Update on COVID-19 Projections

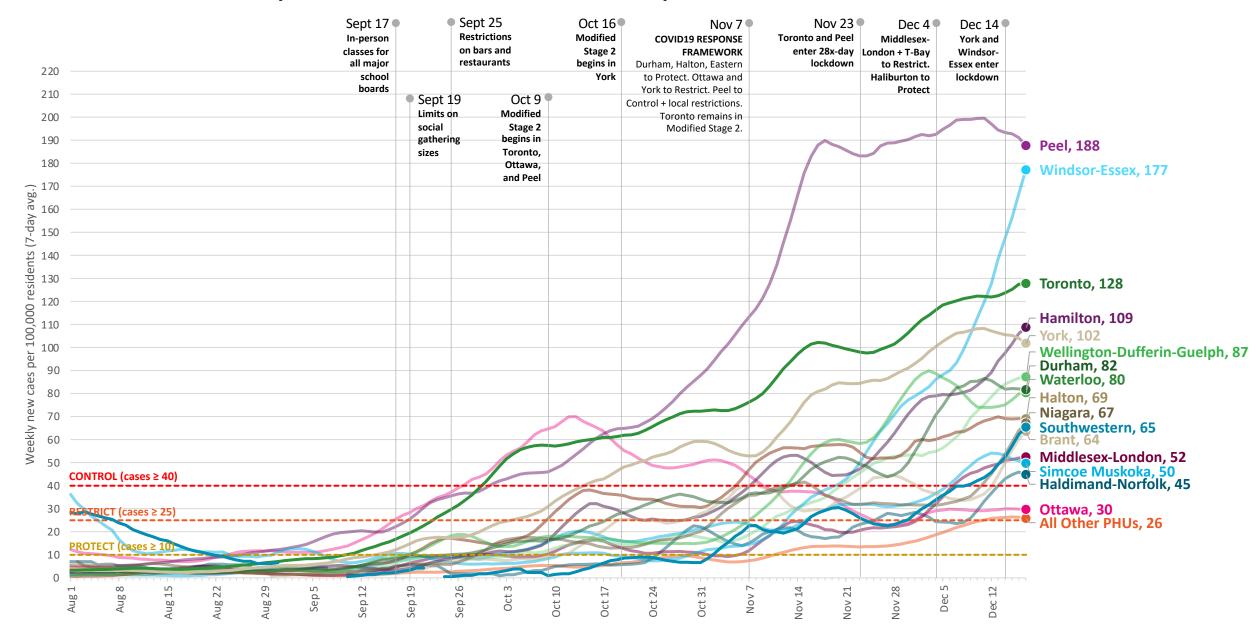
Science Advisory and Modelling Consensus Tables
December 19, 2020



Key Findings

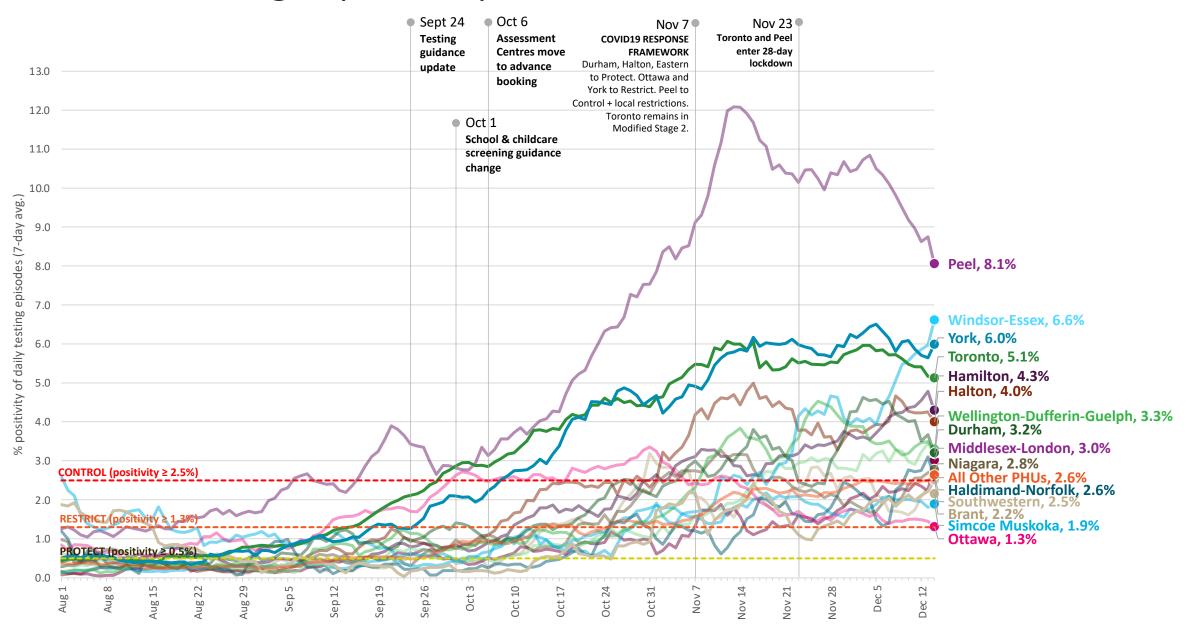
- Cases continue to grow and overall case levels are twice the "red" level. Percent positivity is flattening. Our ability to control case growth is still precarious.
- Continuing case growth will increase outbreaks in long-term care homes and other congregate settings.
- Under all scenarios, ICU occupancy will be above 300 beds within 10 days. Worst case scenarios show occupancy above 1,500 beds by mid-January.
- Based on experience in France and Australia, "hard lock-downs" of 4–6 weeks can reduce case numbers in Ontario to less than 1,000 per day and possibly much lower with increased testing and support.
- With lower case numbers we can maintain safe ICU care for COVID-19 and non-COVID-19 patients who require it.
- As noted in previous briefings, public health restrictions will require more resources (e.g. testing, isolation/quarantine support) in communities and essential service workplaces where exposure is higher.

