

### Weekly Epidemiologic Summary

# COVID-19 in Ontario: Focus on November 8, 2020 to November 14, 2020

This report includes the most current information available from CCM and other case management systems (CCM plus) as of **November 17, 2020.** 

Please visit the interactive <u>Ontario COVID-19 Data Tool</u> to explore recent COVID-19 data by public health unit, age group, sex, and trends over time.

A <u>daily summary</u> is available and provides an epidemiologic summary of recent COVID-19 activity in Ontario. This weekly report provides an epidemiologic summary of COVID-19 activity in Ontario over time.

### Highlights

- There are a total of 95,065 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to November 14, 2020.
- For the period with a public health unit reported date between November 8 and 14, 2020 (week 46):
  - A total of 10,166 cases were reported to public health compared to 7,589 cases the previous week (November 1 to 7).
  - Overall, there is an increase in the number of deaths occurring in recent weeks, with over 100 deaths occurring this week.
  - Over three-quarters of public health units (76.5%) reported an increase in the rate of disease in the current week compared to last week, with Peel Region, Toronto, and York Region and Halton Region reporting a rates of disease that were greater than the provincial rate of 68.4 cases per 100,000 population.

The term public health unit reported date in this document refers to the date local public health units were first notified of the case.

Data corrections or updates can result in case records being removed and or updated from past reports. Thus comparisons of case counts by public health unit reported date may not align with daily change in cases publicly reported by the province for the same time period, which reflects the difference in cumulative counts between one day and the next.

### **Cases Over Time**

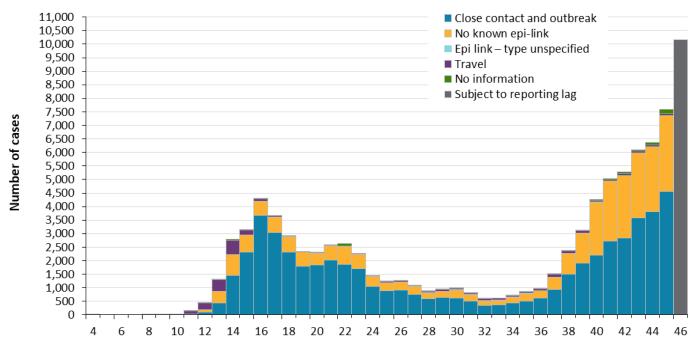
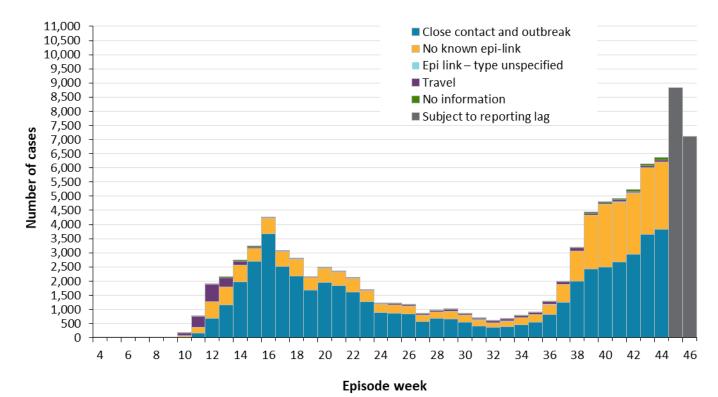
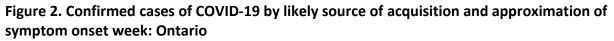


Figure 1. Confirmed cases of COVID-19 by likely source of acquisition and public health unit reported week: Ontario

Reported week

**Note:** Include cases with reported dates ranging from week 4 (January 19 and 25, 2020) to week 46 (November 8 and 14, 2020). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.





**Note:** Not all cases have an episode date. Cases without an episode date are not included in the figure. The definition for how episode date is defined is available in the technical notes. Include cases with episode dates ranging from week 4 (January 19 and 25, 2020) to week 46 (November 8 and 14, 2020). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

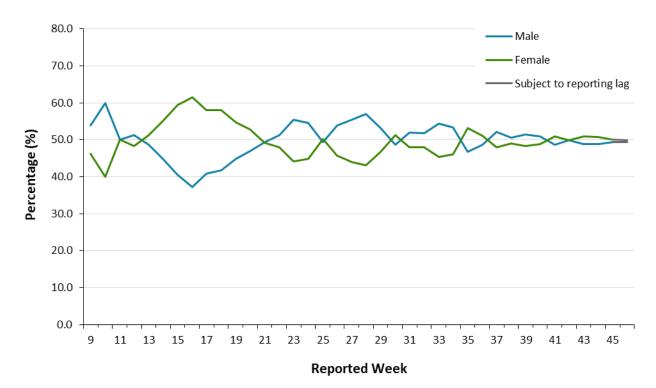
### **Case Characteristics**

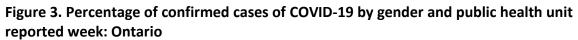
Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date:Ontario

