Public Health Ontario | Santé publique Ontario

WEEKLY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: Focus on March 6, 2022 to March 12, 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 type of death unknown or missing.

Introduction

This report includes the most current information available from CCM as of **March 15, 2022.**

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.

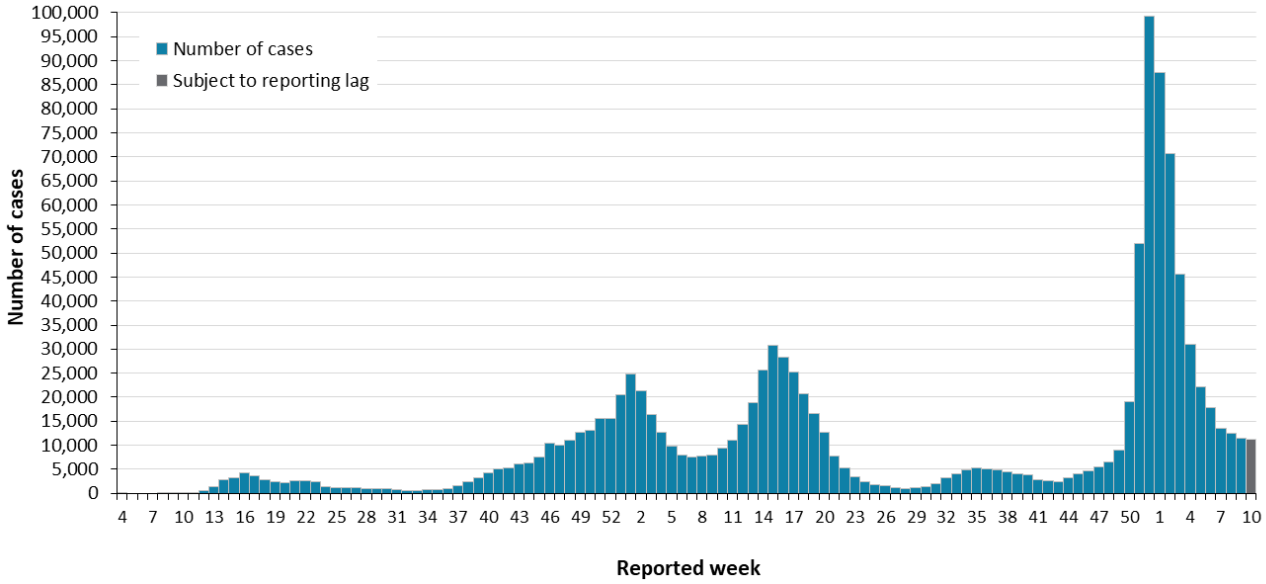
> The term public health unit reported date in this document refers to the date local public health units were first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported 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.

Highlights

- There are a total of 1,126,408 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to March 12, 2022.
- For the period with a public health unit (PHU) reported date between March 6 to March 12, 2022 (Week 10):
    - A total of 11,244 cases were reported to public health compared to 11,378 cases the previous week (February 27 to March 5, 2022 or week 9). The number of cases should be interpreted with caution due to changes in testing availability.
    - The week to week decline in cases has slowed this week with a -1.2% decrease reported from week 9 to 10. This percent decrease is much lower when compared to the previous four weeks where the weekly percent decrease in cases ranged from -19.6% to -8.2%.
    - With the exception of cases age 20 to 39 and 40 to 59, the case rate per 100,000 population across all age groups continued to decrease in week 10. The largest decline in rate was among cases age 12 to 19, from 102.5 cases per 100,000 population in week 9 to 83.1 in week 10.

Cases Over Time

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



Note: Include cases with reported dates ranging from week-4 (January 19 and 25, 2020) to Week 10 (March 6 and 12, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates. 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

