

DAILY EPIDEMIOLOGICAL SUMMARY

COVID-19 in Ontario: January 15, 2020 to May 17, 2021

This report includes the most current information available from CCM as of **May 17, 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 513,102 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
 - An increase of 1,616 confirmed cases (percent change of -25.5%)
 - An increase of 17 deaths (percent change of +325.0%)
 - An increase of 2,502 resolved cases (percent change of -15.3%)

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

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

	Change in cases May 16, 2021	Change in cases May 17, 2021	Percentage change May 17, 2021 compared to May 16, 2021	Cumulative case count as of May 17, 2021
Total number of cases	2,170	1,616	-25.5%	513,102
Number of deaths	4	17	+325.0%	8,506
Number resolved	2,953	2,502	-15.3%	479,630

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 16, 2021	Change in cases May 17, 2021	Cumulative case count as of May 17, 2021
Gender: Male	1,080	809	255,219
Gender: Female	1,057	789	253,812
Ages: 19 and under	434	349	80,661
Ages: 20-39	878	688	191,350
Ages: 40-59	598	392	147,554
Ages: 60-79	215	168	69,067
Ages: 80 and over	42	25	24,367

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 17, 2021: Ontario

	Change in cases May 16, 2021	Change in cases May 17, 2021	Cumulative case count from August 30, 2020 to May 17, 2021
Ages: 4 to 8	84	73	14,732
Ages: 9 to 13	92	69	18,737
Ages: 14 to 17	111	80	18,992

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

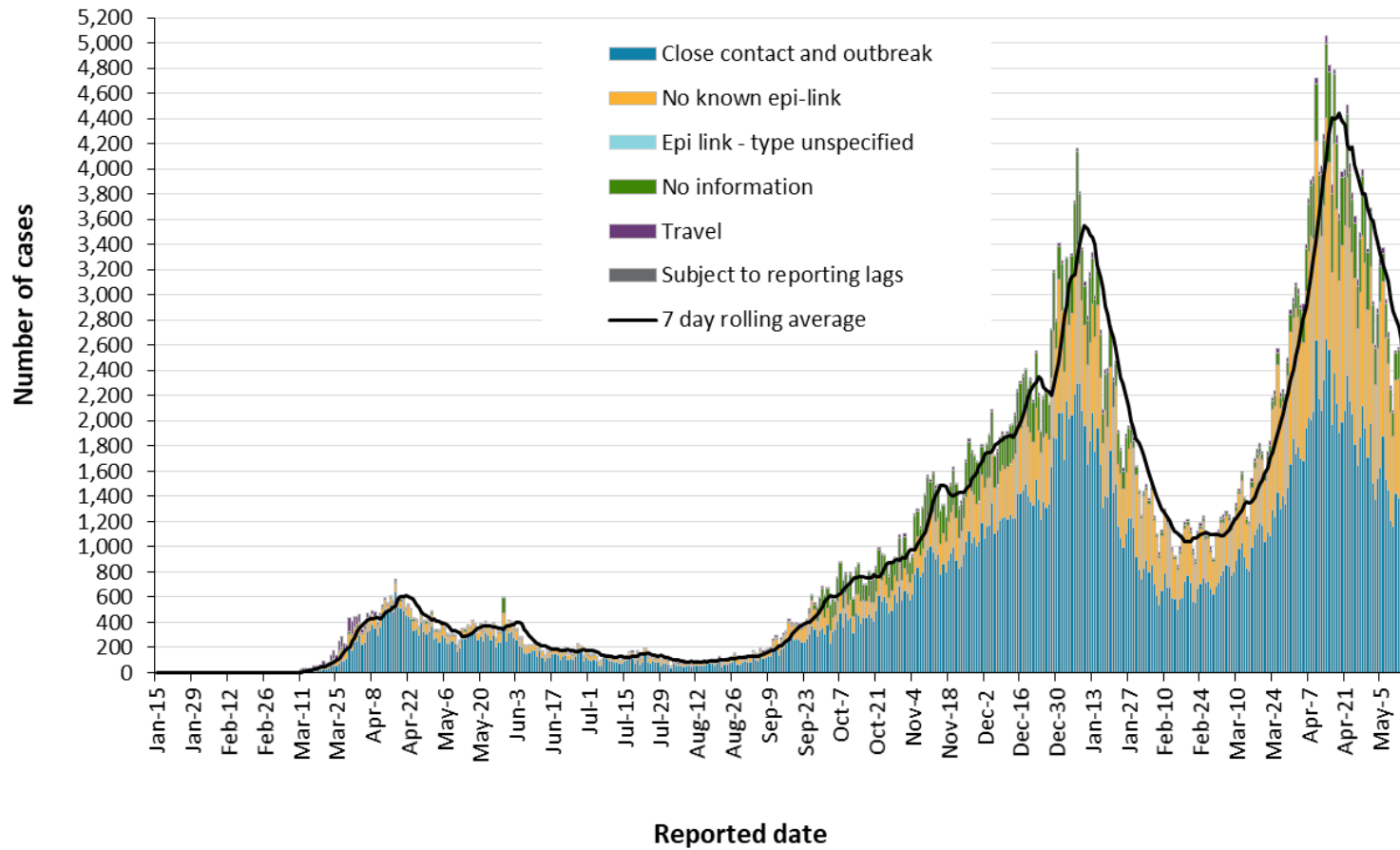
Long-term care home cases	Change in cases May 16, 2021	Change in cases May 17, 2021	Cumulative case count as of May 17, 2021
Residents	4	2	15,233
Health care workers	2	3	7,046
Deaths among residents	0	1	3,940
Deaths among health care workers	0	0	10

