

WEEKLY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: Focus on April 10, 2022 to April 16, 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 19, 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.

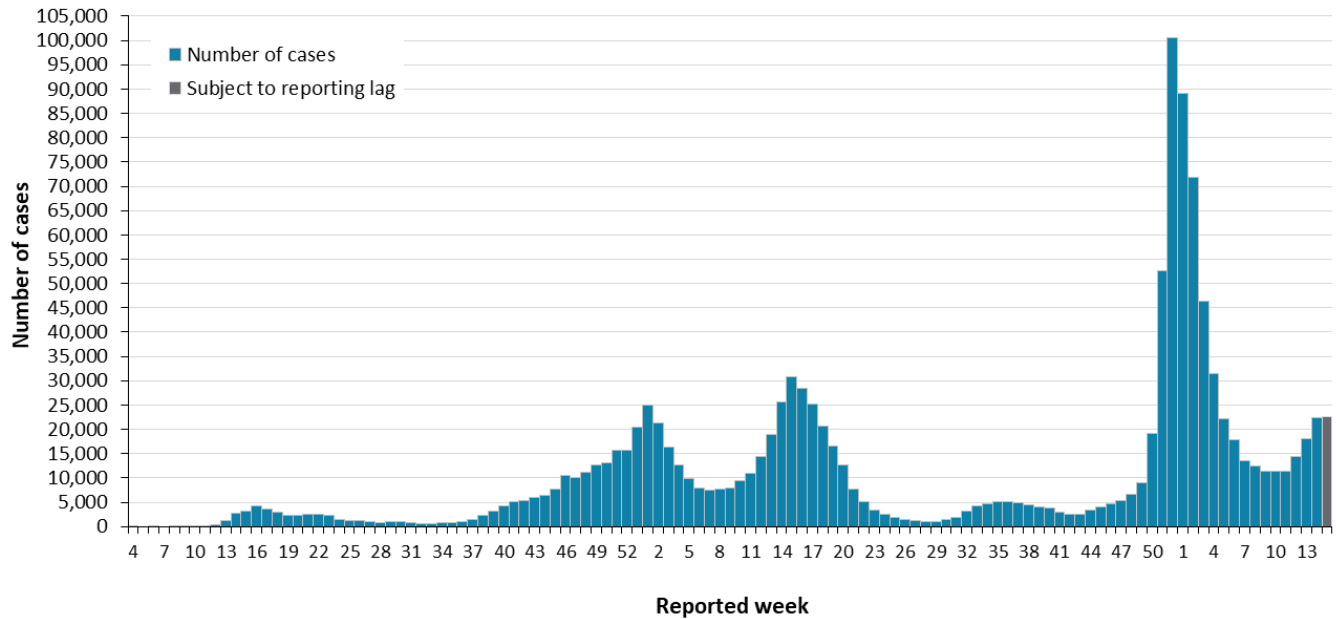
The term public health unit reported date in this document refers to the date local public health units were first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported 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 1,221,520 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to April 16, 2022.
- For the period with a public health unit (PHU) reported date between April 10 to 16, 2022 (Week 15):
 - A total of 22,693 cases were reported to public health compared to 22,406 cases the previous week (April 3 to 9, 2022 or week 14). The number of cases should be interpreted with caution due to changes in testing availability.
 - The rate of cases appears to be stabilizing among those eligible for testing. The rate of cases increased 1.3% in week 15, compared to week-over-week increases of over 24.2% observed in the previous three weeks.
 - The number of cases associated with outbreaks in long-term care homes increased by 21.2% this week compared to last week (1,030 cases versus 850 cases, respectively). This may be contributing to the continued trend of high rates of cases reported among those age 80 and older.

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 15 (April 10 and 16, 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

