

# CANADA COVID-19 WEEKLY EPIDEMIOLOGY REPORT

24 APRIL TO 30 APRIL 2022 (WEEK 17)

**Note: We are working with the provinces and territories to make changes to this report to reflect current reporting timelines.**

Published: 6 May 2022

<b>32 564 (↓14%)</b> New cases reported in the last 7 days <sup>a</sup>	<b>255 (↓17%)</b> New deaths reported in the last 7 days <sup>a</sup>
<b>4 652 (↓14%)</b> Average number of cases reported daily in the last 7 days <sup>a</sup>	<b>36 (↓18%)</b> Average number of deaths reported daily in the last 7 days <sup>a</sup>
<b>43 197 (↓6%)</b> Average number of tests performed daily in the last 7 days <sup>b</sup>	<b>14.5% (↓2.7)</b> Average percentage of positive tests in the last 7 days <sup>b</sup>

<sup>a</sup>Source: Provincial and Territorial Ministry of Health (MOH) websites as of 30 April 2022

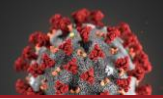
<sup>b</sup>Source: National Microbiology Laboratory (NML) data for laboratory analyses as of 30 April 2022

**Note:** The percentages are calculated based on the difference in the total number of cases, deaths, or tests in the past 7 days compared to the prior 7 days, divided by the number of cases, deaths, or tests in the prior 7 days. The change in the percentage of positive tests is based on the difference in percentage points compared to the previous week.

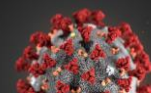
**Note:** Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

## KEY MESSAGES

- There was an average of **4 652 new cases reported daily** during Week 17, a **decrease** compared to the previous week. The number of new reported cases should be interpreted with caution due to changes in testing policies across jurisdictions resulting in underestimation beginning in mid January 2022.
- During Week 17, 4 provinces and territories reported new cases. The weekly number of new cases decreased for Newfoundland and Labrador and Quebec compared to the previous week. The number of new cases remained similar for Ontario and Yukon.
- Outbreaks have been a significant source of COVID-19 spread in Canada and point to vulnerabilities in closed and crowded settings. Outbreaks in long-term care facilities, congregate living and acute care follow a similar trend to case incidence over time. There was a large peak in the number of outbreaks in December 2021, followed by a decreasing trend; however, since mid-March 2022, the number of outbreaks in these settings has been increasing.
- During Week 17, **an average of 43 197 tests were performed daily** for COVID-19 across Canada. The weekly percentage of tests positive was **14.5%**, a decrease compared to the previous week.
- **Variants of concern (VOCs) represent the majority of reported COVID-19 cases.** Of the cases with a genomic sequencing or screening result, Omicron accounts for 91% of all cases, 6% of cases were VOCs of undetermined lineage, and 3% had non/unknown VOC results (as determined by screening).
- **Beginning early-December 2021, incidence rates increased sharply among both unvaccinated individuals and fully vaccinated individuals.** As of early-January 2022, the incidence rate among fully vaccinated individuals has decreased to a lower rate than that of unvaccinated individuals.



- Hospitalization rates among unvaccinated individuals continue to be higher than those fully vaccinated. The hospitalization rates among both unvaccinated and fully vaccinated cases increased between mid-December 2021 and early-January 2022, and have declined since mid-January 2022.
- There were **255 deaths reported during Week 17**, representing a **17% decrease** compared to the previous week.
- On 30 April 2022, the average daily number of cases in hospital over the previous week was 3 968 and the average daily number of cases in the ICU was 302. This represents a 2.4% increase in the seven-day moving average of hospitalized cases, and a 1% decrease in ICU admissions, compared to one week prior.

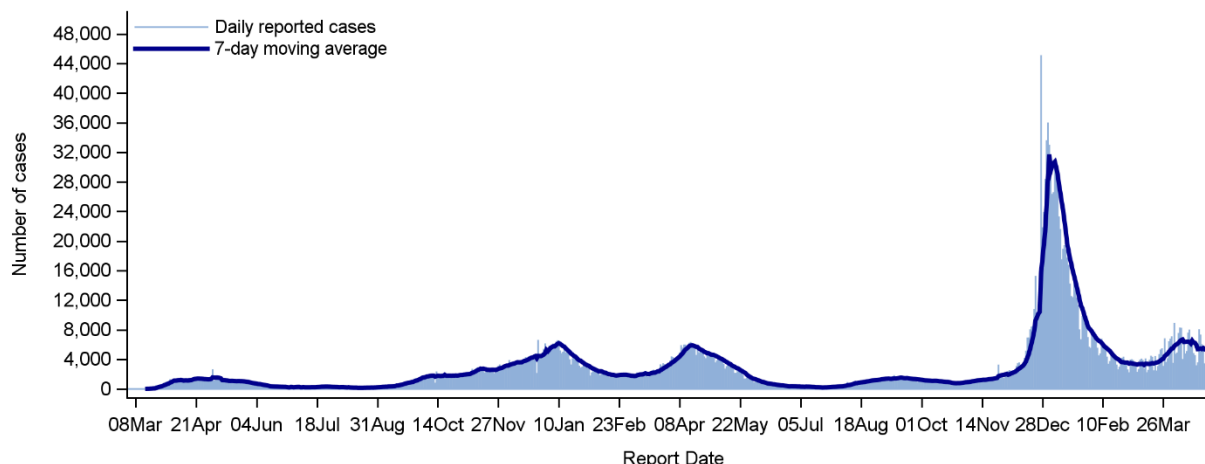


## NATIONAL DEMOGRAPHICS AND TRENDS

### NATIONAL TRENDS IN CASES

- During week 17, 32 564 cases of COVID-19 were reported in Canada, an average of 4 652 cases per day; a 14 % **decrease** compared to week 16 (Figure 1).

**Figure 1.** Daily number of reported COVID-19 cases in Canada (and 7-day moving average), as of 30 April 2022 (n=3 747 175)

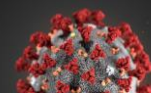


Source: Provincial and Territorial MOH websites, as of 30 April 2022. The graph includes data from four of Canada's thirteen provinces and territories that provide daily reporting from provincial and territorial websites

**Note:** The 7-day moving average is a trend indicator that captures the arithmetic mean of the daily reported cases over the previous seven days. The moving average helps smooth out day-to-day variability in reporting, filtering out the "noise" of short-term fluctuations. Fluctuations can be attributed to retrospective data, non-reporting on the weekends or provinces or territories reporting cases at a reduced frequency. Spikes in cases may be due to regular reporting variations (e.g., lower reporting on weekends or holidays), or periodic reporting of previous cases by provinces and territories. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

Four provinces and territories reported new cases during Week 17 (Table 1):

- The weekly number of new cases decreased for Quebec and Newfoundland and Labrador compared to the previous week.
- The weekly number of new cases remained similar for Ontario and Yukon compared to the previous week.
- Cases decreased by 28% in Quebec, and decreased by 2% in Ontario compared to the previous week; these provinces accounted for 97.5% of the cases reported during week 17.



