Public Health Ontario | Santé publique Ontario

DAILY EPIDEMIOLOGICAL SUMMARY

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

This report includes the most current information available from CCM as of **June 12, 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 539,683 confirmed cases of COVID-19 in Ontario reported to date.
- Compared to the previous day, this represents:
    - An increase of 530 confirmed cases (percent change of +5.6%)
    - An increase of 7 deaths (percent change of -53.3%)

      An increase of 763 resolved cases (percent change of -8.1%)

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 June 11, 2021 | Change in cases June 12, 2021 | Percentage change June 12, 2021 compared to June 11, 2021 | Cumulative case count as of June 12, 2021 |
|---|---|---|---|---|
| Total number of cases | 502 | 530 | +5.6% | 539,683 |
| Number of deaths | 15 | 7 | -53.3% | 8,957 |
| Number resolved | 830 | 763 | -8.1% | 525,125 |

**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 June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count as of June 12, 2021 |
|---|---|---|---|
| Gender: Male | 277 | 245 | 268,856 |
| Gender: Female | 219 | 264 | 267,023 |
| Ages: 19 and under | 131 | 152 | 86,448 |
| Ages: 20-39 | 195 | 194 | 202,183 |
| Ages: 40-59 | 104 | 122 | 154,253 |
| Ages: 60-79 | 53 | 53 | 71,783 |
| Ages: 80 and over | 18 | 7 | 24,913 |

**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 June 12, 2021: Ontario**

| | Change in cases June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count from August 30, 2020 to June 12, 2021 |
|---|---|---|---|
| Ages: 4 to 8 | 23 | 31 | 15,897 |
| Ages: 9 to 13 | 24 | 23 | 20,018 |
| Ages: 14 to 17 | 35 | 39 | 20,408 |

**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

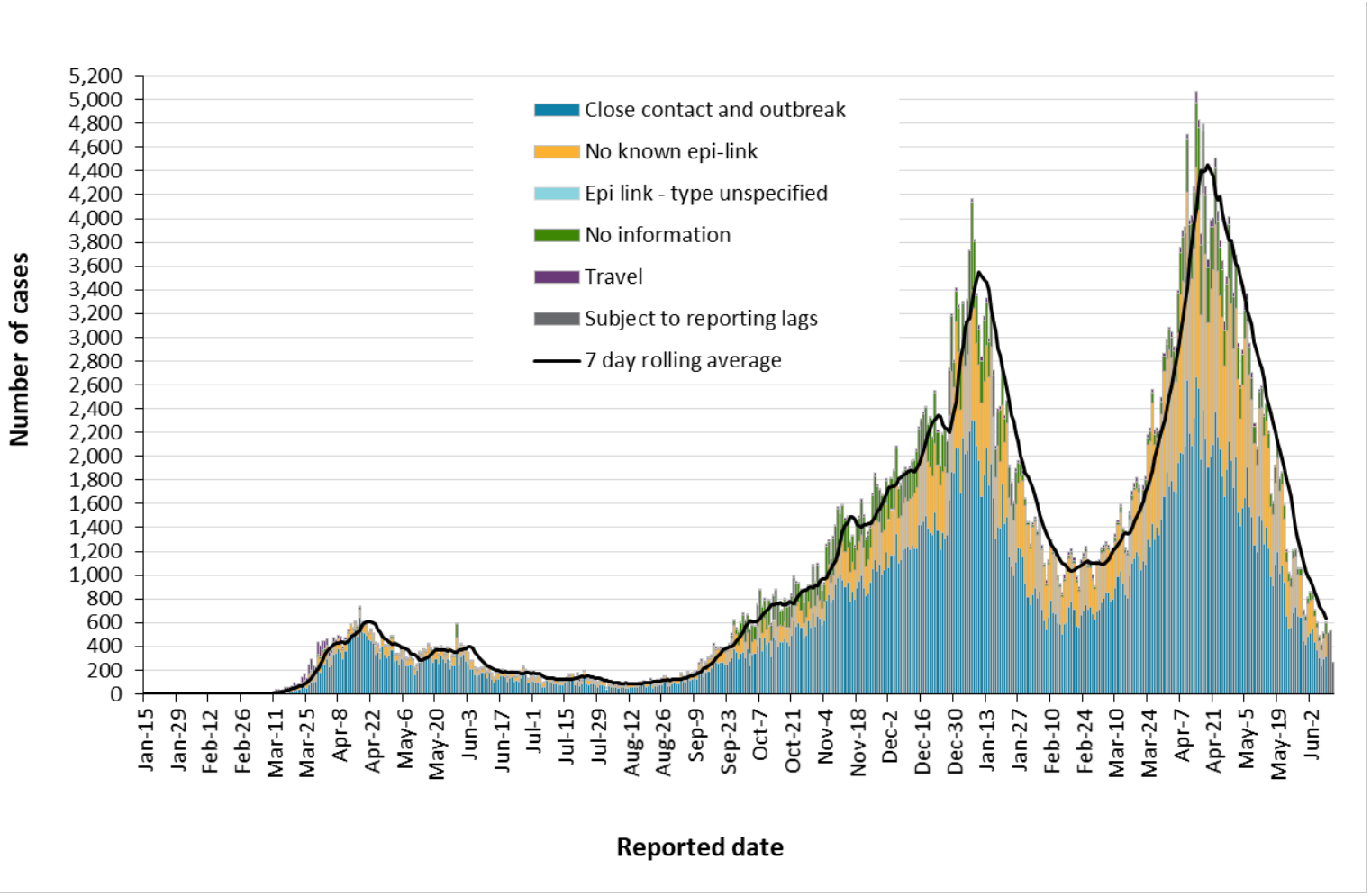
**Table 3. Summary of recent confirmed cases of COVID-19 in long-term care homes: Ontario**

| Long-term care home cases | Change in cases June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count as of June 12, 2021 |
|---|---|---|---|
| Residents | 3 | 1 | 15,326 |
| Health care workers | 1 | 0 | 7,117 |
| Deaths among residents | 1 | 1 | 3,963 |
| 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

