This report reflects cases that have been publicly reported up to 2020-08-27. Note that data from the CORES system were not available for cases from Toronto Public Health with a publicly reported date of 2020-08-13, and data from iPHIS were not available for cases from Algoma Public Health, Brant County Health Unit, Chatham-Kent Public Health, City of Hamilton Public Health Services, Niagara Region Public Health, Peterborough Public Health, Simcoe Muskoka District Health Unit, Southwestern Public Health, Public Health Sudbury & Districts, Timiskaming Health Unit, and Windsor-Essex County Health Unit with a publicly reported date of 2020-08-19; as such, estimates and figures reflecting or incorporating these health units will be impacted for these dates.
This report includes the most current information available from iPHIS and other local case management systems (iPHIS plus).

Full French translation is available upon request.

Due to data availability related to the transition to the Public Health Case and Contact Management Solution (CCM), the timeliness figure related to time from symptom onset to specimen collection is currently unavailable for case reported dates after 2020-07-16.

Purpose

This report provides a summary of the regional case counts of COVID-19, likely source of acquisition, and the timeliness of testing and investigation in Ontario. These regional measures provide important information to support and monitor re-opening across Ontario.

A brief description of the measures included in this report are summarized below. Additional details are outlined in the Methods section, found toward the end of this document.

Case count

We measured the daily number of COVID-19 cases according to the date a case was publicly reported (i.e., the date the public health unit [PHU] reported the case to Public Health Ontario [PHO] plus one day to account for the delay in public reporting) and produced an epidemic curve using these counts over time. Examination of these epidemic curves can be used to determine the current trajectory of the epidemic in each region.

Reproduction number

The reproduction number is the average number of secondary cases of infection generated by each person infected with COVID-19. A reproduction number greater than one means that the epidemic is growing in a region, while a reproduction number less than one means the epidemic is coming under control in a region.

Likely source of acquisition

COVID-19 cases have been examined to determine whether a case travelled, was associated with an outbreak, was a contact of a case, had no known epidemiological link (sporadic community transmission), or where information was pending or missing. Tracking the number of cases with no known epidemiologic link provides insight into how well we are able to ascertain where cases are coming from and may reflect the effectiveness and timeliness of the contact tracing process, as well as indicate adherence to public health guidance by individuals who are asked to isolate.

Timeliness of case presentation, testing, and investigation

To halt transmission, it is crucial that potential cases are rapidly identified, tested, reported, and managed (which includes contact tracing). We examined three timeliness metrics. First, the proportion of cases that have a specimen collected for testing within 2 days of symptom onset. Second, the proportion of cases that had a positive result reported to the PHU within 1 day of specimen collection.
Third, the proportion of cases for which case management began within 1 day of a positive result reported to the PHU.

Flow diagram of case presentation, testing, and investigation
Ontario

Epidemic Curve: Ontario

Data Source: iPHIS plus
Reproduction Number: Ontario

Aug 27 Re = 1.12, 95% CI: 1.0-1.2

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Ontario

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Ontario

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Date

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Toronto

Epidemic Curve: Toronto

Data Source: iPHIS plus
Reproduction Number: Toronto

Aug 27 \( Re = 1.15 \), 95% CI: 0.99-1.3

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Toronto

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Toronto

Data Source: iPHIS plus
Central East

Epidemic Curve: Central East

Data Source: iPHIS plus
Reproduction Number: Central East

Aug 27 Re = 1.28, 95% CI: 1.1-1.4

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Central East

Data Source: iPHIS plus
Timeliness: Central East

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Central West

Epidemic Curve: Central West

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Central West

Aug 27 Re = 0.91, 95% CI: 0.74-1.1

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Likely Acquisition: Central West

![Graph showing the proportion of COVID-19 cases by likely acquisition method in Central West, with dates from March 11, 2020, to September 3, 2020.](image)

*Note: the date used in this graph is the case reported date*

Data Source: iPHIS plus
Timeliness: Central West

Data Source: iPHIS plus
Eastern

Epidemic Curve: Eastern

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Reproduction Number: Eastern

