

### WEEKLY EPIDEMIOLOGICAL SUMMARY

# COVID-19 in Ontario: Focus on June 27, 2021 to July 3, 2021

This report includes the most current information available from CCM as of July 6, 2021.

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

A <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.

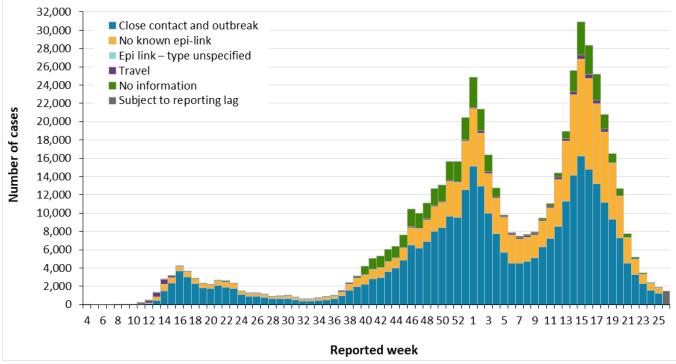
### Highlights

- There are a total of 545,980 confirmed cases of COVID-19 in Ontario with a public health unit reported date up to July 3, 2021.
- For the period with a public health unit (PHU) reported date between June 27 to July 3, 2021 (week 26):
  - A total of 1,484 cases were reported to public health compared to 1,888 cases the previous week (June 20 to 26, 2021).
  - Since week 24, the Central West region has reported the highest percentage of COVID-19 cases in Ontario. In week 26, 39.3% of all cases in the province were reported in this region. This trend is likely driven by cases reported in the Region of Waterloo, which accounts for 22.6% of all cases reported in the province during week 26.
  - While there were large disparities in rates of cases between the most (336.7 cases per 100,000) and least (80.9 cases per 100,000) ethnically diverse neighbourhoods during the peak of Wave 3 (week 15), rates of cases in week 26 are similar across all quintiles, with the least ethnically diverse neighbourhoods having a rate of 9.7, and the most ethnically diverse neighbourhood having a rate of 8.8.

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.

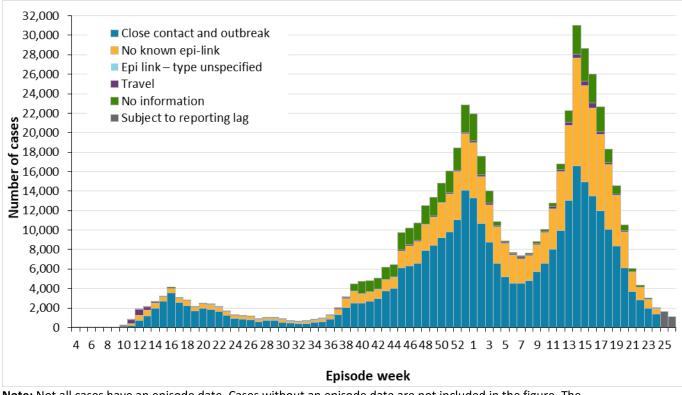
### **Cases Over Time**

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



**Note**: Include cases with reported dates ranging from week-4 (January 19 and 25, 2020) to week 26 (June 27 and July 3, 2021). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** CCM

# Figure 2. Confirmed cases of COVID-19 by likely source of acquisition and approximation of symptom onset week: Ontario



**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 26 (June 27 and July 3, 2021). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** CCM

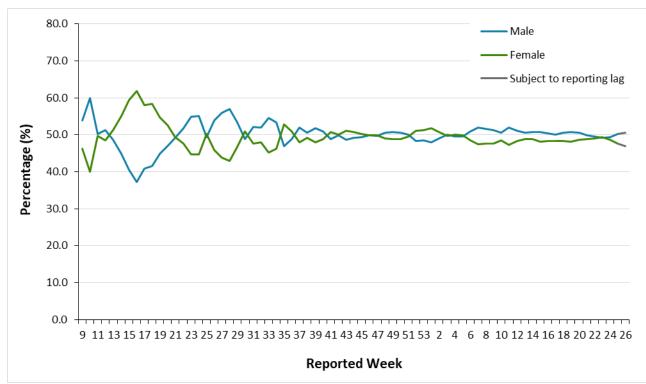
### **Case Characteristics**

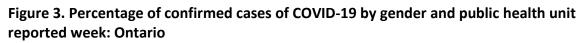
Table 1. Summary of confirmed cases of COVID-19 by public health unit reported date:Ontario

	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative case count up to July 3	Cumulative rate per 100,000 population
Total number of cases	1,888	1,484	545,980	3,673.1
Gender: Male	950	749	272,053	3,717.0
Gender: Female	898	698	270,169	3,580.7
Ages: 19 and under	463	378	87,943	2,803.9
Ages: 20-39	697	498	204,471	4,919.6
Ages: 40-59	467	360	155,798	3,956.8
Ages: 60-79	217	182	72,540	2,454.9
Ages: 80 and over	44	66	25,128	3,699.3
Number resolved	N/A	N/A	535,335	N/A

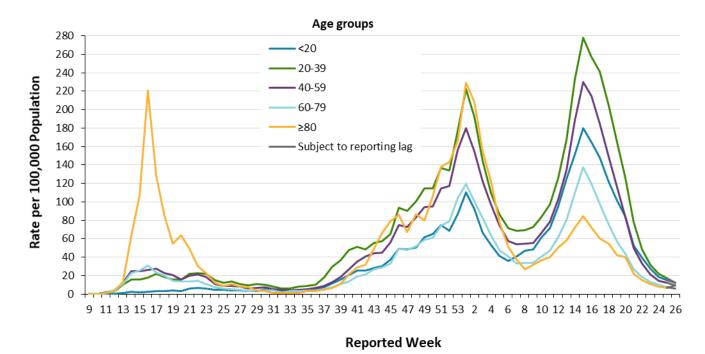
**Note:** Not all cases have an age or gender reported.

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





**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 26 (June 27 and July 3, 2021). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** CCM



# 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 26 (June 27 and July 3, 2021). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates.

