

Weekly Epidemiologic Summary

COVID-19 in Ontario: Focus on August 2, 2020 to August 8, 2020

This report includes the most current information available from iPHIS and other case management systems (iPHIS plus) as of **August 11, 2020**.

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 [daily summary](#) 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

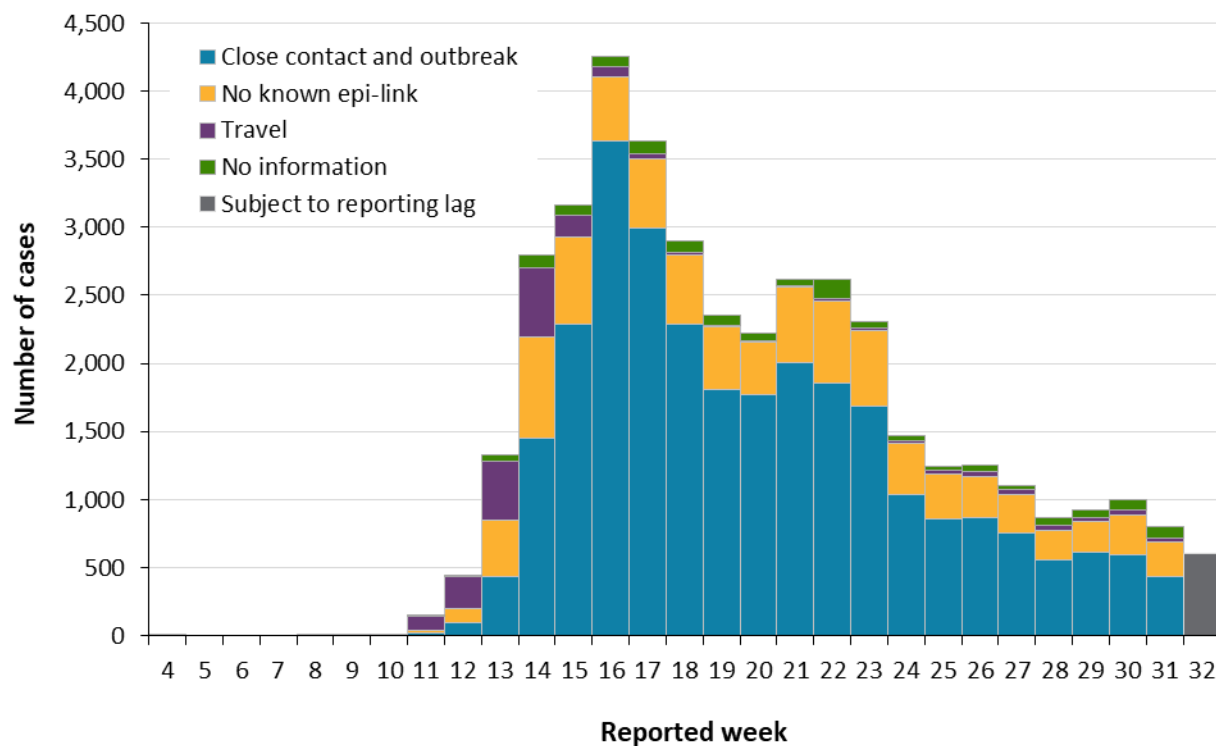
- There are a total of 40,080 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to August 8, 2020.
- For the period with a public health unit reported date between August 2 and 8, 2020 (week 32):
 - A total of 602 cases were reported to public health compared to 804 cases the previous week (July 26 to August 1).
 - The proportion of cases reporting travel as a likely source of acquisition increased during the current week with 8.3% compared to the previous week with 4.4%.
 - The proportion of cases under 20 years of age continues to follow an increasing trend, however the rate and the number of cases remain low.

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

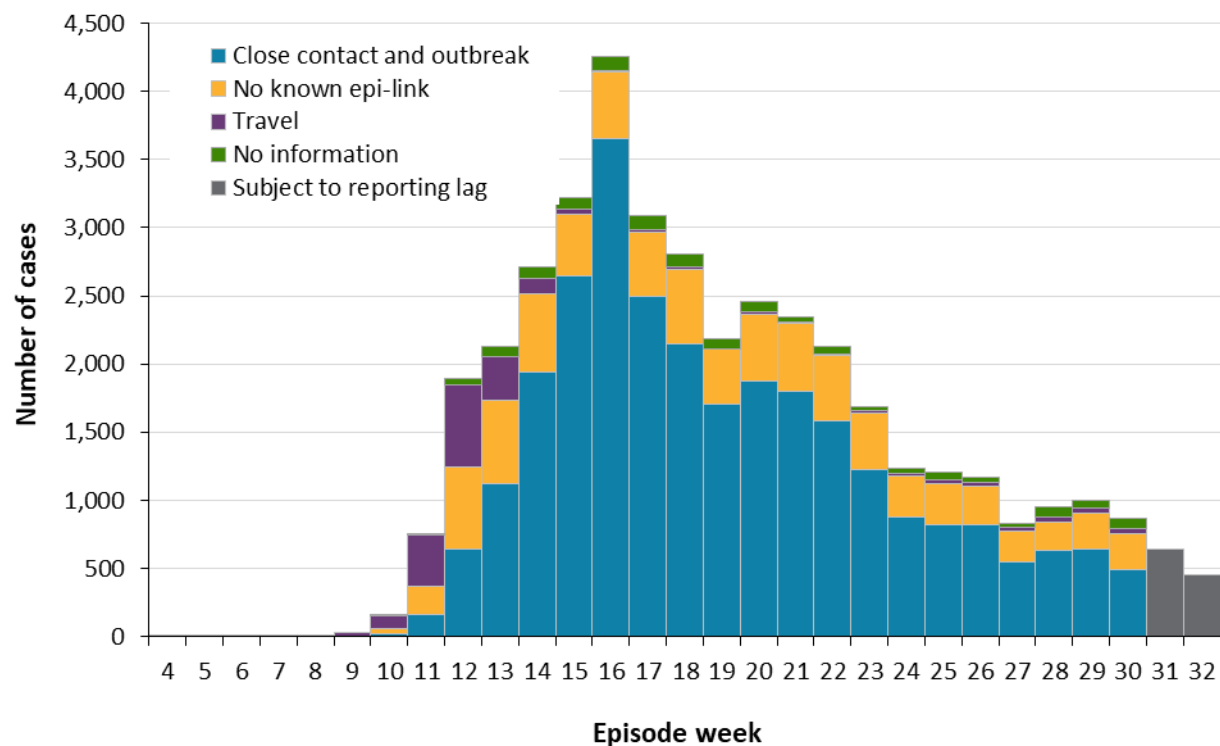
Figure 1. Confirmed cases of COVID-19 by likely source of acquisition and public health unit reported week: Ontario



