

Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to June 9, 2020

This report includes the most current information available from the integrated Public Health Information System (iPHIS) as of **4:00 p.m. June 9, 2020,** from the Toronto Public Health Coronavirus Rapid Entry System (CORES) and the Ottawa Public Health COVID-19 Ottawa Database (The COD), and Middlesex-London COVID-19 Case and Contact Management tool (CCMtool) as of **2 p.m. June 9, 2020.**

Please visit the interactive <u>Ontario COVID-19 Data Tool</u> to explore recent COVID-19 data by public health unit, age group, sex, and view trends over time.

Additionally, PHO produces <u>Enhanced Epidemiologic Summaries</u> on COVID-19, including: *COVID-19 in Ontario – A Focus on Diversity, Evolution of COVID-19 Case Growth in Ontario, COVID-19 Infection in Children and COVID-19* and *Severe Outcomes in Ontario.*

Purpose

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

Highlights

- There are 31,341 confirmed cases of COVID-19 in Ontario reported to date. This represents an increase of 251 confirmed cases from the previous report.
 - 44.9% of cases are male, 54.3% are female.
 - 37.6% of cases are 60 years of age and older.
 - Greater Toronto Area public health units account for 67.4% of cases.
 - 12.1% of cases were hospitalized.
- 2,475 deaths have been reported (please note there may be a reporting delay for deaths). This is an increase of 11 deaths from the previous report.
- 312 outbreaks have been reported in long-term care homes. This is an increase of 0 outbreaks from the previous report.

Case Characteristics

Table 1. Summary of cases of COVID-19: Ontario, January 15, 2020 to June 9, 2020

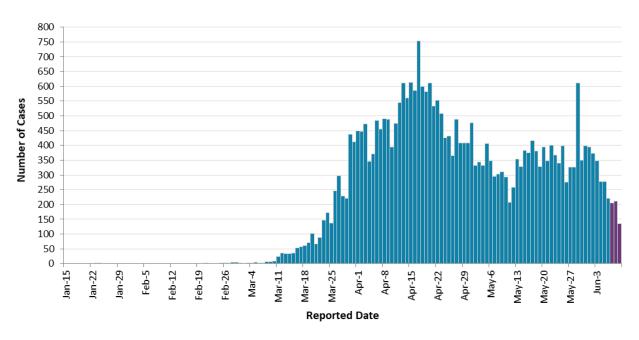
	Number	Percentage
Number of cases ¹	31,341	N/A
Change from previous report	251	0.8% increase
Gender: Male	14,060	44.9
Gender: Female	17,019	54.3
Ages: 19 and under	1,280	4.1
Ages: 20-39	8,659	27.6
Ages: 40-59	9,606	30.6
Ages: 60-79	6,136	19.6
Ages: 80 and over	5,647	18.0
Number of cases in health care workers	5,187	16.6

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

Note: 262 cases did not specify male or female. 13 cases had an unknown age.

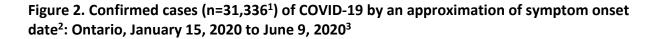
Time

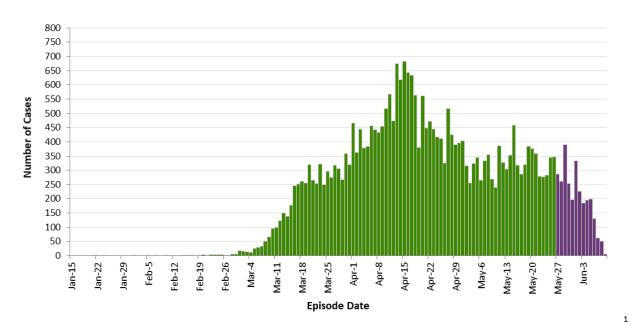
Figure 1. Confirmed cases (n=31,341) of COVID-19 by reported date: Ontario, January 15, 2020 to June 9, 2020¹



¹Interpret case counts for the most recent days (approximately 3 days, as shown in purple) with caution due to reporting lags.

Interpretation note: Case counts from May 25 forward are most impacted by a laboratory-to-public health reporting delay that is being rectified during this period.





