)	Cumulative case count up to June 13	Rate per 100,000 population
Number of deaths	28	12	2,550	17.2
Gender: Male	9	4	1,157	15.8
Gender: Female	19	8	1,359	18.0
Ages: 19 and under	0	0	0	0
Ages: 20-39	0	0	11	0.3
Ages: 40-59	1	4	101	2.6
Ages: 60-79	9	4	678	22.9
Ages: 80 and over	18	4	1,760	259.1

**Note:** Not all cases have a reported age or gender.

Interpret information for the most recent week with caution due to reporting lags.

Data Source: iPHIS plus





**Note**: Cases without a death date are not included in the figure. Only weeks with more than 10 cases by public health unit death date are included (starting in week 13). Week 13 refers to March 22 and 28, 2020 and week 24 refers to June 7 and 13, 2020. See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

Data source: iPHIS plus

#### Exposure

## Table 3. Confirmed cases of COVID-19 by likely source of acquisition and public health unit reported week: Ontario

	Reported week 23 (May 31 to June 6)	Percentage	Reported week 24 (June 7 to 13)	Percentage	Cumulative case count up to June 13	Cumulative percentage
Travel	12	0.5%	16	1.1%	1,617	5.0%
Outbreak- associated or close contact of a confirmed case	1,407	61.3%	708	47.5%	21,422	66.3%
No known epidemiological link	726	31.6%	475	31.9%	6,568	20.3%
Information missing or unknown	152	6.6%	292	19.6%	2,714	8.4%
Total	2,297		1,491		32,321	

**Note**: Information for how cases are grouped within each category is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags. **Data Source**: iPHIS plus.

### Sub-populations of interest

Health care workers	Reported week 23 (May 31 to June 6)	Reported week 24 (June 7 to 13)	Cumulative case count up to June 13
Number of cases	167	132	5,429
Ever hospitalized	1	2	204
Ever in ICU	1	0	47

#### Table 4. Summary of cases of COVID-19 among health care workers: Ontario

**Note:** Interpret information for the most recent week with caution due to reporting lags. **Data Source:** iPHIS plus

### Table 5. Summary of cases of COVID-19 associated with long-term care home outbreaks:Ontario

Long-term care home associated cases	Reported week 23 (May 31 to June 6)	Reported week 24 (June 7 to 13)	Cumulative case count up to June 13
Residents	118	64	5,353
Deaths among residents	16	5	1,636
Health care workers	56	62	2,089
Deaths among health care workers	0	0	6

**Note:** Information for how long-term care home residents and health care workers are identified is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags. **Data Source:** iPHIS plus





Note: Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario
Marginalization Index. A large proportion of cases in Q1 (least diverse) neighbourhoods in week 23 (May 31 to June
6) was attributed to a local outbreak among temporary agricultural workers.
Data Source: iPHIS plus, Ontario Marginalization Index





**Note:** Neighbourhood deprivation is measured using the material deprivation dimension of the Ontario Marginalization Index. A large proportion of cases in the Q3 neighbourhoods for week 23 (May 31 to June 6) was influenced by a local outbreak among temporary agricultural workers. **Data Source:** iPHIS plus, Ontario Marginalization Index

#### Geography



Figure 9. Percentage of COVID-19 cases by geographic region and public health unit reported week: Ontario

**Note:** Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Week 9 refers to February 23 and 29, 2020 and week 24 refers to June 7 and 13, 2020. Table 2A in <u>Appendix A</u> has a listing of public health units by region. **Data Source:** iPHIS plus





Data Source: iPHIS plus

#### **Outbreaks**

Setting Type	Reported week 24 (June 7 to 13)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to June 13
Institution: Long-term care homes	13	72	332
Institution: Retirement homes	1	23	150
Institution: Hospitals	0	2	87
Institutions Total	14	97	569
Congregate Setting - All	1	26	113
Other Settings - All	18	87	158
Total number of outbreaks	33	210	840

#### Table 6. Number of public health unit declared COVID-19 outbreaks by setting type: Ontario

**Note:** If public health unit outbreak reported date is unavailable, the date the public health unit created the outbreak is used. Ongoing outbreaks includes all outbreaks that are 'Open' in iPHIS without a 'Declared Over Date' recorded. Congregate settings include group homes, shelters, correctional facilities, etc. Other settings include outbreaks within workplaces, daycares, restaurants, etc.

