

Daily Epidemiologic Summary

COVID-19 in Ontario: January 15, 2020 to February 12, 2021

This report includes the most current information available from CCM as of February 12, 2021.

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 284,887 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 1,300 confirmed cases (percent change of +20.8%)
 - An increase of 19 deaths (percent change of +5.6%)
 - An increase of 1,434 resolved cases (percent change of +1.3%)

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

	Change in cases February 11, 2021	Change in cases February 12, 2021	Percentage change February 12, 2021 compared to February 11, 2021	Cumulative case count as of February 12, 2021
Total number of cases	1,076	1,300	+20.8%	284,887
Number of deaths	18	19	+5.6%	6,651
Number resolved	1,415	1,434	+1.3%	265,893

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

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 corrections or updates can result in case records being removed and or updated from past reports.

	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count as of February 12, 2021
Gender: Male	616	655	139,617
Gender: Female	577	645	143,732
Ages: 19 and under	165	174	37,337
Ages: 20-39	346	506	104,161
Ages: 40-59	369	395	82,417
Ages: 60-79	169	177	41,203
Ages: 80 and over	23	44	19,709

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

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

Table 2. Summary of recent confirmed cases of COVID-19 in school aged children by agegroup, August 30, 2020 to February 12, 2021: Ontario

	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count from August 30, 2020 to February 12, 2021
Ages: 4 to 8	39	32	6,115
Ages: 9 to 13	35	35	8,332
Ages: 14 to 17	43	60	8,825

Note: Includes all confirmed cases of COVID-19 for specified ages, regardless of school attendance. 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) differing from past publicly reported case counts.

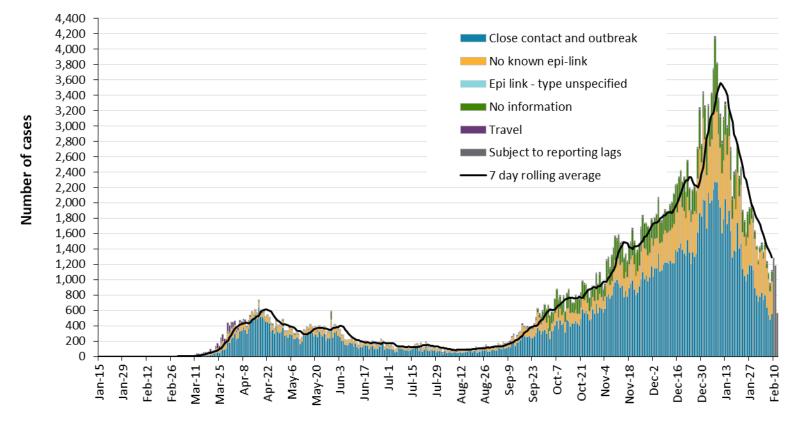
Long-term care home cases	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count as of February 12, 2021
Residents	7	8	14,840
Health care workers	3	21	6,473
Deaths among residents	8	3	3,780
Deaths among health care workers	0	0	10

Table 3. Summary of recent confirmed cases of COVID-19 in long-term care homes: Ontario

