Public Health Ontario | Santé publique Ontario

WEEKLY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: Focus on May 1, 2022 to May 7, 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 **May 10, 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.

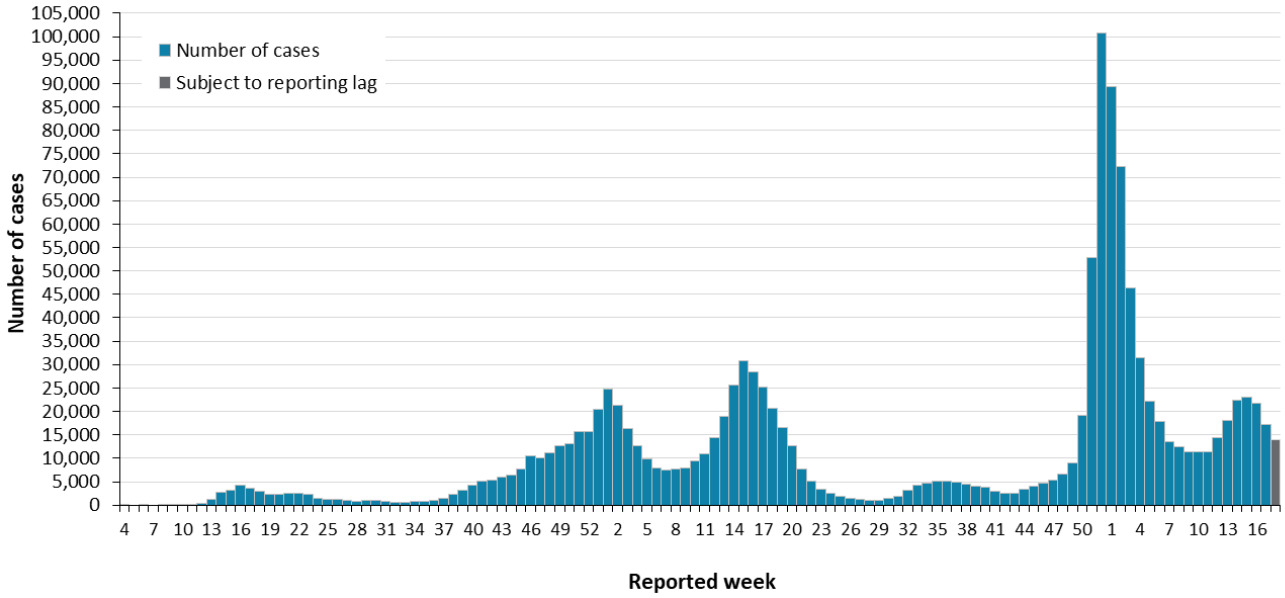
> The term public health unit reported date in this document refers to the date local public health units were first notified of the case. Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported 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 1,275,882 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to May 7, 2022.
- For the period with a public health unit (PHU) reported date between May 1 to 7, 2022 (Week 18):
    - A total of 14,073 cases were reported to public health compared to 17,146 cases the previous week (April 24 to 30, 2022 or Week 17). The number of cases should be interpreted with caution due to changes in testing availability.
    - Between week 15 and 18, the weekly cumulative number of confirmed cases declined by 38.8% from 22,979 cases in week 15 (April 10 to 16, 2022) at the peak of wave 6.
    - The weekly rate of confirmed cases decreased across all ages between weeks 17 and 18. Cases aged 80 years and older showed the lowest decrease at 9.1%, compared to decreases of 31.5% and 27.5% among cases aged of 5 to 11 years and 12 to 19 years, respectively.

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 Week18 (May 1 and 7, 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