Note: Week 4 refers to January 19 and 25, 2020, and week 32 refers to August 2 and 8, 2020. See [Table 1A](#) 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 32 refers to August 2 and 8, 2020. See [Table 1A](#) 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

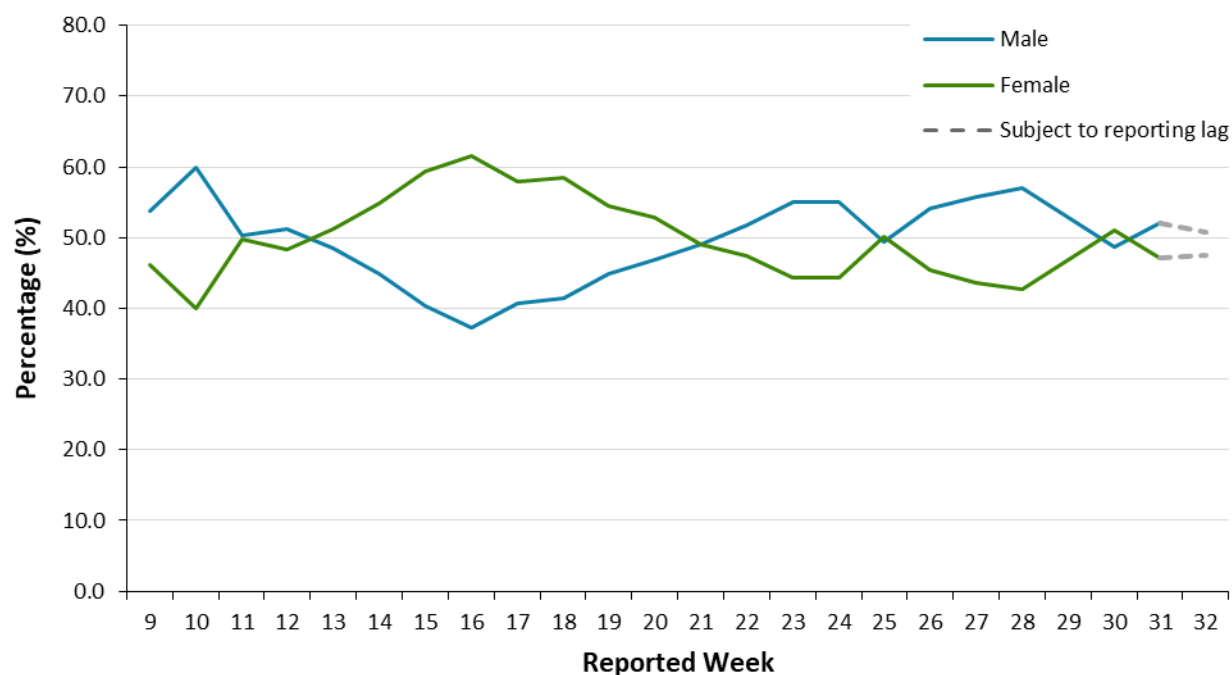
	Reported week 31 (July 26 to August 1)	Reported week 32 (August 2 to 8)	Cumulative case count up to August 8	Rate per 100,000 population
Number of cases	804	602	40,080	269.6
Gender: Male	419	305	18,676	255.2
Gender: Female	379	286	21,116	279.9
Ages: 19 and under	150	110	2,397	76.4
Ages: 20-39	340	250	12,341	296.9
Ages: 40-59	203	168	12,044	305.9
Ages: 60-79	101	64	7,250	245.4
Ages: 80 and over	10	10	6,044	889.8
Number resolved	N/A	N/A	36,583	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

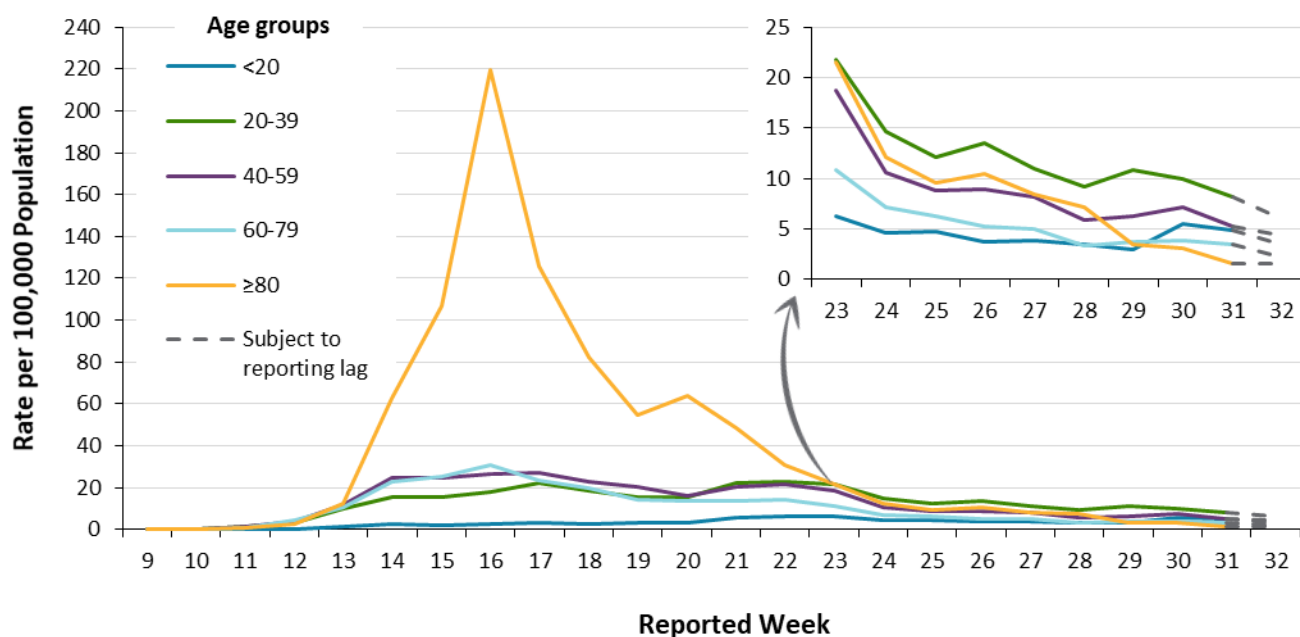
Figure 3. Percentage of confirmed cases of COVID-19 by gender and public health unit reported week: Ontario



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 32 refers to August 2 and 8, 2020. See [Table 1A](#) in Appendix A for a list of the weeks and corresponding start and end dates.

