

WEEKLY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: Focus on April 3, 2022 to April 9, 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 12, 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.

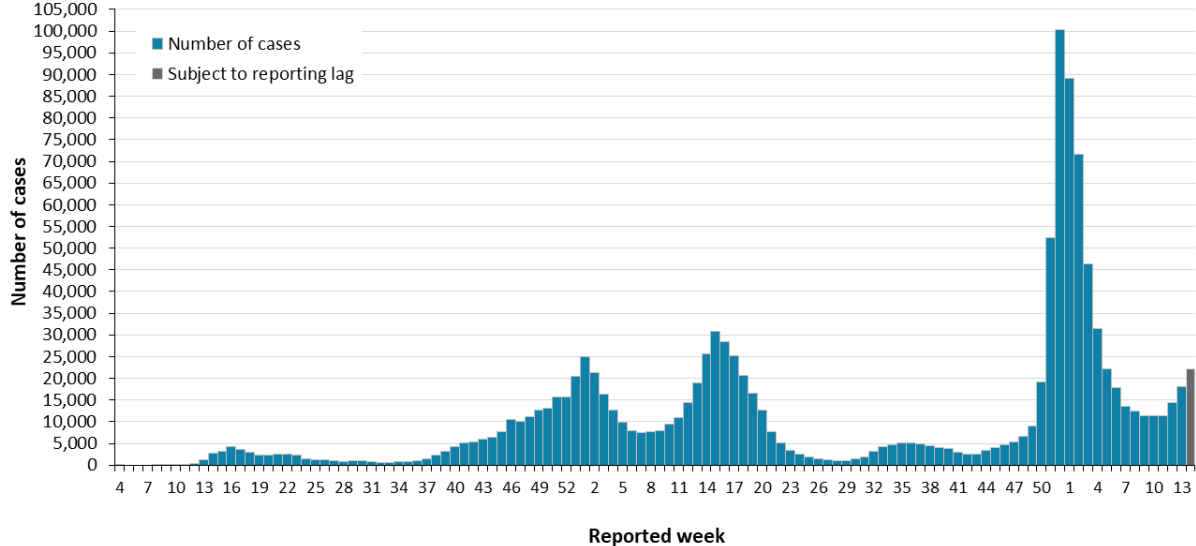
The term public health unit reported date in this document refers to the date local public health units were first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported 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 1,197,986 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to April 9, 2022.
- For the period with a public health unit (PHU) reported date between April 3 to 9, 2022 (Week 14):
 - A total of 22,272 cases were reported to public health compared to 18,019 cases the previous week (March 27 to April 2, 2022 or week 13). The number of cases should be interpreted with caution due to changes in testing availability.
 - The rate of cases continued to increase across all age groups this week. Both the largest increase (+54.5%) and the highest case rate (247.8 cases per 100,000 population) were reported among cases age 80 and over.
 - The number of cases reported among healthcare workers increased 31.1% from week 13 (n=1,509) to week 14 (n=1,979). This increase may be associated with the almost doubling of outbreaks reported in hospitals over the same period (from 24 in week 13 to 47 in week 14).

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 14 (April 3 and 9, 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