Total new cases per 100,000 residents per week across PHUs



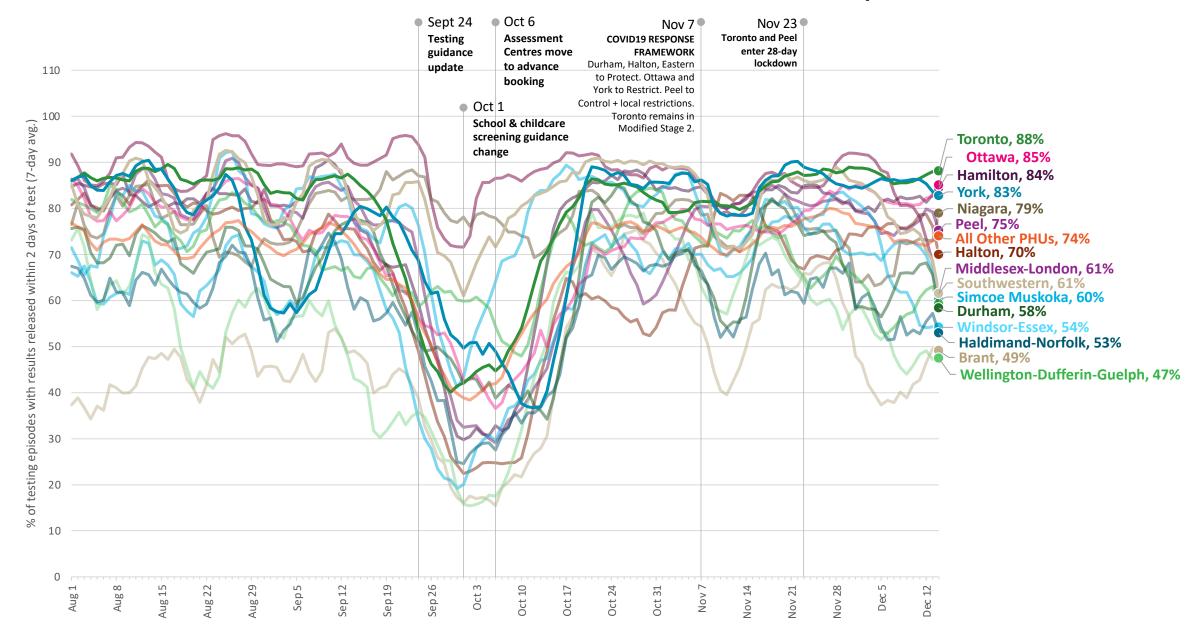
Data source: Case and Contact Management System, data up to December 17

COVID-19 testing % positivity across PHUs



Data source: Ontario Laboratories Information System (OLIS), data up to December 14

