

Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to April 25, 2020

This report includes the most current information available from the integrated Public Health Information System (iPHIS) as of **4 p.m. April 25, 2020** and from the Toronto Public Health Coronavirus Rapid Entry System (CORES) as of **2 p.m. April 25, 2020**.

Purpose

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

Highlights

- There are 14,432 confirmed cases of COVID-19 in Ontario reported to date in iPHIS. This represents an increase of 437 confirmed cases from the previous report.
 - 41.6% of cases are male, 57.4% are female.
 - 44.5% of cases are 60 years of age and older.
 - Greater Toronto Area public health units account for 59.5% of cases.
 - 11.5% of cases were hospitalized.
- 835 deaths have been reported (please note there may be a reporting delay for deaths in iPHIS).
 This is an increase of 24 deaths from the previous report.
- 167 outbreaks have been reported in long-term care homes. This is an increase of 5 outbreaks from the previous report.
- 455 deaths have been reported among residents/patients in long-term care homes. This is a change of 15 deaths from the previous report.

Case Characteristics

Table 1. Summary of cases of COVID-19: Ontario, January 15, 2020 to April 25, 2020

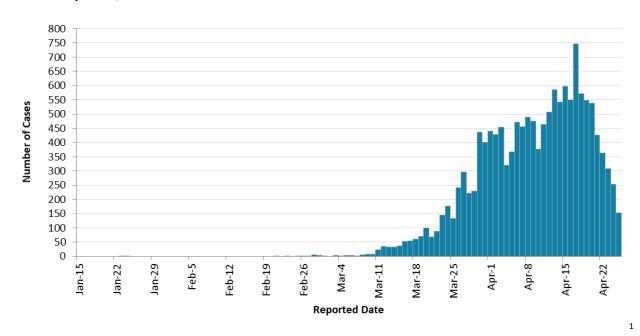
	Number	Percentage
Number of cases ¹	14,432	N/A
Change from previous report	437	3.1% increase
Gender: Male	6,005	41.6
Gender: Female	8,290	57.4
Ages: 19 and under	320	2.2
Ages: 20-39	3,292	22.8
Ages: 40-59	4,391	30.4
Ages: 60-79	3,207	22.2
Ages: 80 and over	3,213	22.3
Number of cases in health care workers	1,927	13.4

¹ Cases and rates by public health unit are provided in Appendix A.

Note: 137 cases did not specify male or female. Nine cases had an unknown age.

Time

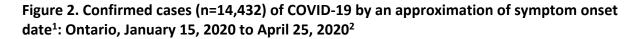
Figure 1. Confirmed cases (n=14,432) of COVID-19 by reported date: Ontario, January 15, 2020 to April 25, 2020¹

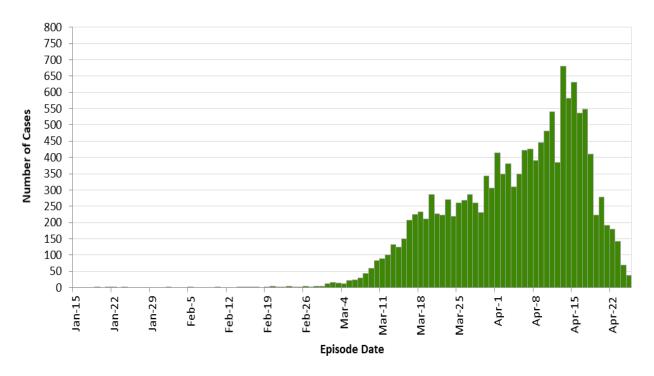


Interpret case counts for the most recent days (approximately 3 days) with caution due to reporting lags.