	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative case count up to November 14	Cumulative rate per 100,000 population
Total number of cases	7,589	10,166	95,065	639.5
Gender: Male	3,739	5,021	45,976	628.2
Gender: Female	3,801	5,064	48,613	644.3
Ages: 19 and under	1,162	1,519	10,791	344.0
Ages: 20-39	2,725	3,741	34,460	829.1
Ages: 40-59	2,193	2,906	27,076	687.6
Ages: 60-79	977	1,422	13,977	473.0
Ages: 80 and over	531	578	8,752	1,288.4
Number resolved	N/A	N/A	81,838	N/A

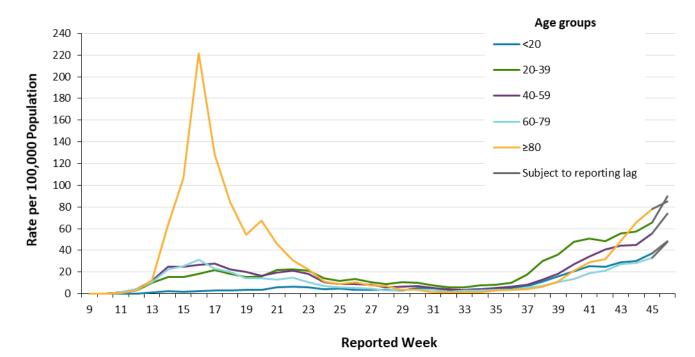
**Note:** Not all cases have an age or gender reported.

Interpret information for the most recent week with caution due to reporting lags.



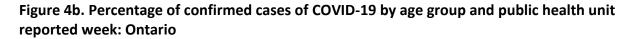


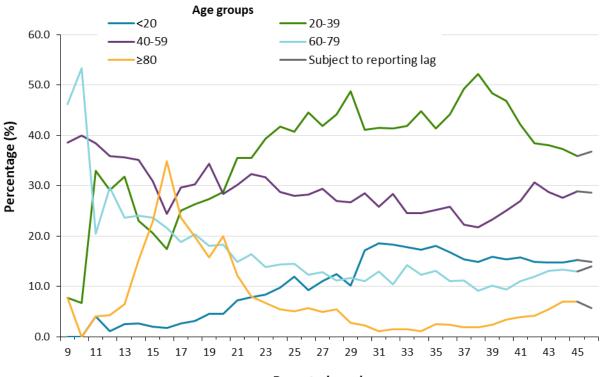
**Note:** Not all cases have a gender reported. The denominator for calculating weekly percentages includes all cases. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from Week 9 (February 23 and 29, 2020) to week 46 (November 8 and 14, 2020). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.



## Figure 4a. Rate of confirmed cases of COVID-19 per 100,000 population by age group and public health unit reported week: Ontario

**Note**: Not all cases have an age reported. Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from week 9 (February 23 and 29, 2020) to week 46 (November 8 and 14, 2020). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

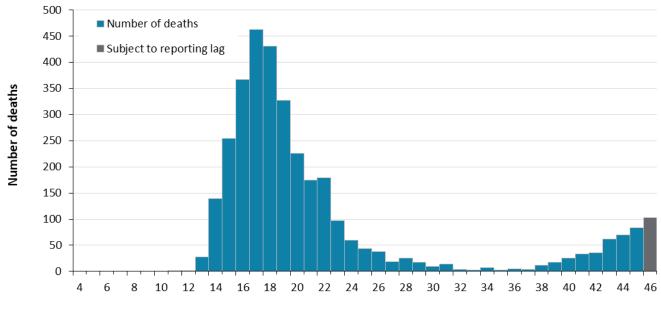


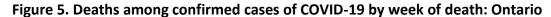


**Reported week** 

**Note**: Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from week 9 (February 23 and 29, 2020) to week 46 (November 8 and 14, 2020). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

### Deaths





Death week

**Note**: Cases without a death date are not included in the figure. Include cases with date of death ranging from week 4 (January 19 and 25, 2020) to week 46 (November 8 and 14, 2020). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

## Table 2. Summary of deaths among confirmed cases of COVID-19 by public health unit reported week: Ontario

Deaths	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative case count up to November 14	Cumulative rate per 100,000 population
Number of deaths	77	36	3,413	23.0
Gender: Male	32	18	1,568	21.4
Gender: Female	45	17	1,816	24.1
Ages: 19 and under	0	0	1	0.0
Ages: 20-39	0	0	11	0.3
Ages: 40-59	1	4	140	3.6
Ages: 60-79	8	8	895	30.3
Ages: 80 and over	68	24	2,366	348.3

**Note:** Age and gender may not be reported for all cases. Reported week is the week the case was reported to the public health unit. This is different than the "week of death" presented in Figure 5 which reflects the week the case was reported to have a 'Fatal' outcome.

Interpret information for the most recent week with caution due to reporting lags.