Aug 27 Re = 1.33, 95% CI: 1.1-1.5

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Eastern

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Eastern

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
North

Epidemic Curve: North

Data Source: iPHIS plus
Reproduction Number: North

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: North

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: North

Data Source: iPHIS plus
South West

Epidemic Curve: South West

Data Source: iPHIS plus
Reproduction Number: South West

Aug 27 Re = 0.68, 95% CI: 0.54-0.84

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: South West

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: South West

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
GTA

Epidemic Curve: GTA

Data Source: iPHIS plus
Reproduction Number: GTA

Aug 27 Re = 1.22, 95% CI: 1.1-1.3

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: GTA

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: GTA

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Non-GTA

Epidemic Curve: Non-GTA

Data Source: iPHIS plus
Reproduction Number: Non-GTA

Aug 27 Re = 1.01, 95% CI: 0.90-1.1

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Non-GTA

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Non-GTA

Data Source: iPHIS plus
Algoma Public Health

Epidemic Curve: Algoma Public Health

Data Source: iPHIS plus
Reproduction Number: Algoma Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Algoma Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Algoma Public Health

Data Source: iPHIS plus
Brant County Health Unit

Epidemic Curve: Brant County Health Unit

Data Source: iPHIS plus
Reproduction Number: Brant County Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Brant County Health Unit

Date

Proportion (%)

0 25 50 75 100

No information No known epi link Close contact
Outbreak-associated Travel-related

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Brant County Health Unit

[Graphs showing the timeliness of COVID-19 case reporting]

Note: The date used in this graph is the case reported date.

Data Source: iPHIS plus
Chatham-Kent Public Health

Epidemic Curve: Chatham-Kent Public Health

Data Source: iPHIS plus
Reproduction Number: Chatham-Kent Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Chatham-Kent Public Health

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Chatham-Kent Public Health

Data Source: iPHIS plus
City of Hamilton Public Health Services

Epidemic Curve: City of Hamilton Public Health Services

Data Source: iPHIS plus
Reproduction Number: City of Hamilton Public Health Services

Aug 27 Re = 0.88, 95% CI: 0.56-1.3

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: City of Hamilton Public Health Services

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: City of Hamilton Public Health Services

Data Source: iPHIS plus
Durham Region Health Department

Epidemic Curve: Durham Region Health Department

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date.
Reproduction Number: Durham Region Health Department

Aug 27 Re = 1.65, 95% CI: 1.1-2.3

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Durham Region Health Department

Data Source: iPHIS plus
Timeliness: Durham Region Health Department

Data Source: iPHIS plus
Eastern Ontario Health Unit

Epidemic Curve: Eastern Ontario Health Unit

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Eastern Ontario Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Eastern Ontario Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Eastern Ontario Health Unit

Data Source: iPHIS plus
Grey Bruce Health Unit

Epidemic Curve: Grey Bruce Health Unit

Data Source: iPHIS plus
Reproduction Number: Grey Bruce Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Grey Bruce Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Grey Bruce Health Unit

![Graph showing timeliness metrics for COVID-19 in Grey Bruce Health Unit](image)

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Haldimand-Norfolk Health Unit

Epidemic Curve: Haldimand-Norfolk Health Unit

Data Source: iPHIS plus
Reproduction Number: Haldimand-Norfolk Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Haldimand-Norfolk Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Haldimand-Norfolk Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Haliburton, Kawartha, Pine Ridge District Health Unit

Epidemic Curve: Haliburton, Kawartha, Pine Ridge District Health Unit

Data Source: iPHIS plus
Reproduction Number: Haliburton, Kawartha, Pine Ridge District Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Data Source: iPHIS plus
Likely Acquisition: Haliburton, Kawartha, Pine Ridge District Health Unit

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Haliburton, Kawartha, Pine Ridge District Health Unit

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Halton Region Public Health

Epidemic Curve: Halton Region Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date.
Reproduction Number: Halton Region Public Health

Aug 27 Re = 1.65, 95% CI: 1.0-2.5

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Halton Region Public Health

Date

- No information
- No known epi link
- Close contact
- Outbreak-associated
- Travel-related

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Halton Region Public Health

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Hastings Prince Edward Public Health

Epidemic Curve: Hastings Prince Edward Public Health

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Hastings Prince Edward Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Hastings Prince Edward Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Data Source: iPHIS plus
Huron Perth Public Health

Epidemic Curve: Huron Perth Public Health

Data Source: iPHIS plus
Reproduction Number: Huron Perth Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Huron Perth Public Health

Data Source: iPHIS plus
Timeliness: Huron Perth Public Health

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Date

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Kingston, Frontenac and Lennox & Addington Public Health

Epidemic Curve: Kingston, Frontenac and Lennox & Addington Public Health

Data Source: iPHIS plus
Reproduction Number: Kingston, Frontenac and Lennox & Addington Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Kingston, Frontenac and Lennox & Addington Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Kingston, Frontenac and Lennox & Addington Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Lambton Public Health

Epidemic Curve: Lambton Public Health

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Lambton Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Lambton Public Health