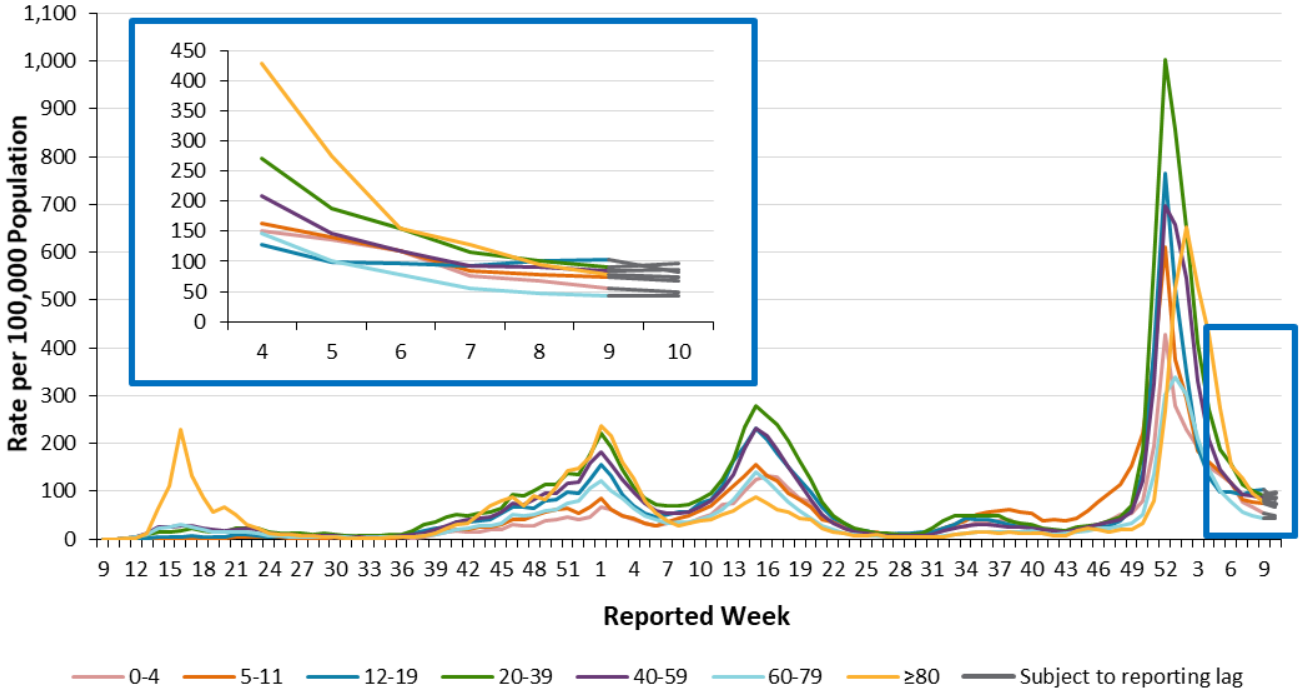
Case Characteristics

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

	Reported week 9 (February 27 to March 5, 2022)	Reported week 10 (March 6 to 12, 2022)	Cumulative case count up to March 12, 2022	Cumulative rate per 100,000 population
Total number of cases	11,378	11,244	1,126,408	7,644.9
Sex: Male	4,895	4,638	534,869	7,347.7
Sex: Female	6,292	6,464	584,883	7,846.0
Ages: 0-4	395	356	33,618	4,649.7
Ages: 5-11	797	722	67,827	6,288.9
Ages: 12-19	1,363	1,105	97,056	7,300.3
Ages: 20-39	3,770	3,997	430,609	10,371.4
Ages: 40-59	3,282	3,332	312,793	8,029.6
Ages: 60-79	1,246	1,245	135,504	4,672.9
Ages: 80 and over	511	480	48,626	7,414.4
Number resolved	N/A	N/A	1,101,582	N/A

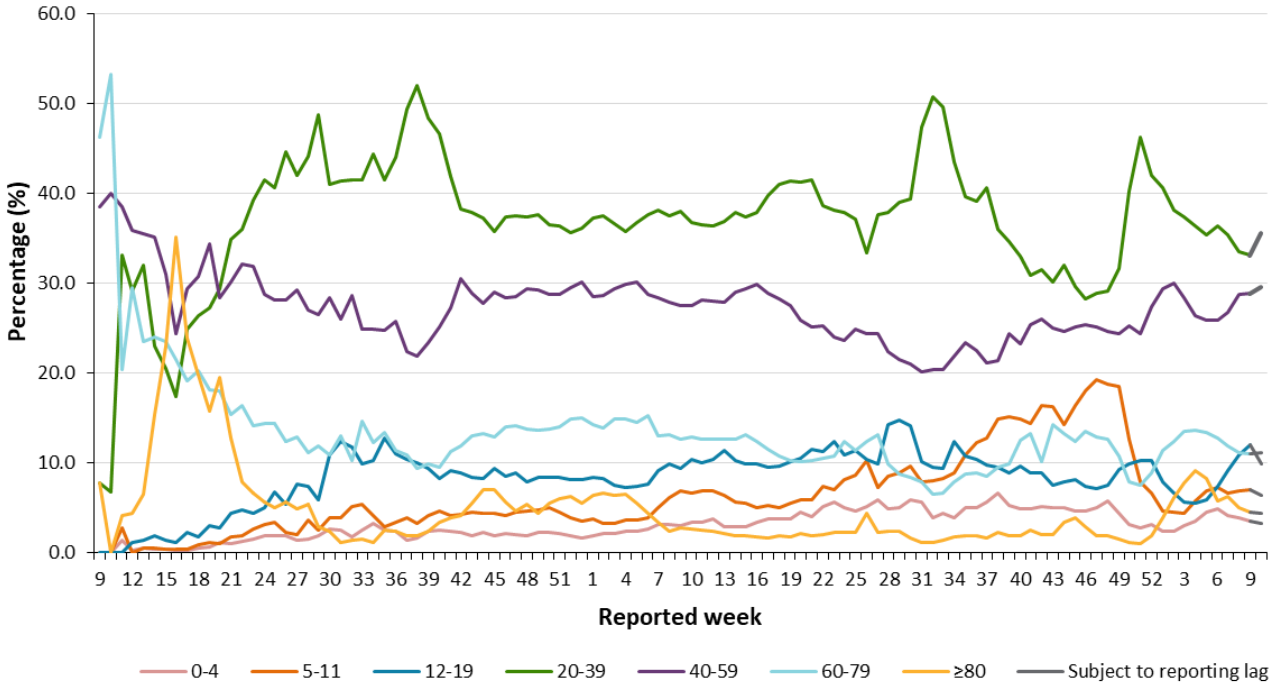
Note: Not all cases have an age or sex reported. Interpret information for the most recent week with caution due to reporting lags.
Data Source: CCM

Figure 2a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario



Note: Not all cases have an age reported. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from week 9 (February 23 and 29, 2020) to Week 10 (March 6 and 12, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.
Data Source: CCM

