

# Update on COVID-19 Projections

Science Advisory and Modelling Consensus Tables

March 11, 2021



# Key Findings

- **Vaccination in long-term care has paid off.**
- **Progress otherwise has stalled.** Declines in community cases and test positivity have levelled off. Cases are increasing in most Public Health Units as we see mobility rise.
- Variants of concern continue to spread across Ontario. Our ability to control the rate of spread will determine whether we return to normal or face a third wave of infection. We know what works: **continued masking and distancing are essential to controlling variants of concern.**
- **Our behaviour over the next few weeks is critical in determining the quality of our summer.**
- High volumes of postponed care and missed screening and preventative care mean that there will be a substantial and prolonged surge in need for care across sectors. **Our actions now affect our ability to access care later.**
- Controlling cases, increasing vaccinations where they will have the greatest impact, and accelerating vaccinations overall are how we beat the pandemic.

# Staff and resident cases continue to decrease and deaths have flattened (no resident deaths in last five days)

## LTC Home cases and outbreaks

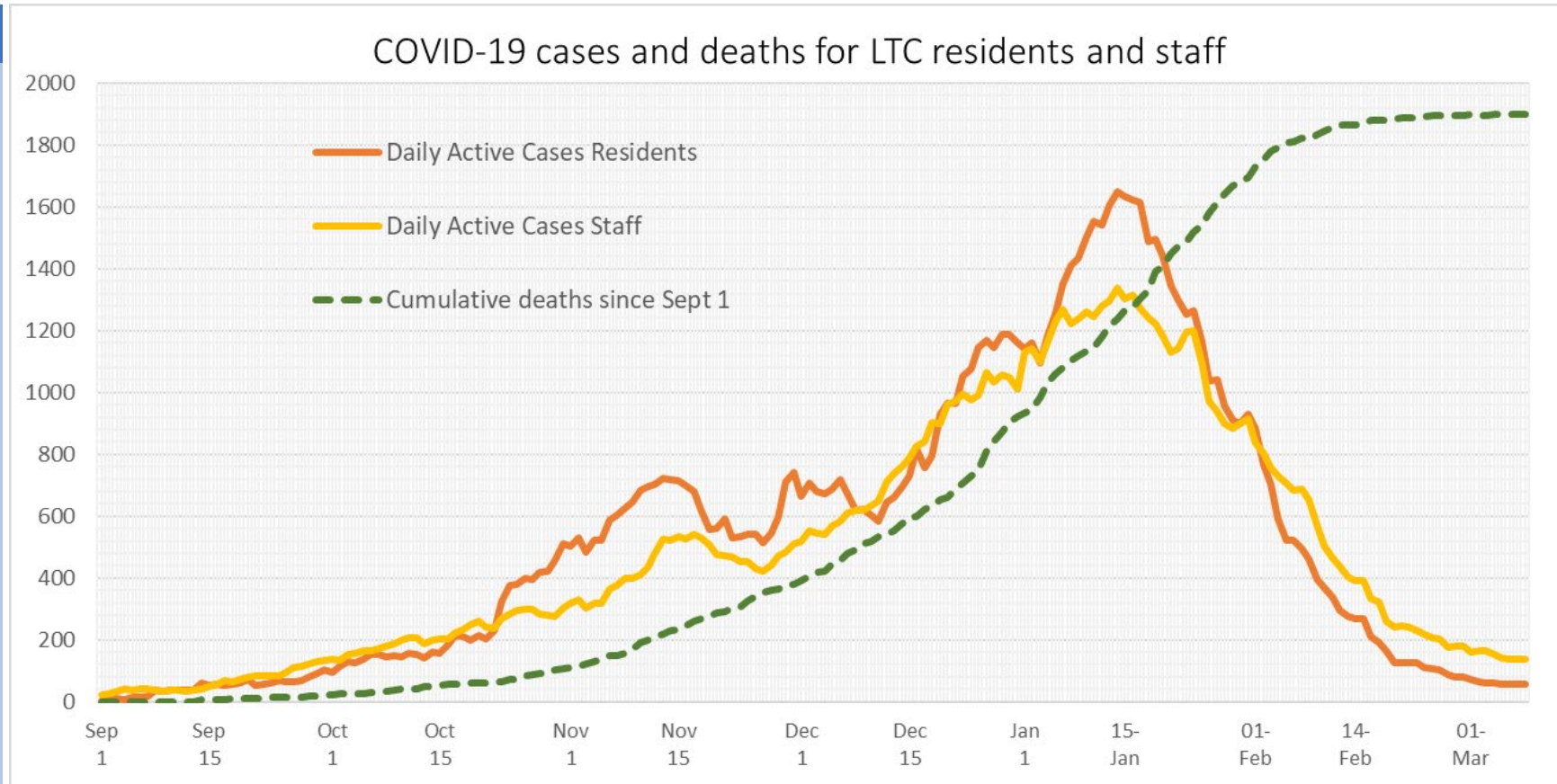
### Current status

**25 LTC homes have outbreaks involving resident cases.**

**13 Public Health Units have no homes in outbreak.**

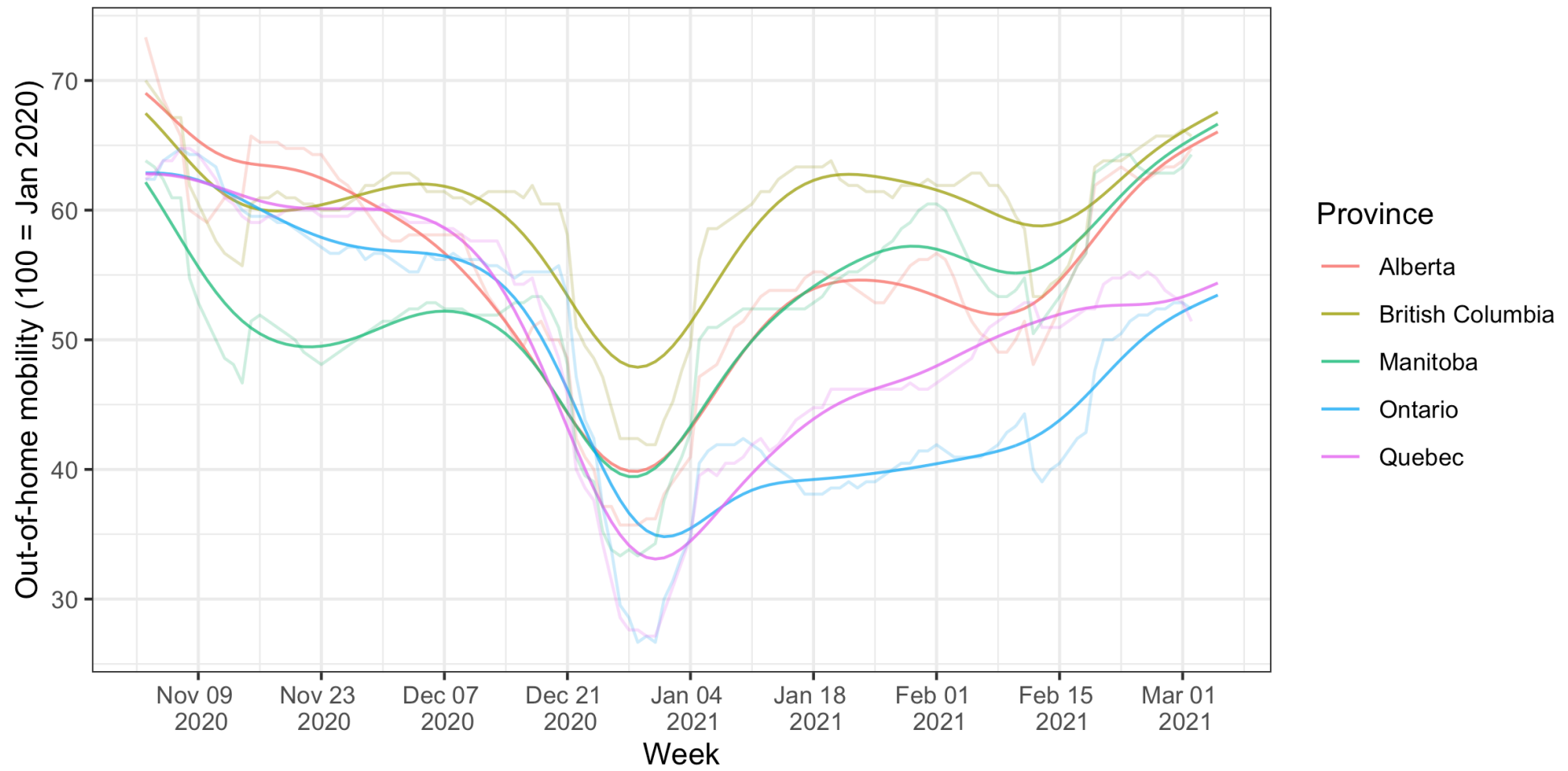
**Almost half of LTC homes in outbreak are in York, Toronto and Peel.**

