

## WEEKLY EPIDEMIOLOGICAL SUMMARY

# COVID-19 in Ontario: Focus on March 20, 2022 to March 26, 2022

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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.

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## Introduction

This report includes the most current information available from CCM as of **March 29, 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.

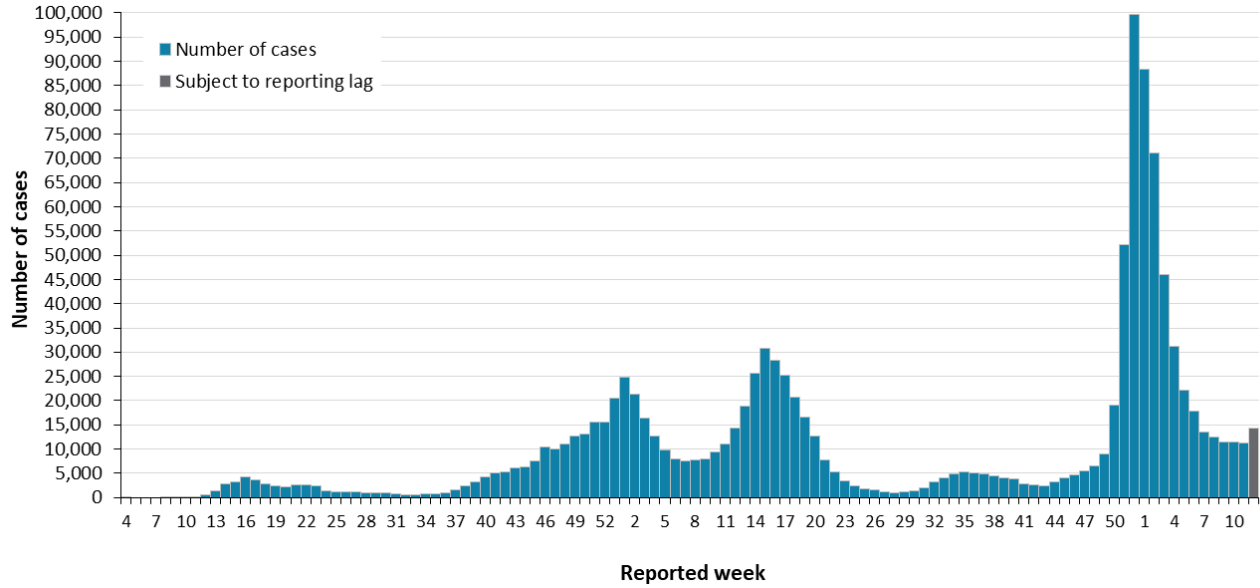
The term public health unit reported date in this document refers to the date local public health units were first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported 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 1,154,847 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to March 26, 2022.
- For the period with a public health unit (PHU) reported date between March 20 to 26, 2022 (Week 12):
  - A total of 14,329 cases were reported to public health compared to 11,311 cases the previous week (March 13 to 19, 2022 or week 11). The number of cases should be interpreted with caution due to changes in testing availability.
  - Between week 11 (March 13 to 19, 2022) and week 12 (March 20 to 26, 2022), the number of reported COVID-19 cases increased by 26.7%. This is first week since week 50 (December 12-18, 2021) to week 51 (December 19-25, 2021) where a week over week increase in cases was observed.
  - Among healthcare workers, the number of reported cases increased 32.1% between week 11 (n=890) and week 12 (n=1,176).

# 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 12 (March 20 and 26, 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