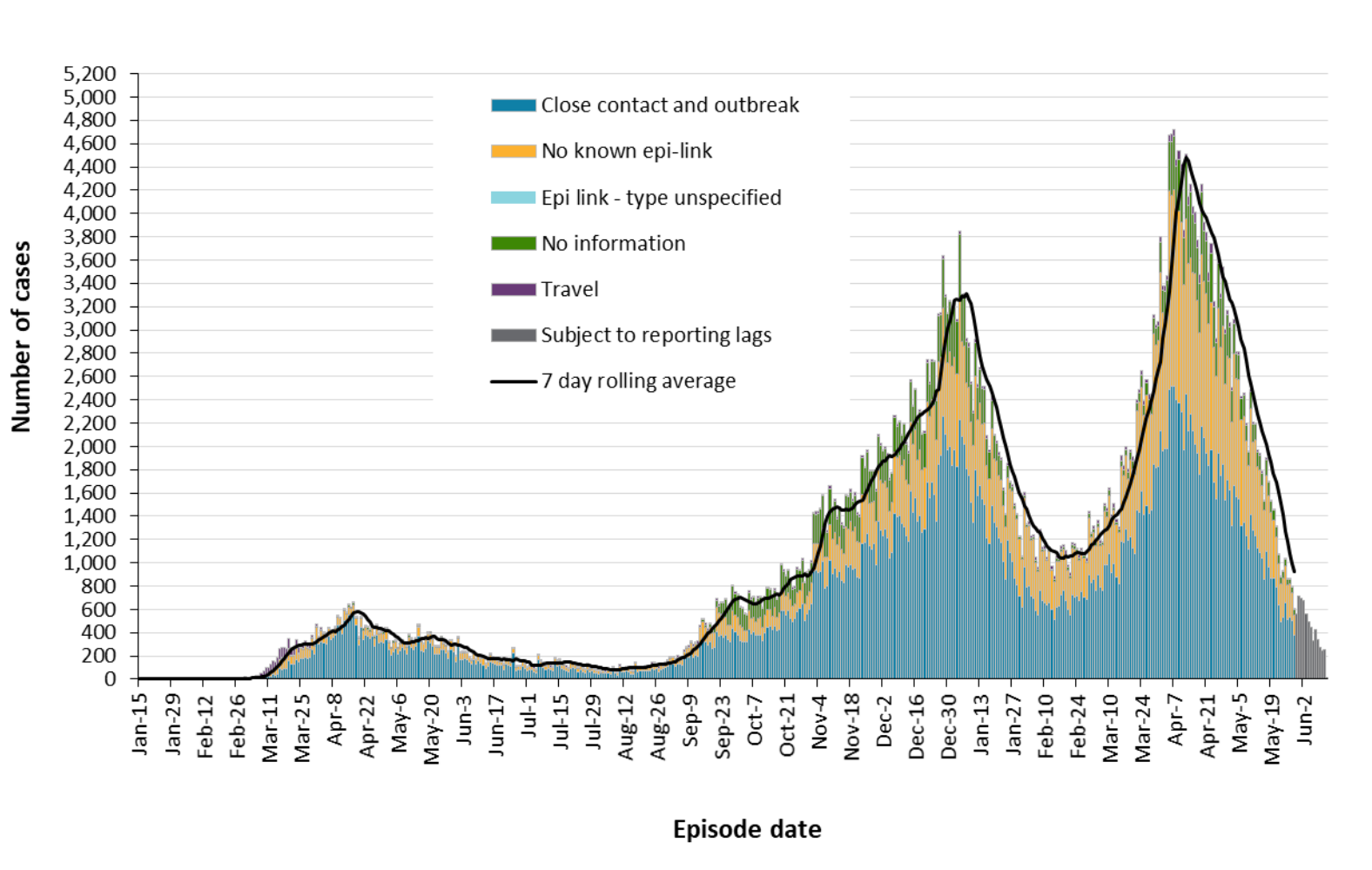
# Time

**Figure 1. Confirmed cases of COVID-19 by likely acquisition and public health unit reported date: Ontario, January 15, 2020 to June 12, 2021**



