

Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to April 18, 2020

This report includes the most current information available from the integrated Public Health Information System (iPHIS) as of **4 p.m. April 18, 2020** and from the Toronto Public Health Coronavirus Rapid Entry System (CORES) as of **2 p.m. April 18, 2020**.

Purpose

- This daily report provides an epidemiologic summary of COVID-19 activity in Ontario to date.

Highlights

- There are 10,578 confirmed cases of COVID-19 in Ontario reported to date in iPHIS. This represents an increase of 568 confirmed cases from the previous report.
 - 42.5% of cases are male, 56.7% are female.
 - 43.2% of cases are 60 years of age and older.
 - Greater Toronto Area public health units account for 57.4% of cases.
 - 12.3% of cases were hospitalized.
- 553 deaths have been reported (please note there may be a reporting delay for deaths in iPHIS). This is an increase of 39 deaths from the previous report.
- One hundred twelve outbreaks have been reported in long-term care homes.

Case Characteristics

Table 1. Summary of cases of COVID-19: Ontario, January 15, 2020 to April 18, 2020

	Number	Percentage
Number of cases*	10,578	N/A
Change from previous report	568	5.7% increase
Gender: Male	4,495	42.5
Gender: Female	5,996	56.7
Ages: 19 and under	235	2.2
Ages: 20-39	2,408	22.8
Ages: 40-59	3,354	31.7
Ages: 60-79	2,437	23.0
Ages: 80 and over	2,135	20.2
Number of cases in health care workers	1,179	11.1

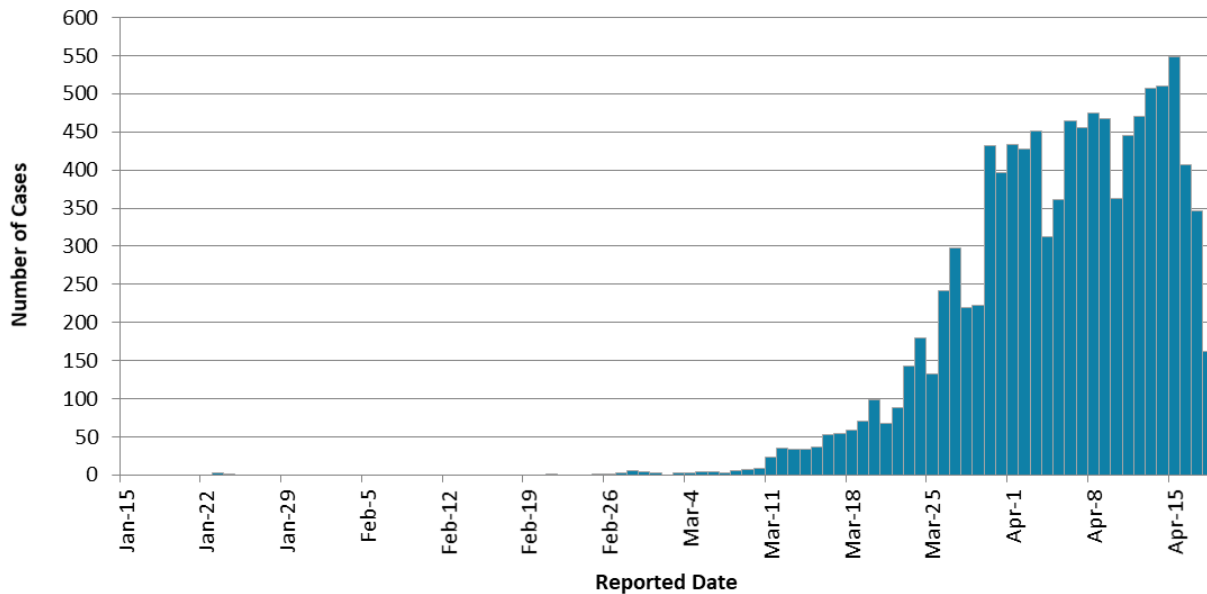
* Cases and rates by public health unit is provided in [Appendix A](#).

Note: 87 cases did not specify male or female. Nine cases had an unknown age.

Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

Time

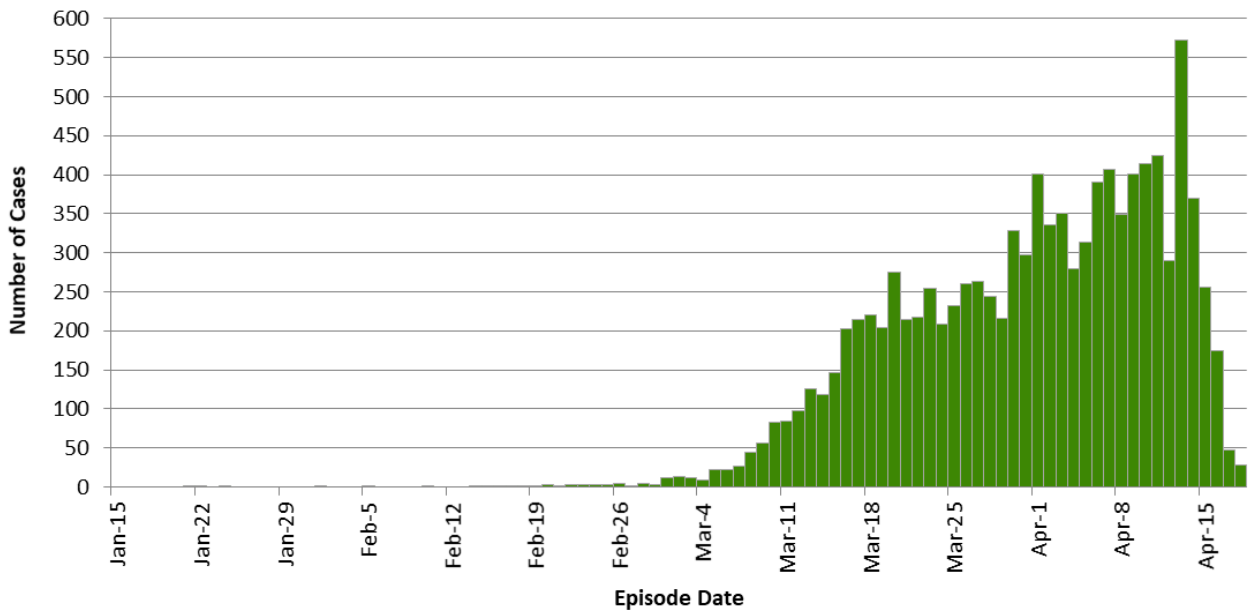
Figure 1. Confirmed cases (n=10,578) of COVID-19 by reported date: Ontario, January 15, 2020 to April 18, 2020*



*Interpret case counts for the most recent days with caution due to reporting lags.

Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

Figure 2. Confirmed cases (n=10,578) of COVID-19 by an approximation of symptom onset date*: Ontario, January 15, 2020 to April 18, 2020**



*This date, referred to as episode date, is intended to approximate symptom onset date. It is calculated based on either the date of symptom onset, specimen collection/test date, or the date reported to public health.

**Interpret case counts for the most recent days with caution due to reporting lags.

Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

Exposure

Table 2. Confirmed cases (n=10,578) of COVID-19 by exposure type: Ontario, January 15, 2020 to April 18, 2020

	Number	Percentage
Travel*	1,236	11.7
Close contact of a confirmed case	1,890	17.9
Community transmission	3,008	28.4
Information pending	4,444	42.0

*Travel within the 14 days prior to becoming ill.

Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

Severity

Table 3. Confirmed cases (n=10,578) of COVID-19 by severity: Ontario, January 15, 2020 to April 18, 2020

	Number	Percentage
Cumulative deaths reported (please note there may be a reporting delay for deaths in iPHIS)	553	5.2
Change from previous report	39	7.6% increase
Deaths reported in ages: 19 and under	0	0
Deaths reported in ages: 20-39	1	0
Deaths reported in ages: 40-59	31	0.9
Deaths reported in ages: 60-79	156	6.4
Deaths reported in ages: 80 and over	365	17.1
Cumulative intensive care*	355	3.4
Cumulative hospitalized*	1,306	12.3
Number of resolved** cases	5,209	49.2

