

COVID-19 Trend Analysis

January 1, 2023, to January 31, 2024

Summary of Covid Pandemic

The Omicron variant appeared at the end of November 2021 and hit like a tsunami. The 5th wave saw our key indicators rise spectacularly, including record-breaking case counts and hospitalizations during the first month of 2022. The numbers peaked in mid-January before falling significantly by mid-March. This signaled the end of the 5th wave.

As a comparison, from January 1st to March 31st, 2022, 6,087 cases were declared compared to 1,966 and 959 cases during the same timeframe in 2021 and 2023, respectively. The actual number during the 5th wave was much higher and as, from December 2021 onwards, only the high-risk cases were identified through a PCR test.

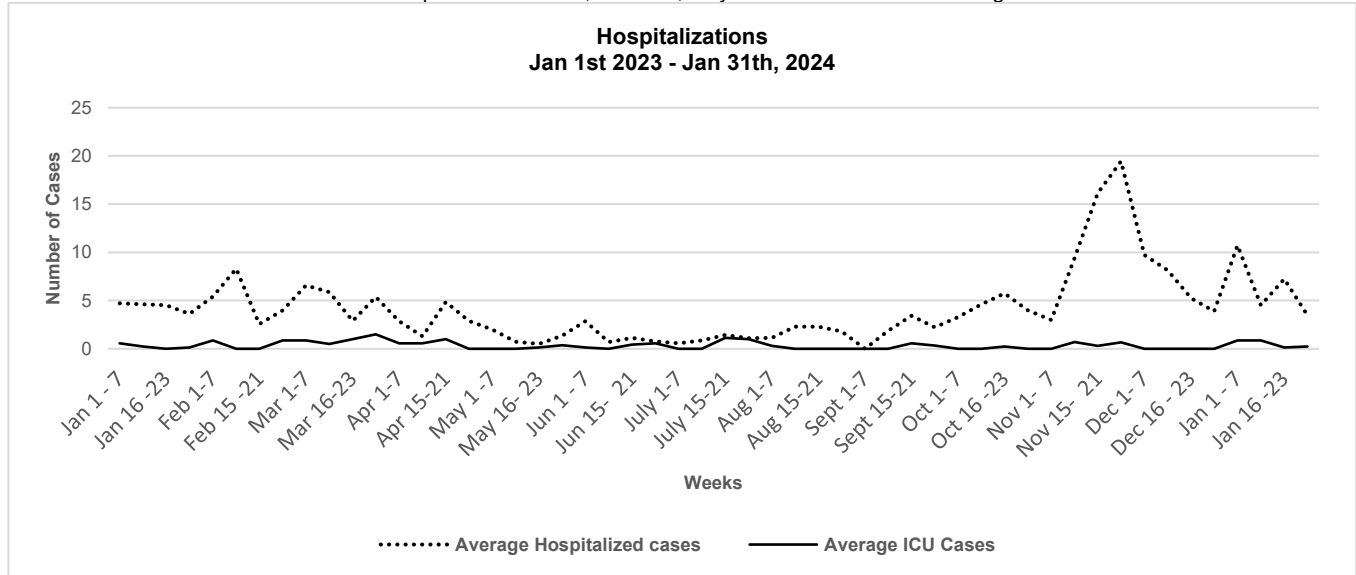
The 6th COVID-19 wave occurred from mid-March until the end of April 2022, as we saw our indicators start to rise in mid-March, peak, and then fall by the end of April. Our indicators then leveled off throughout May and June but rose again at the beginning of July, plateauing July-August. This indicates that we were in a 7th wave. By the beginning of September, our cases decreased until mid-September and rose again until October.

During the first two months of 2023, there was limited fluctuation in the data. However, there was a slight increase in cases starting from March 2023, followed by a decrease and plateau over the next several months. Similar to other respiratory illnesses, cases increased during the autumn and winter.