Percent of COVID test results returned within 2 days across PHUs

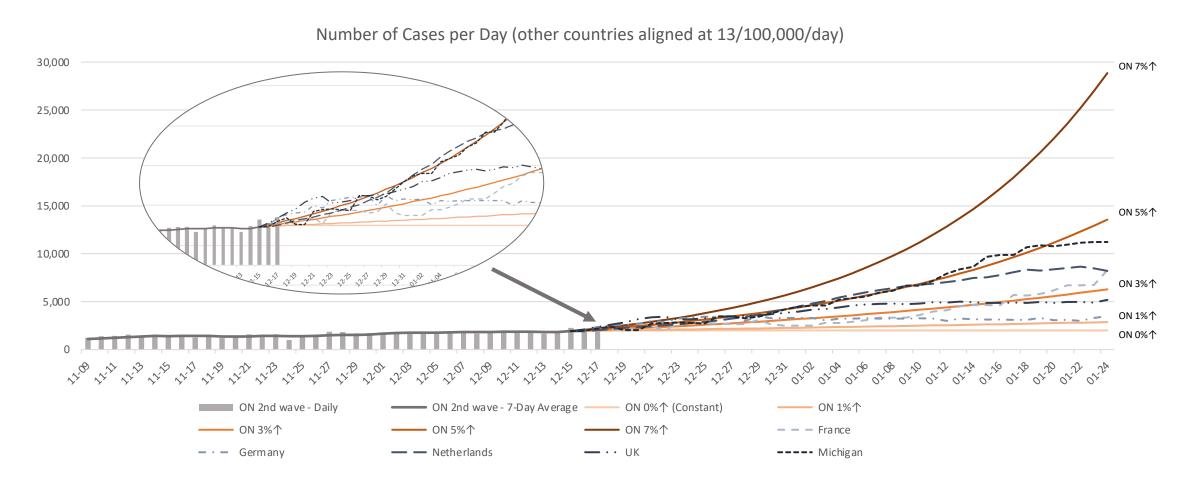


Data source: Ontario Laboratories Information System (OLIS), data up to December 14