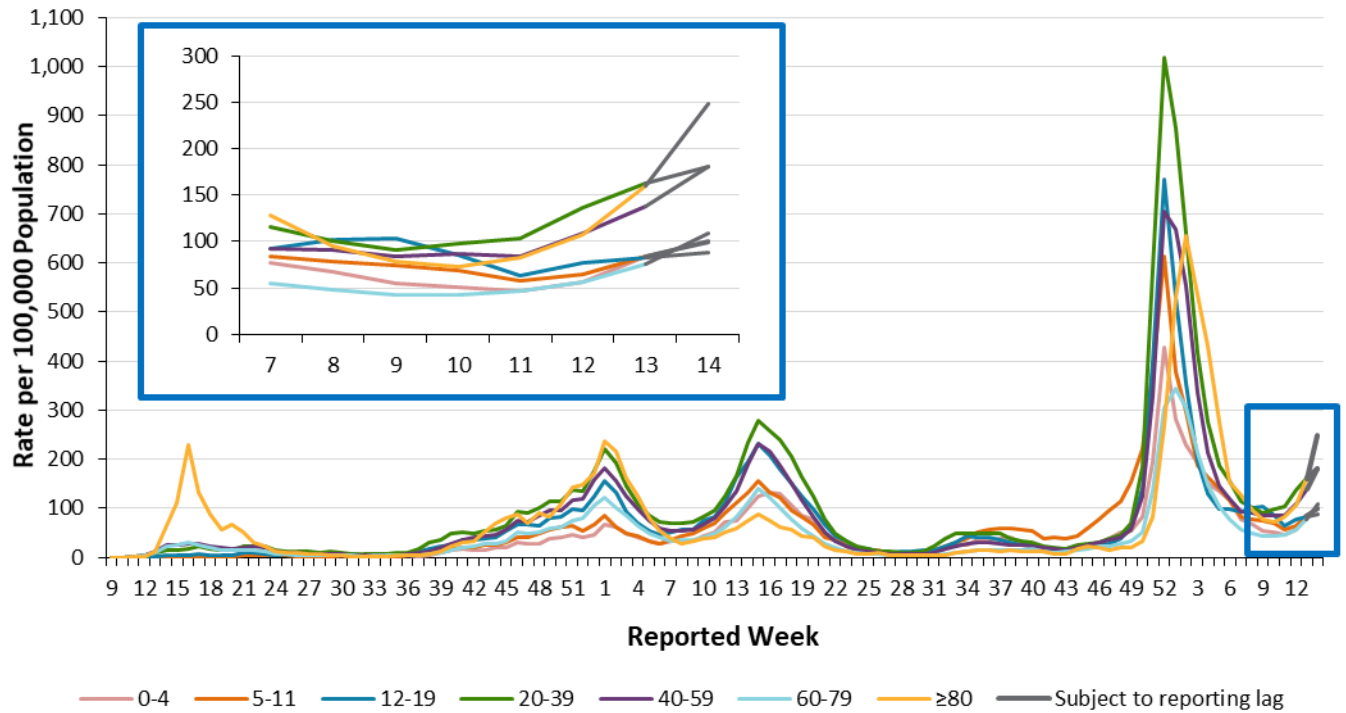
Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date: Ontario

	Reported week 13 (March 27 to April 2, 2022)	Reported week 14 (April 3 to 9, 2022)	Cumulative case count up to April 9, 2022	Cumulative rate per 100,000 population
Total number of cases	18,019	22,272	1,197,986	8,130.8
Sex: Male	7,182	8,575	563,334	7,738.7
Sex: Female	10,688	13,508	627,363	8,415.8
Ages: 0-4	610	729	35,759	4,945.8
Ages: 5-11	912	1,067	71,296	6,610.5
Ages: 12-19	1,101	1,179	101,571	7,639.9
Ages: 20-39	6,738	7,506	457,773	11,025.7
Ages: 40-59	5,388	7,019	334,204	8,579.2
Ages: 60-79	2,212	3,140	144,306	4,976.5
Ages: 80 and over	1,052	1,625	52,672	8,031.3
Number resolved	N/A	N/A	1,159,374	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

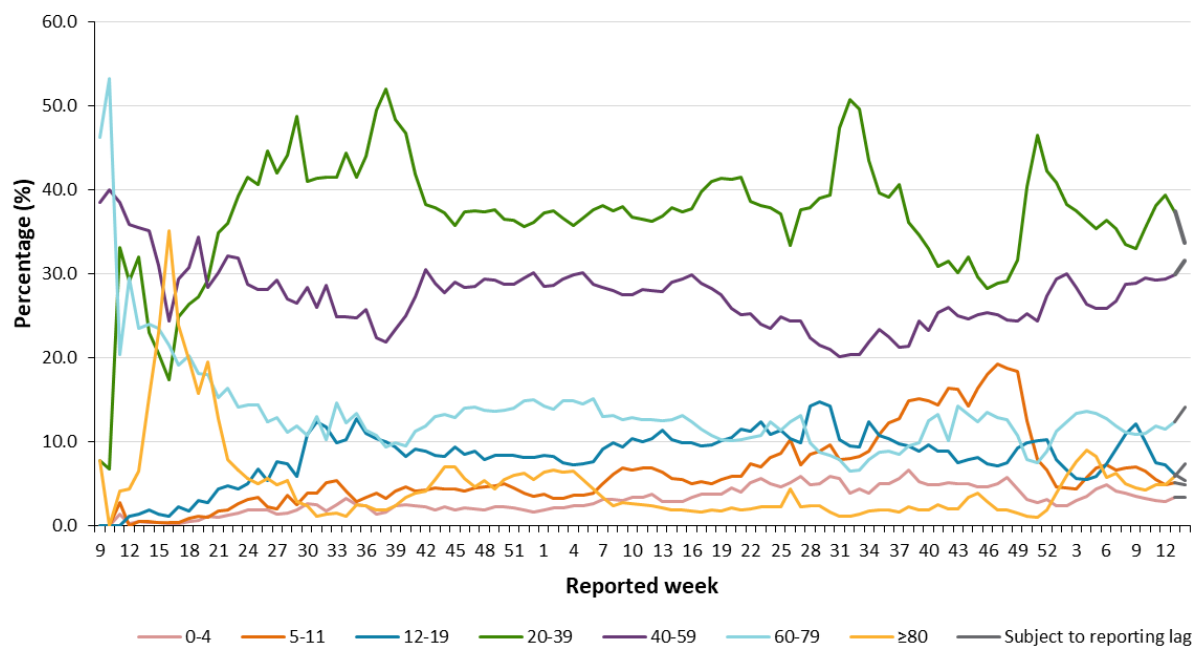
Figure 2a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario



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 14 (April 3 and 9, 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

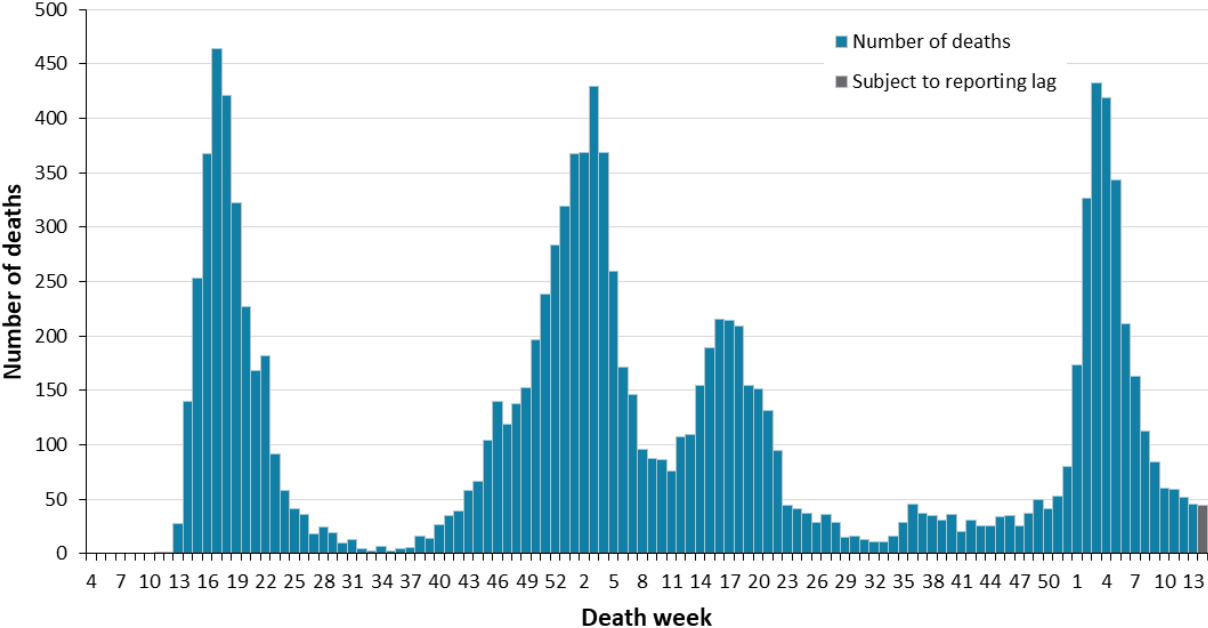


Note: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week-9). Include cases with reported dates ranging from week-9 (February 23 and 29, 2020) to Week 14 (April 3 and 9, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start 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 14 (April 3 and 9, 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 13 (March 27 to April 2, 2022)	Reported week 14 (April 3 to 9, 2022)	Cumulative case count up to April 9, 2022	Cumulative rate per 100,000 population
Number of deaths	35	19	12,580	85.4
Sex: Male	19	10	6,635	91.1
Sex: Female	15	9	5,881	78.9
Ages: 19 and under	0	0	15	0.5
Ages: 20-39	1	1	135	3.3
Ages: 40-59	2	1	892	22.9
Ages: 60-79	11	5	4,240	146.2
Ages: 80 and over	21	12	7,297	1,112.6

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 13 (March 27 to April 2, 2022)	Reported week 14 (April 3 to 9, 2022)	Cumulative case count up to April 9, 2022
Number of cases	1,509	1,979	46,080
Ever hospitalized	1	2	507
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 13 (March 27 to April 2, 2022)	Reported week 14 (April 3 to 9, 2022)	Cumulative case count up to April 9, 2022
Residents	395	459	26,636
Deaths among residents	9	2	4,431
Health care workers	72	112	12,073
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