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

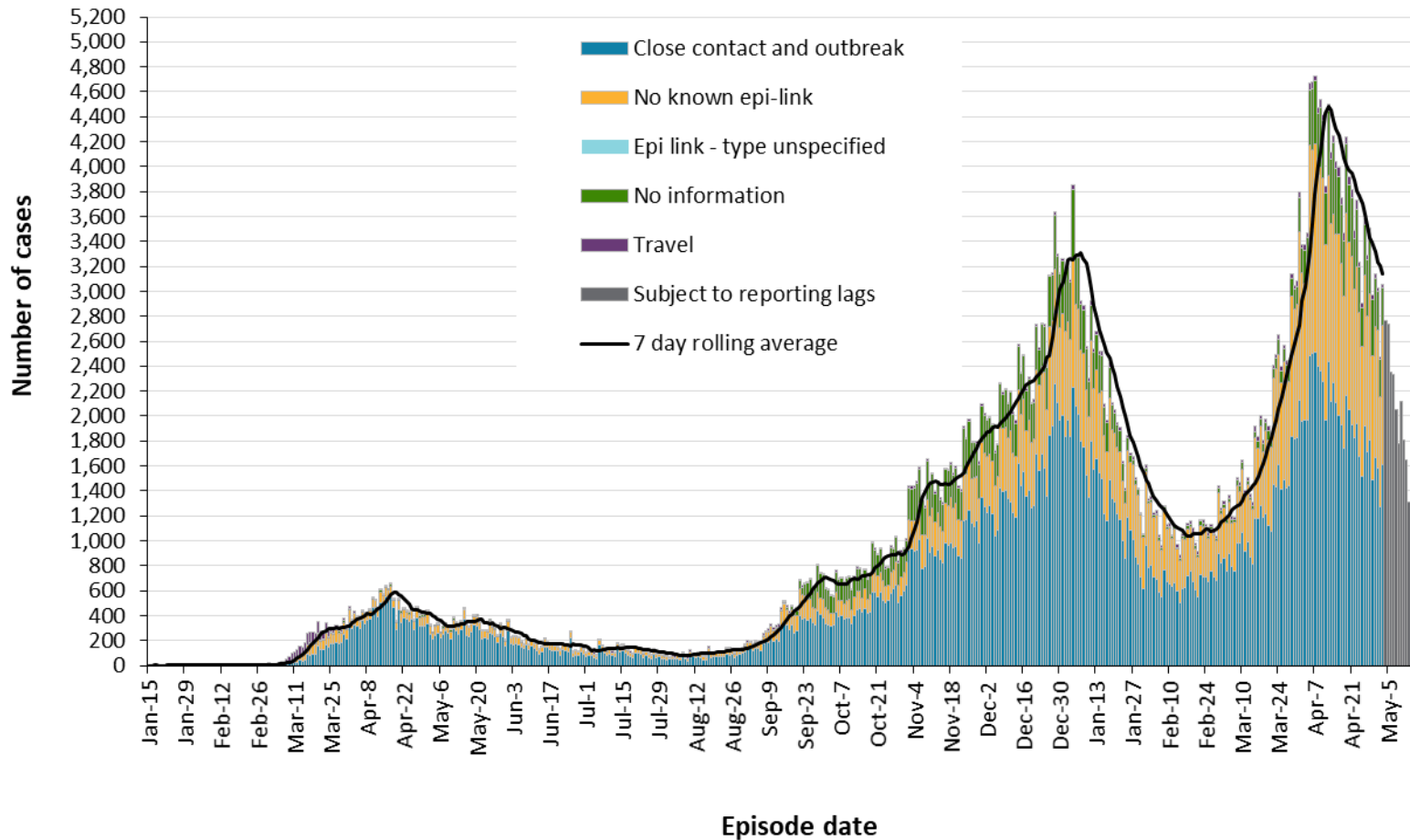
Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to May 17, 2021