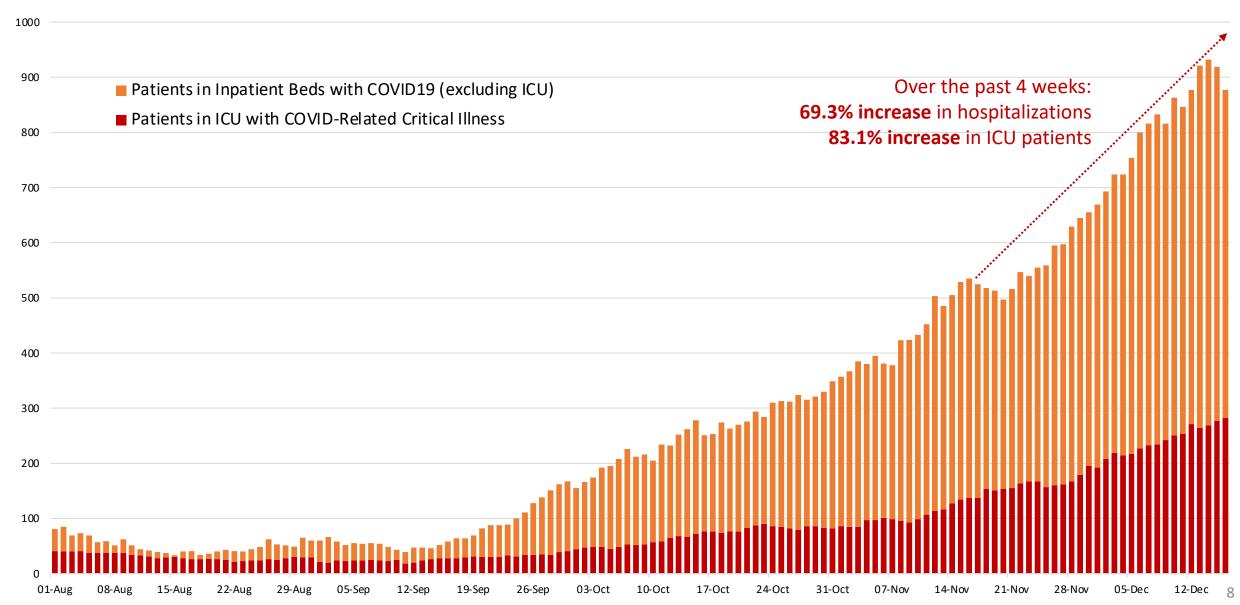
Weekly % positivity by age group

W celdy % positivity by age group Month Apr2020 May2020 Jun2020 Jul2020 Aug2020 Sep2020 Oct 2020 Nov 2020 Dec202																																				
Month	,			May 2020				Jun2020				Jul2020			Aug2020					Sep2020				Oct 2020					Nov2020				Dec2020			
W eek No	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
Age Group	- 5.	5	5.	- S	5	- 1	- 5	5.	5.	- 5.	5.	5.	5.	5	5.	5.	5	5.	5	5.	5	5.	5.	5.	5.	5	5.	5.	5	5.	5	5	5.	-5	5	- E
75+	16.4	11.0	5.0	4.3	3.4	4.7	5.3	3.1	2 2.5	1.8	1.0	0.9	0.6	0.6	0.4	0.4	0.3	0.2	0.2	0.3	0.4	0.3	0.5	0.5	1.0	1.3	1.4	1.8	2.3	2.8	3.6	3.3	3.1	3.3	3.2	3.7
65to74	11.4	7.2	5.5	4.4	3.6	4.1	3.8	1.5	1.3	0.9	0.5	0.5	0.4	0.4	0.4	0.3	0.4	0.2	0.3	0.3	0.4	0.5	0.5	0.7	1.0	1.2	1.3			2.2	2.6	3.3	3.3	3.0	3.3	3.4
55to64	11.4	8.6	6.2	4.8	3.7	4.9	5.7	2.1	2.0	1.0	0.9	0.6	0.6	0.4	0.6	0.5	0.4	0.4	0.3	0.4	0.3	0.5	0.6	0.8	1.2	1.4		2.2	2.4	2.4	2.9	3.4	3.2	3.1	3.2	3.1
45to54	10.9	8.1	6.2	5.3	4.2	4.6	6.6	3.3	2.2	1.3	1.1	0.7	0.8	0.7	0.7	0.7	0.5	0.5	0.4	0.5	0.5	0.6	0.8	1.0	1.4			2.7	2.8	3.0	3.7	4.4	3.9	3.9	4.0	3.8
35to44	8.3	7.1	5.7	4.3	3.3	3.9	5.7	3.4	2.3	1.3	1.4	1.0	0.9	0.8	0.7	0.7	0.5	0.5	0.5	0.4	0.5	0.7	0.7	1.0	1.2	1.5		2.3	2.7	2.9	3.7	4.4	3.8	4.1	4.2	4.2
25to34	8.7	7.4	6.1	5.2	4.0	4.8	6.3	3.7	2.4	1.4	1.5	1.2	1.0	0.9	1.0	0.9	0.6	0.5	0.6	0.6	0.6	0.9	1.3		2.1	2.5	2.2	2.9	3.2	3.4	4.1	4.7	4.5	4.7	4.8	4.5
18to24	9.2	7.8	6.5	4.1	3.7	4.3	6.3	3.7	2.5	1.4	1.4	1.2	0.9	0.8	0.9	1.1	0.8	0.7	0.5	0.7	0.9	0.8		2.3	2.8	3.5	2.6	3.5	3.9	4.3	4.7	5.5	5.2	5.0	5.3	5.4
14to17	5.9	7.1	4.8	3.7	3.4	5.0	6.6	2.7	2.5	1.4	1.6	1.4	1.3	1.1	1.4	1.3	1.4	1.2	1.1	0.8	1.3				1.5	1.9	2.1	2.9	4.1	4.1	5.4	6.6	5.6	6.4	6.8	6.2
9to13	5.7	6.2	4.9	5.8	5.0	5.5	6.5	4.3	3.7	3.4	2.4		1.0	1.5	1.2		1.3	0.8	1.4	1.0	1.5	1.4	1.4	0.9	0.8	0.8	1.2	1.8	2.8	3.7	4.9	4.7	5.7	5.9	5.9	5.2
4to8	1.9	4.0	2.3	4.1	2.2	3.0	3.4	3.4	3.4	2.1	2.7		1.2	0.9	1.1	1.2	1.0	1.0	0.7	0.8	0.5	0.9	0.6	0.5	0.3	0.4	1.0	1.5	2.8	2.7	3.6	3.9	4.3	4.5	4.7	3.8
Oto3	1.5	1.6	1.5	1.7		2.2	2.2	1.4	1.1	1.5	1.4	1.3	0.7	1.0	0.8	1.3	0.4	0.5	0.6	0.3	0.6	0.6	0.3	0.4	0.6	0.7	1.3	2.2	2.5	2.2	3.0	4.2	3.2	3.8	4.7	3.4
Total	11.3	8.5	5.7	4.6	3.6	4.5	5.6	3.1	2.3	1.3	1.1	0.9	0.7	0.7	0.7	0.7	0.5	0.5	0.4	0.5	0.5	0.7	0.9	1.1	1.3			2.4	2.8	3.0	3.7	4.2	3.9	4.0	4.2	4.0