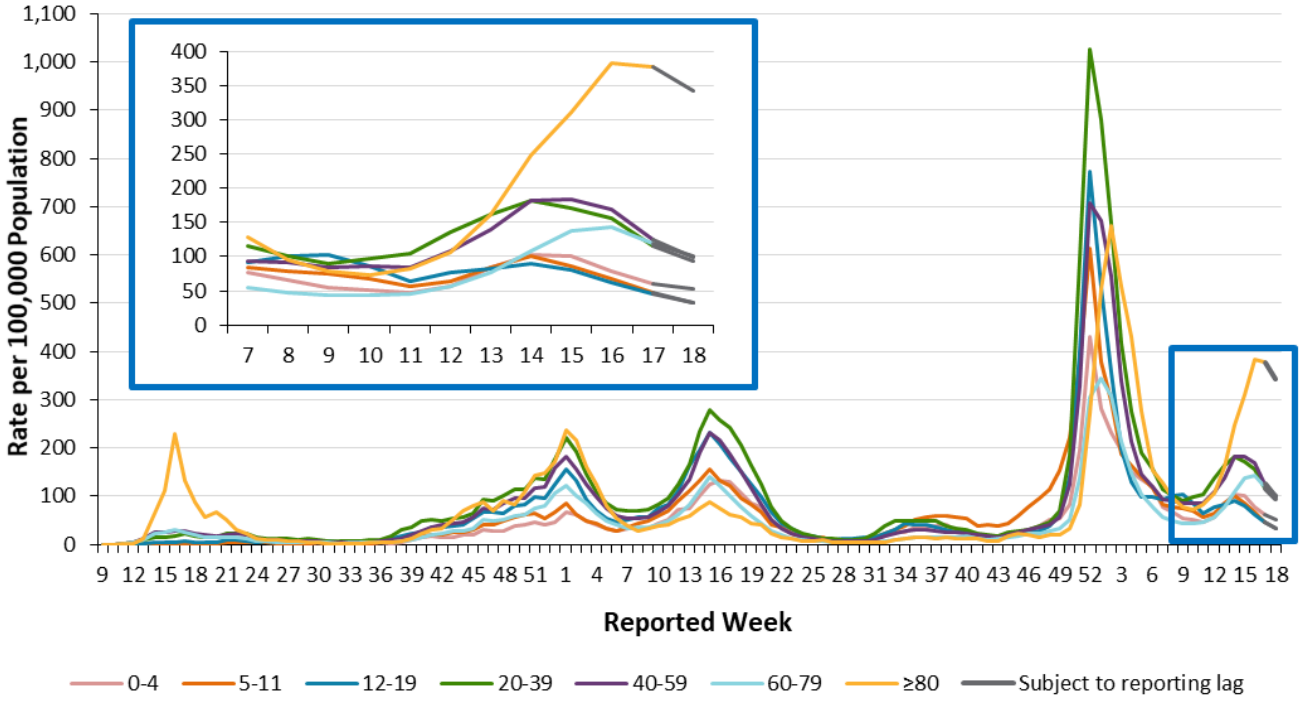
Case Characteristics

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

	Reported Week 17 (April 24 to 30, 2022)	Reported Week 18 (May 1 to 7, 2022)	Cumulative case count up to May 7, 2022	Cumulative rate per 100,000 population
Total number of cases	17,146	14,073	1,275,882	8,659.4
Sex: Male	6,606	5,373	593,728	8,156.2
Sex: Female	10,383	8,565	674,399	9,046.8
Ages: 0-4	441	378	37,919	5,244.6
Ages: 5-11	507	347	73,869	6,849.1
Ages: 12-19	604	437	104,617	7,869.0
Ages: 20-39	4,811	3,872	480,985	11,584.7
Ages: 40-59	4,869	3,885	357,152	9,168.3
Ages: 60-79	3,439	2,903	158,942	5,481.2
Ages: 80 and over	2,473	2,247	61,992	9,452.4
Number resolved	N/A	N/A	1,244,788	N/A

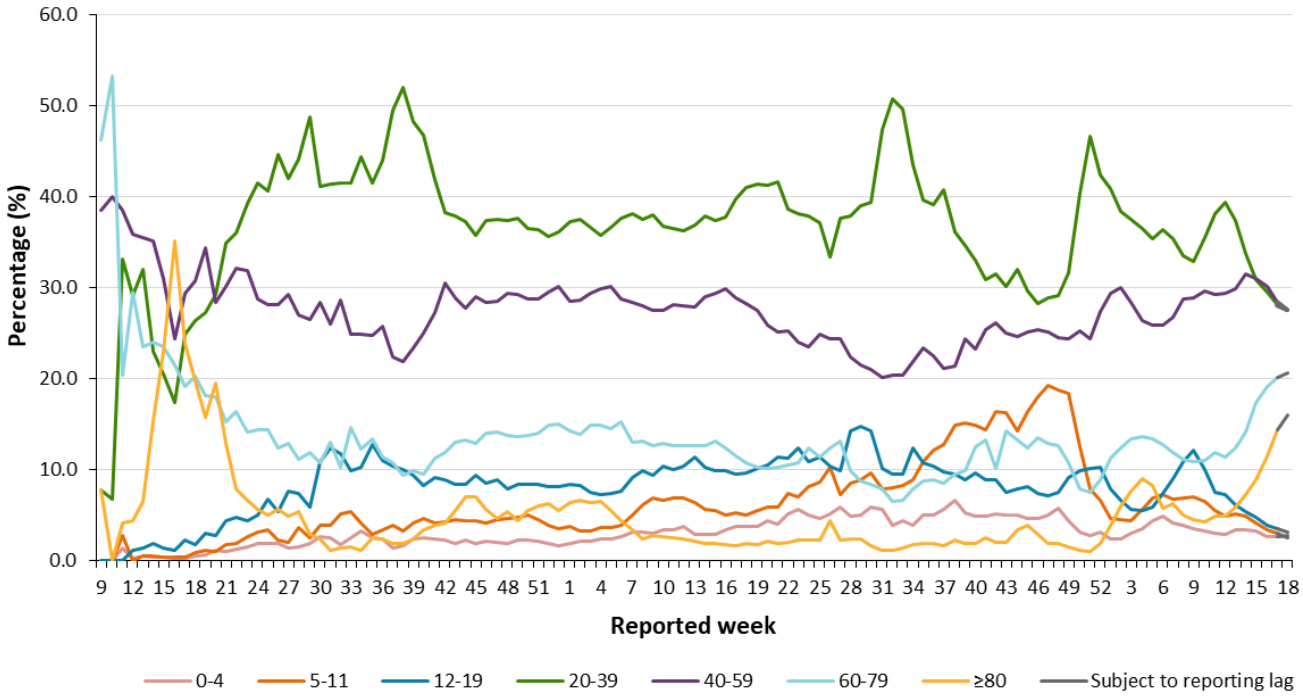
Note: Not all cases have an age or sex reported. Interpret information for the most recent week with caution due to reporting lags.
Data Source: CCM