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 February 12, 2021



Reported date

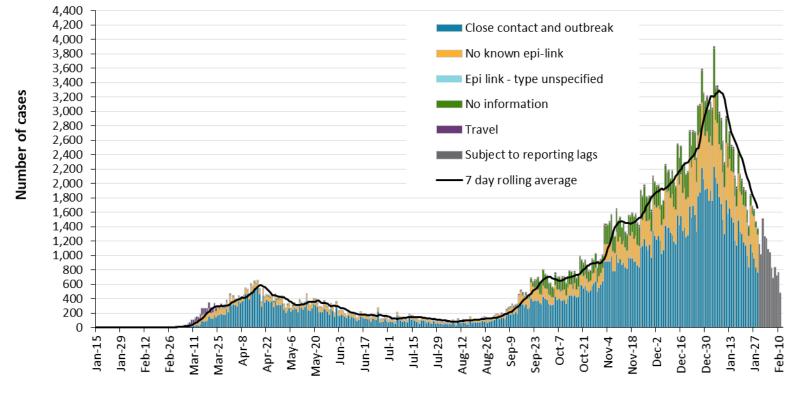
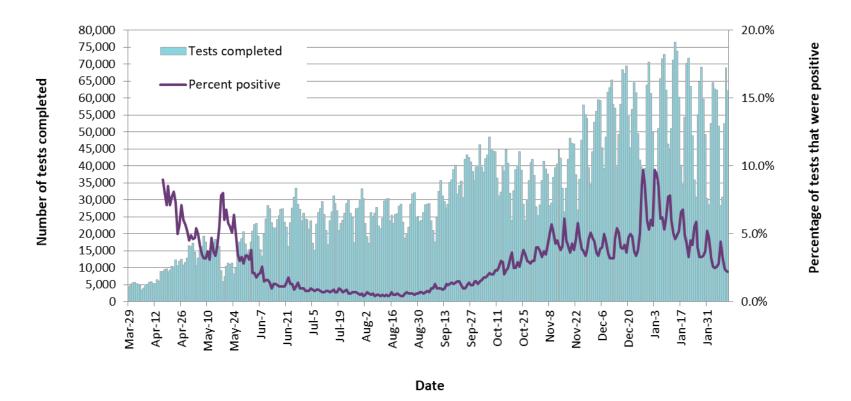


Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to February 12, 2021

Episode date

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

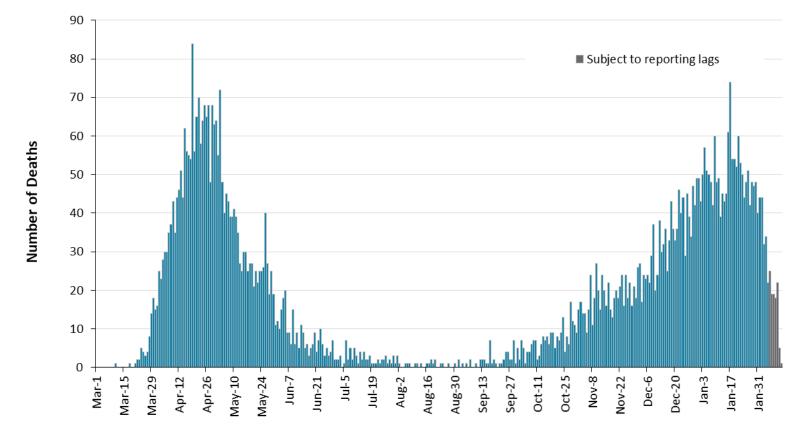


Figure 4. Confirmed deaths among COVID-19 cases by date of death: Ontario, March 1, 2020 to February 12, 2021

Date of Death

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

Data Source: CCM

	Cumulative case count as of February 12, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	6,651	2.3%
Deaths reported in ages: 19 and under	2	< 0.1%
Deaths reported in ages: 20-39	26	< 0.1%
Deaths reported in ages: 40-59	260	0.3%
Deaths reported in ages: 60-79	1,810	4.4%
Deaths reported in ages: 80 and over	4,552	23.1%
Ever in ICU	2,590	0.9%
Ever hospitalized	14,291	5.0%

Table 4. Confirmed cases of COVID-19 by severity: Ontario

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

Geography

Table 5. Summary of recent confirmed cases of COVID-19 by public health unit and region:Ontario

Public Health Unit Name	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	0	11	293	334.2
Thunder Bay District Health Unit	22	23	1,126	750.9
TOTAL NORTH WEST	22	34	1,419	597.1
Algoma Public Health	0	3	192	167.8
North Bay Parry Sound District Health Unit	2	7	225	173.4
Porcupine Health Unit	0	0	302	361.9
Public Health Sudbury & Districts	6	5	576	289.4
Timiskaming Health Unit	0	0	91	278.4
TOTAL NORTH EAST	8	15	1,386	247.8
Ottawa Public Health	52	29	13,893	1317.3
Eastern Ontario Health Unit	6	10	2,564	1228.5
Hastings Prince Edward Public Health	2	4	377	223.7
Kingston, Frontenac and Lennox & Addington Public Health	2	7	681	320.1
Leeds, Grenville & Lanark District Health Unit	5	1	833	481.0
Renfrew County and District Health Unit	3	0	311	286.3