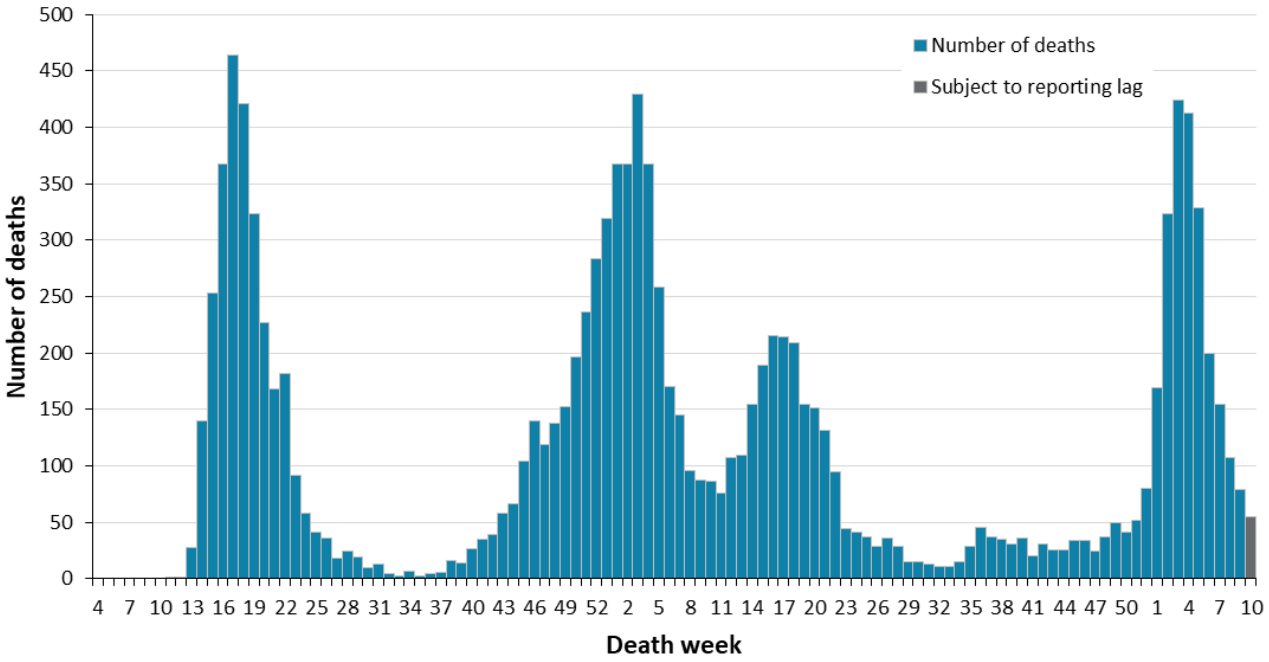
Figure 2b. Percentage of confirmed cases of COVID-19 by age group and public health unit reported week: Ontario



Note: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week-9). Include cases with reported dates ranging from week-9 (February 23 and 29, 2020) to Week 10 (March 6 and 12, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.
Data Source: CCM

Deaths

Figure 3. Deaths* among confirmed cases of COVID-19 by week of death: Ontario



Note: Cases without a death date are not included in the figure. Include cases with date of death ranging from week-4 (January 19 and 25, 2020) to Week 10 (March 6 and 12, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.
*As a result of the Ministry of Health's updates to COVID-19 death reporting, the number of deaths may be lower than past publicly reported death counts.**Data Source**: CCM

Table 2. Summary of deaths* among confirmed cases of COVID-19 by public health unit reported week: Ontario

Deaths	Reported week 9 (February 27 to March 5, 2022)	Reported week 10 (March 6 to 12, 2022)	Cumulative case count up to March 12, 2022	Cumulative rate per 100,000 population
Number of deaths	25	11	12,287	83.4
Sex: Male	15	6	6,453	88.6
Sex: Female	10	5	5,770	77.4
Ages: 19 and under	0	0	13	0.4
Ages: 20-39	1	0	127	3.1
Ages: 40-59	1	2	878	22.5
Ages: 60-79	11	6	4,121	142.1
Ages: 80 and over	12	3	7,147	1,089.8

Note: Age and sex may not be reported for all cases. Reported week is the week the case was reported to the public health unit. This is different than the "week of death" presented in Figure 3 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.

*As a result of the Ministry of Health's updates to COVID-19 death reporting, the number of deaths may be lower than past publicly reported death counts.

Data Source: CCM

Sub-populations of interest

Table 3. Summary of cases of COVID-19 among health care workers: Ontario

Health care workers	Reported week 9 (February 27 to March 5, 2022)	Reported week 10 (March 6 to 12, 2022)	Cumulative case count up to March 12, 2022
Number of cases	682	817	40,142
Ever hospitalized	1	2	502
Ever in ICU	0	0	100

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

Table 4. Summary of cases of COVID-19 associated with long-term care home outbreaks: Ontario

Long-term care home associated cases	Reported week 9 (February 27 to March 5, 2022)	Reported week 10 (March 6 to 12, 2022)	Cumulative case count up to March 12, 2022
Residents	150	136	25,146
Deaths among residents	1	1	4,387*
Health care workers	46	19	11,647
Deaths among health care workers	0	0	10*