Proportion (%)

Date

- No information
- No known epi link
- Close contact
- Outbreak-associated
- Travel-related

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Lambton Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Leeds, Grenville & Lanark District Health Unit

Epidemic Curve: Leeds, Grenville & Lanark District Health Unit

Data Source: iPHIS plus
Reproduction Number: Leeds, Grenville & Lanark District Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Data Source: iPHIS plus
Likely Acquisition: Leeds, Grenville & Lanark District Health Unit

Data Source: iPHIS plus
Timeliness: Leeds, Grenville & Lanark District Health Unit

Data Source: iPHIS plus
Data Source: iPHIS plus
Reproduction Number: Middlesex-London Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Middlesex-London Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Middlesex-London Health Unit

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Niagara Region Public Health

Epidemic Curve: Niagara Region Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Reproduction Number: Niagara Region Public Health

Aug 27 Re = 0.96, 95% CI: 0.55-1.5

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Niagara Region Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Niagara Region Public Health

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
North Bay Parry Sound District Health Unit

Epidemic Curve: North Bay Parry Sound District Health Unit

Data Source: iPHIS plus
Reproduction Number: North Bay Parry Sound District Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: North Bay Parry Sound District Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: North Bay Parry Sound District Health Unit

- Symptoms to specimen collection: within 2 days
- Specimen collection to reporting: within 1 day
- Reporting to investigation: within 1 day

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Northwestern Health Unit

Epidemic Curve: Northwestern Health Unit

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Northwestern Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Likely Acquisition: Northwestern Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Northwestern Health Unit

Data Source: iPHIS plus
Ottawa Public Health

Epidemic Curve: Ottawa Public Health

Data Source: iPHIS plus
Reproduction Number: Ottawa Public Health

Aug 27 Re = 1.27, 95% CI: 1.1-1.5

Date

Reproduction Number

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Ottawa Public Health

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Ottawa Public Health

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Peel Public Health

Epidemic Curve: Peel Public Health

Data Source: iPHIS plus
Reproduction Number: Peel Public Health

Aug 27 Re = 1.22, 95% CI: 1.1-1.4

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Peel Public Health

Proportion (%)

Date

- No information
- No known epi link
- Close contact
- Outbreak-associated
- Travel-related

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Peel Public Health

Data Source: iPHIS plus
Peterborough Public Health

Epidemic Curve: Peterborough Public Health

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Peterborough Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Peterborough Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Peterborough Public Health

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Porcupine Health Unit

Epidemic Curve: Porcupine Health Unit

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Porcupine Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Porcupine Health Unit

Proportion (%)

Date

- No known epi link
- Close contact
- Outbreak-associated
- Travel-related

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Porcupine Health Unit

- Symptoms to specimen collection (within 2 days)
- Specimen collection to reporting (within 1 day)
- Reporting to investigation (within 1 day)

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Public Health Sudbury & Districts

Epidemic Curve: Public Health Sudbury & Districts

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Reproduction Number: Public Health Sudbury & Districts

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Public Health Sudbury & Districts

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date

COVID-19 Regional Incidence and Time to Case Notification in Ontario
Timeliness: Public Health Sudbury & Districts

Data Source: iPHIS plus
Renfrew County and District Health Unit

Epidemic Curve: Renfrew County and District Health Unit

Data Source: iPHIS plus
Reproduction Number: Renfrew County and District Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Renfrew County and District Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Renfrew County and District Health Unit

Data Source: iPHIS plus
Simcoe Muskoka District Health Unit

Epidemic Curve: Simcoe Muskoka District Health Unit

Data Source: iPHIS plus
Reproduction Number: Simcoe Muskoka District Health Unit

Aug 27 Re = 1.56, 95% CI: 0.93-2.4

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Likely Acquisition: Simcoe Muskoka District Health Unit

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Simcoe Muskoka District Health Unit

Data Source: iPHIS plus
Southwestern Public Health

Epidemic Curve: Southwestern Public Health

Data Source: iPHIS plus
Reproduction Number: Southwestern Public Health

Aug 27 Re = 0.91, 95% CI: 0.54-1.4

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Data Source: iPHIS plus
Timeliness: Southwestern Public Health

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Date

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Thunder Bay District Health Unit

Epidemic Curve: Thunder Bay District Health Unit

Data Source: iPHIS plus
Reproduction Number: Thunder Bay District Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Thunder Bay District Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Thunder Bay District Health Unit

Symptoms to specimen collection (within 2 days)

Specimen collection to reporting (within 1 day)

Reporting to investigation (within 1 day)