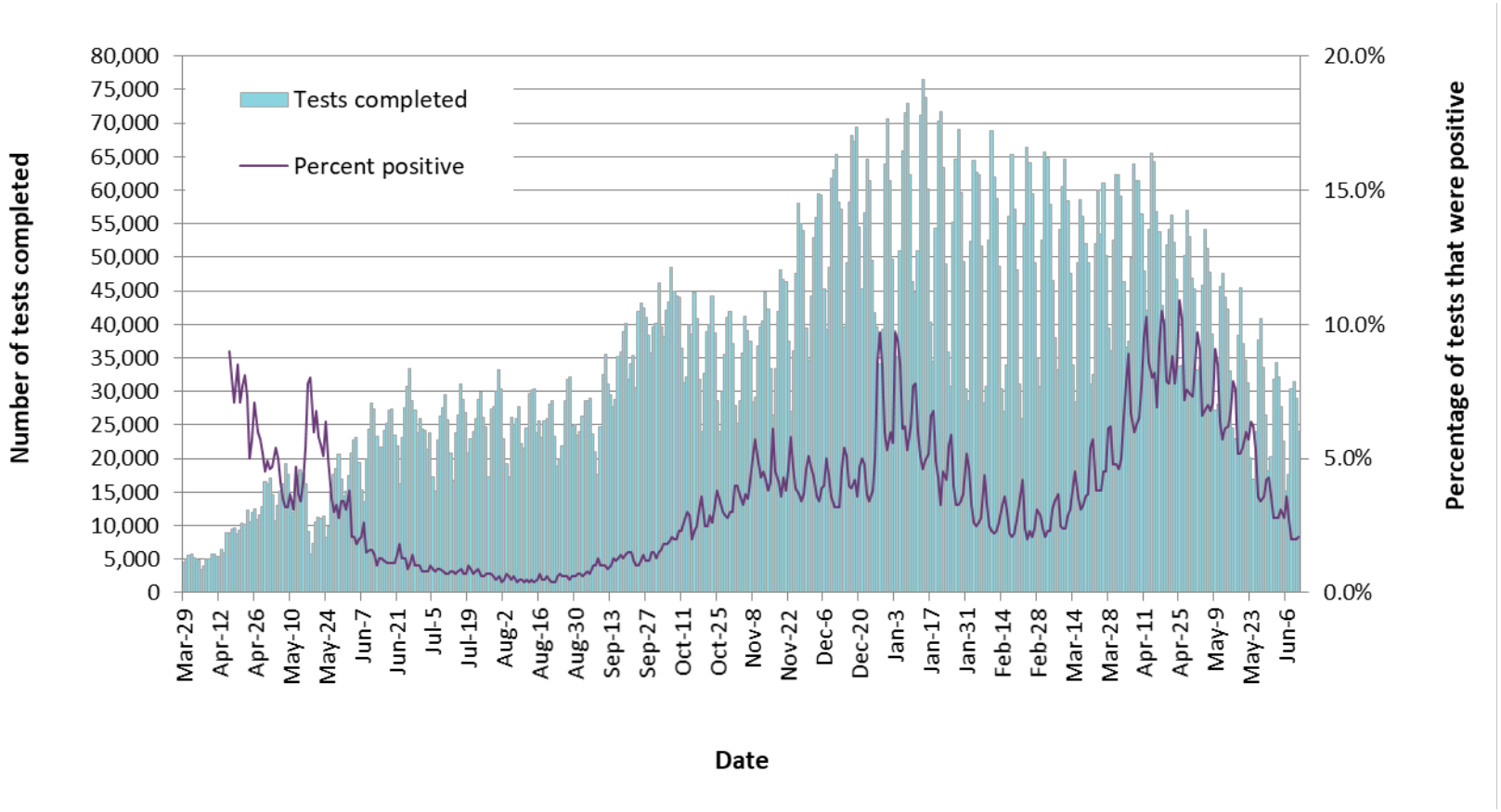

**Data Source:** CCM

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

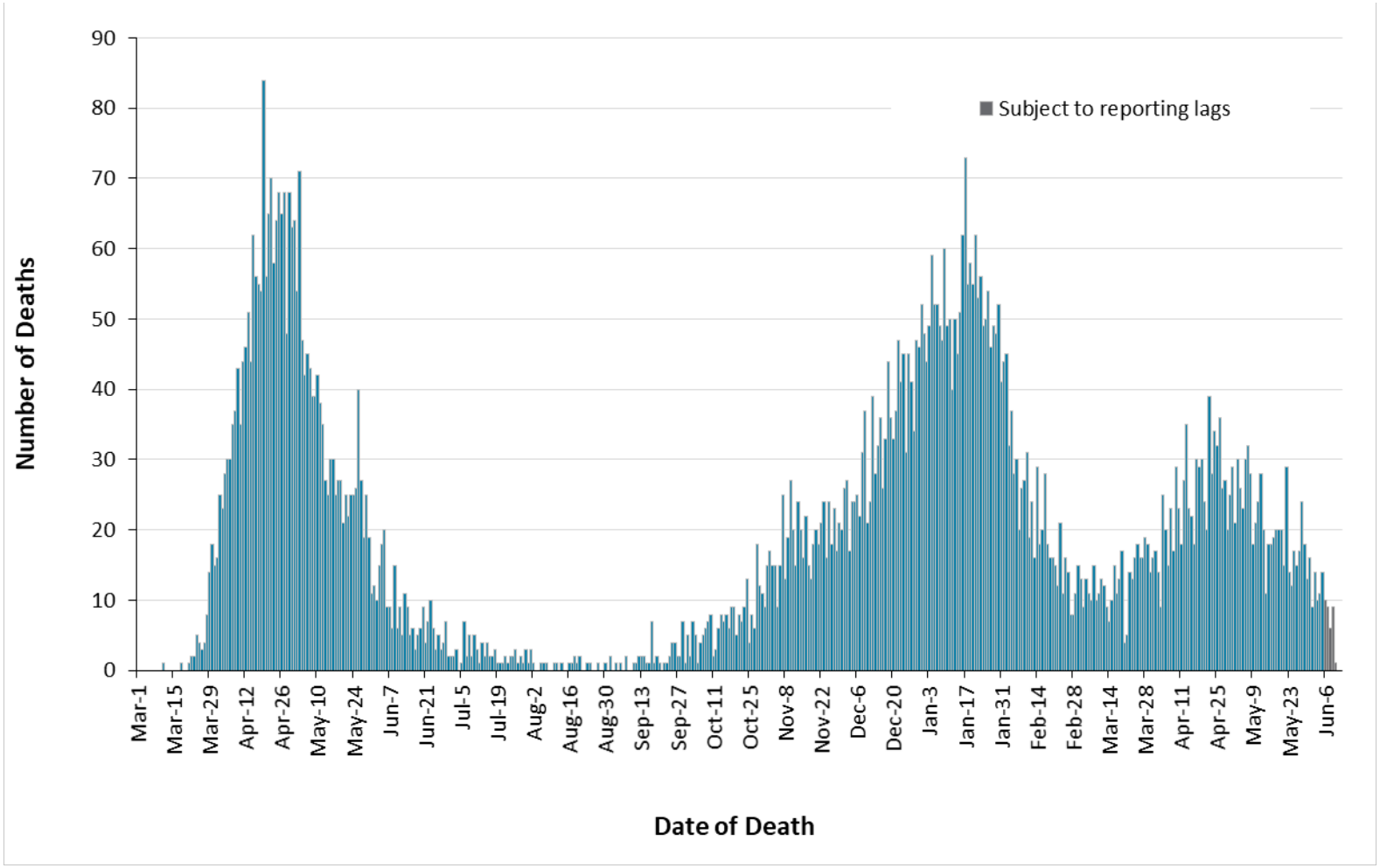
**Figure 3. Number of COVID-19 tests completed and percent positivity: Ontario, March 29, 2020 to June 11, 2021**




**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 June 12, 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 June 12, 2021 | Percentage of all cases |
|---|---|---|
| Cumulative deaths reported (please note there may be a reporting delay for deaths) | 8,957 | 1.7% |
| Deaths reported in ages: 19 and under | 4 | <0.1% |
| Deaths reported in ages: 20-39 | 76 | <0.1% |
| Deaths reported in ages: 40-59 | 540 | 0.4% |
| Deaths reported in ages: 60-79 | 2,810 | 3.9% |
| Deaths reported in ages: 80 and over | 5,526 | 22.2% |
| Ever in ICU | 5,175 | 1.0% |
| Ever hospitalized | 27,190 | 5.0% |

**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 June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count | Cumulative rate per 100,000 population |
|---|---|---|---|---|
| Northwestern Health Unit | 1 | 0 | 1,072 | 1,222.7 |
| Thunder Bay District Health Unit | 0 | -1 | 3,315 | 2,210.6 |
| **TOTAL NORTH WEST** | 1 | -1 | 4,387 | 1,846.1 |
| Algoma Public Health | 1 | 1 | 400 | 349.5 |
| North Bay Parry Sound District Health Unit | 5 | 5 | 481 | 370.7 |
| Porcupine Health Unit | 29 | 68 | 1,836 | 2,200.4 |
| Public Health Sudbury & Districts | 2 | 4 | 2,099 | 1,054.7 |
| Timiskaming Health Unit | 0 | 0 | 207 | 633.2 |
| **TOTAL NORTH EAST** | 37 | 78 | 5,023 | 898.0 |
| Ottawa Public Health | 17 | 24 | 27,403 | 2,598.3 |
| Eastern Ontario Health Unit | 0 | 4 | 4,619 | 2,213.1 |
| Hastings Prince Edward Public Health | 1 | 2 | 1,126 | 668.3 |
| Kingston, Frontenac and Lennox & Addington Public Health | -1 | 0 | 1,534 | 721.1 |
| Leeds, Grenville & Lanark District Health Unit | 0 | 3 | 1,741 | 1,005.4 |
| Renfrew County and District Health Unit | 1 | 1 | 732 | 673.8 |
| **TOTAL EASTERN** | 18 | 34 | 37,155 | 1,928.7 |