### Exposure

Table 3. Confirmed cases of COVID-19 by likely source of acquisition and public health unit reported week: Ontario

	Reported week 45 (November 1 to 7)	Percentage	Reported week 46 (November 8 to 14)	Percentage	Cumulative case count up to November 14	Cumulative percentage
Travel	69	0.9%	87	0.9%	3,105	3.3%
Outbreak-associated or close contact of a confirmed case	4,562	60.1%	5,375	52.9%	60,374	63.5%
Epidemiological link – type unspecified	0	0.0%	0	0.0%	198	0.2%
No known epidemiological link	2,791	36.8%	3,596	35.4%	29,445	31.0%
Information missing or unknown	167	2.2%	1,108	10.9%	1,943	2.0%
Total	7,589		10,166		95,065	

**Note:** Information for how cases are grouped within each category is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags.

### Sub-populations of interest

Health care workers	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative case count up to November 14
Number of cases	380	390	8,895
Ever hospitalized	2	5	262
Ever in ICU	1	1	61

#### Table 4. Summary of cases of COVID-19 among health care workers: Ontario

**Note:** Interpret information for the most recent week with caution due to reporting lags.

#### Data Source: CCM plus

## Table 5. Summary of cases of COVID-19 associated with long-term care home outbreaks:Ontario

Long-term care home associated cases	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative case count up to November 14
Residents	421	381	7,815
Deaths among residents	46	15	2,173
Health care workers	115	86	3,142
Deaths among health care workers	0	0	8

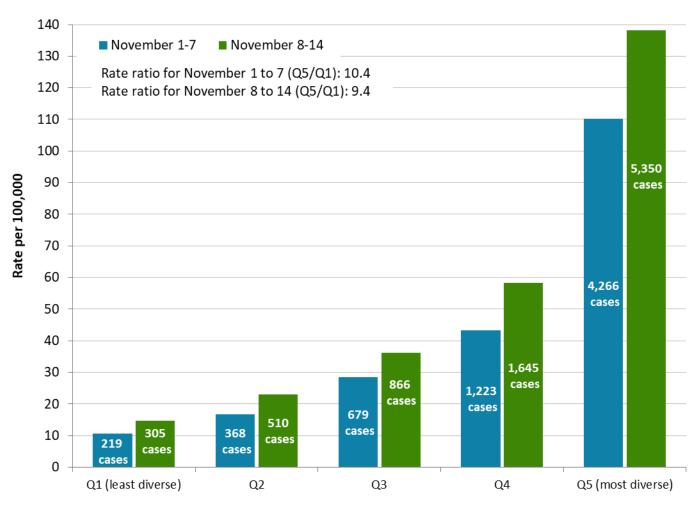
**Note:** Information on how long-term care home residents and health care workers are identified is available in the technical notes. Interpret information for the most recent week with caution due to reporting lags.

	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative case count from August 30 up to November 14
Ages: 4-8	184	292	1,431
Ages: 9-13	312	370	1,911
Ages: 14-17	305	382	1,982

Table 6: Summary of cases of COVID-19 among school aged children by age group: Ontario

**Note:** Interpret information for the most recent week with caution due to reporting lags. Includes all confirmed cases of COVID-19 for specified ages, regardless of school attendance. Cumulative counts include cases of COVID-19 reported starting week 36 (August 30 to September 5, 2020).

Figure 6. Rate and number of confirmed cases of COVID-19 for each quintile of neighbourhood diversity: Ontario, week 45 (November 1 to 7, 2020) and week 46 (November 8 to 14, 2020).

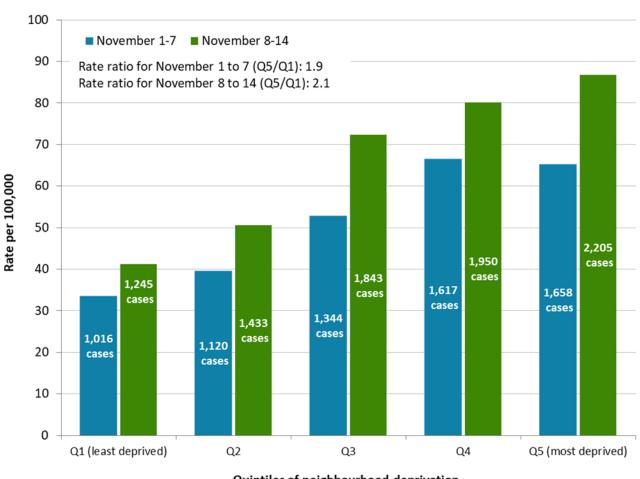


Quintiles of neighbourhood diversity

**Note:** Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index. The ethnic concentration dimension is based on the proportion of non-white and non-Indigenous residents and/or the proportion of immigrants that arrived in Canada within the past five years.

Data Source: CCM plus, Ontario Marginalization Index

Figure 7. Rate and number of confirmed cases of COVID-19 for each quintile of neighbourhood deprivation: Ontario, week 45 (November 1 to 7, 2020) and week 46 (November 8 to 14, 2020).