**Table 1.** Trends of new reported cases in Canada and by province or territory, during Week 17 (24 April to 30 April 2022)

Province/Territory	Average number of cases reported daily (Week 17)	Weekly number of cases reported <sup>a</sup>		Percent change (%) <sup>a</sup>	Weekly incidence rate per 100,000 population (Week 17)
		10 April to 16 April 2022 (Week 16)	24 April to 30 April 2022 (Week 17)		
British Columbia*	N/A	N/A	N/A	N/A	N/A
Alberta*	N/A	N/A	N/A	N/A	N/A
Saskatchewan*	N/A	N/A	N/A	N/A	N/A
Manitoba*	N/A	N/A	N/A	N/A	N/A
Ontario	2 868	20 486	20 077	-2%	135.4
Québec	1 670	16 186	11 687	-28%	135.8
Newfoundland and Labrador	102	962	713	-26%	137.0
New Brunswick*	N/A	N/A	N/A	N/A	N/A
Nova Scotia*	N/A	N/A	N/A	N/A	N/A
Prince Edward Island*	N/A	N/A	N/A	N/A	N/A
Yukon	12	83	87	5%	202.4
Northwest Territories*	N/A	N/A	N/A	N/A	N/A
Nunavut*	N/A	N/A	N/A	N/A	N/A
<b>Canada</b>	<b>4 652</b>	<b>37 717</b>	<b>32 564</b>	<b>-14%</b>	<b>85.1</b>

Source: Provincial and Territorial MOH websites. Rates calculated using July 1, 2021, post-census population estimate.

**Note:** Recent case data corrections impacting cases that occurred prior to the last two weeks are excluded from weekly counts in this table. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

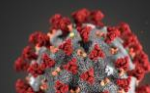
\* Data could not be calculated as data were not reported on the provincial or territorial MOH website prior to the analysis being completed.

<sup>a</sup> The percentage is calculated based on the difference in the total number of cases in the past 7 days compared to the prior 7 days divided by the number of cases in the prior 7 days. Note that for provinces/territories with low case counts, an increase or decrease of only a few cases leads to a large percentage change. If the denominator is zero, the percent change cannot be calculated.

Age-standardized rates take into account the differences in population size and age structure between provinces and territories to allow for reliable comparisons of COVID-19 spread in Canada.

Table 2 presents the age-standardized incidence rate by province or territory for week 17 based on data reported to PHAC.

- Prince Edward Island reported the highest age-standardized incidence rate (1 054.7 cases per 100 000 population).
- The second and third highest age-standardized incidence rates were reported by Yukon (520.5 cases per 100 000 population) and Alberta (164.9 cases per 100 000 population).



**Table 2.** Age-standardized incidence rates by province or territory for Week 17 (24 April to 30 April 2022)

Province/Territory	Age-standardized incidence rate per 100 000 for Week 17
British Columbia	42.1
Alberta	164.9
Saskatchewan	74.2
Manitoba	87.2
Ontario	135.6
Québec	N/A*
Newfoundland and Labrador	N/A*
New Brunswick	N/A**
Nova Scotia	120.2
Prince Edward Island	1 054.7
Yukon	520.5
Northwest Territories	N/A*
Nunavut	N/A*
<b>Canada</b>	<b>89.8***</b>

Source: Detailed case information received by PHAC from provinces and territories, standardized to the 1 July 2021 post-census population estimate.

**Note:** Data are analyzed based on date reported to PHAC. Note that there is a period of time (accumulating data period) where it is expected that cases have occurred but have not yet been reported nationally. Therefore, COVID-19 cases reported to PHAC during week 17 may include cases that occurred (based on date of illness onset, or lab related dates) in previous weeks. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

\*Age-standardized incidence could not be calculated as data were either not reported to PHAC during week 17 or were not included in the national dataset prior to the analysis being completed.

\*\*New Brunswick submitted case-level data during week 17 of 2022, which included cases that occurred from week 35 of 2021 to week 17 of 2022. Therefore, the age-standardized incidence rate for New Brunswick could not be calculated accurately for week 17.

\*\*\*The age standardized incidence rate for Canada only includes provinces and territories for which data were available for week 17.

Table 3 outlines the total number of new cases and deaths reported during Week 17.

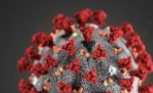
**Table 3.** Summary of new COVID-19 reported cases and deaths reported in Canada, and by province or territory, during Week 17 (24 April to 30 April 2022)

Province/Territory	New cases	New deaths
British Columbia*	N/A	N/A
Alberta*	N/A	N/A
Saskatchewan*	N/A	N/A
Manitoba*	N/A	N/A
Ontario	20 077	93
Québec	11 687	154
Newfoundland and Labrador	713	7
New Brunswick*	N/A	N/A
Nova Scotia*	N/A	N/A
Prince Edward Island*	N/A	N/A
Yukon	87	0
Northwest Territories*	N/A	N/A
Nunavut*	N/A	N/A
<b>Canada</b>	<b>32 564</b>	<b>255</b>

Source: Provincial and Territorial MOH websites

**Note:** Recent case data corrections impacting cases that occurred prior to the last two weeks are excluded from weekly counts in this table. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

\* New reported cases and/or deaths could not be calculated as data were not available prior to the analysis being completed.



## DEMOGRAPHIC DISTRIBUTION<sup>a</sup>

<sup>a</sup> Detailed case information received by PHAC from provinces and territories

**Note:** Data are analyzed based on PHAC report date.

- Cases for which PHAC received detailed case-level information during week 17 (24 April to 30 April 2022) (n=92 523) ranged in age from less than one year to over 100 years of age. The median age was 46 years, a decrease compared to the median age of 47 for week 16.
- Table 4 presents a summary of the age and gender distribution of COVID-19 cases reported to PHAC during week 17:
  - Forty-one percent (41%) of cases were under 40 years of age
  - The highest proportions of cases by age group were observed among those aged 50-59 (15.5%), followed by those 30-39 years (15.2%).
  - The highest age-specific incidence rates were observed among those aged 80 years and older (762.5 cases per 100 000 population).

**Table 4.** Age, gender distribution, and rate of COVID-19 cases reported to PHAC, during Week 17 (24 April to 30 April 2022)\*

Age groups	Female			Male			Total <sup>a</sup>		
	n	%	Rate	n	%	Rate	n	%	Rate
<5	1 483	2.7	212.2	1 591	4.2	216.3	3 074	3.3	214.3
5-11	1 768	3.2	165.6	1 946	5.2	174.1	3 714	4.0	170.0
12-19	2 330	4.3	185.7	1 784	4.8	136.7	4 114	4.5	160.7
20-29	8 055	14.7	421.1	4 529	12.1	218.9	12 584	13.6	316.0
30-39	9 078	16.6	439.5	4 926	13.1	234.6	14 004	15.2	336.2
40-49	8 381	15.3	446.8	4 704	12.5	258.9	13 085	14.2	354.3
50-59	8 514	15.6	434.7	5 788	15.4	301.5	14 302	15.5	368.8
60-69	5 460	10.0	296.8	4 867	13.0	279.4	10 327	11.2	288.3
70-79	3 731	6.8	308.2	3 666	9.8	339.2	7 397	8.0	322.8
80+	5 930	10.8	791.5	3 709	9.9	718.8	9 639	10.4	761.8
<b>Total</b>	<b>54 730</b>	<b>100.0</b>	<b>374.0</b>	<b>37 510</b>	<b>100.0</b>	<b>260.4</b>	<b>92 240</b>	<b>100.0</b>	<b>317.7</b>

Source: Detailed case information received by PHAC from provinces and territories. Rates are presented per 100 000 individuals in the given age group based on the 1 July 2021 post-census population estimate.

**Note:** This table includes data from the nine of Canada's thirteen provinces and territories that reported case-level information to the Public Health Agency of Canada (PHAC). Data are analyzed based on date reported to PHAC. Note that there is a period of time (accumulating data period) where it is expected that cases have occurred but have not yet been reported nationally. Therefore, COVID-19 cases reported to PHAC during week 17 may include cases that occurred (based on date of illness onset, or lab related dates) in previous weeks. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

**Note:** Cases with missing gender or age were excluded. Where available, gender data was used; when gender data was unavailable, sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts. \* New Brunswick submitted case-level data during week 17 of 2022, which included cases that occurred from week 35 of 2021 to week 17 of 2022. This has caused an increase in the overall Canadian incidence rate for Week 17 due to the inclusion of historical data.

<sup>a</sup> Cases not identified as male, or female were removed from the total due to small numbers.

