

WEEKLY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: Focus on March 13, 2022 to March 19, 2022

Due to changes in the Ministry of Health's <u>updated guidance on testing and case</u>, <u>contact and outbreak management</u>, 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 22, 2022.

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.

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 1,139,339 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to March 19, 2022.
- For the period with a public health unit (PHU) reported date between March 13 to 19, 2022 (Week 11):
 - A total of 11,248 cases were reported to public health compared to 11,357 cases the previous week (March 6 to 12, 2022 or week 10). The number of cases should be interpreted with caution due to changes in testing availability.
 - The number of COVID-19 cases reported in Ontario has declined since week 4 (January 23 to 29), with the largest drop of 29% observed between week 4 and week 5. Since week 5 (January 30 to February 5), declines in case counts have been minimal with the smallest decline of 0.4% observed between week 10 and week 11.
 - For most age groups, the rate of COVID-19 confirmed cases trended downwards from week 1 to week 11. Between week 10 and week 11, the rate increased among cases aged 20 to 39 years and aged 60 and older, with the largest increase of 12.9% observed among cases aged 80 years and older.

Cases Over Time

100,000 95,000 ■ Number of cases 90,000 ■ Subject to reporting lag 85,000 80,000 75,000 70,000 65,000 Number of cases 60,000 55,000 50,000 45,000 40,000 35,000 30,000 25,000 20,000 15,000 10,000 5,000 4 7 10 13 16 19 22 25 28 31 34 37 40 43 46 49 52 2 5 8 11 14 17 20 23 26 29 32 35 38 41 44 47 50 1 4 7 10 Reported week

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 11 (March 13 and 19, 2022). See <u>Table 1A</u> 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.

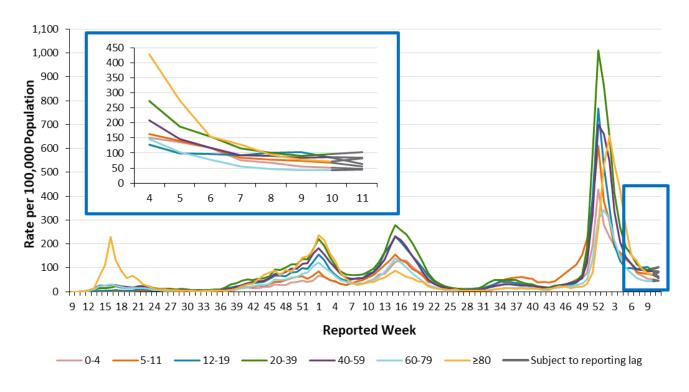
Case Characteristics

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

	Reported week 10 (March 6 to 12, 2022)	Reported week 11 (March 13 to 19, 2022)	Cumulative case count up to March 19, 2022	Cumulative rate per 100,000 population
Total number of cases	11,357	11,248	1,139,339	7,732.7
Sex: Male	4,664	4,561	540,180	7,420.6
Sex: Female	6,484	6,475	592,299	7,945.5
Ages: 0-4	363	338	33,984	4,700.3
Ages: 5-11	738	605	68,506	6,351.8
Ages: 12-19	1,124	836	98,036	7,374.0
Ages: 20-39	4,039	4,302	435,747	10,495.1
Ages: 40-59	3,356	3,283	316,505	8,124.9
Ages: 60-79	1,248	1,333	136,970	4,723.5
Ages: 80 and over	478	540	49,196	7,501.3
Number resolved	N/A	N/A	1,114,096	N/A

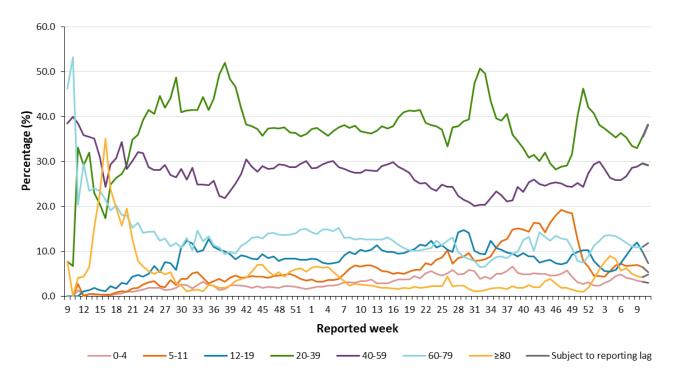
Note: Not all cases have an age or sex reported. Interpret information for the most recent week with caution due to reporting lags.