Quintiles of neighbourhood deprivation

**Note:** Neighbourhood deprivation is measured using the material deprivation dimension of the Ontario Marginalization Index. The material deprivation dimension uses Canadian census data on income, quality of housing, educational attainment and family structure characteristics to assess the ability of individuals and communities to access and attain basic material needs.

Data Source: CCM plus, Ontario Marginalization Index

### Geography

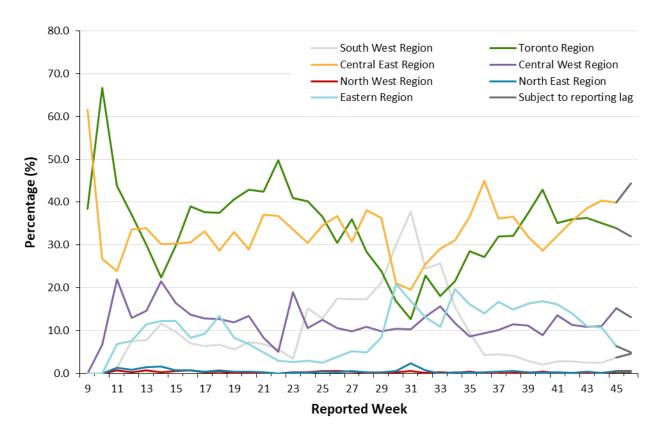
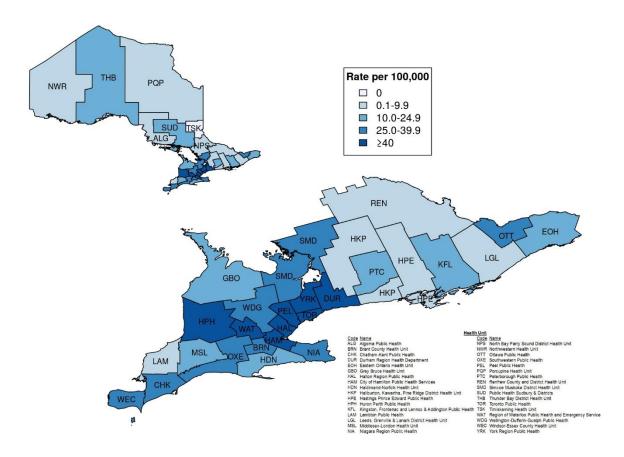


Figure 8. Percentage of COVID-19 cases by geographic region and public health unit reported week: Ontario

**Note:** Only weeks with more than 10 cases by public health unit reporting date are included (starting in week 9). Include cases with reported dates ranging from week 9 (February 23 and 29, 2020) to week 46 (November 8 and 14, 2020). Table 2A in <u>Appendix A</u> has a listing of public health units by region.

Figure 9. Rate of confirmed cases of COVID-19 in public health reported week 46 (November 8 to 14, 2020) by public health unit: Ontario



**Note:** The provincial rate of confirmed cases of COVID-19 reported in week 46 was 68.4 cases per 100,000 population. **Data Source**: CCM plus

### Outbreaks

Setting Type	Reported week 46 (November 8 to 14)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to November 14
Congregate Care	49	187	1,101
Long-term care homes	24	96	637
Retirement homes	14	63	315
Hospitals	11	28	149
Congregate Living	12	52	288
Correctional facility	0	2	9
Shelter	1	12	70
Group Home/supportive Housing	5	29	191
Short-term accommodations	0	2	4
Congregate other	6	7	14
Education	34	139	376
Child care	7	49	175
School – Elementary*	18	63	139
School – Elementary/secondary*	1	5	14
School – Secondary*	7	20	44
School – Post-secondary*	1	2	4
Other settings	70	242	762
Bar/restaurant/nightclub	10	23	78
Medical/health services	2	7	32

Setting Type	Reported week 46 (November 8 to 14)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to November 14
Personal service settings	0	1	7
Recreational fitness	3	10	34
Retail	6	20	74
Other recreation	3	20	39
Workplace - Farm	0	5	40
Workplace - Food processing	6	19	65
Other types of workplaces	33	127	381
Other	6	8	7
Unknown	1	2	5
Total number of outbreaks	168	624	2,536

**Note:** Reported week is based on the outbreak reported date, and if unavailable, the date the public health unit created the outbreak. Ongoing outbreaks includes all outbreaks that are 'Open' in iPHIS without a 'Declared Over Date' recorded. Interpret information for the most recent week with caution due to reporting lags. Outbreak categories are mutually exclusive. Retail includes settings such as grocery stores, pharmacies, malls, etc. Other types of workplaces include settings such as offices as well as warehousing, shipping and distribution, construction, etc. Other recreation includes settings such as entertainment and event venues, gatherings (e.g., weddings), religious facilities, etc. Medical/health services refer to settings such as doctor's office or clinic, wellness clinics, etc., and excludes categories listed in the congregate care setting group.

