

WEEKLY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: Focus on March 27, 2022 to April 2, 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.

Introduction

This report includes the most current information available from CCM as of **April 5, 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.

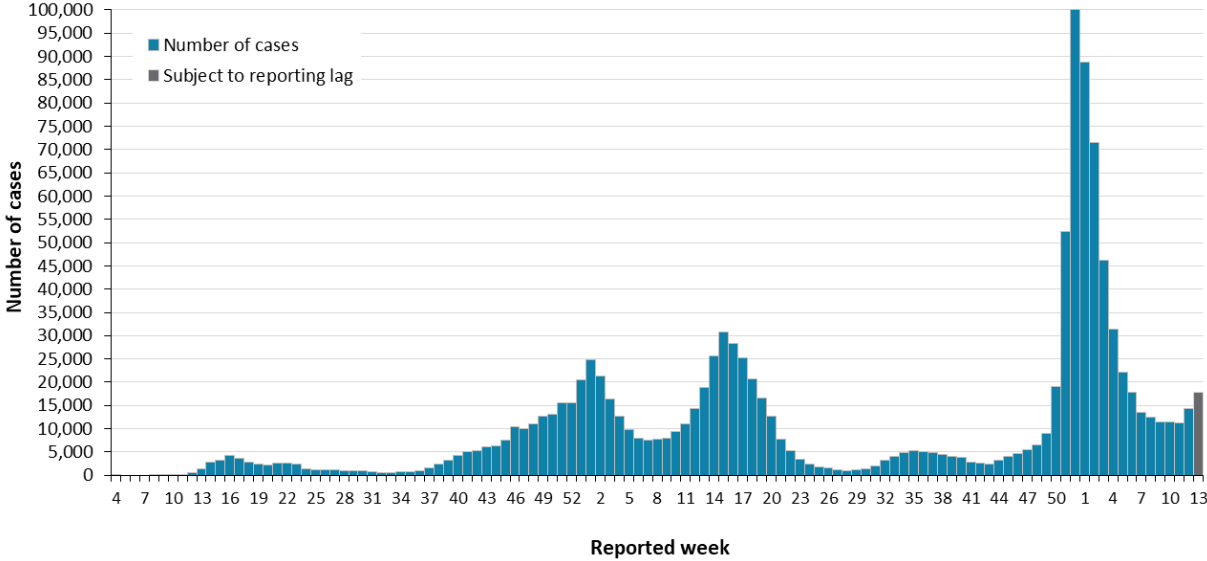
The term public health unit reported date in this document refers to the date local public health units were first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported 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 1,174,355 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to April 2, 2022.
- For the period with a public health unit (PHU) reported date between March 27 to April 2, 2022 (Week 13):
 - A total of 17,906 cases were reported to public health compared to 14,374 cases the previous week (March 20 to 26, 2022 or week 12). The number of cases should be interpreted with caution due to changes in testing availability.
 - There was a 25% increase in the number of confirmed COVID-19 cases reported this week compared to last. This is the second consecutive week where a week over week increase in cases was observed among those eligible for testing.
 - Over this same period, the number of cases associated with outbreaks in congregate care settings increased by 45%, with the largest increase (60%) observed in hospital outbreaks.

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 13 (March 27 and April 2, 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