**Total number of resident deaths in Wave 2 has been greater than in Wave 1 (1,900 vs 1,848).**



**Data Source:** Ministry of Long Term Care Tracker, March 8 extraction based on data reported up to 3:30 pm March 7, 2021. Data are self-reported by the long-term care homes to the Ministry of Long-Term Care. Daily case and death figures may not immediately match the numbers posted by the local public health units (i.e. iPHIS database) due to lags in reporting time.

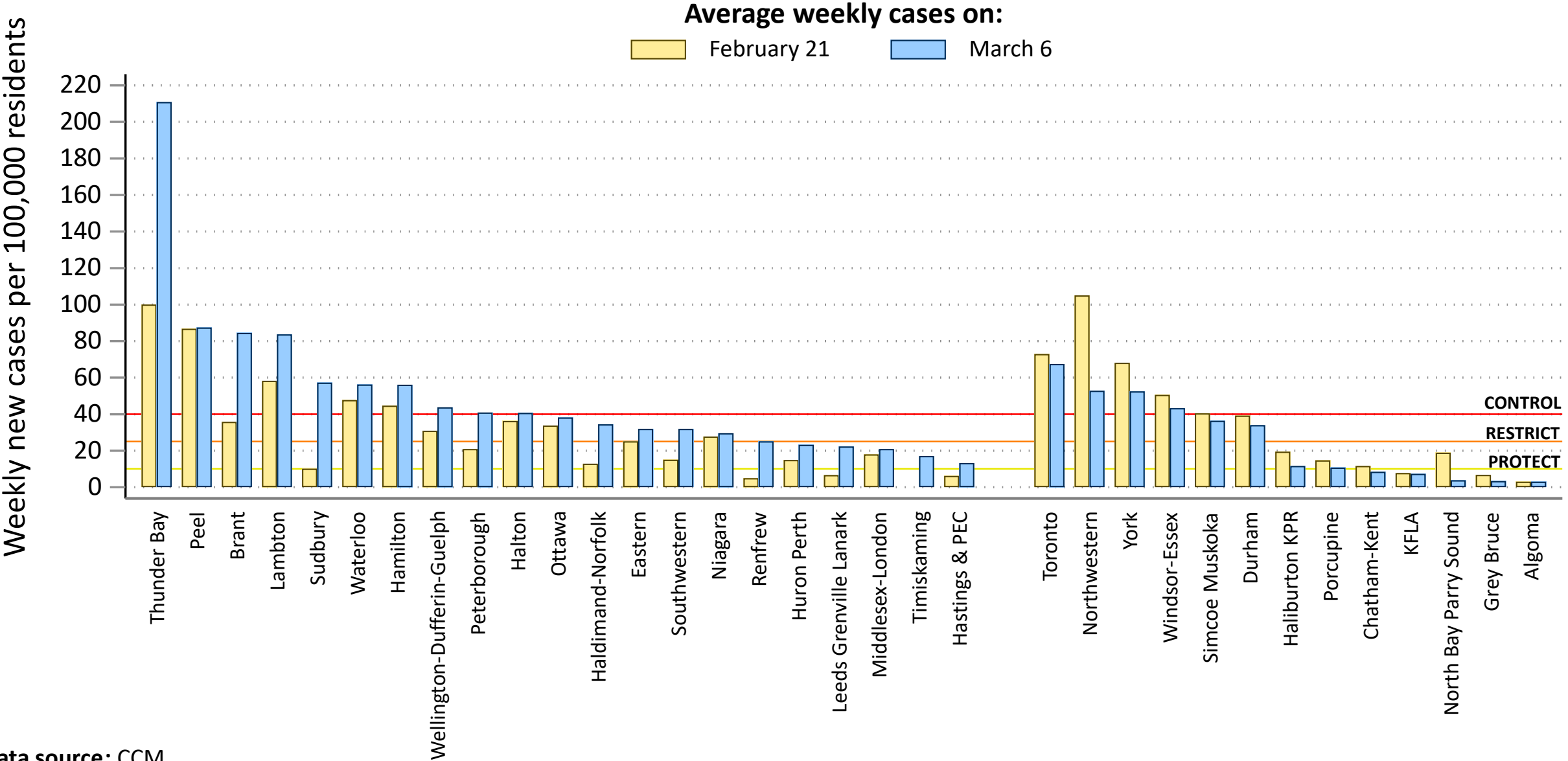
# Increasing mobility brings the risk of rising case numbers in the community



The **mobility index** is the estimated proportion of time spent outside of home – 100 represents January 2020 levels.

