External Dashboard Summary and Technical Notes (October 19, 2020)

Summary

Tab	Daily Status of Cases	Epidemiological Summary of Cases	Neighbourhood Maps
Overview	This summary provides a daily update of COVID-19 cases among Toronto residents and outbreaks in Toronto.	This summary provides an in-depth weekly update of COVID-19 cases among Toronto residents.	These maps illustrate the distribution of COVID-19 cases, as well as the levels of COVID-19 testing across our city, as suggested by an individual's postal code. The maps do not necessarily reflect the risk of acquiring COVID-19, the location where cases were exposed to the disease, or the location where they were tested.
Data refresh cycles	Data are updated daily by 3pm to share what was known and entered into information systems by 2pm the previous day (e.g. Wednesday's dashboard is updated on 3pm with recorded data as of 2pm on Tuesday)	Data are updated by 3pm every Wednesday and reflect any updates for cases with an episode date as of the previous Saturday.	Case and rate map are updated by 3pm every Monday, Wednesday and Friday and reflect what was known and entered as of 2:00 PM the previous day Testing map are updated by 3pm every Thursday and reflect data known as of the previous Saturday.
Data sources	Ontario Ministry of Health, integrated Public Health Information System (iPHIS); Toronto Public Health, Coronavirus Rapid Entry System (CORES).	Ontario Ministry of Health, integrated Public Health Information System (iPHIS); Toronto Public Health, Coronavirus Rapid Entry System (CORES); Ontario Ministry of Health, IntelliHEALTH ONTARIO population estimates.	Case data were obtained using the Ontario Ministry of Health and Long Term Care (MOHLTC), Integrated Public Health Information System (iPHIS); Toronto Public Health, Coronavirus Rapid Entry System (CORES); Ontario Ministry of Health, IntelliHEALTH Ontario population estimates. Neighbourhood testing data were analyzed by ICES* using data provided by the MOHLTC, the Canadian Institute for Health Information (CIHI), Public Health Ontario, Statistics Canada, and Toronto Public Health. Population counts for neighbourhood test rates were also provided by ICES* using the data sources above.
Using the dashboard	The most current data from this tab can be downloaded as an Excel file directly.	When using the charts, hover over the bars to view numbers (counts) and other relevant information. The most current data from this tab can be downloaded as an Excel file directly.	When using the maps, hover over the neighbourhoods to view numbers (counts or rates). The most current data from this tab can be downloaded as an Excel file directly. In testing maps, neighbourhoods with counts ≤5 are suppressed to avoid re-identification of individuals.
Data notes	Please note that the data shown here may differ from other sources, as data are extracted at different times. The data in the charts are subject to change as the public health investigation		

	into reported cases is currently ongoing. It can take up to two weeks for symptomatic individuals to seek care, get tested, and for Toronto Public Health to receive the results. Additionally, data definitions are subject to change as the pandemic evolves.

Technical Notes

Term	Definition
Cases	Includes both confirmed and probable COVID-19 cases reported to Toronto Public Health. Please refer to the Ontario Ministry of Health website for Ontario's current provincial case definitions: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf
Outbreak Cases	Outbreak-associated cases include persons with COVID-19 within a defined group or setting. These are generally in healthcare (e.g. long-term care homes, hospitals) and residential or congregate settings (e.g., homeless shelters, group homes), but can also be in workplaces and other settings.
Sporadic Cases	Sporadic cases refer to all cases that are not linked to an outbreak in general members of the population.
Recent Cases	Cases with an episode date within the last 21 days from the refresh date.
Newly Reported Since Yesterday	Newly reported since yesterday refers to the number of new cases, outcomes and outbreaks that were not reported the previous day. Changes do not reflect the absolute difference in cumulative counts from today compared to the previous day, as other factors can influence cumulative counts (e.g. quality assurance, change in case classification).
Recovered	COVID-19 cases not reported FATAL in Case Outcome AND (Case outcome = recovered, OR, today's date is more than 14 days from symptom onset + case is not currently hospitalized)
Episode Date	The episode date is a derived variable that best estimates when the disease was acquired, and refers to the earliest available date from: symptom onset (the first day that COVID-19 symptoms occurred), laboratory specimen collection date, or reported date.
Laboratory Specimen Collection Date	The date on which the earliest specimen (e.g. nasopharyngeal swab) for COVID-19 was collected.
Reported Date	The date on which the case was reported to Toronto Public Health. When the case is reported by a laboratory, this is the date on which the result was received, and may be later than the test reported date if the test result was reported outside of business hours.
Highlighted Area of Graphs by Episode Date	Cases whose symptoms began in the previous 14 days are likely under-reported due to the time for individuals to seek medical attention, availability of laboratory testing, and for test results to be reported. Therefore, data for this time period will change as additional information is available.
Ever Hospitalized	Cases that were hospitalized related to their COVID-19 infection (includes cases that are currently hospitalized and those that have been discharged or are deceased).
Ever Hospitalized – ICU	Cases that were admitted to the intensive care unit (ICU) related to their COVID-19 infection (includes cases that are currently in ICU and those that have been discharged or are deceased)
Ever Hospitalized – Intubation	Cases that were intubated related to their COVID-19 infection (includes cases that are currently intubated and those that have been discharged or deceased)
Currently Hospitalized	Cases that are currently admitted to hospital (i.e., no discharge date reported)
Currently Hospitalized – ICU	Cases that are currently admitted to the intensive care unit (ICU) (i.e. no discharge date reported)
Currently Hospitalized – Intubation	Cases that are currently intubated (i.e. no discharge date reported)
Cases requiring medical intervention	Cases requiring medical intervention include cases that have been hospitalized, admitted to the ICU, require intubation, or have died. Classification based on the most severe medical intervention uses the following hierarchy from highest to lowest: death > intubation > ICU >