Data Source: CCM

COVID-19 in Ontario: January 15, 2020 to May 17, 2021

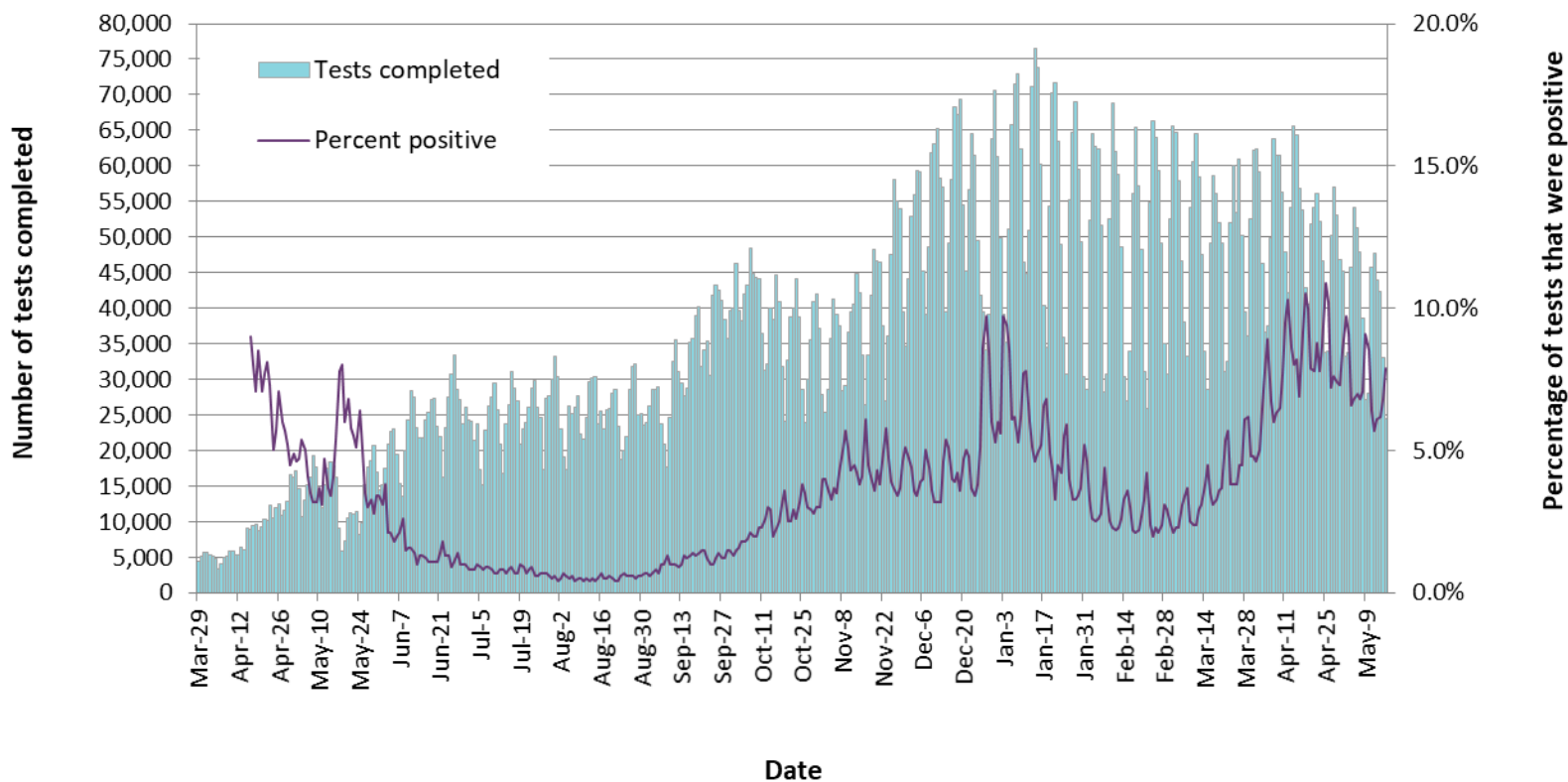
Figure 2. Confirmed cases of COVID-19 by likely acquisition and approximation of symptom onset date: Ontario, January 15, 2020 to May 17, 2021



