

DAILY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: January 15, 2020 to May 8, 2021

This report includes the most current information available from CCM as of **May 8, 2021**.

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 492,303 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 3,216 confirmed cases (percent change of +12.3%)
 - An increase of 47 deaths (percent change of +88.0%)
 - An increase of 3,653 resolved cases (percent change of +1.6%)

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 May 7, 2021	Change in cases May 8, 2021	Percentage change May 8, 2021 compared to May 7, 2021	Cumulative case count as of May 8, 2021
Total number of cases	2,864	3,216	+12.3%	492,303
Number of deaths	25	47	+88.0%	8,308
Number resolved	3,596	3,653	+1.6%	451,591

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.

Data Source: CCM

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

	Change in cases May 7, 2021	Change in cases May 8, 2021	Cumulative case count as of May 8, 2021
Gender: Male	1,417	1,665	244,719
Gender: Female	1,417	1,521	243,813
Ages: 19 and under	531	676	76,637
Ages: 20-39	1,213	1,282	182,672
Ages: 40-59	757	867	141,920
Ages: 60-79	300	338	66,961
Ages: 80 and over	59	58	24,002

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 age group, August 30, 2020 to May 8, 2021: Ontario

	Change in cases May 7, 2021	Change in cases May 8, 2021	Cumulative case count from August 30, 2020 to May 8, 2021
Ages: 4 to 8	87	114	13,960
Ages: 9 to 13	116	143	17,895
Ages: 14 to 17	128	173	18,023

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.

Data Source: CCM

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

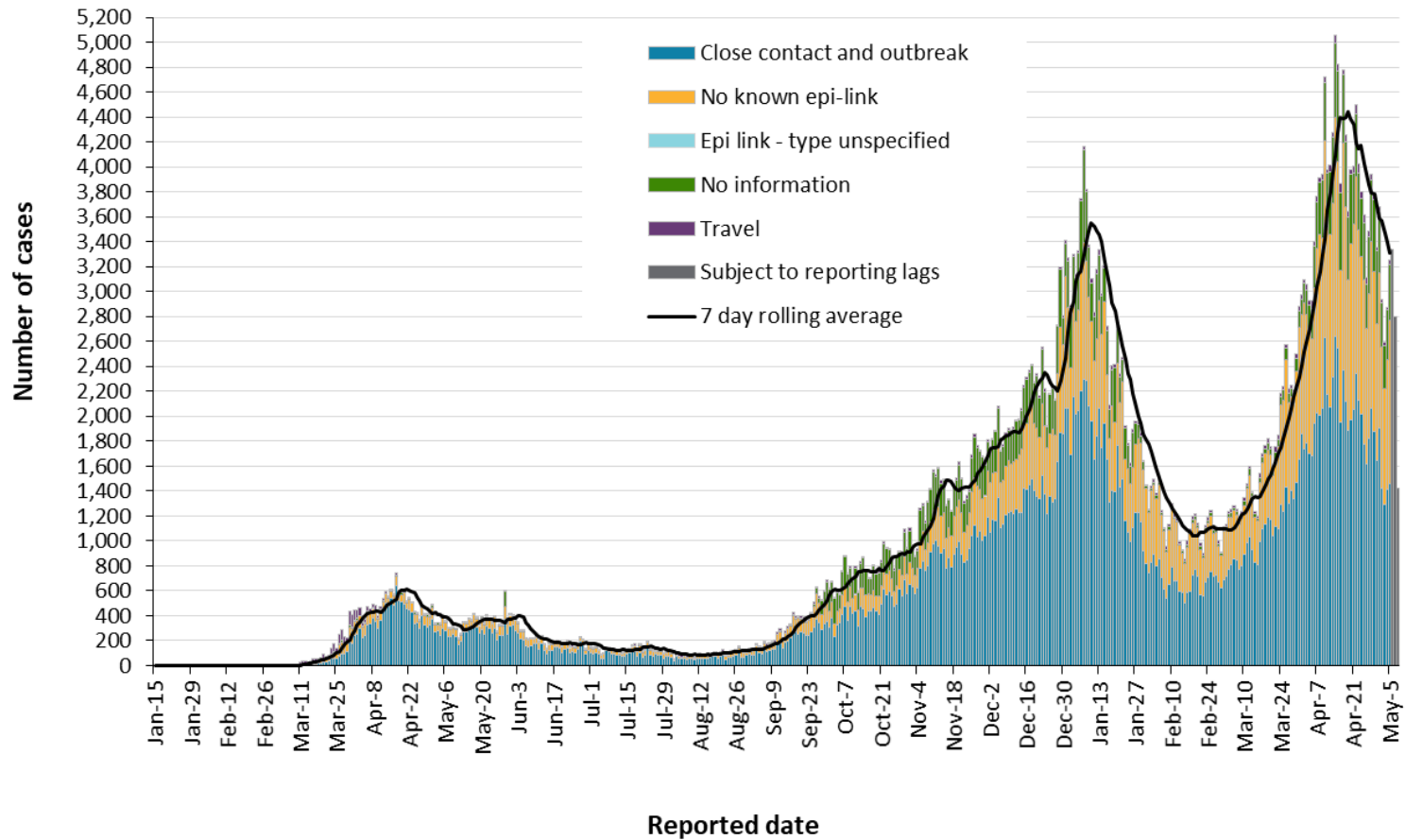
Long-term care home cases	Change in cases May 7, 2021	Change in cases May 8, 2021	Cumulative case count as of May 8, 2021
Residents	5	4	15,200
Health care workers	12	4	7,015
Deaths among residents	0	0	3,931
Deaths among health care workers	0	0	10