| Public Health Unit Name | Change in cases June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count | Cumulative rate per 100,000 population |
|---|---|---|---|---|
| Durham Region Health Department | 31 | 21 | 25,017 | 3,511.6 |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 5 | 0 | 2,126 | 1,125.2 |
| Peel Public Health | 71 | 81 | 108,823 | 6,776.2 |
| Peterborough Public Health | 9 | 1 | 1,546 | 1,044.8 |
| Simcoe Muskoka District Health Unit | 25 | 10 | 12,271 | 2,046.6 |
| York Region Public Health | 37 | 14 | 52,354 | 4,271.0 |
| **TOTAL CENTRAL EAST** | 178 | 127 | 202,137 | 4,511.3 |
| Toronto Public Health | 89 | 102 | 163,942 | 5,253.9 |
| **TOTAL TORONTO** | 89 | 102 | 163,942 | 5,253.9 |
| Chatham-Kent Public Health | 0 | -1 | 1,870 | 1,758.9 |
| Grey Bruce Health Unit | 4 | 4 | 1,339 | 788.2 |
| Huron Perth Public Health | 7 | 3 | 1,888 | 1,350.9 |
| Lambton Public Health | 3 | 1 | 3,540 | 2,703.0 |
| Middlesex-London Health Unit | 8 | 7 | 12,433 | 2,449.7 |
| Southwestern Public Health | 2 | 3 | 3,827 | 1,809.5 |
| Windsor-Essex County Health Unit | 12 | 2 | 16,735 | 3,939.2 |
| **TOTAL SOUTH WEST** | 36 | 19 | 41,632 | 2,462.3 |
| Brant County Health Unit | 14 | 1 | 3,812 | 2,456.1 |
| City of Hamilton Public Health Services | 30 | 24 | 21,009 | 3,547.8 |

| Public Health Unit Name | Change in cases June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count | Cumulative rate per 100,000 population |
|---|---|---|---|---|
| Haldimand-Norfolk Health Unit | 1 | 4 | 2,654 | 2,326.4 |
| Halton Region Public Health | 14 | 21 | 17,233 | 2,783.6 |
| Niagara Region Public Health | 28 | 12 | 16,040 | 3,394.8 |
| Region of Waterloo Public Health and Emergency Services | 51 | 97 | 16,576 | 2,836.6 |
| Wellington-Dufferin-Guelph Public Health | 5 | 12 | 8,083 | 2,591.5 |
| **TOTAL CENTRAL WEST** | 143 | 171 | 85,407 | 2,997.5 |
| **TOTAL ONTARIO** | **502** | **530** | **539,683** | **3,630.7** |

**Notes:** Health units with data corrections or updates could result in records being removed from totals, leading to negative or zero 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**

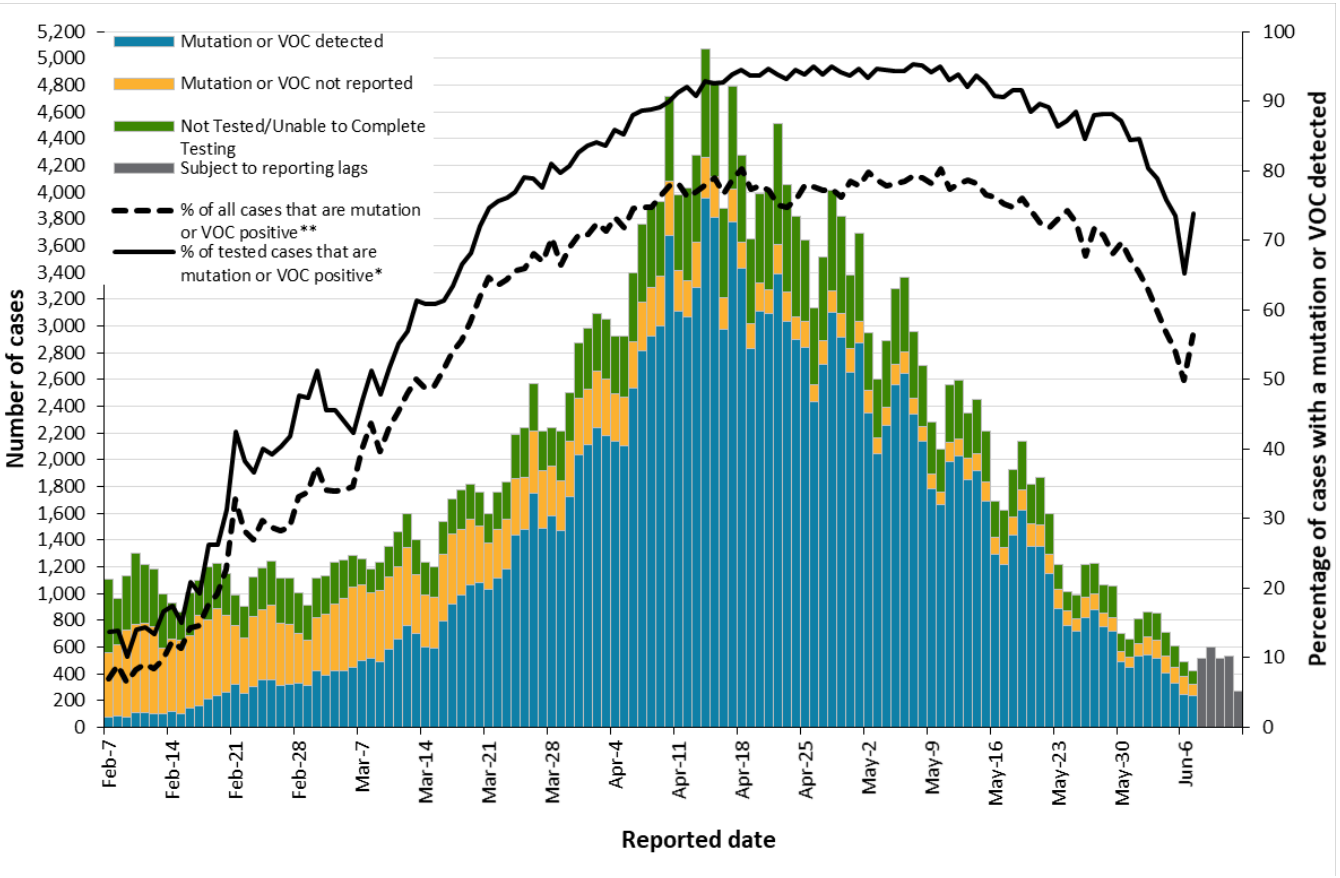
| Institution type | Change in outbreaks June 11, 2021 | Change in outbreaks June 12, 2021 | Number of ongoing outbreaks | Cumulative number of outbreaks reported |
|---|---|---|---|---|
| Long-term care homes | 0 | -1 | 10 | 1,480 |
| Retirement homes | 0 | 0 | 4 | 872 |
| Hospitals | 0 | 0 | 5 | 566 |