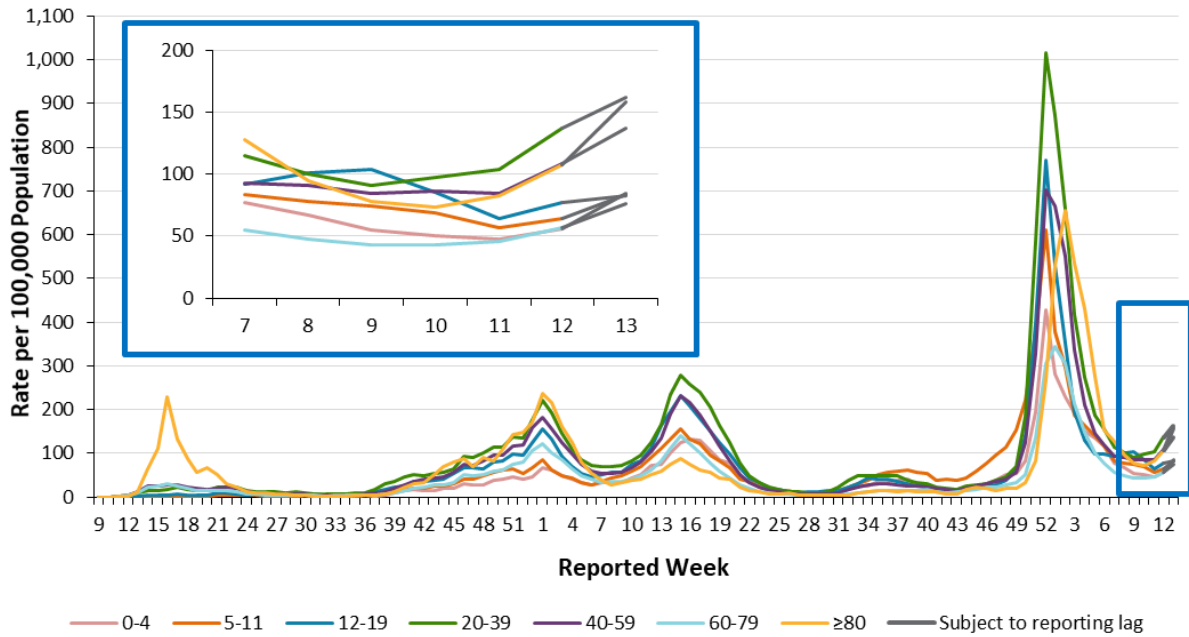
Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date: Ontario

	Reported week 12 (March 20 to 26, 2022)	Reported week 13 (March 27 to April 2, 2022)	Cumulative case count up to April 2, 2022	Cumulative rate per 100,000 population
Total number of cases	14,374	17,906	1,174,355	7,970.4
Sex: Male	5,558	7,136	554,135	7,612.3
Sex: Female	8,648	10,617	613,096	8,224.4
Ages: 0-4	402	610	35,024	4,844.2
Ages: 5-11	695	898	70,195	6,508.4
Ages: 12-19	1,026	1,094	100,337	7,547.1
Ages: 20-39	5,674	6,712	449,509	10,826.6
Ages: 40-59	4,216	5,342	326,810	8,389.4
Ages: 60-79	1,646	2,209	141,080	4,865.2
Ages: 80 and over	703	1,037	51,008	7,777.6
Number resolved	N/A	N/A	1,141,756	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

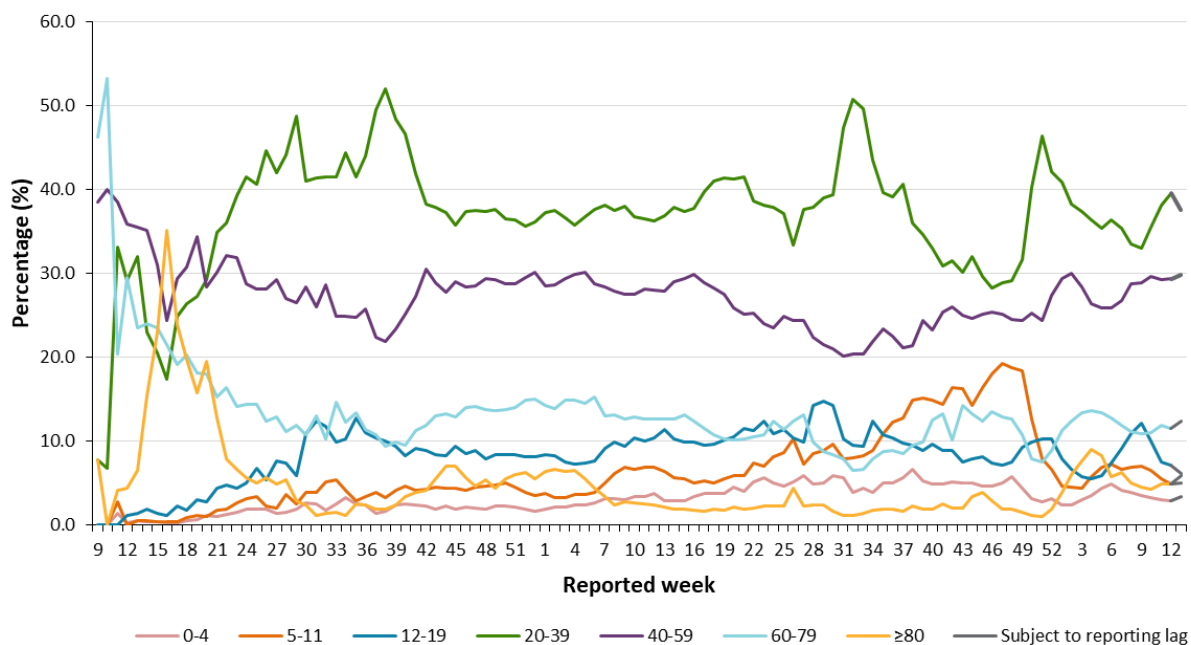
Figure 2a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario



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 13 (March 27 and April 2, 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

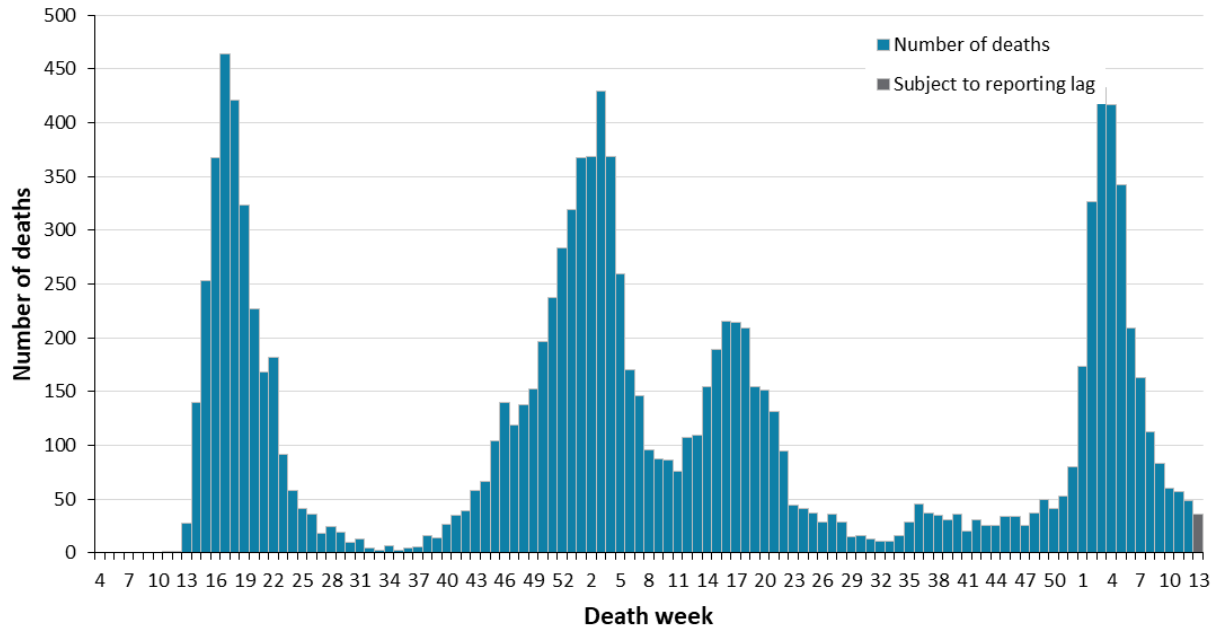


Note: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week-9). Include cases with reported dates ranging from week-9 (February 23 and 29, 2020) to Week 13 (March 27 and April 2, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding 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 13 (March 27 and April 2, 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 12 (March 20 to 26, 2022)	Reported week 13 (March 27 to April 2, 2022)	Cumulative case count up to April 2, 2022	Cumulative rate per 100,000 population
Number of deaths	17	15	12,509	84.9
Sex: Male	10	8	6,598	90.6
Sex: Female	7	6	5,847	78.4
Ages: 19 and under	1	0	15	0.5
Ages: 20- 39	0	0	132	3.2
Ages: 40- 59	2	2	889	22.8
Ages: 60- 79	3	4	4,211	145.2
Ages: 80 and over	11	9	7,261	1,107.1

