

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to September 29, 2020

This report includes the most current information available from CCM and other case management systems (CCM plus) as of **September 29, 2020**.

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 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 51,710 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 625 confirmed cases (percent change of +12.8%)
 - An increase of 4 deaths (percent change of 0.0%)
 - An increase of 457 resolved cases (percent change of +41.5%)

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 confirmed cases of COVID-19: Ontario

	Change in cases September 28	Change in cases September 29	Percentage change September 29 compared to September 28	Cumulative case count as of September 29
Total number of cases	554	625	+12.8%	51,710
Number of deaths	4	4	0.0%	2,848
Number resolved	323	457	+41.5%	43,907

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: CCM plus

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

	Change in cases September 28	Change in cases September 29	Cumulative case count as of September 29
Gender: Male	286	321	24,596
Gender: Female	267	302	26,742
Ages: 19 and under	81	94	4,259
Ages: 20-39	265	294	17,876
Ages: 40-59	145	169	14,801
Ages: 60-79	48	56	8,466
Ages: 80 and over	15	13	6,301

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.

Data Source: CCM plus

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

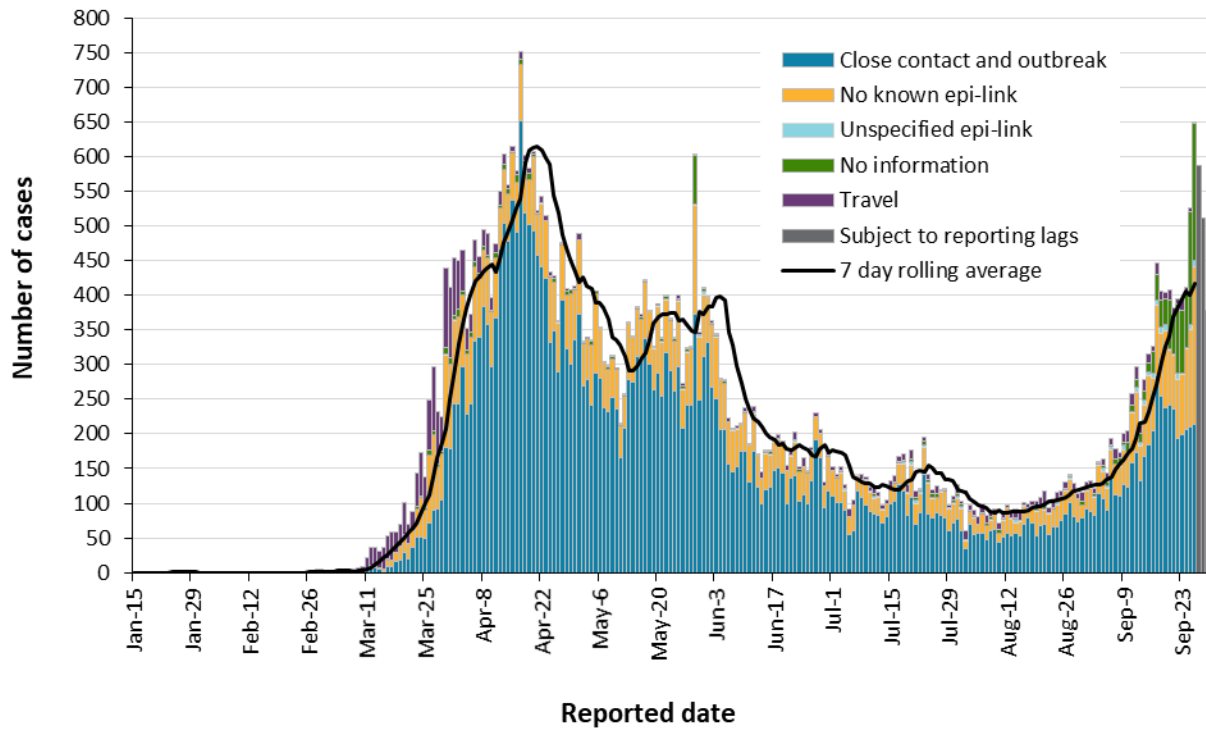
Long-term care home cases	Change in cases September 28	Change in cases September 29	Cumulative case count as of September 29
Residents	3	9	6,071
Health care workers	7	6	2,714
Deaths among residents	0	3	1,836
Deaths among health care workers	0	0	8

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.