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timiskaming Health Unit

Epidemic Curve: Timiskaming Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Reproduction Number: Timiskaming Health Unit

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Data Source: iPHIS plus
Likely Acquisition: Timiskaming Health Unit

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Timiskaming Health Unit

Data Source: iPHIS plus
Data Source: iPHIS plus
Reproduction Number: Toronto Public Health

Aug 27 Re = 1.15, 95% CI: 0.99-1.3

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Toronto Public Health

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Toronto Public Health

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Waterloo Public Health and Emergency Services

Epidemic Curve: Waterloo Public Health and Emergency Services

Data Source: iPHIS plus
Reproduction Number: Waterloo Public Health and Emergency Services

Aug 27 Re = 0.63, 95% CI: 0.38-0.97

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Waterloo Public Health and Emergency Services

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Waterloo Public Health and Emergency Services

Data Source: iPHIS plus
Wellington-Dufferin-Guelph Public Health

Epidemic Curve: Wellington-Dufferin-Guelph Public Health

Daily Cases

Date

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus

COVID-19 Regional Incidence and Time to Case Notification in Ontario
Reproduction Number: Wellington-Dufferin-Guelph Public Health

Aug 27 Re not provided: fewer than 12 cases in the 7 days prior to this date

Data Source: iPHIS plus
Likely Acquisition: Wellington-Dufferin-Guelph Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Timeliness: Wellington-Dufferin-Guelph Public Health

Data Source: iPHIS plus

Note: the date used in this graph is the case reported date
Windsor-Essex County Health Unit

Epidemic Curve: Windsor-Essex County Health Unit

Data Source: iPHIS plus
Reproduction Number: Windsor-Essex County Health Unit

Aug 27 Re = 0.92, 95% CI: 0.66-1.2

Note: the date used in this graph is the public reporting date

Data Source: iPHIS plus
Likely Acquisition: Windsor-Essex County Health Unit

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: Windsor-Essex County Health Unit

Data Source: iPHIS plus
York Region Public Health

Epidemic Curve: York Region Public Health

![Epidemic Curve Graph]

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Reproduction Number: York Region Public Health

Aug 27 Re = 1.37, 95% CI: 1.0-1.8

Data Source: iPHIS plus

Note: the date used in this graph is the public reporting date
Likely Acquisition: York Region Public Health

Note: the date used in this graph is the case reported date

Data Source: iPHIS plus
Timeliness: York Region Public Health

Data Source: iPHIS plus
Methods

• The data for this report were based on:

  • Information extracted from the Ontario Ministry of Health (Ministry) integrated Public Health Information System (iPHIS) database as of 4 p.m. on the day prior to this report.

  • Information successfully uploaded to the Ministry from Local Systems: Toronto Public Health (Coronavirus Rapid Entry System) CORES, The Ottawa Public Health COVID-19 Ottawa Database (The COD) and Middlesex-London COVID-19 Case and Contact Management Tool (CCMtool) as of 2 p.m. on the day prior to this report.

  • Information successfully uploaded to the Ministry from the Public Health Case and Contact Management Solution (CCM) for Grey Bruce Health Unit, Halton Region Public Health, Kingston, Frontenac and Lennox & Addington Public Health, Peel Public Health, Durham Region Health Department, Haliburton, Kawartha, Pine Ridge District Health Unit, Lambton Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Renfrew County and District Health Unit, Thunder Bay District Health Unit, Wellington-Dufferin-Guelph Public Health, York Region Public Health, Eastern Ontario Health Unit, Haldimand-Norfolk Health Unit, Hastings Prince Edward Public Health, Huron Perth Public Health, Leeds, Grenville & Lanark District Health Unit, Northwestern Health Unit, Region of Waterloo Public Health and Emergency Services, Algoma Public Health, Brant County Health Unit, Chatham-Kent Public Health, City of Hamilton Public Health Services, Southwestern Public Health, Peterborough Public Health, Simcoe Muskoka District Health Unit, Public Health Sudbury & Districts, Timiskaming Health Unit, Windsor-Essex County Health Unit, and Niagara Region Public Health as of 1 p.m. on the day prior to this report.

  • The date variable used in the figures for the epidemic curve and the reproduction number throughout this report refers to the date that a case first appeared in the compiled data set + 1 additional day. This corresponds to the “public reporting date” of each case at the provincial level.

  • In order to account for certain instances when there were long lags between when a case’s specimen was collected and when their data was entered into iPHIS, CORES, The COD, or CCMtool, we replaced the public reporting date with the specimen collection date + 3 days (the mode of the distribution from specimen collection to public reporting date). This replacement was made for cases whose delay between specimen collection and case creation was between 7 and 90 days.