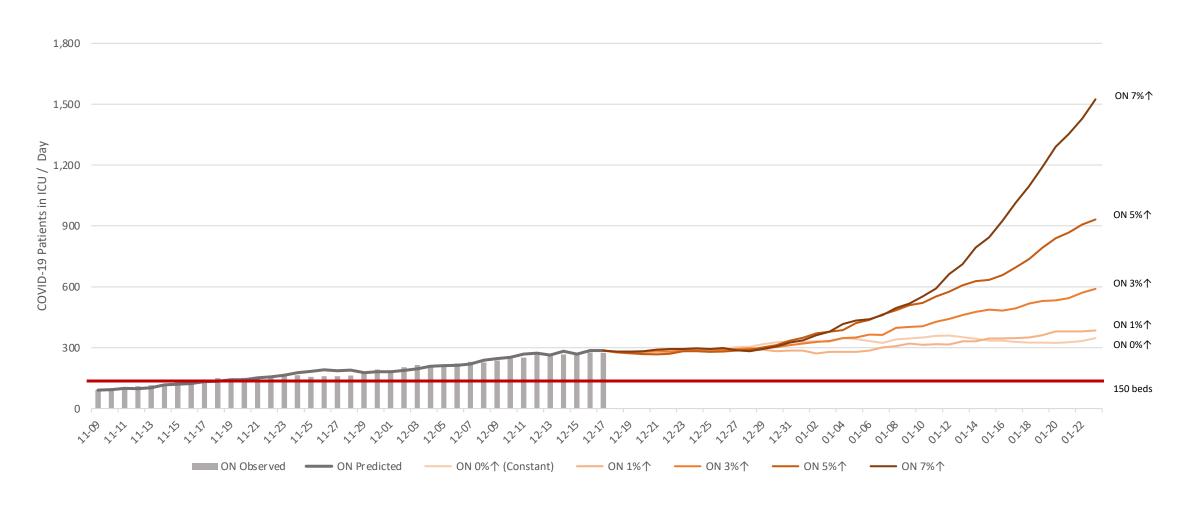
As in other jurisdictions, case growth continues despite soft restrictions



COVID-19 hospitalizations and ICU admissions continue to climb

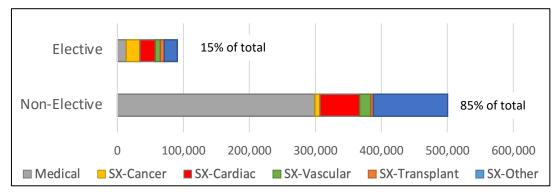


Projections: ICU occupancy > 300 beds end of Dec, > 1,500 mid Jan in more severe scenarios

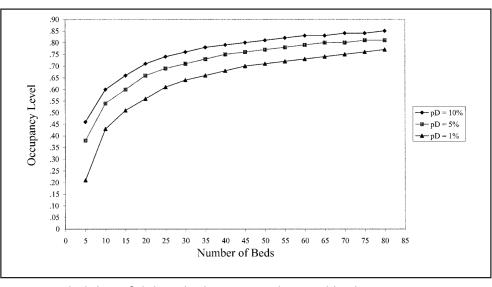


High ICU occupancy threatens quality of care

- High occupancy
 - → Threatens timely access for all patients needing admission
 - → Delayed access ↑ mortality (Gabler 2013, Harris 2018)
- Acceptable occupancy threshold varies by ICU size (Green 2002)
 - 30 bed ICU: < 75% occupancy level
 - 15 bed ICU: < 65% occupancy level