Data Source: CCM plus

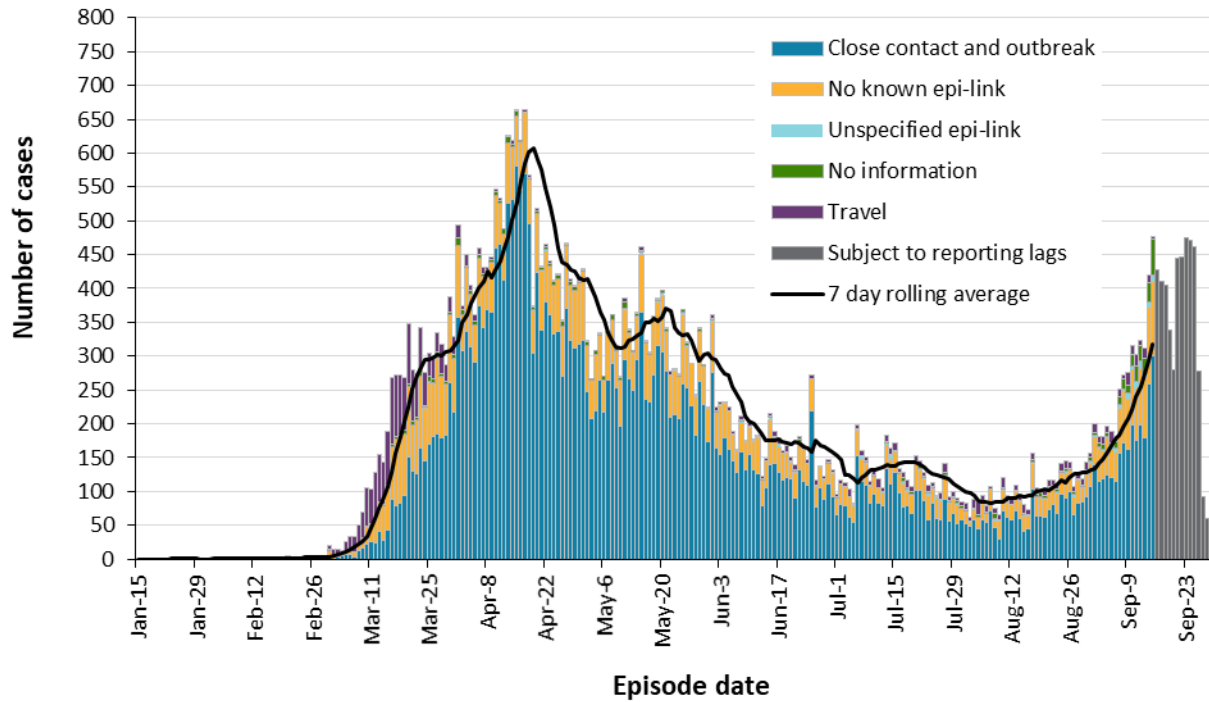
Time

Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to September 29, 2020



Data Source: CCM plus

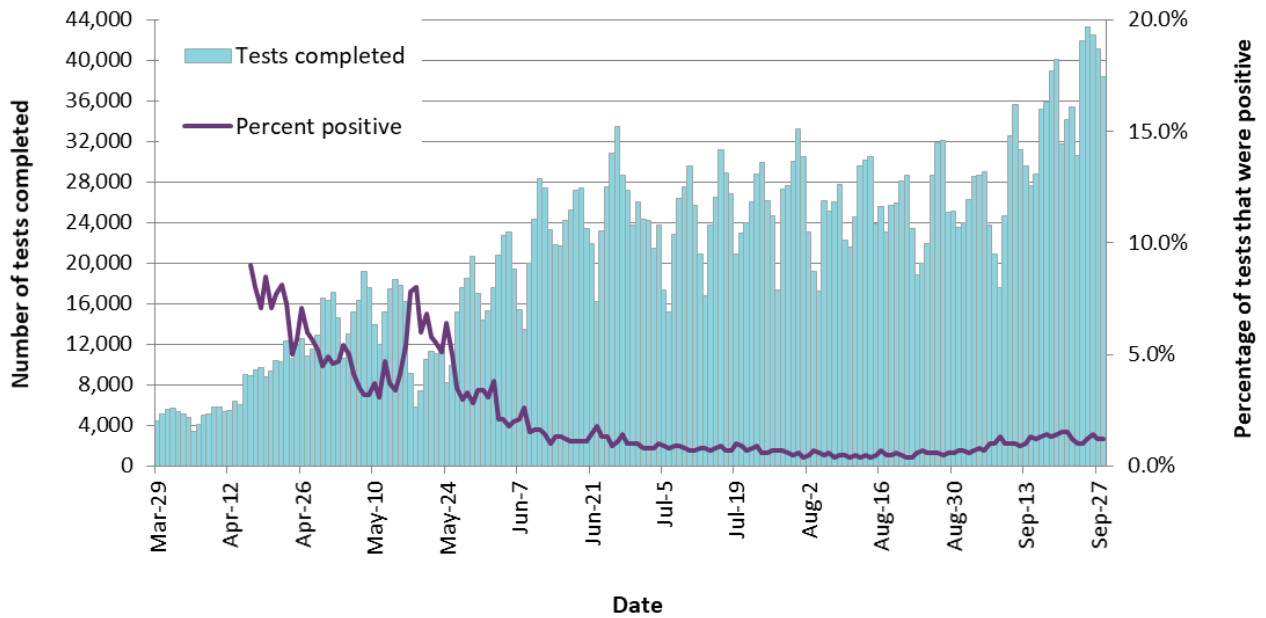
Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to September 29, 2020