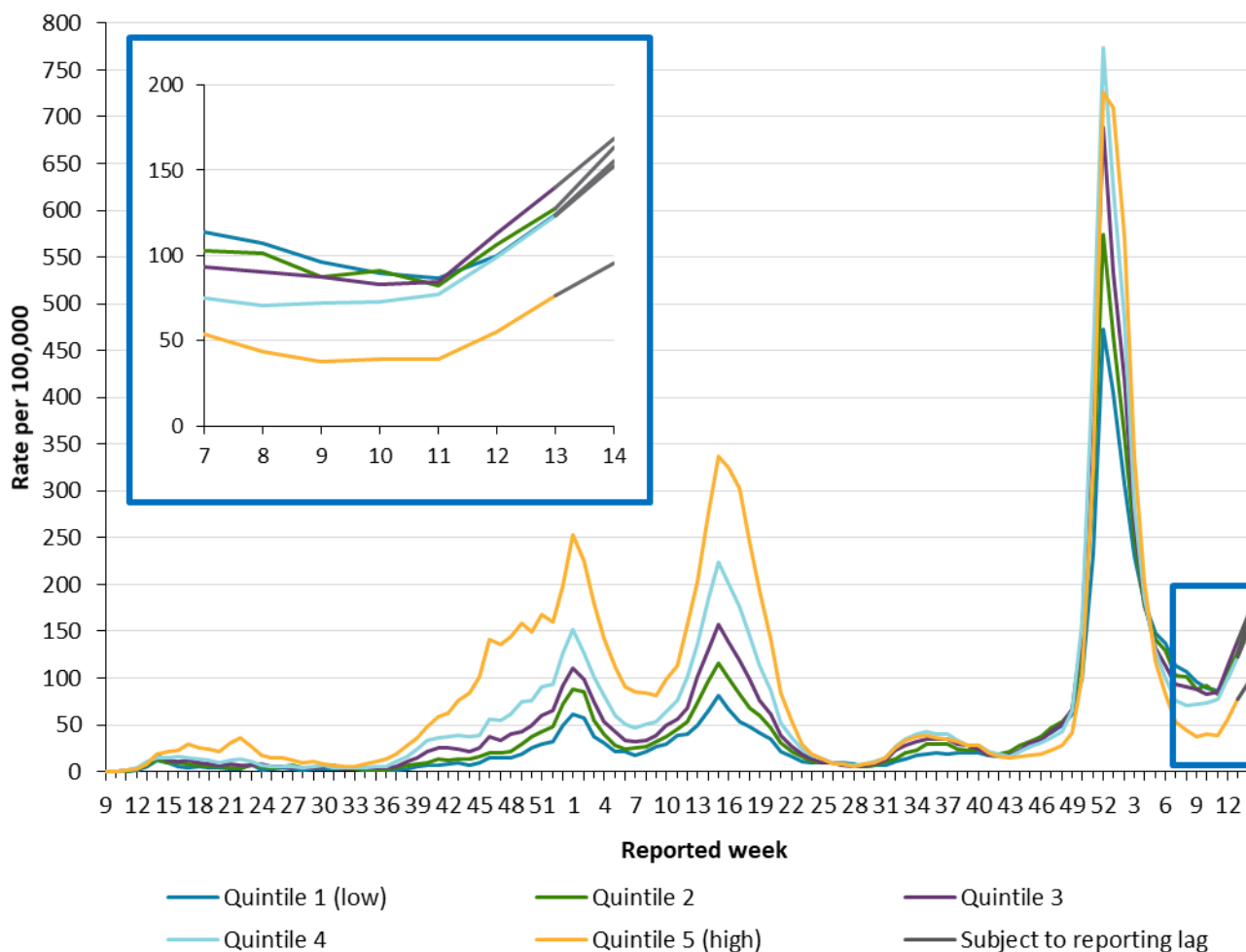
Table 5: Summary of reinfection cases of COVID-19 by age group and public health unit reported week: Ontario

Age Group	Reported week 13 (March 27 to April 2, 2022)	Reported week 14 (April 3 to 9, 2022)	Cumulative count from November 1, 2020 up to April 9, 2022	Percent of reinfection cases
Ages: 0-4	5	8	138	1.0%
Ages: 5-11	21	14	267	2.0%
Ages: 12-19	25	24	665	5.0%
Ages: 20-39	246	279	6,439	48.3%
Ages: 40-59	129	187	3,898	29.2%
Ages: 60-79	44	79	1,208	9.1%
Ages: 80 and over	27	36	723	5.4%
Total reinfection cases	497	627	13,338	100.0%

Note: Cases identified as reinfections meeting the [provincial definition](#) as either a laboratory-based reinfection or a time-based reinfection, as indicated by public health units. The provincial confirmed reinfection case definition was updated January 17, 2022 to include a time-based reinfection definition. Cumulative counts include cases of COVID-19 reinfection reported starting week-45 (November 1 to 7, 2020). Not all cases have a reported age or sex. Data corrections or updates can result in case records being removed and or updated from past reports and may result in subset totals (i.e., age group, sex) differing from past publicly reported case counts.