Data Source: CCM

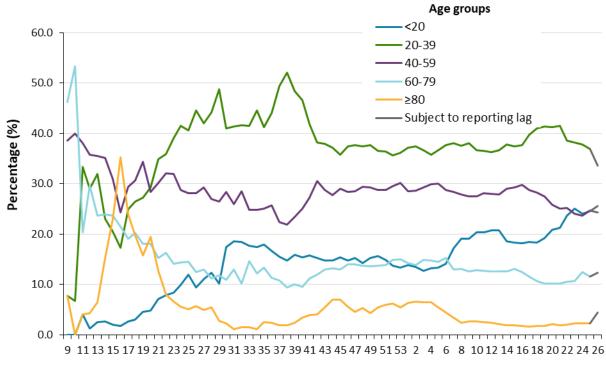


Figure 4b. Percentage of confirmed cases of COVID-19 by age group and public health unit reported week: Ontario

#### **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 26 (June 27 and July 3, 2021). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source**: CCM

### Deaths

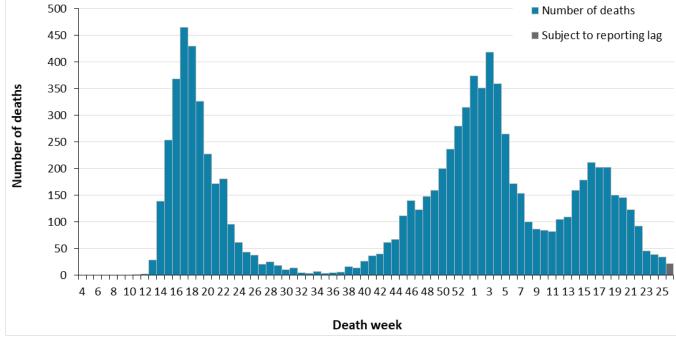


Figure 5. Deaths among confirmed cases of COVID-19 by week of death: Ontario

**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 26 (June 27 and July 3, 2021). See <u>Table 1A</u> in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source**: CCM

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

Deaths	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative case count up to July 3	Cumulative rate per 100,000 population
Number of deaths	8	7	9,224	62.1
Gender: Male	4	4	4,668	63.8
Gender: Female	4	3	4,494	59.6
Ages: 19 and under	0	0	4	0.1
Ages: 20-39	0	0	82	2.0
Ages: 40-59	2	2	583	14.8
Ages: 60-79	5	1	2,942	99.6
Ages: 80 and over	1	4	5,612	826.2

**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. **Data Source**: CCM

### Exposure

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

	Reported week 25 (June 20 to 26)	Percentage	Reported week 26 (June 27 to July 3)	Percentage	Cumulative case count up to July 3	Cumulative percentage
Travel	75	4.0%	69	4.6%	9,021	1.7%
Outbreak-associated or close contact of a confirmed case	1,214	64.3%	933	62.9%	327,494	60.0%
Epidemiological link – type unspecified	0	0.0%	0	0.0%	113	0.0%
No known epidemiological link	510	27.0%	340	22.9%	158,298	29.0%
Information missing or unknown	89	4.7%	142	9.6%	51,054	9.4%
Total	1,888		1,484		545,980	

**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. **Data Source**: CCM

### Sub-populations of interest

Health care workers	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative case count up to July 3
Number of cases	26	12	23,619
Ever hospitalized	0	1	460
Ever in ICU	0	0	97

#### 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

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

Long-term care home associated cases	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative case count up to July 3
Residents	8	22	15,427
Deaths among residents	0	2	3,973
Health care workers	1	0	7,207
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. Interpret information for the most recent week with caution due to reporting lags. **Data Source:** CCM

Table 6: Summary of cases of COVID-19 among long-term care home (LTCH) residents andhealth care workers by vaccine category: Ontario

Vaccine category	Number of resident cases	Percent of resident cases	Number of health care worker cases	Percent of health care worker cases	Total LTCH cases	Percent of LTCH cases
Breakthrough	90	13.8%	30	8.5%	120	11.9%
Partially vaccinated	160	24.5%	83	23.4%	243	24.1%
Not yet protected	403	61.7%	242	68.2%	645	64.0%
Total post- vaccination cases	653		355		1,008	

**Note:** Include cases reported from December 14, 2020 to July 5, 2021. The number of LTCH residents and healthcare workers that have received at least one dose of vaccine can be found in the latest version of the <u>COVID-19</u> <u>Vaccine Uptake in Ontario report</u>.

Data Source: CCM/COVaxON

#### Table 7: Summary of cases of COVID-19 among school aged children by age group: Ontario

	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative case count from August 30 up to July 3
Ages: 4-8	112	99	16,267
Ages: 9-13	113	91	20,372
Ages: 14-17	102	82	20,727

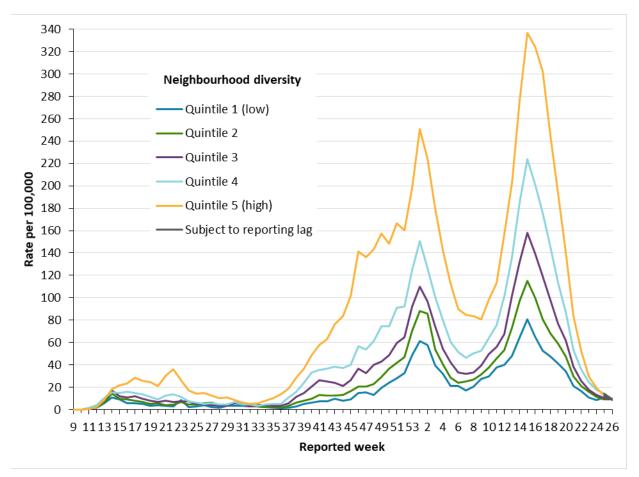
**Note:** Interpret information for the most recent week with caution due to reporting lags. Includes all confirmed cases of COVID-19 for specified ages, regardless of school attendance. Cumulative counts include cases of COVID-19 reported starting week-36 (August 30 to September 5, 2020). **Data Source:**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