Despite a significant decrease in cases since the beginning of 2023, positive cases, hospitalizations, and deaths have continued. Similar to summers over the past three years (2020 to 2022), the summer of 2023 saw a significant improvement in all indicators: a drop in cases, lower positivity, less COVID-19 in wastewater, fewer outbreaks, and fewer deaths. During the fall months, we saw a rise in the indicators. However, this trend has been decreasing recently.

EOHU Hospitalizations

At the end of January 2023, cases were slightly increased, followed by a decrease in the second week of February. This trend continued until the beginning of March, after which the number of cases stabilized. Unfortunately, a few cases still required hospitalization throughout the spring and summer of 2023. During the fall season, there was an increase in cases, followed by a decrease at the end of November. Since fall, there have been fluctuations in the number of hospitalization cases; however, they are within a reasonable range.



Source: Ontario Ministry of Health, Public Health Case and Contact Management Solution (CCM)

Weeks, 2023	Average Hospitalized Cases	Average ICU Cases
Jan 1-7	5	1
Jan 8-15	5	0
Jan 16-23	5	0
Jan 24-31	4	0
Feb 1-7	5	1
Feb 8 -14	8	0
Feb 15-21	3	0
Feb 22- 28	4	1
Mar 1-7	7	1
Mar 8-15	6	1
Mar 16-23	3	1
Mar 24-31	5	2
Apr 1-7	3	1
Apr 8 -14	1	1
Apr 15-21	5	1
Apr 22-30	3	0
May 1-7	2	0
May 8-15	1	0
May 16 -23	1	0
May 24-31	1	0
June 1-7	3	0
June 8-14	1	0
June 15-21	1	0
June 22-30	1	1
July 1-7	1	0
July 8-14	1	0
July 15-21	1	1
July 22-31	1	1
Aug 1-7	1	0
Aug 8-14	2	0
Aug 15-21	2	0
Aug 22-31	2	0
Sept 1-7	0	0
Sept 8 -14	2	0
Sept 15-21	3	1
Sept 22-30	2	0
Oct 1-7	3	0
Oct 8 -15	5	0
Oct 16-23	6	0
Oct 24-31	4	0
Nov 1- 7	3	0
Nov 8- 14	9	1
Nov 15- 21	16	0
Nov 22 - 30	19	1
Dec 1- 7	10	0
Dec 8- 15	8	0
Dec 16 - 23	5	0
Dec 24- 31	4	0

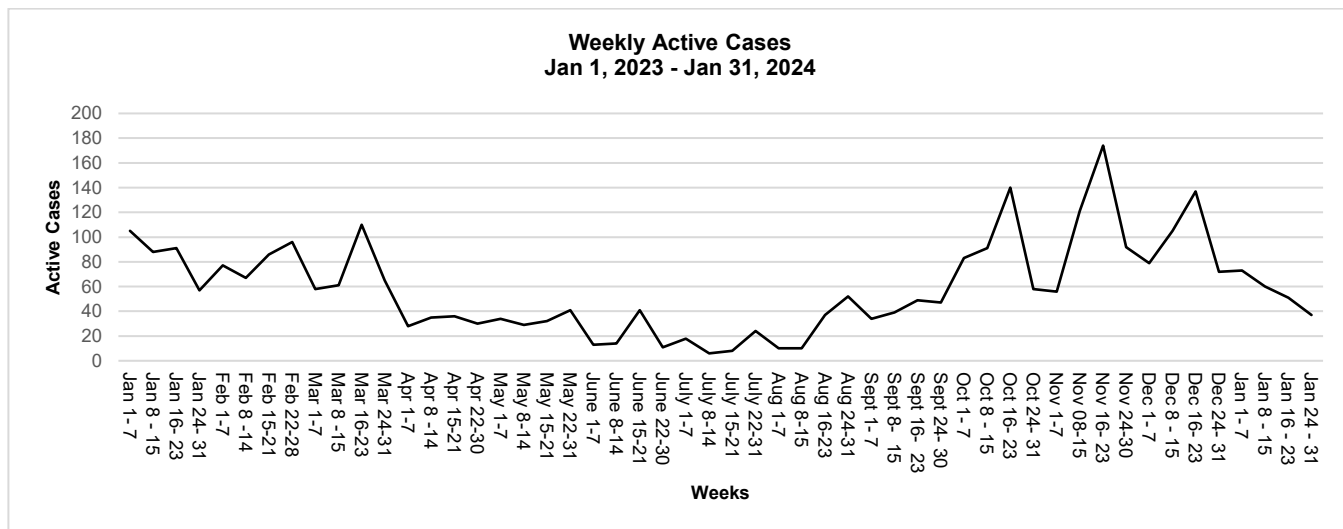
Weeks, 2024	Average Hospitalized cases	Average ICU Cases
Jan 1-7	11	1
Jan 8-15	5	1
Jan 16-23	7	0
Jan 24-31	4	0