Data from: <https://www.google.com/covid19/mobility/>

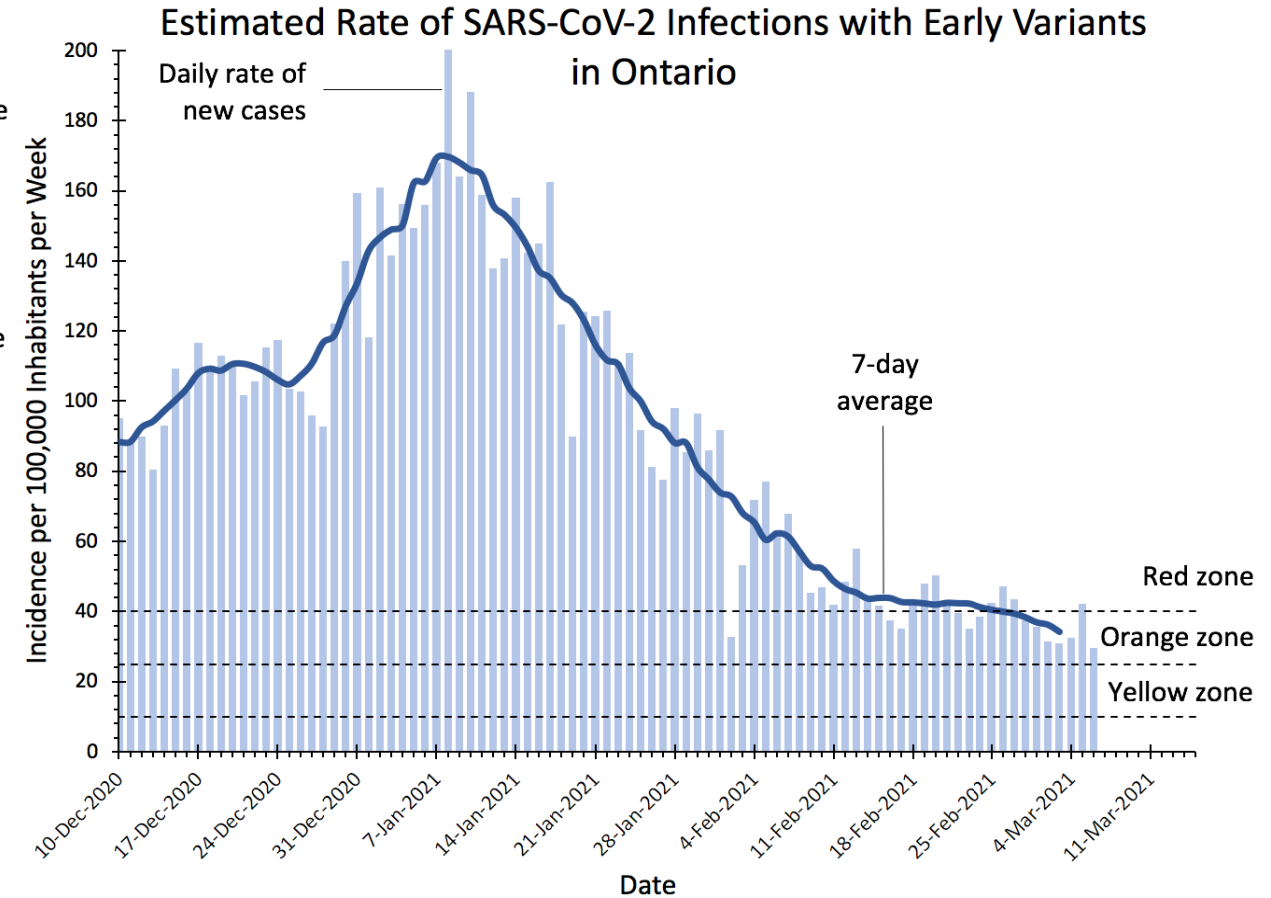
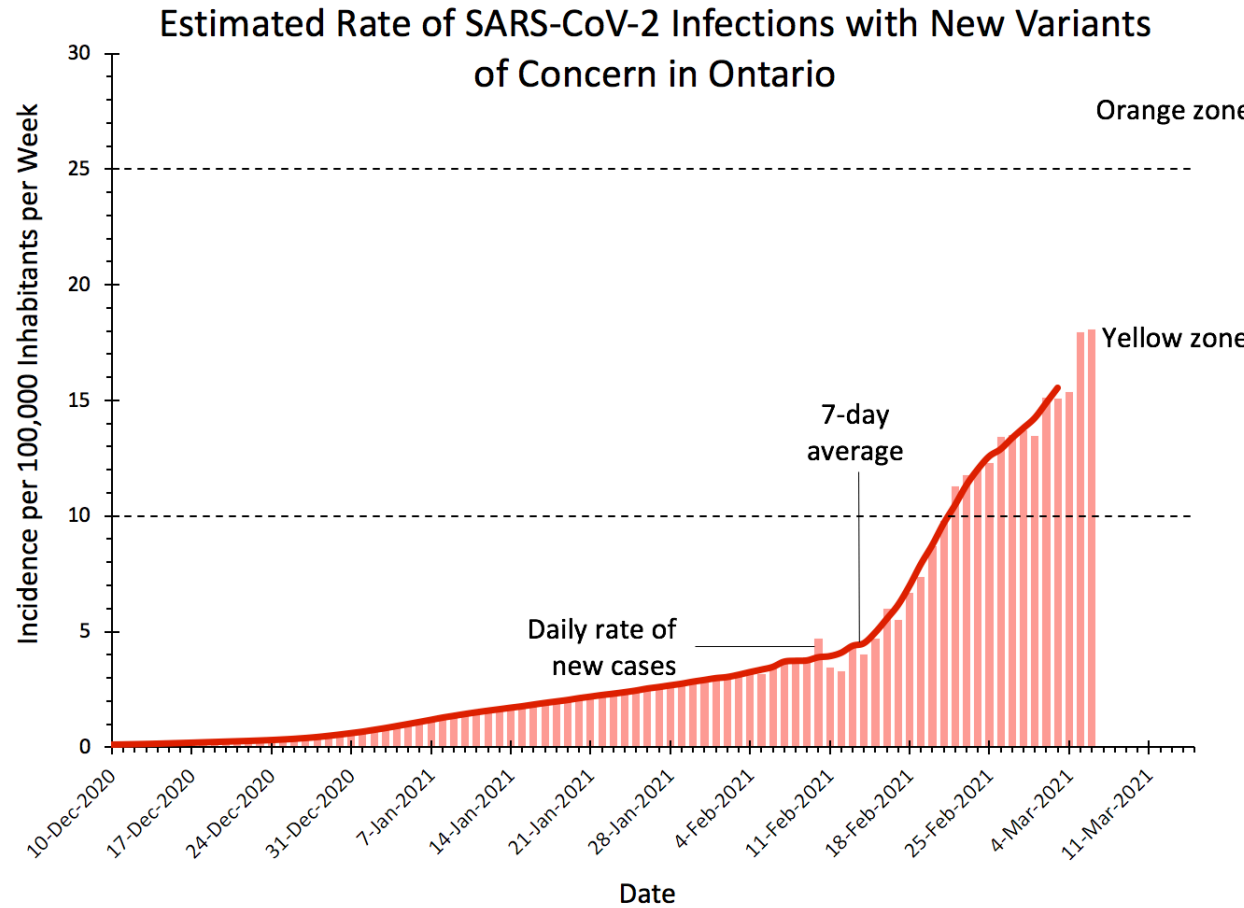
# Cases are increasing or past "Restrict" in most Public Health Units