Interpret information for the most recent week with caution due to reporting lags. **Data Source**: iPHIS plus

## Table 7. Confirmed cases of COVID-19 associated with COVID-19 outbreaks by setting type and public health unit reported week: Ontario

Cases associated with the outbreak setting type	Reported week 23 (May 31 to June 6)	Reported week 24 (June 7 to 13)	Cumulative number of cases
Institution: Long-term care homes	195	139	8,156
Institution: Retirement homes	18	7	1,455
Institution: Hospitals	27	5	897
Institutions Total	240	151	10,508
Congregate Setting - All	80	31	1,071
Other Settings - All	289	27	1,080
Total number of cases	609	209	12,659

**Note:** Interpret case counts for the most recent week with caution due to reporting lags. **Data Source:** iPHIS plus

Figure 11. Public health unit declared COVID-19 outbreaks by status (ongoing or closed) and public health unit outbreak reported week: Ontario



**Note:** If public health unit outbreak reported date is unavailable, the date the public health unit created the outbreak is used. Ongoing outbreaks includes all outbreaks that are 'Open' in iPHIS without a 'Declared Over Date' recorded. Closed outbreaks are 'Closed' or have a 'Declared Over Date' recorded in iPHIS. Week 8 refers to February 16 and 22, 2020 and week 24 refers to June 7 and 13, 2020. **Data Source**: iPHIS plus





**Note:** If public health unit outbreak reported date is unavailable, the date the public health unit created the outbreak is used. Week 8 refers to February 16 and 22, 2020 and week 24 refers to June 7 and 13, 2020. Congregate settings include group homes, shelters, correctional facilities, etc. Other settings include outbreaks within workplaces, daycares, restaurants, etc.

Data Source: iPHIS

### **Technical Notes**

#### Data Sources

- The data for this report were based on:
  - Information extracted from the Ontario Ministry of Health (Ministry) integrated Public Health Information System (iPHIS) database, as of **June 16, 2020 at 4 p.m.**
  - Information successfully uploaded to the Ministry from local systems: Toronto Public Health (Coronavirus Rapid Entry System) CORES, The Ottawa Public Health COVID-19 Ottawa Database (The COD) and Middlesex-London COVID-19 Case and Contact Management Tool (CCMtool) as of June 16, 2020 at 2 p.m.
- iPHIS plus (which includes iPHIS, CORES, The COD and COVID-19 CCMtool) are dynamic disease reporting systems, which allow ongoing updates to data previously entered. As a result, data extracted from iPHIS and the local systems 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.
- Postal Code Conversion File Plus (PCCF+) version 7B from Statistics Canada 2016 Canadian census dissemination area profiles.
- The health equity (neighbourhood-level diversity and deprivation) analyses use data from the 2016 Ontario Marginalization Index and population counts from the 2016 Canada Census:
  - Matheson FI; van Ingen T. 2016 Ontario marginalization index. Toronto, ON: Providence St. Joseph's and St. Michael's Healthcare; 2018. Joint publication with Public Health Ontario.
  - Statistics Canada. Census of Population, 2016: Profile for Canada, Provinces, Territories, Census Divisions, Census Subdivisions and Dissemination Areas. Retrieved from: <u>https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/download-telecharger/comp/GetFile.cfm?Lang=E&FILETYPE=CSV&GEONO=044\_ONTARIO</u>.

#### Data Caveats and Methods: Case Data

- The data only represent cases reported to public health units and recorded in iPHIS plus. As a result, all counts are 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.
- Observed trends over time should be interpreted with caution for the most recent period due to reporting and/or data entry lags.

- All cases meeting the confirmed case classification as listed in the MOH <u>COVID-19 case definition</u> are included except where noted (e.g., analyses that describe the relationship between COVID-19 and marginalization).
- iPHIS cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values have been excluded. Duplicates may exist in local systems if these cases were not identified and resolved prior to data upload to the Ministry.
- Reported date is the date the case was reported to the public health unit. This is different than the daily change in cases released by the Province for the same time period, which reflects the difference in cumulative counts reported to the Province between one day and the next.
- Reported weeks were created to align with the Public Health Agency of Canada (PHAC) influenza surveillance weeks.
- 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.
- Cases with unknown or missing ages were excluded from age-specific analyses.
- Health care worker includes cases that reported 'Yes' to any of the following occupations: health care worker, doctor, nurse, dentist, dental hygienist, midwife, other medical technicians, personal support worker, respiratory therapist, first responder.
- 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 considered resolved:
  - Cases that are reported as 'recovered' in iPHIS 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 hospitalization end date entered) and have a case status of 'closed' indicating that public health follow up is complete and are 14 days past their symptom onset date or specimen collection date
- Data on hospital admissions, ICU admissions and deaths are likely under-reported as these events may occur after the completion of public health follow up of cases. Cases that were admitted to hospital or died after follow-up was completed may not be captured in iPHIS.
- Deaths are determined by using the outcome field in iPHIS plus. Any case marked 'Fatal' is included in the deaths data. Deaths are included whether or not COVID-19 was determined to be a contributing or underlying cause of death as indicated in the iPHIS field Type of Death.
  - The date of death is determined using the outcome date field for cases marked as 'Fatal' in the outcome field.