Data Source: CCM

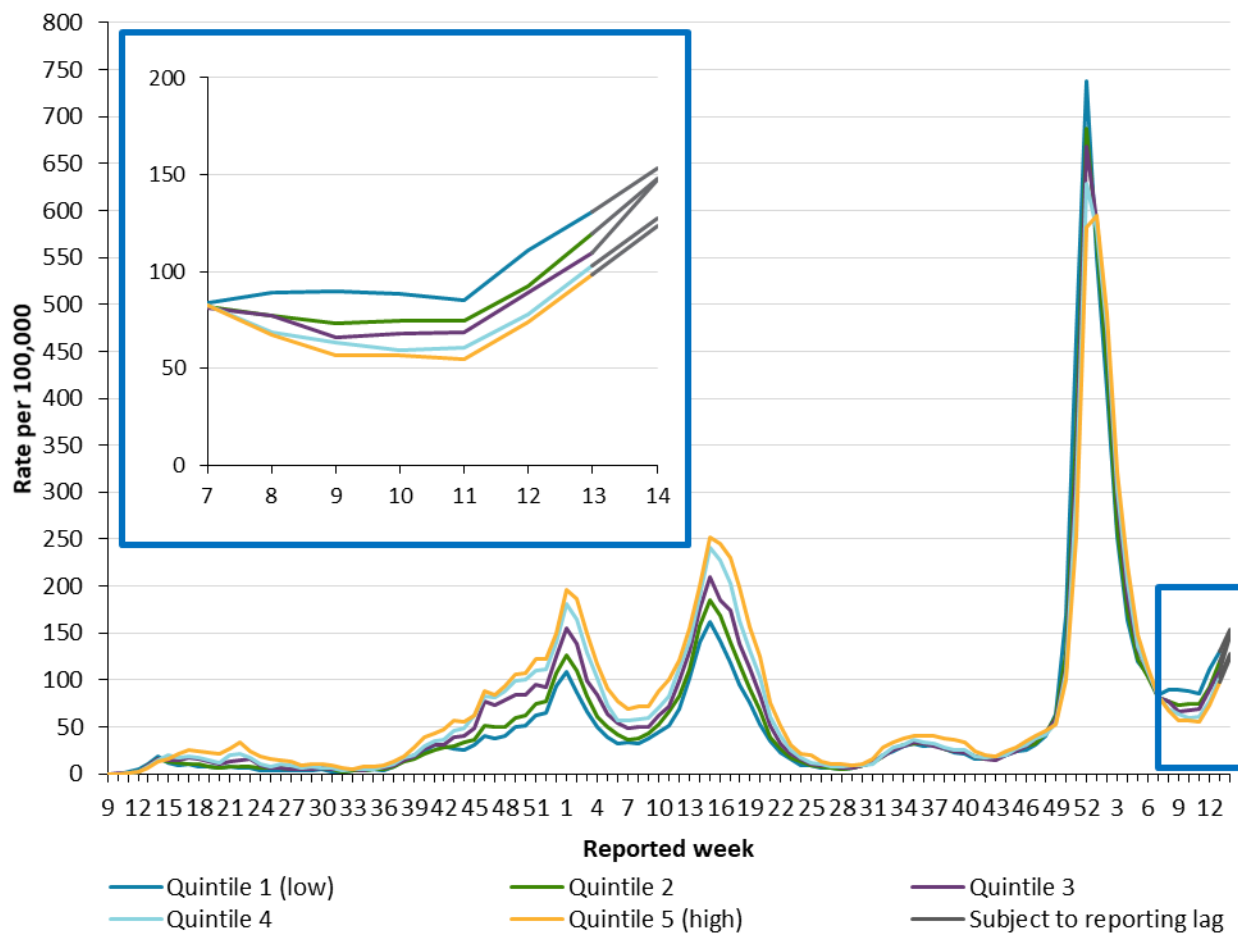
Figure 4. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood diversity and public health unit reported week: Ontario