Data source: CCM

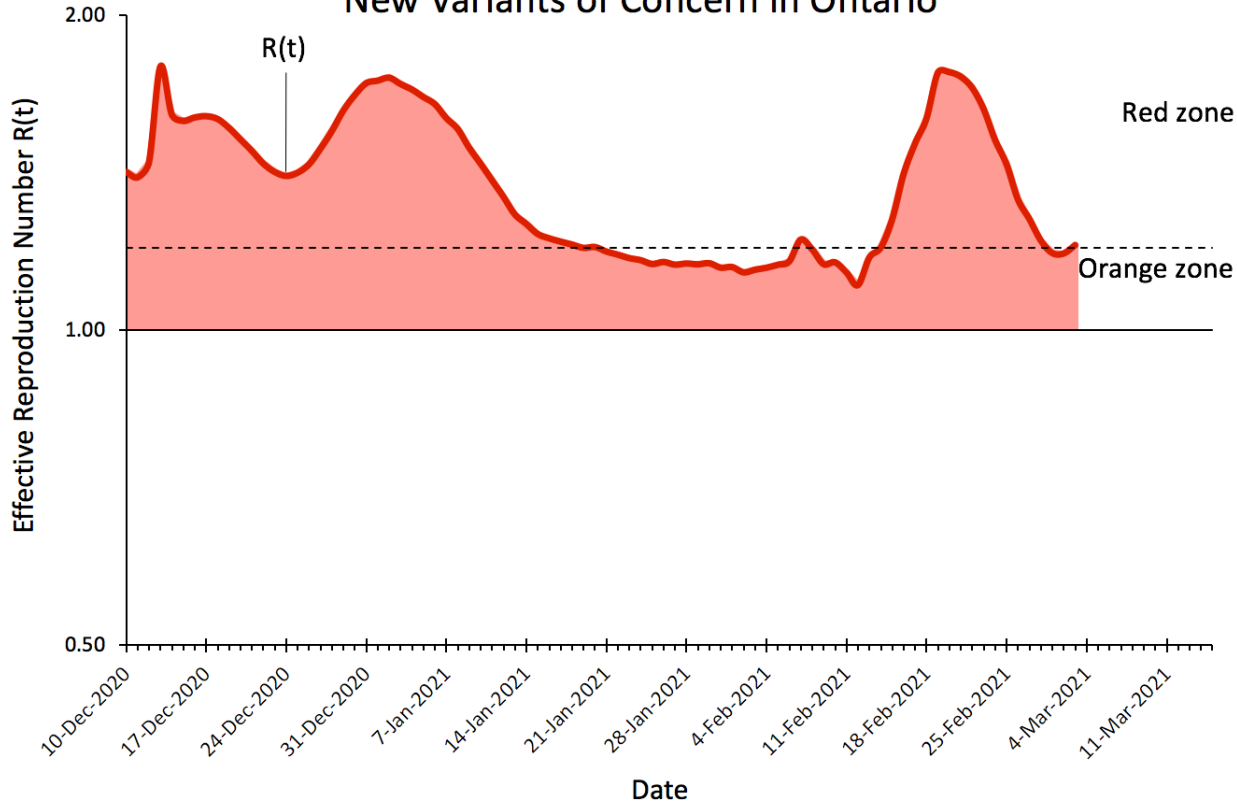
Data note: Data for the most recent day have been censored to account for reporting delays

# New variants of concern spread more easily than early variants

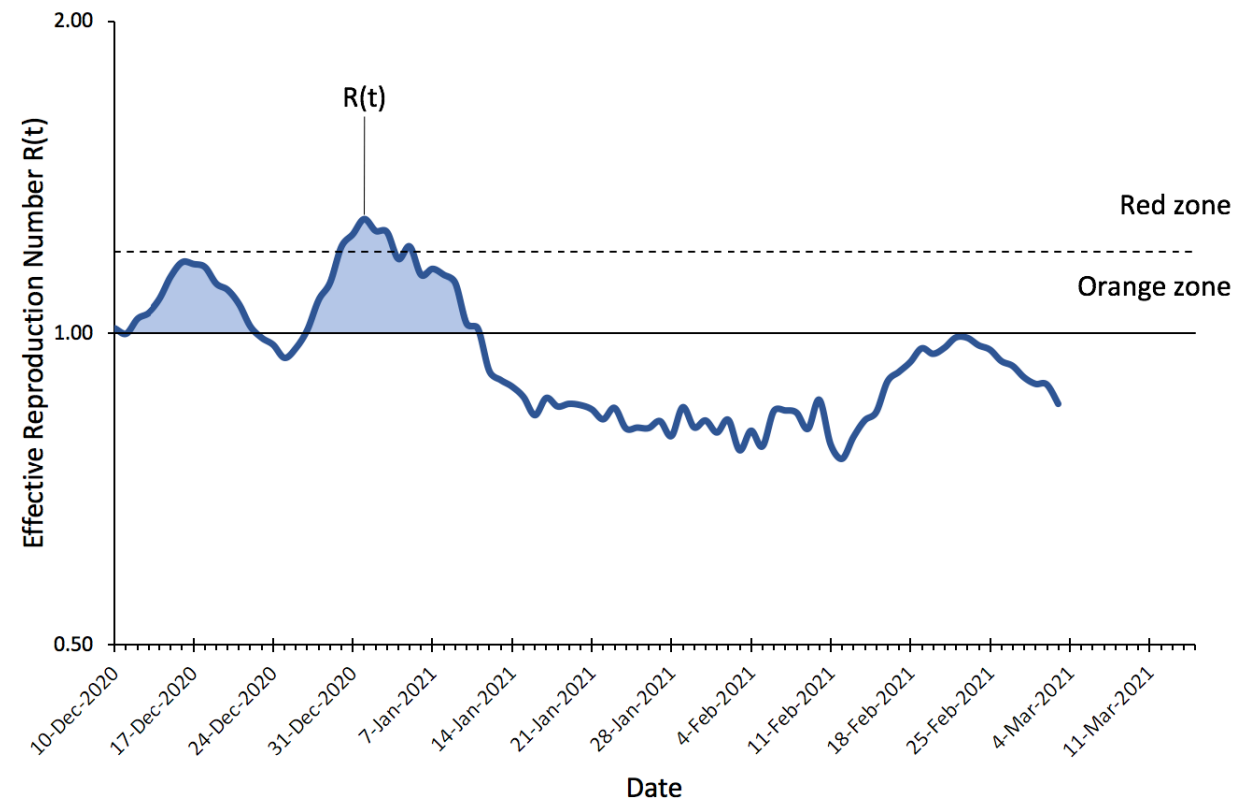


# New variants of concern spread more easily than early variants

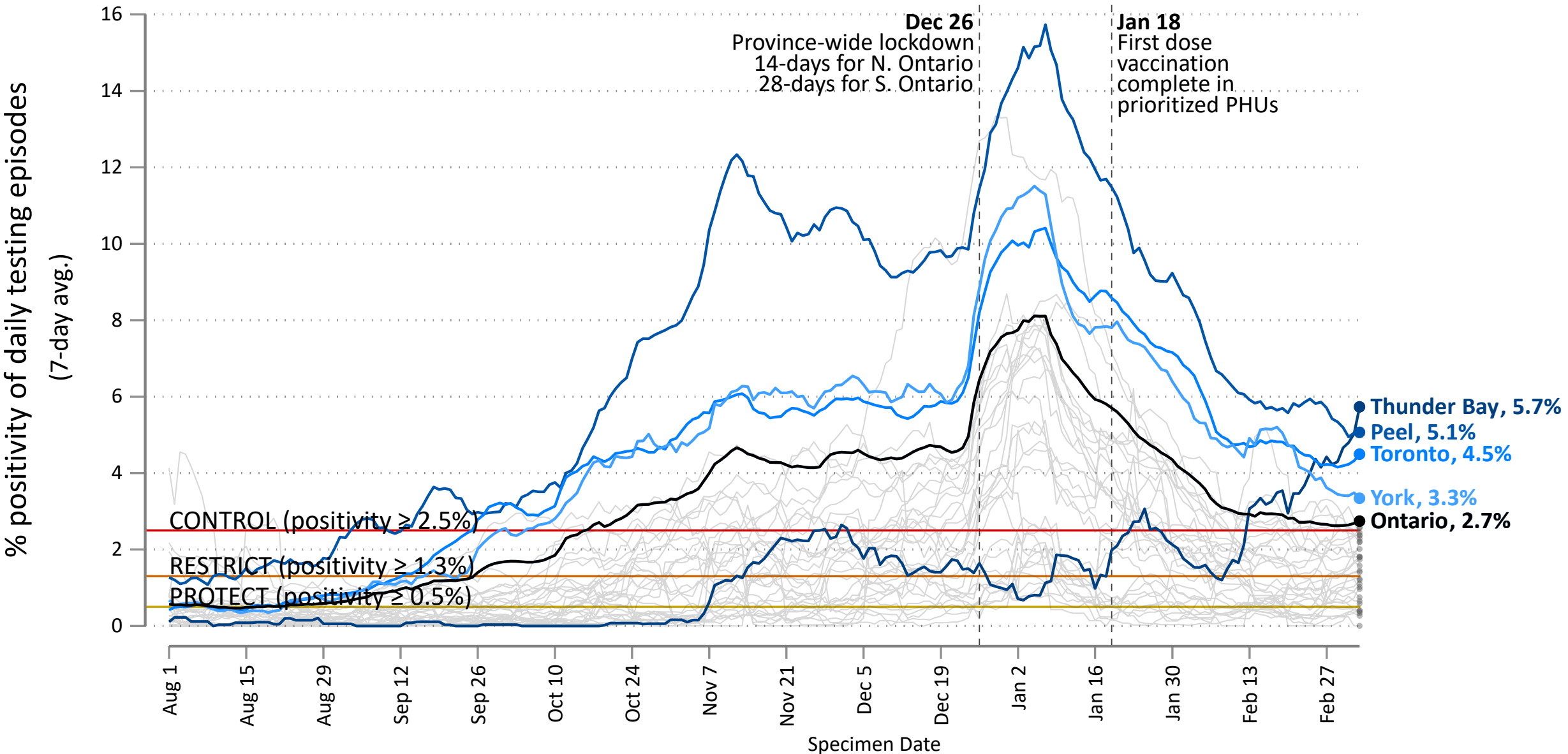
Effective Reproduction Number  $R(t)$  for New Variants of Concern in Ontario