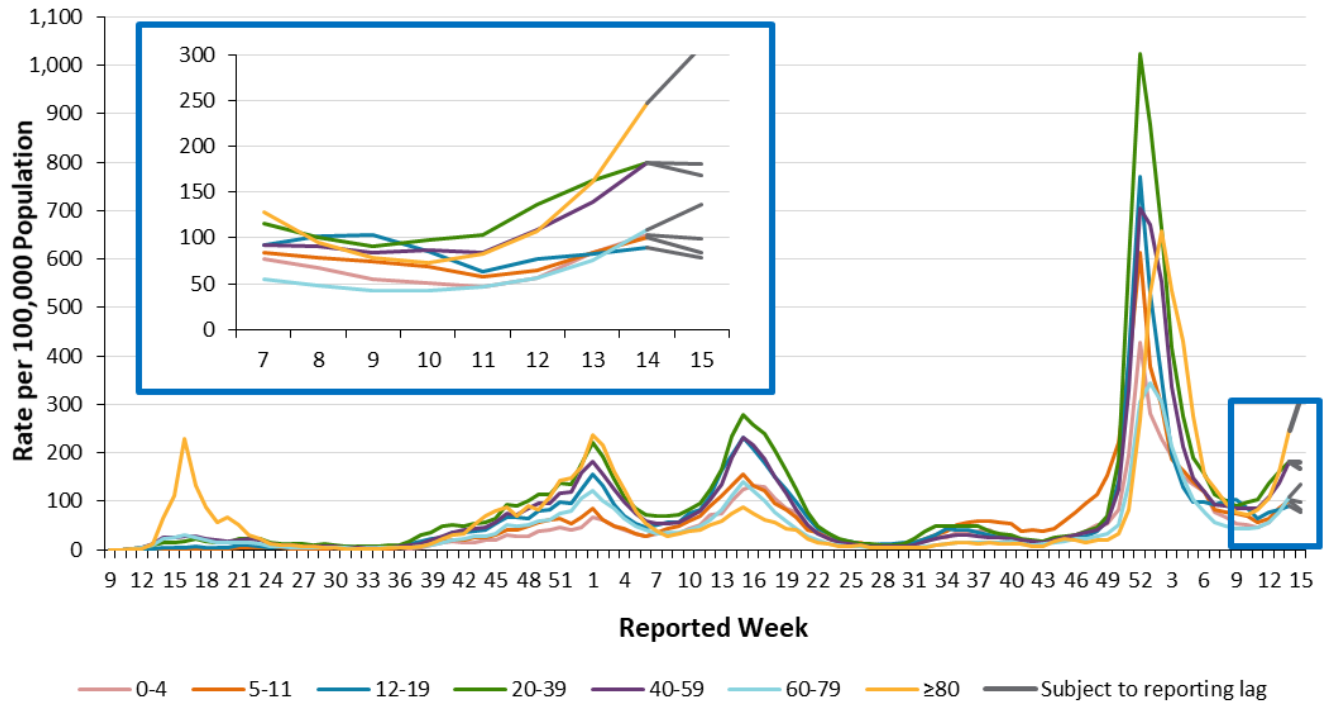
Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date: Ontario

	Reported week 14 (April 3 to 9, 2022)	Reported week 15 (April 10 to 16, 2022)	Cumulative case count up to April 16, 2022	Cumulative rate per 100,000 population
Total number of cases	22,406	22,693	1,221,520	8,290.5
Sex: Male	8,630	8,826	572,615	7,866.2
Sex: Female	13,576	13,687	641,563	8,606.3
Ages: 0-4	744	715	36,499	5,048.2
Ages: 5-11	1,083	905	72,224	6,696.5
Ages: 12-19	1,188	1,040	102,645	7,720.7
Ages: 20-39	7,537	7,007	465,220	11,205.0
Ages: 40-59	7,067	7,043	341,497	8,766.4
Ages: 60-79	3,157	3,952	148,317	5,114.8
Ages: 80 and over	1,622	2,027	54,708	8,341.7
Number resolved	N/A	N/A	1,180,662	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

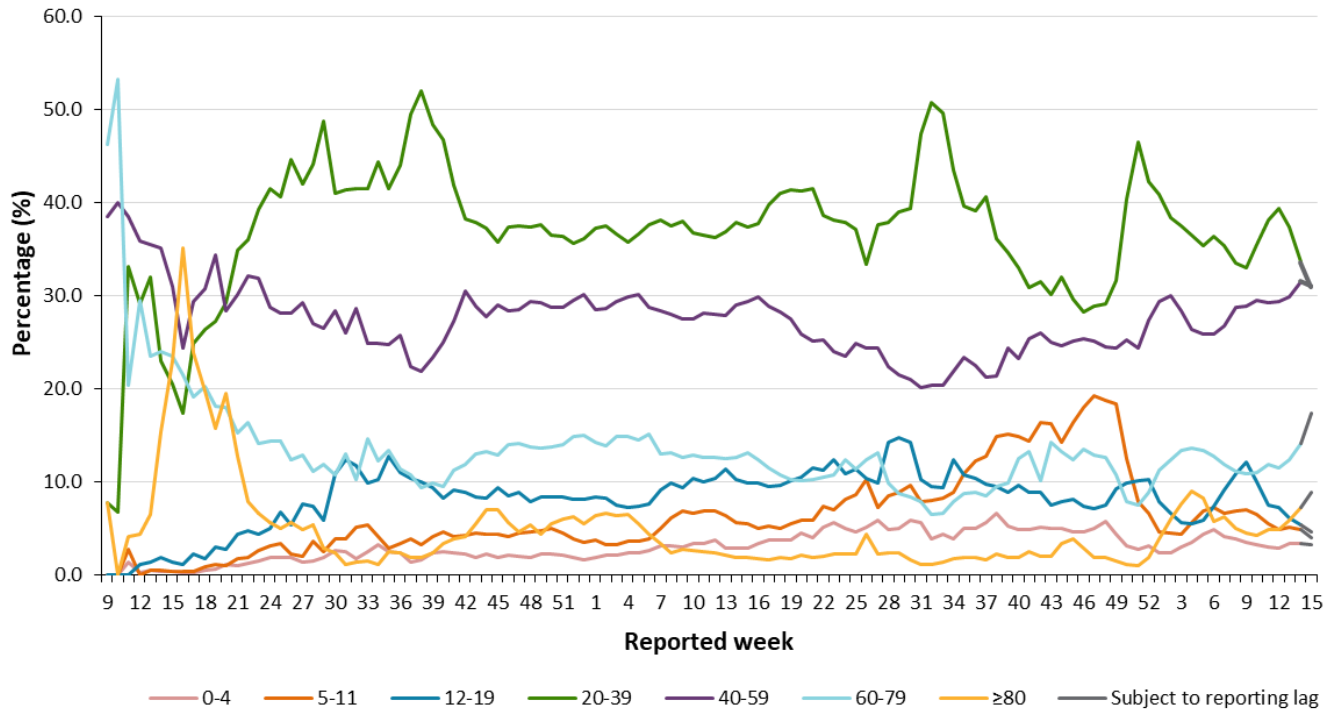
Figure 2a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario



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 15 (April 10 and 16, 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 15 (April 10 and 16, 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

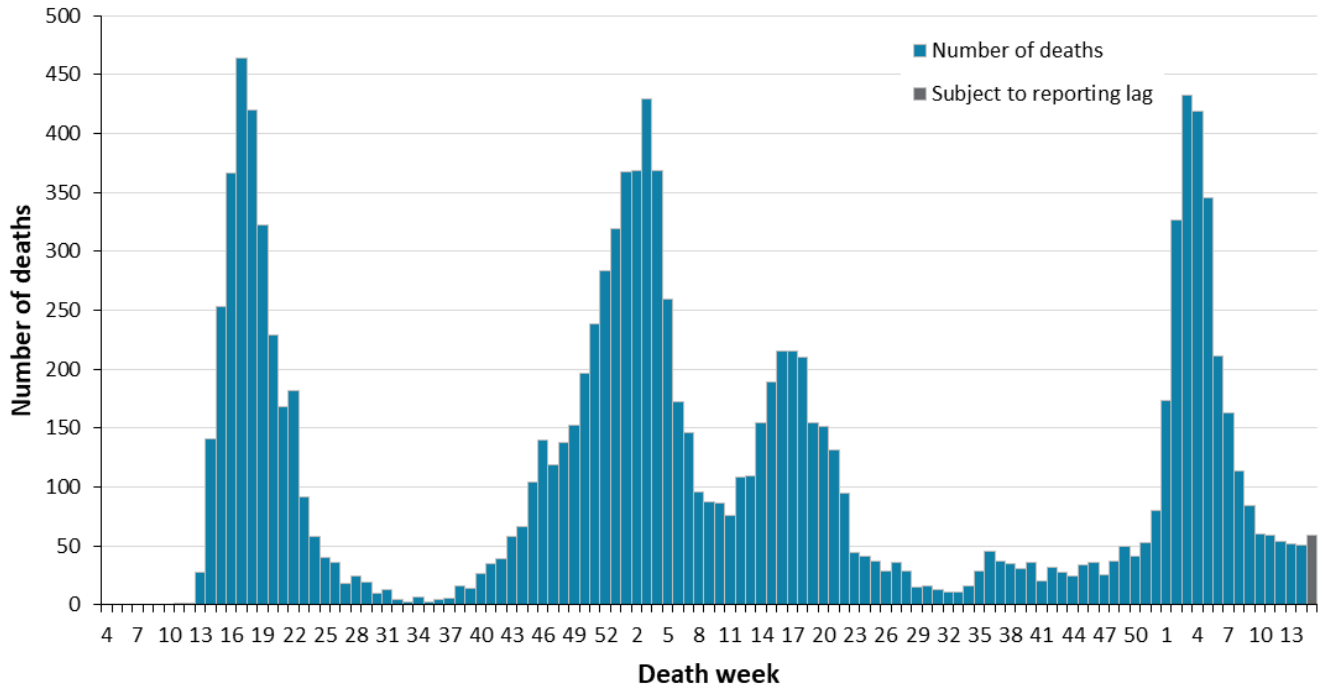


Table 2. Summary of deaths among confirmed cases of COVID-19 by public health unit reported week: Ontario

Deaths	Reported week 14 (April 3 to 9, 2022)	Reported week 15 (April 10 to 16, 2022)	Cumulative case count up to April 16, 2022	Cumulative rate per 100,000 population
Number of deaths	46	21	12,661	85.9
Sex: Male	25	6	6,674	91.7
Sex: Female	21	15	5,923	79.5
Ages: 19 and under	0	0	15	0.5
Ages: 20-39	1	1	136	3.3
Ages: 40-59	3	3	903	23.2
Ages: 60-79	11	6	4,263	147.0
Ages: 80 and over	31	11	7,343	1,119.6

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 14 (April 3 to 9, 2022)	Reported week 15 (April 10 to 16, 2022)	Cumulative case count up to April 16, 2022
Number of cases	2,034	1,519	47,688
Ever hospitalized	2	0	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 14 (April 3 to 9, 2022)	Reported week 15 (April 10 to 16, 2022)	Cumulative case count up to April 16, 2022
Residents	469	613	27,264
Deaths among residents	7	3	4,443
Health care workers	127	94	12,194
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