Data Source: iPHIS plus

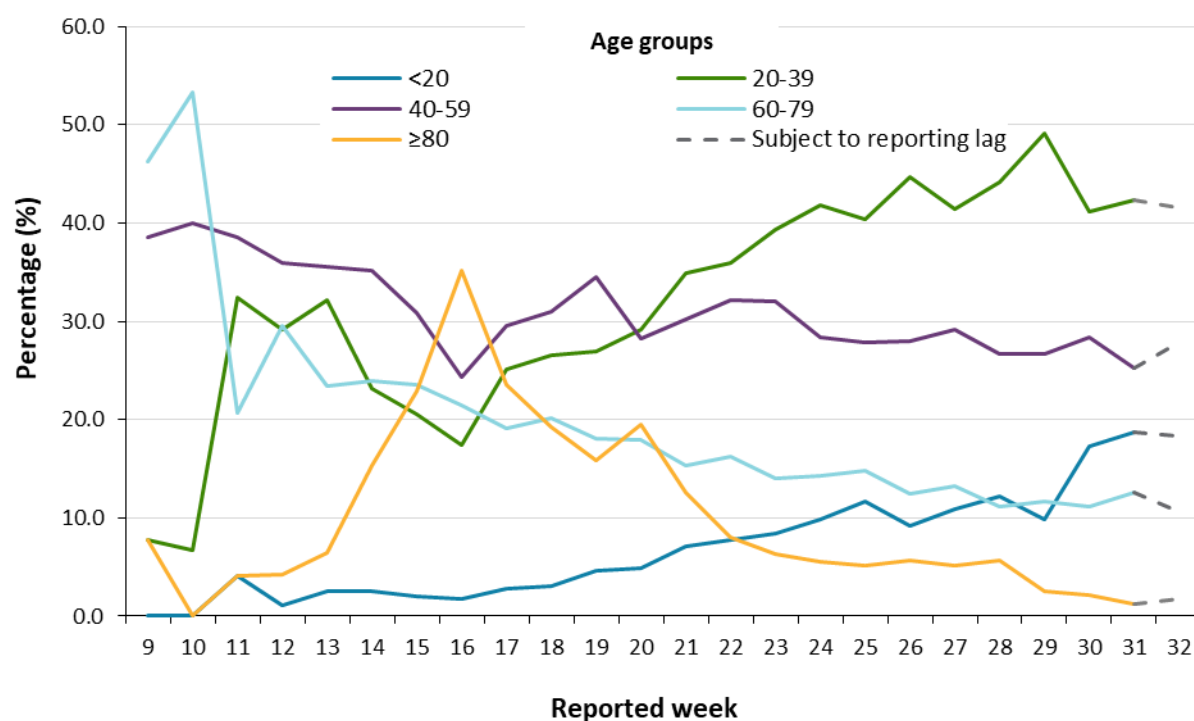
Figure 4a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario



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 32 refers to August 2 and 8, 2020. See [Table 1A](#) 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

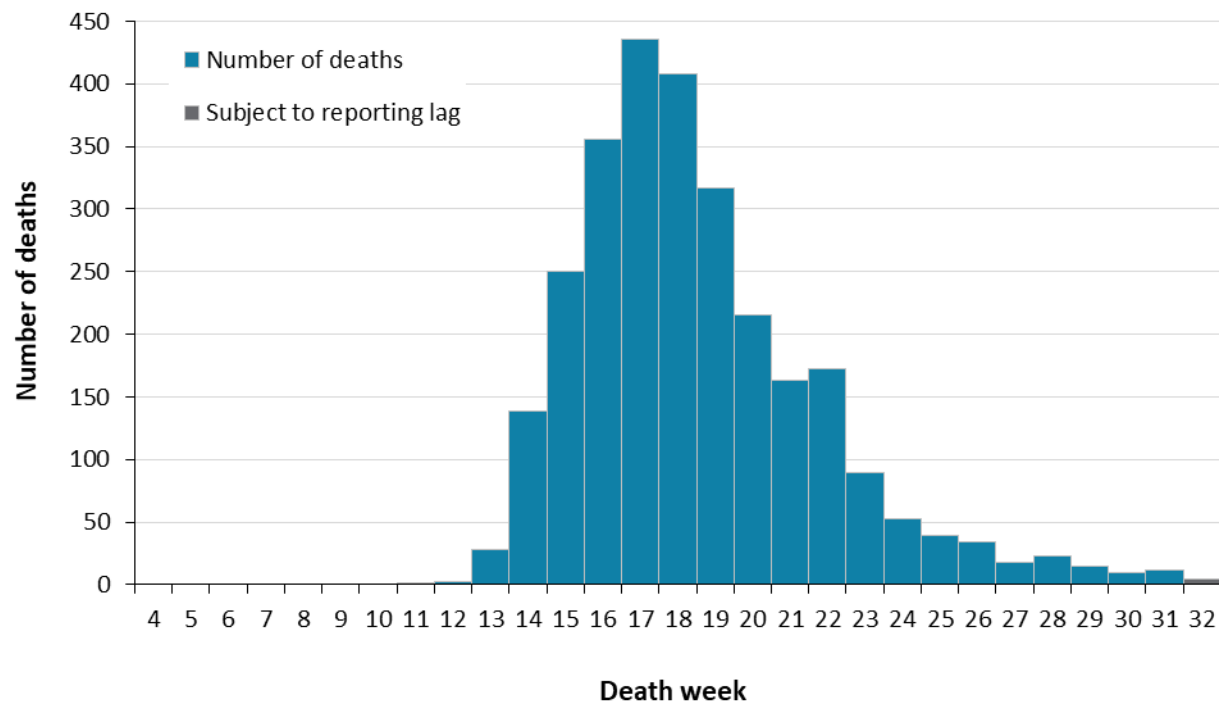


Note: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Week 9 refers to February 23 and 29, 2020 and week 32 refers to August 2 and 8, 2020. See [Table 1A](#) in Appendix A for a list of the weeks and corresponding start and end dates.