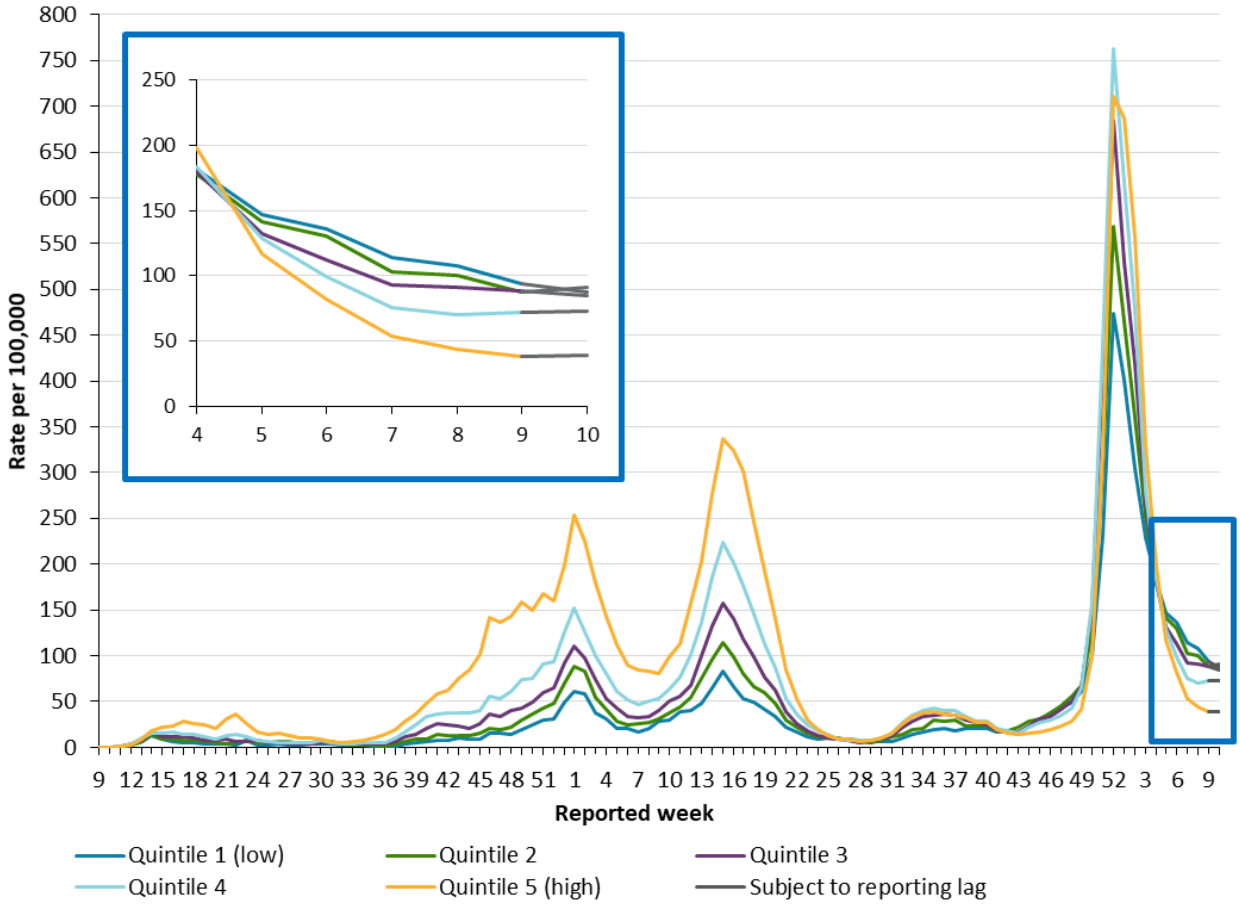
Note: Information on how long-term care home residents and health care workers are identified is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags.
*As a result of the Ministry of Health's updates to COVID-19 death reporting, the number of deaths may be lower than past publicly reported death counts.
Data Source: CCM

Table 5: Summary of reinfection cases of COVID-19 by age group and public health unit reported week: Ontario

Age Group	Reported week 9 (February 27 to March 5, 2022)	Reported week 10 (March 6 to 12, 2022)	Cumulative count from November 1, 2020 up to March 12, 2022	Percent of reinfection cases
Ages: 0-4	3	3	98	1.2%
Ages: 5-11	5	12	162	2.0%
Ages: 12-19	16	17	427	5.1%
Ages: 20-39	118	96	3,763	45.3%
Ages: 40-59	66	43	2,462	29.7%
Ages: 60-79	23	21	801	9.7%
Ages: 80 and over	7	11	586	7.1%
Total reinfection cases	**238**	**203**	**8,299**	**100.0%**

Note: Cases identified as reinfections meeting the provincial definition as either a laboratory-based reinfection or a time-based reinfection, as indicated by public health units. The provincial confirmed reinfection case definition was updated January 17, 2022 to include a time-based reinfection definition. Cumulative counts include cases of COVID-19 reinfection reported starting week-45 (November 1 to 7, 2020). Not all cases have a reported age or sex. 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

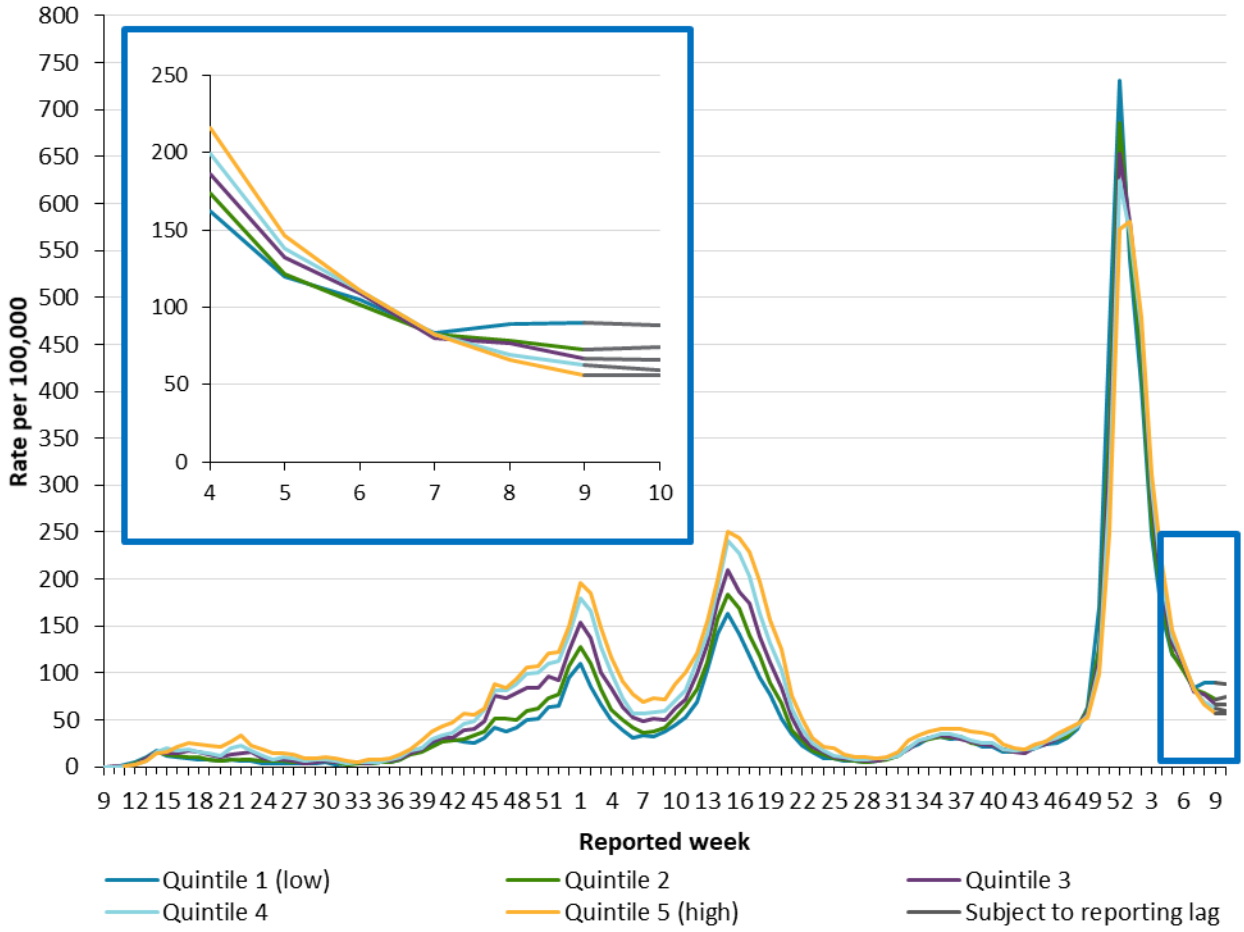
Figure 4. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood diversity and public health unit reported week: Ontario