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

Time

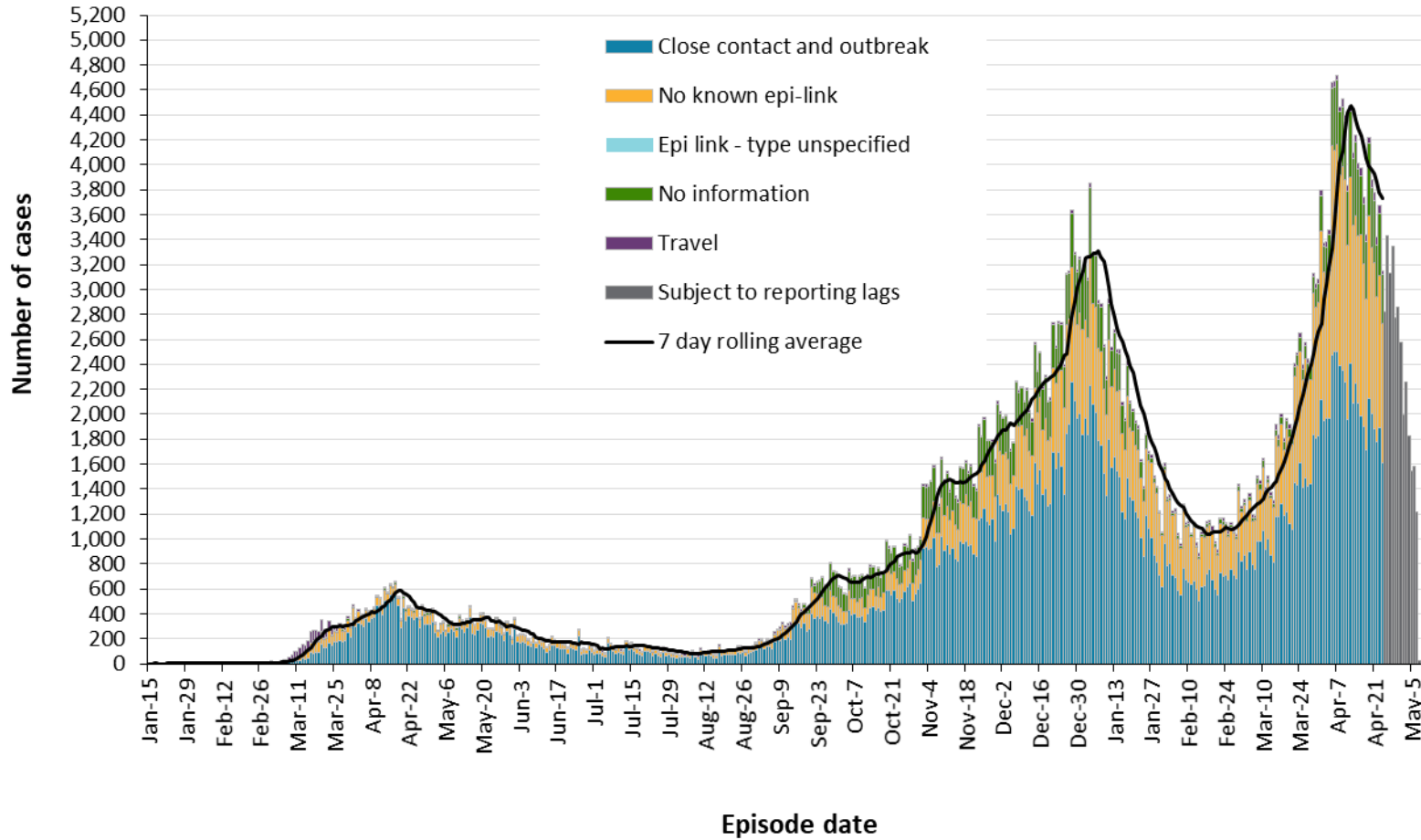
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to May 8, 2021



Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to May 8, 2021

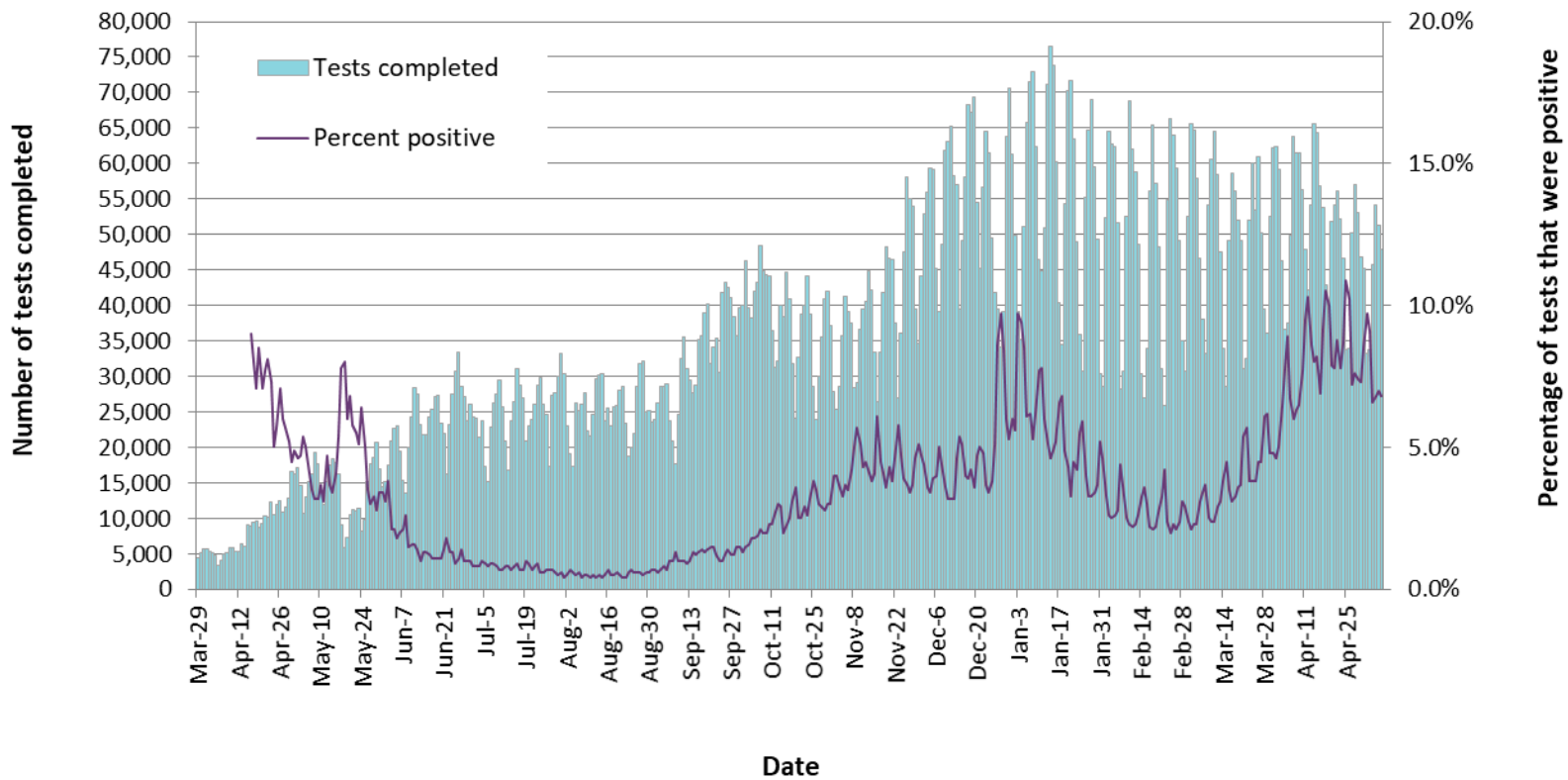
Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to May 8, 2021