Data Source: iPHIS plus

Deaths

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



Note: Cases without a death date are not included in the figure. Week 4 refers to January 19 and 25, 2020, and week 32 refers to August 2 and 8, 2020. See [Table 1A](#) 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 public health unit reported week: Ontario

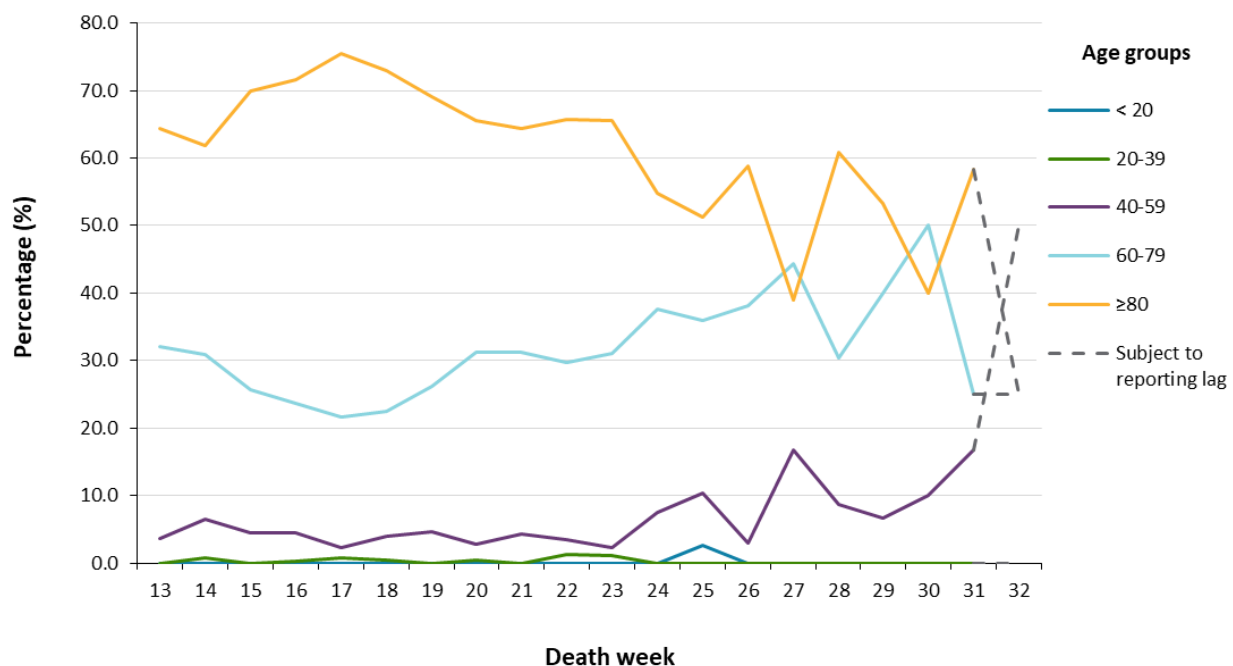
Deaths	Reported week 31 (July 26 to August 1)	Reported week 32 (August 2 to 8)	Cumulative case count up to August 8	Rate per 100,000 population
Number of deaths	1	1	2,787	18.7
Gender: Male	0	1	1,270	17.4
Gender: Female	1	0	1,480	19.6
Ages: 19 and under	0	0	1	0.0
Ages: 20-39	0	0	11	0.3
Ages: 40-59	0	0	120	3.0
Ages: 60-79	0	0	746	25.2
Ages: 80 and over	1	1	1,909	281.0

Note: Not all cases have a reported age or gender. Reported week is the week the case was reported to the public health unit. This is different than the “week of death” presented in Figures 5 and 6 which reflects the week the case was reported to have a ‘Fatal’ outcome.

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

Data Source: iPHIS plus

Figure 6. Percentage of deaths among confirmed cases of COVID-19 by age group and week of death: Ontario



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 32 refers to August 2 and 8, 2020. See [Table 1A](#) 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 31 (July 26 to August 1)	Percentage	Reported week 32 (August 2 to 8)	Percentage	Cumulative case count up to August 8	Cumulative percentage
Travel	35	4.4%	50	8.3%	1,989	5.0%
Outbreak-associated or close contact of a confirmed case	433	53.9%	304	50.5%	28,345	70.7%
No known epidemiological link	251	31.2%	191	31.7%	8,425	21.0%
Information missing or unknown	85	10.6%	57	9.5%	1,321	3.3%
Total	804		602		40,080	

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

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

Health care workers	Reported week 31 (July 26 to August 1)	Reported week 32 (August 2 to 8)	Cumulative case count up to August 8
Number of cases	41	35	6,560
Ever hospitalized	1	1	237
Ever in ICU	1	0	57

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 31 (July 26 to August 1)	Reported week 32 (August 2 to 8)	Cumulative case count up to August 8
Residents	4	4	5,902
Deaths among residents	0	1	1,800
Health care workers	3	3	2,611
Deaths among health care workers	0	0	8

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

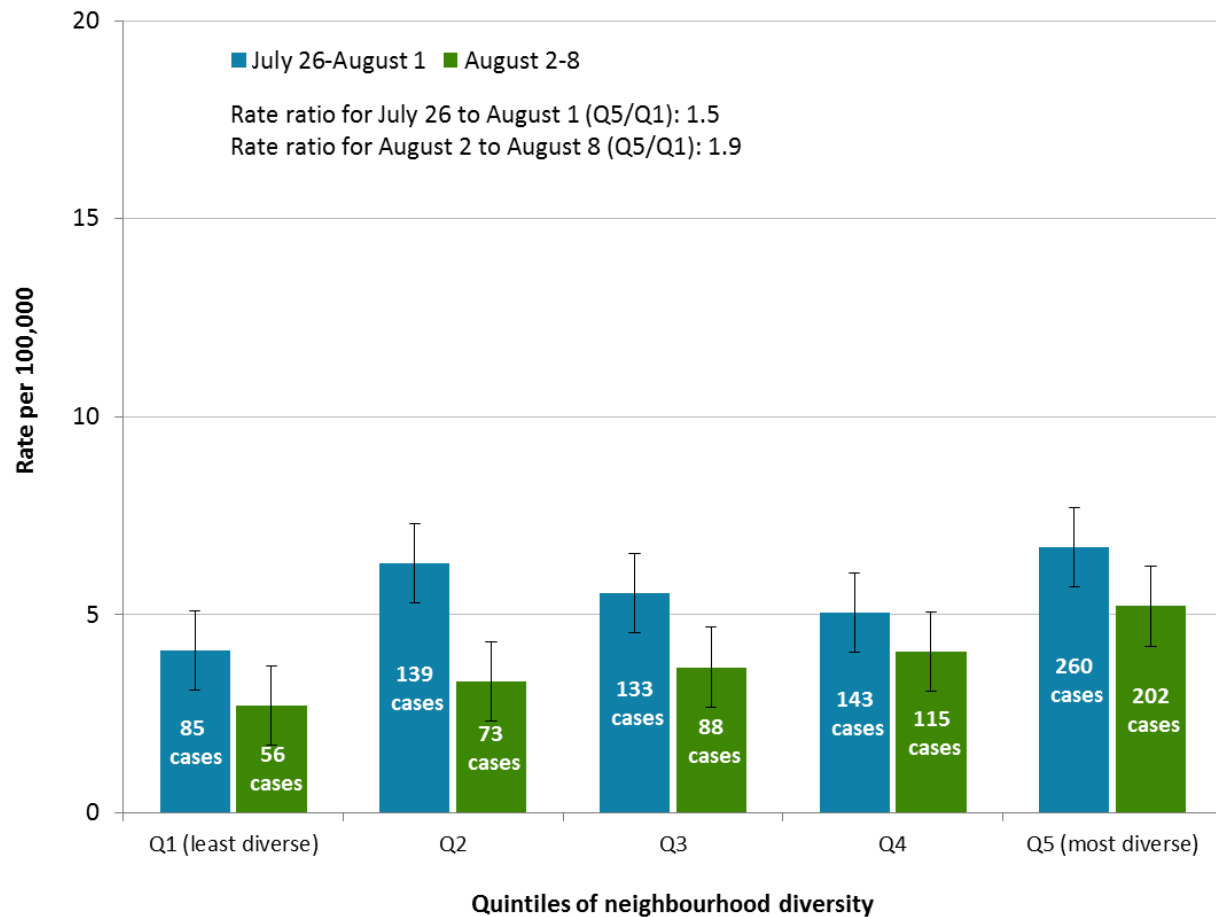
Table 6. Summary of cases of COVID-19 among farm workers: Ontario

