

## 1. Data Summary and Key Messages

### Local Summary (Hospital ED Visits):

The aggregate trend in emergency department (ED)<sup>1</sup> visits for respiratory-related complaints<sup>2</sup> at local LGLDHU hospitals continues to be range bound and lower than normal. This trend has also been observed for Ontario overall. Currently, respiratory-related complaints account for 4% of LGLDHU hospital ED visits. The median age of respiratory-related ED visitors was 27-years over the past week (Min = 0, Max = 98).

### Highlights & Key Messages:

#### LGLDHU Case Summary (all cases):

- 352 lab confirmed cases including 52 deaths & 299 (99%) recovered in LGLDHU<sup>3,4,5</sup>:
  - ◊ Community cases: 78 (22%), 75 (100%) recovered
  - ◊ Healthcare worker cases: 85 (24%), 85 (100%) recovered
  - ◊ Long-term care/retirement residence cases: 189 (54%), 139 (99%) recovered
  - ◊ 0 (0%) increase in lab confirmed cases since last report
  - ◊ Lab confirmed case positivity was 11% in March/April with 3194 lab tests.
  - ◊ Lab confirmed case positivity is <1% in May/June with 4787 lab tests.
  - ◊ 1 current COVID-19 related outbreaks in long-term care facilities
  - ◊ Cases geographically spread across region (18/21 municipalities reporting cases)
  - ◊ 242 (69%) of cases are female
  - ◊ Median age of cases is 73-years (min = 0, max = 104)
  - ◊ 3% < 19-years, 16% 20-44 years, 20% 45-64 years, 61% 65+ years
  - ◊ 0 (0%) of cases currently hospitalized

#### LGLDHU Deaths Summary:

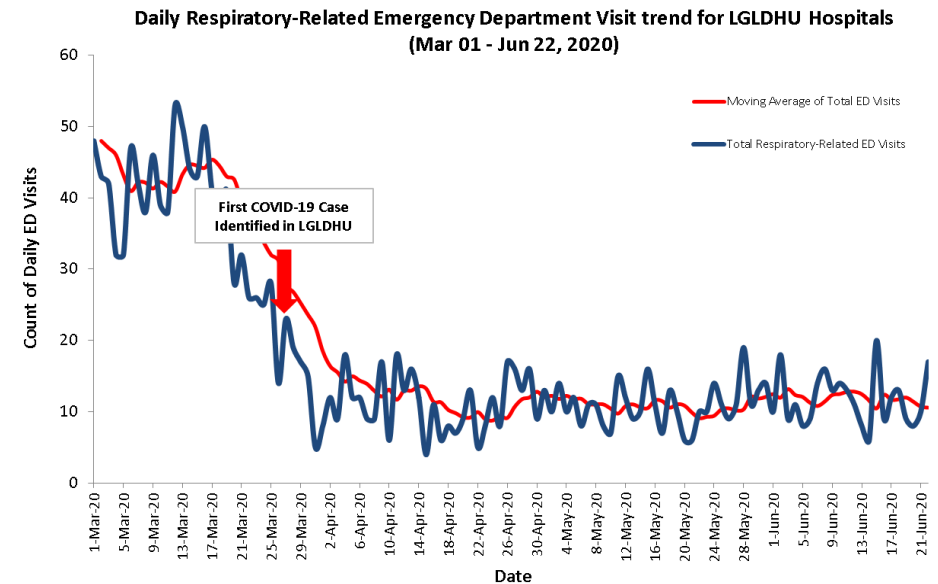
- 52 deaths (49 (94%) long-term care, 3 (6%) community)
  - ◊ Case fatality rate is 15%
  - ◊ Median age of deaths is 86-years (min = 56, max = 104)
  - ◊ 50 (96%) of deaths occurred in population aged 65+ years
  - ◊ 33 (64%) of deaths were female
  - ◊ 13 (25%) of deaths occurred in hospital