**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 with a Ct value of ≤ 30, these samples may then undergo genomic analyses to identify the VOC lineage. 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 June 12, 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 June 11, 2021 | Change in cases June 12, 2021 | Cumulative case count up to June 12, 2021 |
|---|---|---|---|
| Variant of Concern | | | |
| Lineage B.1.1.7* | 1,390 | 785 | 139,482 |
| Lineage B.1.351 | 6 | 3 | 1,137 |
| Lineage P.1 | 25 | 9 | 4,133 |
| Mutations | | | |
| N501Y and E484K | -64 | 23 | 5,260 |
| N501Y (E484K unknown)** | -786 | -310 | 15,141 |
| E484K (N501Y negative) | 9 | 19 | 5,684 |
| E484K (N501Y unknown) | 28 | -13 | 498 |

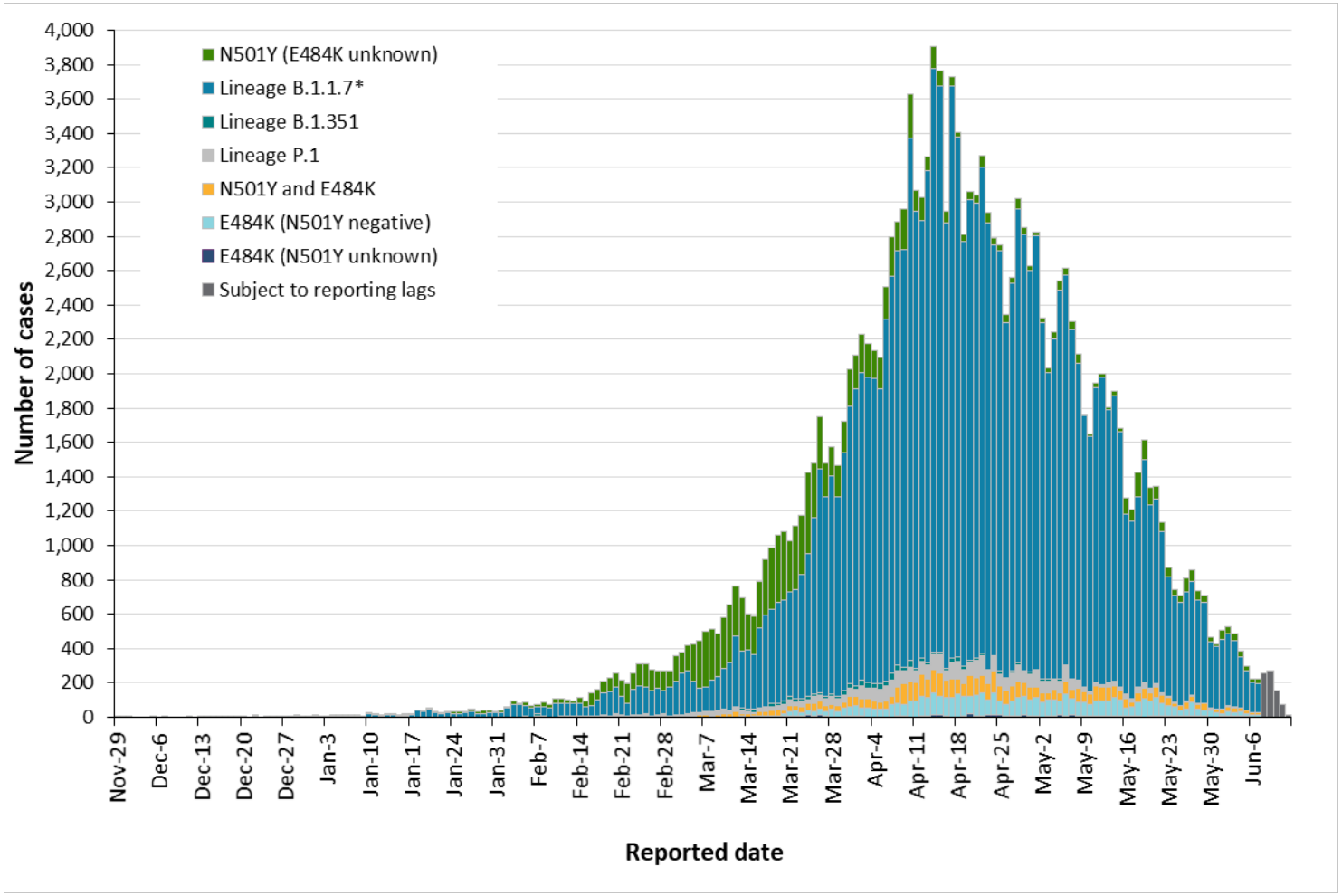
**Note:** Interpret the VOC and mutation trends with caution due to the varying time required to complete VOC testing and/or genomic analysis following the initial positive test for SARS-CoV-2. Due to the nature of the genomic analysis, test results may be completed in batches. Data corrections or updates 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 June 12, 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. As of March 22, 2021, positive specimens with a Ct ≤ 35 are tested for both the N501Y and E484K mutation, with all E484K positive specimens with a Ct ≤ 30 forwarded for further genomic analysis. If found to be positive for the N501Y mutation only, no further genomic analysis are performed as these are presumed to be B.1.1.7. As of May 26, 2021, cases where an E484K mutation is detected will no longer be reflexed for sequencing as VOC testing labs switched to a representative sampling method where only a proportion of all positives with a Ct ≤ 30 are forwarded for further genomic analysis. This proportion was initially set at 10% and will be adjusted periodically based on case volumes.
**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 **June 12, 2021 at 1 p.m**. for cases reported from February 1, 2021 onwards and as of **June 7, 2021 at 9 a.m.** for cases reported up to January 31, 2021.

- VOC data for this report were based on information successfully extracted from CCM for all PHUs by PHO as of **June 12, 2021 at 1 p.m.** for cases reported from April 1, 2021 onwards and as of **June 7, 2021 at 9 a.m.** for cases reported up to March 31, 2021.