Farm workers	Reported week 31 (July 26 to August 1)	Reported week 31 (August 2 to 8)	Cumulative case count up to August 8
Number of cases	40	3	1,280
Deaths	0	0	3
Ever hospitalized	0	0	19
Ever in ICU	0	0	8

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

Data Source: iPHIS plus

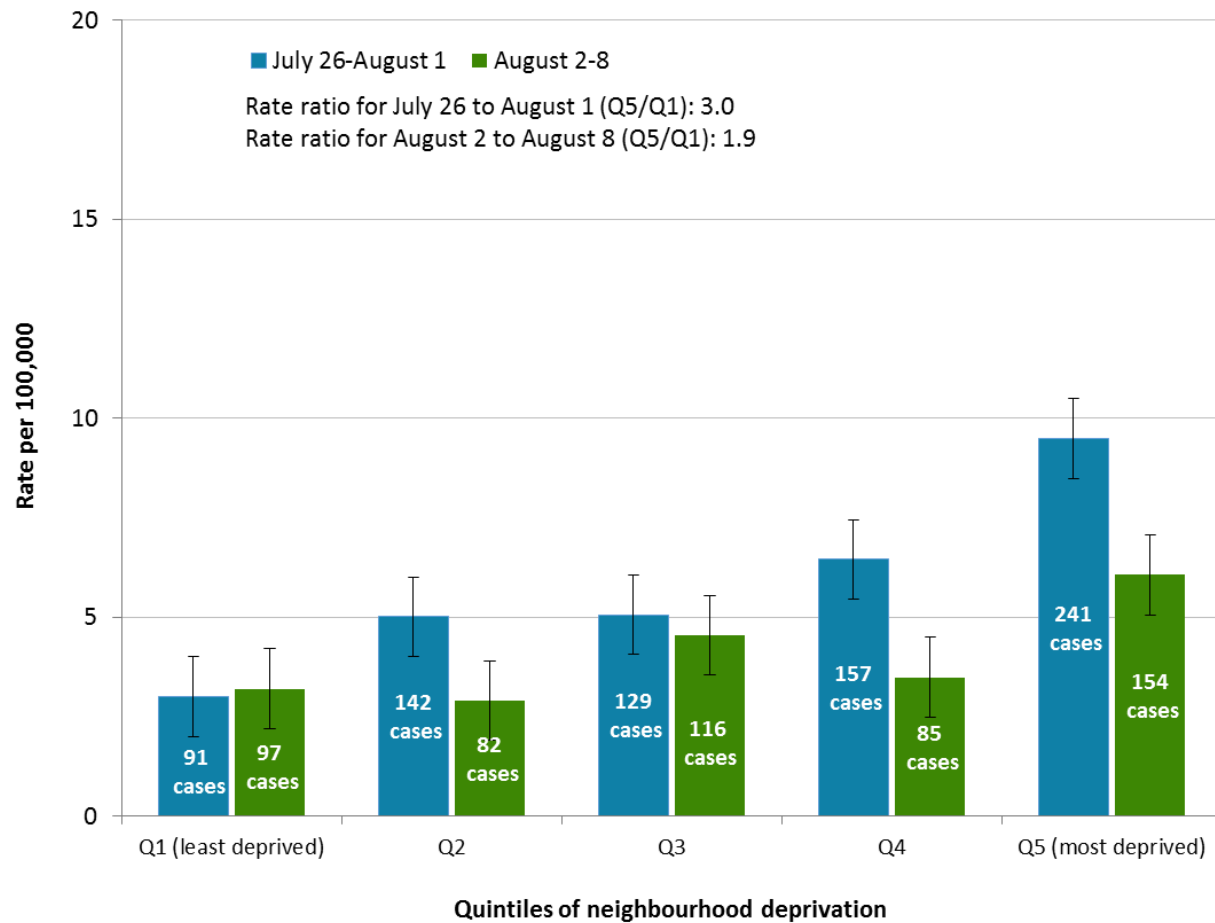
Figure 7. Rate and number of confirmed cases of COVID-19 for each quintile of neighbourhood diversity: Ontario, week 31 (July 26 to August 1, 2020) and week 32 (August 2 to 8, 2020).



Note: Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index.

Data Source: iPHIS plus, Ontario Marginalization Index

Figure 8. Rate and number of confirmed cases of COVID-19 for each quintile of neighbourhood deprivation: Ontario, week 31 (July 26 to August 1, 2020) and week 32 (August 2 to 8, 2020).