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

Figure 3. Number of COVID-19 tests completed and percent positivity: Ontario, March 29, 2020 to May 7, 2021

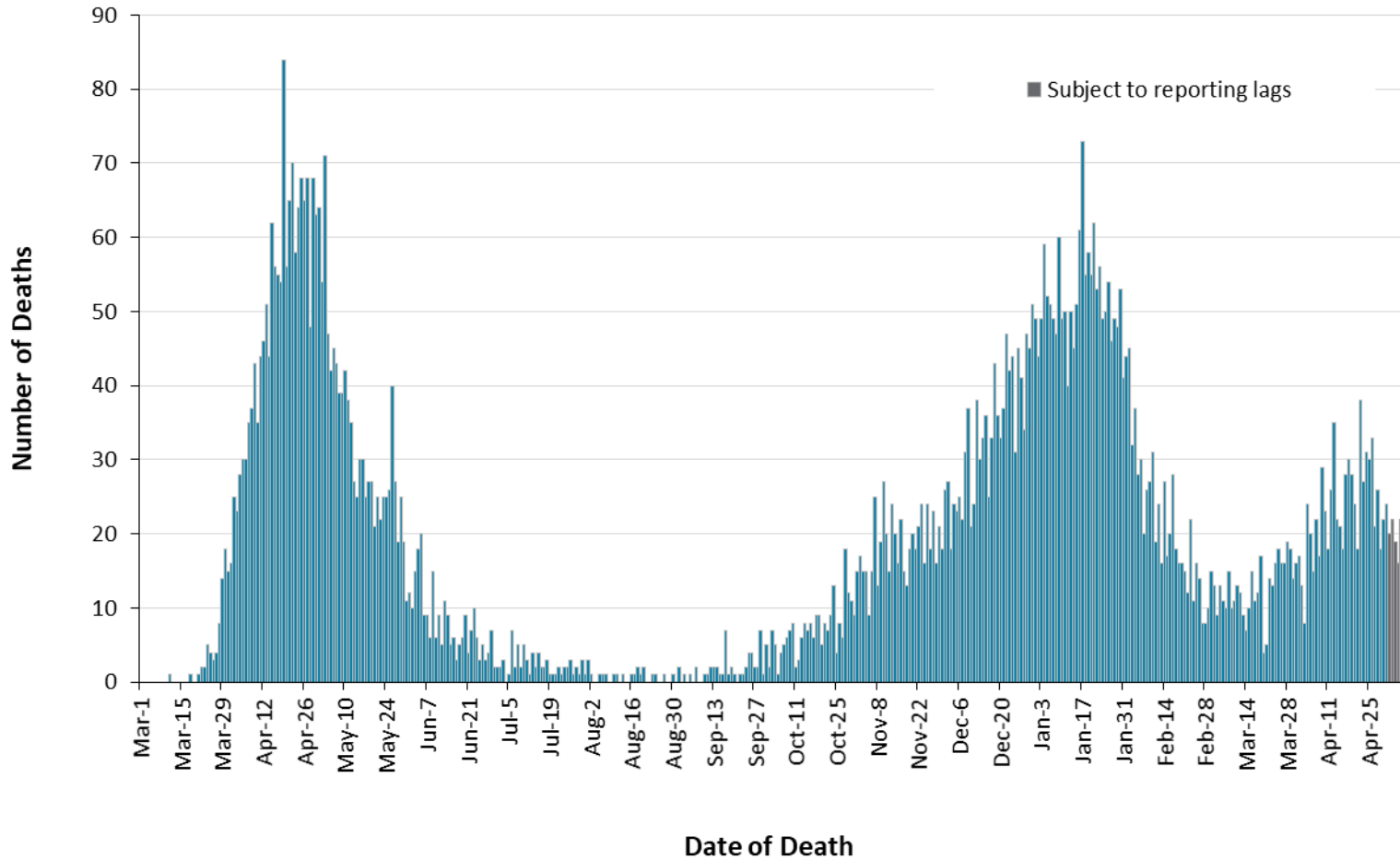


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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 May 8, 2021



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

Data Source: CCM

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

	Cumulative case count as of May 8, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	8,308	1.7%
Deaths reported in ages: 19 and under	4	<0.1%
Deaths reported in ages: 20-39	57	<0.1%
Deaths reported in ages: 40-59	421	0.3%
Deaths reported in ages: 60-79	2,498	3.7%
Deaths reported in ages: 80 and over	5,327	22.2%
Ever in ICU	4,380	0.9%
Ever hospitalized	23,914	4.9%

