

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to August 6, 2020

This report includes the most current information available from iPHIS and other case management systems (iPHIS plus) as of **August 6, 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 trends over time.

A weekly summary report is available with additional information to complement the daily report.

This **daily** report provides an epidemiologic summary of recent COVID-19 activity in Ontario. The change in cases is determined by taking the cumulative difference between the current day and the previous day.

Highlights

- There are a total of 39,897 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 88 confirmed cases (percent change of -7.4%)
 - An increase of 0 deaths (percent change of -100.0%)
 - An increase of 118 resolved cases (percent change of -25.8%)

In this document, the term 'change in cases' refers to cases publicly reported by the province for a given day. Data corrections or updates can result in case records being removed and or updated from past reports and may result in subset totals for updated case counts (i.e., age group, gender) differing from the overall updated case counts.

The term public health unit reported date in this document refers to the date local public health units were first notified of the case.

Case Characteristics

Table 1a. Summary of recent cases of COVID-19: Ontario

	Change in cases August 5	Change in cases August 6	Percentage change August 6 compared to August 5	Cumulative case count as of August 6
Number of cases	95	88	-7.4%	39,897
Number of deaths	1	0	-100.0%	2,783
Number resolved	159	118	-25.8%	36,024

Note: The number of cases publicly reported by the province each day may not align with case counts reported to public health on a given day; public health unit reported date refers to the date local public health was first notified of the case.

Data Source: iPHIS plus

Table 1b. Summary of recent cases of COVID-19 by age group and gender: Ontario

	Change in cases August 5	Change in cases August 6	Cumulative case count as of August 6
Gender: Male	59	35	18,574
Gender: Female	36	55	21,024
Ages: 19 and under	15	14	2,369
Ages: 20-39	44	38	12,262
Ages: 40-59	29	24	11,986
Ages: 60-79	10	12	7,230
Ages: 80 and over	0	1	6,045

Note: Not all cases have a reported age or gender reported. 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, gender) differing from past publicly reported case counts.

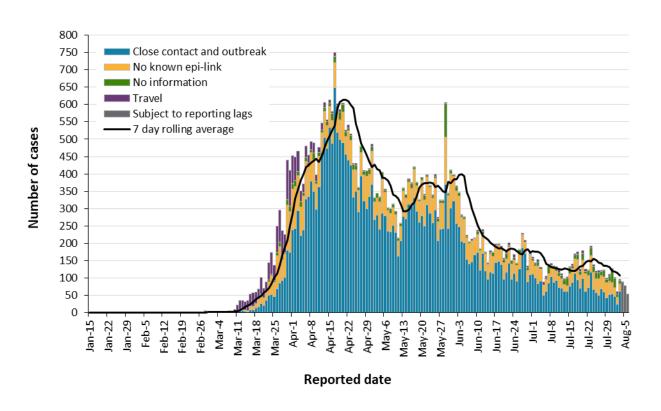
Table 2. Summary of recent cases of COVID-19 in long-term care homes: Ontario

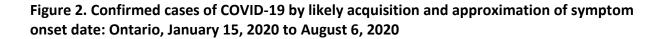
Long-term care home cases	Change in cases August 5	Change in cases August 6	Cumulative case count as of August 6
Residents	3	2	5,901
Health care workers	12	2	2,595
Deaths among residents	0	1	1,799
Deaths among health care workers	0	0	8

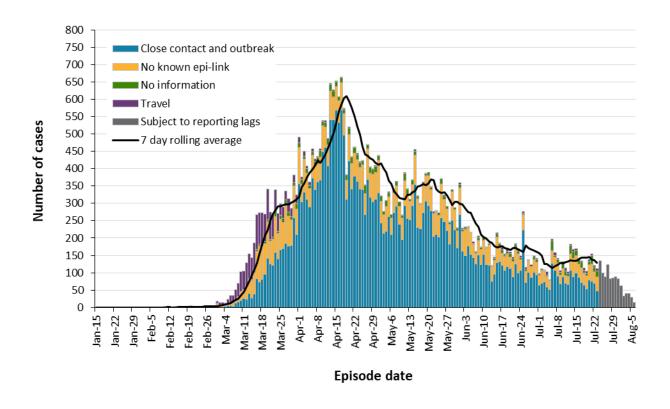
Note: Information on how long-term care home residents and health care workers are identified is available in the technical notes. Also, the change in cases in these categories may represent existing case records that have been updated.