\*Cumulative counts include COVID-19 school outbreaks reported starting week 36 (August 30 to September 5, 2020). Ongoing re-classification of settings for reported outbreaks can result in outbreak counts that may differ from previously reported counts.

## Table 8. Confirmed cases of COVID-19 associated with COVID-19 outbreaks by setting typeand public health unit reported week: Ontario

Cases associated with the outbreak setting type	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative number of cases
Congregate Care	795	757	15,639
Long-term care homes	526	528	11,762
Retirement homes	201	176	2,489
Hospitals	68	53	1,388
Congregate Living	57	101	1,793
Correctional facility	0	1	125
Shelter	7	6	640
Group Home/supportive Housing	39	31	889
Short-term accommodations	0	0	7
Congregate other	11	63	132
Education	147	103	843
Child care	34	23	262
School – Elementary*	65	46	370
School – Elementary/secondary*	13	12	56
School – Secondary*	30	22	147
School – Post-secondary*	5	0	8
Other settings	265	312	4,508
Bar/restaurant/nightclub	18	44	281
Medical/health services	9	4	86
Personal service settings	2	0	28

Cases associated with the outbreak setting type	Reported week 45 (November 1 to 7)	Reported week 46 (November 8 to 14)	Cumulative number of cases
Recreational fitness	14	15	231
Retail	3	9	119
Other recreation	31	13	341
Workplace - Farm	41	3	1,439
Workplace - Food processing	10	49	608
Other types of workplaces	132	158	1,279
Other	5	17	31
Unknown	0	0	65
Total number of cases	1,264	1,273	22,783

**Note:** Interpret case counts for the most recent week with caution due to reporting lags. Outbreak categories are mutually exclusive. Retail includes settings such as grocery stores, pharmacies, malls, etc. Other types of workplaces include settings such as offices as well as warehousing, shipping and distribution, construction, etc. Other recreation includes settings such as entertainment and event venues, gatherings (e.g., weddings), religious facilities, etc. Medical/health services refer to settings such as doctor's office or clinic, wellness clinics, etc., and excludes categories listed in the congregate care setting group.

\*Cumulative counts include cases of COVID-19 associated with school outbreaks reported starting week 36 (August 30 to September 5, 2020). Ongoing re-classification of settings for reported outbreaks can result in case counts that may differ from previously reported counts.

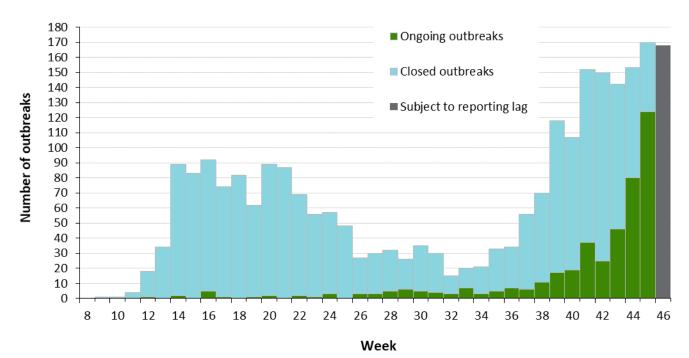
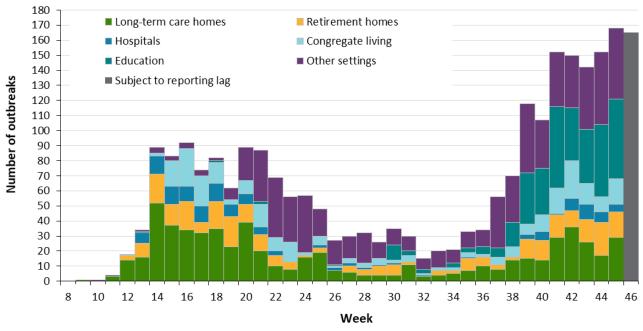


Figure 10. Public health unit declared COVID-19 outbreaks by status (ongoing or closed) and public health unit outbreak reported week: Ontario

**Note:** If public health unit outbreak reported date is unavailable, the date the public health unit created the outbreak is used. Ongoing outbreaks includes all outbreaks that are 'Open' in iPHIS without a 'Declared Over Date' recorded. Closed outbreaks are 'Closed' or have a 'Declared Over Date' recorded in iPHIS. Week 8 refers to February 16 and 22, 2020 and week 46 refers to November 8 and 14, 2020.

## Figure 11. Public health unit declared COVID-19 outbreaks by outbreak setting type and public health unit reported week: Ontario



**Note:** If public health unit outbreak reported date is unavailable, the date the public health unit created the outbreak is used. Week 8 refers to February 16 and 22, 2020 and week 46 refers to November 8 and 14, 2020. Congregate living include group homes, shelters, correctional facilities, etc. Other settings include outbreaks within workplaces, childcare, schools, restaurants, recreation etc.