Note: Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index. The ethnic concentration dimension is based on the proportion of non-white and non-Indigenous residents and/or the proportion of immigrants that arrived in Canada within the past five years. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from weeks 9 (February 23 to 29, 2020) to Week 10 (March 6 to 12, 2022). As of June 8, 2021, all rate denominators were changed to the 2021 OHIP RPDB population, and as a result, rates shown here may differ from previous reports. See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.

Data Source: CCM, Ontario Marginalization Index

Figure 5. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood material deprivation and public health unit reported week: Ontario



Note: Neighbourhood material deprivation is measured using the material deprivation dimension of the Ontario Marginalization Index. The material deprivation dimension uses Canadian census data on income, quality of housing, educational attainment and family structure characteristics to assess the ability of individuals and communities to access and attain basic material needs. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from weeks 9 (February 23 to 29, 2020) to Week 10 (March 6 to 12, 2022). As of June 8, 2021, all rate denominators were changed to the 2021 OHIP RPDB population, and as a result, rates shown here may differ from previous reports. See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.
Data Source: CCM, Ontario Marginalization Index

Table 6: Summary of cases of COVID-19 by quintile of neighbourhood diversity and public health unit reported week: Ontario

	Cases Reported week 9 (February 27 to March 5, 2022)	Cases Reported week 10 (March 6 to 12, 2022)	Cumulative case count up to March 12, 2022	Cumulative rate per 100,000 population up to March 12, 2022
Quintile 1 (least diverse)	2,078	1,945	97,176	4,374.9
Quintile 2	2,082	2,161	125,181	5,286.1
Quintile 3	2,286	2,192	163,457	6,305.9
Quintile 4	2,258	2,275	237,058	7,579.5
Quintile 5 (most diverse)	1,661	1,706	425,304	9,839.8

Note: Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index. The ethnic concentration dimension is based on the proportion of non-white and non-Indigenous residents and/or the proportion of immigrants that arrived in Canada within the past five years. Cumulative counts and rates include cases of COVID-19 reported starting week 9 (February 23 to 29, 2020).
Data Source: CCM, Ontario Marginalization Index

Table 7: Summary of cases of COVID-19 by quintile of neighbourhood material deprivation and public health unit reported week: Ontario

	Cases Reported week 9 (February 27 to March 5, 2022)	Cases Reported week 10 (March 6 to 12, 2022)	Cumulative case count up to March 12, 2022	Cumulative rate per 100,000 population up to March 12, 2022
Quintile 1 (least material deprivation)	3,108	3,058	215,989	6,267.5
Quintile 2	2,248	2,304	203,050	6,540.2
Quintile 3	1,857	1,838	200,153	7,218.1
Quintile 4	1,644	1,567	203,638	7,750.1
Quintile 5 (most material deprivation)	1,508	1,512	225,346	8,408.4

Note: Neighbourhood material deprivation is measured using the material deprivation dimension of the Ontario Marginalization Index. The material deprivation dimension uses Canadian census data on income, quality of housing, educational attainment and family structure characteristics to assess the ability of individuals and communities to access and attain basic material needs. Cumulative counts and rates include cases of COVID-19 reported starting week 9 (February 23 to 29, 2020).
Data Source: CCM, Ontario Marginalization Index

Outbreaks

Table 8. Number of public health unit declared COVID-19 outbreaks by setting type: Ontario

Setting Type	Reported week 10 (March 6 to 12, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to March 12, 2022
Congregate Care	**36**	**111**	**4,830**
Long-term care homes	11	45	2,181
Retirement homes	12	40	1,484
Hospitals	13	26	1,165
Congregate Living	**23**	**55**	**2,337**
Correctional facility	2	8	127
Shelter	3	4	518
Group Home/supportive housing	18	43	1,692
Total number of outbreaks*	**59**	**166**	**7,167**

Note: Reported week is based on the outbreak reported date, and if unavailable, the date the public health unit created the outbreak. Ongoing outbreaks are those that are reported in CCM as 'Open' and without a 'Declared Over Date' recorded. Interpret information for the most recent week with caution due to reporting lags. Outbreak categories are mutually exclusive. Ongoing re-classification of settings for reported outbreaks can result in outbreak counts that may differ from previously reported counts. Outbreaks in settings outside of Ontario are excluded from all outbreak counts.
*Only includes outbreaks in the setting types above
Data Source: CCM

Table 9. Confirmed cases of COVID-19 associated with COVID-19 outbreaks by setting type and public health unit reported week: Ontario