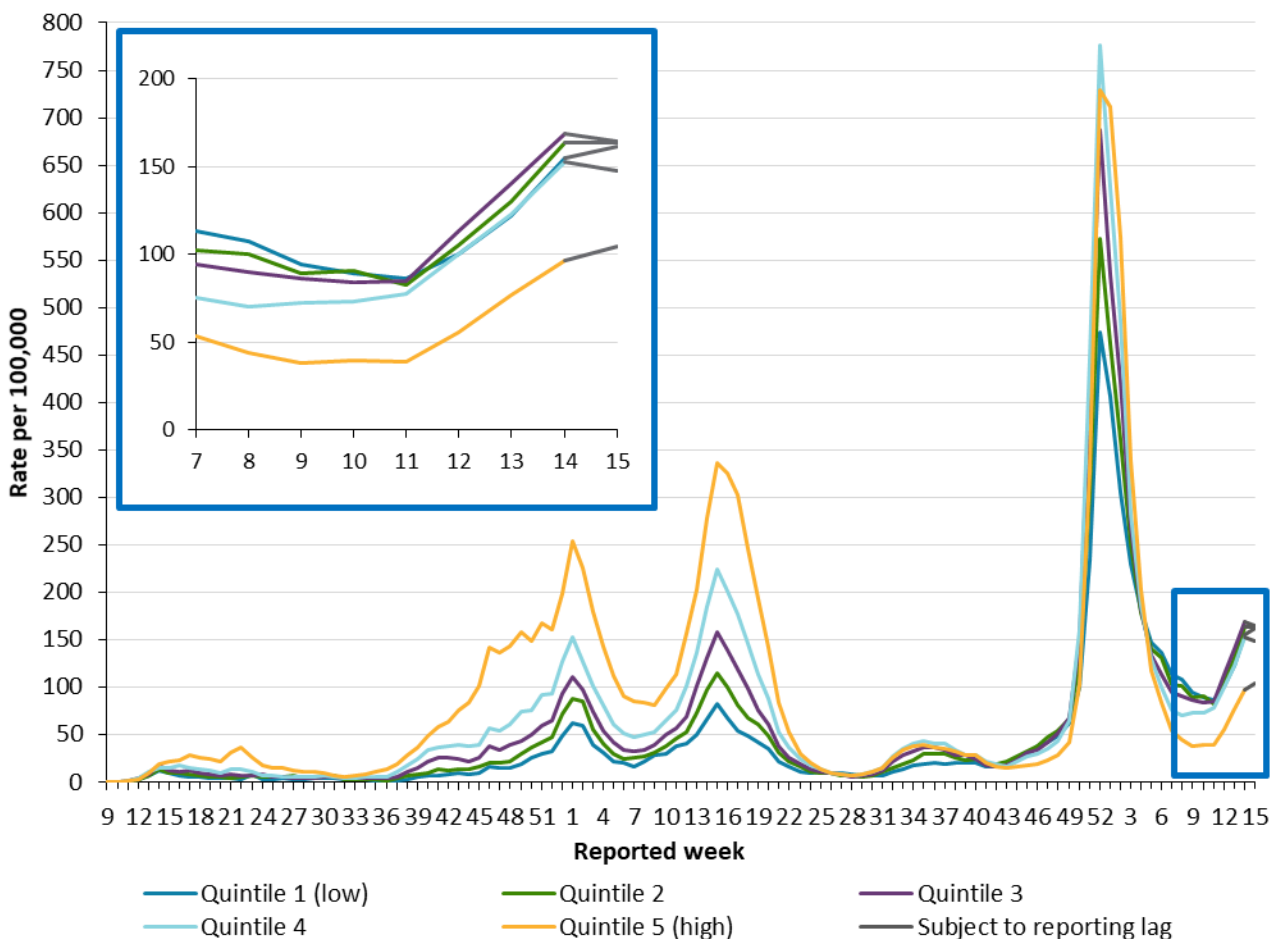
Table 5: Summary of reinfection cases of COVID-19 by age group and public health unit reported week: Ontario

Age Group	Reported week 14 (April 3 to 9, 2022)	Reported week 15 (April 10 to 16, 2022)	Cumulative count from November 1, 2020 up to April 16, 2022	Percent of reinfection cases
Ages: 0-4	8	6	148	1.0%
Ages: 5-11	15	12	282	1.9%
Ages: 12-19	23	28	707	4.9%
Ages: 20-39	292	262	7,032	48.4%
Ages: 40-59	201	198	4,266	29.4%
Ages: 60-79	83	72	1,312	9.0%
Ages: 80 and over	37	52	782	5.4%
Total reinfection cases	659	630	14,529	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