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 18 (May 1 and 7, 2022). See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.
Data Source: CCM

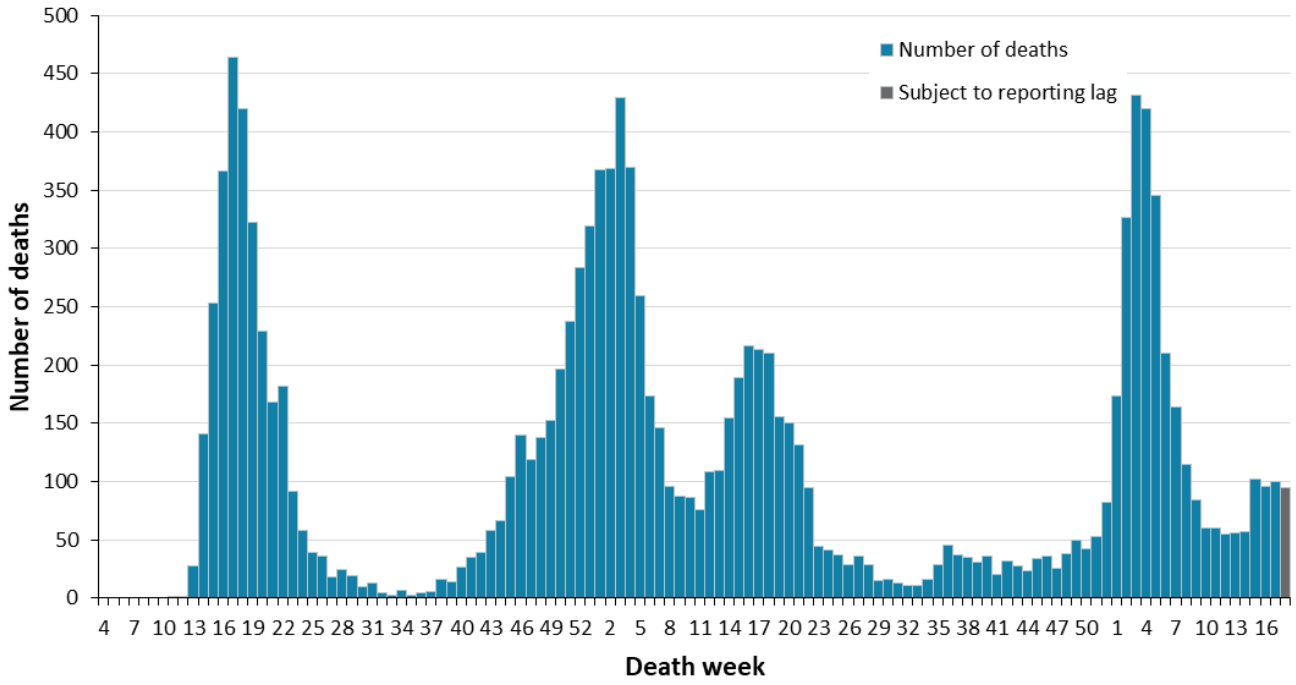
Figure 2b. Percentage of confirmed cases of COVID-19 by age group and public health unit reported week: Ontario



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 18 (May 1 and 7, 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 18 (May 1 and 7, 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 17 (April 24 to 30, 2022)	Reported Week 18 (May 1 to 7, 2022)	Cumulative case count up to May 7, 2022	Cumulative rate per 100,000 population
Number of deaths	69	31	13,019	88.4
Sex: Male	38	21	6,884	94.6
Sex: Female	31	10	6,070	81.4
Ages: 19 and under	0	0	15	0.5
Ages: 20-39	0	0	140	3.4
Ages: 40-59	4	2	922	23.7
Ages: 60-79	18	11	4,375	150.9
Ages: 80 and over	47	18	7,566	1,153.6