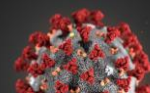
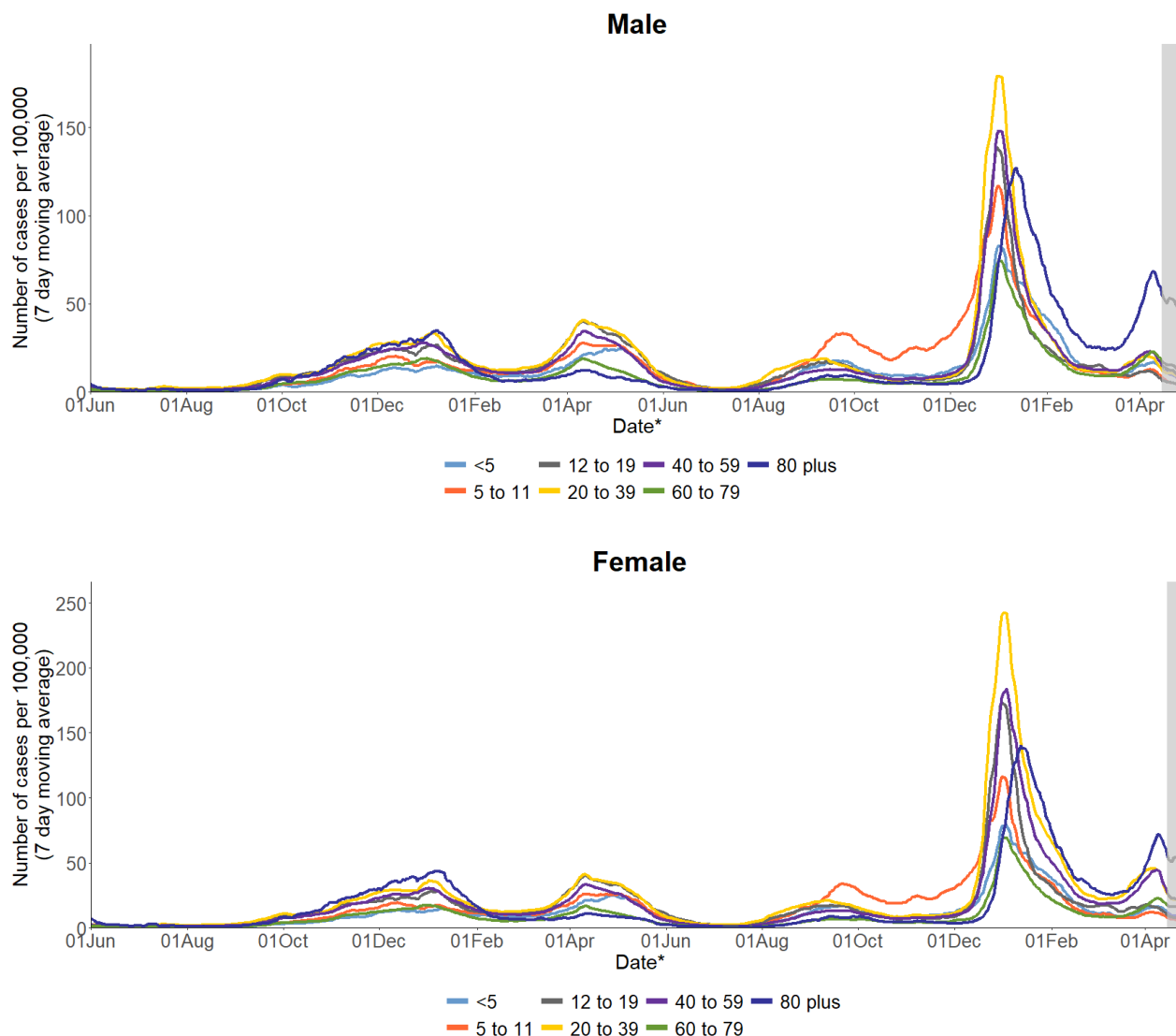


Figure 2 presents cases by date of illness onset, stratified by gender, and adjusted for population at the national level. The figure illustrates the following trends for data up to 30 April 2022. Preliminary data (shaded area) suggests:

- Daily rates of cases per 100 000 population are decreasing in all age groups since an increase in early November 2021.
- Daily rates of cases are highest among the 20-39 and 80 plus age groups for females, surpassing the rates among the 5-11 year age group in mid-December 2021, while the 80 plus group has surpassed this age group in males.

**Figure 2.** Daily rate of reported cases per 100 000 population, by age and gender, from 1 June 2020 to 30 April 2022

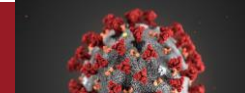


Source: Detailed case information received by PHAC from provinces and territories. Rates are calculated based on the 1 July 2021 post-census population estimate.

**Note:** The shaded area represents a period of time (accumulating data period) where it is expected that cases have occurred but have not yet been reported nationally. Where available, gender data was used; when gender data was unavailable, sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts. This graph includes data from the ten of Canada's thirteen provinces and territories that reported case-level information to the Public Health Agency of Canada (PHAC).

\* The earliest of the following dates were used as an estimate: Symptom onset date, Laboratory specimen collection date, Laboratory testing date, Date reported to province or territory, or Date reported to PHAC.





## TRANSMISSION

### TEMPORAL DISTRIBUTION BY EXPOSURE CATEGORY<sup>a</sup>

<sup>a</sup> Detailed case information received by PHAC from provinces and territories

During week 17 (24 April to 30 April 2022), exposure and date of illness onset information was available for 34 911 cases. Of these:

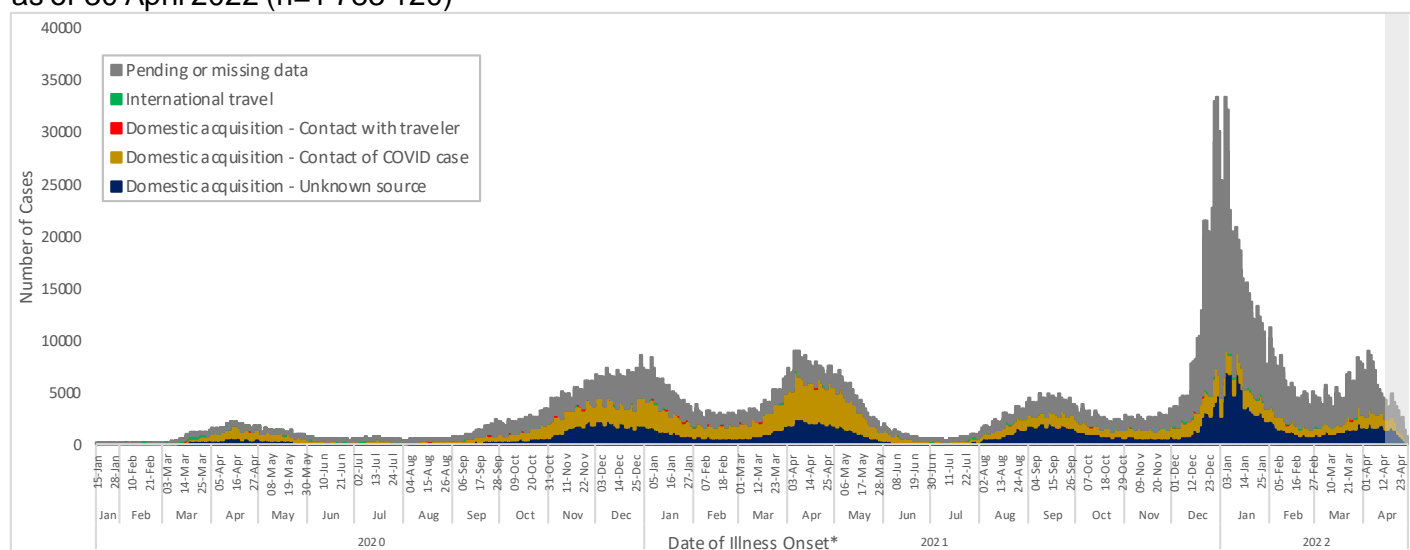
- 22 732 cases (65%) reported exposure in Canada to a known COVID-19 case;
- 12 079 cases (35%) reported exposure in Canada to an unknown source;
- 86 cases (<1%) reported having travelled outside of Canada during the exposure period; and
- 14 cases (<1%) reported exposure to a traveller.