### **Technical Notes**

#### Data Sources

- The data for this report were based on:
  - Information extracted from the Ontario Ministry of Health (Ministry) integrated Public Health Information System (iPHIS) database for Toronto Public Health as of November 17, 2020 at 3 p.m.
  - Information successfully uploaded to the Ministry from local systems: Toronto Public Health (Coronavirus Rapid Entry System) CORES, The Ottawa Public Health COVID-19 Ottawa Database (The COD) and Middlesex-London COVID-19 Case and Contact Management Tool (CCMtool) as of **November 17, 2020 at 2 p.m.**
  - Information successfully uploaded to the Ministry from the Public Health Case and Contact Management Solution (CCM) as of **November 17, 2020 at 1 p.m.**
- CCM plus (which includes CCM, iPHIS, CORES, The COD and COVID-19 CCMtool) are dynamic disease reporting systems, which allow ongoing updates to data previously entered. As a result, data extracted from CCM and the local systems represent a snapshot at the time of extraction and may differ from previous or subsequent reports.
- Ontario population projection data for 2020 were sourced from Ministry, IntelliHEALTH Ontario. Data were extracted on November 26, 2019.
- Statistics Canada Postal Code Conversion File (PCCF), reference date of May 2020.
- The health equity (neighbourhood-level diversity and deprivation) analyses use data from the 2016 Ontario Marginalization Index and population counts from the 2016 Canada Census:
  - Matheson FI; van Ingen T. 2016 Ontario marginalization index. Toronto, ON: Providence St. Joseph's and St. Michael's Healthcare; 2018. Joint publication with Public Health Ontario.
  - Statistics Canada. Census of Population, 2016: Profile for Canada, Provinces, Territories, Census Divisions, Census Subdivisions and Dissemination Areas. Retrieved from: <u>https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/download-telecharger/comp/GetFile.cfm?Lang=E&FILETYPE=CSV&GEONO=044\_ONTARIO</u>.

### Data Caveats and Methods: Case Data

- The data only represent cases reported to public health units and recorded in CCM plus. As a result, all counts are 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.
- Observed trends over time should be interpreted with caution for the most recent period due to reporting and/or data entry lags.

- All cases meeting the confirmed case classification as listed in the MOH <u>COVID-19 case definition</u> are included except where noted (e.g., analyses that describe the relationship between COVID-19 and marginalization). This includes persons with a positive detection of serum/plasma immunoglobulin G (IgG) antibodies to SARS-CoV-2, which was added to the confirmed case definition on **August 6, 2020**.
- CCM/iPHIS cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DOES NOT MEET, IGNORE, DUPLICATE-DO NOT USE, or any variation on these values have been excluded. The provincial case count for COVID-19 includes cases that are counted once across all systems from which the case data are obtained. Duplicate records may exist if these records were not identified and resolved prior to data upload to the Ministry.
- Reported date is the date the case was reported to the public health unit. This is different than the daily change in cases released by the Province for the same time period, which reflects the difference in cumulative counts reported to the Province between one day and the next.
- Reported weeks were created to align with the Public Health Agency of Canada (PHAC) influenza surveillance weeks.
- 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.
- Cases with unknown or missing ages were excluded from age-specific analyses.
- Health care worker includes cases that reported 'Yes' to any of the following occupations: health care worker, doctor, nurse, dentist, dental hygienist, midwife, other medical technicians, personal support worker, respiratory therapist, first responder.
- 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 considered resolved:
  - Cases that are reported as 'recovered' in CCM based on local public health unit assessment
  - Cases that are not hospitalized and are 14 days past their symptom onset date or specimen collection date (where symptom onset date is not known)
  - Cases that are currently hospitalized (no hospitalization end date entered) and have a case status of 'closed' indicating that public health follow up is complete and are 14 days past their symptom onset date or specimen collection date
- Data on hospital admissions, ICU admissions and deaths are likely under-reported as these events may occur after the completion of public health follow up of cases. Cases that were admitted to hospital or died after follow-up was completed may not be captured in CCM.
- Deaths are determined by using the outcome field in CCM plus. Any case marked 'Fatal' is included in the deaths data. The CCM field Type of Death is not used to further categorize the data.

- The date of death is determined using the outcome date field for cases marked as 'Fatal' in the outcome field.
- 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.
- Likely source of acquisition is determined by examining the epidemiologic link and epidemiologic link status fields in CCM and local systems. If no epidemiologic link is identified in those fields the risk factor fields are examined to determine whether a case travelled, was associated with a confirmed outbreak, was a contact of a case, had an Epidemiological link with type unspecified, 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
- '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.
- '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.
- 'Cases associated with school outbreaks' includes cases that are linked to an outbreak, by school classification type (Elementary, Elementary/Secondary, Secondary, Post-Secondary), that met the definition of a <u>school outbreak</u>.