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 16, 2021

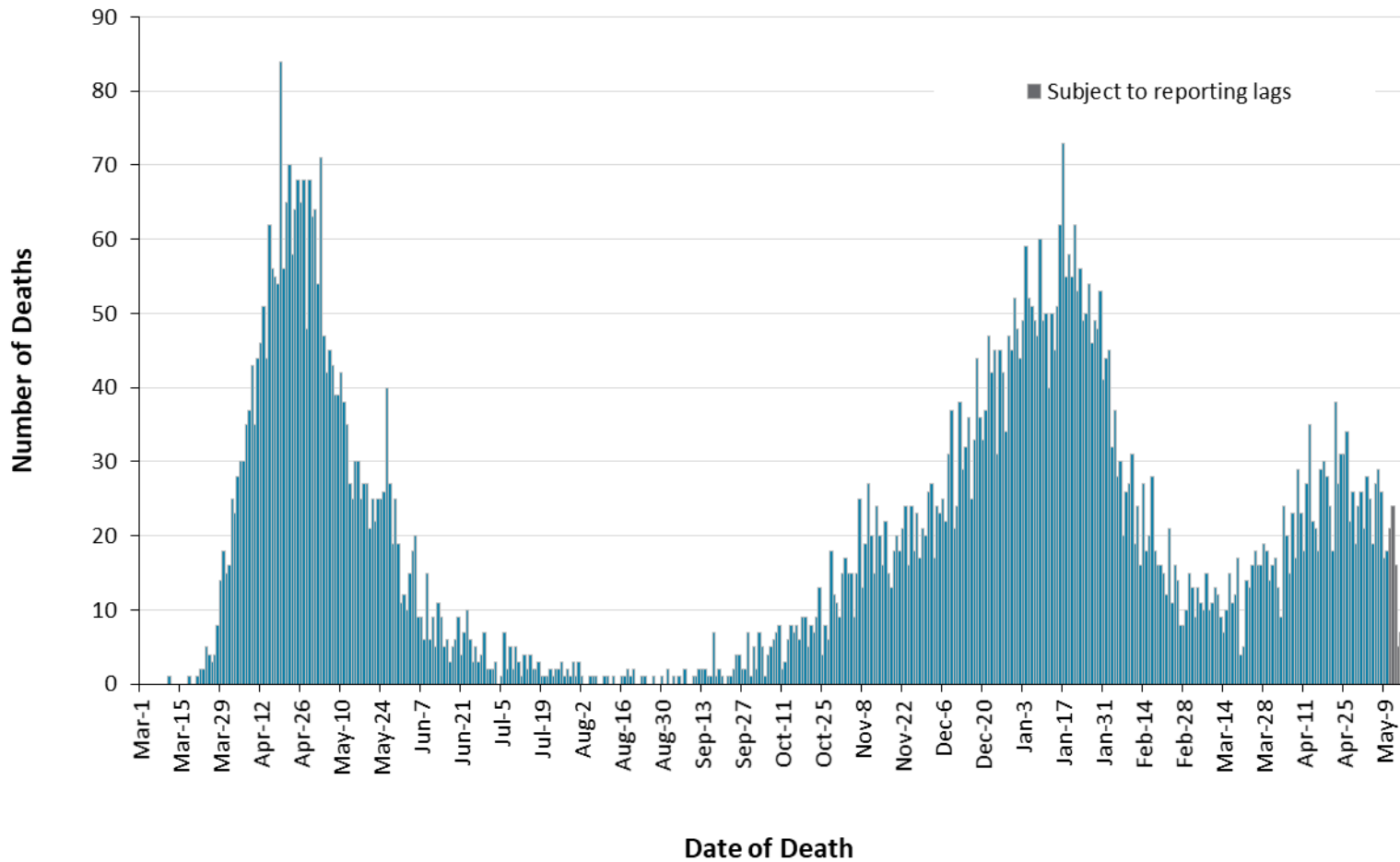


Note: The number of tests performed does not reflect the number of specimens or persons tested. More than one test may be performed per specimen or per person. As such, the percentage of tests that were positive does not necessarily translate to the number of specimens or persons testing positive.

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 17, 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 17, 2021	Percentage of all cases
Cumulative deaths reported (please note there may be a reporting delay for deaths)	8,506	1.7%
Deaths reported in ages: 19 and under	4	<0.1%
Deaths reported in ages: 20-39	63	<0.1%
Deaths reported in ages: 40-59	457	0.3%
Deaths reported in ages: 60-79	2,595	3.8%
Deaths reported in ages: 80 and over	5,386	22.1%
Ever in ICU	4,624	0.9%
Ever hospitalized	25,075	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 16, 2021	Change in cases May 17, 2021	Cumulative case count	Cumulative rate per 100,000 population
Northwestern Health Unit	1	1	1,034	1,179.4
Thunder Bay District Health Unit	0	-1	3,164	2,109.9
TOTAL NORTH WEST	1	0	4,198	1,766.6
Algoma Public Health	0	0	365	319.0
North Bay Parry Sound District Health Unit	2	8	415	319.8
Porcupine Health Unit	20	7	882	1,057.0
Public Health Sudbury & Districts	7	0	2,034	1,022.0
Timiskaming Health Unit	0	1	198	605.7
TOTAL NORTH EAST	29	16	3,894	696.2
Ottawa Public Health	90	56	26,140	2,478.5
Eastern Ontario Health Unit	10	9	4,511	2,161.4
Hastings Prince Edward Public Health	2	13	1,067	633.3
Kingston, Frontenac and Lennox & Addington Public Health	10	6	1,484	697.6
Leeds, Grenville & Lanark District Health Unit	5	0	1,693	977.7
Renfrew County and District Health Unit	7	1	676	622.3
TOTAL EASTERN	124	85	35,571	1,846.5

Public Health Unit Name	Change in cases May 16, 2021	Change in cases May 17, 2021	Cumulative case count	Cumulative rate per 100,000 population
Durham Region Health Department	120	102	23,508	3,299.8
Haliburton, Kawartha, Pine Ridge District Health Unit	16	9	1,829	968.0
Peel Public Health	556	360	103,418	6,439.7
Peterborough Public Health	20	5	1,391	940.0
Simcoe Muskoka District Health Unit	59	38	11,567	1,929.2
York Region Public Health	215	116	50,502	4,119.9
TOTAL CENTRAL EAST	986	630	192,215	4,289.9
Toronto Public Health	566	472	157,304	5,041.2
TOTAL TORONTO	566	472	157,304	5,041.2
Chatham-Kent Public Health	2	5	1,837	1,727.9
Grey Bruce Health Unit	5	2	1,256	739.3
Huron Perth Public Health	4	2	1,758	1,257.9
Lambton Public Health	11	2	3,409	2,603.0
Middlesex-London Health Unit	30	39	11,667	2,298.8
Southwestern Public Health	13	6	3,672	1,736.2
Windsor-Essex County Health Unit	32	14	16,141	3,799.4
TOTAL SOUTH WEST	97	70	39,740	2,350.4
Brant County Health Unit	17	19	3,534	2,277.0
City of Hamilton Public Health Services	101	114	19,502	3,293.3

Public Health Unit Name	Change in cases May 16, 2021	Change in cases May 17, 2021	Cumulative case count	Cumulative rate per 100,000 population
Haldimand-Norfolk Health Unit	3	8	2,525	2,213.3
Halton Region Public Health	91	60	16,346	2,640.3
Niagara Region Public Health	59	47	15,261	3,229.9
Region of Waterloo Public Health and Emergency Services	75	75	15,341	2,625.3
Wellington-Dufferin-Guelph Public Health	21	20	7,671	2,459.4
TOTAL CENTRAL WEST	367	343	80,180	2,814.0
TOTAL ONTARIO	2,170	1,616	513,102	3,451.9

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 16, 2021	Change in outbreaks May 17, 2021	Number of ongoing outbreaks	Cumulative number of outbreaks reported
Long-term care homes	2	1	28	1,458
Retirement homes	0	2	15	860
Hospitals	0	0	34	555