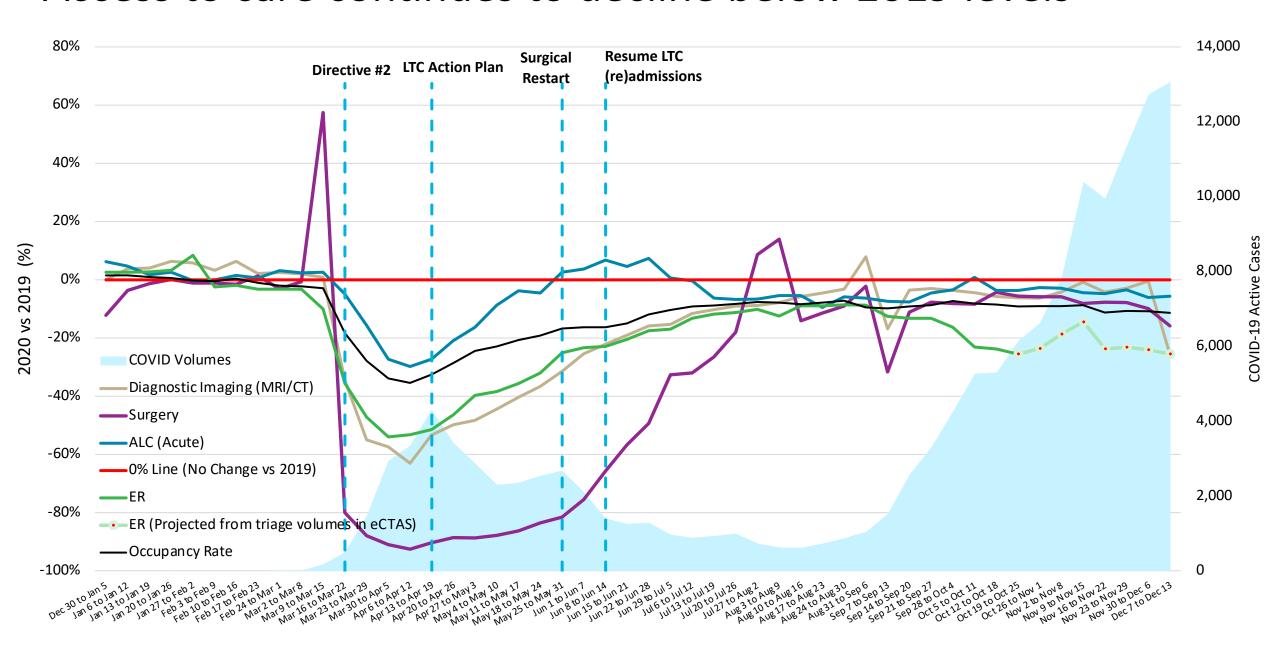


ICU Bed Days Distribution, Ontario, FY 2018/19



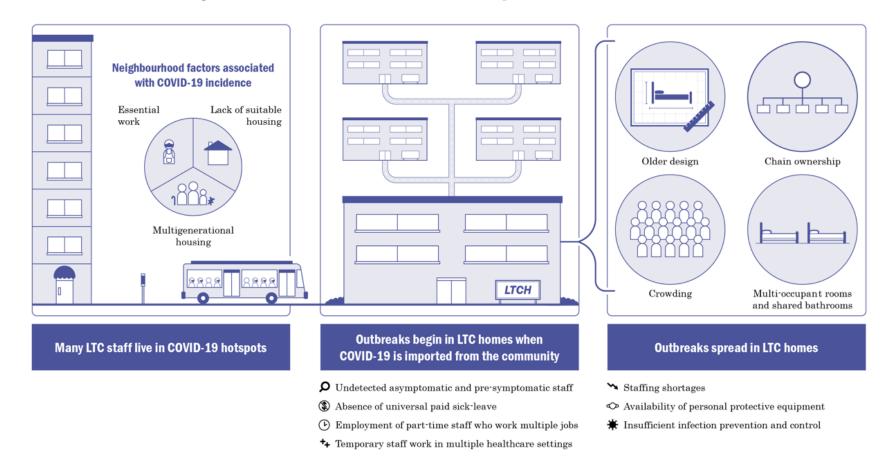
pD = probability of delayed admission to hospital bed

Access to care continues to decline below 2019 levels



Community spread drives outbreaks in LTC homes

Anatomy of COVID-19 outbreaks and spread in Ontario LTC homes



Cases and cumulative mortality LTC increasing (100 deaths in the past 7 days)

LTC Home cases and outbreaks

Current status

145 Long term care (LTC) homes currently in outbreak, with 1,639 active confirmed cases in these homes

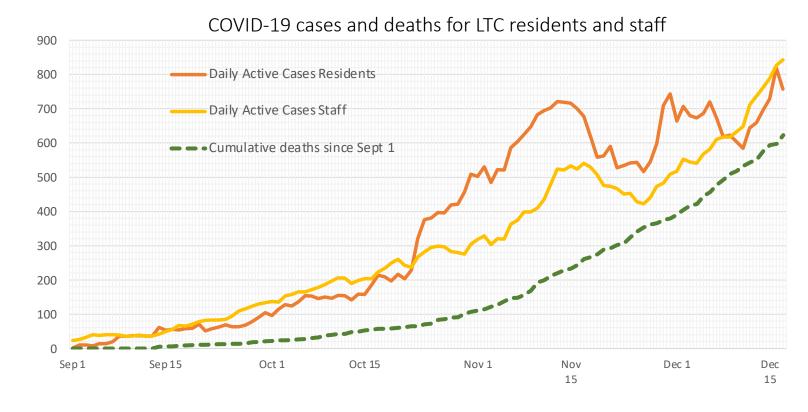
795 resident, 902 staff active cases in total

2,481 cumulative resident deaths, 8 cumulative staff deaths as of Dec 18th

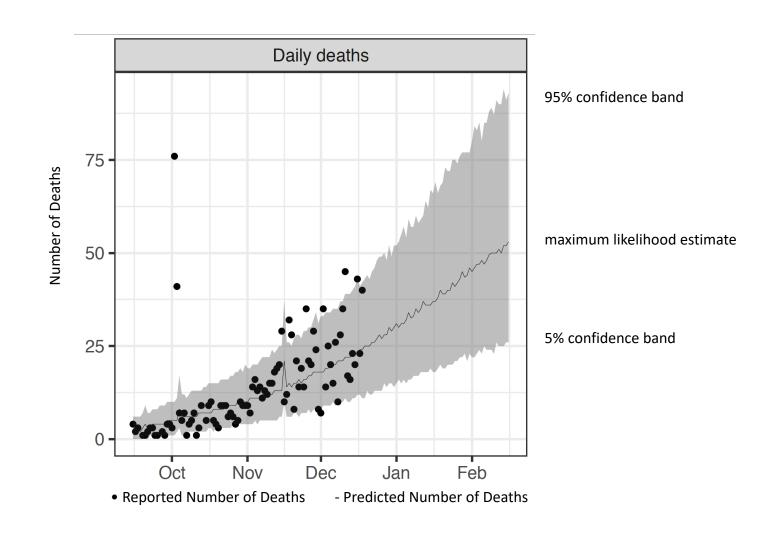
83% of resident deaths in wave 2 have occurred since Nov 1