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.

Data Source: CCM plus

Figure 3. Number of COVID-19 tests completed and percent positivity: Ontario, March 29, 2020 to September 28, 2020

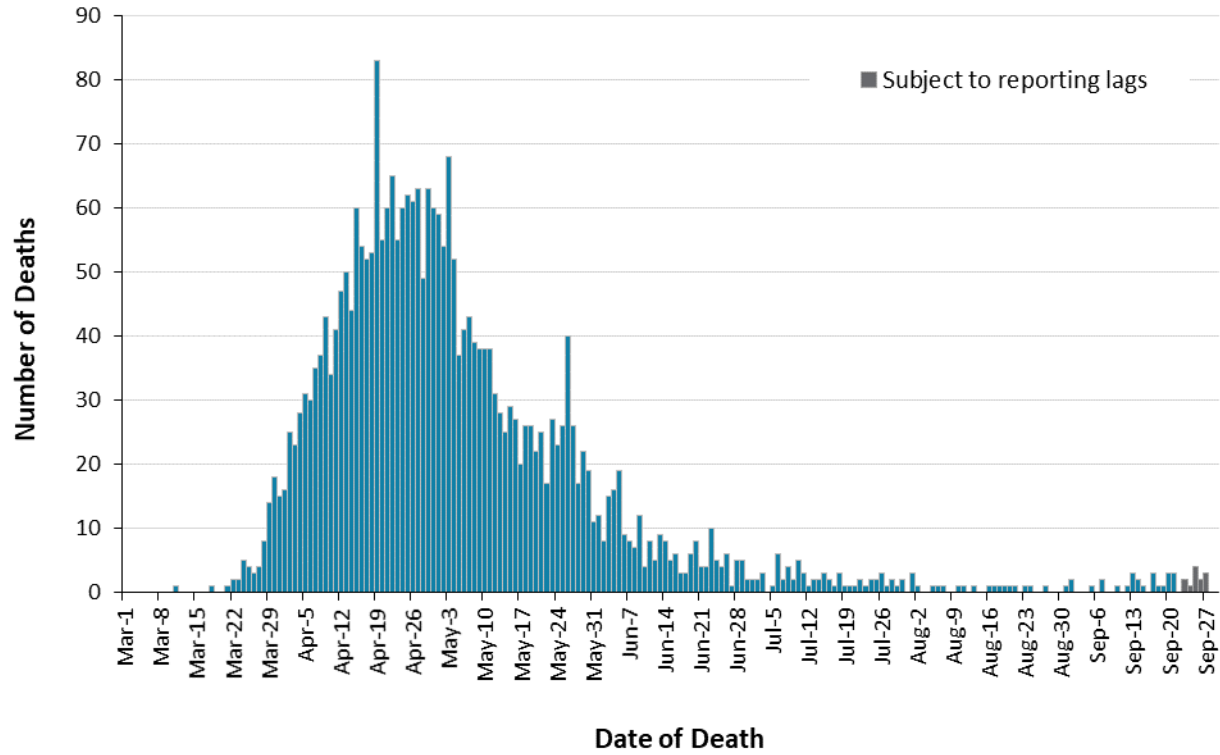


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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 September 29, 2020



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

Data Source: CCM plus

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

	Cumulative case count as of September 29	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	2,848	5.5%
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	122	0.8%
Deaths reported in ages: 60-79	769	9.1%
Deaths reported in ages: 80 and over	1,945	30.9%
Ever in ICU	1,090	2.1%
Ever hospitalized	5,142	9.9%

Note: Not all cases have an age reported. Data corrections or updates can result in case records being removed and/or updated and may result in totals differing from past publicly reported case counts.