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

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 May 7, 2021	Change in cases May 8, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	18	5	1,002	1,142.9
Thunder Bay District Health Unit	7	5	3,142	2,095.2
TOTAL NORTH WEST	25	10	4,144	1,743.9
Algoma Public Health	-2	1	346	302.4
North Bay Parry Sound District Health Unit	4	5	383	295.2
Porcupine Health Unit	20	7	702	841.3
Public Health Sudbury & Districts	3	5	1,982	995.9
Timiskaming Health Unit	3	1	196	599.6
TOTAL NORTH EAST	28	19	3,609	645.2
Ottawa Public Health	107	150	25,335	2,402.2
Eastern Ontario Health Unit	23	14	4,407	2,111.5
Hastings Prince Edward Public Health	8	16	1,008	598.2
Kingston, Frontenac and Lennox & Addington Public Health	11	14	1,402	659.1
Leeds, Grenville & Lanark District Health Unit	10	0	1,669	963.8
Renfrew County and District Health Unit	4	3	627	577.2
TOTAL EASTERN	163	197	34,448	1,788.2

Public Health Unit Name	Change in cases May 7, 2021	Change in cases May 8, 2021	Cumulative case count	Cumulative rate per 100,000 population
Durham Region Health Department	125	187	22,240	3,121.8
Haliburton, Kawartha, Pine Ridge District Health Unit	15	17	1,731	916.2
Peel Public Health	803	752	98,658	6,143.3
Peterborough Public Health	7	10	1,287	869.7
Simcoe Muskoka District Health Unit	60	59	11,120	1,854.6
York Region Public Health	285	335	48,583	3,963.4
TOTAL CENTRAL EAST	1,295	1,360	183,619	4,098.0
Toronto Public Health	684	903	151,275	4,848.0
TOTAL TORONTO	684	903	151,275	4,848.0
Chatham-Kent Public Health	5	3	1,805	1,697.8
Grey Bruce Health Unit	2	6	1,205	709.3
Huron Perth Public Health	9	14	1,661	1,188.5
Lambton Public Health	6	12	3,324	2,538.1
Middlesex-London Health Unit	110	101	11,179	2,202.7
Southwestern Public Health	31	18	3,549	1,678.0
Windsor-Essex County Health Unit	39	49	15,795	3,718.0
TOTAL SOUTH WEST	202	203	38,518	2,278.1
Brant County Health Unit	5	28	3,359	2,164.3
City of Hamilton Public Health Services	133	113	18,487	3,121.9
Haldimand-Norfolk Health Unit	20	18	2,421	2,122.2

Public Health Unit Name	Change in cases May 7, 2021	Change in cases May 8, 2021	Cumulative case count	Cumulative rate per 100,000 population
Halton Region Public Health	98	121	15,606	2,520.8
Niagara Region Public Health	105	104	14,653	3,101.3
Region of Waterloo Public Health and Emergency Services	72	99	14,751	2,524.3
Wellington-Dufferin-Guelph Public Health	34	41	7,413	2,376.7
TOTAL CENTRAL WEST	467	524	76,690	2,691.5
TOTAL ONTARIO	2,864	3,216	492,303	3,312.0

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

Data Source: CCM

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 May 7, 2021	Change in outbreaks May 8, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	2	1	44	1,450
Retirement homes	1	1	16	851
Hospitals	2	2	42	549

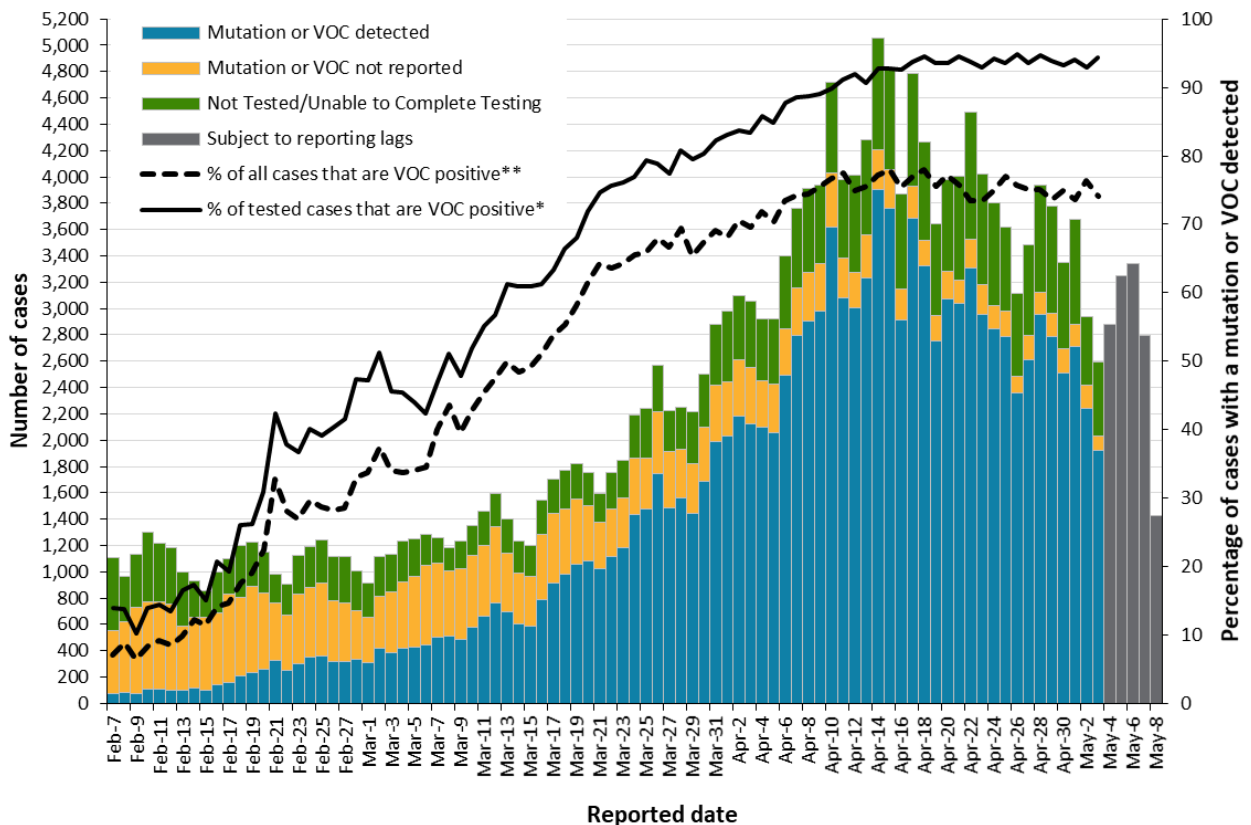
Note: Ongoing outbreaks include all outbreaks that are 'Open' in CCM without a 'Declared Over Date' recorded, or where the outbreak started more than five months ago, even for outbreaks where the Outbreak Status value selected in CCM is 'OPEN'. The start of the outbreak is determined by the onset date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

Data Source: CCM

Variant COVID-19 Cases

The laboratory detection of a variant of concern (VOC) is a multi-step process. Samples that test positive for SARS-CoV-2 and have a cycle threshold (Ct) value ≤ 35 can be tested for mutations common to variants of concern. If positive for the mutation of interest these samples may then undergo genomic analyses to identify the VOC. VOC lineages may still be confirmed using genomic analysis despite specific S gene mutation(s) being documented as 'unable to complete' due to poor sequence quality at the genome position.