Time

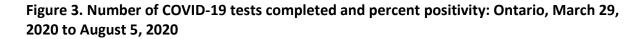
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to August 6, 2020

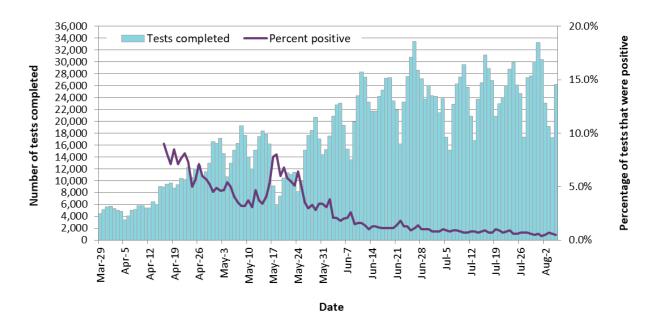






Note: Not all cases may have an episode date and those without one are not included in the figure. Episode date is defined and available in the technical notes.



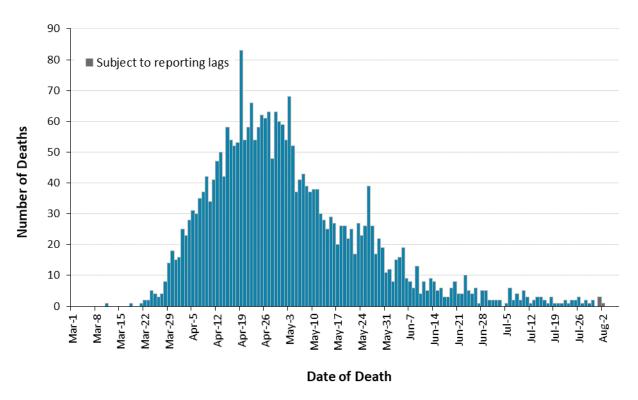


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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

Severity

Figure 4. Confirmed deaths among COVID-19 cases by date of death: Ontario, March 1, 2020 to August 6, 2020



Note: Cases without a death date are not included in the figure.

Table 3. Confirmed cases of COVID-19 by severity: Ontario

	Cumulative case count as of August 6	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	2,783	7.0%
Deaths reported in ages: 19 and under	1	0.0%
Deaths reported in ages: 20-39	11	0.1%
Deaths reported in ages: 40-59	119	1.0%
Deaths reported in ages: 60-79	745	10.3%
Deaths reported in ages: 80 and over	1,907	31.5%
Ever in ICU	1,012	2.5%
Ever hospitalized	4,712	11.8%

Geography

Table 4. Summary of recent cases of COVID-19 by public health unit and region: Ontario

Public Health Unit Name	Change in cases August 5	Change in cases August 6	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	0	0	44	50.2
Thunder Bay District Health Unit	1	0	99	66.0
TOTAL NORTH WEST	1	0	143	60.2
Algoma Public Health	0	0	27	23.6
North Bay Parry Sound District Health Unit	0	0	35	27.0
Porcupine Health Unit	1	0	72	86.3
Public Health Sudbury & Districts	1	0	90	45.2
Timiskaming Health Unit	0	0	19	58.1
TOTAL NORTH EAST	2	0	243	43.4
Ottawa Public Health	19	15	2,610	247.5
Eastern Ontario Health Unit	0	0	181	86.7
Hastings Prince Edward Public Health	0	0	45	26.7
Kingston, Frontenac and Lennox & Addington Public Health	0	0	109	51.2
Leeds, Grenville & Lanark District Health Unit	0	0	355	205.0
Renfrew County and District Health Unit	0	0	32	29.5
TOTAL EASTERN	19	15	3,332	173.0

Public Health Unit Name	Change in cases August 5	Change in cases August 6	Cumulative case count	Cumulative rate per 100,000 population
Durham Region Health Department	2	5	1,826	256.3
Haliburton, Kawartha, Pine Ridge District Health Unit	1	0	215	113.8
Peel Public Health	7	15	6,652	414.2
Peterborough Public Health	0	0	99	66.9
Simcoe Muskoka District Health Unit	1	3	673	112.2
York Region Public Health	1	6	3,302	269.4
TOTAL CENTRAL EAST	12	29	12,767	284.9
Toronto Public Health	30	10	14,234	456.2
TOTAL TORONTO	30	10	14,234	456.2
Chatham-Kent Public Health	10	6	308	289.7
Grey Bruce Health Unit	0	0	112	65.9
Huron Perth Public Health	1	0	75	53.7
Lambton Public Health	-1	0	318	242.8
Middlesex-London Health Unit	1	1	682	134.4
Southwestern Public Health	7	7	192	90.8
Windsor-Essex County Health Unit	5	4	2,352	553.6
TOTAL SOUTH WEST	23	18	4,039	238.9
Brant County Health Unit	0	0	158	101.8
City of Hamilton Public Health Services	2	2	899	151.8

Public Health Unit Name	Change in cases August 5	Change in cases August 6	Cumulative case count	Cumulative rate per 100,000 population
Haldimand-Norfolk Health Unit	1	1	452	396.2
Halton Region Public Health	1	2	833	134.6
Niagara Region Public Health	5	6	881	186.5
Region of Waterloo Public Health and Emergency Services	-1	4	1,382	236.5
Wellington-Dufferin-Guelph Public Health	0	1	534	171.2
TOTAL CENTRAL WEST	8	16	5,139	180.4
TOTAL ONTARIO	95	88	39,897	268.4

Note: Health units with data corrections or updates could result in records being removed from totals resulting in negative counts.