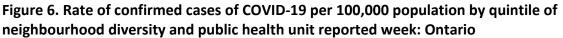
Data Source: CCIVI

# Table 8: Summary of reinfection cases of COVID-19 by age group and public health unit reported week: Ontario

Age Group	Reported Week 25 (June 20 to 26)	Reported Week 26 (June 27 to July 3)	Cumulative count from November 1 up to July 3	Percent of reinfection cases
Ages: 19 and under	3	0	33	14.2%
Ages: 20-39	3	1	104	44.6%
Ages: 40-59	1	1	70	30.0%
Ages: 60-79	1	0	19	8.2%
Ages: 80 and over	0	0	7	3.0%
Total reinfection cases	8	2	233	

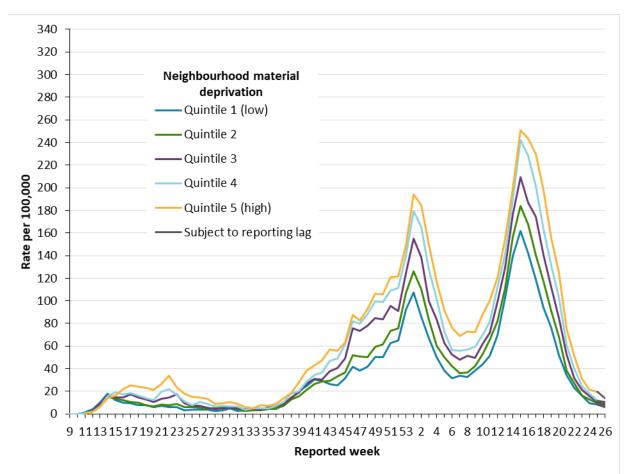
**Note:** Cases identified as reinfections meeting the <u>provincial definition</u> as indicated by public health units selecting the reinfection checkbox. Cumulative counts include cases of COVID-19 reinfection reported starting week-45 (November 1 to 7, 2020). Not all cases have a reported age or gender. 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

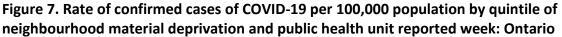




**Note:** Neighbourhood diversity is measured using the ethnic concentration dimension of the Ontario Marginalization Index. The ethnic concentration dimension is based on the proportion of non-white and non-Indigenous residents and/or the proportion of immigrants that arrived in Canada within the past five years. 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 weeks 9 (February 23 to 29, 2020) to week 26 (June 27 to July 3, 2021). As of June 8, all rate denominators were changed to the 2021 OHIP RPDB population, and as a result, rates shown here may differ from previous reports. See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates.

Data Source: CCM, Ontario Marginalization Index





**Note:** Neighbourhood material 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. 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 weeks 9 (February 23 to 29, 2020) to week 26 (June 27 to July 3, 2021). As of June 8, all rate denominators were changed to the 2021 OHIP RPDB population, and as a result, rates shown here may differ from previous reports. See Table 1A in Appendix A for a list of the weeks and corresponding start and end dates. **Data Source:** CCM, Ontario Marginalization Index

Table 9: Summary of cases of COVID-19 by quintile of neighbourhood diversity and publichealth unit reported week: Ontario

	Cases Reported Week 25 (June 20 to 26)	Cases Reported Week 26 (June 27 to July 3)	Cumulative case count up to July 3	Cumulative rate per 100,000 population up to July 3
Quintile 1 (least diverse)	244	215	28,341	1,275.9
Quintile 2	222	221	42,801	1,807.4
Quintile 3	263	242	63,658	2,455.8
Quintile 4	442	292	109,552	3,502.7
Quintile 5 (most diverse)	554	379	260,177	6,019.4

**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. Cumulative counts and rates include cases of COVID-19 reported starting week 9 (February 23 to 29, 2020). **Data Source:** CCM, Ontario Marginalization Index

Table 10: Summary of cases of COVID-19 by quintile of neighbourhood material deprivation
and public health unit reported week: Ontario

	Cases Reported Week 25 (June 20 to 26)	Cases Reported Week 26 (June 27 to July 3)	Cumulative case count up to July 3	Cumulative rate per 100,000 population up to July 3
Quintile 1 (least material deprivation)	286	214	84,199	2,443.3
Quintile 2	299	233	88,656	2,855.6
Quintile 3	302	251	97,873	3,529.6
Quintile 4	311	279	107,595	4,094.9
Quintile 5 (most material deprivation)	527	372	126,206	4,709.2

**Note:** Neighbourhood material 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. Cumulative counts and rates include cases of COVID-19 reported starting week 9 (February 23 to 29, 2020).

Data Source: CCM, Ontario Marginalization Index

### Geography

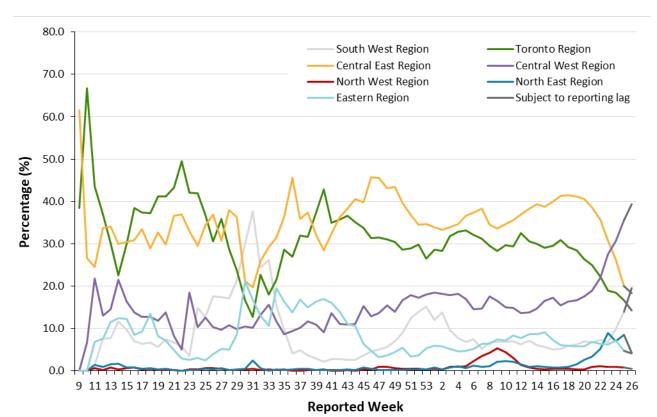
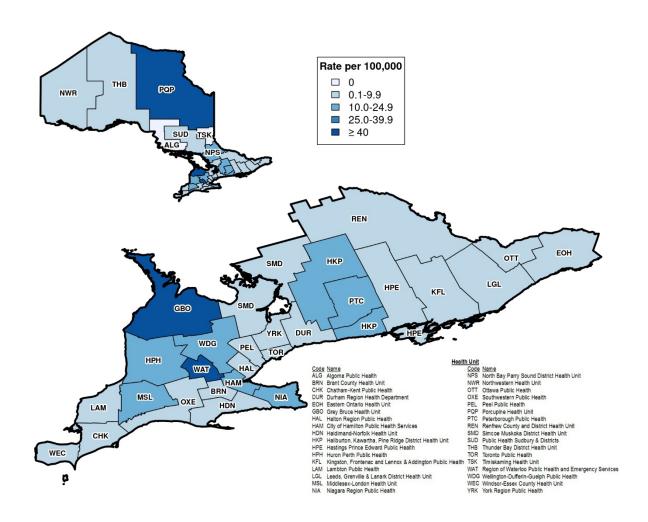