EOHU COVID-19 Trend Analysis - January 1, 2023 to January 31, 2024

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EOHU Active Cases

There was a slight increase followed by a decline and then stabilization in cases throughout 2023. However, there have been some ebbs and flows in case numbers since the spring of 2023, with a peak of 40+ cases during the week of June 15 to 21, followed by a drop below 20 cases. There has been an elevation in cases since mid-August, reaching a weekly average of 174 cases in mid-November. Since December, there has been a decline in our active cases.



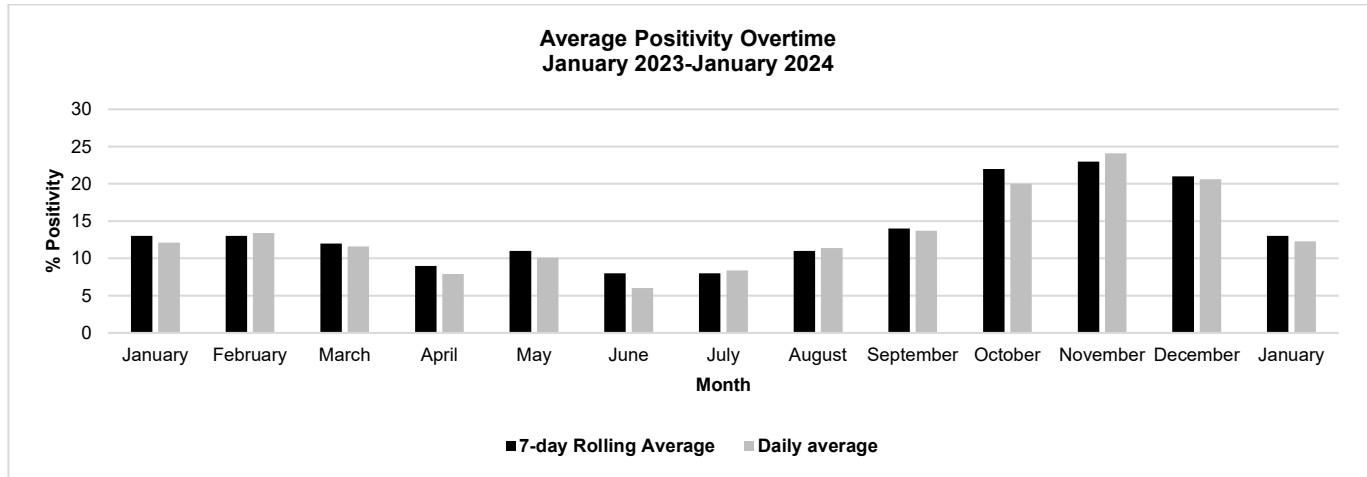
Source: Ontario Ministry of Health, Public Health Case and Contact Management Solution (CCM)