- 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 represents an estimate of disease onset. This date is calculated based on the earliest 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 or hospitalization/ICU was reported as 'Yes' 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-Co-V-2 specimens with Ct values ≤ 35 are tested for a N501Y mutation. As of March 22, 2021, positive specimens with a Ct ≤ 35 are tested for both the N501Y and E484K mutation, with all E484K positive specimens with a Ct ≤ 30 forwarded for further genomic analysis. If found to be positive for the N501Y mutation only, no further genomic analysis are performed as these are presumed to be B.1.1.7. As of May 26, 2021, cases where a E484K mutation is detected will no longer be reflexed for sequencing as VOC testing labs switched to a representative sampling method where only a proportion of all positives with a Ct ≤ 30 are forwarded for further genomic analysis. This proportion was initially set at 10% and will be adjusted periodically based on case volumes.

- 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 with a Ct value of ≤30, these samples may then undergo genomic analyses to identify the VOC lineage. 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 28 to June 9, 2021**

| Public Health Unit Name | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 | June 2 to June 8 | June 3 to June 9 | % change from May 28 – June 3 to June 3 - June 9 |
|---|---|---|---|---|---|---|---|---|
| **NORTH WEST** | | | | | | | | |
| Northwestern Health Unit | 3.4 | 3.4 | 1.1 | 1.1 | 2.3 | 2.3 | 4.6 | +35.3% |
| Thunder Bay District Health Unit | 50.0 | 47.3 | 38.0 | 40.0 | 31.3 | 31.3 | 26.7 | -46.6% |
| **NORTH EAST** | | | | | | | | |
| Algoma Public Health | 1.7 | 1.7 | 1.7 | 1.7 | 1.7 | 2.6 | 2.6 | +52.9% |
| North Bay Parry Sound District Health Unit | 6.9 | 6.2 | 6.2 | 6.2 | 4.6 | 6.2 | 13.1 | +89.9% |
| Porcupine Health Unit | 338.0 | 309.2 | 293.6 | 316.4 | 341.6 | 312.8 | 296.0 | -12.4% |
| Public Health Sudbury & Districts | 7.5 | 7.0 | 7.5 | 7.5 | 7.0 | 6.0 | 5.0 | -33.3% |
| Timiskaming Health Unit | 0.0 | 0.0 | 3.1 | 3.1 | 3.1 | 3.1 | 6.1 | N/A |
| **EASTERN** | | | | | | | | |
| Ottawa Public Health | 31.5 | 29.3 | 28.6 | 26.5 | 24.4 | 23.5 | 22.0 | -30.2% |
| Eastern Ontario Health Unit | 10.1 | 5.7 | 4.8 | 4.3 | 2.9 | 2.9 | 2.9 | -71.3% |
| Hastings Prince Edward Public Health | 2.4 | 1.8 | 1.2 | 0.6 | 0.0 | 0.0 | 1.2 | -50.0% |
| Kingston, Frontenac and Lennox & Addington Public Health | 5.6 | 5.2 | 4.7 | 4.7 | 4.2 | 3.8 | 2.4 | -57.1% |

| Public Health Unit Name | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 | June 2 to June 8 | June 3 to June 9 | % change from May 28 – June 3 to June 3 - June 9 |
|---|---|---|---|---|---|---|---|---|
| Leeds, Grenville & Lanark District Health Unit | 0.0 | 0.6 | 0.6 | 0.6 | 1.2 | 1.7 | 3.5 | N/A |
| Renfrew County and District Health Unit | 15.6 | 8.3 | 8.3 | 6.4 | 9.2 | 8.3 | 8.3 | -46.8% |
| **CENTRAL EAST** | | | | | | | | |
| Durham Region Health Department | 49.7 | 47.4 | 41.7 | 40.3 | 37.2 | 34.1 | 28.4 | -42.9% |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 28.1 | 28.1 | 22.8 | 22.8 | 23.3 | 20.6 | 16.4 | -41.6% |
| Peel Public Health | 68.8 | 65.0 | 60.2 | 56.4 | 53.3 | 50.9 | 48.6 | -29.4% |
| Peterborough Public Health | 18.9 | 18.2 | 18.2 | 18.9 | 18.2 | 16.9 | 16.2 | -14.3% |
| Simcoe Muskoka District Health Unit | 28.4 | 26.4 | 25.4 | 24.0 | 23.2 | 23.7 | 20.3 | -28.5% |
| York Region Public Health | 37.4 | 35.2 | 30.1 | 27.5 | 25.1 | 23.3 | 20.4 | -45.5% |
| **TORONTO** | | | | | | | | |
| Toronto Public Health | 44.6 | 42.0 | 37.1 | 35.6 | 33.3 | 29.9 | 27.8 | -37.7% |
| **SOUTH WEST** | | | | | | | | |
| Chatham-Kent Public Health | 12.2 | 14.1 | 13.2 | 8.5 | 9.4 | 10.3 | 8.5 | -30.3% |
| Grey Bruce Health Unit | 11.2 | 11.8 | 13.5 | 11.2 | 10.6 | 10.6 | 14.7 | +31.3% |
| Huron Perth Public Health | 22.2 | 17.9 | 16.5 | 15.0 | 16.5 | 11.4 | 13.6 | -38.7% |
| Lambton Public Health | 31.3 | 27.5 | 28.3 | 28.3 | 27.5 | 25.2 | 26.7 | -14.7% |
| Middlesex-London Health Unit | 31.1 | 28.0 | 27.0 | 24.0 | 19.5 | 18.9 | 21.3 | -31.5% |

| Public Health Unit Name | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 | June 2 to June 8 | June 3 to June 9 | % change from May 28 – June 3 to June 3 - June 9 |
|---|---|---|---|---|---|---|---|---|
| Southwestern Public Health | 17.5 | 12.8 | 10.4 | 9.0 | 9.5 | 9.5 | 8.0 | -54.3% |
| Windsor-Essex County Health Unit | 30.1 | 29.9 | 29.7 | 28.0 | 24.7 | 25.4 | 24.5 | -18.6% |
| **CENTRAL WEST** | | | | | | | | |
| Brant County Health Unit | 52.2 | 44.5 | 46.4 | 43.2 | 43.2 | 38.7 | 34.8 | -33.3% |
| City of Hamilton Public Health Services | 66.2 | 64.7 | 60.3 | 55.4 | 51.8 | 43.6 | 40.5 | -38.8% |
| Haldimand-Norfolk Health Unit | 19.3 | 14.9 | 14.9 | 18.4 | 19.3 | 21.9 | 20.2 | +4.7% |
| Halton Region Public Health | 28.8 | 24.9 | 25.5 | 25.2 | 25.2 | 24.9 | 25.2 | -12.5% |
| Niagara Region Public Health | 35.6 | 39.8 | 36.6 | 37.0 | 39.8 | 35.8 | 33.2 | -6.7% |
| Region of Waterloo Public Health and Emergency Services | 50.0 | 48.3 | 47.4 | 50.1 | 50.0 | 54.2 | 57.0 | +14.0% |
| Wellington-Dufferin-Guelph Public Health | 35.3 | 32.7 | 28.9 | 28.9 | 27.9 | 24.7 | 18.0 | -49.0% |
| **TOTAL ONTARIO** | **40.4** | **38.0** | **35.0** | **33.6** | **31.9** | **30.0** | **28.2** | **-30.2%** |