Figure 5. Number of confirmed COVID-19 cases and percent positive for mutations or VOCs: Ontario, February 7, 2021 to May 8, 2021



Note: Data used to calculate the number of cases tested for mutations common to VOCs or lineages using genomic analyses are obtained using information from the Laboratory object in CCM in addition to the data from the Investigation Subtype field. Therefore, comparisons to counts using only information from the Investigation Subtype field may not align. The percent of cases due to a VOC may be higher than described in this report.

*The denominator includes only confirmed COVID-19 cases that were able to be tested for VOCs (e.g. those identified as 'Detected' or 'Not Detected').

**The denominator includes all confirmed COVID-19 cases, including those that were unable to be tested for VOCs (e.g. those identified as 'Detected', 'Not Detected' and 'Not Tested/Unable to Complete Testing').

Data Source: CCM

Table 7. Summary of confirmed COVID-19 cases with a mutation or VOC detected: Ontario

	Change in cases May 7, 2021	Change in cases May 8, 2021	Cumulative case count up to May 8, 2021
Variant of Concern			
Lineage B.1.1.7*	2,768	2,010	91,624
Lineage B.1.351	28	5	400
Lineage P.1	143	17	1,229
Mutations			
N501Y and E484K	36	159	6,534
N501Y (E484K unknown)**	9	57	22,102
E484K (N501Y negative)	144	78	3,496
E484K (N501Y unknown)	4	21	497

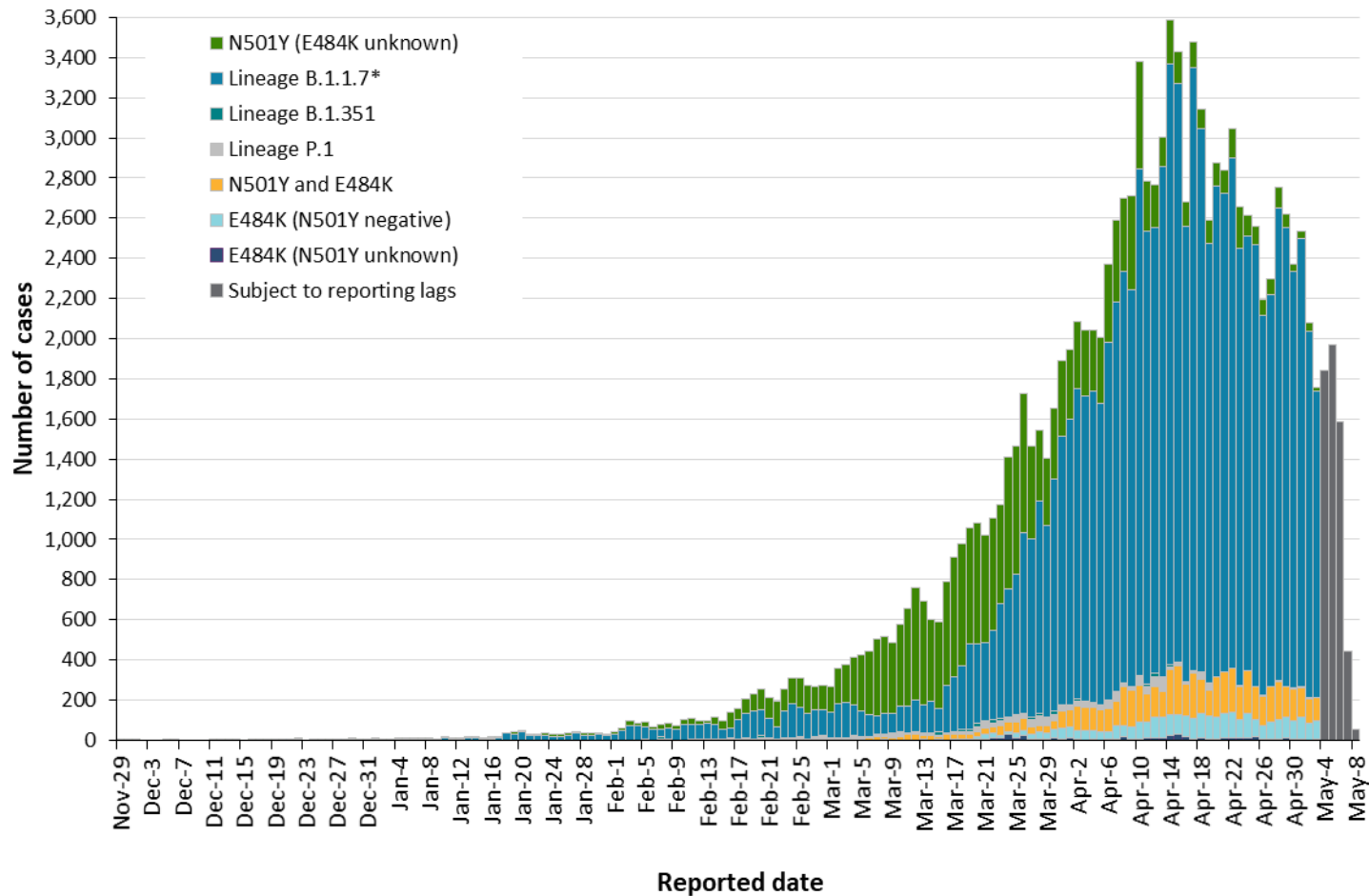
Note: Interpret the VOC and mutation trends with caution due to the varying time required to complete VOC testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Due to the nature of the genomic analysis, test results may be completed in batches. Data corrections or updates can result in case records being removed and/or updated and may result in totals differing from past publicly reported case counts. Data for calculating the change in cases and the cumulative case counts uses data from the Investigation Subtype field only. Changes to the VOC testing algorithm may impact counts and trends. Further details can be found in the [data caveats](#) section.