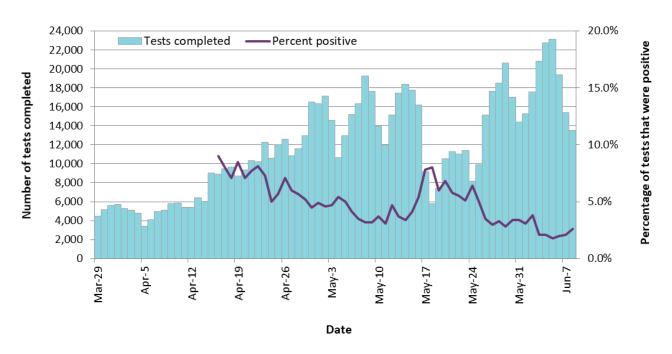
This count excludes 5 cases that did not have an episode date.

Interpretation note: Case counts from May 25 forward are most impacted by a laboratory-to-public health reporting delay that is being rectified during this period.

² 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.

³ Interpret case counts for the most recent days (approximately 14 days, as shown in purple) with caution due to reporting lags.

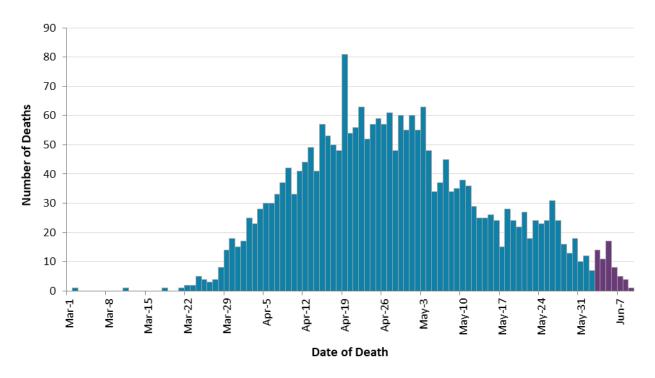
Figure 3. Number of COVID-19 tests completed¹ and percent positivity: Ontario, March 29, 2020 to June 8, 2020



¹The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

Data Source: The Provincial COVID-19 Diagnostics Network, data reported by member microbiology laboratories.





¹This count excludes 2 cases that did not have a date of death reported.

Interpretation note: Death counts will change as death information is reconciled with Coroner data

² Interpret case counts for the most recent days (approximately 7 days, as shown in purple) with caution due to reporting lags.

Exposure

Table 2. Confirmed cases (n=31,341) of COVID-19 by likely source of acquisition: Ontario, January 15, 2020 to June 9, 2020

	Number	Percentage
Travel ¹	1,584	5.1
Outbreak-associated ² or close contact of a confirmed case	19,705	62.9
No known epidemiological link ³	6,778	21.6
Information missing or unknown ⁴	3,274	10.4

¹Travel outside of Ontario during the incubation period, where close contact with a confirmed case or link to an outbreak was not reported.

² Includes cases indicating a link to a local outbreak.

³ Includes cases that could not be classified as travel, outbreak-associated or close contact. Sporadic community transmission was re-labelled to no known epidemiological link on May 27. This name change does not represent a change in the way cases are categorized.

⁴ Includes cases that only identified unknown exposure or risk factor data, as well as cases with no information.

Severity

Table 3. Confirmed cases (n=31,341) of COVID-19 by severity: Ontario, January 15, 2020 to June 9, 2020

	Number	Percentage
Cumulative deaths reported (please note there may be a reporting delay for deaths in iPHIS)	2,475	7.9
Change from previous report	11	0.4% increase
Deaths reported in ages: 19 and under	0	0.0
Deaths reported in ages: 20-39	11	0.1
Deaths reported in ages: 40-59	94	1.0
Deaths reported in ages: 60-79	651	10.6
Deaths reported in ages: 80 and over	1,719	30.4
Cumulative intensive care ¹	814	2.6
Cumulative hospitalized ¹	3,791	12.1
Number of resolved ² cases	25,380	81.0

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 5. Confirmed cases (n=31,341) of COVID-19 by public health unit: Ontario, January 15, 2020 to June 9, 2020