Jurisdictions update exposure status on an ongoing basis as case investigations are completed and may result in changes to the percent distributions by exposure type for previous weeks (Figure 3).

Of the 1 783 120 cases submitted as of 30 April 2022 with information on the source of exposure and date of illness onset provided to date:

- 921 158 cases (52%) reported exposure in Canada to a known COVID-19 case;
- 834 003 cases (47%) reported exposure in Canada to an unknown source;
- 17 732 cases (1%) reported having travelled outside of Canada during the exposure period; and
- 10 227 cases (<1%) reported exposure to someone who had travelled.

**Figure 3.** Number of reported COVID-19 cases in Canada, by date of illness onset\* and exposure category as of 30 April 2022 (n=1 783 120)

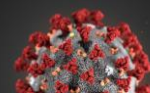


Source: Detailed case information received by PHAC from provinces and territories

**Note:** Data submitted to the Public Health Agency of Canada (PHAC) varies by P/T due to possible reporting delays. The shaded area represents a period of time (accumulating data period) where it is expected that cases have occurred but have not yet been reported nationally. There is missing information for exposure variables from several provinces and territories. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will underestimate the total burden of disease. Depending on the jurisdiction, positive rapid antigen test results may not be captured in case reporting without access to confirmatory PCR testing. Data should be interpreted with caution as case counts are underreported.

\* The earliest of the following dates were used as an estimate: Symptom onset date, Laboratory specimen collection date, Laboratory testing date, Date reported to province or territory, or Date reported to PHAC.

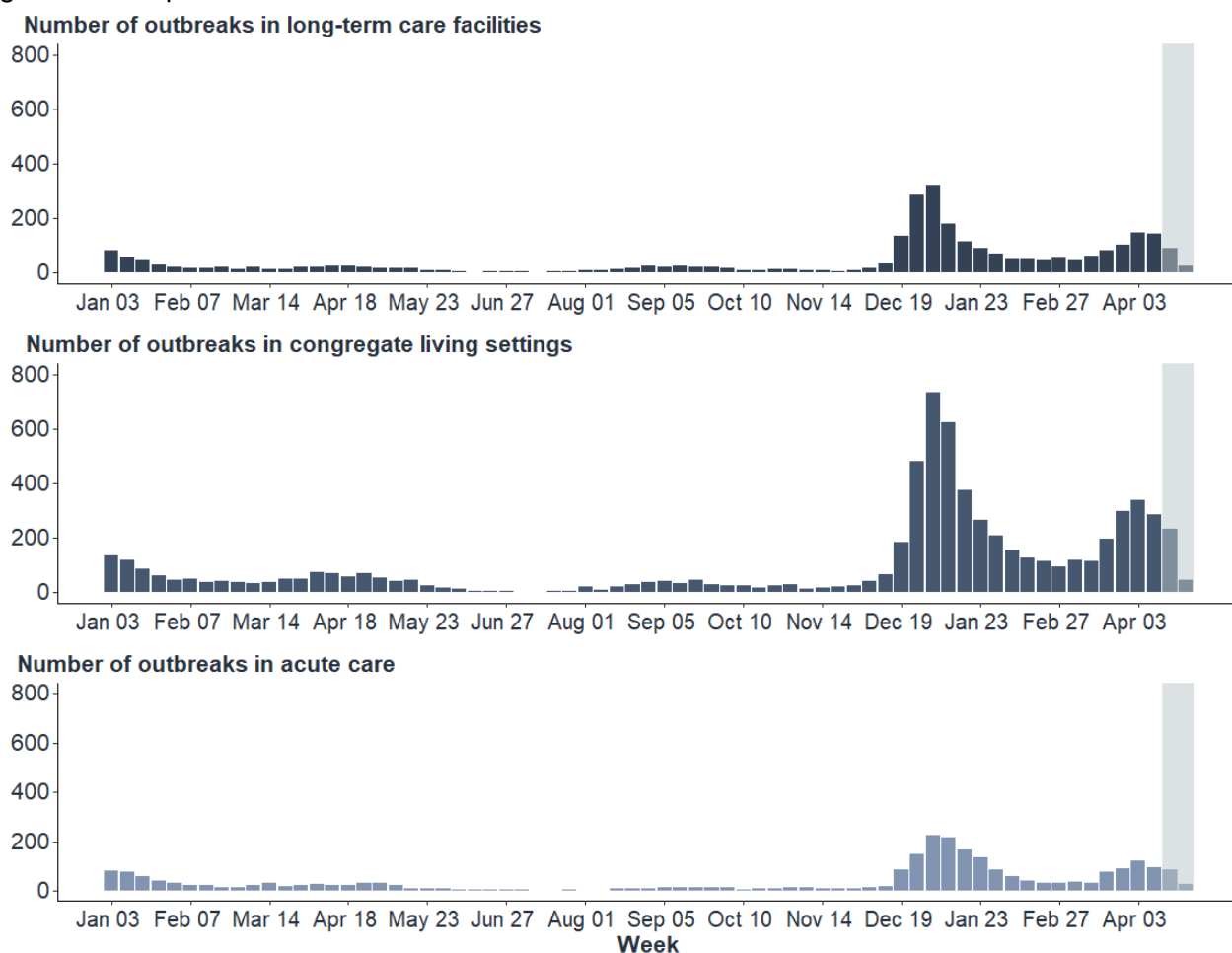




## OUTBREAKS

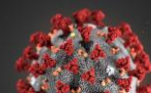
- With an increase in Omicron cases in Canada, many jurisdictions exceeded public health diagnostic and response capacity. The total number of cases reported to PHAC is underestimated, as is the number of outbreaks. Decreased laboratory capacity and the increased transmissibility with the Omicron variant provide rationale for more targeted testing approaches (i.e. priority populations) and reduced contact tracing. These changes effectively decrease the ability of jurisdictions to detect and report outbreaks in most settings. As such, we expect outbreak numbers reported from settings not prioritized for PCR testing to be under-ascertained.
- Settings with vulnerable and high-risk populations (e.g., long-term care facilities, congregate living, acute care) continue to be prioritized for PCR testing, resulting in consistent reporting of outbreaks from these settings during the Omicron surge.
- Outbreaks in LTCF, congregate living, and acute care follow a similar trend to case incidence over time (Figure 4).
- Since mid-March, the number of outbreaks in these settings has been increasing and remains elevated compared to the pre-Omicron period; however, there are early signs that this increase may have reached its peak (Figure 4).

**Figure 4.** Number of reported outbreaks in long-term care facilities, congregate living settings and acute care settings as of 30 April 2022



Source: Provinces and Territories submitted outbreak data

**Notes:** See [Technical Notes](#) for more information on interpretation and data limitations. The shaded area represents a period of time (accumulating data period) of two weeks where it is expected that outbreaks have occurred but have not yet been reported nationally.



## LABORATORY-CONFIRMED COVID-19 DETECTION

### LABORATORY TESTS AND PERCENT POSITIVITY

During Week 17 (24 April to 30 April 2022), an average of 43 197 tests were performed daily, reflecting a rate of 112.9 tests performed daily per 100 000 population across Canada. The weekly percentage of tests positive was 14.5% during Week 17, a decrease compared to the previous week (Table 5).