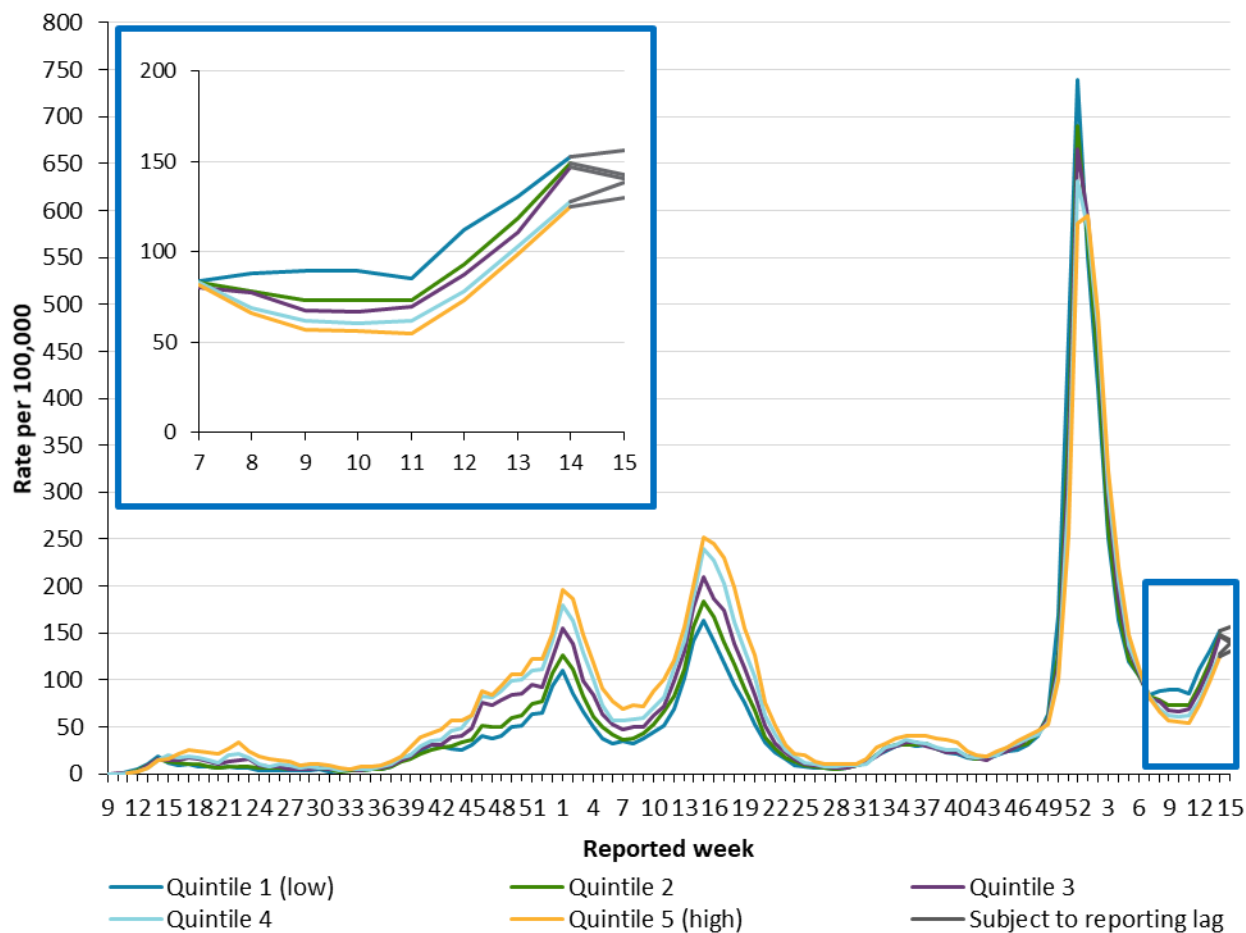
Figure 4. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood diversity and public health unit reported week: Ontario



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 15 (April 10 to 16, 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 15 (April 10 to 16, 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 14 (April 3 to 9, 2022)	Cases Reported week 15 (April 10 to 16, 2022)	Cumulative case count up to April 16, 2022	Cumulative rate per 100,000 population up to April 16, 2022
Quintile 1 (least diverse)	3,446	3,581	111,411	5,015.8
Quintile 2	3,877	3,874	140,508	5,933.3
Quintile 3	4,369	4,255	181,117	6,987.2
Quintile 4	4,779	4,629	257,564	8,235.1
Quintile 5 (most diverse)	4,180	4,513	445,062	10,296.9

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 14 (April 3 to 9, 2022)	Cases Reported week 15 (April 10 to 16, 2022)	Cumulative case count up to April 16, 2022	Cumulative rate per 100,000 population up to April 16, 2022
Quintile 1 (least material deprivation)	5,255	5,385	238,843	6,930.7
Quintile 2	4,623	4,430	221,737	7,142.1
Quintile 3	4,076	3,899	216,699	7,814.8
Quintile 4	3,354	3,648	218,004	8,296.8
Quintile 5 (most material deprivation)	3,343	3,490	240,379	8,969.3