Figure 8. Percentage of COVID-19 cases by geographic region and public health unit reported week: Ontario

**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 26 (June 27 and July 3, 2021). <u>Table 2A</u> in Appendix A has a listing of public health units by region. **Data Source**: CCM

Figure 9. Rate of confirmed cases of COVID-19 in public health reported week 26 (June 27 to July 3, 2021) by public health unit: Ontario



Note: The provincial rate of confirmed cases of COVID-19 reported in week 26 was 10.0 cases per 100,000 population. Data Source: CCM

### **Outbreaks**

Setting Type	Reported week 26 (June 27 to July 3)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to July 3
Congregate Care	8	18	2,934
Long-term care homes	2	4	1,486
Retirement homes	1	3	872
Hospitals	5	11	576
Congregate Living	2	13	1,296
Correctional facility	0	4	58
Shelter	0	4	265
Group Home/supportive housing	2	2	769
Short-term accommodations	0	1	37
Congregate other	0	2	167
Education	1	8	2,432
Child care	1	6	994
School – Elementary*	0	1	1,071
School – Elementary/secondary*	0	0	64
School – Secondary*	0	1	257
School – Post-secondary*	0	0	46
Other settings	20	50	4,155
Bar/restaurant/nightclub	1	1	328

#### Table 11. Number of public health unit declared COVID-19 outbreaks by setting type: Ontario

Medical/health services

Personal service settings

**Recreational fitness** 

Setting Type	Reported week 26 (June 27 to July 3)	Number of ongoing outbreaks	Cumulative number of outbreaks reported to July 3
Retail	1	1	458
Other recreation/community	4	9	212
Workplace – Farm	2	3	213
Workplace - Food processing	1	2	273
Other types of workplaces	6	24	2,369
Other	3	5	7
Unknown	1	3	24
Total number of outbreaks	31	89	10,817

**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 CCM without a 'Declared Over Date' recorded or where the outbreak start date (determined by the onset date of first case, or if missing the reported date, or if missing the created date) is more than 5 months from the current date, even for outbreaks where the outbreak status value selected in CCM is 'OPEN'. 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, manufacturing facilities, mines and construction sites, etc. Other recreation/community 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. Outbreaks in settings outside of Ontario are excluded from all outbreak counts. **Data Source:** CCM

# Table 12. Confirmed cases of COVID-19 associated with COVID-19 outbreaks by setting type and public health unit reported week: Ontario

Cases associated with the outbreak setting type	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative number of cases
Congregate Care	39	57	39,924
Long-term care homes	13	26	26,276
Retirement homes	3	17	7,301
Hospitals	23	14	6,347
Congregate Living	58	38	9,809
Correctional facility	35	9	1,749
Shelter	5	10	2,774
Group Home/supportive housing	3	16	3,614
Short-term accommodations	5	3	209
Congregate other	10	0	1,463
Education	18	3	10,354
Child care	16	3	4,074
School – Elementary*	0	0	4,433
School – Elementary/secondary*	0	0	338
School – Secondary*	2	0	1,096
School – Post-secondary*	0	0	413
Other settings	122	92	33,124
Bar/restaurant/nightclub	4	0	1,413
Medical/health services	1	0	662
Personal service settings	0	0	107
Recreational fitness	5	6	721
Retail	4	1	2,415

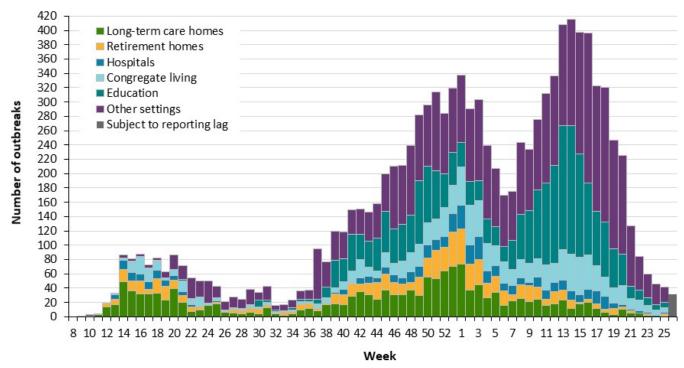
Cases associated with the outbreak setting type	Reported week 25 (June 20 to 26)	Reported week 26 (June 27 to July 3)	Cumulative number of cases
Other recreation/community	7	7	2,866
Workplace - Farm	1	2	3,058
Workplace - Food processing	1	17	3,559
Other types of workplaces	81	45	18,142
Other	11	8	32
Unknown	7	6	149
Total number of cases	237	190	93,211

**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, manufacturing facilities, mines, and construction sites, etc. Other recreation/community 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. Cases associated with outbreaks outside of Ontario are excluded from case counts in this table.

Data Source: CCM

# Figure 10. 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 26 refers to June 27 and July 3, 2021. Congregate living include group homes, shelters, correctional facilities, etc. Other settings include outbreaks within workplaces, childcare, schools, restaurants, recreation etc. **Data Source:** CCM

### Variant COVID-19 Cases

# Table 13. Summary of confirmed COVID-19 cases with a mutation or VOC detected by age group and gender: Ontario

	Lineage B.1.1.7 (Alpha)*	Lineage B.1.351 (Beta)**	Lineage P.1 (Gamma)* **	Lineage B.1.617.2 (Delta)†	Mutations‡	Mutation not detected§	Cumulative case count as of July 3, 2021
Gender: Male	72,840	695	2,407	1,144	12,665	6,103	95,854
Gender: Female	70,505	720	2,211	1,048	11,635	5,944	92,063
Ages: 19 and under	27,361	230	807	400	4,944	2,248	35,990
Ages: 20-39	54,772	462	1,703	955	9,507	4,590	71,989
Ages: 40-59	42,243	463	1,414	581	6,759	3,388	54,848
Ages: 60-79	17,185	224	598	234	2,904	1,571	22,716
Ages: 80 and over	2,750	41	128	52	474	352	3,797

**Note:** Not all cases have an 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 for cases with a B.1.1.7 (Alpha), B.1.351 (Beta), P.1 (Gamma) and B.1.617.2 (Delta) lineage detected or a mutation 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 (Alpha) was identified by genomic analysis and those presumed to be B.1.1.7 based on a positive N501Y and negative E484K mutation in the Investigation Subtype field. \*\*Includes B.1.351 (Beta) cases identified by genomic analysis and those presumed to be B.1.351 based on 'Mutation K417N+ and N501Y+ and E484K+' in the Investigation Subtype field.

