

# **ENHANCED EPIDEMIOLOGICAL SUMMARY**

# COVID-19 in Long-Term Care Homes: Focus on January 30, 2022 to February 12, 2022

## Introduction

This report includes the most current information available from Public Health Case and Contact Management Solution (CCM) and vaccine uptake data extracted from the Ontario Ministry of Health's COVaxON application for all public health units (PHUs) in Ontario as of February 14, 2022.

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

A <u>Daily Epidemiological Summary</u>, a <u>Weekly Epidemiological Summary</u>, as well as additional <u>Enhanced</u> Epidemiological Reports are available on the Public Health Ontario website.

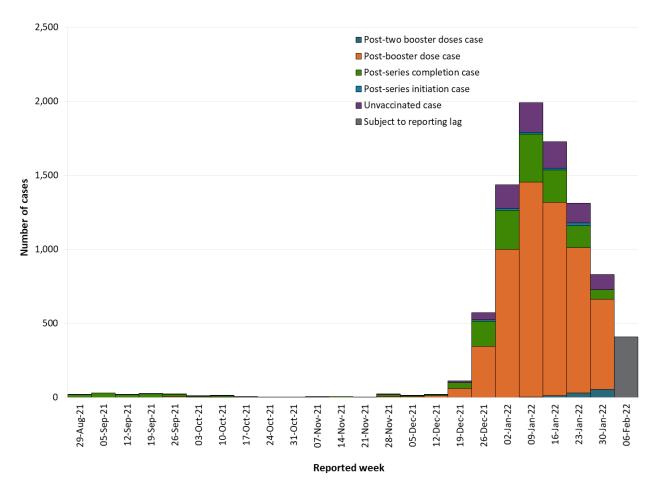
For information on COVID-19 vaccine uptake in the province and impact of the vaccination program on COVID-19 cases please refer to the <u>COVID-19 Vaccine Uptake in Ontario</u> report and the <u>Confirmed Cases of COVID-19 Following Vaccination in Ontario</u> report.

# Highlights

- A total of 8,603 confirmed COVID-19 cases were reported among Ontario's long-term care home (LTCH) residents from September 1, 2021 to February 12, 2022
- Comparing the period between January 30, 2022 to February 12, 2022 (weeks 5 and 6) to January 16, 2022 to January 29, 2022 (weeks 3 and 4):
  - The number of cases in LTCH residents was lower for the current period compared to the prior two weeks. A total of 1,239 LTCH resident COVID-19 cases were reported to public health compared to 3,041 cases.
  - There were 32 hospitalizations and 40 deaths reported among LTCH resident cases, compared to 94 hospitalizations and 121 deaths.
  - A total of 19 LTCH outbreaks were reported compared to 48 LTCH outbreaks.

## **Trends**

Figure 1: Number of confirmed COVID-19 long-term care home resident cases by vaccination status and reported week: Ontario, August 29, 2021 to February 12, 2022



**Note:** All lab-confirmed cases of COVID-19 are included (i.e., asymptomatic and symptomatic), regardless of severity of illness.

# **Case Characteristics**

Table 1: Number of confirmed COVID-19 cases among long-term care home residents and staff by vaccination status: Ontario, January 16, 2022 to February 12, 2022

| Vaccination status                                  | Reported weeks 3 and 4<br>(January 16 to January 29,<br>2022) | Reported weeks 5 and 6<br>(January 30 to February 12,<br>2022) | Cumulative case count since September 1, 2021 | Percent of cases since<br>September 1, 2021 |
|---|---|--|---|---|
| Resident: Post-two booster doses case               | 43  | 111  | 157   | 1.8%  |
| Resident: Post-booster dose case                    | 2,287   | 875  | 6,063   | 70.5%                                       |
| Resident: Post-series completion case               | 370   | 92   | 1,400   | 16.3%                                       |
| Resident: Post-series initiation case               | 27  | 7  | 70  | 0.8%  |
| Resident: Unvaccinated case                         | 314   | 154  | 913   | 10.6%                                       |
| Resident: Total                                     | 3,041   | 1,239  | 8,603   | 100.0%                                      |
| Health care worker: Post-<br>two booster doses case | 0   | 0  | 0   | 0.0%  |
| Health care worker: Post-<br>booster dose case      | 190   | 108  | 601   | 19.0%                                       |
| Health care worker: Post-<br>series completion case | 420   | 68   | 2,127   | 67.4%                                       |
| Heath care worker: Post-<br>series initiation case  | 2   | 1  | 7   | 0.2%  |