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 15 (April 10 to 16, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to April 16, 2022
Congregate Care	134	411	5,423
Long-term care homes	58	193	2,431
Retirement homes	46	142	1,690
Hospitals	30	76	1,302
Congregate Living	62	146	2,657
Correctional facility	2	13	147
Shelter	4	21	565
Group Home/supportive housing	56	112	1,945
Total number of outbreaks*	196	557	8,080

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

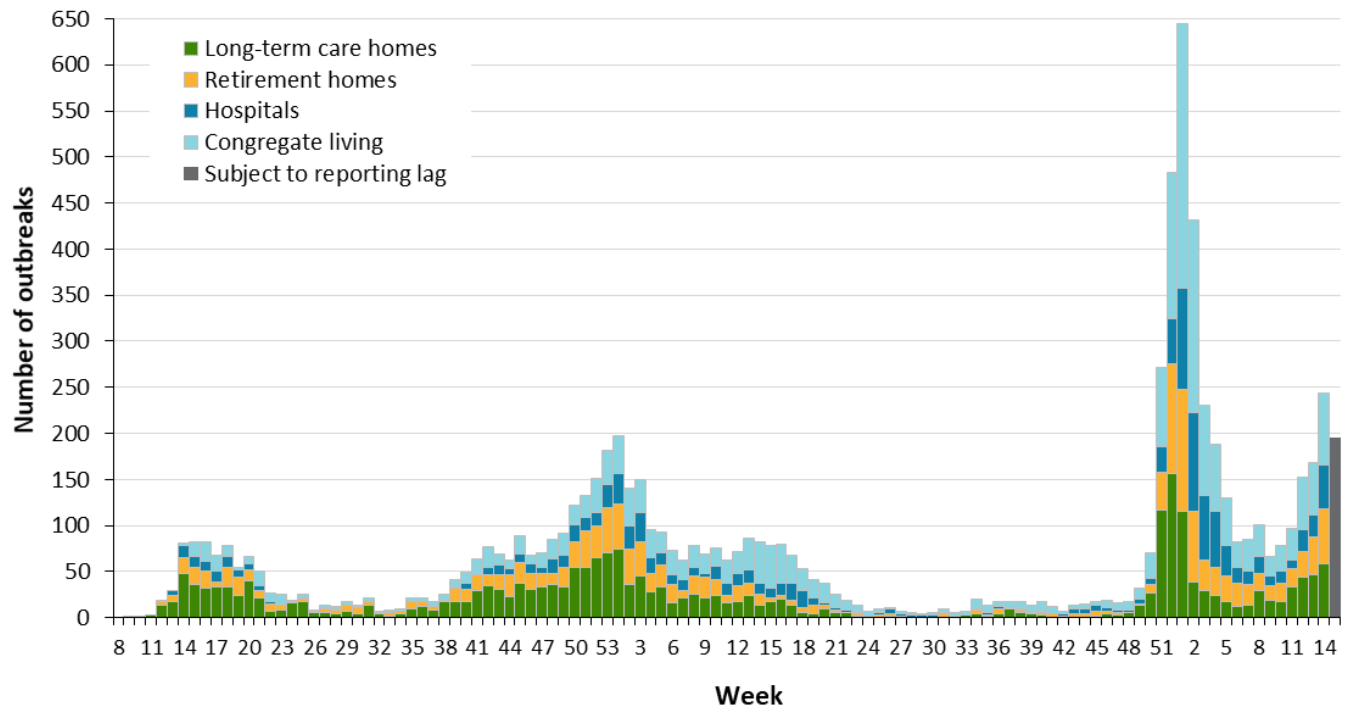
Cases associated with the outbreak setting type	Reported week 14 (April 3 to 9, 2022)	Reported week 15 (April 10 to 16, 2022)	Cumulative number of cases
Congregate Care	1,729	1,669	83,824
Long-term care homes	850	1,030	52,752
Retirement homes	555	439	17,875
Hospitals	324	200	13,197
Congregate Living	300	281	19,160
Correctional facility	75	39	5,472
Shelter	50	33	5,058
Group Home/supportive housing	175	209	8,630
Total number of cases*	2,029	1,950	102,984

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 15 refers to April 10 and 16, 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 19, 2022 at 1 p.m.** for cases reported from May 1, 2021 onwards and as of **April 18, 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' or 'Under PHU Review'.
 - 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	2	5
7	February 9, 2020	February 15, 2020	0	5
8	February 16, 2020	February 22, 2020	1	6
9	February 23, 2020	February 29, 2020	13	19
10	March 1, 2020	March 7, 2020	15	34
11	March 8, 2020	March 14, 2020	148	182
12	March 15, 2020	March 21, 2020	447	629
13	March 22, 2020	March 28, 2020	1,327	1,956
14	March 29, 2020	April 4, 2020	2,793	4,749
15	April 5, 2020	April 11, 2020	3,165	7,914
16	April 12, 2020	April 18, 2020	4,257	12,171
17	April 19, 2020	April 25, 2020	3,649	15,820
18	April 26, 2020	May 2, 2020	2,899	18,719
19	May 3, 2020	May 9, 2020	2,353	21,072
20	May 10, 2020	May 16, 2020	2,223	23,295
21	May 17, 2020	May 23, 2020	2,617	25,912
22	May 24, 2020	May 30, 2020	2,611	28,523
23	May 31, 2020	June 6, 2020	2,301	30,824