*Includes all confirmed COVID-19 cases where lineage B.1.1.7 was identified by genomic analysis and those presumed to be B.1.1.7 based on positive N501Y and negative E484K mutation in the Investigation Subtype field

**The category 'N501Y (E484K unknown)' mainly consists of results from before the introduction of the E484K test. Counts will shift from this category into a VOC lineage category as E484K tests or genomic analysis are completed.

Data Source: CCM

Figure 6. Confirmed COVID-19 cases with a mutation or VOC detected by public health unit reported date: Ontario, November 29, 2020 to May 8, 2021



Note: Reported date is based on the date the case was reported, not the date that the VOC or mutation was identified. Further details on testing for variants of concern can be found in the [technical notes](#). Interpret the VOC and mutation trends with caution due to the varying time required to complete testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Data for calculating the change in cases and the cumulative case count uses data from the Investigation

Subtype field only. Data for cases with a B.1.1.7, B.1.351, and P.1 lineage detected or any of the mutations listed above are determined using the Investigation Subtype field only. Changes to the VOC testing algorithm may impact counts and trends. Further details can be found in the [data caveats](#) section.

*Includes all confirmed COVID-19 cases where lineage B.1.1.7 was identified by genomic analysis and those presumed to be B.1.1.7 based on positive N501Y and negative E484K mutation. Starting March 22, 2021, specimens tested for the both the N501Y and E484K mutation, and if found to be positive for the N501Y mutation only, are not forwarded for further genomic analysis and presumed to be B.1.1.7.

Data Source: CCM

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 **May 8, 2021 at 1 p.m.** for cases reported in 2021 and as of **May 3, 2021 at 9 a.m.** for cases reported in 2020.
- 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 Case Definition – Coronavirus Disease \(COVID-19\) document are included in the report counts from CCM](#)
- Cases of confirmed reinfection, as defined in the provincial case definitions, are counted as unique investigations.
- Case classification information may be updated for individuals with a positive result issued from a point-of-care assays.
- 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 may include some duplicate records, if these records were not identified and resolved.
- 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 testing and genomic analyses for SARS-CoV-2 positive specimens using the criteria outlined here: <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/covid-19-voc>
- Changes to the VOC testing algorithm may occur over time and trends should be interpreted with caution. Since February 3, 2021 all PCR positive SARS-CoV-2 specimens with CT values ≤ 35 are tested for a N501Y mutation. Starting March 22, 2021, these specimens are tested for the E484K mutation as well. Specimens that are positive for the N501Y mutation only are not being

forwarded for further genomic analysis. Specimens that are E484K positive (with or without N501Y) are forwarded for genomic analysis.

- The laboratory detection of a variant of concern is a multi-step process. Samples that test positive for SARS-CoV-2 and have a cycle threshold (Ct) value ≤ 35 can be tested for mutations common to variants of concern. If positive for the mutation of interest these samples may then undergo genomic analyses to identify the VOC. VOC lineages may still be confirmed using genomic analysis despite specific S gene mutation(s) being documented as 'unable to complete' due to poor sequence quality at the genome position.
- VOC testing data are analyzed for cases with a reported date on or after February 07, 2021. VOC testing data are based on CCM information reported within the laboratory object for select Logical Observation Identifiers Names and Codes (LOINC) and supplemented with information from the Investigation Subtype field. A confirmed Case Investigation is assigned a VOC test value (e.g., VOC test detected, VOC test not detected) based on the following hierarchy:
 - If multiple laboratory results are identified, a VOC test value is assigned based on the following hierarchy: Detected > Not Detected > Unable to complete
 - If a laboratory result is 'Not Detected' or 'Unable to complete', but data on the Investigation Subtype field is listed as a lineage or mutation common to a VOC, then the VOC test value is set to 'Detected'
- If a VOC is identified through genomic analysis cases initially classified as a mutation may be updated and moved to the appropriate lineage (B.1.1.7, B.1.351 and P.1)
- LOINCs are a set of internationally used result description codes. In the absence of a standard LOINC, Ontario Health can create local result codes, which are identified with an 'XON' prefix. LOINCs incorporate details of the result value (e.g. test method, target detected - such as IgG, DNA, isolate etc.) and are unique to each result.
- VOC testing data in this report are assigned on a per case basis. Multiple laboratory results may be associated to a single case investigation, but for analysis purposes are only counted once.
 - The percent of cases that test VOC positive is calculated by taking the number of VOC test positive, divided by the total number of confirmed COVID-19 cases for a given reported date.
- The VOC percent positive may be higher than described in this report. While all confirmed COVID-19 cases are included in the denominator, not all cases were able to be tested for VOCs. As testing algorithms change, the VOC percent positivity may not be reflective of the exact number of COVID-19 cases due to VOCs
- Only CCM case investigations with a CONFIRMED classification have their laboratory records with VOC testing information included in the percent positivity calculations

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, April 23 to May 5, 2021

Public Health Unit Name	Apr 23 to Apr 29	Apr 24 to Apr 30	Apr 25 to May 1	Apr 26 to May 2	Apr 27 to May 3	Apr 28 to May 4	Apr 29 to May 5	% change from Apr 23 - Apr 29 to Apr 29 - May 5
NORTH WEST								
Northwestern Health Unit	76.4	78.7	78.7	85.5	79.8	67.3	67.3	-11.9%
Thunder Bay District Health Unit	26.0	22.7	22.7	24.7	25.3	26.7	22.0	-15.4%
NORTH EAST								
Algoma Public Health	15.7	17.5	16.6	14.9	16.6	13.1	9.6	-38.9%
North Bay Parry Sound District Health Unit	10.8	11.6	11.6	10.8	11.6	14.6	15.4	+42.6%
Porcupine Health Unit	87.5	82.7	93.5	87.5	73.1	80.3	69.5	-20.6%
Public Health Sudbury & Districts	31.2	31.7	32.2	32.7	30.1	33.7	31.2	0.0%
Timiskaming Health Unit	76.5	67.3	61.2	52.0	61.2	48.9	42.8	-44.1%
EASTERN								
Ottawa Public Health	119.6	118.6	109.9	108.9	102.4	97.9	90.9	-24.0%
Eastern Ontario Health Unit	70.9	61.8	61.3	63.2	65.2	55.6	57.5	-18.9%
Hastings Prince Edward Public Health	46.9	46.9	40.4	38.0	39.2	39.2	36.8	-21.5%
Kingston, Frontenac and Lennox & Addington Public Health	36.2	37.6	31.5	36.7	44.2	48.9	52.2	+44.2%