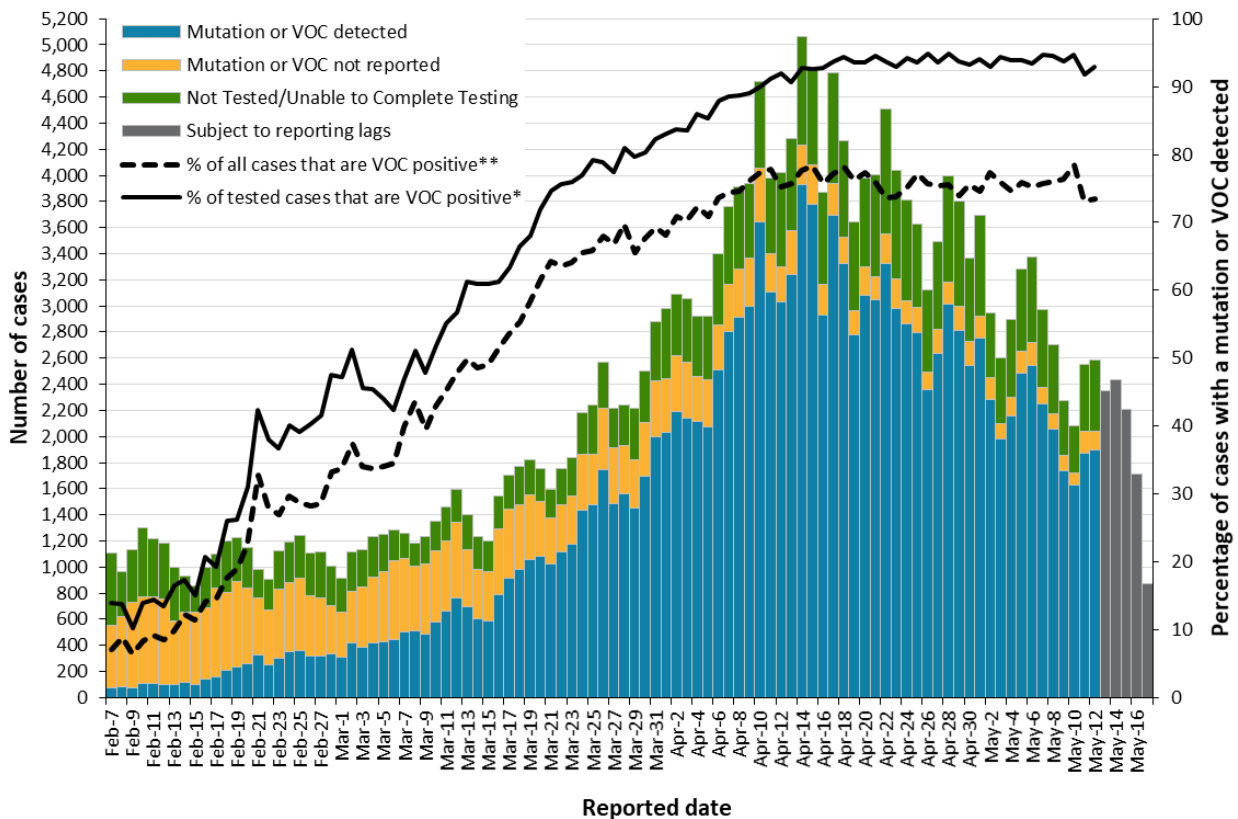
Note: Ongoing outbreaks include all outbreaks that are 'Open' in CCM without a 'Declared Over Date' recorded, or where the outbreak started more than five months ago, even for outbreaks where the Outbreak Status value selected in CCM is 'OPEN'. The start of the outbreak is determined by the onset date 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 17, 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 16, 2021	Change in cases May 17, 2021	Cumulative case count up to May 17, 2021
Variant of Concern			
Lineage B.1.1.7*	1,260	2,155	110,956
Lineage B.1.351	2	2	681
Lineage P.1	38	10	2,031
Mutations			
N501Y and E484K	30	84	6,456
N501Y (E484K unknown)**	-13	58	22,034
E484K (N501Y negative)	81	86	4,384
E484K (N501Y unknown)	8	23	521

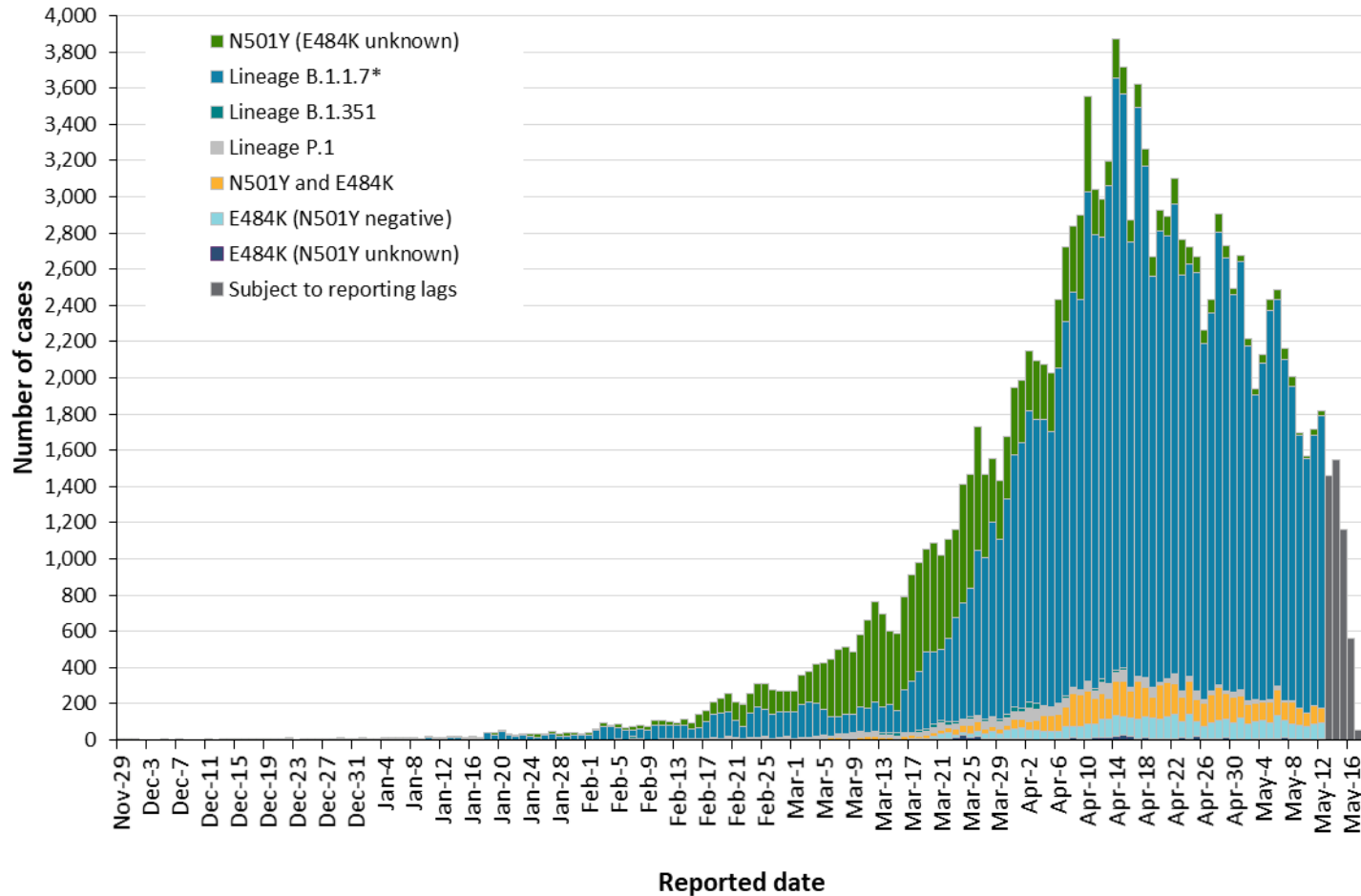
Note: Interpret the VOC and mutation trends with caution due to the varying time required to complete VOC testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Due to the nature of the genomic analysis, test results may be completed in batches. Data corrections or updates 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 17, 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 17, 2021 at 1 p.m.** for cases reported in 2021 and as of **May 17, 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, May 2 to May 14, 2021