#### Provincial:

- 33,853 lab confirmed cases (16,418 investigations)
  - ◊ 2,619 deaths & 29,107 (86%) resolved in Ontario.
  - ◊ <1% increase in lab-confirmed cases since last report

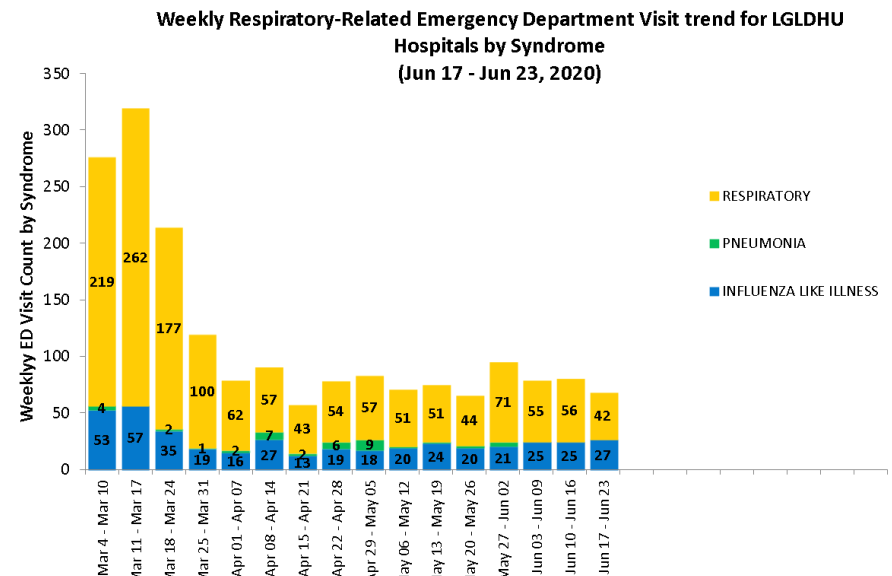
For more information visit: <https://healthunit.org/coronavirus/>, call the *Infectious Diseases Line* at 613.345.5685 (ex 2222) or contact the epidemiologist at [epi@healthunit.org](mailto:epi@healthunit.org)

## 2. Respiratory Related ED Visits to LGLDHU Hospitals<sup>1</sup>



Source: Acute Care Enhanced Surveillance (ACES). KFLA 2020, LGLDHU Data.

## 3. Respiratory Related ED Visits by Syndrome



Source: Acute Care Enhanced Surveillance (ACES). KFLA 2020, LGLDHU Data.

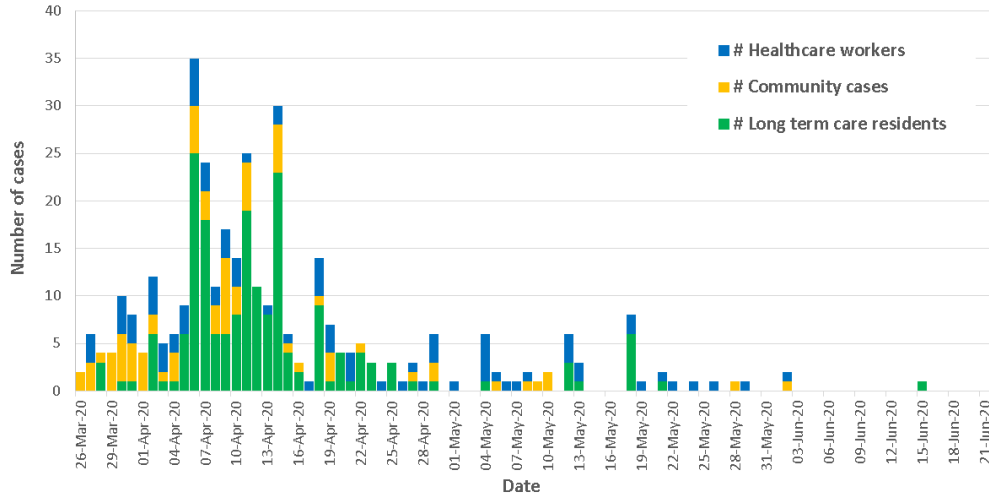
### 4. Data Summary and Key Messages

#### Local Summary (Hospital Admissions):

The aggregate trend in emergent admissions<sup>1</sup> for respiratory-related<sup>2</sup> reasons at local LGLDHU hospitals continues to remain range bound and low. The same trend has been observed for Ontario overall. Currently, respiratory-related complaints account for about 3% of LGLDHU hospital admissions. The median age for respiratory-related admissions was 68-years over the past week (Min = 6, Max = 78).