**Table 5.** Summary of COVID-19 tests performed in Canada, by province or territory, for Week 17 (24 April to 30 April 2022)

Province/Territory	Cumulative number of tests performed as of 30 April 2022	Week 17 (24 April to 30 April 2022)		
		Number of tests performed daily (7-day moving average <sup>1</sup> )	Number of tests performed daily per 100 000 population (7-day moving average <sup>1</sup> )	Percentage of tests positive (7-day moving average <sup>1</sup> )
British Columbia	5 917 750	3 803.2	72.9	11.6%
Alberta	7 029 001	2 593.5	58.4	26.6%
Saskatchewan	1 548 020	1 048.1	88.8	11.4%
Manitoba	1 518 905	813.4	58.8	21.2%
Ontario	23 924 246	16 910.1	114.1	14.3%
Québec	17 354 404	14 289.1	166.1	11.5%
Newfoundland and Labrador	646 439	527.6	101.3	18.8%
New Brunswick	812 655	837.3	106.1	23.7%
Nova Scotia	1 919 871	2 268.3	228.6	28.1%
Prince Edward Island	260 019	77.8	47.3	20.1%
Yukon <sup>2</sup>	9 129	N/A	N/A	N/A
Northwest Territories	41 115	16.4	36.1	22.6%
Nunavut	39 263	12.0	30.5	0.00%
<b>Canada<sup>3</sup></b>	<b>61 020 817</b>	<b>43 197.0</b>	<b>112.9</b>	<b>14.5%</b>

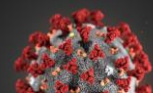
Source: National Microbiology Laboratory (NML) Data for laboratory analyses, standardized to the July 1, 2021, post-census population estimate.

**Note:** Laboratory testing numbers may be an underestimate due to reporting delays, changes in testing practices, and may not include additional sentinel surveillance or other testing conducted in the province or territory.

<sup>1</sup> The 7-day moving average is the total of the daily numbers for the previous 7 days (up to and including the day of the last update), divided by the number of days for which data is available.

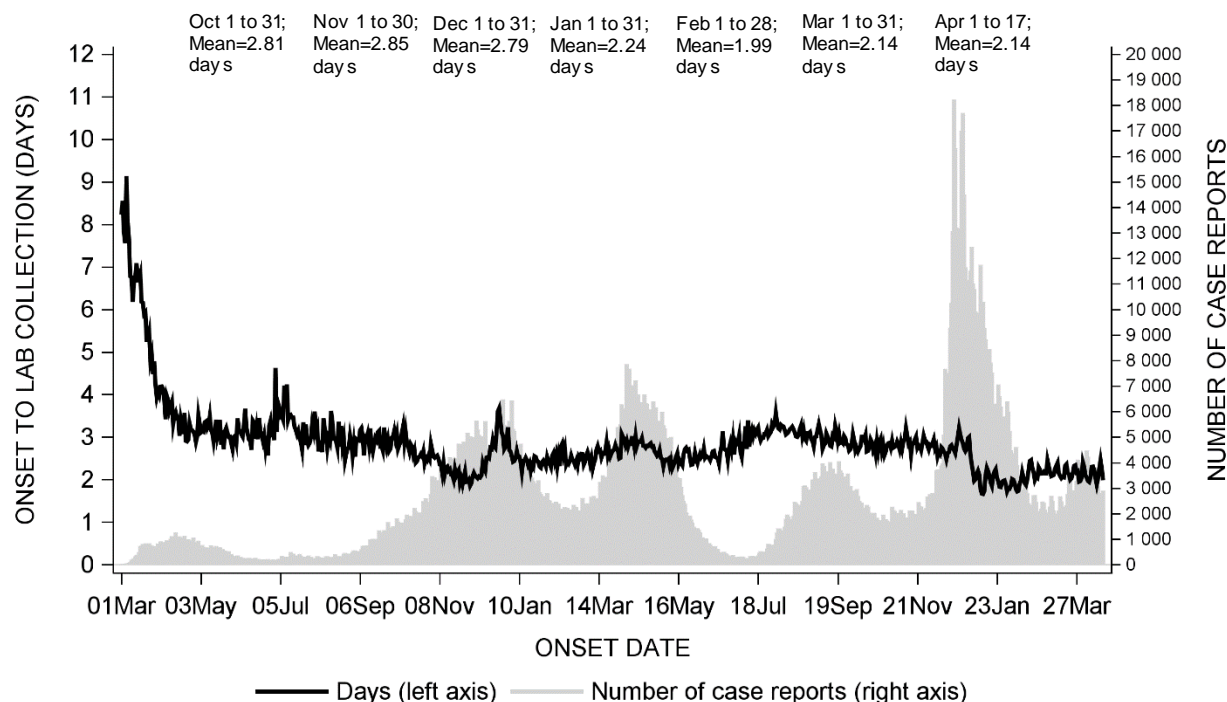
<sup>2</sup> Laboratory data for this territory has been unavailable since week 18 (2021).

<sup>3</sup> The number of tests performed and the weekly percentage of tests positive for Canada only include provinces and territories for which data was available for Week 17. The national 7-day moving average number of tests performed is calculated by summing the 7-day moving average from the provinces and territories.



The mean time from symptom onset to lab specimen collection is 2.14 days for April 1 to 17 2022, no change compared to the mean of 2.14 days in March 2022 (Figure 5).

**Figure 5.** Onset date to laboratory collection date for cases reported to PHAC as of 30 April 2022



Source: Detailed case information received by PHAC from provinces and territories

**Note:** This graph includes data from nine of Canada's thirteen provinces and territories that reported case-level information to the Public Health Agency of Canada (PHAC). Date of symptom onset to date of specimen collection intervals of >15 days are deemed outliers, and not included in this figure.

## VARIANTS OF CONCERN

All viruses, including COVID-19, change, or mutate, over time. Not all mutations are of concern. However, some changes result in variants of concern (VOC). A VOC has changes that are significant to public health. For example, they might:

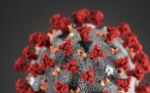
- spread more easily
- cause more severe illness
- require different treatments, or
- not respond the same to current vaccines

### VOCs represent the majority of reported COVID-19 cases

- The proportion of cases with genomic sequencing data classified as a VOC has remained near 100% since early June 2021.
- In the week of April 3rd to April 9th, of the cases with a genomic sequencing or screening result, Omicron accounts for 91% of all cases, 6% of cases were VOCs of undetermined lineage, and 3% are non/unknown VOC results (as determined by screening).

Source: Detailed screening and sequencing information reported to PHAC from provinces and territories in the national case surveillance system.

**Note:** Data are analyzed based on the earliest date among onset date, specimen collection date, laboratory testing date, date reported to Province or Territory, or date reported to PHAC. Variant identification requires additional laboratory testing which results in an expected delay between case reporting and updates on variant status. Differences in jurisdictional strategies for variant identification and reporting affect the interpretation of national trends and may limit the comparability between jurisdictions and over time. Not all variants can be detected through screening in each jurisdiction. Data as of 2 May 2022, using data up until 9 April 2022.



## CASES FOLLOWING VACCINATION

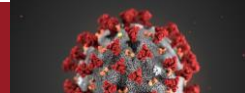
Data extracted on 29 April 2022 for cases from 19 December 2020 up until 17 April 2022.

While the COVID-19 vaccines are highly effective at preventing severe outcomes, a percentage of the population who are vaccinated may become infected with COVID-19 if they are exposed to the virus that causes it. This means that even with high vaccine effectiveness, a percentage of the population who are vaccinated against COVID-19 will still get sick and some may be hospitalized or even die as a result of their illness. It is also possible that a person could be infected just before or just after vaccination and still get sick. It typically takes about two weeks for the body to build protection after vaccination, so a person could get sick if the vaccine has not had enough time to provide protection.