- 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.
- Likely source of acquisition is determined by examining the exposure and risk factor fields from iPHIS and local systems to determine whether a case travelled, was associated with an 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. Cases with multiple exposures or 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
- 'Long-term care home (LTCH) residents' includes cases that reported 'Yes' to the risk factor 'Resident of nursing home or other chronic care facility' and linked to an outbreak assigned as a long-term care home using details in 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 factor 'Resident of nursing home or other chronic care facility'. Excludes cases that reported 'Yes' to both risk factors: 'Resident of nursing home or other chronic care facility' and 'health care worker'.
- '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 nursing home or other chronic care facility' and 'Yes' to the calculated 'health care workers' variable.
- 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 (to signify a case that is not a resident of Ontario) have been excluded from the analyses.
  - GTA health units include: Durham Region Health Department, Peel Public Health, Toronto Public Health and York Region Public Health
- Ongoing outbreaks are those that are reported in iPHIS as 'Open' and without a 'Declared Over Date' recorded.

• Outbreaks are declared by the local medical officer of health or their designate in accordance to the Health Protection and Promotion Act and criteria outlined in <u>Ministry guidance documents</u>.

#### Data Caveats and Methods: ON-Marg

- ON-Marg is a data tool that combines a wide range of demographic indicators into multiple distinct dimensions of marginalization. It is an area-based index which assigns a measure of marginalization based on neighbourhood versus individual characteristics. As such, the broader demographic trends of an area may not reflect all residents of a neighbourhood owing to the inherent heterogeneity of demographic characteristics which can vary substantially especially across large rural geographies. For more information, please visit <u>PHO's ON-Marg website</u>.
- Neighbourhood diversity is defined using the ethnic concentration dimension of ON-Marg, which measures populations who may experience marginalization related to racism and discrimination. It is based on the proportion of non-white and non-Indigenous residents (visible minority) and/or the proportion of immigrants that arrived in Canada within the past five years.
- Neighbourhood deprivation is defined using the material deprivation dimension of ON-Marg, which is closely connected to poverty. It refers to the inability of individuals and communities to access and attain basic material needs. The indicators included in this dimension measure income, quality of housing, educational attainment and family structure characteristics.
- "Neighbourhoods" are considered to be Statistic Canada dissemination areas (DA). The Postal Code Conversion File Plus (PCCF+) version 7B was used to match cases to DA based on their postal code, which were subsequently assigned to a quintile of marginalization that contained 20% of Ontario neighbourhoods. The quintiles for the ethnic concentration and the material deprivation dimensions are ordered from quintiles 1 to 5, with quintile 1 having the lowest level of marginalization (i.e., least diverse or least deprived) and quintile 5 having the highest level of marginalization (i.e., most diverse or most deprived).
- The following cases were not included in analyses that summarize the impact of COVID-19 among Ontarians who may experience marginalization:
  - Cases that reside in long-term care settings are not included in the census data from which the marginalization indicators (ethnic concentration and material deprivation) are derived. Although these cases represent a large number of cases overall and deaths, their exclusion ensures appropriate comparisons since long-term care residents are excluded from ON-Marg.
  - Cases that reside in census dissemination areas where data has been suppressed, and cases that have missing or invalid postal codes could not be assigned to a quintile of marginalization.