Weeks 2023	Active Case Counts
Jan 1-7	105
Jan 8-15	88
Jan 16-23	91
Jan 24-31	57
Feb 1-7	77
Feb 8-14	67
Feb 15-21	86
Feb 22-28	96
Mar 1-7	58
Mar 8-15	61
Mar 16-23	110
Mar 24-31	65
April 1-7	28
April 8-14	35
April 15-21	36
April 22-30	30
May 1-7	34
May 8-14	29
May 15-21	32
May 22-31	41
June 1-7	13
June 8-14	14
June 15-21	41
June 22-30	11
July 1-7	18
July 8-14	6
July 15-21	8
July 22-31	24
Aug 1-7	10
Aug 8-15	10
Aug 16-23	37
Aug 24-31	52
Sept 1-7	34
Sept 8-15	39
Sept 16-23	49
Sept 24-30	47
Oct 1-7	83
Oct 8-15	91
Oct 16-23	140
Oct 24-31	58
Nov 1-7	56
Nov 08-15	121
Nov 16-23	174
Nov 24-30	92
Dec 1-7	79
Dec 8-15	105
Dec 16-23	137
Dec 24-31	72

Weeks 2024	Active Case Counts
Jan 1-7	73
Jan 8-15	60
Jan 16-23	51
Jan 24-31	37

EOHU Positivity Rate: a 7-day rolling average

From a high of 18.1% on January 2nd and a 7-day rolling monthly average of 13% for January, these rates remained stable in February and March before decreasing in April and plateauing during the summer months, reaching a low of 8% for the 7-day rolling monthly average. It then rebounded to a high of 35.1% in November, with an average monthly rate of 24.1%. However, this rate decreased in January 2024, to a monthly 7-day rolling average of 13%.

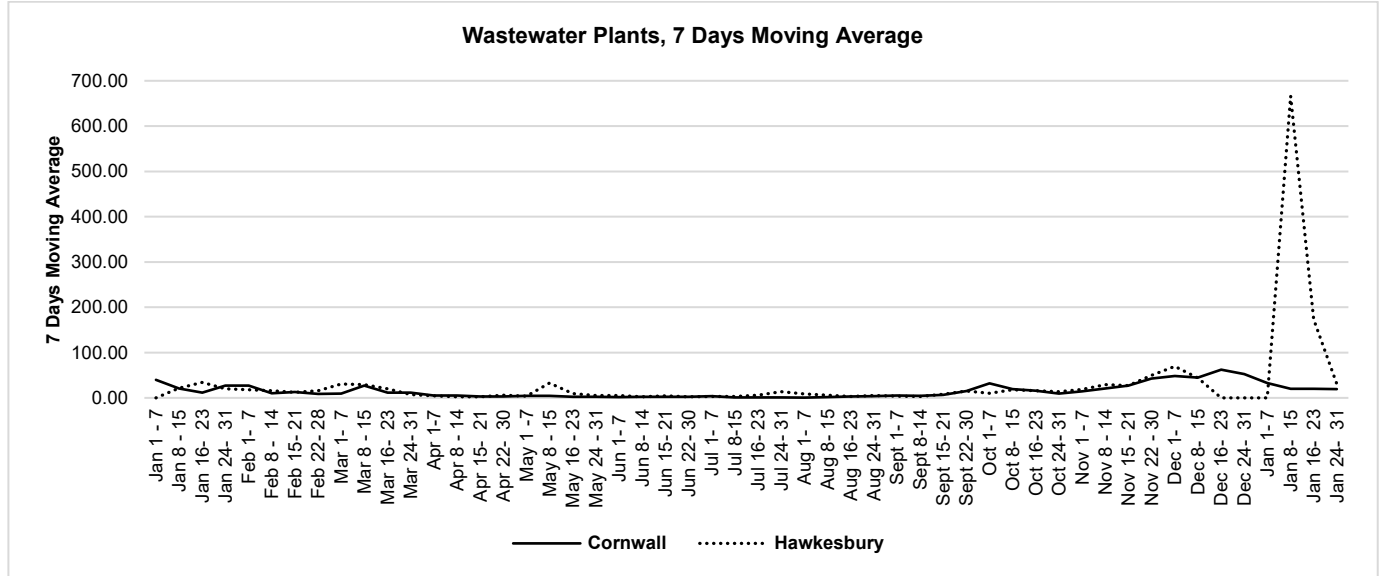


Source: MOH Capacity, Planning and Analytics Division

Month 2023/2024	7-day Rolling Average (%)	Daily Average (%)
January	13	12.1
February	13	13.4
March	12	11.6
April	9	7.9
May	11	10.1
June	8	6
July	8	8.4
August	11	11.4
September	14	13.7
October	22	20
November	23	24.1
December	21	20.6
January	13	12.3