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 12 (March 20 to 26, 2022)	Reported week 13 (March 27 to April 2, 2022)	Cumulative case count up to April 2, 2022
Number of cases	1,195	1,419	43,973
Ever hospitalized	0	1	504
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 12 (March 20 to 26, 2022)	Reported week 13 (March 27 to April 2, 2022)	Cumulative case count up to April 2, 2022
Residents	223	363	26,118
Deaths among residents	5	5	4,422
Health care workers	51	59	11,941
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

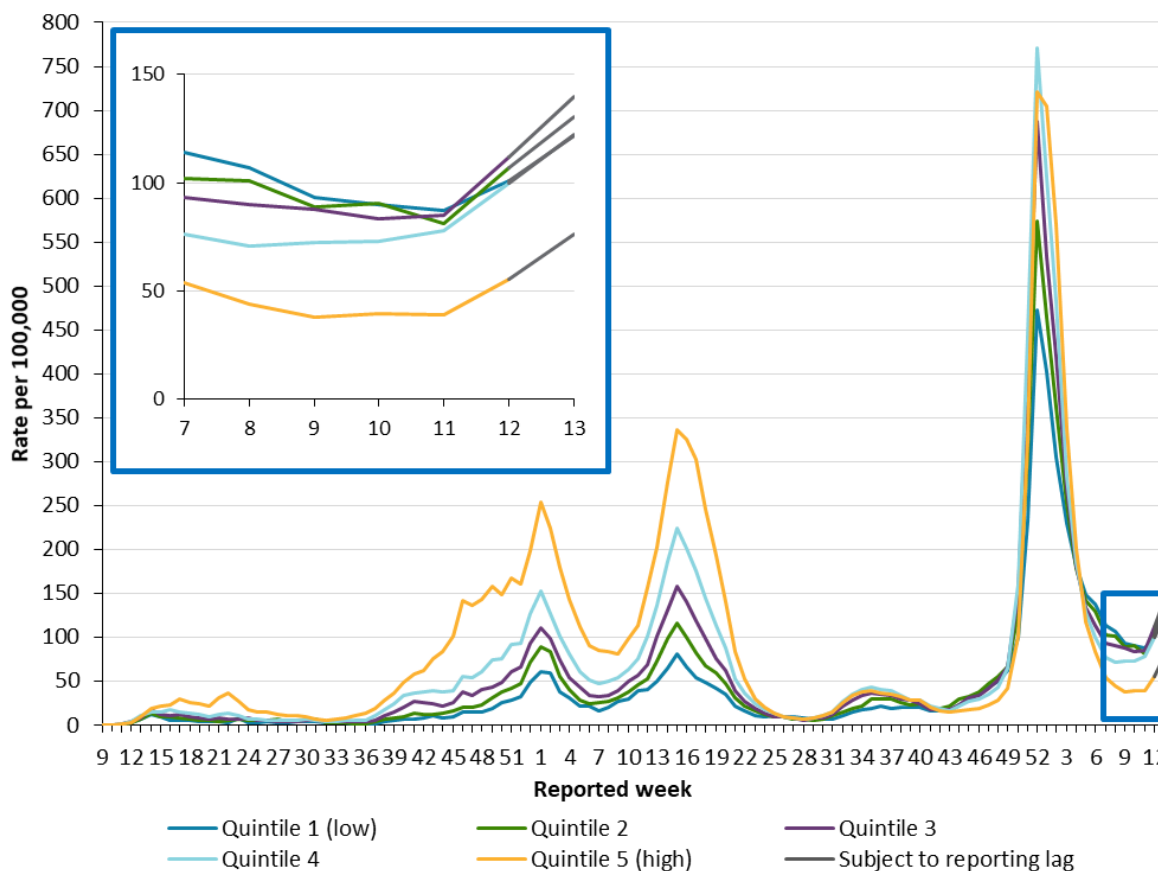
Table 5: Summary of reinfection cases of COVID-19 by age group and public health unit reported week: Ontario

Age Group	Reported week 12 (March 20 to 26, 2022)	Reported week 13 (March 27 to April 2, 2022)	Cumulative count from November 1, 2020 up to April 2, 2022	Percent of reinfection cases
Ages: 0-4	2	5	127	1.1%
Ages: 5-11	14	21	249	2.1%
Ages: 12-19	25	24	617	5.3%
Ages: 20-39	164	237	5,558	47.4%
Ages: 40-59	103	125	3,440	29.3%
Ages: 60-79	24	44	1,068	9.1%
Ages: 80 and over	11	22	671	5.7%
Total reinfection cases	343	478	11,730	100%