| Vaccination status                         | Reported weeks 3 and 4<br>(January 16 to January 29,<br>2022) | Reported weeks 5 and 6<br>(January 30 to February 12,<br>2022) | Cumulative case count since September 1, 2021 | Percent of cases since<br>September 1, 2021 |
|--|---|--|---|---|
| Health care worker:<br>Unvaccinated case   | 112   | 29   | 423   | 13.4%                                       |
| Health care worker: Total                  | 724   | 206  | 3,158   | 100.0%                                      |
| Non-HCW staff: Post-two booster doses case | 2   | 0  | 2   | 0.0%  |
| Non-HCW staff: Post-<br>booster dose case  | 374   | 316  | 1,174   | 23.6%                                       |
| Non-HCW staff: Post-series completion case | 758   | 184  | 3,167   | 63.7%                                       |
| Non-HCW staff: Post-series initiation case | 7   | 1  | 36  | 0.7%  |
| Non-HCW staff:<br>Unvaccinated case        | 173   | 63   | 594   | 11.9%                                       |
| Non-HCW staff: Total                       | 1,314   | 564  | 4,973   | 100.0%                                      |

**HCW:** Health care worker

**Note:** All lab-confirmed cases of COVID-19 are included (i.e., asymptomatic and symptomatic), regardless of severity of illness.

# Severity

Table 2a. Number and proportion of confirmed COVID-19 cases among long-term care home resident cases who were ever hospitalized (including ICU admissions) by vaccination status and surveillance period: Ontario, January 16, 2022 to February 12, 2022

| Vaccination<br>status             | Reported weeks 3 and 4: Number of cases ever hospitalized | Reported<br>weeks 3<br>and 4:<br>Number<br>of cases | Reported weeks 3 and 4: %* cases ever hospitalized | Reported<br>weeks 5<br>and 6:<br>Number of<br>cases ever<br>hospitalized | Reported<br>weeks 5<br>and 6:<br>Number<br>of cases | Reported<br>weeks 5<br>and 6: %*<br>cases ever<br>hospitalized | Cumulative cases ever hospitalized since September 1, 2021 | Cumulative cases since September 1, 2021 | Proportion* of cases ever hospitalized since September 1, 2021 |
|-----------------------------------|---|---|--|--|---|--|--|--|--|
| Post-two<br>booster<br>doses case | 0   | 43  | 0.0%   | 1  | 111   | 0.9%   | 1  | 157                                      | 0.6%   |
| Post-booster<br>dose case         | 67  | 2,287   | 2.9%   | 21   | 875   | 2.4%   | 191  | 6,063                                    | 3.2%   |
| Post-series completion case       | 13  | 370   | 3.5%   | 3  | 92  | 3.3%   | 77   | 1,400                                    | 5.5%   |
| Post-series initiation case       | 0   | 27  | 0.0%   | 0  | 7   | 0.0%   | 3  | 70                                       | 4.3%   |
| Unvaccinated case                 | 14  | 314   | 4.5%   | 7  | 154   | 4.5%   | 51   | 913                                      | 5.6%   |
| Total                             | 94  | 3,041   | 3.1%   | 32   | 1,239   | 2.6%   | 323  | 8,603                                    | 3.8%   |

<sup>\*</sup>Percentages were calculated using the total number of cases for each vaccination status among residents as denominators.