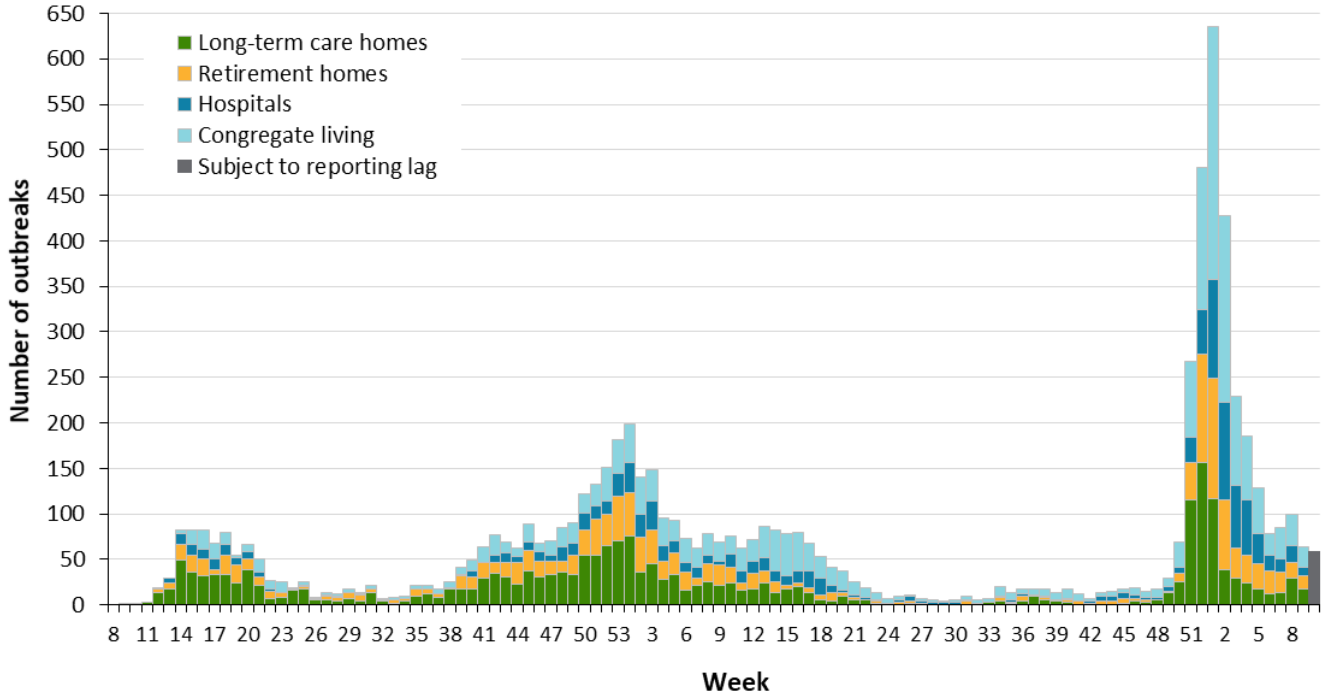
Cases associated with the outbreak setting type	Reported week 9 (February 27 to March 5, 2022)	Reported week 10 (March 6 to 12, 2022)	Cumulative number of cases
Congregate Care	**541**	**446**	**77,345**
Long-term care homes	316	214	49,141
Retirement homes	147	148	16,012
Hospitals	78	84	12,192
Congregate Living	**198**	**136**	**17,692**
Correctional facility	68	43	5,175
Shelter	7	7	4,800
Group Home/supportive housing	123	86	7,717
Total number of cases*	**739**	**582**	**95,037**

Note: Interpret case counts for the most recent week with caution due to reporting lags. Outbreak categories are mutually exclusive. Ongoing re-classification of settings for reported outbreaks can result in outbreak counts that may differ from previously reported counts. Outbreaks in settings outside of Ontario are excluded from all outbreak counts.

*Only includes cases associated to outbreaks in the setting types above

Data Source: CCM

Figure 6. 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 10 refers to March 6 and 12, 2022. Congregate living includes group homes, shelters, and correctional facilities.
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 15, 2022 at 1 p.m.** for cases reported from May 1, 2021 onwards and as of **March 14, 2022 at 9 a.m.** for cases reported up to April 30, 2021.

- 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].

- Statistics Canada Postal Code Conversion File Plus (PCCF+), version 7B.

- The health equity (neighbourhood-level diversity and material deprivation) analyses use data from the 2016 Ontario Marginalization Index (ON-Marg), and population counts from the Ontario Health Insurance Plan (OHIP) Registered Person Database (RPDB) as of May 1, 2021 (provided by the Institute for Clinical Evaluative Sciences [ICES]):

    - 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.

    - Chung H, Fung K, Ishiguro L, Paterson M, et al. Characteristics of COVID-19 diagnostic test recipients, Applied Health Research Questions (AHRQ) # 2021 0950 080 000. Toronto: Institute for Clinical Evaluative Sciences; 2020.

Data Caveats and Methods: Case Data

- 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 represent case information reported to public health units and recorded in CCM. 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.

- 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.

- 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.

- 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.

- 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.

- 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 hospitalization 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.

- 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 CCM.

- 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.

- 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 this data field is supplemented by archived Male/Female information previously entered in the Gender field.

- '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.

- 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.

    - 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 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'.

- 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. 'Visible minority' is a term used by Statistics Canada that, although is considered to be outdated, is used here to be consistent with the Canadian census.

- Neighbourhood material 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). Cases were probabilistically matched to a DA based on their postal code using Statistics Canada's PCCF+ version 7B file, and 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 were not included in analyses that summarize the impact of COVID-19 among Ontarians who may experience marginalization:

    - People who have tested positive for COVID-19 that reside in institutional and congregate 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 institutional and congregate setting residents are excluded from ON-Marg.

    - People who have tested positive for COVID-19 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.