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

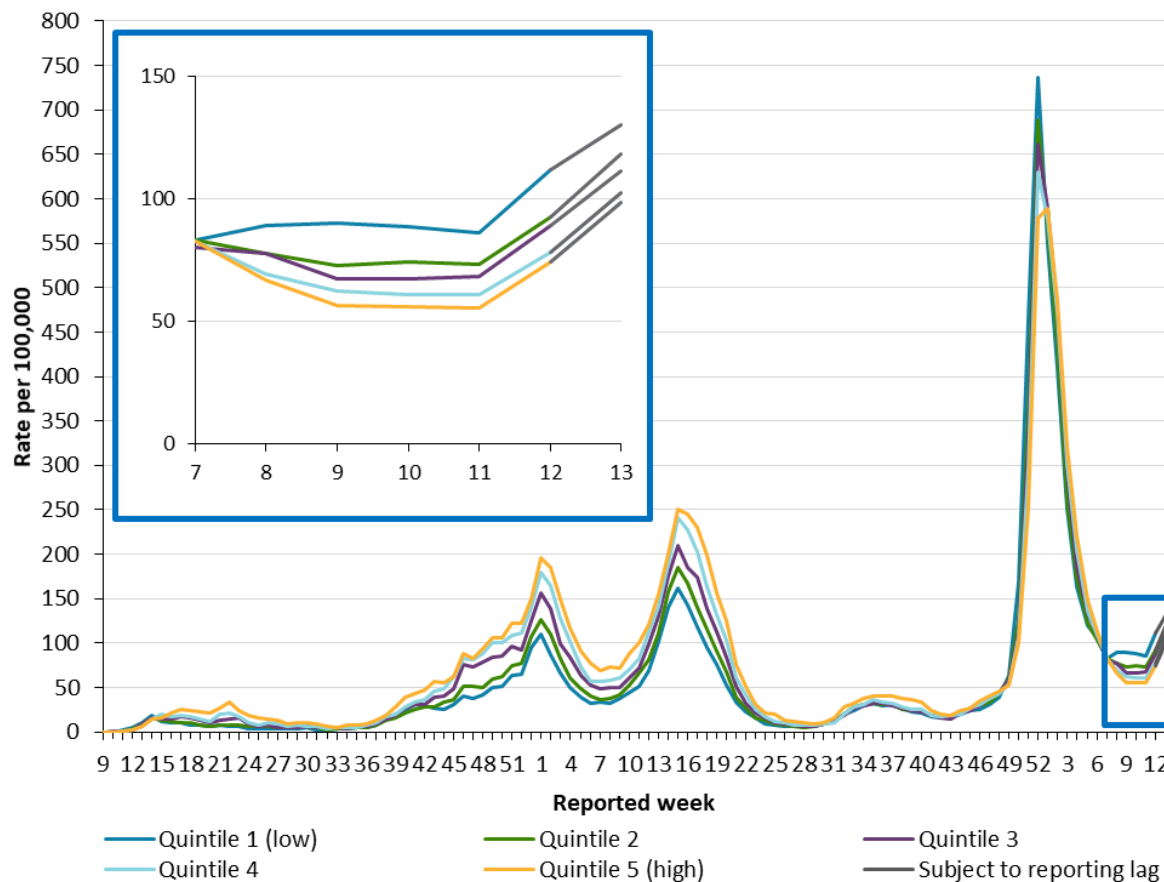
Figure 4. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood diversity and public health unit reported week: Ontario



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 13 (March 27 to April 2, 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 13 (March 27 to April 2, 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 12 (March 20 to 26, 2022)	Cases Reported week 13 (March 27 to April 2, 2022)	Cumulative case count up to April 2, 2022	Cumulative rate per 100,000 population up to April 2, 2022
Quintile 1 (least diverse)	2,240	2,702	104,123	4,687.7
Quintile 2	2,533	3,090	133,113	5,621.0
Quintile 3	2,905	3,624	172,376	6,650.0
Quintile 4	3,119	3,831	247,516	7,913.8
Quintile 5 (most diverse)	2,403	3,304	435,054	10,065.4