Effective Reproduction Number  $R(t)$  for Early Variants in Ontario



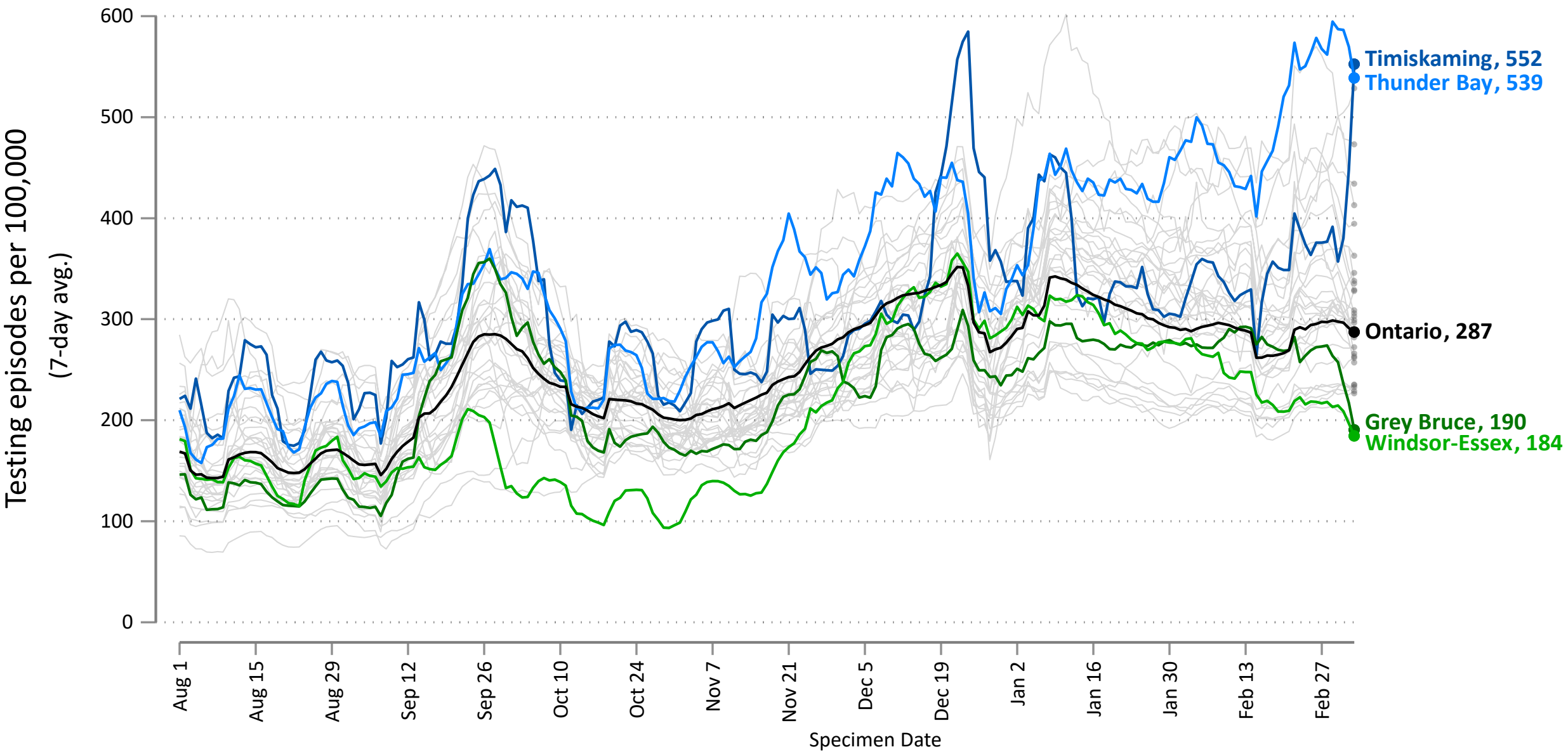
# COVID-19 testing % positivity across Public Health Units



Data source: Ontario Laboratory Information System (OLIS), data up to March 5



# Testing episodes per 100K across Public Health Units



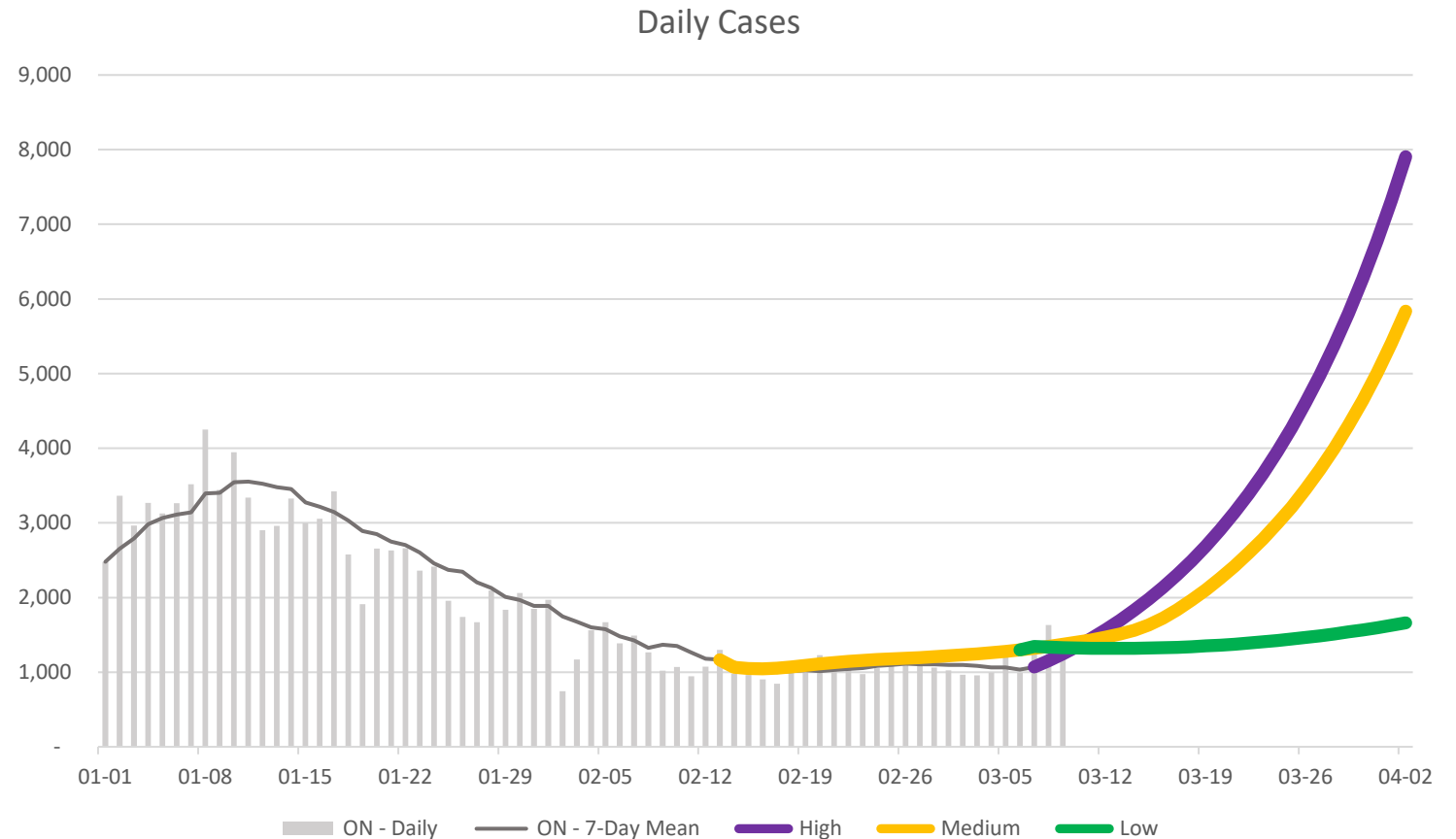
Data source: Ontario Laboratory Information System (OLIS), data up to March 5