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 17 (April 24 to 30, 2022)	Reported Week 18 (May 1 to 7, 2022)	Cumulative case count up to May 7, 2022
Number of cases	1,102	957	51,445
Ever hospitalized	1	0	510
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 17 (April 24 to 30, 2022)	Reported Week 18 (May 1 to 7, 2022)	Cumulative case count up to May 7, 2022
Residents	811	784	29,972
Deaths among residents	20	1	4,506
Health care workers	147	127	12,839
Deaths among health care workers	0	0	10

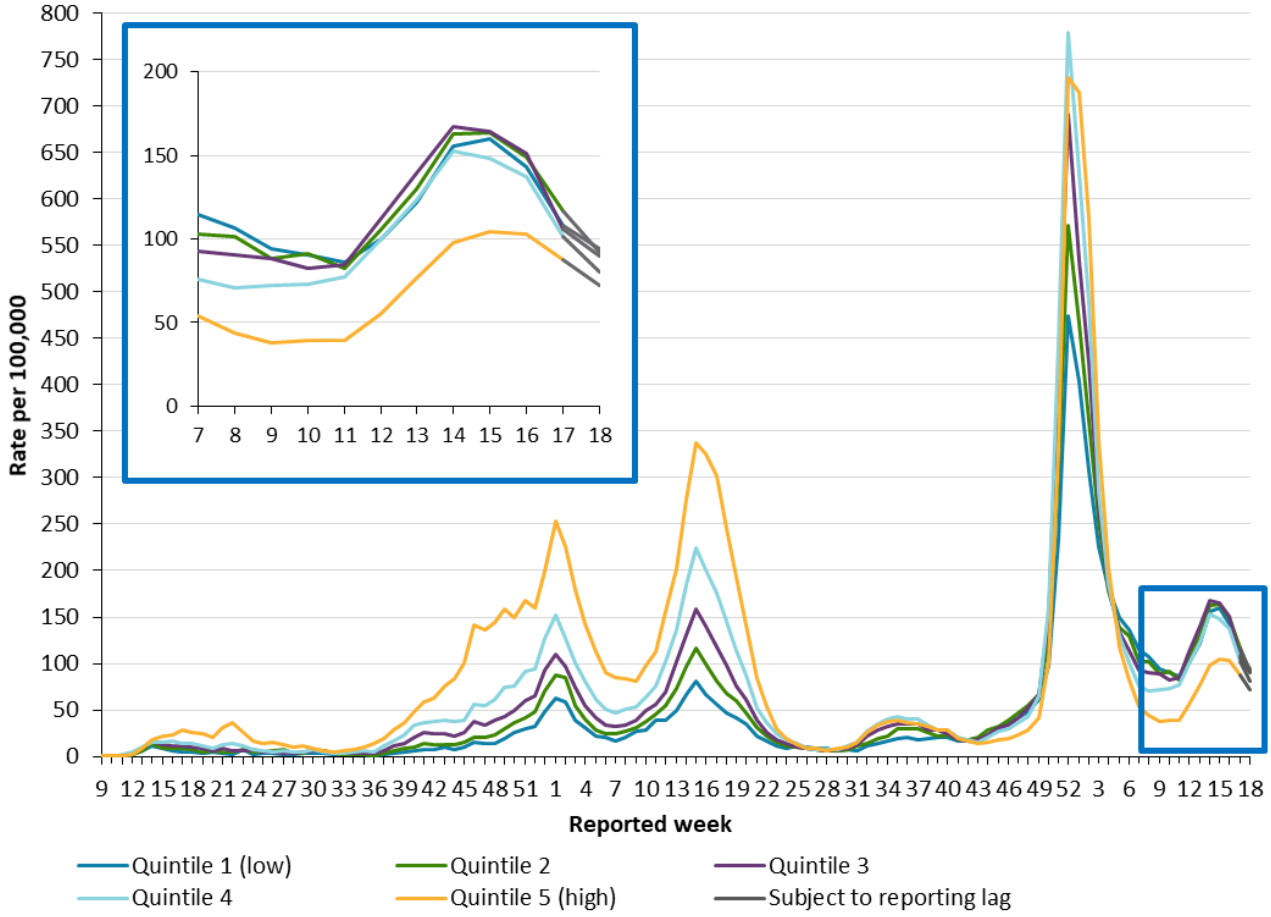
Note: Information on how long-term care home residents and health care workers are identified is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags.
Data Source: CCM

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

Age Group	Reported Week 17 (April 24 to 30, 2022)	Reported Week 18 (May 1 to 7, 2022)	Cumulative count from November 1, 2020 up to May 7, 2022	Percent of reinfection cases
Ages: 0-4	8	4	175	1.0%
Ages: 5-11	6	11	320	1.9%
Ages: 12-19	18	8	777	4.6%
Ages: 20-39	239	177	7,918	47.2%
Ages: 40-59	213	164	4,955	29.6%
Ages: 60-79	85	98	1,593	9.5%
Ages: 80 and over	90	63	1,025	6.1%
Total reinfection cases	**659**	**525**	**16,763**	**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