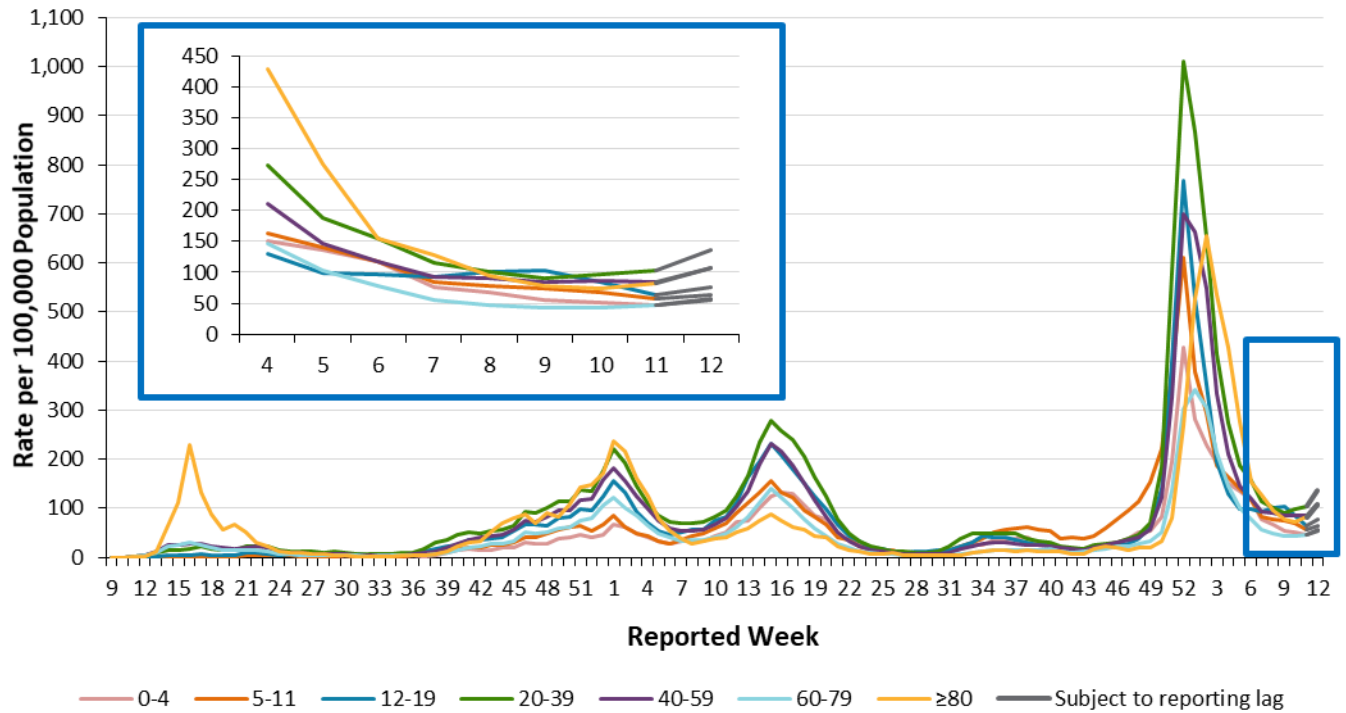
**Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date: Ontario**

	Reported week 11 (March 13 to 19, 2022)	Reported week 12 (March 20 to 26, 2022)	Cumulative case count up to March 26, 2022	Cumulative rate per 100,000 population
Total number of cases	11,311	14,329	1,154,847	7,838.0
Sex: Male	4,587	5,535	546,304	7,504.7
Sex: Female	6,511	8,631	601,641	8,070.8
Ages: 0-4	341	399	34,393	4,756.9
Ages: 5-11	617	688	69,251	6,420.9
Ages: 12-19	850	1,024	99,163	7,458.8
Ages: 20-39	4,316	5,663	441,967	10,645.0
Ages: 40-59	3,300	4,198	321,014	8,240.6
Ages: 60-79	1,336	1,642	138,731	4,784.2
Ages: 80 and over	541	703	49,938	7,614.4
Number resolved	N/A	N/A	1,126,930	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

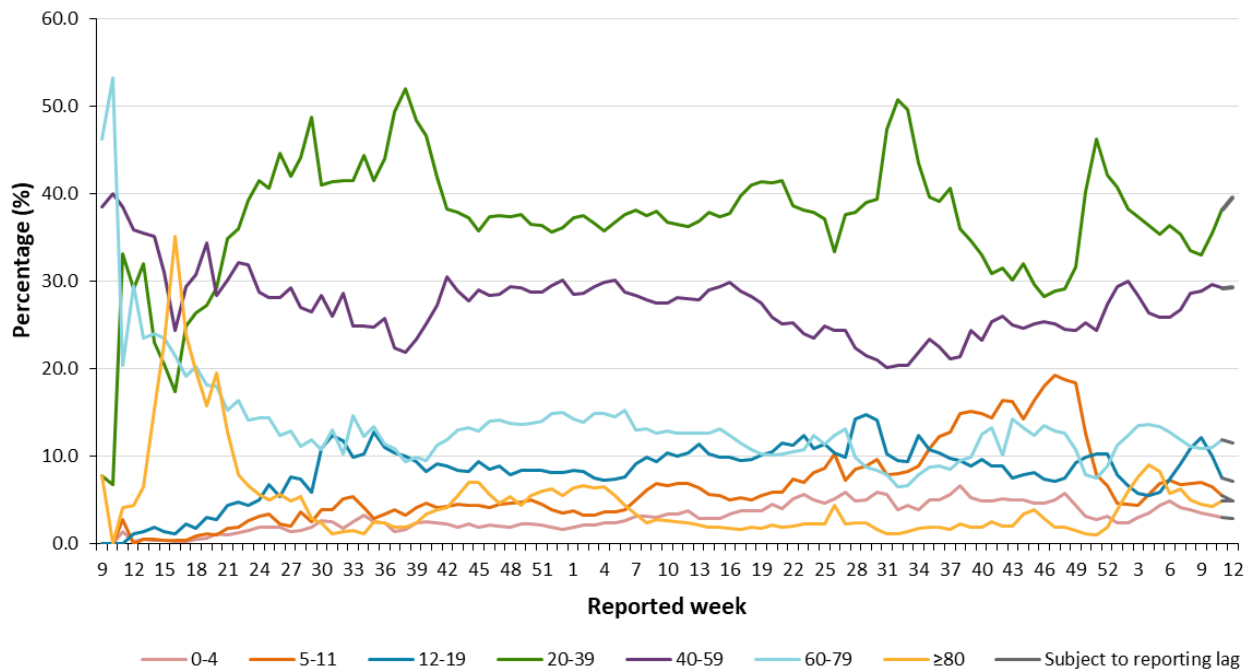
**Figure 2a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario**