\*\*\*Includes P.1 (Gamma) cases identified by genomic analysis and those presumed to be P.1 based on 'Mutation K417T+ and N501Y+ and E484K+' in the Investigation Subtype field.

<sup>+</sup>Includes B.1.617.2 (Delta) cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

<sup>‡</sup>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).

§Includes cases identified as 'Mutation not detected' or 'Mutation N501Y- and E484K-' in the Investigation Subtype field only.

Data Source: CCM

	Lineage B.1.1.7 (Alpha) *	%	Lineage B.1.351 (Beta)**	%	Lineage P.1 (Gamm a)***	%	Lineage B.1.617.2 (Delta)†	%	Mutations ‡	%	Cumulative case count up to July 3, 2021	Cumulative percentage
Travel	787	0.5%	31	2.2%	52	1.1%	103	4.6%	314	1.3%	1,287	0.7%
Outbreak- associated or close contact of a confirmed case	79,893	55.4%	911	64.2%	2,940	63.2%	1,408	63.4%	16,030	65.2%	101,182	57.1%
Epidemiologic al link – type unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No known epidemiologic al link	51,786	35.9%	387	27.3%	1,449	31.2%	650	29.3%	7,099	28.9%	61,371	34.6%
Information missing or unknown	11,857	8.2%	91	6.4%	209	4.5%	61	2.7%	1,148	4.7%	13,366	7.5%
Total	144,323		1,420		4,650		2,222		24,591		177,206	

Table 14. Summary of confirmed COVID-19 cases with a mutation or VOC detected by likely source of acquisition: Ontario

**Note:** Information for how cases are grouped within each category is available in the technical notes. Data for cases with a B.1.1.7 (Alpha), B.1.351 (Beta), and P.1 (Gamma) lineage detected are determined using the Investigation Subtype field only.

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

\*\*Includes B.1.351 (Beta) cases identified by genomic analysis and those presumed to be B.1.351 based on 'Mutation K417N+ and N501Y+ and E484K+' in the Investigation Subtype field.

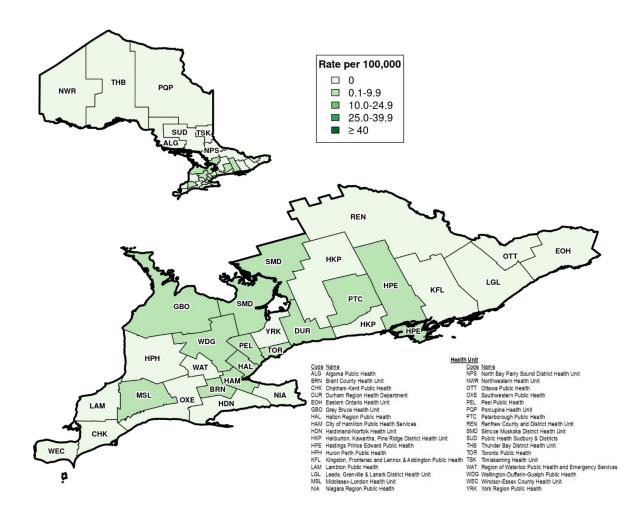
\*\*\*Includes P.1 (Gamma) cases identified by genomic analysis and those presumed to be P.1 based on 'Mutation K417T+ and N501Y+ and E484K+' in the Investigation Subtype field.

+Includes B.1.617.2 (Delta) cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

\*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)

Data Source: CCM

Figure 11. Rates of confirmed cases of COVID-19 with lineage B.1.617.2 (Delta)\* detected in public health reported week 26 (June 27 to July 3, 2021) by public health unit: Ontario



**Note**: The provincial rate of confirmed cases of COVID-19 with lineage B.1.617.2 (Delta)\* reported in week 26 was 0.4 cases per 100,000 population. Data for cases with a B.1.617.2\* lineage 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 B.1.617.2 (Delta) cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

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 July 6, 2021 at 1 p.m. for cases reported from February 1, 2021 onwards and as of July 5, 2021 at 9 a.m. for cases reported up January 31, 2021.
  - VOC data was successfully extracted from CCM for all PHUs by PHO as of July 6, 2021 at 1 p.m. for cases reported from April 1, 2021 onwards and as of July 5, 2021 at 9 a.m. for cases reported up to March 31, 2021.
  - COVID-19 vaccination data were based on information successfully extracted from the Ontario Ministry of Health's COVaxON application as of July 5, 2021 at approximately 7
     a.m. COVaxON data was subsequently linked to COVID-19 case data based on information successfully extracted from the Public Health Case and Contact Management Solution (CCM) for all PHUs by PHO as of July 5, 2021 at 1 p.m.
- CCM and COVaxON are dynamic disease reporting systems, which allow ongoing updates to data previously entered. As a result, data extracted from CCM and COVaxON 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 Plus (PCCF+), version 7B.
- The health equity (neighbourhood-level diversity and material deprivation) analyses use data from the 2016 Ontario Marginalization Index (ON-Marg), and population counts from the Ontario Health Insurance Plan (OHIP) Registered Person Database (RPDB) as of May 1, 2021 (provided by the Institute for Clinical Evaluative Sciences [ICES]):
  - 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.
  - Chung H, Fung K, Ishiguro L, Paterson M, et al. Characteristics of COVID-19 diagnostic test recipients, Applied Health Research Questions (AHRQ) # 2021 0950 080 000. Toronto: Institute for Clinical Evaluative Sciences; 2020.

#### Data Caveats and Methods: Case Data

- The data represent case and vaccination information reported to public health units and recorded in CCM or COVaxON. 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.