Public Health Unit Name	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count	Cumulative rate per 100,000 population
TOTAL EASTERN	70	51	18,659	968.6
Durham Region Health Department	31	47	11,238	1577.5
Haliburton, Kawartha, Pine Ridge District Health Unit	9	1	959	507.6
Peel Public Health	210	253	57,896	3605.1
Peterborough Public Health	3	0	565	381.8
Simcoe Muskoka District Health Unit	24	31	5,954	993.0
York Region Public Health	122	116	27,021	2204.4
TOTAL CENTRAL EAST	399	448	103,633	2312.9
Toronto Public Health	361	433	89,418	2865.6
TOTAL TORONTO	361	433	89,418	2865.6
Chatham-Kent Public Health	0	1	1,328	1249.1
Grey Bruce Health Unit	2	3	668	393.2
Huron Perth Public Health	1	6	1,294	925.9
Lambton Public Health	11	24	1,929	1472.9
Middlesex-London Health Unit	7	17	5,984	1179.1
Southwestern Public Health	11	3	2,422	1145.2
Windsor-Essex County Health Unit	18	45	12,481	2937.9
TOTAL SOUTH WEST	50	99	26,106	1544.0
Brant County Health Unit	13	7	1,586	1021.9

Public Health Unit Name	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count	Cumulative rate per 100,000 population
City of Hamilton Public Health Services	30	48	9,790	1653.3
Haldimand-Norfolk Health Unit	-1	1	1,330	1165.8
Halton Region Public Health	31	38	8,673	1400.9
Niagara Region Public Health	17	33	8,322	1761.3
Region of Waterloo Public Health and Emergency Services	59	61	10,035	1717.3
Wellington-Dufferin-Guelph Public Health	17	32	4,530	1452.4
TOTAL CENTRAL WEST	166	220	44,266	1553.6
TOTAL ONTARIO	1,076	1,300	284,887	1916.6

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

Outbreaks

Table 6. 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 February 11, 2021	Change in outbreaks February 12, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	4	5	186	1,229
Retirement homes	6	7	108	720
Hospitals	4	2	48	390

Note: Ongoing outbreaks include all outbreaks that are 'Open' in CCM without a 'Declared Over Date' recorded, or where the outbreak started more than five months ago, even for outbreaks where the Outbreak Status value selected in CCM is 'OPEN'. The start of the outbreak is determined by the onset date of first case, or if missing the outbreak reported date, or else if that is also missing, then the outbreak created date.

Variant COVID-19 Cases

Variant	Change in cases February 11, 2021	Change in cases February 12, 2021	Cumulative case count up to February 12, 2021
Lineage B.1.1.7	39	22	297
Lineage B.1.351	0	0	3
Lineage P.1	0	1	1

Table 7. Summary of confirmed variant of concern (VOC) cases: Ontario

Note: Caution should be taken when interpreting VOC data due to the nature of the confirmation process, including delays between specimen collection and whole genome sequencing (WGS). 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. For a breakdown of confirmed VOC cases by PHU please see Appendix A.

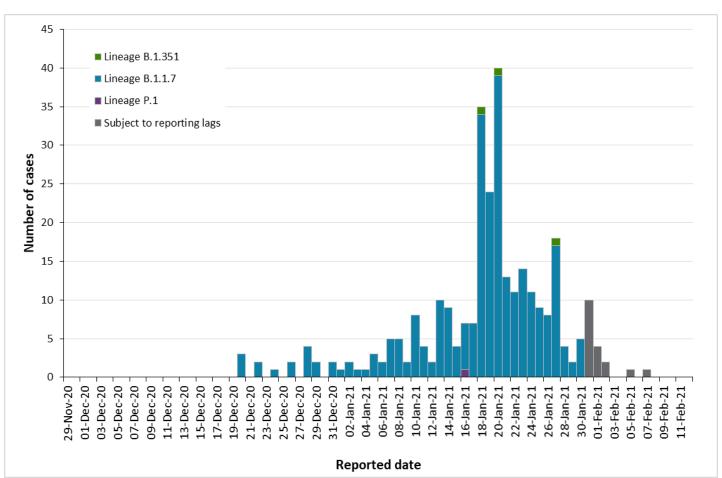


Figure 5. Confirmed COVID-19 variants of concern (VOC) cases by public health unit reported date: Ontario, November 29, 2020 to February 12, 2021

Note: Reported date is based on the date the case was reported, not the date that the VOC was identified. Additional testing was conducted on January 20, 2021 which led to an increase in the number of cases with variants of concern identified. Further details on screening for variants of concern can be found in the <u>technical notes</u>. Caution should be taken when interpreting these data due to potential sampling biases and delay between sample collection and sequencing in recent days.