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 11 (March 13 and 19, 2022). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

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 11 (March 13 and 19, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.

Deaths

Subject to reporting lag

Number of deaths

Subject to reporting lag

150

4 7 10 13 16 19 22 25 28 31 34 37 40 43 46 49 52 2 5 8 11 14 17 20 23 26 29 32 35 38 41 44 47 50 1 4 7 10

Death week

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 11 (March 13 and 19, 2022). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

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

Deaths	Reported week 10 (March 6 to 12, 2022)	Reported week 11 (March 13 to 19, 2022)	Cumulative case count up to March 19, 2022	Cumulative rate per 100,000 population
Number of deaths	30	11	12,356	83.9
Sex: Male	13	7	6,498	89.3
Sex: Female	17	4	5,795	77.7
Ages: 19 and under	0	0	13	0.4
Ages: 20- 39	0	0	129	3.1
Ages: 40- 59	3	1	881	22.6
Ages: 60- 79	12	4	4,149	143.1
Ages: 80 and over	15	6	7,183	1,095.2

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.

Sub-populations of interest

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

Health care workers	Reported week 10 (March 6 to 12, 2022)	Reported week 11 (March 13 to 19, 2022)	Cumulative case count up to March 19, 2022
Number of cases	832	879	41,191
Ever hospitalized	2	0	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

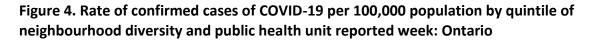
Long-term care home associated cases	Reported week 10 (March 6 to 12, 2022)	Reported week 11 (March 13 to 19, 2022)	Cumulative case count up to March 19, 2022
Residents	154	197	25,434
Deaths among residents	4	2	4,400
Health care workers	19	34	11,721
Deaths among health care workers	0	0	10

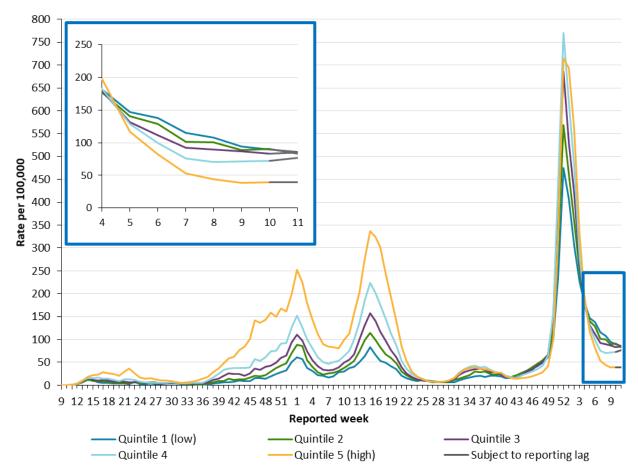
Note: Information on how long-term care home residents and health care workers are identified is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags.

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

Age Group	Reported week 10 (March 6 to 12, 2022)	Reported week 11 (March 13 to 19, 2022)	Cumulative count from November 1, 2020 up to March 19, 2022	Percent of reinfection cases
Ages: 0-4	3	3	107	1.1%
Ages: 5-11	12	8	188	2.0%
Ages: 12-19	17	18	510	5.4%
Ages: 20-39	99	108	4,320	46%
Ages: 40-59	46	75	2,763	29.4%
Ages: 60-79	22	21	883	9.4%
Ages: 80 and over	11	11	614	6.5%
Total reinfection cases	210	244	9,385	100%

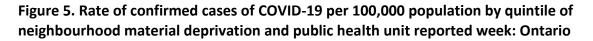
Note: Cases identified as reinfections meeting the <u>provincial definition</u> as either a laboratory-based reinfection or a time-based reinfection, as indicated by public health units. The provincial confirmed reinfection case definition was updated January 17, 2022 to include a time-based reinfection 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.