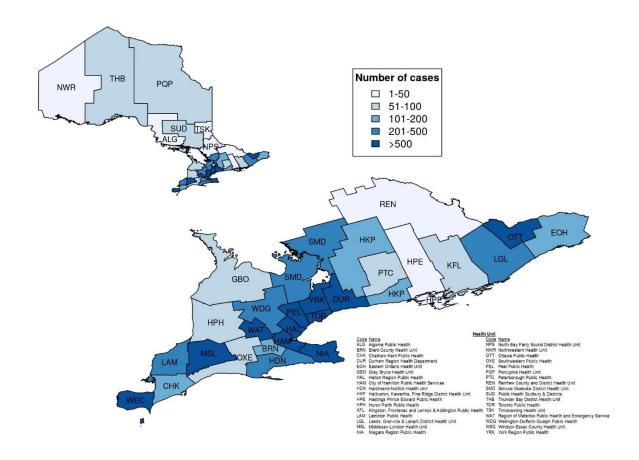
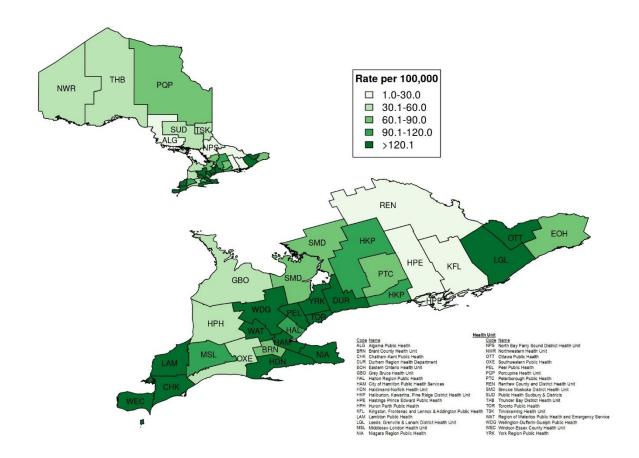


Figure 6. Rate of confirmed cases of COVID-19 by public health unit: Ontario, January 15, 2020 to June 9, 2020



Outbreaks in Institutions and Public Hospitals

Table 4a. Confirmed COVID-19 outbreaks reported in long-term care homes, retirement homes and hospitals by status: Ontario, January 15, 2020 to June 9, 2020

Institution type	Number of ongoing outbreaks ¹	Cumulative number of outbreaks reported
Long-term care homes	75	312
Retirement homes	32	149
Hospitals	4	86

¹Includes all outbreaks that are 'Open' in iPHIS without a 'Declared Over Date' recorded.

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

Table 4b. Confirmed cases of COVID-19 in long-term care homes⁶: Ontario, January 15, 2020 to June 9, 2020

Indicator	Number	Percentage
Cases among long-term care home residents 1,2,3	5,294	16.9% of all cases
Cases among health care workers ^{2,3,4,} associated with long-term care outbreaks	1,963	6.3% of all cases
Deaths ⁵ reported for residents in long-term care homes ^{1,2,3}	1,591	64.3% of all deaths
Deaths ⁵ reported for health care workers ^{2,3,4,} in long- term care homes	5	0.2% of all deaths

¹ Includes cases that reported '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 factor 'Resident of nursing home or other chronic care facility'.

⁵Deaths are determined by using the outcome field. 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 iPHIS or local case management systems.

² Excludes cases that reported 'Yes' to the risk factor 'Resident of nursing home or other chronic care facility' and the 'health care workers' variable.

³There is a lag between when cases are reported and when risk factors are updated.

⁴ 'Health care workers' includes cases that reported 'Yes' to any of the occupations health care worker, doctor, nurse, dentist, dental hygienist, midwife, other medical technicians, personal support worker, respiratory therapist, first responder; and reported to be part of an outbreak assigned as a long-term care home (via the outbreak number or case comments field).

⁶ Counts of cases and deaths for long term care home residents and staff are now being calculated using individual level data as opposed to aggregate data. As a result, they are being reported separately from the aggregate counts in table 4c.

Table 4c. Aggregate case counts (confirmed and epidemiologically linked) reported for COVID-19 outbreaks in retirement homes and hospitals: Ontario, January 15, 2020 to June 9, 2020

Indicator	Retirement Homes	Hospitals
Total number of cases ^{,2,3,4} reported as part of the confirmed COVID-19 outbreaks	1,244	901
Cases reported among residents/patients	820	435
Cases reported among staff	424	454
Total number of deaths ^{2,3,4} reported as part of the confirmed COVID-19 outbreaks	171	94
Deaths reported among residents/patients	171	94
Deaths reported among staff	0	0

¹ Counts of cases and deaths for long term care home residents and staff are now being calculated using individual level data as opposed to aggregate data. These are available in table 4b.

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

² 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).

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.