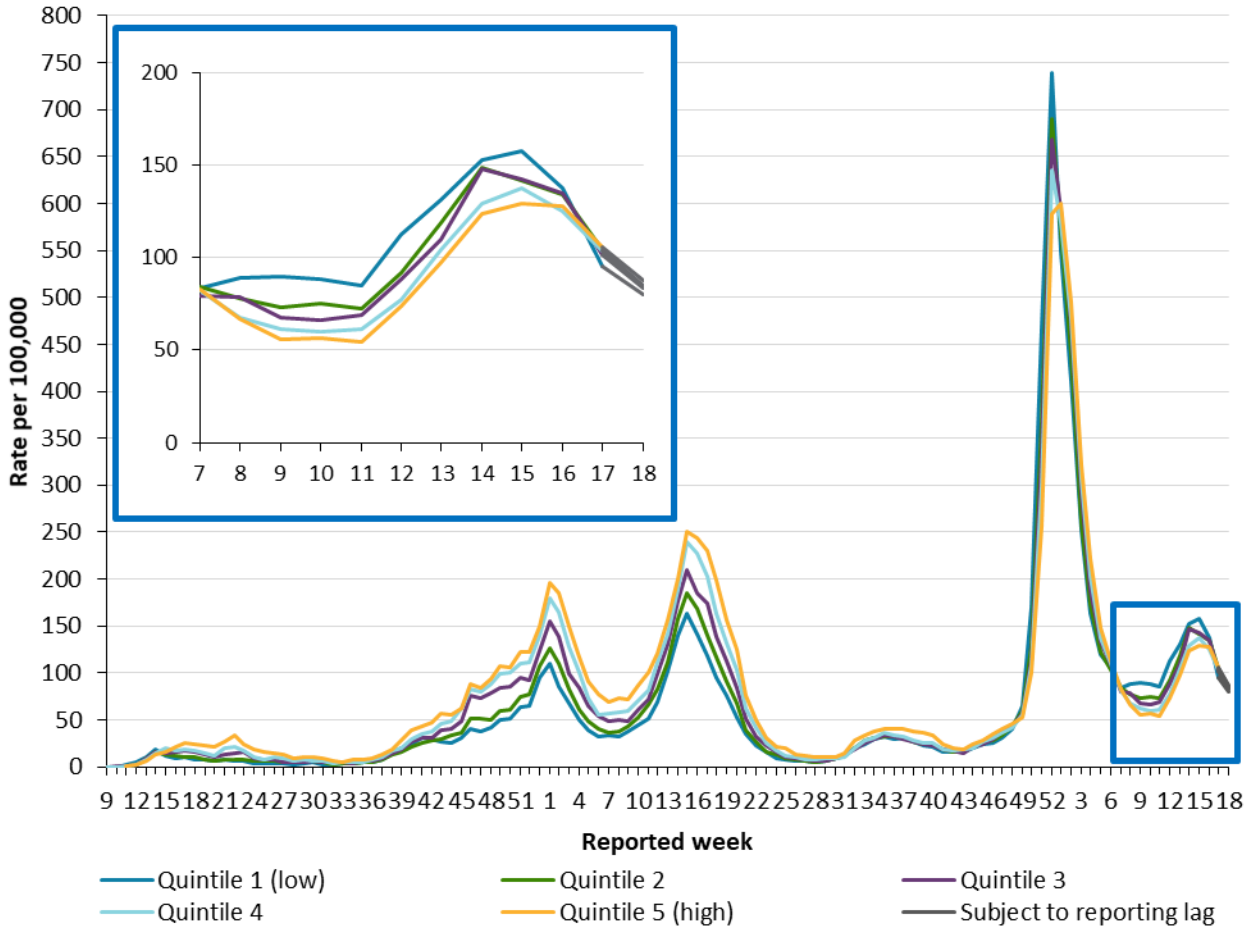
Figure 4. Rate of confirmed cases of COVID-19 per 100,000 population by quintile of neighbourhood diversity and public health unit reported week: Ontario



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 18 (May 1 to 7, 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 18 (May 1 to 7, 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 17 (April 24 to 30, 2022)	Cases Reported Week 18 (May 1 to 7, 2022)	Cumulative case count up to May 7, 2022	Cumulative rate per 100,000 population up to May 7, 2022
Quintile 1 (least diverse)	2,403	2,092	118,956	5,355.5
Quintile 2	2,760	2,182	149,270	6,303.3
Quintile 3	2,740	2,330	190,322	7,342.4
Quintile 4	3,176	2,522	267,746	8,560.7
Quintile 5 (most diverse)	3,790	3,122	457,025	10,573.7

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 17 (April 24 to 30, 2022)	Cases Reported Week 18 (May 1 to 7, 2022)	Cumulative case count up to May 7, 2022	Cumulative rate per 100,000 population up to May 7, 2022
Quintile 1 (least material deprivation)	3,290	2,759	250,013	7,254.8
Quintile 2	3,229	2,612	231,874	7,468.6
Quintile 3	2,810	2,306	225,745	8,141.0
Quintile 4	2,718	2,228	226,361	8,614.9
Quintile 5 (most material deprivation)	2,822	2,343	249,326	9,303.2