- School classification types are defined by the Ministry of Education.
  - Elementary/Secondary schools include public or private schools educating children in a combination of elementary and secondary grades (e.g., Kindergarten to Grade 8, Grades 9 to 12, and Kindergarten to Grade 12).
- Orientation of case counts by geography is based on the diagnosing health unit (DHU). DHU
  refers to the case's public health unit of residence at the time of illness onset and not
  necessarily the location of exposure. Cases for which the DHU was reported as MOH (to signify a
  case that is not a resident of Ontario) have been excluded from the analyses.
  - GTA health units include: Durham Region Health Department, Peel Public Health, Toronto Public Health and York Region Public Health
- Ongoing outbreaks are those that are reported in iPHIS as 'Open' and without a 'Declared Over Date' recorded.
- Outbreaks are declared by the local medical officer of health or their designate in accordance to the Health Protection and Promotion Act and criteria outlined in <u>Ministry guidance documents</u>.
- School outbreaks include outbreaks declared on or after week 36 (August 30 to September 5, 2020).

### Data Caveats and Methods: ON-Marg

- ON-Marg is a data tool that combines a wide range of demographic indicators into multiple distinct dimensions of marginalization. It is an area-based index which assigns a measure of marginalization based on neighbourhood versus individual characteristics. As such, the broader demographic trends of an area may not reflect all residents of a neighbourhood owing to the inherent heterogeneity of demographic characteristics which can vary substantially especially across large rural geographies. For more information, please visit <u>PHO's ON-Marg website</u>.
- Neighbourhood diversity is defined using the ethnic concentration dimension of ON-Marg, which measures populations who may experience marginalization related to racism and discrimination. It is based on the proportion of non-white and non-Indigenous residents (visible minority) and/or the proportion of immigrants that arrived in Canada within the past five years. 'Visible minority' is a term used by Statistics Canada that, although is considered to be outdated, is used here to be consistent with the Canadian census.
- Neighbourhood deprivation is defined using the material deprivation dimension of ON-Marg, which is closely connected to poverty. It refers to the inability of individuals and communities to access and attain basic material needs. The indicators included in this dimension measure income, quality of housing, educational attainment and family structure characteristics.
- "Neighbourhoods" are considered to be Statistic Canada dissemination areas (DA). The Single Link Indicator Postal Code Conversion File (PCCF) was used to match individuals to a DA based on their postal code, which were subsequently assigned to a quintile of marginalization that contained 20% of Ontario neighbourhoods. The quintiles for the ethnic concentration and the material deprivation dimensions are ordered from quintiles 1 to 5, with quintile 1 having the

lowest level of marginalization (i.e., least diverse or least deprived) and quintile 5 having the highest level of marginalization (i.e., most diverse or most deprived).

- The following were not included in analyses that summarize the impact of COVID-19 among Ontarians who may experience marginalization:
  - People who have tested positive for COVID-19 that reside in long-term care settings are not included in the census data from which the marginalization indicators (ethnic concentration and material deprivation) are derived. Although these cases represent a large number of cases overall and deaths, their exclusion ensures appropriate comparisons since long-term care residents are excluded from ON-Marg.
  - People who have tested positive for COVID-19 that reside in census dissemination areas where data has been suppressed, and cases that have missing or invalid postal codes could not be assigned to a quintile of marginalization.
  - Due to data suppression for some census indicators on Indian Reserves in Ontario, residents of Indian Reserves could not be included in ON-Marg and therefore people who have tested positive for COVID-19 and are living on Indian Reserves could not be assigned to a quintile of marginalization. While Indigenous individuals living off reserves are included in this analysis, Indigeneity data is not currently collected or captured in dimensions of ON-Marg.

## Appendix A

Reported Week	Start date	End date	Number of cases	Cumulative count
2	January 5, 2020	January 11, 2020	0	0
3	January 12, 2020	January 18, 2020	0	0
4	January 19, 2020	January 25, 2020	3	3
5	January 26, 2020	February 1, 2020	0	3
6	February 2, 2020	February 8, 2020	0	3
7	February 9, 2020	February 15, 2020	0	3
8	February 16, 2020	February 22, 2020	1	4
9	February 23, 2020	February 29, 2020	13	17
10	March 1, 2020	March 7, 2020	15	32
11	March 8, 2020	March 14, 2020	146	178
12	March 15, 2020	March 21, 2020	446	624
13	March 22, 2020	March 28, 2020	1,324	1,948
14	March 29, 2020	April 4, 2020	2,796	4,744
15	April 5, 2020	April 11, 2020	3,165	7,909
16	April 12, 2020	April 18, 2020	4,310	12,219
17	April 19, 2020	April 25, 2020	3,671	15,890
18	April 26, 2020	May 2, 2020	2,909	18,799
19	May 3, 2020	May 9, 2020	2,335	21,134
20	May 10, 2020	May 16, 2020	2,297	23,431
21	May 17, 2020	May 23, 2020	2,580	26,011