Public Health Unit Name	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12	May 7 to May 13	May 8 to May 14	% change from May 2 - May 8 to May 8 - May 14
NORTH WEST								
Northwestern Health Unit	60.5	53.6	55.9	49.0	43.3	35.4	29.7	-50.9%
Thunder Bay District Health Unit	22.7	18.7	15.3	17.3	19.3	18.0	18.7	-17.6%
NORTH EAST								
Algoma Public Health	8.7	8.7	11.4	14.9	14.9	17.5	14.9	+71.3%
North Bay Parry Sound District Health Unit	23.9	24.7	22.4	23.1	21.6	19.3	17.7	-25.9%
Porcupine Health Unit	93.5	103.1	119.8	136.6	143.8	143.8	170.2	+82.0%
Public Health Sudbury & Districts	22.6	26.1	26.6	21.1	20.6	22.1	21.1	-6.6%
Timiskaming Health Unit	36.7	36.7	24.5	21.4	15.3	15.3	3.1	-91.6%
EASTERN								
Ottawa Public Health	80.8	75.2	73.2	71.6	71.8	67.7	69.4	-14.1%
Eastern Ontario Health Unit	49.4	45.5	42.2	44.6	42.6	41.7	45.0	-8.9%
Hastings Prince Edward Public Health	42.1	42.7	42.7	41.5	35.0	30.9	24.9	-40.9%
Kingston, Frontenac and Lennox & Addington Public Health	56.9	54.1	46.5	40.9	35.3	35.7	32.4	-43.1%

Public Health Unit Name	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12	May 7 to May 13	May 8 to May 14	% change from May 2 - May 8 to May 8 - May 14
Leeds, Grenville & Lanark District Health Unit	26.0	22.5	21.4	12.7	11.0	9.2	11.0	-57.7%
Renfrew County and District Health Unit	31.3	47.9	42.3	40.5	37.7	35.9	39.6	+26.5%
CENTRAL EAST								
Durham Region Health Department	169.0	165.8	162.5	157.5	159.7	148.4	153.0	-9.5%
Haliburton, Kawartha, Pine Ridge District Health Unit	48.7	52.9	50.8	48.7	47.1	41.8	41.3	-15.2%
Peel Public Health	297.0	297.8	286.6	281.6	276.2	246.4	234.4	-21.1%
Peterborough Public Health	39.2	38.5	38.5	41.2	45.3	50.0	52.0	+32.7%
Simcoe Muskoka District Health Unit	76.2	70.5	67.7	67.7	61.5	59.4	56.0	-26.5%
York Region Public Health	165.7	159.0	154.8	152.1	142.3	138.2	132.9	-19.8%
TORONTO								
Toronto Public Health	194.0	183.4	179.8	175.8	166.3	160.8	154.5	-20.4%
SOUTH WEST								
Chatham-Kent Public Health	24.5	23.5	22.6	24.5	28.2	26.3	24.5	0.0%
Grey Bruce Health Unit	20.0	20.6	20.6	24.1	24.7	23.5	26.5	+32.5%
Huron Perth Public Health	51.5	51.5	52.2	62.3	63.0	66.5	66.5	+29.1%
Lambton Public Health	53.4	54.2	51.2	57.3	51.9	59.6	58.0	+8.6%
Middlesex-London Health Unit	118.6	115.7	115.7	107.6	101.9	95.6	88.3	-25.5%