Data Source: CCM

Table 8. Summary of confirmed variant of concern (VOC) cases by age group and gender	:
Ontario	

	Lineage B.1.1.7	Lineage B.1.351	Lineage P.1	Cumulative case count as of February 12, 2021
Gender: Male	126	2	1	129
Gender: Female	171	1	0	172
Ages: 19 and under	28	0	0	28
Ages: 20-39	98	2	0	100
Ages: 40-59	66	1	0	67
Ages: 60-79	55	0	1	56
Ages: 80 and over	50	0	0	50

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.

	Lineage B.1.1.7	Percentage	Lineage B.1.351	Percentage	Lineage P.1	Percentage	Cumulative case count up to February 12, 2021	Cumulative percentage
Travel	21	7.1%	1	33.3%	0	0.0%	22	7.3%
Outbreak-associated or close contact of a confirmed case	244	82.2%	1	33.3%	0	0.0%	245	81.4%
Epidemiological link – type unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No known epidemiological link	30	10.1%	1	33.3%	1	100.0%	32	10.6%
Information missing or unknown	2	0.7%	0	0.0%	0	0.0%	2	0.7%
Total	297		3		1		301	

Table 9. Summary of confirmed variant of concern (VOC) cases likely source of acquisition: Ontario

Note: Information for how cases are grouped within each category is available in the technical notes.

Technical Notes

Data Sources

- The data for this report were based on information successfully extracted from the Public Health Case and Contact Management Solution (CCM) for all PHUs by PHO as of **February 12, 2021 at 1 p.m**.
- CCM is a dynamic disease reporting system, which allows ongoing updates to data previously entered. As a result, data extracted from CCM 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. 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 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 CCM. 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.
- Cases of confirmed reinfection, i.e. where genome sequencing indicates the two episodes are caused by different viral lineages, added to the confirmed case definition on November 20, 2020, are counted as unique investigations.
- 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-PHO (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. If no epidemiologic link is identified in those fields the risk factor fields are examined to determine whether a case travelled, was associated with a confirmed 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. 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.
- COVID-19 cases from CCM for which the Classification and/or Disposition was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, IGNORE, DUPLICATE, 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 include all outbreaks that are 'Open' in CCM without a 'Declared Over Date' recorded, or where the outbreak started more than five months ago, even for outbreaks where the Outbreak Status value selected in CCM is 'OPEN'. The start of the outbreak is determined by the onset date of first case, or if missing the outbreak reported date, or else if that is also missing, then the outbreak created date.
- '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 period (i.e., daily count or sum of the daily count over a 7-day period) and previous period (i.e., daily count or sum of the daily count over a 7-day period), divided by the previous period.
- PANGO lineage B.1.1.7: This lineage was first detected in England in September, 2020. Early evidence suggests that the N501Y mutation may increase SARS-CoV-2 transmissibility. The PANGO lineage B.1.1.7 is assigned to genome sequences with at least 5 of the 17 defining B.1.1.7 SNPs.
- PANGO lineage B.1.351 (also known as 501Y.V2): This lineage was first detected October, 2020 in South Africa and has several mutations of concern, including spike (S) gene: N501Y, K417N, and E484K. Early evidence suggests that these mutations may increase SARS-CoV-2 transmissibility and decrease vaccine efficacy. The PANGO lineage B.1.351 will be assigned to genome sequences at least 5 of the 9 defining B.1.351 SNPs.
- PANGO lineage P.1 (also known as 501Y.V3): This lineage was first detected January, 2021 in Brazil and has several mutations of concern, including spike (S) gene N501Y, K417T, and E484K. Early evidence suggests that these mutations may increase SARS-CoV-2 transmissibility and decrease vaccine efficacy. The PANGO lineage P.1 is assigned to genome sequences with more than 10 of the 17 defining P.1 SNPs.