# Case projections depend heavily on spread of variants

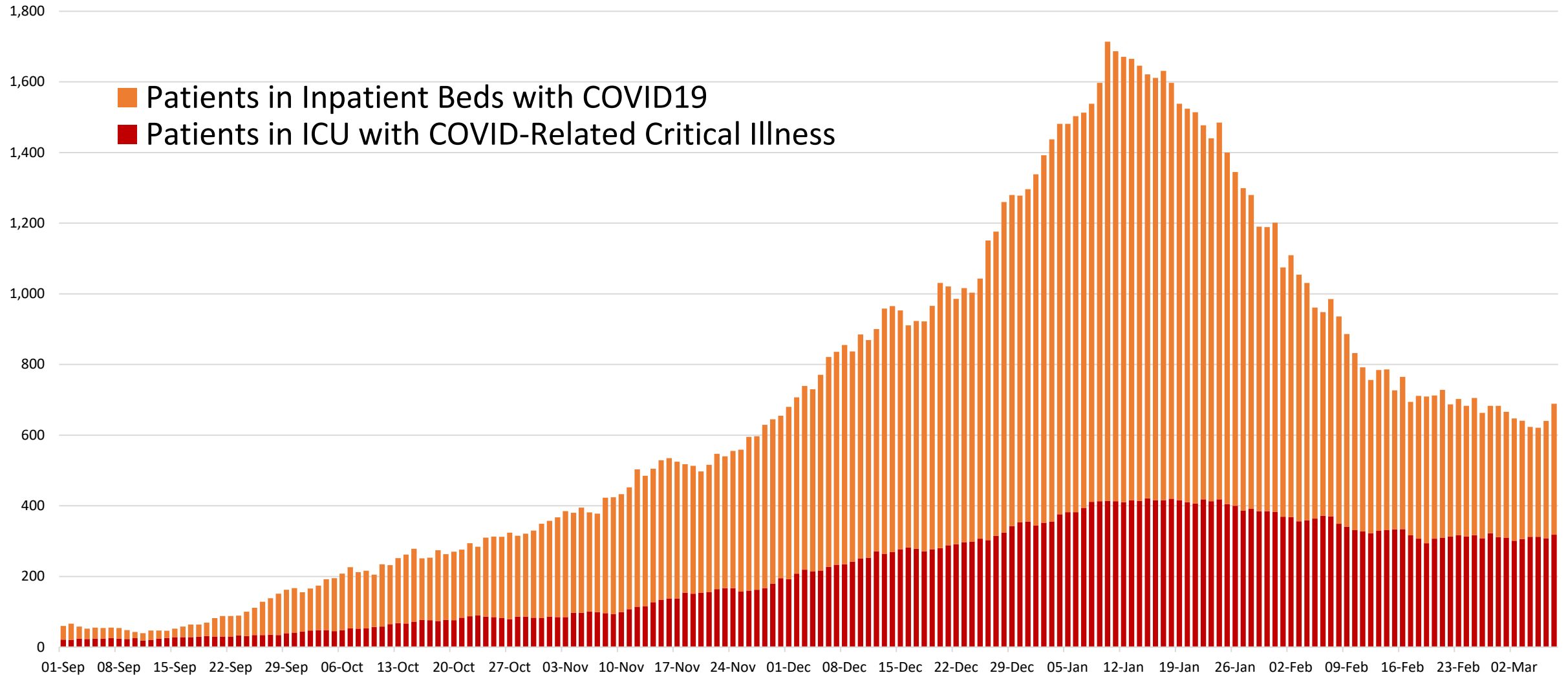
**Scenarios based on 5 models, 3-5 scenarios each.**

Optimistic scenario reflects:

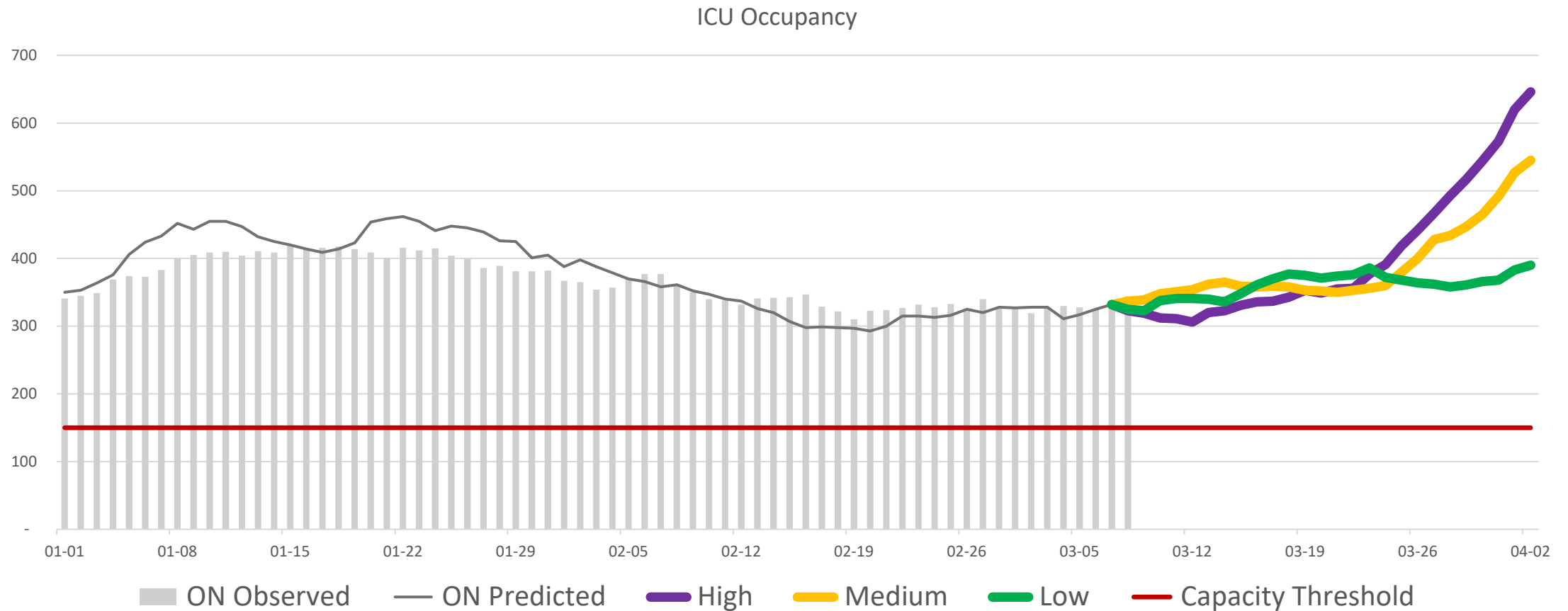
- Modeling approach
- Low increase of VOCs over time
- Low transmissibility of VOCs
- Degree and timing of relaxing public health measures