Public Health Unit Name	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12	May 7 to May 13	May 8 to May 14	% change from May 2 - May 8 to May 8 - May 14
Southwestern Public Health	56.3	51.5	54.8	55.3	58.6	54.4	48.2	-14.4%
Windsor-Essex County Health Unit	69.0	66.4	64.7	64.3	66.9	70.4	69.4	+0.6%
CENTRAL WEST								
Brant County Health Unit	104.4	92.1	101.2	99.9	94.7	88.9	92.8	-11.1%
City of Hamilton Public Health Services	163.5	156.0	150.6	146.4	139.8	130.7	131.7	-19.4%
Haldimand-Norfolk Health Unit	100.8	96.4	99.9	90.3	85.9	79.8	73.6	-27.0%
Halton Region Public Health	130.2	125.0	121.1	116.0	111.0	101.0	99.2	-23.8%
Niagara Region Public Health	146.2	142.2	133.5	129.5	122.5	113.9	107.3	-26.6%
Region of Waterloo Public Health and Emergency Services	66.7	65.7	64.9	75.3	76.2	82.7	79.9	+19.8%
Wellington-Dufferin-Guelph Public Health	86.2	85.9	83.7	87.8	82.4	77.3	73.7	-14.5%
TOTAL ONTARIO	139.7	135.2	131.7	129.4	124.7	117.9	114.3	-18.2%

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 17, 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	47	0	0	33
Brant County Health Unit	505	0	37	457
Chatham-Kent Public Health	95	5	3	110
City of Hamilton Public Health Services	4,742	11	27	1,194
Durham Region Health Department	8,337	22	99	1,148
Eastern Ontario Health Unit	582	24	3	305
Grey Bruce Health Unit	273	0	3	47
Haldimand-Norfolk Health Unit	298	0	7	370
Haliburton, Kawartha, Pine Ridge District Health Unit	307	0	7	212
Halton Region Public Health	4,508	17	69	597
Hastings Prince Edward Public Health	27	0	1	397
Huron Perth Public Health	142	0	0	81
Kingston, Frontenac and Lennox & Addington Public Health	386	1	22	141
Lambton Public Health	378	0	4	85
Leeds, Grenville & Lanark District Health Unit	270	9	0	39
Middlesex-London Health Unit	2,550	0	25	299
Niagara Region Public Health	3,312	0	3	979

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	94	27	0	15
Northwestern Health Unit	33	0	1	26
Ottawa Public Health	4,907	175	14	716
Peel Public Health	23,782	76	561	5,411
Peterborough Public Health	394	2	1	165
Porcupine Health Unit	197	2	0	9
Public Health Sudbury & Districts	497	3	0	382
Region of Waterloo Public Health and Emergency Services	2,448	3	17	305
Renfrew County and District Health Unit	177	2	0	22
Simcoe Muskoka District Health Unit	3,005	19	89	868
Southwestern Public Health	587	1	2	82
Thunder Bay District Health Unit	36	0	0	42
Timiskaming Health Unit	76	1	0	0
Toronto Public Health	31,465	251	805	15,789
Wellington-Dufferin-Guelph Public Health	1,799	0	23	195
Windsor-Essex County Health Unit	1,354	4	5	94
York Region Public Health	13,346	26	203	2,780
TOTAL ONTARIO	110,956	681	2,031	33,395

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 positive for mutations or VOCs over recent rolling 7-day periods using all confirmed cases as the denominator, by reported date and public health unit: Ontario, April 30 to May 12, 2021

Public Health Unit Name	April 30 to May 6	May 1 to May 7	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12
Algoma Public Health	81.8	75.0	70.0	70.0	76.9	58.8	58.8
Brant County Health Unit	74.2	70.6	74.1	75.5	77.1	83.9	83.7
Chatham-Kent Public Health	69.2	76.9	69.2	64.0	66.7	61.5	66.7
City of Hamilton Public Health Services	71.7	74.5	75.2	76.6	78.4	77.9	75.2
Durham Region Health Department	87.6	86.9	87.3	87.9	87.9	87.9	87.8
Eastern Ontario Health Unit	42.5	43.5	38.8	38.9	38.6	40.9	40.4
Grey Bruce Health Unit	61.8	62.5	64.7	62.9	65.7	61.0	64.3
Haldimand-Norfolk Health Unit	69.9	70.5	73.0	73.6	71.1	70.9	65.3
Haliburton, Kawartha, Pine Ridge District Health Unit	75.4	76.4	77.2	79.0	80.2	79.3	78.7
Halton Region Public Health	78.1	77.2	77.9	78.9	79.5	79.2	78.6
Hastings Prince Edward Public Health	86.7	87.9	87.3	86.1	87.5	90.0	88.1
Huron Perth Public Health	75.6	78.4	80.6	79.2	79.5	74.7	77.3
Kingston, Frontenac and Lennox & Addington Public Health	90.1	89.7	87.6	88.7	88.9	88.5	89.3
Lambton Public Health	70.0	73.1	75.7	76.1	77.6	78.7	76.5