- Only cases meeting the confirmed case classification as listed in the <u>MOH Case Definition</u> <u>Coronavirus Disease (COVID-19) document</u> are included in the report counts from CCM. This includes persons with:
  - laboratory confirmation by a validated NAAT assay
  - a validated point-of-care (POC) assay deemed acceptable to provide a final result
  - a validated laboratory-based serological assay SARS-CoV-2
- Cases of confirmed reinfection, as defined in the provincial case definitions, are counted as unique investigations. Reinfection cases include cases for persons (CCM clients) with two or more confirmed case investigations where the case investigations after the first one have the reinfection checkbox marked as 'Yes'.
- Case classification information may be updated for individuals with a positive result issued from a point-of-care assays.
- 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.
- 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 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.
- 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. 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 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.
- 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 CCM as 'Open' and without a 'Declared Over Date' recorded. Closed outbreaks are 'Closed' or have a 'Declared Over Date' recorded in CCM or where the outbreak start date (determined by the onset date of first case, or if missing the reported date, or if missing the created date) is more than 5 months from the current date, even for outbreaks where the outbreak status value selected in CCM is 'OPEN'.
- 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).
- Public Health Ontario conducts testing and genomic analyses for SARS-CoV-2 positive specimens using the criteria outlined here: <u>https://www.publichealthontario.ca/en/laboratory-</u> <u>services/test-information-index/covid-19-voc</u>
- Lineage nomenclature is dynamic. PANGO lineage naming and assignment may change as more samples are sequenced and analyzed.
- Variant status may be updated based on scientific evidence. Variants designated as a VOC in Canada is available on the <u>Public Health Agency of Canada's SARS-CoV-2 Variants webpage</u>.
- 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 (alpha). 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. 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.

• 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 (Alpha), B.1.351 (Beta), P.1 (Gamma) and B.1.617.2 (Delta)].

#### Data Caveats and Methods: COVaxON

- Linking COVaxON and CCM data is dependent on availability of personal identifiers reported in both databases. For example, if a client was reported in both COVaxON and CCM, but personal identifiers (e.g. such as health card number, date of birth) were not available, then sufficient information would not have been available to identify the client and the client would not have been included in the linkage.
- The following COVID-19 cases were excluded from the primary analysis as the timing of infection (i.e. date of symptom onset) relative to vaccination (i.e. date of dose administration) could not be determined.
  - Cases reported as asymptomatic and where no symptom information was reported.
  - Cases were no symptoms onset date was reported.
  - Cases reported as re-positive or remote positive.
    - Re-positive cases are defined as cases that test positive again after a negative test result based on an approved method or after being cleared/resolved (based on either time from symptom onset or having two negative tests). This may include cases that were asymptomatic at the time of the initial positive result and later developed symptoms which lead to subsequent testing. As a result, the timing of infection may be unclear.
    - Remote positive cases are defined as asymptomatic positive cases with a low pretest probability (e.g., no epidemiologic link to a confirmed case or an outbreak) and a repeat test that is negative. For these cases, the timing of infection may be unclear.
- The definitions for partially vaccinated and breakthrough cases used in this report were modelled after proposed national definitions, and do not necessarily align with those used in other jurisdictions. Further, the definitions may be revised over time.
  - **Cases not yet protected by vaccination:** Individuals with a symptom onset date that was 0 to <14 days following the first dose of a COVID-19 vaccine. This time period from vaccination is not sufficient to develop immunity, therefore these cases are not considered protected from vaccination.
  - Partially vaccinated case: Individuals with a symptom onset date that was 14 or more days following the first dose of a COVID-19 vaccine or 0 to <14 days after receiving the second dose of a 2-dose COVID-19 vaccine series. This time period from vaccination may be sufficient to develop some degree of immunity, but these cases are not considered fully

protected as they have not yet received the second dose or have only recently received the second dose.

- Breakthrough (i.e., fully vaccinated) case: Cases with a symptom onset date that was 14 or more days following receipt of the second dose of a 2-dose COVID-19 vaccine series or 14 or more days following the first dose of a COVID-19 vaccine product with a 1-dose schedule. These cases are considered fully protected from vaccination, however, as VE is not 100%, it is expected that a small number of cases will occur following complete vaccination.
- For breakthrough cases, the time interval between doses was not assessed to determine if the second dose was administered as per the product-specific recommended minimum interval.

#### 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 material 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). Cases were
  probabilistically matched to a DA based on their postal code using Statistics Canada's PCCF+
  version 7B file, and 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 institutional and congregate 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 institutional and congregate setting 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.
- Population counts used in rate denominators were provided by ICES. Individuals alive and eligible for the Ontario Health Insurance Plan (OHIP) as of January 1st, 2021 using the OHIP RPDB were included.
  - Individuals residing in long-term care (LTC) homes were excluded. Recent health care transaction records (e.g., OHIP physician billings, Ontario Drug Benefit [ODB] Plan claims) and Resident Assessment Instrument (RAI) assessments from the Continuing Care Reporting System (CCRS) were used to identify individuals residing in a LTC home near the period prior to the index date.
  - Postal codes were assigned to individuals according to the most recent residential address available in the OHIP RPDB.
- This work is supported by the Applied Health Research Questions (AHRQ) Portfolio at ICES, which is funded by the Ontario Ministry of Health, and Ontario Health Data Platform (OHDP), a Province of Ontario initiative to support Ontario's ongoing response to COVID-19 and its related impacts. Parts of this material are based on data and information compiled and provided by the Ontario Ministry of Health. The analyses, conclusions, opinions and statements expressed herein are solely those of the authors and do not reflect those of ICES, the OHDP or the funding or data sources; no endorsement is intended or should be inferred. For more information on AHRQ and how to submit a request, please visit www.ices.on.ca/DAS/AHRQ.