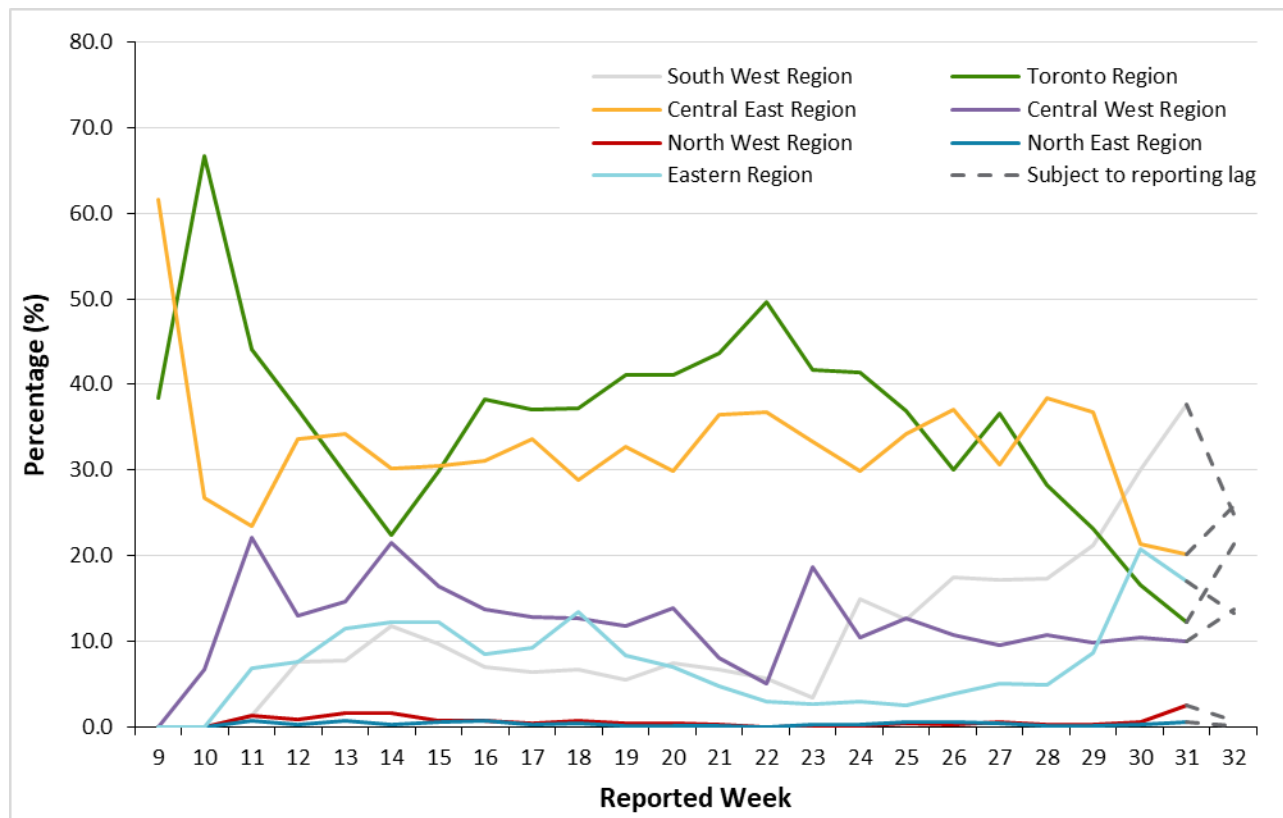


Note: Neighbourhood deprivation is measured using the material deprivation dimension of the Ontario Marginalization Index.

Data Source: iPHIS plus, Ontario Marginalization Index

Geography

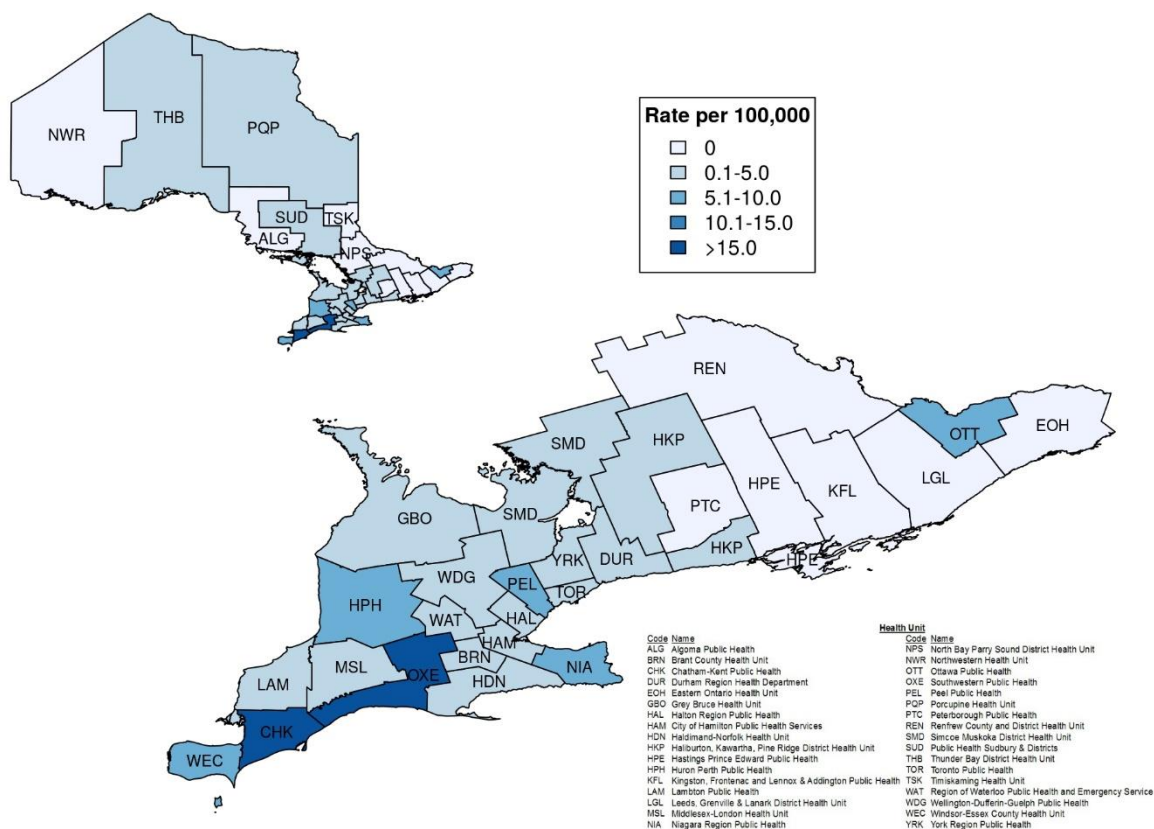
Figure 9. Percentage of COVID-19 cases by geographic region and public health unit reported week: Ontario



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 32 refers to August 2 and 8, 2020. Table 2A in [Appendix A](#) has a listing of public health units by region.

Data Source: iPHIS plus

Figure 10. Rate of confirmed cases of COVID-19 in public health reported week 32 (August 2 to 8, 2020) by public health unit: Ontario



Data Source: iPHIS plus

Outbreaks

Table 7. Number of public health unit declared COVID-19 outbreaks by setting type: Ontario

Setting Type	Reported week 32 (August 2 to 8)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to August 8
Institution: Long-term care homes	3	27	403
Institution: Retirement homes	1	21	174
Institution: Hospitals	1	4	98
Institutions Subtotal	5	52	675
Congregate: Correctional facility	0	1	4
Congregate: Shelter	0	2	45
Congregate: Group home	0	7	90
Congregate Setting Subtotal	0	10	139
Non-congregate setting: Workplace	2	76	262
Non-congregate setting: Daycare	1	3	13
Non-congregate settings: Other	2	11	57
Non-Congregate Settings Subtotal	5	90	332
Total number of outbreaks	10	152	1,146

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. Non-congregate settings include outbreaks within workplaces (farms, food processing facilities, other), daycares, restaurants, community centres, etc.