    - Due to data suppression for some census indicators on Indian Reserves in Ontario, residents of Indian Reserves could not be included in ON-Marg and therefore people who have tested positive for COVID-19 and are living on Indian Reserves could not be assigned to a quintile of marginalization. While Indigenous individuals living off reserves are included in this analysis, Indigeneity data is not currently collected or captured in dimensions of ON-Marg.

- Population counts used in rate denominators were provided by ICES. Individuals alive and eligible for the Ontario Health Insurance Plan (OHIP) as of January 1st, 2021 using the OHIP RPDB were included.
    - Individuals residing in long-term care (LTC) homes were excluded. Recent health care transaction records (e.g., OHIP physician billings, Ontario Drug Benefit [ODB] Plan claims) and Resident Assessment Instrument (RAI) assessments from the Continuing Care Reporting System (CCRS) were used to identify individuals residing in a LTC home near the period prior to the index date.
    - Postal codes were assigned to individuals according to the most recent residential address available in the OHIP RPDB.
- This work is supported by the Applied Health Research Questions (AHRQ) Portfolio at ICES, which is funded by the Ontario Ministry of Health, and Ontario Health Data Platform (OHDP), a Province of Ontario initiative to support Ontario's ongoing response to COVID-19 and its related impacts. Parts of this material are based on data and information compiled and provided by the Ontario Ministry of Health. The analyses, conclusions, opinions and statements expressed herein are solely those of the authors and do not reflect those of ICES, the OHDP or the funding or data sources; no endorsement is intended or should be inferred. For more information on AHRQ and how to submit a request, please visit www.ices.on.ca/DAS/AHRQ.

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	148	180
12	March 15, 2020	March 21, 2020	447	627
13	March 22, 2020	March 28, 2020	1,327	1,954
14	March 29, 2020	April 4, 2020	2,793	4,747
15	April 5, 2020	April 11, 2020	3,165	7,912
16	April 12, 2020	April 18, 2020	4,257	12,169
17	April 19, 2020	April 25, 2020	3,649	15,818
18	April 26, 2020	May 2, 2020	2,899	18,717
19	May 3, 2020	May 9, 2020	2,353	21,070
20	May 10, 2020	May 16, 2020	2,224	23,294
21	May 17, 2020	May 23, 2020	2,616	25,910
22	May 24, 2020	May 30, 2020	2,611	28,521
23	May 31, 2020	June 6, 2020	2,301	30,822

Reported Week	Start date	End date	Number of cases	Cumulative count
24	June 7, 2020	June 13, 2020	1,472	32,294
25	June 14, 2020	June 20, 2020	1,225	33,519
26	June 21, 2020	June 27, 2020	1,250	34,769
27	June 28, 2020	July 4, 2020	1,085	35,854
28	July 5, 2020	July 11, 2020	866	36,720
29	July 12, 2020	July 18, 2020	931	37,651
30	July 19, 2020	July 25, 2020	993	38,644
31	July 26, 2020	August 1, 2020	808	39,452
32	August 2, 2020	August 8, 2020	591	40,043
33	August 9, 2020	August 15, 2020	610	40,653
34	August 16, 2020	August 22, 2020	728	41,381
35	August 23, 2020	August 29, 2020	849	42,230
36	August 30, 2020	September 5, 2020	976	43,206
37	September 6, 2020	September 12, 2020	1,506	44,712
38	September 13, 2020	September 19, 2020	2,371	47,083
39	September 20, 2020	September 26, 2020	3,123	50,206
40	September 27, 2020	October 3, 2020	4,223	54,429
41	October 4, 2020	October 10, 2020	5,037	59,466
42	October 11, 2020	October 17, 2020	5,276	64,742
43	October 18, 2020	October 24, 2020	6,039	70,781
44	October 25, 2020	October 31, 2020	6,388	77,169
45	November 1, 2020	November 7, 2020	7,601	84,770
46	November 8, 2020	November 14, 2020	10,441	95,211
47	November 15, 2020	November 21, 2020	10,036	105,247
48	November 22, 2020	November 28, 2020	11,135	116,382

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,682	129,064
50	December 6, 2020	December 12, 2020	13,060	142,124
51	December 13, 2020	December 19, 2020	15,662	157,786
52	December 20, 2020	December 26, 2020	15,622	173,408
53	December 27, 2020	January 2, 2021	20,454	193,862
1	January 3, 2021	January 9, 2021	24,871	218,733
2	January 10, 2021	January 16, 2021	21,379	240,112
3	January 17, 2021	January 23, 2021	16,405	256,517
4	January 24, 2021	January 30, 2021	12,766	269,283
5	January 31, 2021	February 6, 2021	9,778	279,061
6	February 7, 2021	February 13, 2021	7,899	286,960
7	February 14, 2021	February 20, 2021	7,456	294,416
8	February 21, 2021	February 27, 2021	7,684	302,100
9	February 28, 2021	March 6, 2021	7,933	310,033
10	March 7, 2021	March 13, 2021	9,481	319,514
11	March 14, 2021	March 20, 2021	11,023	330,537
12	March 21, 2021	March 27, 2021	14,392	344,929
13	March 28, 2021	April 3, 2021	18,944	363,873
14	April 4, 2021	April 10, 2021	25,580	389,453
15	April 11, 2021	April 17, 2021	30,882	420,335
16	April 18, 2021	April 24, 2021	28,344	448,679
17	April 25, 2021	May 1, 2021	25,204	473,883
18	May 2, 2021	May 8, 2021	20,752	494,635
19	May 9, 2021	May 15, 2021	16,524	511,159
20	May 16, 2021	May 22, 2021	12,644	523,803