Weeks 3 and 4 include the dates from January 16, 2022 to January 29, 2022.

Weeks 5 and 6 include the dates from January 30, 2022 to February 12, 2022.

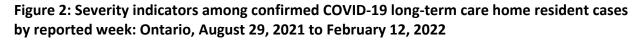
Table 2b. Number and proportion of confirmed COVID-19 cases among long-term care home resident cases who died by vaccination status and surveillance period: Ontario, January 16, 2022 to February 12, 2022

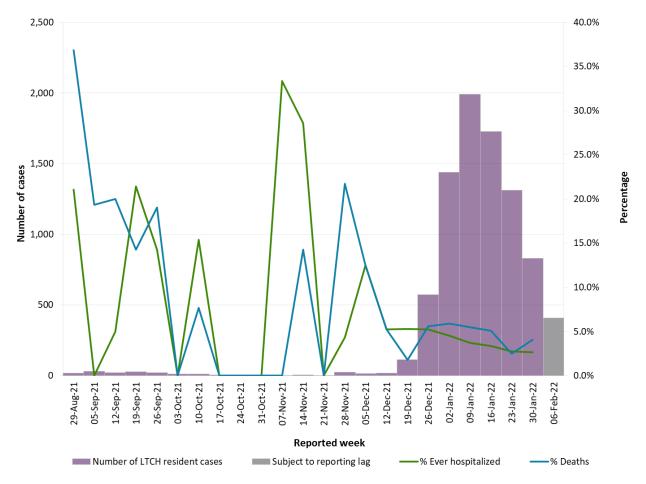
| Vaccination<br>status             | Reported<br>weeks 3<br>and 4:<br>Number of<br>cases who<br>died | Reported<br>weeks 3<br>and 4:<br>Number<br>of cases | Reported<br>weeks 3<br>and 4: %*<br>cases who<br>died | Reported<br>weeks 5<br>and 6:<br>Number of<br>cases who<br>died | Reported<br>weeks 5<br>and 6:<br>Number<br>of cases | Reported<br>weeks 5<br>and 6: %*<br>cases who<br>died | Cumulative<br>cases who<br>died since<br>September<br>1, 2021 | Cumulative cases since September 1, 2021 | Proportion* of cases who died since September 1, 2021 |
|-----------------------------------|---|---|---|---|---|---|---|--|---|
| Post-two<br>booster doses<br>case | 1   | 43  | 2.3%  | 3   | 111   | 2.7%  | 5   | 157                                      | 3.2%  |
| Post-booster dose case            | 88  | 2,287   | 3.8%  | 32  | 875   | 3.7%  | 271   | 6,063                                    | 4.5%  |
| Post-series<br>completion<br>case | 13  | 370   | 3.5%  | 1   | 92  | 1.1%  | 79  | 1,400                                    | 5.6%  |
| Post-series initiation case       | 0   | 27  | 0.0%  | 0   | 7   | 0.0%  | 2   | 70                                       | 2.9%  |
| Unvaccinated case                 | 19  | 314   | 6.1%  | 4   | 154   | 2.6%  | 63  | 913                                      | 6.9%  |
| Total                             | 121   | 3,041   | 4.0%  | 40  | 1,239   | 3.2%  | 420   | 8,603                                    | 4.9%  |

<sup>\*</sup>Percentages were calculated using the total number of cases for each vaccination status among residents as denominators.

Weeks 3 and 4 include the dates from January 16, 2022 to January 29, 2022.

Weeks 5 and 6 include the dates from January 30, 2022 to February 12, 2022.