Note: Neighbourhood material deprivation is measured using the material deprivation dimension of the Ontario Marginalization Index. The material deprivation dimension uses Canadian census data on income, quality of housing, educational attainment and family structure characteristics to assess the ability of individuals and communities to access and attain basic material needs. Cumulative counts and rates include cases of COVID-19 reported starting week 9 (February 23 to 29, 2020).
Data Source: CCM, Ontario Marginalization Index

Outbreaks

Table 8. Number of public health unit declared COVID-19 outbreaks by setting type: Ontario

Setting Type	Reported Week 18 (May 1 to 7, 2022)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to May 7, 2022
Congregate Care	**103**	**420**	**5,889**
Long-term care homes	36	189	2,600
Retirement homes	26	140	1,858
Hospitals	41	91	1,431
Congregate Living	**34**	**92**	**2,860**
Correctional facility	0	6	151
Shelter	8	19	595
Group Home/supportive housing	26	67	2,114
Total number of outbreaks*	**137**	**512**	**8,749**

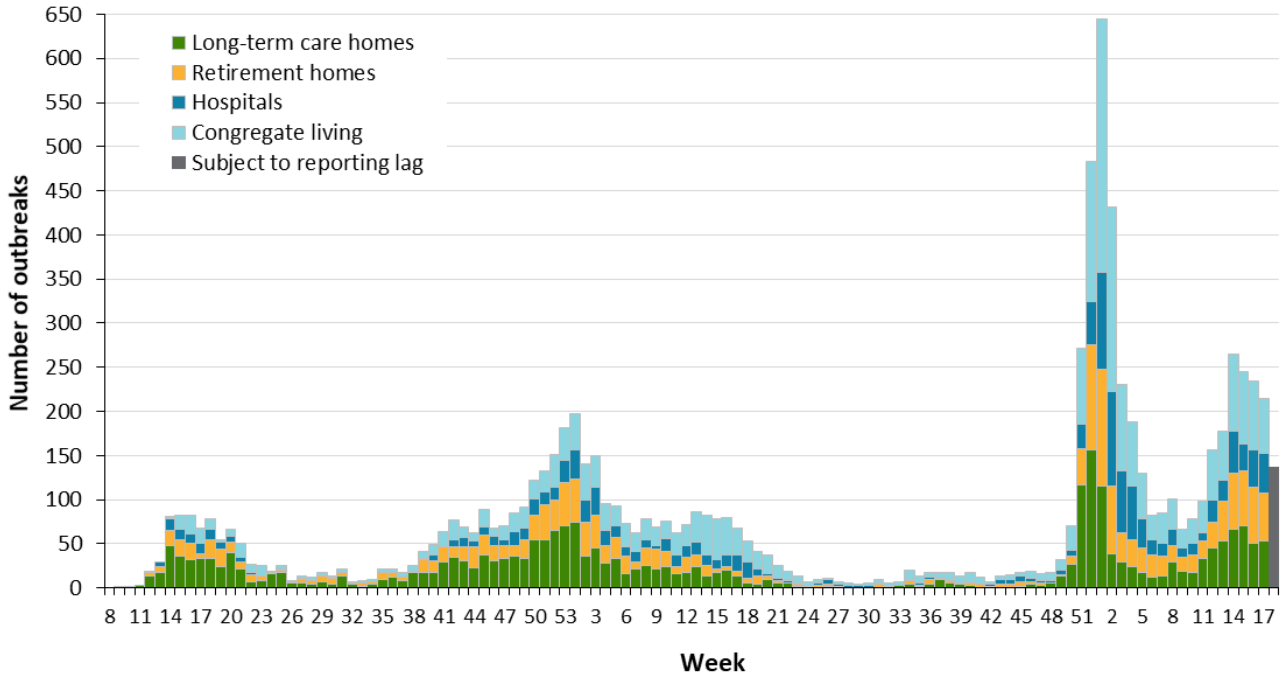
Note: Reported week is based on the outbreak reported date, and if unavailable, the date the public health unit created the outbreak. Ongoing outbreaks are those that are reported in CCM as 'Open' and without a 'Declared Over Date' recorded. Interpret information for the most recent week with caution 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 17 (April 24 to 30, 2022)	Reported Week 18 (May 1 to 7, 2022)	Cumulative number of cases
Congregate Care	**2,622**	**2,234**	**91,759**
Long-term care homes	1,365	1,155	56,990
Retirement homes	913	762	20,383
Hospitals	344	317	14,386
Congregate Living	**244**	**174**	**20,132**
Correctional facility	51	27	5,645
Shelter	25	37	5,152
Group Home/supportive housing	168	110	9,335
Total number of cases*	**2,866**	**2,408**	**111,891**