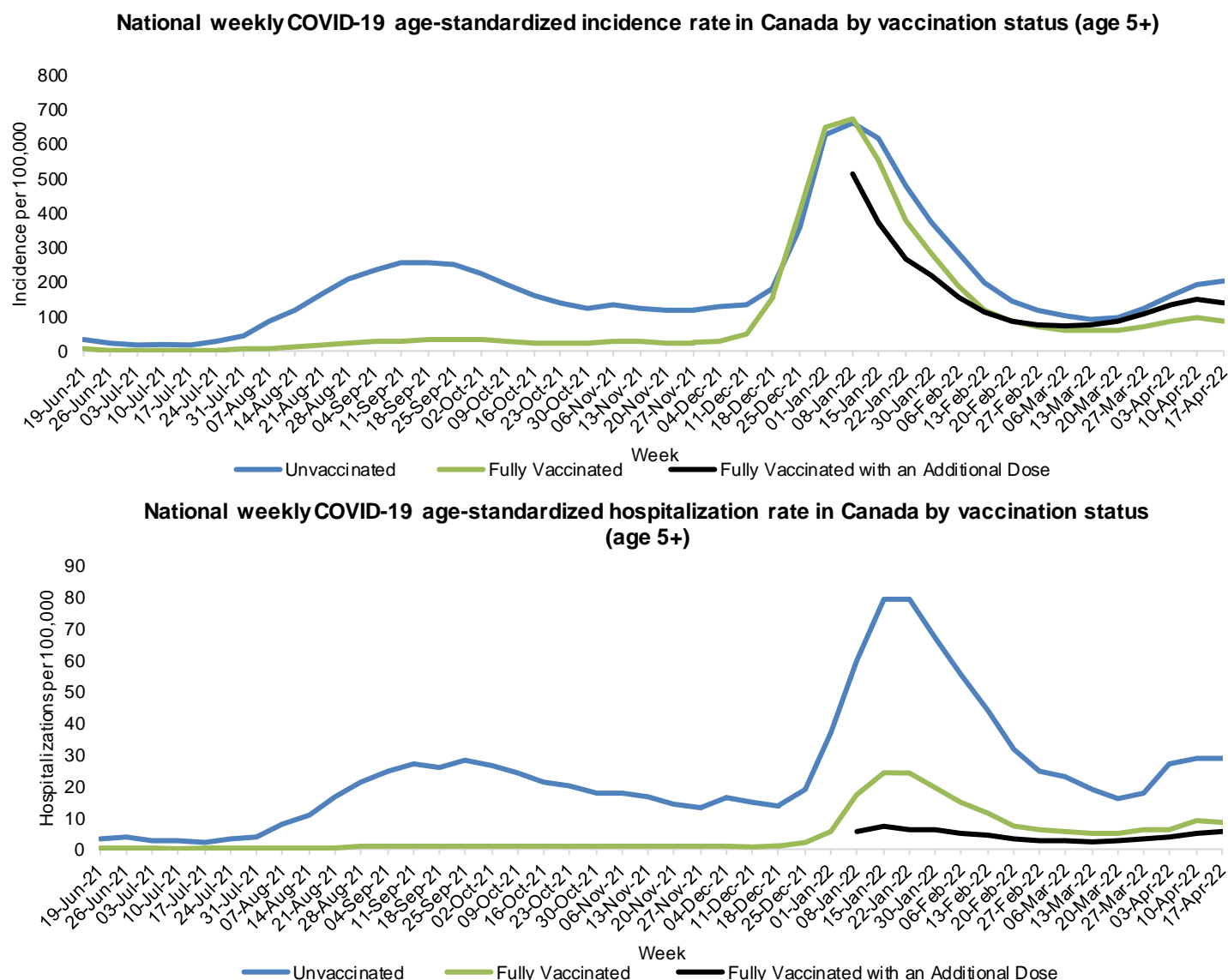
As the majority of Canadians are now vaccinated, counts of COVID-19 outcomes will inherently be higher within this population, compared to the unvaccinated population. However, risk among this population may be lower, despite higher case counts. The rate of fully vaccinated cases may also increase because individual protection from the vaccine may decrease over time and emergence of new variants may decrease vaccine effectiveness. Due to the rapid increase in cases starting December 2021, delays in data entry, and changes in COVID-19 testing policies in many jurisdictions, case counts will under estimate the total burden of disease, and may over-represent people at risk of severe disease. Data should be interpreted with caution.

### Incidence and Hospitalization Rates by Vaccination Status

Based on data from 12 provinces and territories for the eligible population 5 years or older, incidence and hospitalization rates have varied by vaccine status (Figure 6). From early-January to late-March 2022, incidence rates in all vaccine status groups decreased. Incidence rates in all vaccine status groups have been increasing since late-March 2022, however in the most recent report week, incidence rates appear to have stabilized among individuals unvaccinated and fully vaccinated with an additional dose, and have decreased among those fully vaccinated. Incidence rates remain highest among unvaccinated individuals. In all vaccine status groups, hospitalization rates declined from mid-January to late-March 2022, and increased again beginning late-March 2022. However, hospitalization rates in all vaccine status groups have remained stable in the most recent report week, compared to the previous week. Hospitalization rates continue to be highest among unvaccinated individuals and lowest among individuals fully vaccinated with an additional dose.

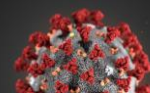


**Figure 6.** National weekly COVID-19 age-standardized incidence and hospitalization rate by vaccination status, data as of 17 April 2022



Source: Detailed case information received by PHAC from provinces and territories as of 29 April 2022 using data up to 17 April 2022. Vaccination coverage data were collected from the Canadian COVID-19 Vaccination Coverage Surveillance System on 24 April 2022, using data up to 17 April 2022. Denominator data were provided by Statistics Canada and include population size estimates by age, sex, and province or territory as of 1 July 2021.

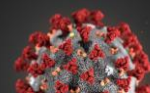
**Note:** Twelve of thirteen provinces and territories have reported case-level vaccine history data to PHAC as part of the national COVID-19 dataset. Eight provinces and territories have reported complete case-level vaccine history data to PHAC in the four most recent report weeks. Seven of these provinces and territories have reported data on cases fully vaccinated with an additional dose. In provinces and territories that have not yet reported additional dose data, cases are classified as fully vaccinated if they are fully vaccinated or fully vaccinated with an additional dose. Data on cases fully vaccinated with an additional dose are limited to the eligible population aged 12 years or older. A data cut-off of 17 April, 2022 was used to account for routine reporting delays associated with vaccine history information. Cases with missing vaccination information are excluded from analysis. When symptom onset date is unavailable or the case is asymptomatic, episode date uses the following dates as a proxy for classification: laboratory specimen collection date, or laboratory testing date.



Based on data from eight provinces and territories for the eligible population 5 years or older, for the period of 21 March to 17 April 2022, adjusting for age, the **rate of new COVID-19 cases** among unvaccinated individuals was **2** times higher than in fully vaccinated individuals and similar to those fully vaccinated with an additional dose. **The rate of COVID-19 hospitalized cases** among unvaccinated individuals was **3** times higher than in fully vaccinated individuals, and **6** times higher than those fully vaccinated with an additional dose. However, there are differences observed between age groups. From 21 March to 17 April 2022, adjusting for age, comparisons of hospitalization rates indicate that:

- **Among youth and adults aged 12 to 59 years**, unvaccinated people were **3 times more likely** to be hospitalized with COVID-19 than fully vaccinated people, and **4 times more likely** to be hospitalized than people fully vaccinated with an additional dose.
- **Among older adults aged 60 years or older**, unvaccinated people were **4 times more likely** to be hospitalized with COVID-19 than fully vaccinated people, and **6 times more likely** to be hospitalized than people fully vaccinated with an additional dose.