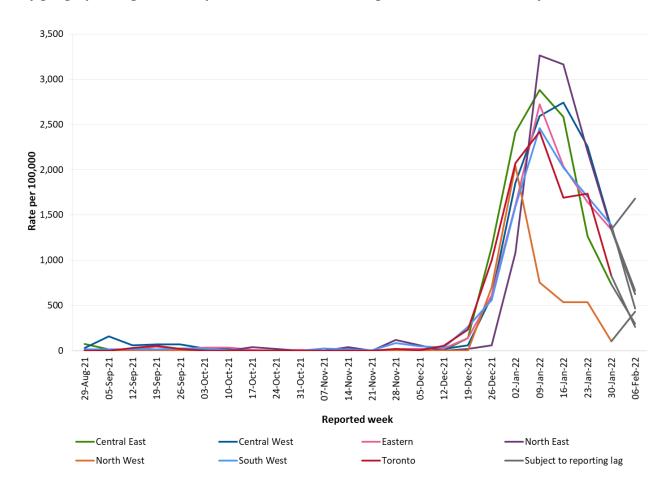




**Note:** Data for cases, cases ever hospitalized and cases that died are presented using the case reported date. The denominator for the percentage calculation is the number of cases reported that week. Ongoing follow-up of cases can result in changes to hospitalization and death percentages in subsequent reports.

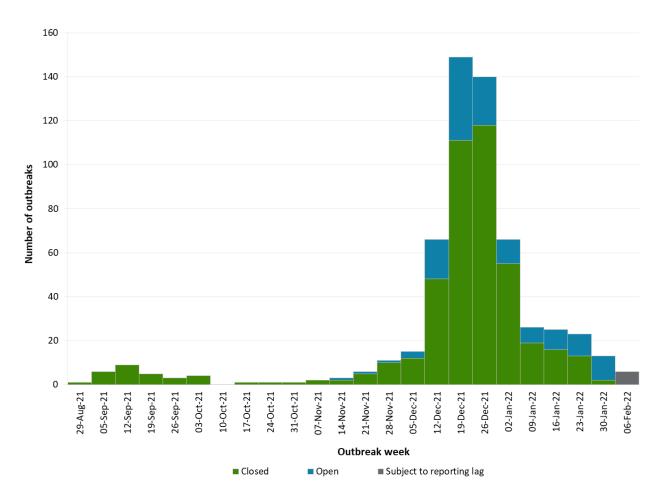
# Geography

Figure 3: Rate of confirmed COVID-19 long-term care home resident cases per 100,000 population by geographic region and reported week: Ontario, August 29, 2021 to February 12, 2022



# **Outbreaks**

Figure 4: Number of confirmed COVID-19 outbreaks in long-term care home settings by outbreak status and week: Ontario, August 29, 2021 to February 12, 2022



**Note**: Outbreak week is based on the date of onset of illness in the first case and if unavailable, the date the outbreak was reported, then the date the public health unit created the outbreak. 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'. The <u>definition</u> of a long-term care home outbreak was updated January 10, 2022.

Table 3: Summary of confirmed COVID-19 long-term care home outbreaks: Ontario, January 16, 2022 to February 12, 2022

|  | Outbreak weeks 3 and 4<br>(January 16 to January 29,<br>2022) | Outbreak weeks 5 and 6<br>(January 30 to February 12,<br>2022) | Cumulative outbreaks since September 1, 2021 |
|--|---|--|--|
| Number of confirmed outbreaks                              | 48  | 19   | 590  |
| Confirmed outbreaks with only staff cases (%)              | 1/47 (2.1%)   | 1/18 (5.6%)  | 70/586 (11.9%)                               |
| Cases* per outbreak<br>(median; interquartile range)       | 6 (3-15)  | 5.5 (4-11)   | 23.5 (8-51)                                  |
| Resident cases per outbreak (median; interquartile range)  | 3 (2-8)   | 3.5 (1-7)  | 7 (2-20)                                     |
| Staff cases per outbreak (median; interquartile range)     | 1 (0-3)   | 1 (0-2)  | 6 (1-15)                                     |
| Resident deaths per outbreak (median; interquartile range) | 0 (0-0)   | 0 (0-0)  | 0 (0-1)                                      |

<sup>\*</sup> Includes all confirmed cases linked to the confirmed outbreak, including but not limited to residents, staff, volunteers and visitors. Counts included in each category (resident, staff) may be under-reported. If data used to determine staff or resident cases were not entered in CCM, counts will only appear in the total number of cases linked to an outbreak. Outbreak week is based on the date of onset of illness in the first case and if unavailable, the date the outbreak was reported, then the date the public health unit created the outbreak.