Note: Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index. The ethnic concentration dimension is based on the proportion of non-white and non-Indigenous residents and/or the proportion of immigrants that arrived in Canada within the past five years. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from weeks 9 (February 23 to 29, 2020) to Week 14 (April 3 to 9, 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 14 (April 3 to 9, 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 13 (March 27 to April 2, 2022)	Cases Reported week 14 (April 3 to 9, 2022)	Cumulative case count up to April 9, 2022	Cumulative rate per 100,000 population up to April 9, 2022
Quintile 1 (least diverse)	2,757	3,449	107,880	4,856.8
Quintile 2	3,032	3,867	136,808	5,777.0
Quintile 3	3,627	4,376	176,855	6,822.8
Quintile 4	3,855	4,771	252,577	8,075.7
Quintile 5 (most diverse)	3,317	4,143	440,022	10,180.3

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 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 13 (March 27 to April 2, 2022)	Cases Reported week 14 (April 3 to 9, 2022)	Cumulative case count up to April 9, 2022	Cumulative rate per 100,000 population up to April 9, 2022
Quintile 1 (least material deprivation)	4,503	5,279	233,279	6,769.2
Quintile 2	3,710	4,588	217,104	6,992.8
Quintile 3	3,034	4,080	212,766	7,673.0
Quintile 4	2,709	3,346	214,247	8,153.8
Quintile 5 (most material deprivation)	2,632	3,313	236,746	8,833.8

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 14 (April 3 to 9, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to April 9, 2022
Congregate Care	140	332	5,262
Long-term care homes	47	140	2,358
Retirement homes	46	117	1,633
Hospitals	47	75	1,271
Congregate Living	70	135	2,582
Correctional facility	4	12	143
Shelter	11	22	559
Group Home/supportive housing	55	101	1,880
Total number of outbreaks*	210	467	7,844

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

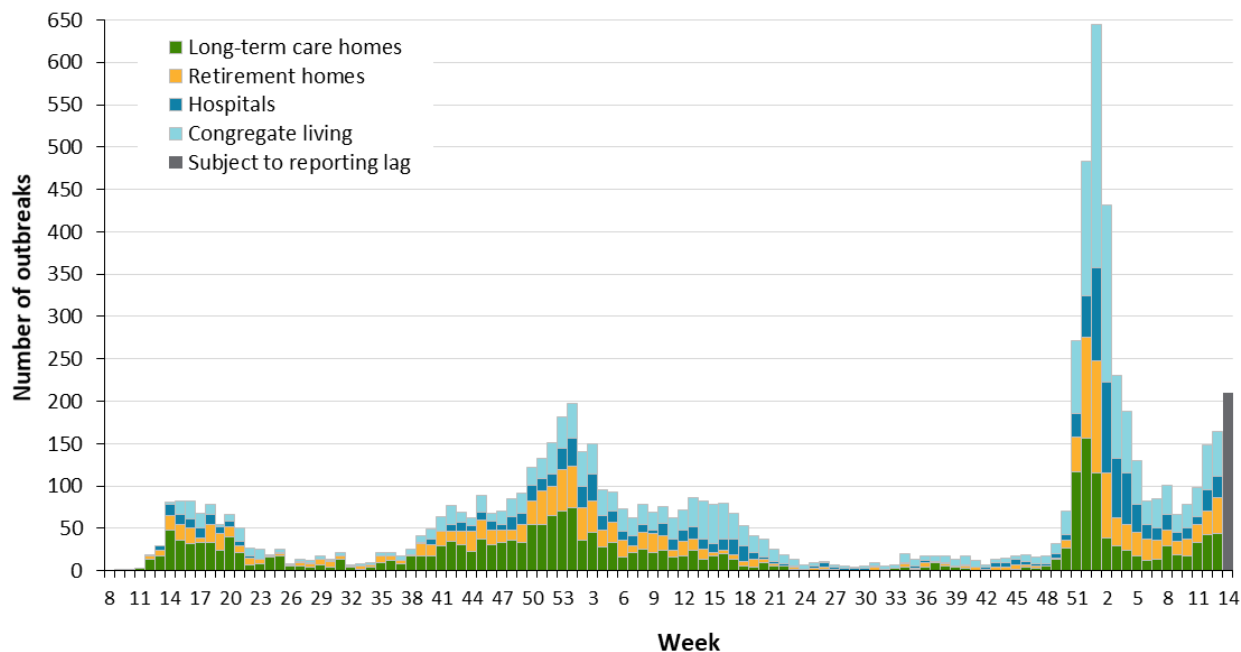
Cases associated with the outbreak setting type	Reported week 13 (March 27 to April 2, 2022)	Reported week 14 (April 3 to 9, 2022)	Cumulative number of cases
Congregate Care	1,122	1,600	81,950
Long-term care homes	565	777	51,605
Retirement homes	352	518	17,373
Hospitals	205	305	12,972
Congregate Living	193	269	18,832
Correctional facility	41	71	5,430
Shelter	34	45	5,018
Group Home/supportive housing	118	153	8,384
Total number of cases*	1,315	1,869	100,782