**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 12 (March 20 and 26, 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**

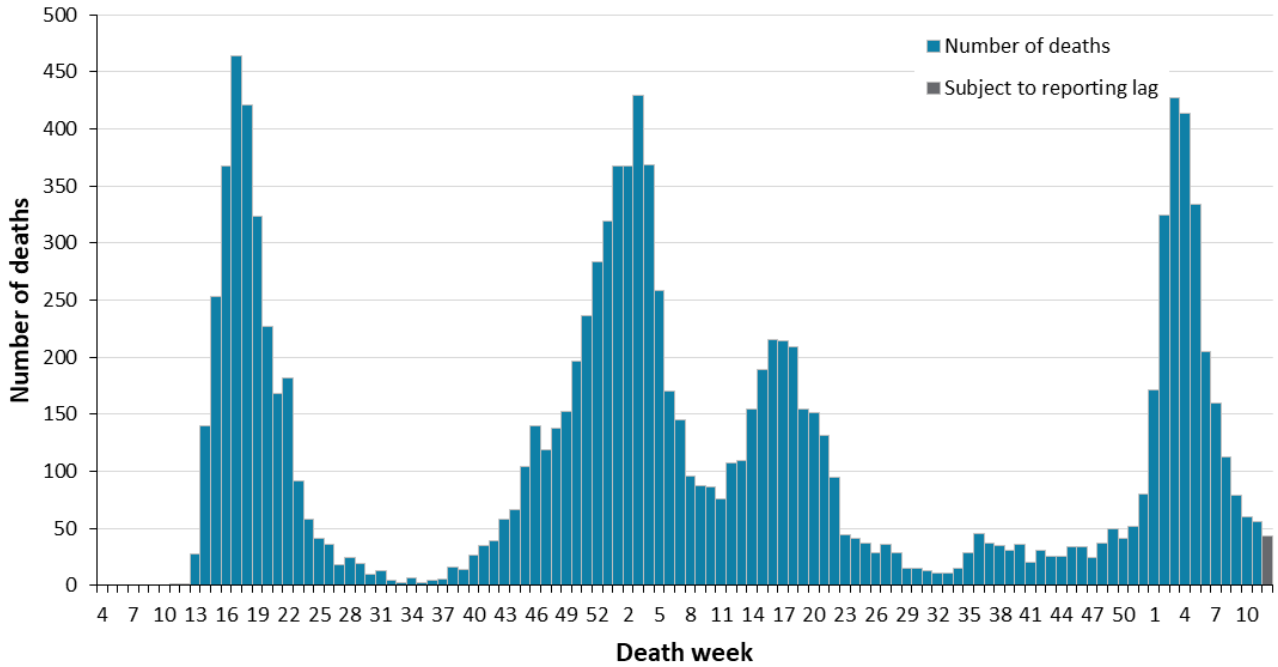


**Note:** Only weeks with more than 10 cases by public health unit reporting date are included (starting in week-9). Include cases with reported dates ranging from week-9 (February 23 and 29, 2020) to Week 12 (March 20 and 26, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding 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 12 (March 20 and 26, 2022). See [Table 1A](#) in Appendix A for a list of the weeks and corresponding start and end dates.