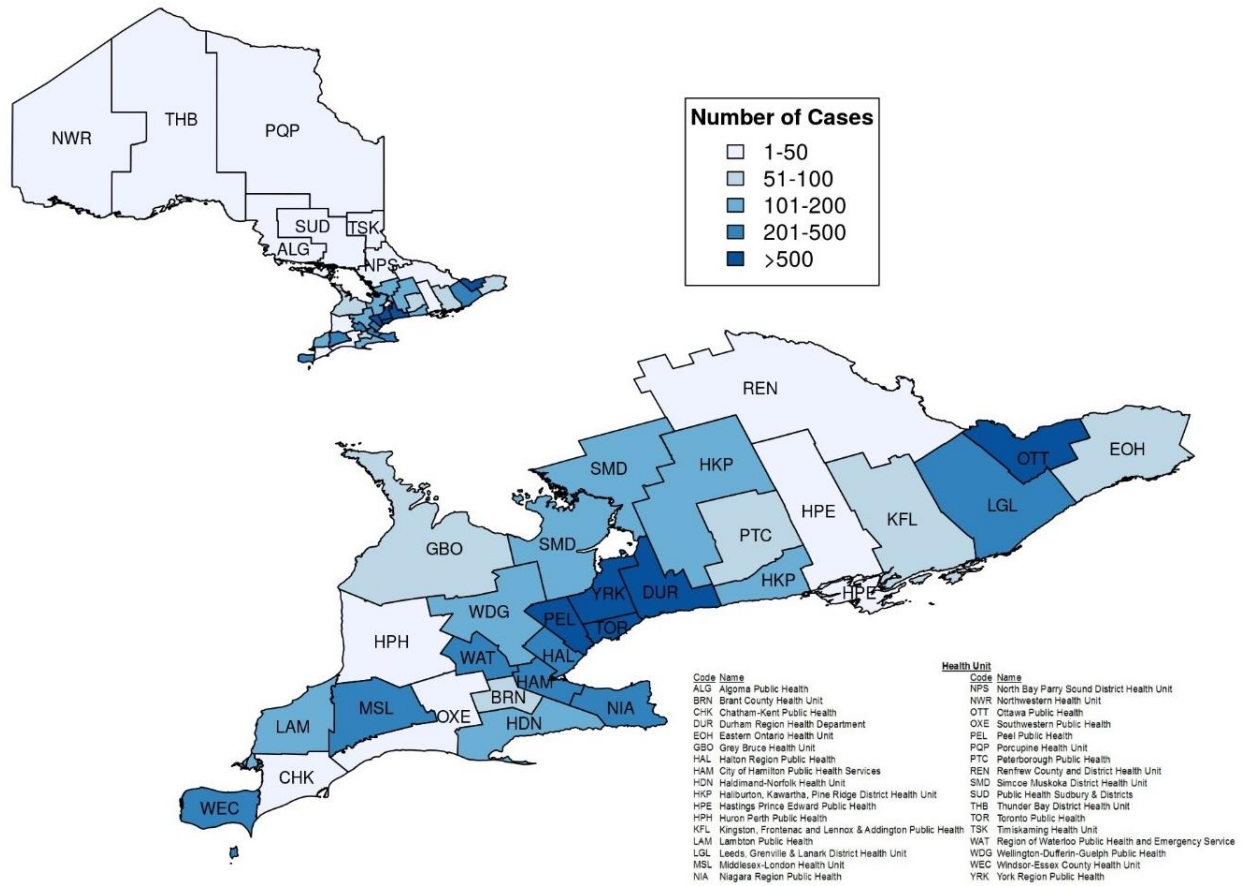
Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

* These refer to all hospitalized or ICU admitted cases, not cases that are currently hospitalized or in ICU.

** Cases that are 14 days past symptom onset (if available) or 14 days past the episode date (for cases for whom the public health unit investigation is complete) are classified as resolved for non-fatal cases that are not currently listed as hospitalized. Cases are also classified as resolved if the case is reported as “recovered” in iPHIS.