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 14 refers to April 3 and 9, 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 12, 2022 at 1 p.m.** for cases reported from May 1, 2021 onwards and as of **April 11, 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	4,224	54,431
41	October 4, 2020	October 10, 2020	5,039	59,470
42	October 11, 2020	October 17, 2020	5,277	64,747
43	October 18, 2020	October 24, 2020	6,041	70,788
44	October 25, 2020	October 31, 2020	6,388	77,176
45	November 1, 2020	November 7, 2020	7,601	84,777
46	November 8, 2020	November 14, 2020	10,442	95,219
47	November 15, 2020	November 21, 2020	10,036	105,255
48	November 22, 2020	November 28, 2020	11,138	116,393

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,683	129,076
50	December 6, 2020	December 12, 2020	13,062	142,138
51	December 13, 2020	December 19, 2020	15,663	157,801
52	December 20, 2020	December 26, 2020	15,623	173,424
53	December 27, 2020	January 2, 2021	20,456	193,880
1	January 3, 2021	January 9, 2021	24,874	218,754
2	January 10, 2021	January 16, 2021	21,384	240,138
3	January 17, 2021	January 23, 2021	16,406	256,544
4	January 24, 2021	January 30, 2021	12,767	269,311
5	January 31, 2021	February 6, 2021	9,777	279,088
6	February 7, 2021	February 13, 2021	7,901	286,989
7	February 14, 2021	February 20, 2021	7,457	294,446
8	February 21, 2021	February 27, 2021	7,681	302,127
9	February 28, 2021	March 6, 2021	7,934	310,061
10	March 7, 2021	March 13, 2021	9,481	319,542
11	March 14, 2021	March 20, 2021	11,022	330,564
12	March 21, 2021	March 27, 2021	14,391	344,955
13	March 28, 2021	April 3, 2021	18,943	363,898
14	April 4, 2021	April 10, 2021	25,581	389,479
15	April 11, 2021	April 17, 2021	30,883	420,362
16	April 18, 2021	April 24, 2021	28,346	448,708
17	April 25, 2021	May 1, 2021	25,203	473,911
18	May 2, 2021	May 8, 2021	20,751	494,662
19	May 9, 2021	May 15, 2021	16,525	511,187
20	May 16, 2021	May 22, 2021	12,644	523,831

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,757	531,588
22	May 30, 2021	June 5, 2021	5,211	536,799
23	June 6, 2021	June 12, 2021	3,484	540,283
24	June 13, 2021	June 19, 2021	2,417	542,700
25	June 20, 2021	June 26, 2021	1,882	544,582
26	June 27, 2021	July 3, 2021	1,474	546,056
27	July 4, 2021	July 10, 2021	1,226	547,282
28	July 11, 2021	July 17, 2021	1,044	548,326
29	July 18, 2021	July 24, 2021	1,106	549,432
30	July 25, 2021	July 31, 2021	1,349	550,781
31	August 1, 2021	August 7, 2021	1,905	552,686
32	August 8, 2021	August 14, 2021	3,169	555,855
33	August 15, 2021	August 21, 2021	4,141	559,996
34	August 22, 2021	August 28, 2021	4,775	564,771
35	August 29, 2021	September 4, 2021	5,184	569,955
36	September 5, 2021	September 11, 2021	5,055	575,010
37	September 12, 2021	September 18, 2021	4,917	579,927
38	September 19, 2021	September 25, 2021	4,396	584,323
39	September 26, 2021	October 2, 2021	3,953	588,276
40	October 3, 2021	October 9, 2021	3,843	592,119
41	October 10, 2021	October 16, 2021	2,903	595,022
42	October 17, 2021	October 23, 2021	2,626	597,648
43	October 24, 2021	October 30, 2021	2,501	600,149
44	October 31, 2021	November 6, 2021	3,291	603,440
45	November 7, 2021	November 13, 2021	3,983	607,423