  • In rare circumstances when this delay was more than 90 days, we did not make the date replacement.

  • The date variable used in the figures for the likely acquisition and the timeliness metrics refers to the case reported date, which is the date the case was reported to the public health unit.

  • Due to smaller case counts, we have combined the North West and North East regions into a single region in this report.

  • 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


• Northern: Northwestern Health Unit, Thunder Bay District Health Unit, 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

• GTA health units include: Durham Region Health Department, Peel Public Health, Toronto Public Health, and York Region Public Health.

• With the exception of the time from case reported date to investigation start date, 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. For the time from case reported date to investigation start date, responsible public health unit was used in order to align with the process for case management. Cases for which the responsible health unit was reported as the Ministry of Health (MOH) (to signify that the PHU is not responsible for case management, such as cases that are not residents of Ontario) have been excluded from the analyses.

• Epidemic curve: smoothed epidemic curves were estimated using generalized additive models of the daily number of cases.

• Reproduction number: the reproduction number was measured using the EpiEstim package in R. The procedure uses daily reported case counts and a 7-day rolling window for estimation. The mean serial interval was set at 4.5 days with a standard deviation of 2.5 days, as adapted from published estimates. EpiEstim uses a Markov Chain Monte Carlo sampling procedure, and the median represents the middle of the distribution of most probable values of the reproduction number. The reproduction number of a region was only calculated when there were at least 12 cases in that region in the last 7 days.

• Likely source of acquisition is determined by examining the exposure and risk factor fields from iPHIS and local systems to determine whether a case travelled, was associated with an outbreak, was a contact of a case, had no known epidemiological link (sporadic community transmission) or
where information was pending or missing. Cases with multiple exposures or 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.
- Data for the three days prior to the extract date are not shown for this graph due to lags in
data entry.

- Timeliness of reporting: smoothed curves were estimated using generalized additive models of
  the proportion of cases that were reported within the stated time frame. The dots in the graph
  represent the individual proportions for a given reported date. The duration elapsed from
  reporting to investigation was only measured from May 1st onwards, as this is the date that the
directive to enter investigation start date was issued. Cases with missing or pending dates have
  been excluded from the denominator in this analysis.

- For the time from case reported date to investigation start date, cases with a disposition
  status of referred to the First Nations and Inuit Health Branch (FNIHB), lost to follow up, or
  untraceable were excluded from the analyses.
- If there were no cases within 7 days of the case reported date, the smoothed curve for the
  proportion meeting the target is not shown.
- Data for the three days prior to the extract date are not shown for this graph due to lags in
data entry.

Limitations

- This report includes confirmed cases of COVID-19 as per the Ontario Ministry of Health case
definition. However, this report excludes persons with a positive detection of serum/plasma
immunoglobulin G (IgG) antibodies to SARS-CoV-2, which was added to the confirmed case
definition on August 6, 2020. Case detection is strongly influenced by the provincial testing
strategy, which may also influence the time elapsed between various steps in the testing and
notification process.

- iPHIS and iPHIS plus (which includes iPHIS, CORES, The COD, and COVID-19 CCMtool) are dynamic
disease reporting systems, which allow ongoing updates to data previously entered. As a result,
data extracted represent a snapshot at the time of extraction and may differ from previous or
subsequent reports.

- The data only represent cases reported to public health units and recorded in iPHIS plus. As a
result, all counts will be subject to varying degrees of underreporting due to a variety of factors,
such as disease awareness and medical care seeking behaviours, which may depend on severity of
illness, clinical practice, changes in laboratory testing, and reporting behaviours.
The public reporting date lags the infection date; as such, public reporting dates likely represent infections that occurred approximately 10 days earlier.

For reproduction number analyses, all cases since initial importation were presumed to be locally transmitted. Further, the estimates of the reproduction number are influenced by the choice of serial interval. As such, the reported estimates in the analysis are subject to change as additional data on the estimated serial interval are published.

The epidemic curves in this report will not align with the curves provided in other reports due to the date chosen. In monitoring trends over time, the public reporting date was specifically chosen in order to identify early signals of increasing cases, which is challenging when using episode date or reported date due to lags in data entry and therefore the need for caution when reviewing case data for more recent days. As such, numbers from the epidemic curve should not be compared between this regional report and the daily/weekly epidemiologic summary.

References

Disclaimer
This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario’s government, public health organizations and health care providers. PHO’s work is guided by the current best available evidence at the time of publication.

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For Further Information

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