### 6. COVID-19 Lab Confirmed Case Summary for LGLDHU

Daily count for lab confirmed positive COVID-19 cases by case type  
(As of Jun 22, 2020: LGLDHU)



Source: Integrated Public Health Information System. Ontario MOHLTC. LGLDHU Data.

**Note 1:** Reporting hospitals include: Brockville General (BRGH), Kemptville District (KEDH), Carleton Place Memorial (CCC), Smiths Falls (SFH), Perth (GWMH).

**Note 2:** Respiratory-related emergency department visits or admissions include: Bronchitis, Croup, influenza-like illness (ILI), pneumonia, and respiratory syndromes.

**Note 3:** LGLDHU and provincial counts may differ due to data abstraction time differences.

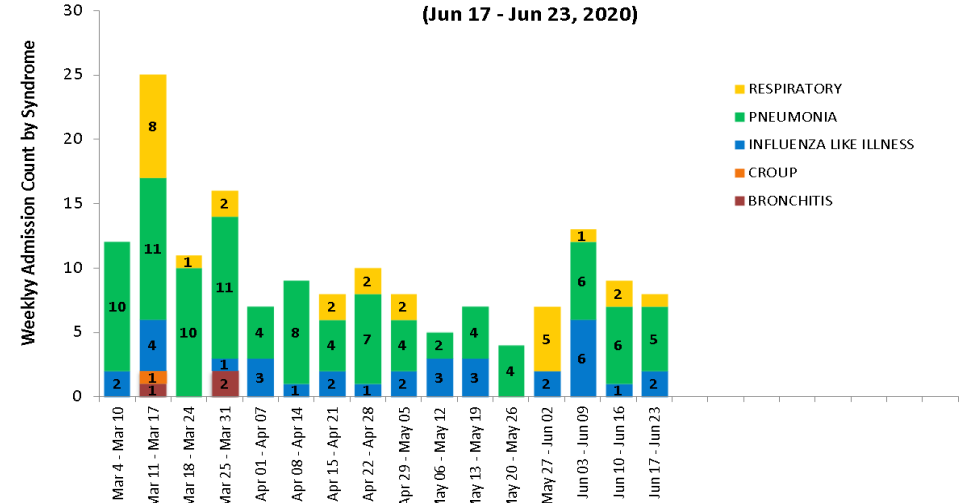
**Note 4:** Recovered case statistics do not include deaths but do include residual effects cases (see glossary for definition). Currently there is one case with residual effects in LGLDHU.

**Note 5:** Numbers of deaths on this report are determined by criteria set out by the Ministry of Health to establish if COVID-19 was a contributing factor to the death.