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 12 (March 20 to 26, 2022)	Cases Reported week 13 (March 27 to April 2, 2022)	Cumulative case count up to April 2, 2022	Cumulative rate per 100,000 population up to April 2, 2022
Quintile 1 (least material deprivation)	3,841	4,476	228,052	6,617.5
Quintile 2	2,869	3,664	212,165	6,833.7
Quintile 3	2,460	3,079	208,469	7,518.0
Quintile 4	2,047	2,694	210,639	8,016.5
Quintile 5 (most material deprivation)	1,983	2,638	232,857	8,688.7

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 13 (March 27 to April 2, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to April 2, 2022
Congregate Care	81	226	5,092
Long-term care homes	27	104	2,294
Retirement homes	30	76	1,574
Hospitals	24	46	1,224
Congregate Living	43	95	2,498
Correctional facility	3	11	138
Shelter	9	14	543
Group Home/supportive housing	31	70	1,817
Total number of outbreaks*	124	321	7,590

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

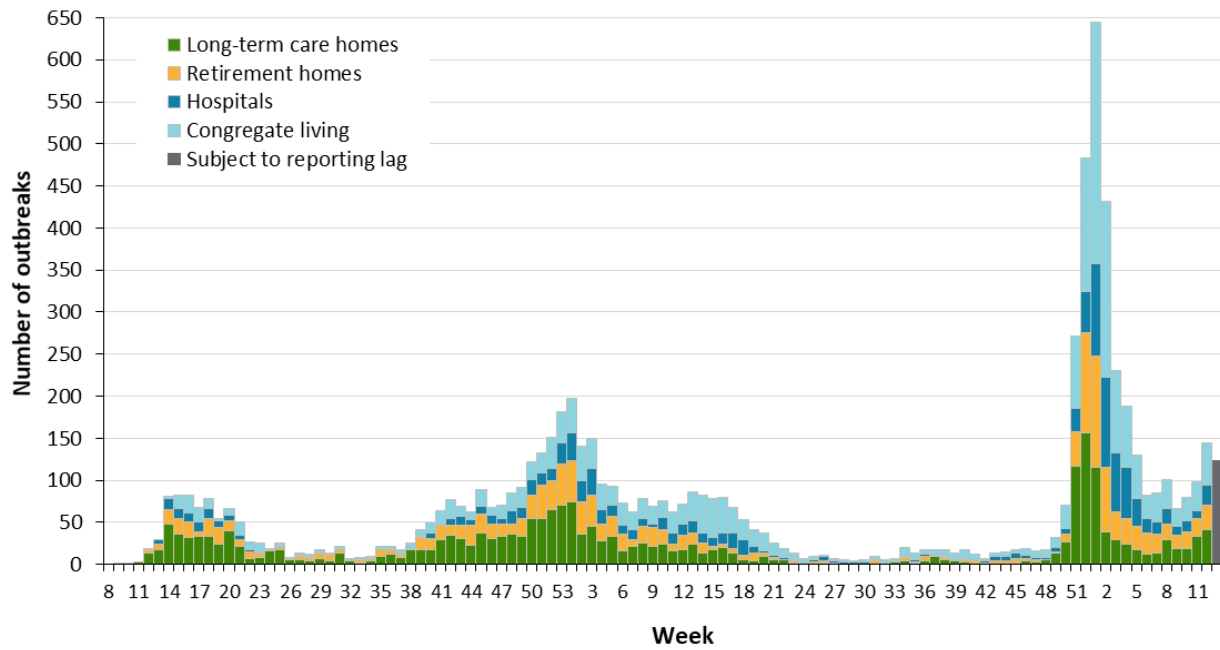
Cases associated with the outbreak setting type	Reported week 12 (March 20 to 26, 2022)	Reported week 13 (March 27 to April 2, 2022)	Cumulative number of cases
Congregate Care	695	1,008	80,182
Long-term care homes	378	515	50,744
Retirement homes	214	329	16,836
Hospitals	103	164	12,602
Congregate Living	212	168	18,536
Correctional facility	67	39	5,357
Shelter	32	26	4,965
Group Home/supportive housing	113	103	8,214
Total number of cases*	907	1,176	98,718

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 13 refers to March 27 and April 2, 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 **April 5, 2022 at 1 p.m.** for cases reported from May 1, 2021 onwards and as of **April 4, 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.