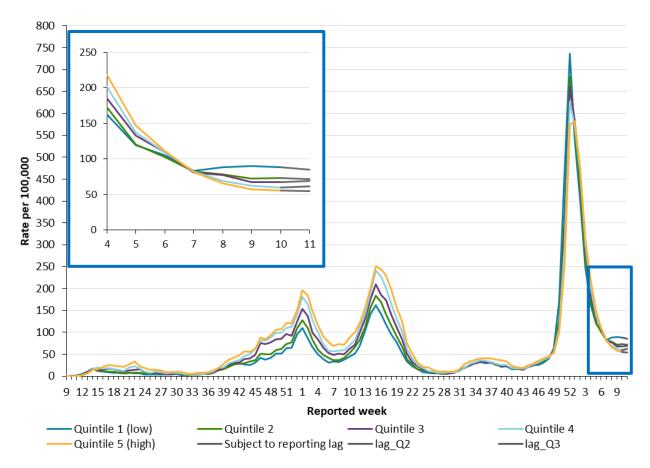




Note: Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index. The ethnic concentration dimension is based on the proportion of non-white and non-Indigenous residents and/or the proportion of immigrants that arrived in Canada within the past five years. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 10). Include cases with reported dates ranging from weeks 9 (February 23 to 29, 2020) to Week 11 (March 13 to 19, 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





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 10). Include cases with reported dates ranging from weeks 9 (February 23 to 29, 2020) to Week 11 (March 13 to 19, 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 10 (March 6 to 12, 2022)	Cases Reported week 11 (March 13 to 19, 2022)	Cumulative case count up to March 19, 2022	Cumulative rate per 100,000 population up to March 19, 2022
Quintile 1				
(least	1,986	1,905	99,504	4,479.7
diverse)				
Quintile 2	2,150	1,969	126,979	5,362.0
Quintile 3	2,154	2,201	165,587	6,388.1
Quintile 4	2,276	2,402	239,896	7,670.2
Quintile 5				
(most diverse)	1,702	1,695	427,788	9,897.3

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 10 (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 10 (March 6 to 12, 2022)	Cases Reported week 11 (March 13 to 19, 2022)	Cumulative case count up to March 19, 2022	Cumulative rate per 100,000 population up to March 19, 2022
Quintile 1 (least material deprivation)	3,058	2,937	219,230	6,361.5
Quintile 2	2,273	2,231	205,246	6,610.9
Quintile 3	1,865	1,918	202,518	7,303.4
Quintile 4	1,573	1,621	205,525	7,821.9
Quintile 5 (most material deprivation)	1,499	1,465	227,235	8,478.9

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 10 (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 11 (March 13 to 19, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to March 19, 2022
Congregate Care	51	137	4,898
Long-term care homes	26	65	2,213
Retirement homes	16	49	1,510
Hospitals	9	23	1,175
Congregate Living	28	61	2,393
Correctional facility	1	10	131
Shelter	2	5	521
Group Home/supportive housing	25	46	1,741
Total number of outbreaks*	79	198	7,291

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.

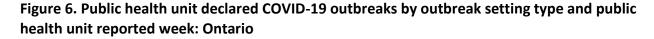
^{*}Only includes outbreaks in the setting types above

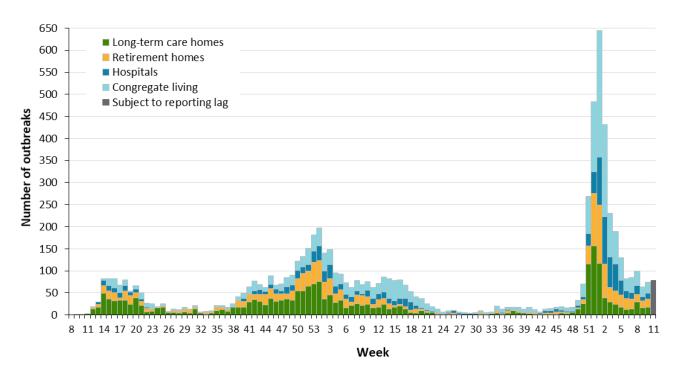
Table 9. Confirmed cases of COVID-19 associated with COVID-19 outbreaks by setting type and public health unit reported week: Ontario

Cases associated with the outbreak setting type	Reported week 10 (March 6 to 12, 2022)	Reported week 11 (March 13 to 19, 2022)	Cumulative number of cases
Congregate Care	478	516	78,047
Long-term care homes	221	298	49,512
Retirement homes	162	149	16,238
Hospitals	95	69	12,297
Congregate Living	155	103	18,122
Correctional facility	46	27	5,292
Shelter	8	4	4,902
Group Home/supportive housing	101	72	7,928
Total number of cases*	633	619	96,169

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





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 11 refers to March 13 and 19, 2022. Congregate living includes group homes, shelters, and correctional facilities.