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

Data Source: iPHIS plus

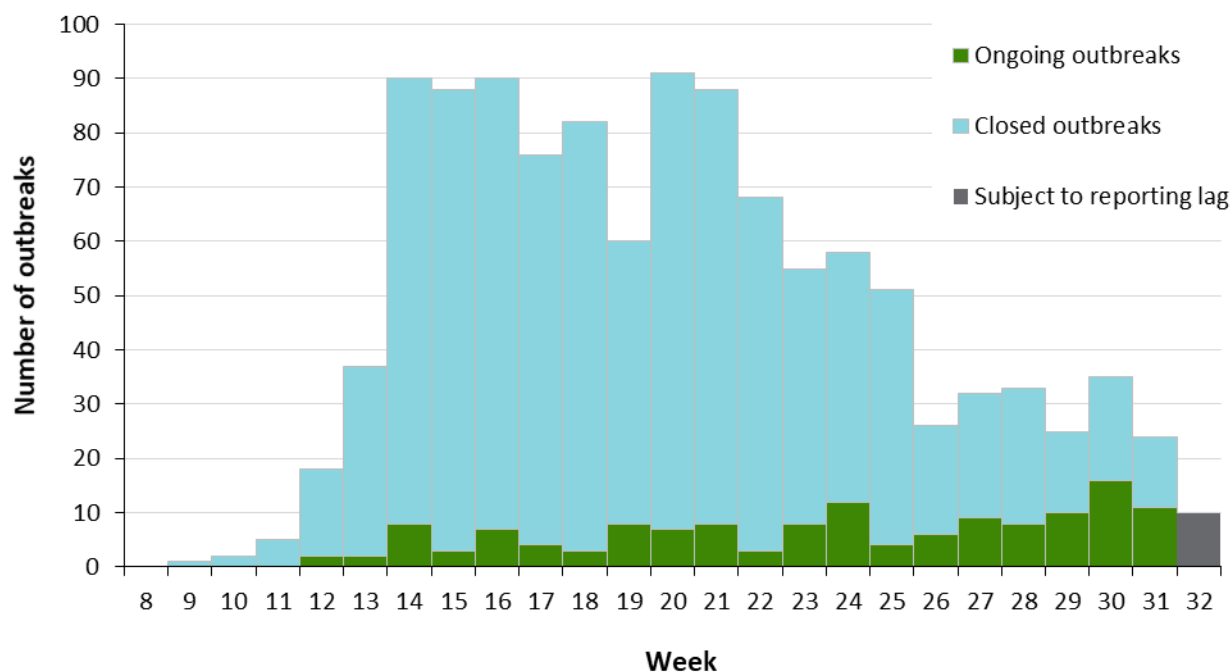
Table 8. Confirmed cases of COVID-19 associated with COVID-19 outbreaks by setting type and public health unit reported week: Ontario

Cases associated with the outbreak setting type	Reported week 31 (July 26 to August 1)	Reported week 32 (August 2 to 8)	Cumulative number of cases
Institution: Long-term care homes	9	6	8,971
Institution: Retirement homes	4	2	1,542
Institution: Hospitals	2	3	962
Institutions Subtotal	15	11	11,475
Congregate: Correctional facility	0	0	111
Congregate: Shelter	2	3	582
Congregate: Group home	2	5	459
Congregate Setting Subtotal	4	8	1,152
Non-congregate setting: Workplace	61	6	2,232
Non-congregate setting: Daycare	6	1	46
Non-congregate settings: Other	12	1	276
Non-Congregate Settings Subtotal	79	8	2,554
Total number of cases	98	27	15,181

Note: Interpret case counts for the most recent week with caution due to reporting lags. Congregate settings include group homes, shelters, correctional facilities, etc. Non-congregate settings include outbreaks within workplaces (farms, food processing facilities, other), daycares, restaurants, community centres, etc.

Data Source: iPHIS plus

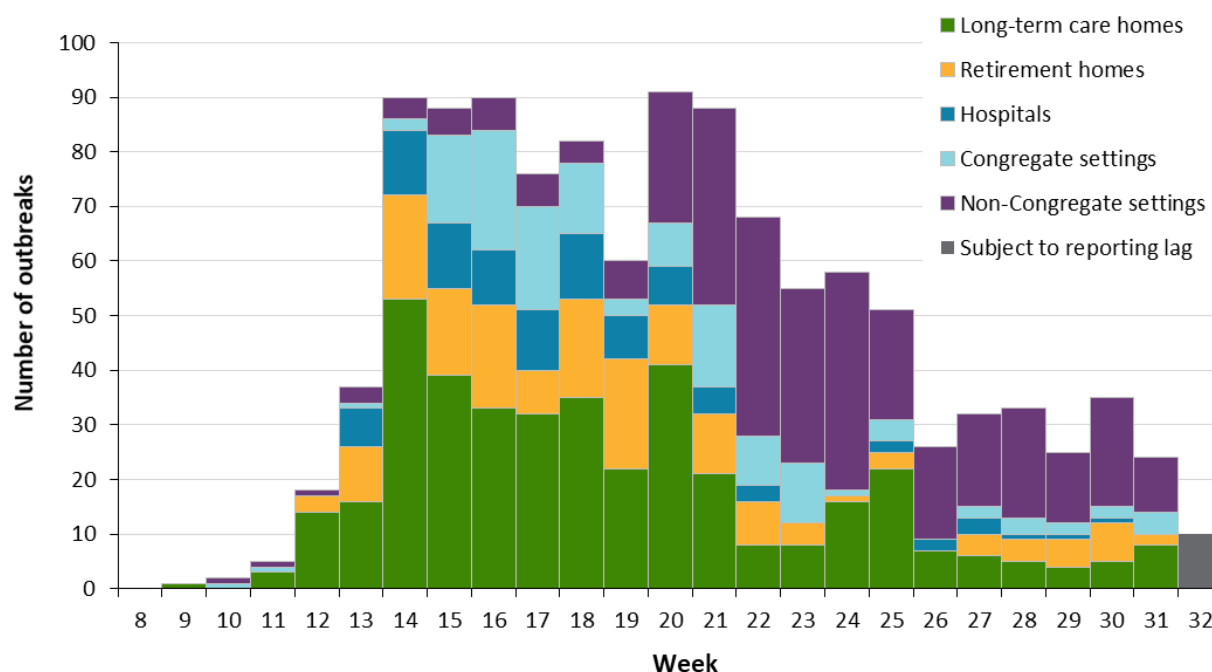
Figure 11. Public health unit declared COVID-19 outbreaks by status (ongoing or closed) and public health unit outbreak reported week: Ontario



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 32 refers to August 2 and 8, 2020.