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	1,508	44,713
38	September 13, 2020	September 19, 2020	2,371	47,084
39	September 20, 2020	September 26, 2020	3,123	50,207
40	September 27, 2020	October 3, 2020	4,223	54,430
41	October 4, 2020	October 10, 2020	5,037	59,467
42	October 11, 2020	October 17, 2020	5,276	64,743
43	October 18, 2020	October 24, 2020	6,039	70,782
44	October 25, 2020	October 31, 2020	6,388	77,170
45	November 1, 2020	November 7, 2020	7,601	84,771
46	November 8, 2020	November 14, 2020	10,441	95,212
47	November 15, 2020	November 21, 2020	10,036	105,248
48	November 22, 2020	November 28, 2020	11,136	116,384

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,682	129,066
50	December 6, 2020	December 12, 2020	13,060	142,126
51	December 13, 2020	December 19, 2020	15,663	157,789
52	December 20, 2020	December 26, 2020	15,622	173,411
53	December 27, 2020	January 2, 2021	20,455	193,866
1	January 3, 2021	January 9, 2021	24,870	218,736
2	January 10, 2021	January 16, 2021	21,382	240,118
3	January 17, 2021	January 23, 2021	16,406	256,524
4	January 24, 2021	January 30, 2021	12,764	269,288
5	January 31, 2021	February 6, 2021	9,778	279,066
6	February 7, 2021	February 13, 2021	7,899	286,965
7	February 14, 2021	February 20, 2021	7,456	294,421
8	February 21, 2021	February 27, 2021	7,682	302,103
9	February 28, 2021	March 6, 2021	7,934	310,037
10	March 7, 2021	March 13, 2021	9,481	319,518
11	March 14, 2021	March 20, 2021	11,021	330,539
12	March 21, 2021	March 27, 2021	14,389	344,928
13	March 28, 2021	April 3, 2021	18,942	363,870
14	April 4, 2021	April 10, 2021	25,581	389,451
15	April 11, 2021	April 17, 2021	30,883	420,334
16	April 18, 2021	April 24, 2021	28,345	448,679
17	April 25, 2021	May 1, 2021	25,203	473,882
18	May 2, 2021	May 8, 2021	20,751	494,633
19	May 9, 2021	May 15, 2021	16,525	511,158
20	May 16, 2021	May 22, 2021	12,644	523,802

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,757	531,559
22	May 30, 2021	June 5, 2021	5,211	536,770
23	June 6, 2021	June 12, 2021	3,484	540,254
24	June 13, 2021	June 19, 2021	2,417	542,671
25	June 20, 2021	June 26, 2021	1,882	544,553
26	June 27, 2021	July 3, 2021	1,474	546,027
27	July 4, 2021	July 10, 2021	1,226	547,253
28	July 11, 2021	July 17, 2021	1,044	548,297
29	July 18, 2021	July 24, 2021	1,106	549,403
30	July 25, 2021	July 31, 2021	1,349	550,752
31	August 1, 2021	August 7, 2021	1,905	552,657
32	August 8, 2021	August 14, 2021	3,170	555,827
33	August 15, 2021	August 21, 2021	4,143	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	5,055	574,984
37	September 12, 2021	September 18, 2021	4,918	579,902
38	September 19, 2021	September 25, 2021	4,397	584,299
39	September 26, 2021	October 2, 2021	3,953	588,252
40	October 3, 2021	October 9, 2021	3,843	592,095
41	October 10, 2021	October 16, 2021	2,903	594,998
42	October 17, 2021	October 23, 2021	2,626	597,624
43	October 24, 2021	October 30, 2021	2,501	600,125
44	October 31, 2021	November 6, 2021	3,291	603,416
45	November 7, 2021	November 13, 2021	3,983	607,399