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 22, 2022 at 1 p.m. for cases reported from May 1, 2021 onwards and as of March 21, 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 <u>MOH Case Definition</u> –
 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	2,223	23,293
21	May 17, 2020	May 23, 2020	2,617	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	11,136	116,383

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,682	129,065
50	December 6, 2020	December 12, 2020	13,060	142,125
51	December 13, 2020	December 19, 2020	15,662	157,787
52	December 20, 2020	December 26, 2020	15,622	173,409
53	December 27, 2020	January 2, 2021	20,454	193,863
1	January 3, 2021	January 9, 2021	24,870	218,733
2	January 10, 2021	January 16, 2021	21,380	240,113
3	January 17, 2021	January 23, 2021	16,406	256,519
4	January 24, 2021	January 30, 2021	12,765	269,284
5	January 31, 2021	February 6, 2021	9,778	279,062
6	February 7, 2021	February 13, 2021	7,898	286,960
7	February 14, 2021	February 20, 2021	7,456	294,416
8	February 21, 2021	February 27, 2021	7,683	302,099
9	February 28, 2021	March 6, 2021	7,933	310,032
10	March 7, 2021	March 13, 2021	9,481	319,513
11	March 14, 2021	March 20, 2021	11,021	330,534
12	March 21, 2021	March 27, 2021	14,389	344,923
13	March 28, 2021	April 3, 2021	18,942	363,865
14	April 4, 2021	April 10, 2021	25,581	389,446
15	April 11, 2021	April 17, 2021	30,884	420,330
16	April 18, 2021	April 24, 2021	28,344	448,674
17	April 25, 2021	May 1, 2021	25,203	473,877
18	May 2, 2021	May 8, 2021	20,752	494,629
19	May 9, 2021	May 15, 2021	16,524	511,153
20	May 16, 2021	May 22, 2021	12,644	523,797

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,757	531,554
22	May 30, 2021	June 5, 2021	5,211	536,765
23	June 6, 2021	June 12, 2021	3,484	540,249
24	June 13, 2021	June 19, 2021	2,417	542,666
25	June 20, 2021	June 26, 2021	1,882	544,548
26	June 27, 2021	July 3, 2021	1,474	546,022
27	July 4, 2021	July 10, 2021	1,226	547,248
28	July 11, 2021	July 17, 2021	1,044	548,292
29	July 18, 2021	July 24, 2021	1,106	549,398
30	July 25, 2021	July 31, 2021	1,350	550,748
31	August 1, 2021	August 7, 2021	1,904	552,652
32	August 8, 2021	August 14, 2021	3,170	555,822
33	August 15, 2021	August 21, 2021	4,142	559,964
34	August 22, 2021	August 28, 2021	4,775	564,739
35	August 29, 2021	September 4, 2021	5,184	569,923
36	September 5, 2021	September 11, 2021	5,054	574,977
37	September 12, 2021	September 18, 2021	4,917	579,894
38	September 19, 2021	September 25, 2021	4,397	584,291
39	September 26, 2021	October 2, 2021	3,953	588,244
40	October 3, 2021	October 9, 2021	3,842	592,086
41	October 10, 2021	October 16, 2021	2,903	594,989
42	October 17, 20210	October 23, 2021	2,626	597,615
43	October 24, 2021	October 30, 2021	2,501	600,116
44	October 31, 2021	November 6, 2021	3,291	603,407
45	November 7, 2021	November 13, 2021	3,982	607,389