	hospitalization. For example, a hospitalized case that was also treated in an ICU would be assigned to the ICU category.
Source of infection	The most likely way that cases acquired their COVID-19 infection. Only the most likely exposure for each case is reported. Exposures that occurred up to 14 days before symptoms start are potential acquisition sources, and can include: • **Travel:** Travel outside of Ontario. • **Close contact with a case:** Was in close contact with a confirmed or probable COVID-19 case (e.g. reside in the same household). • **Institutional setting:** Institutional settings includes, but not limited to, the following congregate settings: long-term care homes, retirement homes, nursing homes, other chronic care facilities, correctional facilities, group homes, and shelters. • **Healthcare setting:** Healthcare settings includes, but not limited to: family physician, dentist, ophthalmologist, sports doctor. • **Community:** Cases with no reported travel outside of Ontario, no known close contact with a COVID-19 case, and no reported infection acquired in an institutional or healthcare setting. • **Unknown/missing:** Cases with an unknown/missing source of infection.
Unknown gender	Information on gender was not available.
Age-specific rate per 100,000 population	COVID-19 rates are crude incidence rates that show the number of COVID-19 cases for every 100,000 people in Toronto. Rates are calculated for each age group in Toronto. They are calculated by dividing the total number of COVID-19 cases for the specific age group by the total number of people in that age group in Toronto. $\frac{Number\ of\ cases\ for\ a\ specific\ age\ group}{Total\ number\ of\ people\ in\ that\ specific\ age\ group} x 100{,}000$
Outbreak Settings	Outbreaks are categorized into the following groups: • **Healthcare institutions:** includes long-term care homes, hospitals, retirement homes, other institutional settings. • **Shelters and congregate settings:** shelters, correctional facilities, group homes, and other congregate settings (e.g. rooming houses). • **Schools** : including elementary, high schools, and post-secondary institutions • **Child care centres:** includes all child care centres. • **Community and workplace settings:** includes workplaces, places of worship, food establishments, grocery stores, and other settings.
Postal Codes	We are only able to map those cases with a valid postal code. While this information is being updated all the time, approximately 5% of cases currently have a missing or invalid postal code. During an outbreak, all data are provisional and undergoing continuous validation and improvement.
Percent (%) positivity	Percent positivity is calculated as the number of individuals with a COVID-19 positive test result, per 100 individuals tested for COVID-19 in the given week (Sun-Sat). A high percent positivity may indicate a high degree of virus spread or insufficient testing. • In order to prevent the re-identification of individuals and share only reliable information, neighbourhoods with counts ≤5 were suppressed. • Counts in the most recent specimen collection dates (up to 6 days on and prior to the last date of testing period) are incomplete due to reporting lags. Given incomplete data, percent positivity for the most recent week should be interpreted with caution. • Neighbourhood assignment is based on postal code information from the person's health card. For those with a COVID-19 positive test, this information is updated using the testing record. Individuals residing in long-term care homes are assigned the postal code of the facility. Records where neighbourhood is unknown are not presented. • Individuals tested multiple times within the reported week are counted only once for that week's percent positivity. Individuals with a previous confirmed positive COVID-19 test are excluded from subsequent weekly counts (numerator and denominator).

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Testing rate per 1,000 population	Testing rate is calculated as the number of individuals tested for COVID-19, per 1,000 neighbourhood population. Testing rate provides additional information that may explain high percent positivity. • Counts in the most recent specimen collection dates (up to 6 days on and prior to the last date of testing period) are incomplete due to reporting lags. Given incomplete data, testing rates for the most recent week should be interpreted with caution. • Neighbourhood assignment is based on postal code information from the person's health card. For those with a COVID-19 positive test, this information is updated using the testing record. Individuals residing in long-term care homes are assigned the postal code of the facility. Records where neighbourhood is unknown are not presented. • Individuals tested multiple times within the reported week are counted only once for that week's testing numbers. Individuals with a previous confirmed positive COVID-19 test are excluded from subsequent weekly counts (numerator).

*Acknowledgement

Testing and percent positivity data were provided by the Institute for Clinical Evaluative Sciences (ICES) which is funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC). Parts of the testing dashboard are based on data and information compiled and provided by the Ontario Ministry of Health, the Canadian Institute for Health Information, and Public Health Ontario. ICES would like to acknowledge Public Health Ontario for access to case level data from iPHIS Plus and COVID-19 laboratory data, as well as assistance with data interpretation. For testing and percent positivity, all data sets were linked using unique encoded identifiers and analyzed at ICES. The analyses, conclusions, opinions and statements expressed herein do not reflect those of the funding or data sources; no endorsement is intended or should be inferred.