Outbreaks

Table 5. Summary of recent confirmed COVID-19 outbreaks reported in long-term care homes, retirement homes and hospitals by status: Ontario

Institution type	Change in outbreaks August 5	Change in outbreaks August 6	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	0	1	38	402
Retirement homes	-1	2	21	172
Hospitals	0	0	3	97

Note: Ongoing outbreaks includes all outbreaks that are 'Open' in iPHIS without a 'Declared Over Date' recorded.

Data Source: iPHIS

Technical Notes

Data Sources

- The data for this report were based on:
 - Information extracted from the Ontario Ministry of Health (Ministry) integrated Public Health Information System (iPHIS) database for Algoma Public Health; Brant County Health Unit; Chatham-Kent Public Health; City of Hamilton Public Health Services; Eastern Ontario Health Unit; Haldimand-Norfolk Health Unit; Hastings Prince Edward Public Health; Huron Perth Public Health; Leeds, Grenville & Lanark District Health Unit; Niagara Region Public Health; Northwestern Health Unit; Peterborough Public Health; Public Health Sudbury & Districts; Region of Waterloo Public Health and Emergency Services; Simcoe Muskoka District Health Unit; Southwestern Public Health; Timiskaming Health Unit; Toronto Public Health and Windsor-Essex County Health Unit as of August 6, 2020 at 4 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 August 6, 2020 at 2 p.m.
 - Information successfully uploaded to the Ministry from the Public Health Case and Contact Management Solution (CCM) for Grey Bruce Health Unit; Halton Region Public Health; Kingston, Frontenac and Lennox & Addington Public Health; Peel Public Health; Durham Region Health Department; Haliburton, Kawartha, Pine Ridge District Health Unit; Lambton Public Health; North Bay Parry Sound District Health Unit; Porcupine Health Unit; Renfrew County and District Health Unit; Thunder Bay District Health Unit; Wellington-Dufferin-Guelph Public Health and York Region Public Health as of August 6, 2020 at 1 p.m.
- iPHIS and iPHIS plus (which includes iPHIS, CCM, CORES, The COD and COVID-19 CCMtool) are
 dynamic disease reporting systems, which allow 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 Ministry, 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 units and recorded in iPHIS plus. 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 plus data entry due to 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 plus.
- The 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.
- Reported date is the date the case was reported to the public health unit.
- 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 the public health unit.
- Resolved cases are determined only for COVID-19 cases that have not died. Cases that have died
 are considered fatal and not resolved. The following cases are classified as resolved:
 - Cases that are reported as 'recovered' in iPHIS
 - Cases that are not hospitalized and are 14 days past their episode date
 - Cases that are currently hospitalized (no hospital end date entered) and have a status of 'closed' in iPHIS (indicating public health unit follow-up is complete) and are 14 days past their symptom onset date or specimen collection date
- Hospitalization includes all cases for which a hospital admission date was reported at the time of
 data extraction. It includes cases that have been discharged from hospital as well as cases that
 are currently hospitalized. Emergency room visits are not included in the number of reported
 hospitalizations.
- 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.
- 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.
- 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. Some cases may
 have no information reported if the case is untraceable, was lost to follow-up or referred to
 FNIHB. 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 > no known epidemiological link > information missing or unknown
- For cases with an episode date before April 1, 2020: Travel > outbreak-associated > close contact of a confirmed case > no known epidemiological link > information missing or unknown
- Deaths are determined by using the outcome field in iPHIS plus. 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. The provincial case count for COVID-19 includes cases that are counted once across all
 systems from which the case data are obtained. Duplicate records may exist if these records
 were not identified and resolved prior to data upload to the Ministry.
- Ongoing outbreaks are those that are reported in iPHIS as 'Open' without a 'Declared Over Date' recorded.
- '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.
- The 'health care workers' variable includes cases that reported 'Yes' to any of the occupation of health care worker, doctor, nurse, dentist, dental hygienist, midwife, other medical technicians, personal support worker, respiratory therapist, first responder.
- '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.
- Percent change is calculated by taking the difference between the current day and previous day, divided by the previous day count.

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.

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For Further Information

For more information, email cd@oahpp.ca.

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