### 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	147	179
12	March 15, 2020	March 21, 2020	445	624
13	March 22, 2020	March 28, 2020	1,326	1,950
14	March 29, 2020	April 4, 2020	2,798	4,748
15	April 5, 2020	April 11, 2020	3,167	7,915
16	April 12, 2020	April 18, 2020	4,265	12,180
17	April 19, 2020	April 25, 2020	3,651	15,831
18	April 26, 2020	May 2, 2020	2,903	18,734
19	May 3, 2020	May 9, 2020	2,352	21,086
20	May 10, 2020	May 16, 2020	2,222	23,308
21	May 17, 2020	May 23, 2020	2,616	25,924
22	May 24, 2020	May 30, 2020	2,610	28,534
23	May 31, 2020	June 6, 2020	2,304	30,838

#### 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
24	June 7, 2020	June 13, 2020	1,472	32,310
25	June 14, 2020	June 20, 2020	1,228	33,538
26	June 21, 2020	June 27, 2020	1,250	34,788
27	June 28, 2020	July 4, 2020	1,085	35,873
28	July 5, 2020	July 11, 2020	869	36,742
29	July 12, 2020	July 18, 2020	931	37,673
30	July 19, 2020	July 25, 2020	992	38,665
31	July 26, 2020	August 1, 2020	807	39,472
32	August 2, 2020	August 8, 2020	594	40,066
33	August 9, 2020	August 15, 2020	610	40,676
34	August 16, 2020	August 22, 2020	730	41,406
35	August 23, 2020	August 29, 2020	851	42,257
36	August 30, 2020	September 5, 2020	976	43,233
37	September 6, 2020	September 12, 2020	1,503	44,736
38	September 13, 2020	September 19, 2020	2,373	47,109
39	September 20, 2020	September 26, 2020	3,121	50,230
40	September 27, 2020	October 3, 2020	4,223	54,453
41	October 4, 2020	October 10, 2020	5,037	59,490
42	October 11, 2020	October 17, 2020	5,277	64,767
43	October 18, 2020	October 24, 2020	6,037	70,804
44	October 25, 2020	October 31, 2020	6,387	77,191
45	November 1, 2020	November 7, 2020	7,610	84,801
46	November 8, 2020	November 14, 2020	10,431	95,232
47	November 15, 2020	November 21, 2020	9,989	105,221
48	November 22, 2020	November 28, 2020	11,134	116,355

Reported Week	Start date	End date	Number of cases	Cumulative count
49	November 29, 2020	December 5, 2020	12,684	129,039
50	December 6, 2020	December 12, 2020	13,057	142,096
51	December 13, 2020	December 19, 2020	15,654	157,750
52	December 20, 2020	December 26, 2020	15,631	173,381
53	December 27, 2020	January 2, 2021	20,446	193,827
1	January 3, 2021	January 9, 2021	24,867	218,694
2	January 10, 2021	January 16, 2021	21,381	240,075
3	January 17, 2021	January 23, 2021	16,399	256,474
4	January 24, 2021	January 30, 2021	12,763	269,237
5	January 31, 2021	February 6, 2021	9,779	279,016
6	February 7, 2021	February 13, 2021	7,896	286,912
7	February 14, 2021	February 20, 2021	7,455	294,367
8	February 21, 2021	February 27, 2021	7,678	302,045
9	February 28, 2021	March 6, 2021	7,930	309,975
10	March 7, 2021	March 13, 2021	9,476	319,451
11	March 14, 2021	March 20, 2021	11,026	330,477
12	March 21, 2021	March 27, 2021	14,384	344,861
13	March 28, 2021	April 3, 2021	18,941	363,802
14	April 4, 2021	April 10, 2021	25,571	389,373
15	April 11, 2021	April 17, 2021	30,894	420,267
16	April 18, 2021	April 24, 2021	28,332	448,599
17	April 25, 2021	May 1, 2021	25,206	473,805
18	May 2, 2021	May 8, 2021	20,753	494,558
19	May 9, 2021	May 15, 2021	16,520	511,078
20	May 16, 2021	May 22, 2021	12,654	523,732

COVID-19 in Ontario: Focus on June 27, 2021 to July 3, 2021

Reported Week	Start date	End date	Number of cases	Cumulative count
21	May 23, 2021	May 29, 2021	7,765	531,497
22	May 30, 2021	June 5, 2021	5,209	536,706
23	June 6, 2021	June 12, 2021	3,482	540,188
24	June 13, 2021	June 19, 2021	2,420	542,608
25	June 20, 2021	June 26, 2021	1,888	544,496
26	June 27, 2021	July 3, 2021	1,484	545,980

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

Public Health Unit Name	Cases reported week 25	Rate per 100,000 population Reported week 25	Cases reported week 26	Rate per 100,000 population Reported week 26
Northwestern Health Unit	6	6.8	5	5.7
Thunder Bay District Health Unit	7	4.7	1	0.7
TOTAL NORTH WEST	13	5.5	6	2.5
Algoma Public Health	1	0.9	0	0.0
North Bay Parry Sound District Health Unit	62	47.8	20	15.4
Porcupine Health Unit	73	87.5	38	45.5
Public Health Sudbury & Districts	24	12.1	6	3.0
Timiskaming Health Unit	0	0.0	0	0.0
TOTAL NORTH EAST	160	28.6	64	11.4
Ottawa Public Health	75	7.1	43	4.1
Eastern Ontario Health Unit	4	1.9	1	0.5
Hastings Prince Edward Public Health	1	0.6	4	2.4
Kingston, Frontenac and Lennox & Addington Public Health	3	1.4	5	2.4
Leeds, Grenville & Lanark District Health Unit	3	1.7	2	1.2
Renfrew County and District Health Unit	4	3.7	5	4.6
TOTAL EASTERN	90	4.7	60	3.1
Durham Region Health Department	58	8.1	43	6.0

Public Health Unit Name	Cases reported week 25	Rate per 100,000 population Reported week 25	Cases reported week 26	Rate per 100,000 population Reported week 26
Haliburton, Kawartha, Pine Ridge District Health Unit	13	6.9	25	13.2
Peel Public Health	191	11.9	109	6.8
Peterborough Public Health	9	6.1	17	11.5
Simcoe Muskoka District Health Unit	36	6.0	30	5.0
York Region Public Health	70	5.7	47	3.8
TOTAL CENTRAL EAST	377	8.4	271	6.0
Toronto Public Health	314	10.1	211	6.8
TOTAL TORONTO	314	10.1	211	6.8
Chatham-Kent Public Health	3	2.8	5	4.7
Grey Bruce Health Unit	130	76.5	163	95.9
Huron Perth Public Health	11	7.9	15	10.7
Lambton Public Health	40	30.5	12	9.2
Middlesex-London Health Unit	33	6.5	55	10.8
Southwestern Public Health	12	5.7	14	6.6
Windsor-Essex County Health Unit	35	8.2	25	5.9
TOTAL SOUTH WEST	264	15.6	289	17.1
Brant County Health Unit	14	9.0	5	3.2
City of Hamilton Public Health Services	100	16.9	75	12.7
Haldimand-Norfolk Health Unit	8	7.0	6	5.3
Halton Region Public Health	46	7.4	55	8.9