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	611,967
47	November 21, 2021	November 27, 2021	5,432	617,399
48	November 28, 2021	December 4, 2021	6,599	623,998
49	December 5, 2021	December 11, 2021	8,992	632,990
50	December 12, 2021	December 18, 2021	18,987	651,977
51	December 19, 2021	December 25, 2021	52,101	704,078
52	December 26, 2021	January 1, 2022	99,675	803,753
1	January 2, 2022	January 8, 2022	88,078	891,831
2	January 9, 2022	January 15, 2022	70,952	962,783
3	January 16, 2022	January 22, 2022	45,724	1,008,507
4	January 23, 2022	January 29, 2022	31,065	1,039,572
5	January 30, 2022	February 5, 2022	22,079	1,061,651
6	February 6, 2022	February 12, 2022	17,732	1,079,383
7	February 13, 2022	February 19, 2022	13,546	1,092,929
8	February 20, 2022	February 26, 2022	12,405	1,105,334
9	February 27, 2022	March 5, 2022	11,400	1,116,734
10	March 6, 2022	March 12, 2022	11,357	1,128,091
11	March 13, 2022	March 19, 2022	11,248	1,139,339

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

Public Health Unit Name	Cases reported week 10	Rate per 100,000 population Reported week 10	Cases reported week 11	Rate per 100,000 population Reported week 11
Northwestern Health Unit	355	437.3	456	561.7
Thunder Bay District Health Unit	287	182	229	145.2
TOTAL NORTH WEST	642	268.7	685	286.7
Algoma Public Health	328	278.3	337	286.0
North Bay Parry Sound District Health Unit	167	129.1	119	92.0
Porcupine Health Unit	214	251.8	141	165.9
Public Health Sudbury & Districts	339	165.2	278	135.4
Timiskaming Health Unit	44	129.9	40	118.0
TOTAL NORTH EAST	1,092	191.1	915	160.2
Ottawa Public Health	749	71.8	610	58.5
Eastern Ontario Health Unit	120	55.6	116	53.7
Hastings Prince Edward Public Health	188	108.8	262	151.6
Kingston, Frontenac and Lennox & Addington Public Health	504	240.9	525	250.9
Leeds, Grenville & Lanark District Health Unit	148	82.2	114	63.4
Renfrew County and District Health Unit	96	88.5	84	77.4
TOTAL EASTERN	1,805	93.5	1,711	88.7
Durham Region Health Department	460	64.7	465	65.4

Public Health Unit Name	Cases reported week 10	Rate per 100,000 population Reported week 10	Cases reported week 11	Rate per 100,000 population Reported week 11
Haliburton, Kawartha, Pine Ridge District Health Unit	127	66.6	109	57.1
Peel Public Health	507	32.4	495	31.7
Peterborough Public Health	107	72.2	118	79.7
Simcoe Muskoka District Health Unit	447	73.9	612	101.2
York Region Public Health	547	45.6	625	52.1
TOTAL CENTRAL EAST	2,195	49.7	2,424	54.9
Toronto Public Health	1,787	59.8	1,898	63.5
TOTAL TORONTO	1,787	59.8	1,898	63.5
Chatham-Kent Public Health	87	81.6	76	71.3
Grey Bruce Health Unit	195	110.7	162	92.0
Huron Perth Public Health	108	73.8	132	90.3
Lambton Public Health	119	89.5	120	90.2
Middlesex-London Health Unit	546	106.9	438	85.8
Southwestern Public Health	167	76.3	160	73.1
Windsor-Essex County Health Unit	441	102.3	468	108.6
TOTAL SOUTH WEST	1,663	96.5	1,556	90.3
Brant County Health Unit	121	78.8	110	71.6
City of Hamilton Public Health Services	509	87.5	500	86.0
Haldimand-Norfolk Health Unit	100	83.3	80	66.7
Halton Region Public Health	442	72.4	375	61.4

Public Health Unit Name	Cases reported week 10	Rate per 100,000 population Reported week 10	Cases reported week 11	Rate per 100,000 population Reported week 11
Niagara Region Public Health	426	88.4	390	81.0
Region of Waterloo Public Health and Emergency Services	368	60.8	365	60.3
Wellington-Dufferin-Guelph Public Health	207	66.3	239	76.6
TOTAL CENTRAL WEST	2,173	75.9	2,059	71.9
TOTAL ONTARIO	11,357	77.1	11,248	76.3

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

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Public Health Ontario

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