EOHU Wastewater Plants

As illustrated in the following figure, in 2023, both Cornwall and Hawkesbury sites experienced an increase in virus found per unit of wastewater in January, March, and October to December while remaining at lower levels during the other months. In 2023, the virus per unit in wastewater showed ebbs and flows over the winter months. In the spring and summer months of 2023, there was a decline in the rates. However, we see an increase in these rates during the second week of January, with the highest ascent of 666.36 GC/mL specifically for Hawkesbury, followed by a decrease, reflecting the increase in COVID-19 activity in this region.



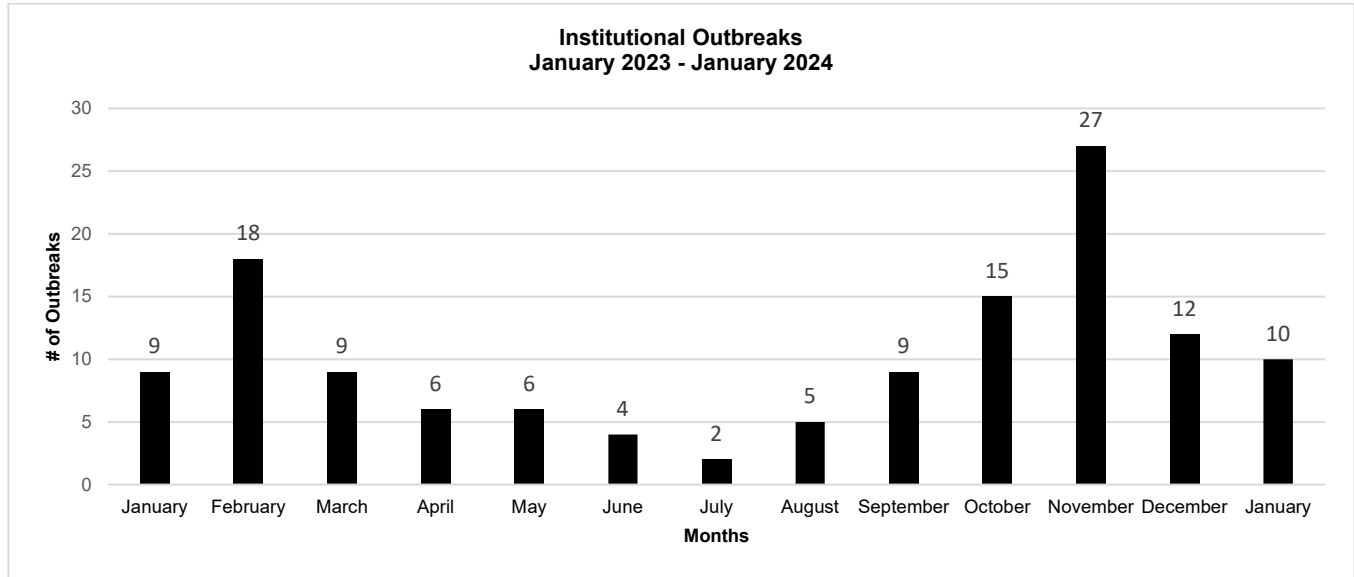
Source: Ontario Ministry of Health, Ontario Wastewater Surveillance Initiative Data Visualization Hub (BETA).