Reported Week	Start date	End date	Number of cases	Cumulative count
24	June 7, 2020	June 13, 2020	1,472	32,296
25	June 14, 2020	June 20, 2020	1,226	33,522
26	June 21, 2020	June 27, 2020	1,250	34,772
27	June 28, 2020	July 4, 2020	1,085	35,857
28	July 5, 2020	July 11, 2020	866	36,723
29	July 12, 2020	July 18, 2020	932	37,655
30	July 19, 2020	July 25, 2020	992	38,647
31	July 26, 2020	August 1, 2020	808	39,455
32	August 2, 2020	August 8, 2020	591	40,046
33	August 9, 2020	August 15, 2020	610	40,656
34	August 16, 2020	August 22, 2020	728	41,384
35	August 23, 2020	August 29, 2020	849	42,233
36	August 30, 2020	September 5, 2020	976	43,209
37	September 6, 2020	September 12, 2020	1,508	44,717
38	September 13, 2020	September 19, 2020	2,371	47,088
39	September 20, 2020	September 26, 2020	3,123	50,211
40	September 27, 2020	October 3, 2020	4,224	54,435
41	October 4, 2020	October 10, 2020	5,040	59,475
42	October 11, 2020	October 17, 2020	5,277	64,752
43	October 18, 2020	October 24, 2020	6,041	70,793
44	October 25, 2020	October 31, 2020	6,388	77,181
45	November 1, 2020	November 7, 2020	7,601	84,782
46	November 8, 2020	November 14, 2020	10,442	95,224
47	November 15, 2020	November 21, 2020	10,036	105,260
48	November 22, 2020	November 28, 2020	11,138	116,398

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,683	129,081
50	December 6, 2020	December 12, 2020	13,062	142,143
51	December 13, 2020	December 19, 2020	15,663	157,806
52	December 20, 2020	December 26, 2020	15,622	173,428
53	December 27, 2020	January 2, 2021	20,457	193,885
1	January 3, 2021	January 9, 2021	24,874	218,759
2	January 10, 2021	January 16, 2021	21,384	240,143
3	January 17, 2021	January 23, 2021	16,404	256,547
4	January 24, 2021	January 30, 2021	12,767	269,314
5	January 31, 2021	February 6, 2021	9,777	279,091
6	February 7, 2021	February 13, 2021	7,901	286,992
7	February 14, 2021	February 20, 2021	7,457	294,449
8	February 21, 2021	February 27, 2021	7,681	302,130
9	February 28, 2021	March 6, 2021	7,934	310,064
10	March 7, 2021	March 13, 2021	9,481	319,545
11	March 14, 2021	March 20, 2021	11,022	330,567
12	March 21, 2021	March 27, 2021	14,390	344,957
13	March 28, 2021	April 3, 2021	18,943	363,900
14	April 4, 2021	April 10, 2021	25,582	389,482
15	April 11, 2021	April 17, 2021	30,884	420,366
16	April 18, 2021	April 24, 2021	28,345	448,711
17	April 25, 2021	May 1, 2021	25,204	473,915
18	May 2, 2021	May 8, 2021	20,751	494,666
19	May 9, 2021	May 15, 2021	16,525	511,191
20	May 16, 2021	May 22, 2021	12,644	523,835

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,757	531,592
22	May 30, 2021	June 5, 2021	5,211	536,803
23	June 6, 2021	June 12, 2021	3,484	540,287
24	June 13, 2021	June 19, 2021	2,417	542,704
25	June 20, 2021	June 26, 2021	1,882	544,586
26	June 27, 2021	July 3, 2021	1,474	546,060
27	July 4, 2021	July 10, 2021	1,226	547,286
28	July 11, 2021	July 17, 2021	1,044	548,330
29	July 18, 2021	July 24, 2021	1,106	549,436
30	July 25, 2021	July 31, 2021	1,349	550,785
31	August 1, 2021	August 7, 2021	1,905	552,690
32	August 8, 2021	August 14, 2021	3,169	555,859
33	August 15, 2021	August 21, 2021	4,141	560,000
34	August 22, 2021	August 28, 2021	4,775	564,775
35	August 29, 2021	September 4, 2021	5,184	569,959
36	September 5, 2021	September 11, 2021	5,055	575,014
37	September 12, 2021	September 18, 2021	4,917	579,931
38	September 19, 2021	September 25, 2021	4,396	584,327
39	September 26, 2021	October 2, 2021	3,953	588,280
40	October 3, 2021	October 9, 2021	3,843	592,123
41	October 10, 2021	October 16, 2021	2,903	595,026
42	October 17, 2021	October 23, 2021	2,626	597,652
43	October 24, 2021	October 30, 2021	2,501	600,153
44	October 31, 2021	November 6, 2021	3,291	603,444
45	November 7, 2021	November 13, 2021	3,984	607,428