Public Health Unit Name	Apr 23 to Apr 29	Apr 24 to Apr 30	Apr 25 to May 1	Apr 26 to May 2	Apr 27 to May 3	Apr 28 to May 4	Apr 29 to May 5	% change from Apr 23 - Apr 29 to Apr 29 - May 5
Leeds, Grenville & Lanark District Health Unit	38.1	32.9	30.0	34.1	30.6	32.9	27.7	-27.3%
Renfrew County and District Health Unit	43.3	41.4	39.6	28.5	31.3	31.3	34.1	-21.2%
CENTRAL EAST								
Durham Region Health Department	202.6	204.1	211.7	207.6	209.2	199.9	184.6	-8.9%
Haliburton, Kawartha, Pine Ridge District Health Unit	43.4	41.3	36.5	32.3	29.6	27.5	27.0	-37.8%
Peel Public Health	364.3	355.2	363.6	346.3	335.1	336.0	311.1	-14.6%
Peterborough Public Health	47.3	46.0	41.2	44.6	41.9	37.2	37.8	-20.1%
Simcoe Muskoka District Health Unit	96.7	93.7	94.9	95.4	93.7	90.2	92.1	-4.8%
York Region Public Health	205.0	198.7	190.9	187.4	175.6	167.8	167.5	-18.3%
TORONTO								
Toronto Public Health	250.4	242.2	242.3	236.0	233.5	225.4	223.8	-10.6%
SOUTH WEST								
Chatham-Kent Public Health	27.3	28.2	27.3	24.5	25.4	23.5	21.6	-20.9%
Grey Bruce Health Unit	31.2	30.0	28.3	28.3	27.7	22.4	19.4	-37.8%
Huron Perth Public Health	22.9	22.2	21.5	20.0	20.8	25.8	28.6	+24.9%
Lambton Public Health	49.6	51.2	53.4	53.4	53.4	52.7	58.0	+16.9%
Middlesex-London Health Unit	129.1	136.0	134.4	125.3	124.9	116.3	119.8	-7.2%

Public Health Unit Name	Apr 23 to Apr 29	Apr 24 to Apr 30	Apr 25 to May 1	Apr 26 to May 2	Apr 27 to May 3	Apr 28 to May 4	Apr 29 to May 5	% change from Apr 23 - Apr 29 to Apr 29 - May 5
Southwestern Public Health	61.5	56.7	53.4	53.0	48.7	47.3	48.7	-20.8%
Windsor-Essex County Health Unit	82.9	83.1	77.2	73.7	73.9	71.8	69.4	-16.3%
CENTRAL WEST								
Brant County Health Unit	121.1	129.5	112.1	112.1	112.8	114.7	114.7	-5.3%
City of Hamilton Public Health Services	173.9	187.6	180.5	180.9	183.6	181.4	183.1	+5.3%
Haldimand-Norfolk Health Unit	142.0	129.7	119.2	123.6	114.0	122.7	114.0	-19.7%
Halton Region Public Health	150.4	146.3	146.3	143.4	141.7	141.8	137.8	-8.4%
Niagara Region Public Health	199.2	167.8	183.1	166.6	163.6	159.8	153.7	-22.8%
Region of Waterloo Public Health and Emergency Services	91.2	79.2	77.0	80.4	80.8	73.1	72.9	-20.1%
Wellington-Dufferin-Guelph Public Health	103.6	104.8	95.9	97.8	91.7	91.7	92.3	-10.9%
TOTAL ONTARIO	173.2	168.7	167.9	163.3	159.8	155.8	151.1	-12.8%

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

Data Source: CCM

Table A2. Summary of confirmed COVID-19 cases with a mutation or VOC by public health unit: Ontario as of May 8, 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	Cumulative count for mutations**
Algoma Public Health	45	0	0	20
Brant County Health Unit	424	0	11	420
Chatham-Kent Public Health	68	4	1	114
City of Hamilton Public Health Services	3,866	4	6	1,061
Durham Region Health Department	7,306	15	58	1,081
Eastern Ontario Health Unit	554	9	2	307
Grey Bruce Health Unit	236	0	2	43
Haldimand-Norfolk Health Unit	283	0	3	300
Haliburton, Kawartha, Pine Ridge District Health Unit	237	0	4	203
Halton Region Public Health	3,899	14	43	561
Hastings Prince Edward Public Health	16	0	1	335
Huron Perth Public Health	82	0	0	61
Kingston, Frontenac and Lennox & Addington Public Health	309	0	15	138
Lambton Public Health	307	0	3	82
Leeds, Grenville & Lanark District Health Unit	253	7	0	40
Middlesex-London Health Unit	1,845	0	10	283
Niagara Region Public Health	2,780	0	3	946

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	Cumulative count for mutations**
North Bay Parry Sound District Health Unit	87	27	0	15
Northwestern Health Unit	32	0	1	26
Ottawa Public Health	4,418	46	2	766
Peel Public Health	20,343	50	310	5,300
Peterborough Public Health	320	0	0	166
Porcupine Health Unit	138	2	0	9
Public Health Sudbury & Districts	428	0	0	417
Region of Waterloo Public Health and Emergency Services	2,035	2	17	276
Renfrew County and District Health Unit	139	1	0	24
Simcoe Muskoka District Health Unit	2,734	15	57	864
Southwestern Public Health	482	0	2	77
Thunder Bay District Health Unit	16	0	0	41
Timiskaming Health Unit	70	1	0	0
Toronto Public Health	23,414	182	536	15,664
Wellington-Dufferin-Guelph Public Health	1,601	0	11	191
Windsor-Essex County Health Unit	1,050	3	5	90
York Region Public Health	11,807	18	126	2,708
TOTAL ONTARIO	91,624	400	1,229	32,629

Note: Interpret the VOC and mutation trends with caution due to the varying time required to complete VOC testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Due to the nature of the genomic analysis, test results may be completed in batches. 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 for calculating the change in cases and the cumulative case count uses data from the Investigation Subtype field only. Changes to the VOC testing algorithm may impact counts and trends. Further details can be found in the [data caveats](#) section.