**Data Source:** CCM

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

Deaths	Reported week 11 (March 13 to 19, 2022)	Reported week 12 (March 20 to 26, 2022)	Cumulative case count up to March 26, 2022	Cumulative rate per 100,000 population
Number of deaths	23	10	12,426	84.3
Sex: Male	15	6	6,547	89.9
Sex: Female	8	4	5,816	78.0
Ages: 19 and under	0	1	14	0.4
Ages: 20- 39	0	0	130	3.1
Ages: 40- 59	1	1	883	22.7
Ages: 60- 79	10	4	4,180	144.1
Ages: 80 and over	12	4	7,218	1,100.6

**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.

**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 11 (March 13 to 19, 2022)	Reported week 12 (March 20 to 26, 2022)	Cumulative case count up to March 26, 2022
Number of cases	890	1,176	42,472
Ever hospitalized	0	0	503
Ever in ICU	0	0	101

**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 11 (March 13 to 19, 2022)	Reported week 12 (March 20 to 26, 2022)	Cumulative case count up to March 26, 2022
Residents	199	219	25,727
Deaths among residents	4	2	4,413
Health care workers	38	39	11,829
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.

**Data Source:** CCM

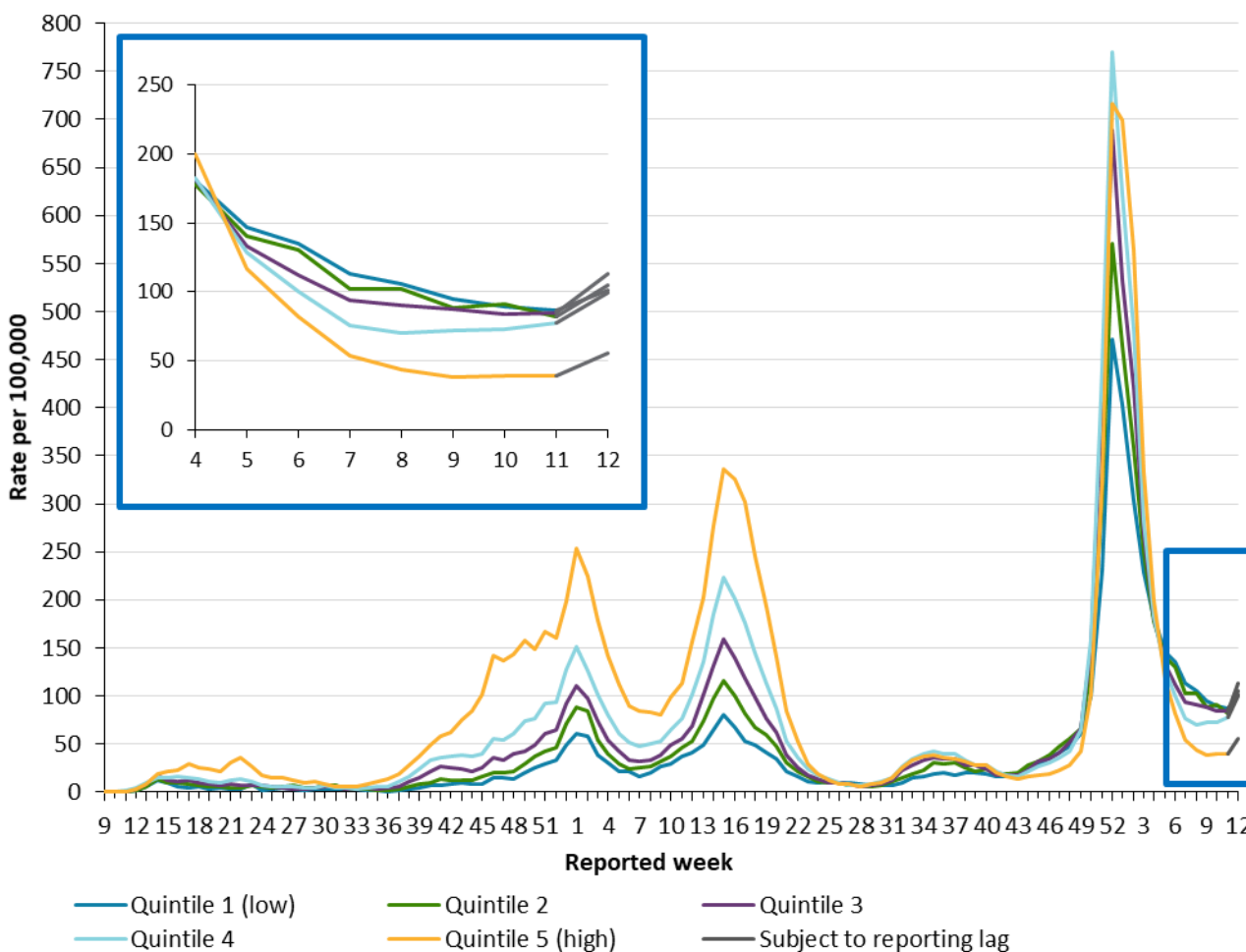
**Table 5: Summary of reinfection cases of COVID-19 by age group and public health unit reported week: Ontario**