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	612,001
47	November 21, 2021	November 27, 2021	5,432	617,433
48	November 28, 2021	December 4, 2021	6,599	624,032
49	December 5, 2021	December 11, 2021	9,001	633,033
50	December 12, 2021	December 18, 2021	19,070	652,103
51	December 19, 2021	December 25, 2021	52,487	704,590
52	December 26, 2021	January 1, 2022	100,330	804,920
1	January 2, 2022	January 8, 2022	89,036	893,956
2	January 9, 2022	January 15, 2022	71,689	965,645
3	January 16, 2022	January 22, 2022	46,257	1,011,902
4	January 23, 2022	January 29, 2022	31,453	1,043,355
5	January 30, 2022	February 5, 2022	22,151	1,065,506
6	February 6, 2022	February 12, 2022	17,778	1,083,284
7	February 13, 2022	February 19, 2022	13,550	1,096,834
8	February 20, 2022	February 26, 2022	12,401	1,109,235
9	February 27, 2022	March 5, 2022	11,395	1,120,630
10	March 6, 2022	March 12, 2022	11,393	1,132,023
11	March 13, 2022	March 19, 2022	11,299	1,143,322
12	March 20, 2022	March 26, 2022	14,373	1,157,695
13	March 27, 2022	April 2, 2022	18,019	1,175,714
14	April 3, 2022	April 9, 2022	22,272	1,197,986

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

Public Health Unit Name	Cases reported week 13	Rate per 100,000 population Reported week 13	Cases reported week 14	Rate per 100,000 population Reported week 14
Northwestern Health Unit	326	401.6	232	285.8
Thunder Bay District Health Unit	191	121.1	212	134.4
TOTAL NORTH WEST	517	216.4	444	185.9
Algoma Public Health	336	285.1	348	295.3
North Bay Parry Sound District Health Unit	173	133.8	228	176.3
Porcupine Health Unit	183	215.3	179	210.6
Public Health Sudbury & Districts	348	169.5	381	185.6
Timiskaming Health Unit	77	227.2	89	262.7
TOTAL NORTH EAST	1,117	195.5	1,225	214.4
Ottawa Public Health	1,158	111.0	1,250	119.8
Eastern Ontario Health Unit	248	114.9	285	132.0
Hastings Prince Edward Public Health	365	211.2	472	273.1
Kingston, Frontenac and Lennox & Addington Public Health	737	352.2	909	434.5
Leeds, Grenville & Lanark District Health Unit	215	119.5	295	163.9
Renfrew County and District Health Unit	126	116.2	158	145.7
TOTAL EASTERN	2,849	147.7	3,369	174.6
Durham Region Health Department	879	123.6	1,112	156.3

Public Health Unit Name	Cases reported week 13	Rate per 100,000 population Reported week 13	Cases reported week 14	Rate per 100,000 population Reported week 14
Haliburton, Kawartha, Pine Ridge District Health Unit	187	98.0	296	155.2
Peel Public Health	896	57.3	1,261	80.6
Peterborough Public Health	185	124.9	219	147.9
Simcoe Muskoka District Health Unit	1,102	182.3	1,337	221.2
York Region Public Health	1,072	89.3	1,311	109.2
TOTAL CENTRAL EAST	4,321	97.8	5,536	125.3
Toronto Public Health	3,434	114.9	4,186	140.1
TOTAL TORONTO	3,434	114.9	4,186	140.1
Chatham-Kent Public Health	132	123.8	215	201.7
Grey Bruce Health Unit	256	145.3	396	224.8
Huron Perth Public Health	143	97.8	197	134.7
Lambton Public Health	205	154.2	273	205.3
Middlesex-London Health Unit	646	126.5	706	138.3
Southwestern Public Health	259	118.3	323	147.6
Windsor-Essex County Health Unit	625	145.0	823	191.0
TOTAL SOUTH WEST	2,266	131.6	2,933	170.3
Brant County Health Unit	188	122.4	270	175.8
City of Hamilton Public Health Services	910	156.4	1,193	205.1
Haldimand-Norfolk Health Unit	167	139.2	240	200.0
Halton Region Public Health	617	101.1	742	121.5

Public Health Unit Name	Cases reported week 13	Rate per 100,000 population Reported week 13	Cases reported week 14	Rate per 100,000 population Reported week 14
Niagara Region Public Health	587	121.9	887	184.1
Region of Waterloo Public Health and Emergency Services	631	104.3	749	123.8
Wellington-Dufferin-Guelph Public Health	415	133.0	498	159.6
TOTAL CENTRAL WEST	3,515	122.7	4,579	159.8
TOTAL ONTARIO	18,019	122.3	22,272	151.2

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

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For Further Information

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Public Health Ontario

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