Public Health Unit Name	Cases reported week 25	Rate per 100,000 population Reported week 25	Cases reported week 26	Rate per 100,000 population Reported week 26
Niagara Region Public Health	66	14.0	57	12.1
Region of Waterloo Public Health and Emergency Services	386	66.1	336	57.5
Wellington-Dufferin-Guelph Public Health	50	16.0	49	15.7
TOTAL CENTRAL WEST	670	23.5	583	20.5
TOTAL ONTARIO	1,888	12.7	1,484	10.0

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

 Table 3A. Confirmed COVID-19 variants of concern by public health unit and region: Ontario

Public Health Unit Name	Cumulative case count up to July 3 for Lineage B.1.1.7 (Alpha)*	Cumulative case count up to July 3 for Lineage B.1.351 (Beta)**	Cumulative case count up to July 3 for Lineage P.1 (Gamma)***	Cumulative case count up to July 3 for Lineage B.1.617.2 (Delta)†	Cumulative count up to July 3 for Mutations‡
Northwestern Health Unit	57	0	1	0	16
Thunder Bay District Health Unit	104	0	2	5	74
TOTAL NORTH WEST	161	0	3	5	90
Algoma Public Health	68	0	12	2	28
North Bay Parry Sound District Health Unit	230	28	2	9	13
Porcupine Health Unit	1,066	2	0	35	8
Public Health Sudbury & Districts	617	11	5	1	341
Timiskaming Health Unit	83	1	0	0	0
TOTAL NORTH EAST	2,064	42	19	47	390
Ottawa Public Health	6,687	489	50	18	478
Eastern Ontario Health Unit	648	44	17	2	273
Hastings Prince Edward Public Health	77	0	8	2	406
Kingston, Frontenac and Lennox & Addington Public Health	439	2	35	3	129
Leeds, Grenville & Lanark District Health Unit	293	19	0	0	41
Renfrew County and District Health Unit	230	8	7	1	13

COVID-19 in Ontario: Focus on June 27, 2021 to July 3, 2021

Public Health Unit Name	Cumulative case count up to July 3 for Lineage B.1.1.7 (Alpha)*	Cumulative case count up to July 3 for Lineage B.1.351 (Beta)**	Cumulative case count up to July 3 for Lineage P.1 (Gamma)***	Cumulative case count up to July 3 for Lineage B.1.617.2 (Delta)†	Cumulative count up to July 3 for Mutations‡
TOTAL EASTERN	8,374	562	117	26	1,340
Durham Region Health Department	9,502	65	261	56	1,210
Haliburton, Kawartha, Pine Ridge District Health Unit	443	0	18	33	312
Peel Public Health	30,583	134	1,413	531	3,571
Peterborough Public Health	617	4	7	11	161
Simcoe Muskoka District Health Unit	3,848	31	159	62	834
York Region Public Health	15,864	79	468	72	2,696
TOTAL CENTRAL EAST	60,857	313	2,326	765	8,784
Toronto Public Health	45,420	373	1,484	443	7,993
TOTAL TORONTO	45,420	373	1,484	443	7,993
Chatham-Kent Public Health	123	5	14	0	100
Grey Bruce Health Unit	308	0	5	53	58
Huron Perth Public Health	234	0	11	18	67
Lambton Public Health	435	0	17	13	128
Middlesex-London Health Unit	3,359	2	96	25	187
Southwestern Public Health	660	2	15	15	164
Windsor-Essex County Health Unit	1,829	5	17	3	131

Public Health Unit Name	Cumulative case count up to July 3 for Lineage B.1.1.7 (Alpha)*	Cumulative case count up to July 3 for Lineage B.1.351 (Beta)**	Cumulative case count up to July 3 for Lineage P.1 (Gamma)***	Cumulative case count up to July 3 for Lineage B.1.617.2 (Delta)†	Cumulative count up to July 3 for Mutations‡
TOTAL SOUTH WEST	6,948	14	175	127	835
Brant County Health Unit	665	2	88	29	495
City of Hamilton Public Health Services	4,982	65	101	85	2,084
Haldimand-Norfolk Health Unit	369	3	22	16	401
Halton Region Public Health	5,076	29	159	82	607
Niagara Region Public Health	4,233	4	17	17	1,085
Region of Waterloo Public Health and Emergency Services	3,099	12	71	520	301
Wellington-Dufferin- Guelph Public Health	2,075	1	68	60	186
TOTAL CENTRAL WEST	20,499	116	526	809	5,159
TOTAL ONTARIO	144,323	1,420	4,650	2,222	24,591

**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. Data for calculating the cumulative case count uses data from the Investigation Subtype field only. Data for cases with a B.1.1.7 (Alpha), B.1.351 (Beta), P.1 (Gamma) and B.1.617.2 (Delta) lineage detected or a mutation are determined using the Investigation Subtype field only.

\*Includes all confirmed COVID-19 cases where lineage B.1.1.7 (Alpha) was identified by genomic analysis and those presumed to be B.1.1.7 based on a positive N501Y and negative E484K mutation in the Investigation Subtype field. \*\*Includes B.1.351 (Beta) cases identified by genomic analysis and those presumed to be B.1.351 based on 'Mutation K417N+ and N501Y+ and E484K+' in the Investigation Subtype field

\*\*\*Includes P.1 (Gamma) cases identified by genomic analysis and those presumed to be P.1 based on 'Mutation K417T+ and N501Y+ and E484K+' in the Investigation Subtype field

<sup>+</sup>Includes B.1.617.2 (Delta) cases identified by genomic analysis. Mutations common to B.1.617.2 are not included in the current VOC mutation test.

<sup>‡</sup> 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)

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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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