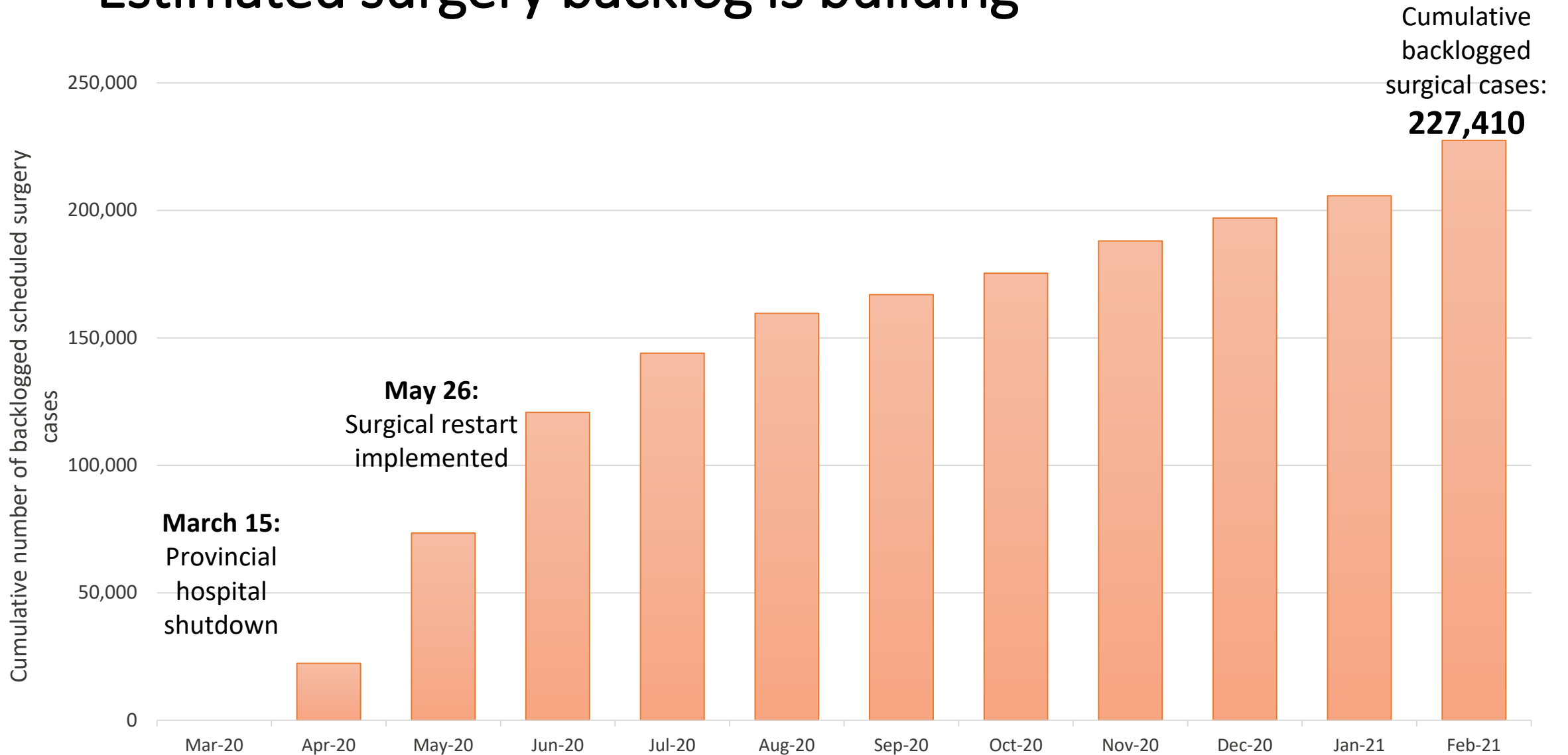
# COVID-19 hospitalization and ICU occupancy decreases have levelled off.



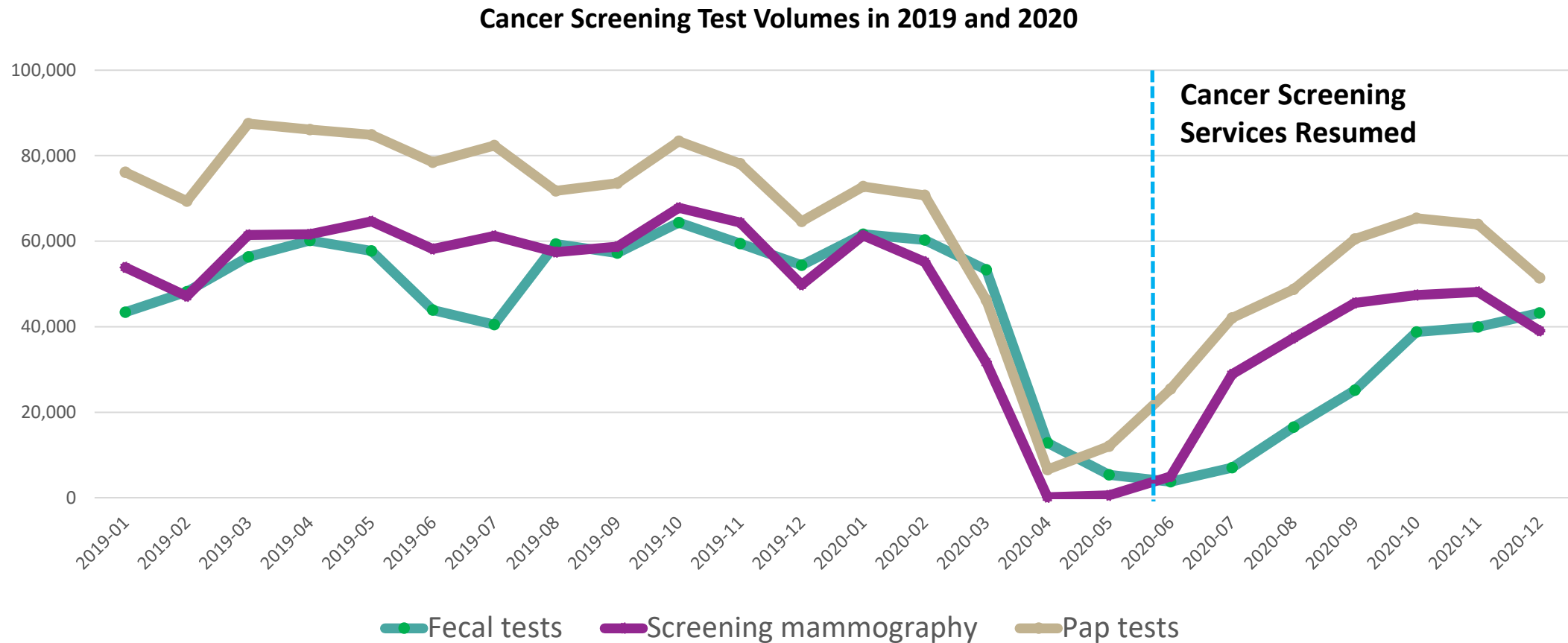
# As with cases, ICU projections depend heavily on variants and public health measures