#### Table 1A. Confirmed cases of COVID-19 by public health unit reported week: Ontario

Reported Week	Start date	End date	Number of cases	Cumulative count	
22	May 24, 2020	May 30, 2020	2,623	28,634	
23	May 31, 2020	June 6, 2020	2,268	30,902	
24	June 7, 2020	June 13, 2020	1,433	32,335	
25	June 14, 2020	June 20, 2020	1,232	33,567	
26	June 21, 2020	June 27, 2020	1,255	34,822	
27	June 28, 2020	July 4, 2020	1,084	35,906	
28	July 5, 2020	July 11, 2020	866	36,772	
29	July 12, 2020	July 18, 2020	929	37,701	
30	July 19, 2020	July 25, 2020	998	38,699	
31	July 26, 2020	August 1, 2020	800	39,499	
32	August 2, 2020	August 8, 2020	596	40,095	
33	August 9, 2020	August 15, 2020	613	40,708	
34	August 16, 2020	August 22, 2020	724	41,432	
35	August 23, 2020	August 29, 2020	857	42,289	
36	August 30, 2020	September 5, 2020	966	43,255	
37	September 6, 2020	September 12, 2020	1,502	44,757	
38	September 13, 2020	September 19, 2020	2,385	47,142	
39	September 20, 2020	September 26, 2020	3,131	50,273	
40	September 27, 2020	October 3, 2020	4,263	54,536	
41	October 4, 2020	October 10, 2020	5,026	59,562	
42	October 11, 2020	October 17, 2020	5,273	64,835	
43	October 18, 2020	October 24, 2020	6,105	70,940	
44	October 25, 2020	October 31, 2020	6,370	77,310	

Reported Week	Start date	End date	Number of cases	Cumulative count
45	November 1, 2020	November 7, 2020	7,589	84,899
46	November 8, 2020	November 14, 2020	10,166	95,065

#### Table 2A. Confirmed cases of COVID-19 by public health unit and region: Ontario

Public Health Unit Name	Cases reported week 45	Rate per 100,000 population Reported week 45	Cases reported week 46	Rate per 100,000 population Reported week 46
Northwestern Health Unit	6	6.8	7	8.0
Thunder Bay District Health Unit	12	8.0	28	18.7
TOTAL NORTH WEST	18	7.6	35	14.7
Algoma Public Health	4	3.5	9	7.9
North Bay Parry Sound District Health Unit	2	1.5	7	5.4
Porcupine Health Unit	1	1.2	4	4.8
Public Health Sudbury & Districts	38	19.1	41	20.6
Timiskaming Health Unit	0	0.0	0	0.0
TOTAL NORTH EAST	45	8.0	61	10.9
Ottawa Public Health	394	37.4	398	37.7
Eastern Ontario Health Unit	64	30.7	44	21.1
Hastings Prince Edward Public Health	3	1.8	10	5.9
Kingston, Frontenac and Lennox & Addington Public Health	5	2.4	33	15.5
Leeds, Grenville & Lanark District Health Unit	9	5.2	12	6.9
Renfrew County and District Health Unit	9	8.3	6	5.5
TOTAL EASTERN	484	25.1	503	26.1

Public Health Unit Name	Cases reported week 45	Rate per 100,000 population Reported week 45	Cases reported week 46	Rate per 100,000 population Reported week 46
Durham Region Health Department	287	40.3	355	49.8
Haliburton, Kawartha, Pine Ridge District Health Unit	5	2.6	9	4.8
Peel Public Health	1,939	120.7	2,931	182.5
Peterborough Public Health	7	4.7	21	14.2
Simcoe Muskoka District Health Unit	114	19.0	183	30.5
York Region Public Health	680	55.5	1,011	82.5
TOTAL CENTRAL EAST	3,032	67.7	4,510	100.7
Toronto Public Health	2,570	82.4	3,255	104.3
TOTAL TORONTO	2,570	82.4	3,255	104.3
Chatham-Kent Public Health	12	11.3	31	29.2
Grey Bruce Health Unit	11	6.5	24	14.1
Huron Perth Public Health	23	16.5	67	47.9
Lambton Public Health	8	6.1	6	4.6
Middlesex-London Health Unit	102	20.1	114	22.5
Southwestern Public Health	51	24.1	62	29.3
Windsor-Essex County Health Unit	76	17.9	162	38.1
TOTAL SOUTH WEST	283	16.7	466	27.6
Brant County Health Unit	58	37.4	47	30.3

Public Health Unit Name	Cases reported week 45	Rate per 100,000 population Reported week 45	Cases reported week 46	Rate per 100,000 population Reported week 46
City of Hamilton Public Health Services	285	48.1	281	47.5
Haldimand-Norfolk Health Unit	26	22.8	17	14.9
Halton Region Public Health	355	57.3	347	56.1
Niagara Region Public Health	175	37.0	188	39.8
Region of Waterloo Public Health and Emergency Services	180	30.8	351	60.1
Wellington-Dufferin-Guelph Public Health	78	25.0	105	33.7
TOTAL CENTRAL WEST	1,157	40.6	1,336	46.9
TOTAL ONTARIO	7,589	51.1	10,166	68.4

**Note:** Interpret information for the most recent week with caution due to reporting lags.

### Disclaimer

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### For Further Information

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

## Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

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