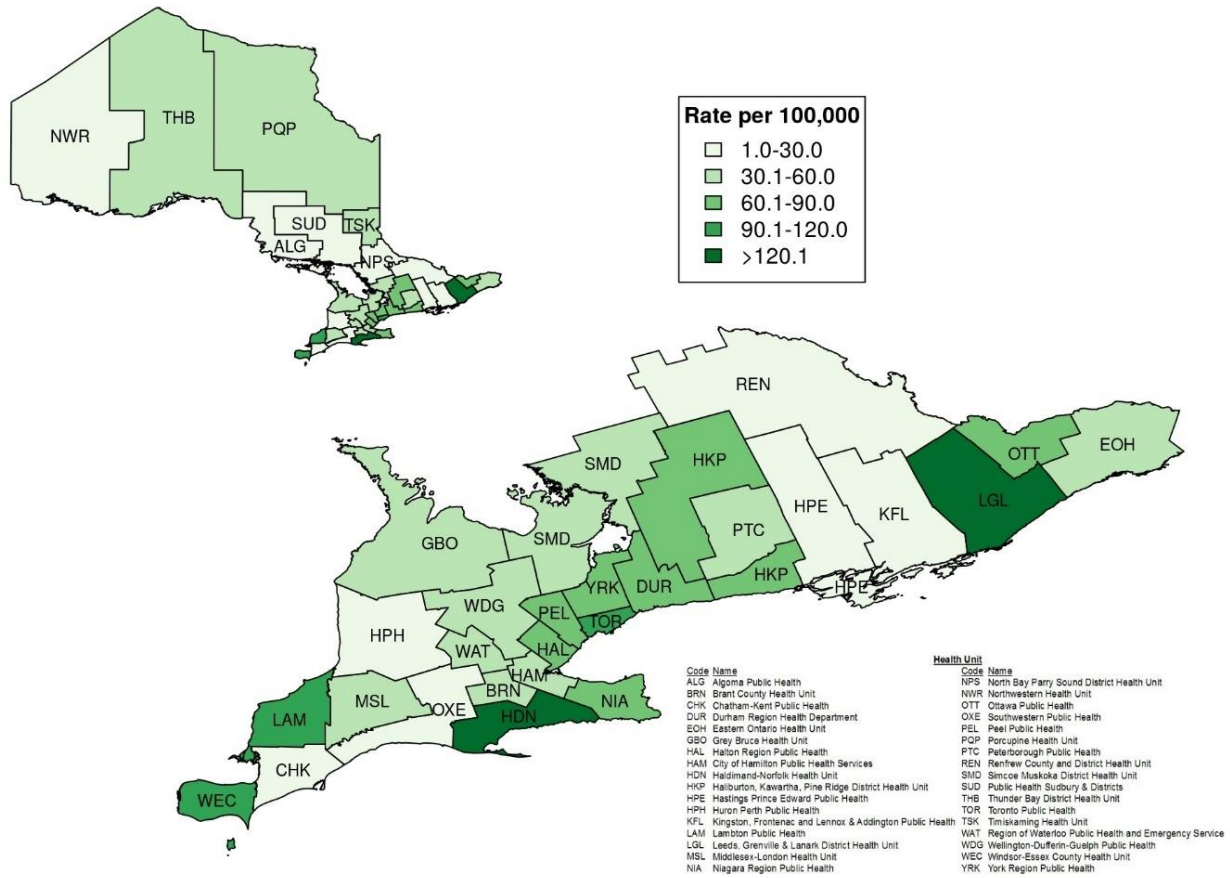
Geography

Figure 3. Confirmed cases (n=10,578) of COVID-19 by public health unit: Ontario, January 15, 2020 to April 18, 2020



Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

Figure 4. Rate of confirmed cases of COVID-19 by public health unit: Ontario, January 15, 2020 to April 18, 2020



Data Source: integrated Public Health Information System (iPHIS) database, Coronavirus Rapid Entry System (CORES) database.

Outbreaks in Institutions and Public Hospitals

Table 4. Confirmed COVID-19 outbreaks reported in long-term care homes and hospitals and total number of associated cases: Ontario, January 15, 2020 to April 18, 2020

Indicator	Long-Term Care Homes	Hospitals
Number of confirmed COVID-19 outbreaks	112	31
Total number of cases*,** reported as part of the confirmed COVID-19 outbreaks	1,913	215
Cases reported among residents/patients	1,272	123
Cases reported among staff	637	90
Total number of deaths*,** reported as part of the confirmed COVID-19 outbreaks	241	11
Deaths reported among residents/patients	240	11
Deaths reported among staff	1	0

Data Source: integrated Public Health Information System (iPHIS) database.

*Includes all outbreak-related cases and deaths reported in aggregate outbreak summary counts, regardless of whether the case was laboratory confirmed (deaths among non-laboratory confirmed cases reported here are not included in Table 3).

**May include cases and deaths other than residents/patients or staff, such as volunteers. As a result, the total number of cases and deaths may be greater than the number of cases and deaths reported in residents or staff.

Technical Notes

Data Sources (Case Data)

- The data for this report were based on information extracted from the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database, as of **April 18, 2020 at 4 p.m.** and data extracted from the Toronto Public Health (Coronavirus Rapid Entry System) CORES, as of **April 18, 2020 at 2 p.m.**
- iPHIS and CORES are dynamic disease reporting systems, which allows ongoing updates to data previously entered. As a result, data extracted from iPHIS and CORES represent a snapshot at the time of extraction and may differ from previous or subsequent reports.
- Ontario population projection data for 2020 were sourced from Ontario Ministry of Health, IntelliHEALTH Ontario. Data were extracted on November 26, 2019.