*Includes all confirmed COVID-19 cases where lineage B.1.1.7 was identified by genomic analysis and those presumed to be B.1.1.7 based on positive N501Y and negative E484K mutation.

**Mutations includes all confirmed COVID-19 cases with the following mutations detected, reported from the Investigation Subtype field: N501Y and E484K, N501Y (E484K unknown), E484K (N501Y negative), E484K (N501Y unknown).

If a VOC is identified through genomic analysis, the change in cases and/or cumulative case counts for mutations will fluctuate as the case is moved to one of the listed lineages.

Data Source: CCM

Table A3. Weekly percent positivity for cases tested for mutations or VOCs over recent rolling 7-day periods, by reported date and public health unit: Ontario, April 21 to May 3, 2021

Public Health Unit Name	April 21 to April 27	April 22 to April 28	April 23 to April 29	April 24 to April 30	April 25 to May 1	April 26 to May 2	April 27 to May 3
Algoma Public Health	77.8	65.0	66.7	70.0	68.4	64.7	63.2
Brant County Health Unit	71.3	74.5	75.5	79.1	78.7	79.9	79.4
Chatham-Kent Public Health	86.1	87.1	82.8	76.7	75.9	76.9	63.0
City of Hamilton Public Health Services	77.1	77.5	75.4	74.8	73.2	71.9	71.4
Durham Region Health Department	83.4	83.8	84.1	84.9	86.5	86.9	87.2
Eastern Ontario Health Unit	35.6	37.7	40.5	35.7	40.6	37.9	37.5
Grey Bruce Health Unit	62.3	63.9	69.8	76.5	72.9	75.0	74.5
Haldimand-Norfolk Health Unit	72.4	70.7	72.2	69.6	64.7	66.7	66.2
Haliburton, Kawartha, Pine Ridge District Health Unit	69.3	72.5	72.0	73.1	68.1	70.5	71.4
Halton Region Public Health	77.6	77.7	76.3	75.6	74.9	76.4	74.8
Hastings Prince Edward Public Health	79.7	79.2	77.2	78.5	75.0	76.6	75.8
Huron Perth Public Health	78.1	80.6	81.3	77.4	80.0	78.6	75.9
Kingston, Frontenac and Lennox & Addington Public Health	71.1	70.5	72.7	73.8	79.1	80.8	84.0
Lambton Public Health	64.0	58.6	56.9	55.2	55.7	57.1	57.1
Leeds, Grenville & Lanark District Health Unit	46.3	43.7	37.9	40.4	42.3	44.1	41.5

Public Health Unit Name	April 21 to April 27	April 22 to April 28	April 23 to April 29	April 24 to April 30	April 25 to May 1	April 26 to May 2	April 27 to May 3
Middlesex-London Health Unit	74.5	73.1	73.1	72.8	72.9	76.6	78.2
Niagara Region Public Health	71.5	69.2	69.6	68.3	67.6	66.5	62.9
North Bay Parry Sound District Health Unit	86.7	86.7	85.7	80.0	80.0	78.6	80.0
Northwestern Health Unit	8.3	11.4	14.9	15.9	18.8	18.7	20.0
Ottawa Public Health	42.0	40.9	40.8	41.1	40.2	38.4	37.4
Peel Public Health	72.4	71.4	71.9	72.7	71.8	71.2	70.8
Peterborough Public Health	77.6	77.1	82.9	77.9	80.3	78.8	75.8
Porcupine Health Unit	81.7	81.6	79.5	78.3	79.5	78.1	75.4
Public Health Sudbury & Districts	86.5	84.3	88.7	88.9	89.1	89.2	88.3
Region of Waterloo Public Health and Emergency Services	66.8	67.0	66.8	72.4	70.0	70.6	71.0
Renfrew County and District Health Unit	82.6	84.8	83.0	82.2	83.7	80.6	79.4
Simcoe Muskoka District Health Unit	81.6	80.4	79.3	80.4	78.9	77.4	77.8
Southwestern Public Health	75.2	75.0	76.9	76.7	74.3	74.1	72.8
Thunder Bay District Health Unit	30.2	35.7	43.6	41.2	50.0	56.8	57.9
Timiskaming Health Unit	83.3	83.3	84.0	86.4	85.0	82.4	85.0
Toronto Public Health	80.9	81.6	81.5	81.1	81.1	81.2	81.2

Public Health Unit Name	April 21 to April 27	April 22 to April 28	April 23 to April 29	April 24 to April 30	April 25 to May 1	April 26 to May 2	April 27 to May 3
Wellington-Dufferin-Guelph Public Health	76.1	71.3	73.1	73.4	71.9	70.5	69.6
Windsor-Essex County Health Unit	75.3	72.5	72.2	72.8	71.6	71.9	72.3
York Region Public Health	81.7	82.2	81.1	81.5	82.4	82.6	82.7
TOTAL ONTARIO	75.0	74.9	74.9	75.1	74.9	74.8	74.6

Note: Data for calculating the number of cases tested for mutations common to VOCs or lineages using genomic analyses are obtained using information from the Laboratory object in CCM in addition to the data from the Investigation subtype field. Therefore, comparisons to counts using only information from the Investigation Subtype field may not align. The percent of cases due to a VOC may be higher than described in this report. While all confirmed COVID-19 cases are included in the denominator, not all cases were able to be tested for VOCs. Percent positivity is based on the sum of the daily cases that test positive divided by the number of cases reported during the date ranges specified in each column.

Data Source: CCM.

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