 Public Health Ontario conducts variants of concern (VOC) surveillance on a subset of SARS-CoV-2 positive specimens. Additional SARS-CoV-2 specimens are referred to PHO Laboratory for screening provided they meet the criteria outlined here: <u>https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19-voc</u>

Appendix A

Table A1. Weekly rates of confirmed COVID-19 cases per 100,000 population over recent rolling 7-day periods, by reported date and public health unit: Ontario, January 28 to February 09, 2021

Public Health Unit Name	Jan 28 to Feb 03	Jan 29 to Feb 04	Jan 30 to Feb 05	Jan 31 to Feb 06	Feb 01 to Feb 07	Feb 02 to Feb 08	Feb 03 to Feb 09	% change from Jan 28- Feb 03 to Feb 03- Feb 09
NORTH WEST								
Northwestern Health Unit	13.7	9.1	18.2	18.2	18.2	18.2	18.2	+32.8%
Thunder Bay District Health Unit	68.0	55.3	63.4	60.7	52.0	47.3	48	-29.4%
NORTH EAST								
Algoma Public Health	17.5	12.2	13.1	14.0	16.6	14.9	12.2	-30.3%
North Bay Parry Sound District Health Unit	5.4	4.6	4.6	5.4	14.6	19.3	17.7	+227.8%
Porcupine Health Unit	41.9	31.2	31.2	22.8	22.8	21.6	22.8	-45.6%
Public Health Sudbury & Districts	16.1	12.1	14.1	14.1	13.6	14.6	18.6	+15.5%
Timiskaming Health Unit	6.1	9.2	6.1	6.1	6.1	6.1	3.1	-49.2%
EASTERN								
Ottawa Public Health	33.1	31.6	31.7	33.3	34.0	33.8	32.3	-2.4%
Eastern Ontario Health Unit	48.9	45.0	38.8	36.4	32.6	32.6	27.3	-44.2%
Hastings Prince Edward Public Health	1.8	2.4	2.4	3.0	3.0	4.2	5.3	+194.4%
Kingston, Frontenac and Lennox & Addington Public Health	3.3	3.3	3.8	4.2	5.6	5.2	5.2	+57.6%

Public Health Unit Name	Jan 28 to Feb 03	Jan 29 to Feb 04	Jan 30 to Feb 05	Jan 31 to Feb 06	Feb 01 to Feb 07	Feb 02 to Feb 08	Feb 03 to Feb 09	% change from Jan 28- Feb 03 to Feb 03- Feb 09
Leeds, Grenville & Lanark District Health Unit	13.3	12.1	8.7	8.7	5.8	4.6	5.2	-60.9%
Renfrew County and District Health Unit	6.4	4.6	2.8	4.6	3.7	3.7	4.6	-28.1%
CENTRAL EAST								
Durham Region Health Department	60.1	54.9	50.8	50.1	45.6	41.3	39.7	-33.9%
Haliburton, Kawartha, Pine Ridge District Health Unit	37.6	36.0	32.8	33.9	33.9	35.5	37	-1.6%
Peel Public Health	133.9	126.5	124.0	121.4	116.9	114.1	112.1	-16.3%
Peterborough Public Health	15.5	12.8	12.8	10.1	8.8	8.1	8.1	-47.7%
Simcoe Muskoka District Health Unit	53.4	49.0	46.5	47.9	47.2	47.0	44.9	-15.9%
York Region Public Health	81.3	77.3	73.3	72.9	74.4	72.8	70.9	-12.8%
TORONTO								
Toronto Public Health	120.2	115.1	109.4	101.5	96.2	90.8	86.9	-27.7%
SOUTH WEST								
Chatham-Kent Public Health	94.1	91.2	72.4	76.2	75.2	79.9	75.2	-20.1%
Grey Bruce Health Unit	14.1	13.0	12.4	10.0	10.6	9.4	8.8	-37.6%
Huron Perth Public Health	28.6	32.2	32.2	31.5	29.3	27.9	26.5	-7.3%
Lambton Public Health	34.4	28.3	31.3	29.0	26.7	28.3	35.1	+2.0%
Middlesex-London Health Unit	41.4	38.6	38.4	37.6	37.0	37.2	33.7	-18.6%