**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 June 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 | Cumulative count for mutations** |
|---|---|---|---|---|
| Algoma Public Health | 66 | 0 | 12 | 28 |
| Brant County Health Unit | 655 | 2 | 81 | 494 |
| Chatham-Kent Public Health | 106 | 5 | 13 | 115 |
| City of Hamilton Public Health Services | 4,907 | 52 | 81 | 2,082 |
| Durham Region Health Department | 9,403 | 49 | 187 | 1,281 |
| Eastern Ontario Health Unit | 640 | 41 | 17 | 277 |
| Grey Bruce Health Unit | 300 | 0 | 5 | 56 |
| Haldimand-Norfolk Health Unit | 364 | 3 | 17 | 400 |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 429 | 0 | 18 | 312 |
| Halton Region Public Health | 5,045 | 23 | 140 | 616 |
| Hastings Prince Edward Public Health | 69 | 0 | 5 | 414 |
| Huron Perth Public Health | 153 | 0 | 5 | 144 |
| Kingston, Frontenac and Lennox & Addington Public Health | 435 | 2 | 35 | 125 |
| Lambton Public Health | 405 | 0 | 17 | 133 |
| Leeds, Grenville & Lanark District Health Unit | 283 | 18 | 0 | 39 |
| Middlesex-London Health Unit | 3,162 | 2 | 82 | 303 |
| Niagara Region Public Health | 4,166 | 3 | 12 | 1,081 |

| 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 | 114 | 28 | 2 | 14 |
| Northwestern Health Unit | 51 | 0 | 1 | 16 |
| Ottawa Public Health | 6,237 | 323 | 29 | 588 |
| Peel Public Health | 29,313 | 133 | 1,363 | 3,760 |
| Peterborough Public Health | 545 | 4 | 7 | 163 |
| Porcupine Health Unit | 891 | 2 | 0 | 8 |
| Public Health Sudbury & Districts | 574 | 9 | 5 | 347 |
| Region of Waterloo Public Health and Emergency Services | 3,028 | 11 | 60 | 306 |
| Renfrew County and District Health Unit | 206 | 6 | 3 | 19 |
| Simcoe Muskoka District Health Unit | 3,689 | 26 | 153 | 858 |
| Southwestern Public Health | 630 | 2 | 10 | 175 |
| Thunder Bay District Health Unit | 97 | 0 | 1 | 70 |
| Timiskaming Health Unit | 82 | 1 | 0 | 0 |
| Toronto Public Health | 43,838 | 310 | 1,268 | 9,307 |
| Wellington-Dufferin-Guelph Public Health | 2,061 | 1 | 57 | 193 |
| Windsor-Essex County Health Unit | 1,770 | 5 | 13 | 138 |
| York Region Public Health | 15,768 | 76 | 434 | 2,721 |
| **TOTAL ONTARIO** | **139,482** | **1,137** | **4,133** | **26,583** |

**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, May 26 to June 7, 2021**

| Public Health Unit Name | May 26 to June 1 | May 27 to June 2 | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 |
|---|---|---|---|---|---|---|---|
| Algoma Public Health | 66.7 | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 | 50.0 |
| Brant County Health Unit | 86.9 | 88.6 | 90.1 | 88.4 | 81.9 | 80.6 | 76.1 |
| Chatham-Kent Public Health | 60.0 | 66.7 | 61.5 | 66.7 | 85.7 | 88.9 | 80.0 |
| City of Hamilton Public Health Services | 69.8 | 70.2 | 67.1 | 64.8 | 63.0 | 62.8 | 63.5 |
| Durham Region Health Department | 84.4 | 84.8 | 84.2 | 81.4 | 79.8 | 77.0 | 75.1 |
| Eastern Ontario Health Unit | 75.0 | 73.9 | 71.4 | 50.0 | 40.0 | 33.3 | 33.3 |
| Grey Bruce Health Unit | 87.5 | 85.7 | 31.6 | 30.0 | 26.1 | 10.5 | 11.1 |
| Haldimand-Norfolk Health Unit | 59.3 | 62.1 | 63.6 | 70.6 | 76.5 | 85.7 | 86.4 |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 75.7 | 68.9 | 64.2 | 58.5 | 44.2 | 39.5 | 40.9 |
| Halton Region Public Health | 68.2 | 64.7 | 61.2 | 51.3 | 48.7 | 47.4 | 44.9 |
| Hastings Prince Edward Public Health | 66.7 | 62.5 | 50.0 | 66.7 | 50.0 | 0.0 | 0.0 |
| Huron Perth Public Health | 70.0 | 67.4 | 58.1 | 56.0 | 56.5 | 52.4 | 47.8 |
| Kingston, Frontenac and Lennox & Addington Public Health | 66.7 | 80.0 | 75.0 | 72.7 | 80.0 | 80.0 | 88.9 |
| Lambton Public Health | 62.2 | 52.9 | 56.1 | 50.0 | 56.8 | 59.5 | 58.3 |

| Public Health Unit Name | May 26 to June 1 | May 27 to June 2 | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 |
|---|---|---|---|---|---|---|---|
| Leeds, Grenville & Lanark District Health Unit | 33.3 | 33.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Middlesex-London Health Unit | 80.7 | 78.0 | 74.7 | 73.2 | 70.1 | 71.3 | 65.7 |
| Niagara Region Public Health | 76.4 | 77.3 | 75.0 | 72.3 | 69.9 | 69.7 | 67.6 |
| North Bay Parry Sound District Health Unit | 25.0 | 27.3 | 33.3 | 37.5 | 37.5 | 37.5 | 16.7 |
| Northwestern Health Unit | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 50.0 |
| Ottawa Public Health | 60.9 | 58.4 | 55.1 | 49.5 | 45.0 | 46.6 | 42.4 |
| Peel Public Health | 60.1 | 61.4 | 60.8 | 59.8 | 61.0 | 58.5 | 59.0 |
| Peterborough Public Health | 82.8 | 78.6 | 82.1 | 85.2 | 88.9 | 89.3 | 88.9 |
| Porcupine Health Unit | 57.5 | 55.2 | 57.1 | 55.0 | 53.9 | 52.3 | 52.3 |
| Public Health Sudbury & Districts | 85.0 | 84.2 | 80.0 | 71.4 | 66.7 | 66.7 | 64.3 |
| Region of Waterloo Public Health and Emergency Services | 63.8 | 60.2 | 53.4 | 47.5 | 45.8 | 41.3 | 37.0 |
| Renfrew County and District Health Unit | 65.0 | 61.9 | 58.8 | 66.7 | 55.6 | 57.1 | 40.0 |
| Simcoe Muskoka District Health Unit | 67.9 | 73.9 | 73.5 | 75.9 | 73.0 | 70.8 | 69.1 |
| Southwestern Public Health | 90.5 | 83.3 | 81.1 | 70.4 | 72.7 | 68.4 | 70.0 |
| Thunder Bay District Health Unit | 64.3 | 66.3 | 62.7 | 64.8 | 63.2 | 61.7 | 63.8 |
| Timiskaming Health Unit | 0.0 | 0.0 | 0.0 | 0.0 | 100.0 | 100.0 | 100.0 |