Age Group	Reported week 11 (March 13 to 19, 2022)	Reported week 12 (March 20 to 26, 2022)	Cumulative count from November 1, 2020 up to March 26, 2022	Percent of reinfection cases
Ages: 0-4	3	2	115	1.1%
Ages: 5-11	8	13	209	2.1%
Ages: 12-19	18	23	551	5.4%
Ages: 20-39	110	155	4,730	46.5%
Ages: 40-59	78	99	2,986	29.4%
Ages: 60-79	21	24	944	9.3%
Ages: 80 and over	10	10	637	6.3%
<b>Total reinfection cases</b>	<b>248</b>	<b>326</b>	<b>10,172</b>	<b>100.0%</b>

**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

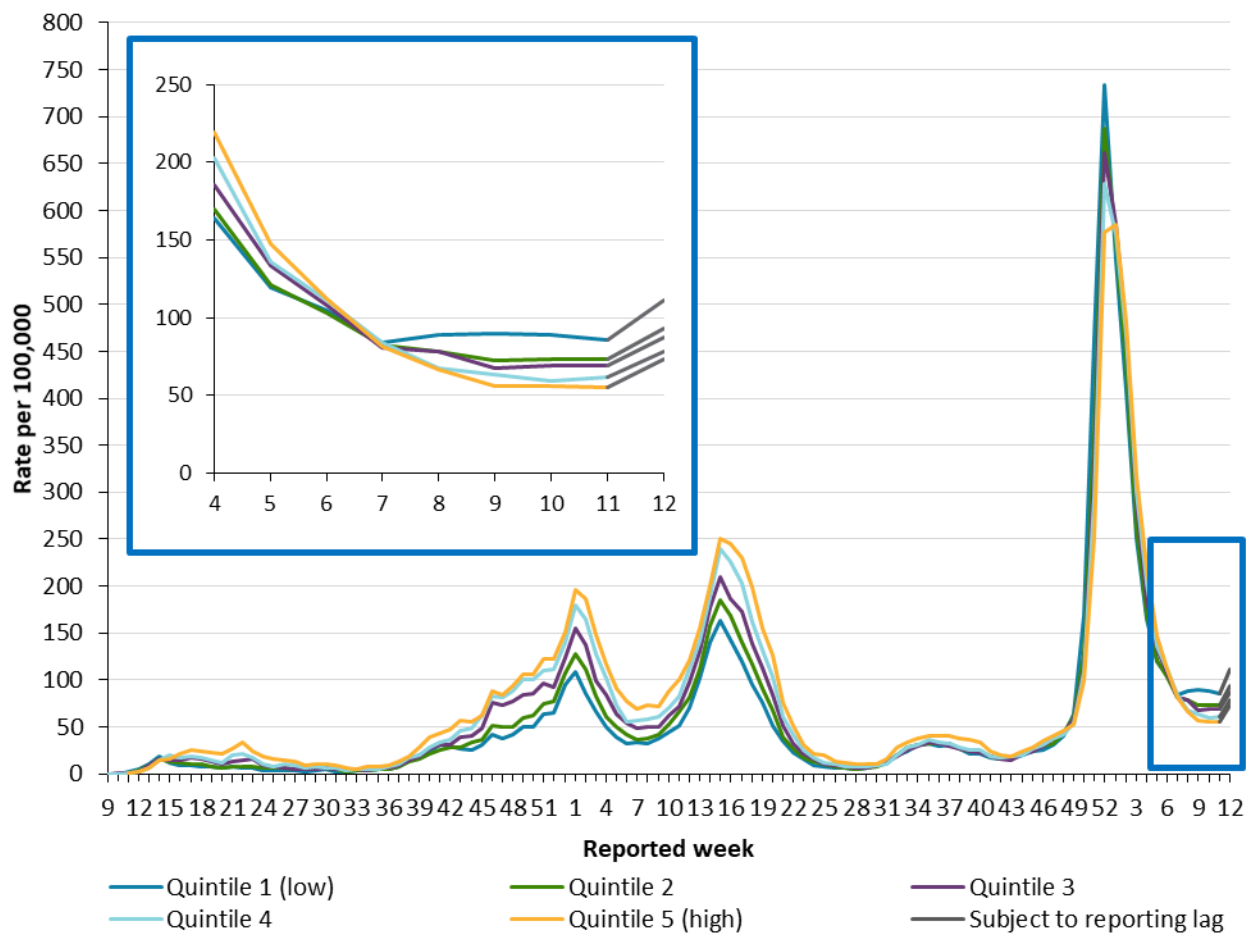
**Figure 4. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood diversity and public health unit reported week: Ontario**