**Note 6:** Includes Almonte, Brockville & Perth-Smiths Falls COVID-19 assessment sites.

### 5. Respiratory Related Admissions by Syndrome

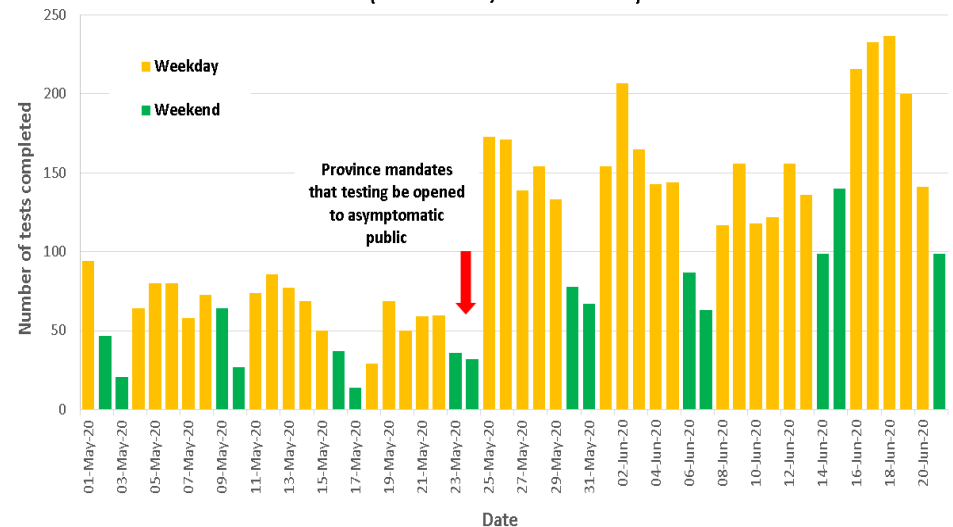
Weekly Respiratory-Related Emergent Hospital Admissions trend for LGLDHU by Syndrome (Jun 17 - Jun 23, 2020)



Source: Acute Care Enhanced Surveillance (ACES). KFLA 2020, LGLDHU Data.

### 7. Assessment Centre Tests Completed<sup>6</sup>

Total daily count for assessment centre tests completed (As of Jun 22, 2020: LGLDHU)



Source: Ontario Health East. Ontario MOHLTC. LGLDHU Data.

**Aggregate trend:** The process of smoothing out time series data to make it easier to distinguish real trends from erratic day-to-day fluctuations in case counts. Usually accomplished by averaging several days worth of data. Also known as a moving average or data smoothing.

**Assessment centre:** Assessment Centres are out-of-hospital clinics where people can be seen by a health-care provider for COVID-19 concerns, rather than having to visit an Emergency Department, Urgent Care Centre or family doctor's office. There is no medication or treatment onsite at COVID-19 Assessment Centres. Ontario's COVID-19 Assessment Centres are intended to educate and provide further guidance as well as to triage individuals and determine the next steps in their care.

**Case fatality rate:** Number of confirmed COVID-19 related deaths divided by the total number of lab confirmed cases. Expressed as a percentage.

**Case positivity rate:** Number of lab-confirmed COVID-19 cases divided by the total number of positive and negative lab reports received. Expressed as a percentage.

**Community case:** A case that is neither a resident of a long-term care facility nor a healthcare worker and lives within the geographic boundaries of the Leeds, Grenville & Lanark District Health Unit.

**iPHIS:** Integrated Public Health Information System: an information system for the reporting and surveillance of diseases of Public Health significance in Ontario. Each public health unit is responsible for collecting case information on reportable communicable diseases occurring within their boundaries and entering information into iPHIS. Cases are classified in iPHIS according to the Ontario Ministry of Health and Long-Term Care (MOHLTC) case definitions.

**Median age:** The median value is simply the division of a set of measurements into two equal parts where half of the measurements are above and half are below the median (middle) value.

**Recovered case:** The term recovered (or resolved) COVID-19 cases indicate a case that was lab-confirmed as positive and did not die from the disease and no longer is considered to be infectious. This includes individuals that are at least 14-days past symptom onset with COVID-19 symptoms resolving, and asymptomatic individuals that are 14 days from the date of the positive test. Some recovered individuals with severe disease may still continue to have residual effects of the COVID-19 infection. A residual effect is any health care need (e.g., use of oxygen) or impact on health that was not present before the case's onset of COVID-19.

**Syndromic surveillance:** Provides real-time epidemiological surveillance of local hospital emergency department visits and hospital admissions. Syndromic surveillance data is categorized based on chief complaint at time of hospital triage. The data presented in this report is obtained in real time to provide situational awareness for emerging or ongoing COVID-19 activity in our population. Hospital triage data does not constitute a diagnosis but should be considered a proxy for trends in COVID-19 disease incidence in our communities.