2023	Cornwall	Hawkesbury
Jan 1-7	39.80	0.00
Jan 8-15	20.83	21.18
Jan 16-23	11.31	34.39
Jan 24-31	27.21	20.35
Feb 1-7	27.34	17.93
Feb 8-14	9.93	16.14
Feb 15-21	13.08	12.63
Feb 22-28	8.60	16.16
Mar 1-7	9.64	30.59
Mar 8-15	27.28	29.17
Mar 16-23	11.64	19.97
Mar 24-31	11.82	7.03
Apr 1-7	5.09	4.83
Apr 8-14	4.89	2.39
Apr 15-21	3.17	2.75
Apr 22-30	3.41	6.04
May 1-7	4.35	3.57
May 8-15	4.77	33.10
May 16-23	2.73	9.57
May 24-31	2.69	5.02
Jun 1-7	1.44	5.03
Jun 8-14	2.52	2.42
Jun 15-21	2.68	4.65
Jun 22-30	2.64	2.08
Jul 1-7	4.04	2.85
Jul 8-15	0.73	3.35
Jul 16-23	0.96	5.60
Jul 24-31	1.25	13.67
Aug 1-7	0.58	8.95
Aug 8-15	1.49	6.17
Aug 16-23	3.32	3.44
Aug 24-31	4.00	5.48
Sept 1-7	5.21	3.48
Sept 8-14	4.18	2.90
Sept 15-21	6.75	8.17
Sept 22-30	15.32	14.83
Oct 1-7	31.82	9.88
Oct 8-15	19.20	17.95
Oct 16-23	15.61	15.71
Oct 24-31	9.81	13.93
Nov 1-7	14.64	19.01
Nov 8-14	20.59	29.53
Nov 15-21	27.30	26.97
Nov 22-30	42.57	49.74
Dec 1-7	48.66	69.62
Dec 8-15	44.77	44.05
Dec 16-23	62.30	0.00
Dec 24-31	52.50	0.00

2024	Cornwall	Hawkesbury
Jan 1-7	33.03	0.00
Jan 8-15	20.29	666.36
Jan 16-23	19.93	173.03
Jan 24-31	19.38	30.63

EOHU Institutional Outbreaks

In 2023, we reached the first peak in the number of outbreaks at the beginning of the year (in February) with a total of 18 outbreaks, which then dropped to a low of 2 in July. The number of outbreaks climbed to 27 in November before falling to an average of 10 in January.



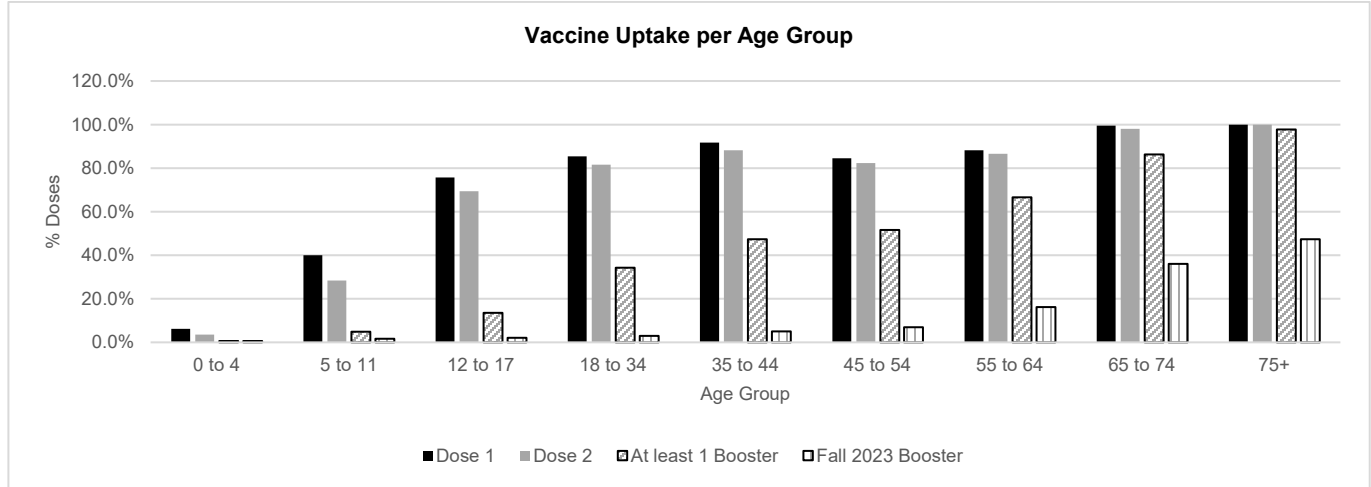
The outbreaks were identified by their reported date.
Source: EOHU, Institutional outbreak advisory, ID team