For more information on cases following vaccination with cumulative data, please see the *Daily Epidemiology Report* available on the Government of Canada's [COVID-19 data trends](#) page.

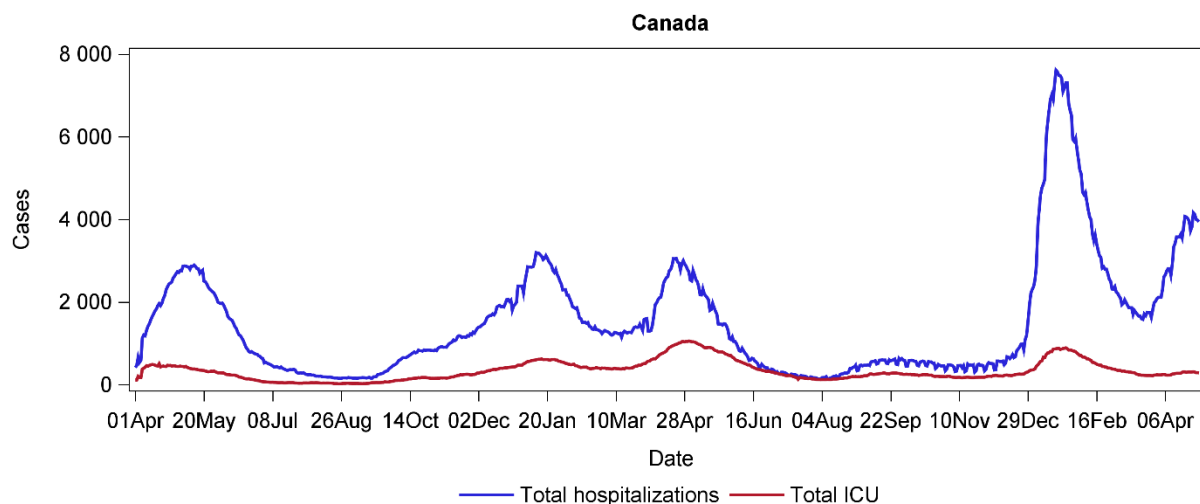


## SEVERITY INDICATORS

### HOSPITALIZATIONS, INTENSIVE CARE, AND DEATHS

On April 30, the average number of hospitalizations were 3 968, representing a 2.4% increase compared to on week prior. ICU admissions have decreased to an average of 302 cases per day, representing a 0.7% decrease, compared to on week prior.

**Figure 7.** Number of COVID-19 cases in hospital and ICU daily in Canada, as of 30 April 2022



Source: Provincial and Territorial Websites, as of 30 April 2022. Hospitalization and ICU data for each province or territory are based on the date of last report. This graph includes data from three of Canada's thirteen provinces and territories that provide daily reporting from provincial and territorial websites. Hospitalization and ICU data for each province or territory are based on the date of last report.

**Note:** The data included in this figure represents the number of cases currently hospitalized and/or in ICU on a given reporting date and does not represent the number of new hospitalizations or ICU admission over time. Cases admitted to the ICU are included in the hospitalization counts; these categories are not mutually exclusive.

During week 17 (24 April to 30 April 2022), detailed case information on hospitalization status was available for 36 749 cases. Among these cases:

- **3 095 (8%)** were hospitalized (including ICU admission), of whom:
  - **562 (18%)** were admitted to ICU.

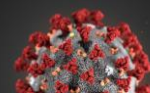
Among the total number of hospitalizations reported during week 17 for which age information was available, 14% (n=442/3 095) were 40 to 59 years of age, 40% (n=1 231/3 095) were 60 to 79 years of age, and 34% (n=1 053/3 095) were 80 years and older (Table 6).

As of 30 April 2022, case information on hospitalization status was available for 3 578 888 cases, where:

- **154 650 (4%)** were hospitalized (including ICU admission), of whom:
  - **26 206 (17%)** were admitted to ICU.

In the most recent week, the majority of cases were among those ages 50-59 years, followed by those ages 30-39 years (Table 4), however, hospitalization counts (including hospitalized cases admitted to ICU) were highest in those ages 60-79 years, followed by those aged 80 years and older and ICU admissions were highest in those ages 60-79 years, followed by those 40-59 years.





**Table 6.** Number of COVID-19 cases hospitalized, and admitted to ICU, overall and by gender and age group, and proportion of total cases hospitalized reported to PHAC during week 17<sup>a</sup> (24 April to 30 April 2022)

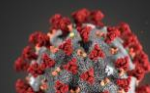
Age groups	Hospitalized – non-ICU			Hospitalized - ICU		
	Female	Male	Total	Female	Male	Total
<5	37	41	78	3	3	6
5-11	10	6	16	0	0	0
12-19	20	10	30	5	3	8
20-39	113	63	176	19	36	55
40-59	145	161	306	49	87	136
60-79	395	560	955	121	155	276
80+	435	537	972	35	46	81
<b>Total</b>	<b>1 155</b>	<b>1 378</b>	<b>2 533</b>	<b>232</b>	<b>330</b>	<b>562</b>

Source: Detailed case information received by PHAC from provinces and territories

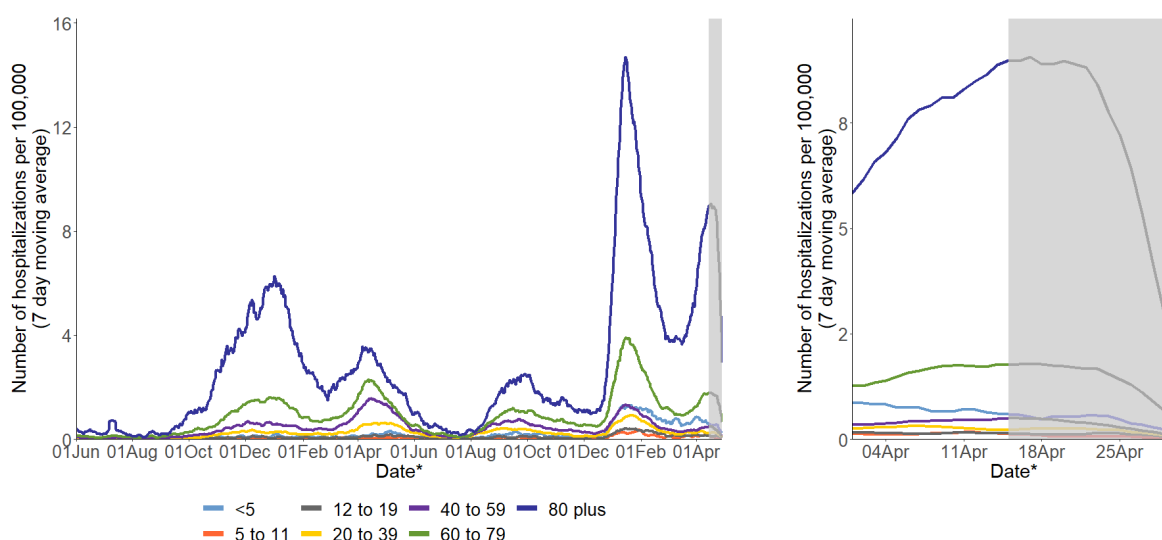
**Note:** Non-ICU hospitalizations and ICU counts are mutually exclusive. Cases with missing gender, sex or age were excluded. Where available, gender data were used; when gender data were unavailable, sex data were used. Reliable data on gender diverse respondents are unavailable due to small counts.

<sup>a</sup> Data submitted to the Public Health Agency of Canada (PHAC) varies by P/T due to possible reporting delays. Data are analyzed based on date reported to PHAC. Note that there is a period of time (accumulating data period) where it is expected that cases have occurred but have not yet been reported nationally. Therefore, COVID-19 cases reported to PHAC during week 17 may include cases that occurred (based on date of illness onset, or lab related dates) in previous weeks.