## **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 **February 14, 2022 at 1 p.m**. for cases reported from May 1, 2021 onwards and as of **February 14, 2022 at 9 a.m**. for cases reported up April 30, 2021.
- COVID-19 vaccination data were based on information successfully extracted from the Ontario
  Ministry of Health's COVaxON application as of February 14, 2022 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 February 14, 2022 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.
- Long-term care home resident data for Q1 2021 were sourced from residential care counts provided in the Continuing Care Reporting System (CCRS) eReports as of January 12, 2022.
   Hospital based residential care counts are excluded. Parts of this material are based on data and information compiled and provided by Canadian Institute for Health Information (CIHI).
   However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of CIHI.
- Ontario population estimate data were sourced from Statistics Canada. Population estimates 2001-2020: Table 1 annual population estimates by age and sex for July 1, 2001 to 2020, health regions, Ontario [unpublished data table]. Ottawa, ON: Government of Canada; 2021 [received April 22, 2021].

#### 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.
- Provincial rates were calculated using population count data sourced from Statistics Canada as denominators. LTCH resident rates were calculated using resident care count data sourced from CCRS as denominators.
- Lags in CCM data entry due to weekend staffing may result in lower case counts than would otherwise be recorded.
- Only cases meeting the confirmed case classification as listed in the <u>MOH Case Definition</u> <u>Coronavirus Disease (COVID-19) document</u> are included in the report counts from CCM.<sup>1</sup>
- Aggregate case counts reported for long-term care home outbreaks in CCM were not used in this report.
- Cases of confirmed reinfection, as defined in the provincial case definitions, are counted as unique investigations.
- Case classification information may be updated for individuals with a positive result issued from a point-of-care assays.
- 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.
- Reported weeks were created to align with the Public Health Agency of Canada (PHAC) influenza surveillance weeks.

- '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.
- 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.
- 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.
- Data on hospital admissions, ICU admissions and deaths is likely under-reported as these events may occur after the completion of public health follow up of cases and therefore not captured in CCM.
- Recent data on hospital admissions, ICU admissions and deaths should be interpreted with caution due to lags in data entry and reporting lags.
- Hospitalization includes all cases hospitalized (or that had their hospital stay extended) because
  of COVID-19. It includes cases that have been discharged from hospital as well as cases that are
  currently hospitalized. Includes Intensive Care Unit (ICU) cases but not emergency room visits.
  Hospitalizations were identified by a reported hospital admission date or reported 'Yes' for
  hospitalization/ICU.
- 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.
  - If the date of death is missing, the outcome date field is used as a proxy for cases marked as 'Fatal' in the outcome field.
- Hospitalization data may be incomplete or missing for records where information was not gathered, reported to public health units or entered within CCM.
- Orientation of case counts by geography is based on the permanent health unit. This is
  equivalent to the diagnosing health unit (DHU) in iPHIS. 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.