**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 12 (March 20 to 26, 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 12 (March 20 to 26, 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 11 (March 13 to 19, 2022)	Cases Reported week 12 (March 20 to 26, 2022)	Cumulative case count up to March 26, 2022	Cumulative rate per 100,000 population up to March 26, 2022
Quintile 1 (least diverse)	1,935	2,245	101,178	4,555.1
Quintile 2	1,940	2,487	129,812	5,481.6
Quintile 3	2,197	2,932	168,890	6,515.5
Quintile 4	2,427	3,115	243,379	7,781.6
Quintile 5 (most diverse)	1,697	2,398	430,887	9,969.0

**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 11 (March 13 to 19, 2022)	Cases Reported week 12 (March 20 to 26, 2022)	Cumulative case count up to March 26, 2022	Cumulative rate per 100,000 population up to March 26, 2022
Quintile 1 (least material deprivation)	2,938	3,835	223,268	6,478.7
Quintile 2	2,262	2,893	208,532	6,716.7
Quintile 3	1,907	2,421	204,893	7,389.0
Quintile 4	1,611	2,056	207,636	7,902.2
Quintile 5 (most material deprivation)	1,478	1,972	229,817	8,575.2

**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 12 (March 20 to 26, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to March 26, 2022
<b>Congregate Care</b>	78	180	4,990
Long-term care homes	31	84	2,252
Retirement homes	24	60	1,539
Hospitals	23	36	1,199
<b>Congregate Living</b>	42	82	2,442
Correctional facility	4	10	134
Shelter	8	13	531
Group Home/supportive housing	30	59	1,777
<b>Total number of outbreaks*</b>	<b>120</b>	<b>262</b>	<b>7,432</b>

**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**

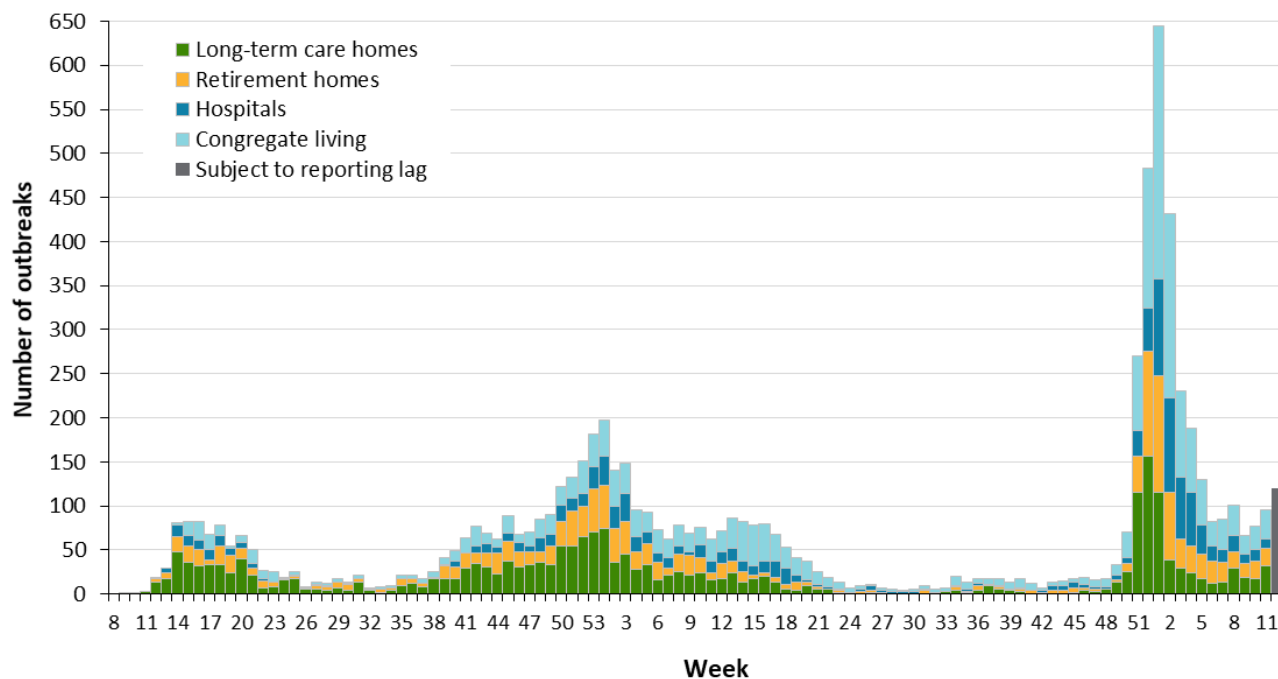
Cases associated with the outbreak setting type	Reported week 11 (March 13 to 19, 2022)	Reported week 12 (March 20 to 26, 2022)	Cumulative number of cases
<b>Congregate Care</b>	562	634	78,926
Long-term care homes	316	352	50,031
Retirement homes	163	198	16,479
Hospitals	83	84	12,416
<b>Congregate Living</b>	112	181	18,280
Correctional facility	25	54	5,297
Shelter	8	22	4,929
Group Home/supportive housing	79	105	8,054
<b>Total number of cases*</b>	<b>674</b>	<b>815</b>	<b>97,206</b>