49 of the 145 homes in outbreak are based on 1 staff case

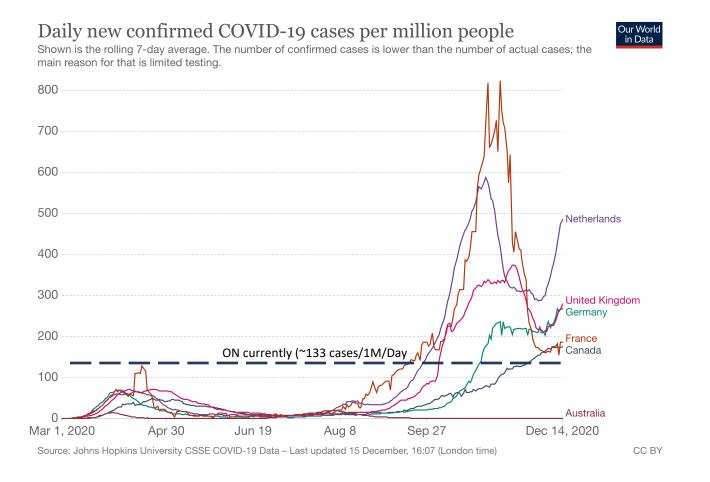
There have been 633 resident deaths since Sept 1st, 100 of which have been in the past 7 days



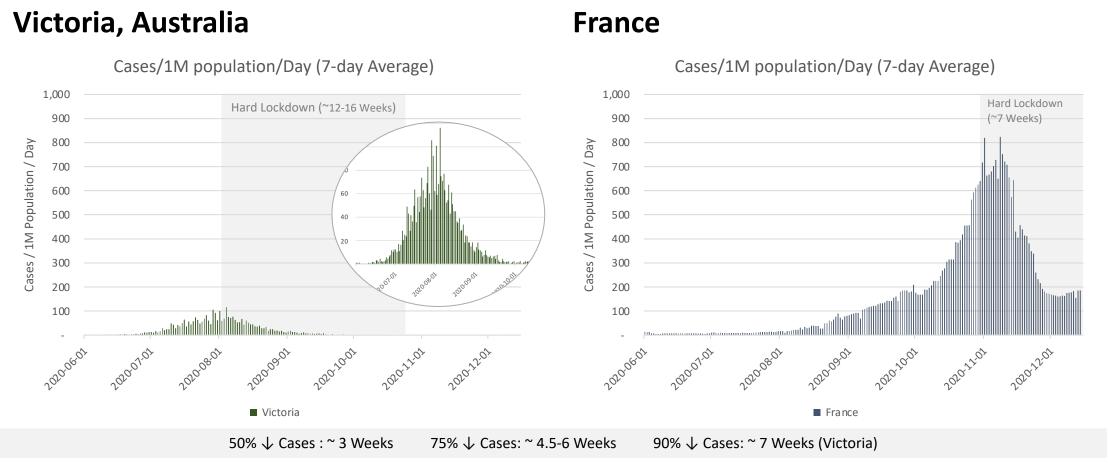
Daily mortality is increasing and based on forecasting will continue to increase



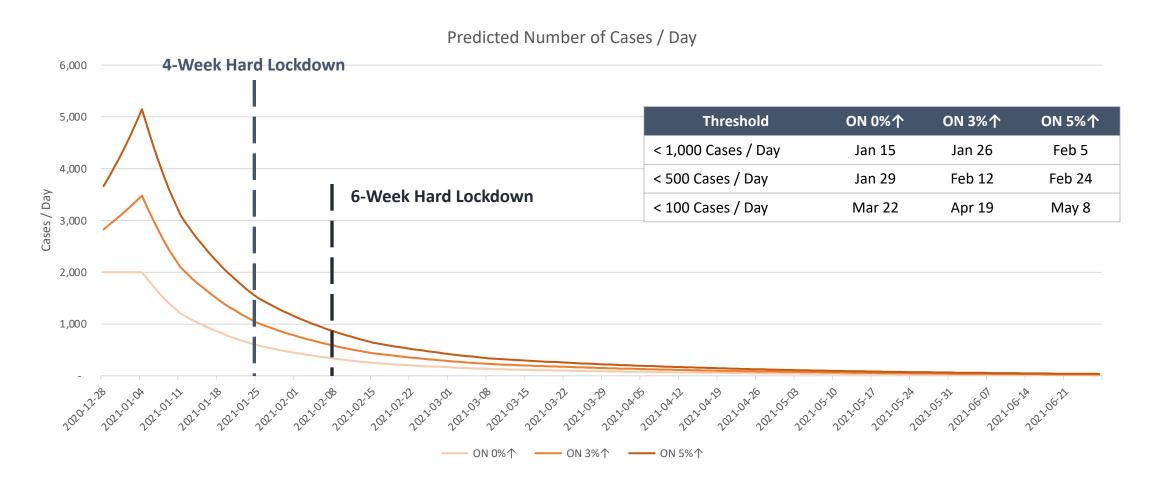
Other jurisdictions are 1 ½ - 3 months ahead of us Most have used some form of hard lockdown