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 18 refers to May 1 and 7, 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:
    - **May 10, 2022 at 1 p.m.** for cases reported from December 1, 2021 onwards
    - **May 9, 2022 at 9 a.m.** for cases reported from January 1, 2021 to November 30, 2021
    - **April 29, 2022 at 9 a.m.** for cases reported up to December 31, 2020.
- 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	2,618	25,913
22	May 24, 2020	May 30, 2020	2,611	28,524
23	May 31, 2020	June 6, 2020	2,301	30,825

Reported Week	Start date	End date	Number of cases	Cumulative count
24	June 7, 2020	June 13, 2020	1,472	32,297
25	June 14, 2020	June 20, 2020	1,225	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	931	37,654
30	July 19, 2020	July 25, 2020	993	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	3,122	50,210
40	September 27, 2020	October 3, 2020	4,224	54,434
41	October 4, 2020	October 10, 2020	5,040	59,474
42	October 11, 2020	October 17, 2020	5,277	64,751
43	October 18, 2020	October 24, 2020	6,041	70,792
44	October 25, 2020	October 31, 2020	6,387	77,179
45	November 1, 2020	November 7, 2020	7,601	84,780
46	November 8, 2020	November 14, 2020	10,442	95,222
47	November 15, 2020	November 21, 2020	10,036	105,258
48	November 22, 2020	November 28, 2020	11,138	116,396

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,683	129,079
50	December 6, 2020	December 12, 2020	13,062	142,141
51	December 13, 2020	December 19, 2020	15,662	157,803
52	December 20, 2020	December 26, 2020	15,621	173,424
53	December 27, 2020	January 2, 2021	20,455	193,879
1	January 3, 2021	January 9, 2021	24,872	218,751
2	January 10, 2021	January 16, 2021	21,378	240,129
3	January 17, 2021	January 23, 2021	16,404	256,533
4	January 24, 2021	January 30, 2021	12,767	269,300
5	January 31, 2021	February 6, 2021	9,777	279,077
6	February 7, 2021	February 13, 2021	7,898	286,975
7	February 14, 2021	February 20, 2021	7,457	294,432
8	February 21, 2021	February 27, 2021	7,681	302,113
9	February 28, 2021	March 6, 2021	7,934	310,047
10	March 7, 2021	March 13, 2021	9,480	319,527
11	March 14, 2021	March 20, 2021	11,021	330,548
12	March 21, 2021	March 27, 2021	14,390	344,938
13	March 28, 2021	April 3, 2021	18,939	363,877
14	April 4, 2021	April 10, 2021	25,579	389,456
15	April 11, 2021	April 17, 2021	30,885	420,341
16	April 18, 2021	April 24, 2021	28,342	448,683
17	April 25, 2021	May 1, 2021	25,206	473,889
18	May 2, 2021	May 8, 2021	20,750	494,639
19	May 9, 2021	May 15, 2021	16,524	511,163
20	May 16, 2021	May 22, 2021	12,641	523,804

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,756	531,560
22	May 30, 2021	June 5, 2021	5,211	536,771
23	June 6, 2021	June 12, 2021	3,483	540,254
24	June 13, 2021	June 19, 2021	2,417	542,671
25	June 20, 2021	June 26, 2021	1,881	544,552
26	June 27, 2021	July 3, 2021	1,473	546,025
27	July 4, 2021	July 10, 2021	1,226	547,251
28	July 11, 2021	July 17, 2021	1,044	548,295
29	July 18, 2021	July 24, 2021	1,106	549,401
30	July 25, 2021	July 31, 2021	1,349	550,750
31	August 1, 2021	August 7, 2021	1,904	552,654
32	August 8, 2021	August 14, 2021	3,169	555,823
33	August 15, 2021	August 21, 2021	4,140	559,963
34	August 22, 2021	August 28, 2021	4,768	564,731
35	August 29, 2021	September 4, 2021	5,180	569,911
36	September 5, 2021	September 11, 2021	5,052	574,963
37	September 12, 2021	September 18, 2021	4,915	579,878
38	September 19, 2021	September 25, 2021	4,396	584,274
39	September 26, 2021	October 2, 2021	3,952	588,226
40	October 3, 2021	October 9, 2021	3,843	592,069
41	October 10, 2021	October 16, 2021	2,903	594,972
42	October 17, 2021	October 23, 2021	2,625	597,597
43	October 24, 2021	October 30, 2021	2,500	600,097
44	October 31, 2021	November 6, 2021	3,291	603,388
45	November 7, 2021	November 13, 2021	3,982	607,370