Data Caveats:

- The data only represent cases reported to public health and recorded in iPHIS and CORES. As a result, all counts will be 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.
- Lags in iPHIS and CORES data entry due to reduced holiday and weekend staffing may result in lower case counts than would otherwise be recorded.
- Only cases meeting the confirmed case classification as listed in the MOH [COVID-19 case definition](#) are included in the report counts from iPHIS or CORES.
- Case episode date is based on an estimate of the best date of disease onset. This date is calculated based on either the date of symptom onset, specimen collection/test date, or the date reported to public health.
- Orientation of case counts by geography is based on the diagnosing health unit (DHU). 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 (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
- Exposure type is determined by examining the exposure and risk factor fields from iPHIS to determine whether a case travelled, was a contact of a case or neither. A hierarchy has been applied as follows: Travel-related > Close contact of a confirmed case > Community transmission > Information pending.
- Exposure type is determined from CORES by examining the risk factor fields from CORES to determine whether a case travelled, was a contact of a case or neither. A hierarchy has been

applied as follows: Travel-related > Close contact of a confirmed case > Community transmission > Information pending

- Deaths are determined by using the outcome field in iPHIS. Any case marked 'Fatal' is included in the deaths data. Deaths are included whether or not COVID-19 was determined to be a contributing or underlying cause of death as indicated in the iPHIS field Type of Death.
- Deaths are determined by using the outcome field in CORES. Any case marked 'Fatal' is included in the deaths data.
- iPHIS cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values have been excluded.
- To provide a measure of the impact of COVID-19 on long-term care homes and hospitals, the number of outbreaks and the associated cases are reported. To obtain the case and deaths data for these outbreaks, the aggregate counts recorded by public health units in the outbreak's summary counts section of iPHIS is used. This information is presented in table 4.
 - Previously only a select number of persons in institutional outbreaks would be tested for COVID-19, and there could still be circumstances where not all individuals end up being tested (e.g., the person dies before they can be tested).
 - These counts may not be updated as frequently as the information for laboratory-confirmed cases.
 - The information in the aggregate counts can not necessarily be reconciled with the laboratory-confirmed case data.

Appendix A

Table 1. Confirmed cases (n=10,578) of COVID-19 by public health unit: Ontario, January 15, 2020 to April 18, 2020

Public Health Unit Name	Cases	Rate per 100,000 population
Northwestern Health Unit	12	13.7
Thunder Bay District Health Unit	47	31.3
TOTAL NORTH WEST	59	24.8
Algoma Public Health	12	10.5
North Bay Parry Sound District Health Unit	13	10.0
Porcupine Health Unit	48	57.5
Public Health Sudbury & Districts	41	20.6
Timiskaming Health Unit	10	30.6
TOTAL NORTH EAST	124	22.2
Ottawa Public Health	775	73.5
Eastern Ontario Health Unit	67	32.1
Hastings Prince Edward Public Health	32	19.0
Kingston, Frontenac and Lennox & Addington Public Health	54	25.4
Leeds, Grenville & Lanark District Health Unit	267	154.2
Renfrew County and District Health Unit	14	12.9
TOTAL EASTERN	1,209	62.8
Durham Region Health Department	571	80.2
Haliburton, Kawartha, Pine Ridge District Health Unit	131	69.3
Peel Public Health	1,425	88.7

Public Health Unit Name	Cases	Rate per 100,000 population
Peterborough Public Health	56	37.8
Simcoe Muskoka District Health Unit	185	30.9
York Region Public Health	993	81.0
TOTAL CENTRAL EAST	3,361	75.0
Toronto Public Health	3,085	98.9
TOTAL TORONTO	3,085	98.9
Chatham-Kent Public Health	29	27.3
Grey Bruce Health Unit	57	33.6
Huron Perth Public Health	34	24.3
Lambton Public Health	130	99.3
Middlesex-London Health Unit	301	59.3
Southwestern Public Health	40	18.9
Windsor-Essex County Health Unit	440	103.6
TOTAL SOUTH WEST	1,031	61.0
Brant County Health Unit	76	49.0
City of Hamilton Public Health Services	309	52.2
Haldimand-Norfolk Health Unit	157	137.6
Halton Region Public Health	376	60.7
Niagara Region Public Health	361	76.4
Region of Waterloo Public Health and Emergency Services	248	42.4
Wellington-Dufferin-Guelph Public Health	182	58.4
TOTAL CENTRAL WEST	1,709	60.0
TOTAL ONTARIO	10,578	71.2

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For Further Information

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