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	611,977
47	November 21, 2021	November 27, 2021	5,432	617,409
48	November 28, 2021	December 4, 2021	6,598	624,007
49	December 5, 2021	December 11, 2021	9,001	633,008
50	December 12, 2021	December 18, 2021	19,038	652,046
51	December 19, 2021	December 25, 2021	52,321	704,367
52	December 26, 2021	January 1, 2022	100,063	804,430
1	January 2, 2022	January 8, 2022	88,770	893,200
2	January 9, 2022	January 15, 2022	71,463	964,663
3	January 16, 2022	January 22, 2022	46,178	1,010,841
4	January 23, 2022	January 29, 2022	31,305	1,042,146
5	January 30, 2022	February 5, 2022	22,123	1,064,269
6	February 6, 2022	February 12, 2022	17,766	1,082,035
7	February 13, 2022	February 19, 2022	13,543	1,095,578
8	February 20, 2022	February 26, 2022	12,402	1,107,980
9	February 27, 2022	March 5, 2022	11,399	1,119,379
10	March 6, 2022	March 12, 2022	11,395	1,130,774
11	March 13, 2022	March 19, 2022	11,301	1,142,075
12	March 20, 2022	March 26, 2022	14,374	1,156,449
13	March 27, 2022	April 2, 2022	17,906	1,174,355

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

Public Health Unit Name	Cases reported week 12	Rate per 100,000 population Reported week 12	Cases reported week 13	Rate per 100,000 population Reported week 13
Northwestern Health Unit	360	443.4	290	357.2
Thunder Bay District Health Unit	195	123.6	191	121.1
TOTAL NORTH WEST	555	232.3	481	201.3
Algoma Public Health	369	313.1	336	285.1
North Bay Parry Sound District Health Unit	140	108.3	172	133.0
Porcupine Health Unit	145	170.6	183	215.3
Public Health Sudbury & Districts	321	156.4	345	168.1
Timiskaming Health Unit	65	191.8	77	227.2
TOTAL NORTH EAST	1,040	182.0	1,113	194.8
Ottawa Public Health	735	70.5	1,157	110.9
Eastern Ontario Health Unit	180	83.4	249	115.4
Hastings Prince Edward Public Health	275	159.1	365	211.2
Kingston, Frontenac and Lennox & Addington Public Health	581	277.7	733	350.3
Leeds, Grenville & Lanark District Health Unit	160	88.9	211	117.3
Renfrew County and District Health Unit	101	93.1	125	115.2
TOTAL EASTERN	2,032	105.3	2,840	147.2
Durham Region Health Department	559	78.6	876	123.1

Public Health Unit Name	Cases reported week 12	Rate per 100,000 population Reported week 12	Cases reported week 13	Rate per 100,000 population Reported week 13
Haliburton, Kawartha, Pine Ridge District Health Unit	153	80.2	186	97.5
Peel Public Health	715	45.7	890	56.9
Peterborough Public Health	130	87.8	185	124.9
Simcoe Muskoka District Health Unit	723	119.6	1,077	178.2
York Region Public Health	938	78.1	1,055	87.9
TOTAL CENTRAL EAST	3,218	72.8	4,269	96.6
Toronto Public Health	2,689	90.0	3,432	114.8
TOTAL TORONTO	2,689	90.0	3,432	114.8
Chatham-Kent Public Health	103	96.6	130	121.9
Grey Bruce Health Unit	180	102.2	255	144.8
Huron Perth Public Health	168	114.9	141	96.4
Lambton Public Health	169	127.1	207	155.7
Middlesex-London Health Unit	566	110.8	645	126.3
Southwestern Public Health	214	97.8	255	116.5
Windsor-Essex County Health Unit	531	123.2	621	144.1
TOTAL SOUTH WEST	1,931	112.1	2,254	130.9
Brant County Health Unit	145	94.4	183	119.2
City of Hamilton Public Health Services	811	139.4	909	156.3
Haldimand-Norfolk Health Unit	109	90.8	166	138.3
Halton Region Public Health	585	95.8	623	102.0

Public Health Unit Name	Cases reported week 12	Rate per 100,000 population Reported week 12	Cases reported week 13	Rate per 100,000 population Reported week 13
Niagara Region Public Health	442	91.8	589	122.3
Region of Waterloo Public Health and Emergency Services	486	80.3	632	104.4
Wellington-Dufferin-Guelph Public Health	331	106.1	415	133.0
TOTAL CENTRAL WEST	2,909	101.5	3,517	122.8
TOTAL ONTARIO	14,374	97.6	17,906	121.5

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

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Weekly epidemiologic summary: COVID-19 in Ontario – focus on March 27, 2022 to April 2, 2022. Toronto, ON: Queen’s Printer for Ontario; 2022.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario’s government, public health organizations and health care providers. PHO’s work is guided by the current best available evidence at the time of publication. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use. This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.

©Queen’s Printer for Ontario, 2022

Ontario 