| Public Health Unit Name | May 26 to June 1 | May 27 to June 2 | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 |
|---|---|---|---|---|---|---|---|
| Toronto Public Health | 70.6 | 69.4 | 68.7 | 69.1 | 67.1 | 63.2 | 62.5 |
| Wellington-Dufferin-Guelph Public Health | 73.5 | 70.8 | 70.9 | 64.7 | 61.1 | 58.9 | 52.9 |
| Windsor-Essex County Health Unit | 76.2 | 74.5 | 71.1 | 72.4 | 65.9 | 65.5 | 61.9 |
| York Region Public Health | 73.4 | 72.0 | 70.2 | 66.2 | 63.1 | 60.8 | 61.0 |
| **TOTAL ONTARIO** | **68.9** | **68.3** | **66.4** | **64.4** | **62.5** | **60.2** | **58.9** |

**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, May 25 to June 6, 2021**

| Public Health Unit Name | May 26 to June 1 | May 27 to June 2 | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 |
|---|---|---|---|---|---|---|---|
| Algoma Public Health | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Brant County Health Unit | 97.3 | 97.2 | 97.3 | 96.8 | 95.2 | 94.7 | 94.4 |
| Chatham-Kent Public Health | 100 | 100 | 100 | 100 | 100 | 100 | 88.9 |
| City of Hamilton Public Health Services | 86.5 | 85.7 | 83.5 | 81.6 | 77.9 | 76.9 | 78 |
| Durham Region Health Department | 94.9 | 94.7 | 95.5 | 93.5 | 92.9 | 90.9 | 90.5 |
| Eastern Ontario Health Unit | 92.3 | 94.4 | 93.8 | 100 | 100 | 100 | 100 |
| Grey Bruce Health Unit | 100 | 100 | 85.7 | 75 | 60 | 33.3 | 33.3 |
| Haldimand-Norfolk Health Unit | 94.1 | 94.7 | 100 | 100 | 100 | 100 | 100 |
| Haliburton, Kawartha, Pine Ridge District Health Unit | 98.1 | 89.5 | 82.9 | 73.8 | 57.6 | 53.1 | 52.9 |
| Halton Region Public Health | 86.4 | 84.2 | 79 | 70.5 | 67 | 64.9 | 59.8 |
| Hastings Prince Edward Public Health | 100 | 100 | 100 | 100 | 100 | 0 | 0 |
| Huron Perth Public Health | 87.5 | 93.5 | 94.7 | 93.3 | 92.9 | 91.7 | 91.7 |
| Kingston, Frontenac and Lennox & Addington Public Health | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Lambton Public Health | 92 | 90 | 92 | 90 | 91.3 | 91.7 | 87.5 |

| Public Health Unit Name | May 26 to June 1 | May 27 to June 2 | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 |
|---|---|---|---|---|---|---|---|
| Leeds, Grenville & Lanark District Health Unit | 100 | 100 | 0 | 0 | 0 | 0 | 0 |
| Middlesex-London Health Unit | 97 | 95.6 | 95.9 | 96.3 | 97 | 97.8 | 97 |
| Niagara Region Public Health | 98.6 | 98.6 | 99.2 | 99.3 | 98.4 | 99.2 | 99.2 |
| North Bay Parry Sound District Health Unit | 60 | 60 | 75 | 75 | 75 | 75 | 50 |
| Northwestern Health Unit | 0 | 0 | 0 | 0 | 0 | 0 | 100 |
| Ottawa Public Health | 97.9 | 97.6 | 97.3 | 98.1 | 97.1 | 96.3 | 95.6 |
| Peel Public Health | 79.2 | 80.1 | 80 | 79 | 77.9 | 74.9 | 74.2 |
| Peterborough Public Health | 100 | 91.7 | 88.5 | 88.5 | 88.9 | 89.3 | 88.9 |
| Porcupine Health Unit | 76.9 | 74.5 | 77.4 | 78 | 79.5 | 82.6 | 84.2 |
| Public Health Sudbury & Districts | 89.5 | 88.9 | 85.7 | 76.9 | 76.9 | 76.9 | 75 |
| Region of Waterloo Public Health and Emergency Services | 78.1 | 74.1 | 66.1 | 60.1 | 57.2 | 51.7 | 46 |
| Renfrew County and District Health Unit | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Simcoe Muskoka District Health Unit | 86.6 | 90.3 | 89.3 | 87 | 82.8 | 81 | 79.3 |
| Southwestern Public Health | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Thunder Bay District Health Unit | 97.8 | 98.1 | 97.9 | 97.9 | 97.3 | 100 | 96.8 |
| Timiskaming Health Unit | 0 | 0 | 0 | 0 | 100 | 100 | 100 |

| Public Health Unit Name | May 26 to June 1 | May 27 to June 2 | May 28 to June 3 | May 29 to June 4 | May 30 to June 5 | May 31 to June 6 | June 1 to June 7 |
|---|---|---|---|---|---|---|---|
| Toronto Public Health | 84.8 | 84.6 | 83.1 | 82.6 | 80.5 | 76.6 | 75.9 |
| Wellington-Dufferin-Guelph Public Health | 79.6 | 78 | 78 | 72.5 | 71.4 | 68.8 | 61.3 |
| Windsor-Essex County Health Unit | 90.8 | 89 | 86.7 | 88.5 | 87.4 | 86.7 | 87.8 |
| York Region Public Health | 88.2 | 87.3 | 86.1 | 81.7 | 77.9 | 74.5 | 75.2 |
| **TOTAL ONTARIO** | **86.5** | **86.1** | **84.7** | **83** | **80.9** | **78.4** | **77.1** |

**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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