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

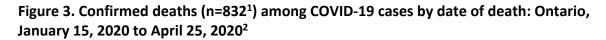
COVID-19 in Ontario: January 15, 2020 to April 25, 2020

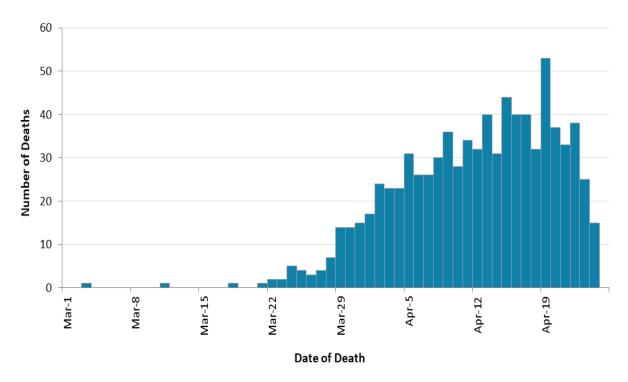




¹This date, referred to as episode date, is intended to approximate symptom onset date. It is calculated based on either the date of symptom onset, specimen collection/test date, or the date reported to public health.

² Interpret case counts for the most recent days (approximately 14 days) with caution due to reporting lags.





¹This count excludes the 3 cases that did not have a date of death reported.

² Interpret case counts for the most recent days with caution due to reporting lags.

Exposure

Table 2. Confirmed cases (n=14,432) of COVID-19 by exposure type: Ontario, January 15, 2020 to April 25, 2020

	Number	Percentage
Travel ¹	1,323	9.2
Close contact of a confirmed case	2,763	19.1
Community transmission	5,153	35.7
Information pending	5,193	36.0

¹Travel within the 14 days prior to becoming ill.

Severity

Table 3. Confirmed cases (n=14,432) of COVID-19 by severity: Ontario, January 15, 2020 to April 25, 2020

	Number	Percentage
Cumulative deaths reported (please note there may be a reporting delay for deaths in iPHIS)	835	5.8
Change from previous report	24	3.0% increase
Deaths reported in ages: 19 and under	0	0
Deaths reported in ages: 20-39	4	0.1
Deaths reported in ages: 40-59	39	0.9
Deaths reported in ages: 60-79	227	7.1
Deaths reported in ages: 80 and over	565	17.6
Cumulative intensive care ¹	421	2.9
Cumulative hospitalized ¹	1,660	11.5
Number of resolved ² cases	8,000	55.4

¹ These refer to all hospitalized or ICU admitted cases, not cases that are currently hospitalized or in ICU.

² Cases that are 14 days past symptom onset (if available) or 14 days past the episode date 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 4. Confirmed cases (n=14,432) of COVID-19 by public health unit: Ontario, January 15, 2020 to April 25, 2020

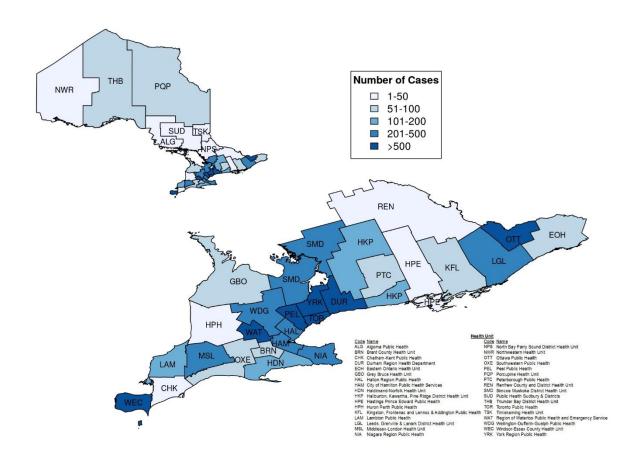
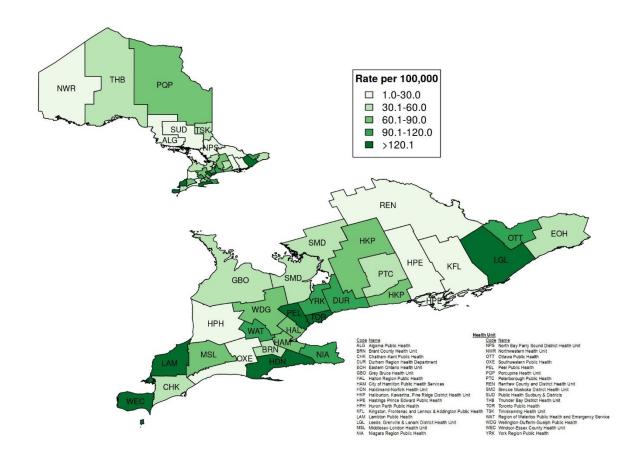