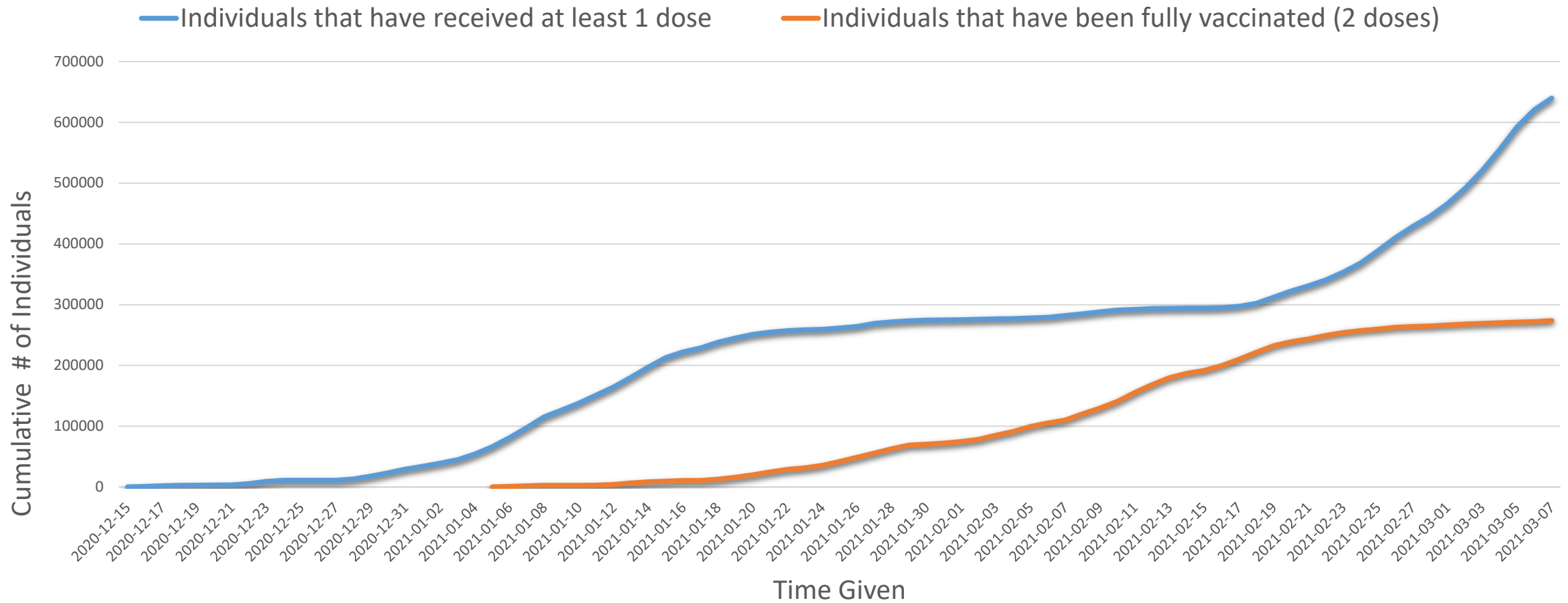
# Estimated surgery backlog is building



# Cancer Screening volumes have declined substantially with long-term consequences for cancer outcomes



# More Ontarians are getting vaccinated, focusing coverage on areas where impact is greatest will be important.



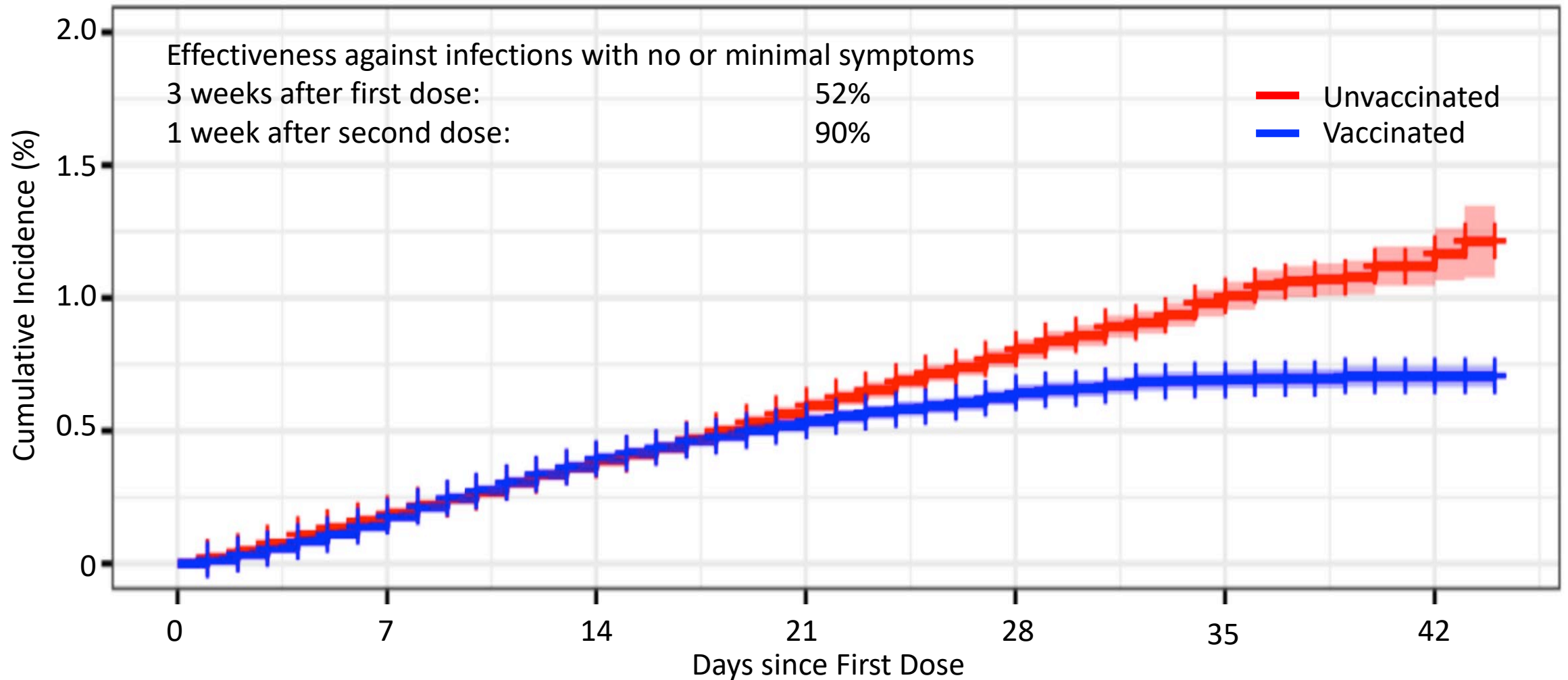
Source: COVax-ON data March 8, 2021 – 2:10 PM

- Data for Time Given between 12/15/2020 to 03/07/2021

- Dose 1 Administered was determined based on the first Time Given for each client.

- Dose 2 Administered was determined based on the last Time Given for each client where there is more than 1 dose administered

# Real-world evidence suggests vaccines reduce infection and decrease transmission





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