Public Health Unit Name	April 30 to May 6	May 1 to May 7	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12
Leeds, Grenville & Lanark District Health Unit	52.2	53.3	53.3	51.3	51.4	54.5	63.2
Middlesex-London Health Unit	84.2	85.9	84.4	83.3	82.3	81.3	81.4
Niagara Region Public Health	77.1	74.5	72.6	71.9	68.8	63.2	54.2
North Bay Parry Sound District Health Unit	85.7	76.7	71.0	68.8	62.1	46.7	42.9
Northwestern Health Unit	7.7	6.5	3.8	2.1	6.1	4.7	5.3
Ottawa Public Health	36.7	33.9	34.4	33.9	35.1	38.0	36.3
Peel Public Health	69.8	70.1	71.0	70.3	70.6	70.1	70.8
Peterborough Public Health	76.9	82.1	84.5	86.0	87.7	83.6	88.1
Porcupine Health Unit	76.1	77.6	76.9	76.7	79.0	76.3	76.7
Public Health Sudbury & Districts	79.2	79.6	80.0	78.8	77.4	69.0	63.4
Region of Waterloo Public Health and Emergency Services	71.0	70.7	72.3	72.7	72.8	73.2	72.6
Renfrew County and District Health Unit	78.4	81.1	76.5	84.6	84.8	84.1	78.0
Simcoe Muskoka District Health Unit	78.5	75.7	75.9	76.8	76.6	78.1	77.2
Southwestern Public Health	68.5	72.2	74.8	75.2	77.6	76.9	84.7
Thunder Bay District Health Unit	57.1	62.5	58.8	53.6	52.2	61.5	62.1
Timiskaming Health Unit	83.3	92.3	91.7	91.7	87.5	100.0	100.0

Public Health Unit Name	April 30 to May 6	May 1 to May 7	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12
Toronto Public Health	80.8	80.6	80.3	79.6	79.8	80.0	80.4
Wellington-Dufferin-Guelph Public Health	77.5	78.6	81.0	82.8	82.0	80.3	79.0
Windsor-Essex County Health Unit	80.7	82.1	84.3	86.2	85.8	83.2	82.0
York Region Public Health	83.6	84.5	84.7	84.8	85.3	86.1	86.1
TOTAL ONTARIO	75.6	75.6	75.8	75.7	75.9	75.8	75.4

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.

Table A4. Weekly percent positivity for cases positive for mutations or VOCs over recent rolling 7-day periods using cases tested for mutations or VOCs as the denominator, by reported date and public health unit: Ontario, April 30 to May 12, 2021

Public Health Unit Name	April 30 to May 6	May 1 to May 7	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12
Algoma Public Health	90.0	90.0	87.5	87.5	83.3	83.3	83.3
Brant County Health Unit	90.6	88.3	90.9	90.0	91.7	97.7	97.6
Chatham-Kent Public Health	94.7	100.0	100.0	94.1	94.1	94.1	95.2
City of Hamilton Public Health Services	83.3	85.4	86.8	88.7	90.2	90.2	91.5
Durham Region Health Department	98.1	97.7	97.1	97.1	97.3	97.1	97.4
Eastern Ontario Health Unit	92.3	95.9	97.6	97.4	94.4	95.0	97.3
Grey Bruce Health Unit	80.8	87.0	88.0	84.6	88.5	86.2	87.1
Haldimand-Norfolk Health Unit	87.8	89.2	92.3	95.3	95.3	93.6	92.8
Haliburton, Kawartha, Pine Ridge District Health Unit	95.8	96.5	94.7	96.3	96.3	96.1	94.6
Halton Region Public Health	97.5	97.5	97.2	97.9	98.0	98.1	98.0
Hastings Prince Edward Public Health	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Huron Perth Public Health	91.2	93.0	95.1	95.0	96.7	94.2	94.4
Kingston, Frontenac and Lennox & Addington Public Health	99.0	99.0	99.1	99.0	98.9	98.7	98.5
Lambton Public Health	81.7	84.5	85.5	85.7	85.2	85.5	86.7

Public Health Unit Name	April 30 to May 6	May 1 to May 7	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12
Leeds, Grenville & Lanark District Health Unit	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Middlesex-London Health Unit	94.0	95.9	96.4	96.8	97.2	97.8	97.9
Niagara Region Public Health	98.5	98.8	98.8	99.2	99.1	98.5	98.4
North Bay Parry Sound District Health Unit	100.0	95.8	95.7	95.7	90.0	87.5	85.7
Northwestern Health Unit	14.3	12.9	8.0	5.3	15.0	10.5	9.5
Ottawa Public Health	88.5	88.7	89.3	91.5	91.9	92.3	92.3
Peel Public Health	92.2	92.1	91.9	91.7	91.3	90.9	90.5
Peterborough Public Health	85.1	88.5	90.7	94.2	94.3	94.4	95.2
Porcupine Health Unit	92.7	93.7	93.8	94.3	95.2	95.6	95.8
Public Health Sudbury & Districts	87.5	87.8	87.8	91.1	95.3	93.5	96.3
Region of Waterloo Public Health and Emergency Services	92.3	91.5	91.6	91.5	90.5	88.0	87.1
Renfrew County and District Health Unit	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Simcoe Muskoka District Health Unit	92.2	91.5	91.3	92.3	91.7	92.4	91.3
Southwestern Public Health	86.4	91.2	92.7	94.3	93.8	92.8	95.5
Thunder Bay District Health Unit	76.9	83.3	76.9	78.9	75.0	80.0	78.3
Timiskaming Health Unit	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Public Health Unit Name	April 30 to May 6	May 1 to May 7	May 2 to May 8	May 3 to May 9	May 4 to May 10	May 5 to May 11	May 6 to May 12
Toronto Public Health	95.1	95.0	94.8	94.3	94.5	94.2	94.2
Wellington-Dufferin-Guelph Public Health	94.8	95.9	95.6	96.5	95.1	93.2	92.7
Windsor-Essex County Health Unit	92.6	93.0	95.7	96.0	94.8	92.7	92.1
York Region Public Health	96.3	96.6	96.9	97.2	97.4	97.8	97.7
TOTAL ONTARIO	93.7	93.9	94.0	94.1	94.1	93.8	93.7

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. Percent positivity is based on the sum of the daily cases that test positive divided by the number of cases that were tested for mutations common to VOCs or lineages (e.g. those identified as 'Detected' or 'Not Detected') during the date ranges specified in each column.

Data Source: CCM.

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