Reported Week	Start date	End date	Number of cases	Cumulative count
46	November 14, 2021	November 20, 2021	4,578	611,948
47	November 21, 2021	November 27, 2021	5,432	617,380
48	November 28, 2021	December 4, 2021	6,599	623,979
49	December 5, 2021	December 11, 2021	9,007	632,986
50	December 12, 2021	December 18, 2021	19,091	652,077
51	December 19, 2021	December 25, 2021	52,741	704,818
52	December 26, 2021	January 1, 2022	100,808	805,626
1	January 2, 2022	January 8, 2022	89,396	895,022
2	January 9, 2022	January 15, 2022	72,221	967,243
3	January 16, 2022	January 22, 2022	46,344	1,013,587
4	January 23, 2022	January 29, 2022	31,455	1,045,042
5	January 30, 2022	February 5, 2022	22,159	1,067,201
6	February 6, 2022	February 12, 2022	17,777	1,084,978
7	February 13, 2022	February 19, 2022	13,527	1,098,505
8	February 20, 2022	February 26, 2022	12,393	1,110,898
9	February 27, 2022	March 5, 2022	11,372	1,122,270
10	March 6, 2022	March 12, 2022	11,374	1,133,644
11	March 13, 2022	March 19, 2022	11,296	1,144,940
12	March 20, 2022	March 26, 2022	14,371	1,159,311
13	March 27, 2022	April 2, 2022	18,055	1,177,366
14	April 3, 2022	April 9, 2022	22,490	1,199,856
15	April 10, 2022	April 16, 2022	22,979	1,222,835
16	April 17, 2022	April 23, 2022	21,828	1,244,663
17	April 24, 2022	April 30, 2022	17,146	1,261,809
18	May 1, 2022	May 7, 2022	14,073	1,275,882

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

Public Health Unit Name	Cases reported Week 17	Rate per 100,000 population Reported Week 17	Cases reported Week 18	Rate per 100,000 population Reported Week 18
Northwestern Health Unit	301	370.8	165	203.2
Thunder Bay District Health Unit	346	219.4	438	277.7
TOTAL NORTH WEST	**647**	**270.8**	**603**	**252.4**
Algoma Public Health	227	192.6	190	161.2
North Bay Parry Sound District Health Unit	198	153.1	164	126.8
Porcupine Health Unit	143	168.2	84	98.8
Public Health Sudbury & Districts	374	182.2	306	149.1
Timiskaming Health Unit	137	404.3	66	194.8
TOTAL NORTH EAST	**1,079**	**188.9**	**810**	**141.8**
Ottawa Public Health	1,004	96.2	762	73.0
Eastern Ontario Health Unit	195	90.3	164	76.0
Hastings Prince Edward Public Health	318	184.0	189	109.4
Kingston, Frontenac and Lennox & Addington Public Health	577	275.8	453	216.5
Leeds, Grenville & Lanark District Health Unit	301	167.3	207	115.0
Renfrew County and District Health Unit	129	118.9	116	106.9
TOTAL EASTERN	**2,524**	**130.8**	**1,891**	**98.0**
Durham Region Health Department	792	111.3	665	93.5

Public Health Unit Name	Cases reported Week 17	Rate per 100,000 population Reported Week 17	Cases reported Week 18	Rate per 100,000 population Reported Week 18
Haliburton, Kawartha, Pine Ridge District Health Unit	193	101.2	188	98.6
Peel Public Health	1,170	74.8	1,042	66.6
Peterborough Public Health	132	89.1	198	133.7
Simcoe Muskoka District Health Unit	803	132.8	672	111.2
York Region Public Health	1,307	108.9	1,047	87.2
TOTAL CENTRAL EAST	**4,397**	**99.5**	**3,812**	**86.3**
Toronto Public Health	3,391	113.5	2,701	90.4
TOTAL TORONTO	**3,391**	**113.5**	**2,701**	**90.4**
Chatham-Kent Public Health	225	211.0	141	132.2
Grey Bruce Health Unit	172	97.6	145	82.3
Huron Perth Public Health	140	95.7	163	111.5
Lambton Public Health	176	132.4	133	100.0
Middlesex-London Health Unit	508	99.5	386	75.6
Southwestern Public Health	276	126.1	189	86.3
Windsor-Essex County Health Unit	466	108.1	449	104.2
TOTAL SOUTH WEST	**1,963**	**114.0**	**1,606**	**93.2**
Brant County Health Unit	150	97.7	141	91.8
City of Hamilton Public Health Services	903	155.2	776	133.4
Haldimand-Norfolk Health Unit	140	116.7	136	113.3
Halton Region Public Health	518	84.8	424	69.4

Public Health Unit Name	Cases reported Week 17	Rate per 100,000 population Reported Week 17	Cases reported Week 18	Rate per 100,000 population Reported Week 18
Niagara Region Public Health	619	128.5	485	100.7
Region of Waterloo Public Health and Emergency Services	510	84.3	404	66.8
Wellington-Dufferin-Guelph Public Health	305	97.8	284	91.0
TOTAL CENTRAL WEST	**3,145**	**109.8**	**2,650**	**92.5**
TOTAL ONTARIO	**17,146**	**116.4**	**14,073**	**95.5**

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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