Figure 5. Rate of confirmed cases of COVID-19 by public health unit: Ontario, January 15, 2020 to April 25, 2020



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 25, 2020

Indicator	Long-Term Care Homes	Hospitals
Number of confirmed COVID-19 outbreaks	167	52
Total number of cases ^{1,2,3} reported as part of the confirmed COVID-19 outbreaks	3,202	297
Cases reported among residents/patients	2,185	156
Cases reported among staff	1,013	138
Total number of deaths ^{1,2,3} reported as part of the confirmed COVID-19 outbreaks	455	19
Deaths reported among residents/patients	454	19
Deaths reported among staff	1	0

¹ 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).

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

² 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.

³ Counts may fluctuate from previous reports due to updates made by health units as additional information about the outbreak is reported.

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 25, 2020** at **4 p.m.** and data extracted from the Toronto Public Health (Coronavirus Rapid Entry System) CORES, as of **April 25, 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 <u>COVID-19 case</u> 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.
 - The date of death is determined using the outcome date field for cases marked as 'Fatal' in the outcome field.
- 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=14,432) of COVID-19 by public health unit: Ontario, January 15, 2020 to April 25, 2020

Public Health Unit Name	Cases	Rate per 100,000 population
Northwestern Health Unit	15	17.1
Thunder Bay District Health Unit	64	42.7
TOTAL NORTH WEST	79	33.2
Algoma Public Health	13	11.4
North Bay Parry Sound District Health Unit	14	10.8
Porcupine Health Unit	56	67.1
Public Health Sudbury & Districts	50	25.1
Timiskaming Health Unit	12	36.7
TOTAL NORTH EAST	145	25.9
Ottawa Public Health	1,083	102.7
Eastern Ontario Health Unit	80	38.3
Hastings Prince Edward Public Health	39	23.1
Kingston, Frontenac and Lennox & Addington Public Health	58	27.3
Leeds, Grenville & Lanark District Health Unit	295	170.4
Renfrew County and District Health Unit	14	12.9
TOTAL EASTERN	1,569	81.4
Durham Region Health Department	840	117.9
Haliburton, Kawartha, Pine Ridge District Health Unit	147	77.8
Peel Public Health	2,106	131.1

Public Health Unit Name	Cases	Rate per 100,000 population
Peterborough Public Health	67	45.3
Simcoe Muskoka District Health Unit	244	40.7
York Region Public Health	1,345	109.7
TOTAL CENTRAL EAST	4,749	106.0
Toronto Public Health	4,295	137.6
TOTAL TORONTO	4,295	137.6
Chatham-Kent Public Health	42	39.5
Grey Bruce Health Unit	69	40.6
Huron Perth Public Health	40	28.6
Lambton Public Health	164	125.2
Middlesex-London Health Unit	374	73.7
Southwestern Public Health	55	26.0
Windsor-Essex County Health Unit	540	127.1
TOTAL SOUTH WEST	1,284	75.9
Brant County Health Unit	93	59.9
City of Hamilton Public Health Services	384	64.8
Haldimand-Norfolk Health Unit	169	148.1
Halton Region Public Health	421	68.0
Niagara Region Public Health	446	94.4
Region of Waterloo Public Health and Emergency Services	554	94.8
Wellington-Dufferin-Guelph Public Health	244	78.2
TOTAL CENTRAL WEST	2,311	81.1
TOTAL ONTARIO	14,432	97.1

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This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

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For Further Information

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