Public Health Unit Name	Jan 28 to Feb 03	Jan 29 to Feb 04	Jan 30 to Feb 05	Jan 31 to Feb 06	Feb 01 to Feb 07	Feb 02 to Feb 08	Feb 03 to Feb 09	% change from Jan 28- Feb 03 to Feb 03- Feb 09
Southwestern Public Health	33.1	39.7	40.7	40.2	39.7	36.4	35.5	+7.3%
Windsor-Essex County Health Unit	65.0	62.4	58.8	50.1	49.7	48.7	47.3	-27.2%
CENTRAL WEST								
Brant County Health Unit	32.2	29.6	32.2	42.5	43.8	49.0	46.4	+44.1%
City of Hamilton Public Health Services	68.1	65.7	66.4	67.0	62.1	58.9	55.6	-18.4%
Haldimand-Norfolk Health Unit	35.9	36.8	31.6	30.7	29.8	28.9	25.4	-29.2%
Halton Region Public Health	60.6	62.5	62.3	60.7	58.8	60.1	55.9	-7.8%
Niagara Region Public Health	87.0	82.3	76.2	63.7	59.5	54.8	48.7	-44.0%
Region of Waterloo Public Health and Emergency Services	64.9	58.0	60.4	57.7	56.6	59.7	60.1	-7.4%
Wellington-Dufferin- Guelph Public Health	66.7	55.1	48.4	47.8	43.3	36.5	40.4	-39.4%
TOTAL ONTARIO	74.5	70.5	68.0	65.3	62.9	60.9	58.8	-21.1%

Note: Rates are based on the sum of the daily case counts during the date ranges specified in each column.

Table A2. Summary of confirmed variant of concern (VOC) cases by public health unit: Ontario as of February 12, 2021

Public Health Unit Name	Cumulative count for Lineage B.1.1.7	Cumulative count for Lineage B.1.351	Cumulative count for Lineage P.1
Algoma Public Health	0	0	0
Brant County Health Unit	0	0	0
Chatham-Kent Public Health	0	0	0
City of Hamilton Public Health Services	0	0	0
Durham Region Health Department	18	0	0
Eastern Ontario Health Unit	0	0	0
Grey Bruce Health Unit	0	0	0
Haldimand-Norfolk Health Unit	1	0	0
Haliburton, Kawartha, Pine Ridge District Health Unit	0	0	0
Halton Region Public Health	1	0	0
Hastings Prince Edward Public Health	0	0	0
Huron Perth Public Health	0	0	0
Kingston, Frontenac and Lennox & Addington Public Health	2	0	0
Lambton Public Health	0	0	0
Leeds, Grenville & Lanark District Health Unit	0	0	0
Middlesex-London Health Unit	4	0	0
Niagara Region Public Health	0	0	0

Public Health Unit Name	Cumulative count for Lineage B.1.1.7	Cumulative count for Lineage B.1.351	Cumulative count for Lineage P.1
North Bay Parry Sound District Health Unit	0	0	0
Northwestern Health Unit	0	0	0
Ottawa Public Health	5	1	0
Peel Public Health	30	2	0
Peterborough Public Health	0	0	0
Porcupine Health Unit	0	0	0
Public Health Sudbury & Districts	3	0	0
Region of Waterloo Public Health and Emergency Services	3	0	0
Renfrew County and District Health Unit	0	0	0
Simcoe Muskoka District Health Unit	147	0	0
Southwestern Public Health	0	0	0
Thunder Bay District Health Unit	0	0	0
Timiskaming Health Unit	0	0	0
Toronto Public Health	33	0	1
Wellington-Dufferin-Guelph Public Health	1	0	0
Windsor-Essex County Health Unit	0	0	0
York Region Public Health	49	0	0
TOTAL ONTARIO	297	3	1

Note: Caution should be taken when interpreting VOC data due to the nature of the screening and confirmation process, including delays between specimen collection and whole genome sequencing (WGS). A confirmed VOC case is defined as a COVID-19 case in whom a designated VOC was detected by WGS of their SARS-CoV-2 positive specimen. 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

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 February 12, 2021. Toronto, ON: Queen's Printer for Ontario; 2021.

For Further Information

For more information, email <u>cd@oahpp.ca</u>.

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.