⁴ 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

- 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 June 9, 2020 at 4:00 p.m.
 - Information successfully uploaded to the Ministry from Local Systems: Toronto Public Health (Coronavirus Rapid Entry System) CORES, The Ottawa Public Health COVID-19 Ottawa Database (The COD) and Middlesex-London COVID-19 Case and Contact Management Tool (CCMtool) as of June 9, 2020 at 2 p.m.
- iPHIS, CORES, The COD and COVID-19 CCMtool are dynamic disease reporting systems, which
 allows ongoing updates to data previously entered. As a result, data extracted from iPHIS and
 the Local Systems 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.
- COVID-19 test data were based on information from The Provincial COVID-19 Diagnostics Network, reported by member microbiology laboratories.

Data Caveats:

- The data only represent cases reported to public health and recorded in iPHIS and the Local Systems (e.g., CORES, The COD, COVID-19 CCMtool). 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 Local Systems 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> <u>definition</u> are included in the report counts from iPHIS the Local Systems.
- 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

- Likely source of acquisition is determined by examining the exposure and risk factor fields from
 iPHIS and local systems to determine whether a case travelled, was associated with an outbreak,
 was a contact of a case, had no known epidemiological link (sporadic community transmission)
 or was reported to have an unknown source/no information was reported. Cases with multiple
 exposures or risk factors were assigned to a single likely acquisition source group which was
 determined hierarchically in the following order:
 - For cases with an episode date on or after April 1, 2020: Outbreak-associated > close contact of a confirmed case > travel > sporadic community transmission > information missing or unknown
 - For cases with an episode date before April 1, 2020: Travel > outbreak-associated > close contact of a confirmed case > sporadic community transmission > information missing or unknown
- Deaths are determined by using the outcome field in iPHIS or Local Systems. 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=31,341) of COVID-19 by public health unit: Ontario, January 15, 2020 to June 9, 2020

Public Health Unit Name	Cases	Rate per 100,000 population
Northwestern Health Unit	27	30.8
Thunder Bay District Health Unit	85	56.7
TOTAL NORTH WEST	112	47.1
Algoma Public Health	21	18.4
North Bay Parry Sound District Health Unit	27	20.8
Porcupine Health Unit	65	77.9
Public Health Sudbury & Districts	64	32.2
Timiskaming Health Unit	18	55.1
TOTAL NORTH EAST	195	34.9
Ottawa Public Health	2,007	190.3
Eastern Ontario Health Unit	152	72.8
Hastings Prince Edward Public Health	44	26.1
Kingston, Frontenac and Lennox & Addington Public Health	62	29.1
Leeds, Grenville & Lanark District Health Unit	351	202.7
Renfrew County and District Health Unit	28	25.8
TOTAL EASTERN	2,644	137.3
Durham Region Health Department	1,603	225.0
Haliburton, Kawartha, Pine Ridge District Health Unit	182	96.3
Peel Public Health	5,074	315.9

Public Health Unit Name	Cases	Rate per 100,000 population
Peterborough Public Health	91	61.5
Simcoe Muskoka District Health Unit	499	83.2
York Region Public Health	2,666	217.5
TOTAL CENTRAL EAST	10,115	225.7
Toronto Public Health	11,766	377.1
TOTAL TORONTO	11,766	377.1
Chatham-Kent Public Health	148	139.2
Grey Bruce Health Unit	93	54.7
Huron Perth Public Health	56	40.1
Lambton Public Health	270	206.2
Middlesex-London Health Unit	564	111.1
Southwestern Public Health	74	35.0
Windsor-Essex County Health Unit	1,092	257.0
TOTAL SOUTH WEST	2,297	135.9
Brant County Health Unit	124	79.9
City of Hamilton Public Health Services	735	124.1
Haldimand-Norfolk Health Unit	384	336.6
Halton Region Public Health	684	110.5
Niagara Region Public Health	717	151.8
Region of Waterloo Public Health and Emergency Services	1,158	198.2
Wellington-Dufferin-Guelph Public Health	410	131.4
TOTAL CENTRAL WEST	4,212	147.8
TOTAL ONTARIO	31,341	210.8

Disclaimer

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.

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Epidemiologic summary: COVID-19 in Ontario – January 15, 2020 to June 9, 2020. Toronto, ON: Queen's Printer for Ontario; 2020.

For Further Information

For more information, email cd@oahpp.ca.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.