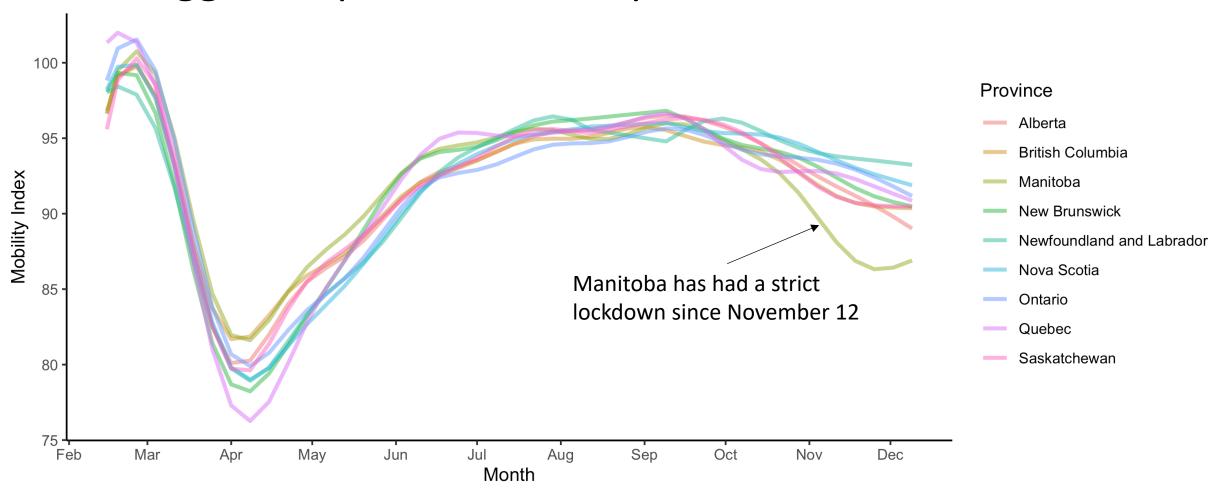
Peer Jurisdictions with "Hard Lockdowns" see dramatic reductions in case numbers



ON Predictions: The effect of lockdowns varies with the starting case numbers and length of lockdown



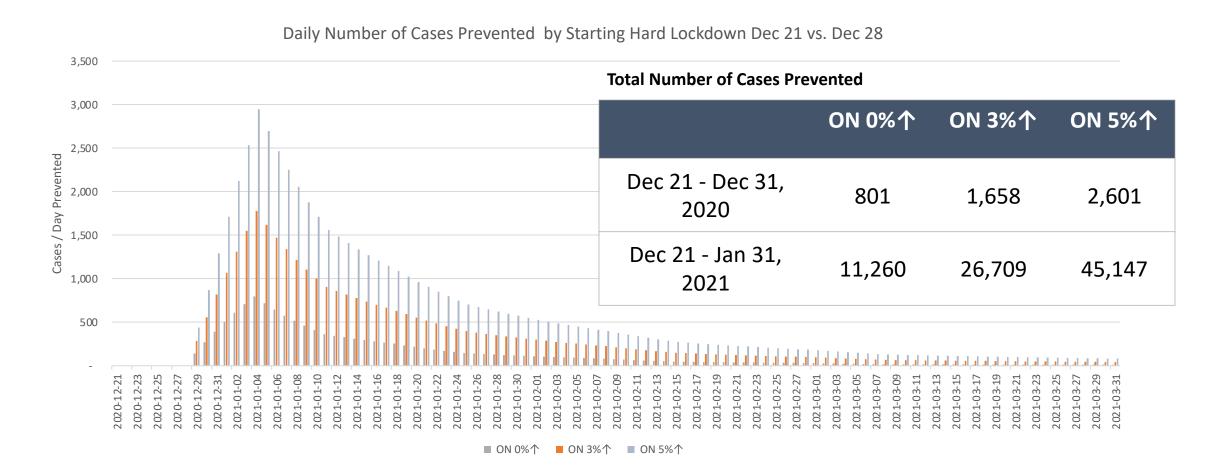
Manitoba's lockdown was the most stringent and had the biggest impact on mobility



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/

Earlier lockdowns will reduce cases



Key Findings

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- Continuing case growth will increase outbreaks in long-term care homes and other congregate settings.
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