### Appendix A

Reported Week	Start date	End date	Number of cases	Cumulative count
2	January 5, 2020	January 11, 2020	0	0
3	January 12, 2020	January 18, 2020	0	0
4	January 19, 2020	January 25, 2020	3	3
5	January 26, 2020	February 1, 2020	0	3
6	February 2, 2020	February 8, 2020	0	3
7	February 9, 2020	February 15, 2020	0	3
8	February 16, 2020	February 22, 2020	1	4
9	February 23, 2020	February 29, 2020	13	17
10	March 1, 2020	March 7, 2020	15	32
11	March 8, 2020	March 14, 2020	147	179
12	March 15, 2020	March 21, 2020	449	628
13	March 22, 2020	March 28, 2020	1,315	1,943
14	March 29, 2020	April 4, 2020	2,790	4,733
15	April 5, 2020	April 11, 2020	3,158	7,891
16	April 12, 2020	April 18, 2020	4,276	12,167
17	April 19, 2020	April 25, 2020	3,645	15,812
18	April 26, 2020	May 2, 2020	2,898	18,710
19	May 3, 2020	May 9, 2020	2,346	21,056
20	May 10, 2020	May 16, 2020	2,206	23,262
21	May 17, 2020	May 23, 2020	2,628	25,890

#### Table 1A. Confirmed cases of COVID-19 by public health unit reported week: Ontario

Reported Week	Start date	End date	Number of cases	Cumulative count
22	May 24, 2020	May 30, 2020	2,643	28,533
23	May 31, 2020	June 6, 2020	2,297	30,830
24	June 7, 2020	June 13, 2020	1,491	32,321

#### Table 2A. Confirmed cases of COVID-19 by public health unit and region: Ontario

Public Health Unit Name	Reported week 23	Rate per 100,000 population Reported week 23	Reported week 24	Rate per 100,000 population Reported week 24
Northwestern Health Unit	3	3.4	2	2.3
Thunder Bay District Health Unit	4	2.7	2	1.3
TOTAL NORTH WEST	7	2.9	4	1.7
Algoma Public Health	0	0	2	1.7
North Bay Parry Sound District Health Unit	2	1.5	0	0
Porcupine Health Unit	0	0	0	0
Public Health Sudbury & Districts	0	0	0	0
Timiskaming Health Unit	0	0	0	0
TOTAL NORTH EAST	2	0.4	2	0.4
Ottawa Public Health	56	5.3	36	3.4
Eastern Ontario Health Unit	1	0.5	8	3.8
Hastings Prince Edward Public Health	0	0	0	0
Kingston, Frontenac and Lennox & Addington Public Health	0	0	0	0
Leeds, Grenville & Lanark District Health Unit	2	1.2	0	0
Renfrew County and District Health Unit	1	0.9	1	0.9
TOTAL EASTERN	60	3.1	45	2.3

Public Health Unit Name	Reported week 23	Rate per 100,000 population Reported week 23	Reported week 24	Rate per 100,000 population Reported week 24
Durham Region Health Department	109	15.3	63	8.8
Haliburton, Kawartha, Pine Ridge District Health Unit	8	4.2	3	1.6
Peel Public Health	428	26.7	247	15.4
Peterborough Public Health	3	2.0	2	1.4
Simcoe Muskoka District Health Unit	21	3.5	20	3.3
York Region Public Health	200	16.3	115	9.4
TOTAL CENTRAL EAST	769	17.2	450	10.0
Toronto Public Health	964	30.9	614	19.7
TOTAL TORONTO	964	30.9	614	19.7
Chatham-Kent Public Health	3	2.8	2	1.9
Grey Bruce Health Unit	5	2.9	2	1.2
Huron Perth Public Health	3	2.1	1	0.7
Lambton Public Health	5	3.8	7	5.3
Middlesex-London Health Unit	17	3.3	26	5.1
Southwestern Public Health	1	0.5	5	2.4
Windsor-Essex County Health Unit	45	10.6	177	41.7
TOTAL SOUTH WEST	79	4.7	220	13.0
Brant County Health Unit	4	2.6	5	3.2

Public Health Unit Name	Reported week 23	Rate per 100,000 population Reported week 23	Reported week 24	Rate per 100,000 population Reported week 24
City of Hamilton Public Health Services	53	9.0	30	5.1
Haldimand-Norfolk Health Unit	179	156.9	12	10.5
Halton Region Public Health	31	5.0	38	6.1
Niagara Region Public Health	72	15.2	10	2.1
Region of Waterloo Public Health and Emergency Services	59	10.1	37	6.3
Wellington-Dufferin-Guelph Public Health	18	5.8	24	7.7
TOTAL CENTRAL WEST	416	14.6	156	5.5
TOTAL ONTARIO	2,297	15.5	1,491	10.0

**Note:** Interpret information for the most recent week with caution due to reporting lags.

### Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

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#### Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Weekly Epidemiologic summary: COVID-19 in Ontario – Focus on June 7, 2020 to June 13, 2020. Toronto, ON: Queen's Printer for Ontario; 2020.

#### For Further Information

For more information, email <u>cd@oahpp.ca</u>.

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