- The PHUs were categorized into regions as follows:
  - Toronto: Toronto Public Health
  - Central East: Durham Region Health Department, Haliburton, Kawartha, Pine Ridge District Health Unit, Peel Public Health, Peterborough Public Health, Simcoe Muskoka District Health Unit, and York Region Public Health
  - Central West: Brant County Health Unit, City of Hamilton Public Health Services, Haldimand-Norfolk Health Unit, Halton Region Public Health, Niagara Region Public Health, Region of Waterloo Public Health and Emergency Services, and Wellington-Dufferin-Guelph Public Health
  - Eastern: Ottawa Public Health, Eastern Ontario Health Unit, Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox & Addington Public Health, Leeds, Grenville & Lanark District Health Unit, and Renfrew County and District Health Unit
  - North West: Northwestern Health Unit, Thunder Bay District Health Unit
  - North East: Algoma Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit
  - South West: Chatham-Kent Public Health, Grey Bruce Health Unit, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, and Windsor-Essex County Health Unit
- Outbreaks are declared by the local medical officer of health or their designate in accordance with the Health Protection and Promotion Act and criteria outlined in Ministry guidance documents.<sup>2</sup>
- Open 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'.
- More than one outbreak may be declared in a single location (e.g., long-term care home, retirement home or hospital) based on the assessment of the local public health unit.
- Information on LTC outbreaks reported in CCM may not match the outbreaks that are selfreported by long-term care homes to the Ministry of Long-term care due to differences in the timing of outbreak reporting or differences in outbreak declaration.

#### 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.
- Methods for processing COVaxON vaccine uptake data are described in the Technical Notes of the COVID-19 Vaccine Uptake Report
- For definitions used to describe COVID-19 infection following vaccination, please refer to <u>Confirmed Cases of COVID-19 Following Vaccination in Ontario</u>.
- For additional information and technical notes related to COVID-19 infection following vaccination, please refer to Confirmed Cases of COVID-19 Following Vaccination in Ontario.

# References

- Ontario. Ministry of Health. Case definition coronavirus disease (COVID-19) [Internet].
   Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2021 Sep 16]. Available from:
   <a href="https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019">https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019</a> case definition.pdf
- Ontario. Ministry of Health. COVID-19: guidance for the health sector [Internet]. Toronto, ON:
   Queen's Printer for Ontario; 2019 [modified 2021 Aug 26; cited 2021 Sep 16]. Available from:
   <a href="https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019">https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019</a> case definition.pdf

# **Appendix**

Table A1. Confirmed COVID-19 cases and deaths among LTCH residents, by wave: Ontario, February 26, 2020 to February 12, 2022

| Wave   | Number of LTCH<br>Resident Cases | Number of LTCH Resident<br>Cases who died | Case Fatality<br>Rate (CFR) |
|--|----------------------------------|---|-----------------------------|
| Wave 1<br>(February 26, 2020 to August<br>31, 2020)    | 6,003                            | 1,940                                     | 32.3%                       |
| Wave 2<br>(September 1, 2020 to<br>February 28, 2021)  | 9,048                            | 1,991                                     | 22%                         |
| Wave 3<br>(March 1, 2021 to July 31,<br>2021)          | 408                              | 60  | 14.7%                       |
| Wave 4<br>(August 1, 2021 to<br>December 14, 2021)     | 242                              | 44  | 18.2%                       |
| Wave 5<br>(December 15, 2021 to<br>February 12, 2022)* | 8,406                            | 390                                       | 4.6%                        |
| Total  | 24,107                           | 4,425                                     | 18.4%                       |

<sup>\*</sup>Wave 5 is ongoing and only includes cases up to February 12, 2022.

**Note:** Cases reported more recently in wave 5 may have fatal outcome after the production of this report.

Therefore, the case fatality rate for the time period of wave 5 presented here may increase.

Table A2. Confirmed COVID-19 cases and deaths among LTCH health care workers, by wave: Ontario, February 26, 2020 to February 12, 2022

| Wave   | Number of LTCH<br>HCW Cases | Number of LTCH HCW<br>Cases who died | Case Fatality<br>Rate (CFR) |
|--|-----------------------------|--------------------------------------|-----------------------------|
| Wave 1<br>(February 26, 2020 to August<br>31, 2020)    | 2,636                       | 8                                    | 0.3%                        |
| Wave 2<br>(September 1, 2020 to<br>February 28, 2021)  | 4,335                       | 2                                    | 0%                          |
| Wave 3<br>(March 1, 2021 to July 31,<br>2021)          | 364                         | 0                                    | 0%                          |
| Wave 4<br>(August 1, 2021 to December<br>14, 2021)     | 119                         | 0                                    | 0%                          |
| Wave 5<br>(December 15, 2021 to<br>February 12, 2022)* | 3,056                       | 0                                    | 0%                          |
| Total  | 10,510                      | 10                                   | 0.1%                        |

**HCW:** Health care worker

**Note:** Cases reported more recently in wave 5 may have fatal outcome after the production of this report.

Therefore, the case fatality rate for the time period of wave 5 presented here may increase.