**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 12 refers to March 20 and 26, 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 29, 2022 at 1 p.m.** for cases reported from May 1, 2021 onwards and as of **March 28, 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 7E.
- 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 7E 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](http://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	992	38,643
31	July 26, 2020	August 1, 2020	808	39,451
32	August 2, 2020	August 8, 2020	591	40,042
33	August 9, 2020	August 15, 2020	610	40,652
34	August 16, 2020	August 22, 2020	728	41,380
35	August 23, 2020	August 29, 2020	849	42,229
36	August 30, 2020	September 5, 2020	976	43,205
37	September 6, 2020	September 12, 2020	1,506	44,711
38	September 13, 2020	September 19, 2020	2,371	47,082
39	September 20, 2020	September 26, 2020	3,123	50,205
40	September 27, 2020	October 3, 2020	4,223	54,428
41	October 4, 2020	October 10, 2020	5,037	59,465
42	October 11, 2020	October 17, 2020	5,276	64,741
43	October 18, 2020	October 24, 2020	6,039	70,780
44	October 25, 2020	October 31, 2020	6,388	77,168
45	November 1, 2020	November 7, 2020	7,601	84,769
46	November 8, 2020	November 14, 2020	10,441	95,210
47	November 15, 2020	November 21, 2020	10,036	105,246
48	November 22, 2020	November 28, 2020	11,136	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	24,870	218,732
2	January 10, 2021	January 16, 2021	21,380	240,112
3	January 17, 2021	January 23, 2021	16,406	256,518
4	January 24, 2021	January 30, 2021	12,764	269,282
5	January 31, 2021	February 6, 2021	9,778	279,060
6	February 7, 2021	February 13, 2021	7,898	286,958
7	February 14, 2021	February 20, 2021	7,456	294,414
8	February 21, 2021	February 27, 2021	7,683	302,097
9	February 28, 2021	March 6, 2021	7,934	310,031
10	March 7, 2021	March 13, 2021	9,481	319,512
11	March 14, 2021	March 20, 2021	11,021	330,533
12	March 21, 2021	March 27, 2021	14,389	344,922
13	March 28, 2021	April 3, 2021	18,942	363,864
14	April 4, 2021	April 10, 2021	25,580	389,444
15	April 11, 2021	April 17, 2021	30,884	420,328
16	April 18, 2021	April 24, 2021	28,345	448,673
17	April 25, 2021	May 1, 2021	25,203	473,876
18	May 2, 2021	May 8, 2021	20,752	494,628
19	May 9, 2021	May 15, 2021	16,524	511,152
20	May 16, 2021	May 22, 2021	12,644	523,796



Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,757	531,553
22	May 30, 2021	June 5, 2021	5,212	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	1,905	552,653
32	August 8, 2021	August 14, 2021	3,170	555,823
33	August 15, 2021	August 21, 2021	4,142	559,965
34	August 22, 2021	August 28, 2021	4,775	564,740
35	August 29, 2021	September 4, 2021	5,184	569,924
36	September 5, 2021	September 11, 2021	5,054	574,978
37	September 12, 2021	September 18, 2021	4,918	579,896
38	September 19, 2021	September 25, 2021	4,397	584,293
39	September 26, 2021	October 2, 2021	3,953	588,246
40	October 3, 2021	October 9, 2021	3,842	592,088
41	October 10, 2021	October 16, 2021	2,903	594,991
42	October 17, 2021	October 23, 2021	2,626	597,617
43	October 24, 2021	October 30, 2021	2,501	600,118
44	October 31, 2021	November 6, 2021	3,291	603,409
45	November 7, 2021	November 13, 2021	3,983	607,392