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	612,006
47	November 21, 2021	November 27, 2021	5,432	617,438
48	November 28, 2021	December 4, 2021	6,600	624,038
49	December 5, 2021	December 11, 2021	9,002	633,040
50	December 12, 2021	December 18, 2021	19,086	652,126
51	December 19, 2021	December 25, 2021	52,565	704,691
52	December 26, 2021	January 1, 2022	100,545	805,236
1	January 2, 2022	January 8, 2022	89,186	894,422
2	January 9, 2022	January 15, 2022	71,836	966,258
3	January 16, 2022	January 22, 2022	46,313	1,012,571
4	January 23, 2022	January 29, 2022	31,463	1,044,034
5	January 30, 2022	February 5, 2022	22,169	1,066,203
6	February 6, 2022	February 12, 2022	17,782	1,083,985
7	February 13, 2022	February 19, 2022	13,546	1,097,531
8	February 20, 2022	February 26, 2022	12,403	1,109,934
9	February 27, 2022	March 5, 2022	11,388	1,121,322
10	March 6, 2022	March 12, 2022	11,389	1,132,711
11	March 13, 2022	March 19, 2022	11,299	1,144,010
12	March 20, 2022	March 26, 2022	14,374	1,158,384
13	March 27, 2022	April 2, 2022	18,037	1,176,421
14	April 3, 2022	April 9, 2022	22,406	1,198,827
15	April 10, 2022	April 16, 2022	22,693	1,221,520

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

Public Health Unit Name	Cases reported week 14	Rate per 100,000 population Reported week 14	Cases reported week 15	Rate per 100,000 population Reported week 15
Northwestern Health Unit	303	373.2	257	316.6
Thunder Bay District Health Unit	212	134.4	386	244.8
TOTAL NORTH WEST	515	215.6	643	269.2
Algoma Public Health	348	295.3	335	284.3
North Bay Parry Sound District Health Unit	228	176.3	249	192.6
Porcupine Health Unit	179	210.6	121	142.4
Public Health Sudbury & Districts	383	186.6	427	208.0
Timiskaming Health Unit	89	262.7	95	280.4
TOTAL NORTH EAST	1,227	214.8	1,227	214.8
Ottawa Public Health	1,249	119.7	1,278	122.5
Eastern Ontario Health Unit	286	132.5	295	136.7
Hastings Prince Edward Public Health	473	273.7	440	254.6
Kingston, Frontenac and Lennox & Addington Public Health	910	434.9	754	360.4
Leeds, Grenville & Lanark District Health Unit	296	164.5	334	185.6
Renfrew County and District Health Unit	158	145.7	156	143.8
TOTAL EASTERN	3,372	174.8	3,257	168.8
Durham Region Health Department	1,112	156.3	1,116	156.9

Public Health Unit Name	Cases reported week 14	Rate per 100,000 population Reported week 14	Cases reported week 15	Rate per 100,000 population Reported week 15
Haliburton, Kawartha, Pine Ridge District Health Unit	292	153.1	315	165.2
Peel Public Health	1,288	82.4	1,262	80.7
Peterborough Public Health	217	146.5	256	172.8
Simcoe Muskoka District Health Unit	1,340	221.7	1,281	211.9
York Region Public Health	1,332	111.0	1,494	124.5
TOTAL CENTRAL EAST	5,581	126.3	5,724	129.5
Toronto Public Health	4,188	140.1	4,313	144.3
TOTAL TORONTO	4,188	140.1	4,313	144.3
Chatham-Kent Public Health	217	203.5	275	257.9
Grey Bruce Health Unit	397	225.4	313	177.7
Huron Perth Public Health	198	135.4	156	106.7
Lambton Public Health	274	206.1	310	233.1
Middlesex-London Health Unit	703	137.7	738	144.5
Southwestern Public Health	324	148.0	340	155.3
Windsor-Essex County Health Unit	823	191.0	831	192.8
TOTAL SOUTH WEST	2,936	170.5	2,963	172.0
Brant County Health Unit	271	176.5	268	174.5
City of Hamilton Public Health Services	1,191	204.7	1,246	214.2
Haldimand-Norfolk Health Unit	240	200.0	212	176.7
Halton Region Public Health	740	121.2	797	130.5

Public Health Unit Name	Cases reported week 14	Rate per 100,000 population Reported week 14	Cases reported week 15	Rate per 100,000 population Reported week 15
Niagara Region Public Health	891	185.0	845	175.4
Region of Waterloo Public Health and Emergency Services	755	124.7	746	123.3
Wellington-Dufferin-Guelph Public Health	499	159.9	452	144.9
TOTAL CENTRAL WEST	4,587	160.1	4,566	159.4
TOTAL ONTARIO	22,406	152.1	22,693	154.0

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

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Public Health Ontario

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