Table A3. Reported week and corresponding start and end dates

| Reported week | Start date         | End date           |
|---------------|--------------------|--------------------|
| 35            | August 29, 2021    | September 4, 2021  |
| 36            | September 5, 2021  | September 11, 2021 |
| 37            | September 12, 2021 | September 18, 2021 |
| 38            | September 19, 2021 | September 25, 2021 |
| 39            | September 26, 2021 | October 2, 2021    |
| 40            | October 3, 2021    | October 9, 2021    |

<sup>\*</sup>Wave 5 is ongoing and only includes cases up to Feburary 12, 2022.

| Reported week | Start date        | End date          |
|---------------|-------------------|-------------------|
| 41            | October 10, 2021  | October 16, 2021  |
| 42            | October 17, 2021  | October 23, 2021  |
| 43            | October 24, 2021  | October 30, 2021  |
| 44            | October 31, 2021  | November 6, 2021  |
| 45            | November 7, 2021  | November 13, 2021 |
| 46            | November 14, 2021 | November 20, 2021 |
| 47            | November 21, 2021 | November 27, 2021 |
| 48            | November 28, 2021 | December 4, 2021  |
| 49            | December 5, 2021  | December 11, 2021 |
| 50            | December 12, 2021 | December 18, 2021 |
| 51            | December 19, 2021 | December 25, 2021 |
| 52            | December 26, 2021 | January 1, 2022   |
| 1             | January 2, 2022   | January 8, 2022   |
| 2             | January 9, 2022   | January 15, 2022  |
| 3             | January 16, 2022  | January 22, 2022  |
| 4             | January 23, 2022  | January 29, 2022  |
| 5             | January 30, 2022  | February 5, 2022  |
| 6             | February 6, 2022  | February 12, 2022 |
| 7             | February 13, 2022 | February 19, 2022 |
| 8             | February 20, 2022 | February 26, 2022 |
| 9             | February 27, 2022 | March 5, 2022     |
| 10            | March 6, 2022     | March 12, 2022    |
| 11            | March 13, 2022    | March 19, 2022    |
| 12            | March 20, 2022    | March 26, 2022    |
| 13            | March 27, 2022    | April 2, 2022     |

| Reported week | Start date     | End date       |
|---------------|----------------|----------------|
| 14            | April 3, 2022  | April 9, 2022  |
| 15            | April 10, 2022 | April 16, 2022 |
| 16            | April 17, 2022 | April 23, 2022 |
| 17            | April 24, 2022 | April 30, 2022 |
| 18            | May 1, 2022    | May 7, 2022    |
| 19            | May 8, 2022    | May 14, 2022   |
| 20            | May 15, 2022   | May 21, 2022   |
| 21            | May 22, 2022   | May 28, 2022   |
| 22            | May 29, 2022   | June 4, 2022   |
| 23            | June 5, 2022   | June 11, 2022  |
| 24            | June 12, 2022  | June 18, 2022  |
| 25            | June 19, 2022  | June 25, 2022  |
| 26            | June 26, 2022  | July 2, 2022   |

## Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 in long-term care homes: focus on January 30, 2022 to February 12, 2022. Toronto, ON: Queen's Printer for Ontario; 2022.

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## For Further Information

For more information, email cd@oahpp.ca.

## **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.

For more information about PHO, visit publichealthontario.ca.



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