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	611,970
47	November 21, 2021	November 27, 2021	5,432	617,402
48	November 28, 2021	December 4, 2021	6,599	624,001
49	December 5, 2021	December 11, 2021	8,998	632,999
50	December 12, 2021	December 18, 2021	18,999	651,998
51	December 19, 2021	December 25, 2021	52,158	704,156
52	December 26, 2021	January 1, 2022	99,788	803,944
1	January 2, 2022	January 8, 2022	88,423	892,367
2	January 9, 2022	January 15, 2022	71,158	963,525
3	January 16, 2022	January 22, 2022	45,936	1,009,461
4	January 23, 2022	January 29, 2022	31,152	1,040,613
5	January 30, 2022	February 5, 2022	22,092	1,062,705
6	February 6, 2022	February 12, 2022	17,744	1,080,449
7	February 13, 2022	February 19, 2022	13,546	1,093,995
8	February 20, 2022	February 26, 2022	12,405	1,106,400
9	February 27, 2022	March 5, 2022	11,411	1,117,811
10	March 6, 2022	March 12, 2022	11,396	1,129,207
11	March 13, 2022	March 19, 2022	11,311	1,140,518
12	March 20, 2022	March 26, 2022	14,329	1,154,847

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

Public Health Unit Name	Cases reported week 11	Rate per 100,000 population Reported week 11	Cases reported week 12	Rate per 100,000 population Reported week 12
Northwestern Health Unit	482	593.7	334	411.4
Thunder Bay District Health Unit	228	144.6	195	123.6
<b>TOTAL NORTH WEST</b>	<b>710</b>	<b>297.2</b>	<b>529</b>	<b>221.4</b>
Algoma Public Health	337	286.0	369	313.1
North Bay Parry Sound District Health Unit	120	92.8	140	108.3
Porcupine Health Unit	141	165.9	145	170.6
Public Health Sudbury & Districts	281	136.9	318	154.9
Timiskaming Health Unit	43	126.9	65	191.8
<b>TOTAL NORTH EAST</b>	<b>922</b>	<b>161.4</b>	<b>1,037</b>	<b>181.5</b>
Ottawa Public Health	612	58.7	735	70.5
Eastern Ontario Health Unit	116	53.7	180	83.4
Hastings Prince Edward Public Health	262	151.6	275	159.1
Kingston, Frontenac and Lennox & Addington Public Health	525	250.9	581	277.7
Leeds, Grenville & Lanark District Health Unit	114	63.4	157	87.2
Renfrew County and District Health Unit	84	77.4	101	93.1
<b>TOTAL EASTERN</b>	<b>1,713</b>	<b>88.8</b>	<b>2,029</b>	<b>105.2</b>
Durham Region Health Department	468	65.8	557	78.3

Public Health Unit Name	Cases reported week 11	Rate per 100,000 population Reported week 11	Cases reported week 12	Rate per 100,000 population Reported week 12
Haliburton, Kawartha, Pine Ridge District Health Unit	110	57.7	153	80.2
Peel Public Health	497	31.8	714	45.7
Peterborough Public Health	119	80.3	129	87.1
Simcoe Muskoka District Health Unit	618	102.2	717	118.6
York Region Public Health	628	52.3	933	77.7
<b>TOTAL CENTRAL EAST</b>	<b>2,440</b>	<b>55.2</b>	<b>3,203</b>	<b>72.5</b>
Toronto Public Health	1,899	63.5	2,707	90.6
<b>TOTAL TORONTO</b>	<b>1,899</b>	<b>63.5</b>	<b>2,707</b>	<b>90.6</b>
Chatham-Kent Public Health	73	68.5	101	94.7
Grey Bruce Health Unit	165	93.7	180	102.2
Huron Perth Public Health	130	88.9	168	114.9
Lambton Public Health	121	91	169	127.1
Middlesex-London Health Unit	437	85.6	566	110.8
Southwestern Public Health	160	73.1	210	95.9
Windsor-Essex County Health Unit	472	109.5	529	122.8
<b>TOTAL SOUTH WEST</b>	<b>1,558</b>	<b>90.5</b>	<b>1,923</b>	<b>111.6</b>
Brant County Health Unit	109	71	146	95.1
City of Hamilton Public Health Services	501	86.1	813	139.8
Haldimand-Norfolk Health Unit	80	66.7	107	89.2
Halton Region Public Health	378	61.9	581	95.2

Public Health Unit Name	Cases reported week 11	Rate per 100,000 population Reported week 11	Cases reported week 12	Rate per 100,000 population Reported week 12
Niagara Region Public Health	395	82	442	91.8
Region of Waterloo Public Health and Emergency Services	367	60.6	481	79.5
Wellington-Dufferin-Guelph Public Health	239	76.6	331	106.1
<b>TOTAL CENTRAL WEST</b>	<b>2,069</b>	<b>72.2</b>	<b>2,901</b>	<b>101.3</b>
<b>TOTAL ONTARIO</b>	<b>11,311</b>	<b>76.8</b>	<b>14,329</b>	<b>97.3</b>

**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](mailto:cd@oahpp.ca).

## Public Health Ontario

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