Months 2023/2024	Outbreaks
January	9
February	18
March	9
April	6
May	6
June	4
July	2
August	5
September	9
October	15
November	27
December	12
January	10

EOHU Vaccine Coverage

Initially, there was significant uptake for the first and second doses of the COVID-19 vaccine in the youth and adult population (individuals aged 12 and over). However, as the graph below indicates, the additional booster dose was less popular with the younger population (individuals under 55). The younger age groups have not yet reached 60% coverage, compared to the 65+ population, which has an average coverage of 86.3%.

The fall 2023 booster has shown a similar pattern, with a better uptake amongst the older populations, whereas there was minimal uptake in the younger populations.



Source: MOH Capacity, Planning and Analytics Division

Age	Dose 1	Dose 2	At least 1 Booster	Fall 2023 Booster
0 to 4	6.2%	3.8%	0.9%	2.1%
5 to 11	38.8%	27.6%	5.1%	2.6%
12 to 17	75.1%	68.4%	13.5%	3.0%
18 to 34	85.4%	81.5%	34.1%	4.0%
35 to 44	92.0%	88.5%	47.5%	6.7%
45 to 54	84.3%	82.1%	51.3%	8.8%
55 to 64	87.7%	86.1%	66.1%	19.8%
65 to 74	99.9%	98.6%	86.8%	42.4%
75+	99.9%	99.9%	98.3%	56.0%

Seeing that a large portion of the population was vaccinated and exposed to COVID-19, the indicators plateaued mainly during the winter and spring of 2023, followed by a drop in the summer. However, as people moved indoors for the cold season and adults and children returned to work and school; the ebbs and flows in the indicators demonstrated that COVID-19 is still present and active in our community.

In the fall of 2022, we saw high rates of influenza and RSV co-occurring as an increase in COVID-19 activity, which overwhelmed our healthcare system. Fortunately, we did not see the same situation in 2023.

Many residents currently hospitalized have a variety of different co-morbidities and influencing factors. For many, the factor is age. However, in our population under 70 years old, the following co-morbidities are common: congestive heart failure, heart disease, chronic obstructive pulmonary disease (COPD), diabetes, obesity, renal disease, and different cancers. This highlights the importance of protecting yourself and loved ones if these co-morbidities exist.

Scientific literature has demonstrated a waning in the protection offered by COVID-19 vaccines after six months. However, many specialists think that over 50% of the population has been exposed to the virus. Combined with the vaccination rate, this may explain why the latter waves are less strong¹. However, the variants circulating continued to impact our population due to the low coverage of the booster doses. Therefore, the population needs to receive their Fall booster, as these boosters effectively restore protection against infection². The waning protection offered by the earlier doses (less than 50%) increased to 92% following a booster. Different variants of the COVID-19 virus are still present in our communities. The best protection against catching the virus is to stay updated with the COVID-19 boosters.

Recommendations:

- ✓ Consider getting the fall booster shot. This is especially important if you or people you are in touch with regularly have co-morbidities (see summary above).
- ✓ If you are in a crowded public space and are not up-to-date with your vaccine coverage, consider staying 2m apart from others and wearing a mask.
- ✓ Ensure you wash or disinfect your hands as often as necessary.

¹ "A lot of Ontarians have already been infected with the Omicron variant — seroprevalence studies suggest half the population has natural immunity, he said — and that combined with high vaccination rates and the fact that a new variant of concern has not yet emerged, all bode well, Moore said." —Interview with Dr. Moore on August 5th, 2022, CTV News

² Cristina Menni PhD et al (2022). COVID-19 vaccine waning and effectiveness and side-effects of boosters: a prospective community study from the ZOE COVID Study. The Lancet Infectious Diseases, Volume 22, (7), P. 1002-1010.