Data Source: CCM plus

Geography

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

Public Health Unit Name	Change in cases September 28	Change in cases September 29	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	0	0	51	58.2
Thunder Bay District Health Unit	0	0	106	70.7
TOTAL NORTH WEST	0	0	157	66.1
Algoma Public Health	0	0	32	28.0
North Bay Parry Sound District Health Unit	0	0	38	29.3
Porcupine Health Unit	-1	1	83	99.5
Public Health Sudbury & Districts	1	1	106	53.3
Timiskaming Health Unit	0	2	18	55.1
TOTAL NORTH EAST	0	4	277	49.5
Ottawa Public Health	106	64	4,314	409.0
Eastern Ontario Health Unit	-1	2	266	127.4
Hastings Prince Edward Public Health	1	3	58	34.4
Kingston, Frontenac and Lennox & Addington Public Health	2	1	131	61.6
Leeds, Grenville & Lanark District Health Unit	3	3	385	222.3
Renfrew County and District Health Unit	0	-1	52	47.9

Public Health Unit Name	Change in cases September 28	Change in cases September 29	Cumulative case count	Cumulative rate per 100,000 population
TOTAL EASTERN	111	72	5,206	270.2
Durham Region Health Department	14	25	2,161	303.3
Haliburton, Kawartha, Pine Ridge District Health Unit	0	0	240	127.0
Peel Public Health	79	97	9,127	568.3
Peterborough Public Health	1	0	120	81.1
Simcoe Muskoka District Health Unit	7	12	900	150.1
York Region Public Health	43	41	4,225	344.7
TOTAL CENTRAL EAST	144	175	16,773	374.3
Toronto Public Health	251	288	18,083	579.5
TOTAL TORONTO	251	288	18,083	579.5
Chatham-Kent Public Health	0	1	369	347.1
Grey Bruce Health Unit	0	0	131	77.1
Huron Perth Public Health	1	0	128	91.6
Lambton Public Health	0	0	346	264.2
Middlesex-London Health Unit	2	11	874	172.2
Southwestern Public Health	1	2	268	126.7
Windsor-Essex County Health Unit	4	7	2,651	624.0
TOTAL SOUTH WEST	8	21	4,767	281.9
Brant County Health Unit	0	1	199	128.2

Public Health Unit Name	Change in cases September 28	Change in cases September 29	Cumulative case count	Cumulative rate per 100,000 population
City of Hamilton Public Health Services	12	11	1,152	194.5
Haldimand-Norfolk Health Unit	0	0	479	419.9
Halton Region Public Health	8	33	1,172	189.3
Niagara Region Public Health	7	9	1,072	226.9
Region of Waterloo Public Health and Emergency Services	12	9	1,725	295.2
Wellington-Dufferin-Guelph Public Health	1	2	648	207.8
TOTAL CENTRAL WEST	40	65	6,447	226.3
TOTAL ONTARIO	554	625	51,710	347.9

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

Data Source: CCM plus

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 September 28	Change in outbreaks September 29	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	6	3	42	468
Retirement homes	5	3	34	215
Hospitals	0	0	3	99

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 Toronto Public Health as of **September 29, 2020 at 3 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 **September 29, 2020 at 2 p.m.**
 - Information successfully uploaded to the Ministry from the Public Health Case and Contact Management Solution (CCM) for all other PHUs as of **September 29, 2020 at 1 p.m.**
- CCM and CCM plus (which includes CCM, iPHIS, 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 CCM 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 CCM 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 CCM 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 [COVID-19 case definition](#) are included in the report counts from CCM plus. This includes persons with a positive detection of serum/plasma immunoglobulin G (IgG) antibodies to SARS-CoV-2, which was added to the confirmed case definition on August 6, 2020.
- 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 CCM
 - 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 CCM (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 epidemiologic link and epidemiologic link status fields in CCM and local systems. If no epidemiologic link is identified in those fields the risk factor fields are examined 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 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 CCM plus. Any case marked 'Fatal' is included in the deaths data. The CCM field Type of Death is not used to further categorize the data.
 - The date of death is determined using the outcome date field for cases marked as 'Fatal' in the outcome field.
- CCM/iPHIS cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DOES NOT MEET, IGNORE, 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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