Data Source: iPHIS plus

Figure 12. Public health unit declared COVID-19 outbreaks by outbreak setting type and public health unit reported week: Ontario



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 32 refers to August 2 and 8, 2020. Congregate settings include group homes, shelters, correctional facilities, etc. Non-congregate 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 for Algoma Public Health; Brant County Health Unit; Chatham-Kent Public Health; City of Hamilton Public Health Services; Eastern Ontario Health Unit; Haldimand-Norfolk Health Unit; Hastings Prince Edward Public Health; Huron Perth Public Health; Leeds, Grenville & Lanark District Health Unit; Niagara Region Public Health; Northwestern Health Unit; Peterborough Public Health; Public Health Sudbury & Districts; Region of Waterloo Public Health and Emergency Services; Simcoe Muskoka District Health Unit; Southwestern Public Health; Timiskaming Health Unit; Toronto Public Health and Windsor-Essex County Health Unit, as of **August 11, 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 **August 11, 2020 at 2 p.m.**
 - Information successfully uploaded to the Ministry from the Public Health Case and Contact Management Solution (CCM) for Grey Bruce Health Unit; Halton Region Public Health; Kingston, Frontenac and Lennox & Addington Public Health; Peel Public Health; Durham Region Health Department; Haliburton, Kawartha, Pine Ridge District Health Unit; Lambton Public Health; North Bay Parry Sound District Health Unit; Porcupine Health Unit; Renfrew County and District Health Unit; Thunder Bay District Health Unit; Wellington-Dufferin-Guelph Public Health and York Region Public Health as of **August 11, 2020 at 1 p.m.**
- iPHIS plus (which includes iPHIS, CCM, 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:

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 [COVID-19 case definition](#) 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. The provincial case count for COVID-19 includes cases that are counted once across all systems from which the case data are obtained. Duplicate records may exist if these records 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. Some cases may have no information reported if the case is untraceable, was lost to follow-up or referred to FNIHB. 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 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.

- '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.
- 'Farm worker' includes cases that are linked to an outbreak that met the definition of a farm outbreak and did not respond 'No' to the risk factor 'Occupational – farm worker'.
- 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 [Ministry guidance documents](#).

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 [PHO's ON-Marg website](#).
- 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

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
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	145	177
12	March 15, 2020	March 21, 2020	446	623
13	March 22, 2020	March 28, 2020	1,325	1,948
14	March 29, 2020	April 4, 2020	2,793	4,741
15	April 5, 2020	April 11, 2020	3,163	7,904
16	April 12, 2020	April 18, 2020	4,257	12,161
17	April 19, 2020	April 25, 2020	3,635	15,796
18	April 26, 2020	May 2, 2020	2,897	18,693
19	May 3, 2020	May 9, 2020	2,354	21,047
20	May 10, 2020	May 16, 2020	2,226	23,273
21	May 17, 2020	May 23, 2020	2,619	25,892

Reported Week	Start date	End date	Number of cases	Cumulative count
22	May 24, 2020	May 30, 2020	2,615	28,507
23	May 31, 2020	June 6, 2020	2,305	30,812
24	June 7, 2020	June 13, 2020	1,466	32,278
25	June 14, 2020	June 20, 2020	1,246	33,524
26	June 21, 2020	June 27, 2020	1,254	34,778
27	June 28, 2020	July 4, 2020	1,103	35,881
28	July 5, 2020	July 11, 2020	866	36,747
29	July 12, 2020	July 18, 2020	926	37,673
30	July 19, 2020	July 25, 2020	1,001	38,674
31	July 26, 2020	August 1, 2020	804	39,478
32	August 2, 2020	August 8, 2020	602	40,080

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

Public Health Unit Name	Reported week 31	Rate per 100,000 population Reported week 31	Reported week 32	Rate per 100,000 population Reported week 32
Northwestern Health Unit	0	0.0	0	0.0
Thunder Bay District Health Unit	4	2.7	1	0.7
TOTAL NORTH WEST	4	1.7	1	0.4
Algoma Public Health	0	0.0	0	0.0
North Bay Parry Sound District Health Unit	0	0.0	0	0.0
Porcupine Health Unit	1	1.2	1	1.2
Public Health Sudbury & Districts	18	9.0	3	1.5
Timiskaming Health Unit	1	3.1	0	0.0
TOTAL NORTH EAST	20	3.6	4	0.7
Ottawa Public Health	130	12.3	80	7.6
Eastern Ontario Health Unit	5	2.4	0	0.0
Hastings Prince Edward Public Health	1	0.6	0	0.0
Kingston, Frontenac and Lennox & Addington Public Health	0	0.0	0	0.0
Leeds, Grenville & Lanark District Health Unit	0	0.0	0	0.0
Renfrew County and District Health Unit	1	0.9	0	0.0
TOTAL EASTERN	137	7.1	80	4.2

Public Health Unit Name	Reported week 31	Rate per 100,000 population Reported week 31	Reported week 32	Rate per 100,000 population Reported week 32
Durham Region Health Department	21	2.9	13	1.8
Haliburton, Kawartha, Pine Ridge District Health Unit	1	0.5	2	1.1
Peel Public Health	87	5.4	92	5.7
Peterborough Public Health	4	2.7	0	0.0
Simcoe Muskoka District Health Unit	9	1.5	8	1.3
York Region Public Health	40	3.3	41	3.3
TOTAL CENTRAL EAST	162	3.6	156	3.5
Toronto Public Health	98	3.1	129	4.1
TOTAL TORONTO	98	3.1	129	4.1
Chatham-Kent Public Health	42	39.5	59	55.5
Grey Bruce Health Unit	2	1.2	1	0.6
Huron Perth Public Health	8	5.7	8	5.7
Lambton Public Health	24	18.3	3	2.3
Middlesex-London Health Unit	12	2.4	7	1.4
Southwestern Public Health	60	28.4	37	17.5
Windsor-Essex County Health Unit	155	36.5	34	8.0
TOTAL SOUTH WEST	303	17.9	149	8.8
Brant County Health Unit	9	5.8	2	1.3

Public Health Unit Name	Reported week 31	Rate per 100,000 population Reported week 31	Reported week 32	Rate per 100,000 population Reported week 32
City of Hamilton Public Health Services	12	2.0	15	2.5
Haldimand-Norfolk Health Unit	8	7.0	3	2.6
Halton Region Public Health	2	0.3	17	2.7
Niagara Region Public Health	38	8.0	31	6.6
Region of Waterloo Public Health and Emergency Services	7	1.2	10	1.7
Wellington-Dufferin-Guelph Public Health	4	1.3	5	1.6
TOTAL CENTRAL WEST	80	2.8	83	2.9
TOTAL ONTARIO	804	5.4	602	4.0

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

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For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

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