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,757	531,560
22	May 30, 2021	June 5, 2021	5,211	536,771
23	June 6, 2021	June 12, 2021	3,483	540,254
24	June 13, 2021	June 19, 2021	2,418	542,672
25	June 20, 2021	June 26, 2021	1,882	544,554
26	June 27, 2021	July 3, 2021	1,474	546,028
27	July 4, 2021	July 10, 2021	1,226	547,254
28	July 11, 2021	July 17, 2021	1,044	548,298
29	July 18, 2021	July 24, 2021	1,106	549,404
30	July 25, 2021	July 31, 2021	1,350	550,754
31	August 1, 2021	August 7, 2021	1,904	552,658
32	August 8, 2021	August 14, 2021	3,170	555,828
33	August 15, 2021	August 21, 2021	4,142	559,970
34	August 22, 2021	August 28, 2021	4,775	564,745
35	August 29, 2021	September 4, 2021	5,184	569,929
36	September 5, 2021	September 11, 2021	5,054	574,983
37	September 12, 2021	September 18, 2021	4,917	579,900
38	September 19, 2021	September 25, 2021	4,397	584,297
39	September 26, 2021	October 2, 2021	3,953	588,250
40	October 3, 2021	October 9, 2021	3,842	592,092
41	October 10, 2021	October 16, 2021	2,903	594,995
42	October 17, 20210	October 23, 2021	2,626	597,621
43	October 24, 2021	October 30, 2021	2,501	600,122
44	October 31, 2021	November 6, 2021	3,291	603,413
45	November 7, 2021	November 13, 2021	3,982	607,395

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	611,973
47	November 21, 2021	November 27, 2021	5,432	617,405
48	November 28, 2021	December 4, 2021	6,598	624,003
49	December 5, 2021	December 11, 2021	8,992	632,995
50	December 12, 2021	December 18, 2021	18,973	651,968
51	December 19, 2021	December 25, 2021	51,976	703,944
52	December 26, 2021	January 1, 2022	99,233	803,177
1	January 2, 2022	January 8, 2022	87,599	890,776
2	January 9, 2022	January 15, 2022	70,766	961,542
3	January 16, 2022	January 22, 2022	45,529	1,007,071
4	January 23, 2022	January 29, 2022	30,999	1,038,070
5	January 30, 2022	February 5, 2022	22,054	1,060,124
6	February 6, 2022	February 12, 2022	17,725	1,077,849
7	February 13, 2022	February 19, 2022	13,539	1,091,388
8	February 20, 2022	February 26, 2022	12,398	1,103,786
9	February 27, 2022	March 5, 2022	11,378	1,115,164
10	March 6, 2022	March 12, 2022	11,244	1,126,408

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

Public Health Unit Name	Cases reported week 9	Rate per 100,000 population Reported week 9	Cases reported week 10	Rate per 100,000 population Reported week 10
Northwestern Health Unit	369	454.5	258	317.8
Thunder Bay District Health Unit	320	202.9	287	182.0
TOTAL NORTH WEST	**689**	**288.4**	**545**	**228.1**
Algoma Public Health	329	279.2	327	277.5
North Bay Parry Sound District Health Unit	225	174.0	166	128.4
Porcupine Health Unit	216	254.1	214	251.8
Public Health Sudbury & Districts	422	205.6	340	165.6
Timiskaming Health Unit	43	126.9	44	129.9
TOTAL NORTH EAST	**1,235**	**216.2**	**1,091**	**191.0**
Ottawa Public Health	746	71.5	746	71.5
Eastern Ontario Health Unit	138	63.9	120	55.6
Hastings Prince Edward Public Health	194	112.2	187	108.2
Kingston, Frontenac and Lennox & Addington Public Health	487	232.8	503	240.4
Leeds, Grenville & Lanark District Health Unit	131	72.8	144	80.0
Renfrew County and District Health Unit	94	86.7	96	88.5
TOTAL EASTERN	**1,790**	**92.8**	**1,796**	**93.1**
Durham Region Health Department	505	71.0	460	64.7

Public Health Unit Name	Cases reported week 9	Rate per 100,000 population Reported week 9	Cases reported week 10	Rate per 100,000 population Reported week 10
Haliburton, Kawartha, Pine Ridge District Health Unit	123	64.5	125	65.5
Peel Public Health	507	32.4	507	32.4
Peterborough Public Health	108	72.9	107	72.2
Simcoe Muskoka District Health Unit	513	84.9	449	74.3
York Region Public Health	561	46.7	540	45.0
TOTAL CENTRAL EAST	**2,317**	**52.4**	**2,188**	**49.5**
Toronto Public Health	1,749	58.5	1,791	59.9
TOTAL TORONTO	**1,749**	**58.5**	**1,791**	**59.9**
Chatham-Kent Public Health	130	121.9	86	80.7
Grey Bruce Health Unit	175	99.3	196	111.3
Huron Perth Public Health	89	60.9	108	73.8
Lambton Public Health	123	92.5	118	88.7
Middlesex-London Health Unit	412	80.7	546	106.9
Southwestern Public Health	138	63.0	167	76.3
Windsor-Essex County Health Unit	480	111.4	441	102.3
TOTAL SOUTH WEST	**1,547**	**89.8**	**1,662**	**96.5**
Brant County Health Unit	84	54.7	121	78.8
City of Hamilton Public Health Services	416	71.5	510	87.7
Haldimand-Norfolk Health Unit	112	93.3	100	83.3
Halton Region Public Health	407	66.7	440	72.1

Public Health Unit Name	Cases reported week 9	Rate per 100,000 population Reported week 9	Cases reported week 10	Rate per 100,000 population Reported week 10
Niagara Region Public Health	480	99.6	427	88.6
Region of Waterloo Public Health and Emergency Services	319	52.7	367	60.6
Wellington-Dufferin-Guelph Public Health	233	74.7	206	66.0
TOTAL CENTRAL WEST	**2,051**	**71.6**	**2,171**	**75.8**
TOTAL ONTARIO	**11,378**	**77.2**	**11,244**	**76.3**

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

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Ontario Agency for Health Protection and Promotion (Public Health Ontario). Weekly epidemiologic summary: COVID-19 in Ontario – focus on March 6, 2022 to March 12, 2022. Toronto, ON: Queen's Printer for Ontario; 2022.

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