Based on detailed case information provided to PHAC, the overall cumulative hospitalization rate (including ICU admissions) is 405 cases per 100 000 population, with the highest rates observed in those 80 years of age and older (2 428 cases per 100 000 population). For week 17, the highest rates were observed in those 80 years of age and older (83 cases per 100 000 population).



**Figure 8.** Number of COVID-19 hospitalizations per 100 000 population, by age, from 1 June 2020 to 30 April 2022



Source: Detailed case information received by PHAC from provinces and territories. Rates are calculated based on the 1 July 2021 post-census population estimate.

**Note:** The shaded area represents a period of time (accumulating data period) where it is expected that cases have occurred but have not yet been reported nationally. This graph includes data from the ten of Canada's thirteen provinces and territories that provide detailed age information to PHAC.

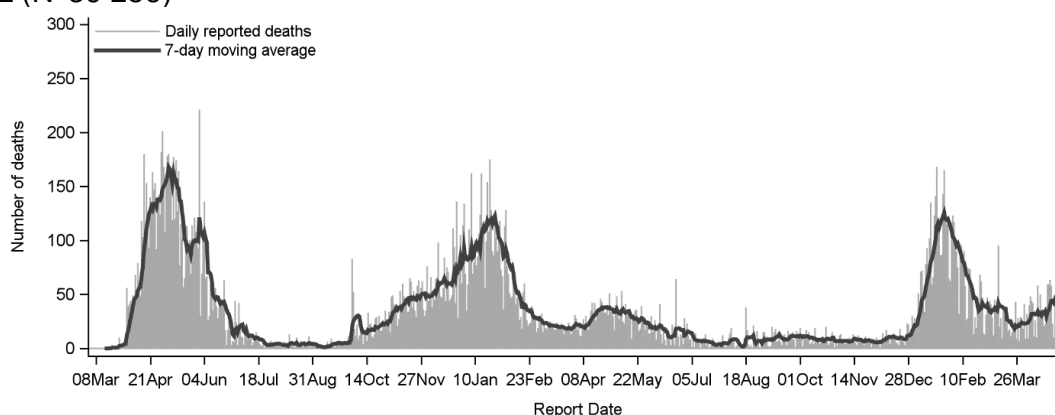
\* The earliest of the following dates were used as an estimate: Symptom onset date, Laboratory specimen collection date, Laboratory testing date, Date reported to province or territory, or Date reported to PHAC.

During week 17, there were new 255 COVID-19 related deaths reported publicly by provinces and territories in Canada.

- This amounts to an average of 36 deaths reported per day for the previous week.

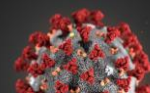
During week 17, jurisdictions submitted individual-level information to PHAC for 401 deaths, of which 151 (38%) were ages 60-79 and 208 (52%) were aged 80 and older. To date, deaths are the highest in those 80 years of age and older (Table A4 in the annex, cumulative counts). Please note that there was an increase in the number of reported deaths in Week 17 due to a batch of cases from one province that occurred from Week 35 of 2021 to Week 17.

**Figure 9.** Daily number of COVID-19 related deaths reported in Canada (and 7-day moving average), as of 30 April 2022 (N=39 256)



Source: Provincial and Territorial MOH websites. This graph includes data from four of Canada's thirteen provinces and territories that provide daily reporting from provincial and territorial websites.

**Note:** The 7-day moving average is a trend indicator that captures the arithmetic mean of the daily reported deaths over the previous seven days.



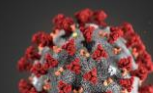
The moving average helps smooth out day-to-day variability in reporting, filtering out the “noise” of short-term fluctuations. Fluctuations can be attributed to retrospective data or provinces or territories reporting cases at a reduced frequency.

## MODELLING

### Estimates of transmission rates in Canada: Effective reproductive rate ( $R_t$ )

$R_t$  is the time variable reproduction rate, representing the average number of newly infected people for each infected person. If  $R_t$  is less than 1 at a particular time ( $t$ ), then the average number of people infected by one infected person is less than one, so the epidemic is being brought under control. If  $R_t$  is greater than 1, the average number of people infected by one infected person is greater than one, and the epidemic is growing. A value of  $R_t$  above 1 indicates that there is active community transmission, meaning that the disease will continue to spread in the population. The higher the  $R_t$  value, the faster the disease is spreading, which leads to an increase in the incidence of new cases.

Due to data limitations, the national  $R_t$  for Week 17 is not available. Figure 10 and  $R_t$  estimate data will be included in future reports when available.



## TECHNICAL NOTES

The data in the report are based on information from various sources described below. The information presented for case-based analyses, trend analyses and laboratory analyses are available as of **30 April 2022 at 4 p.m. EDT**.

### Epidemiological data received by PHAC

Some of the epidemiological data for this report are based on detailed case information on the total confirmed and probable cases received by PHAC from provinces/territories (P/Ts). This information is housed in the PHAC COVID-19 database. Case counts and level of detail in case information submitted to PHAC varies by P/T due to:

- Possible reporting delay between time of case notification to the P/T public health authority and when detailed information is sent/received by PHAC.
- Preliminary data may be limited, and data are not complete for all variables.
- Data on cases are updated on an ongoing basis. The current report reflects data most recently received by PHAC and are subject to change.
- Variation in approaches to testing and testing criteria over time within and between P/Ts.
- The accumulating data period from illness onset to PHAC report date is approximately two weeks and data within this period is subject to change.

Note: Missing data for hospitalizations, ICU admissions, and deceased were not included in calculations. Unless calculations were broken down by age and gender, cases with missing values for age and gender were included. P/Ts may define gender differently and some may be referring to biological sex. Case severity is likely underestimated due to underreporting of related variables, as well as events that may have occurred after the completion of public health reporting, and therefore is not captured in the case report forms. Transmission data should be interpreted with caution as information on exposure are missing from several provinces and territories.

### Provincial and territorial case counts

P/T information on case counts and deaths associated with COVID-19 are collected from publicly available P/T websites, generally from the P/T ministry of health. Case definitions may vary by P/T.

- National COVID-19 case definitions are provided by PHAC for the purpose of standardized case classification and reporting. PHAC's national case definitions can be found here: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
- Only cases and deaths meeting P/T's definition for case classification are reported. For details on case definitions, please consult each P/T ministry of health website.
- Case attribution of COVID-19 infection to a province or territory is determined by the individual's place of residence and captured as reported by provincial and territorial health partners.
- The number of cases or deaths reported during previous weeks may differ slightly from those reported on provincial and territorial websites as these websites may update historic case and death counts as new information becomes available.
- For the most up to date information, please refer to the provincial and territorial MOH websites.

### Laboratory information

Data on the number of tests conducted in each P/T are received from the National Microbiology Laboratory (NML).

- Laboratory testing numbers may be an underestimate due to reporting delays and may not include additional sentinel surveillance or other testing performed. They are subject to changes as updates are received.



## Cases following vaccination

Twelve of thirteen provinces and territories have reported case-level vaccine history data to PHAC as part of the national COVID-19 dataset. Eight provinces and territories have reported case-level vaccine history data to PHAC in the four most recent report weeks. Seven of these provinces and territories have reported data on cases fully vaccinated with an additional dose. In provinces and territories that have not yet reported additional dose data, cases are classified as fully vaccinated if they are fully vaccinated or fully vaccinated with an additional dose. Data on cases fully vaccinated with an additional dose are limited to the eligible population aged 12 years or older. A data cut-off of 17 April 2022 was used to account for routine reporting delays associated with vaccine history information.

Beginning February 6, 2022, cases following vaccination analyses are updated with data up to and including the previous Sunday to align with changes in vaccination coverage reporting. To account for this change in reporting, data for the week ending January 30, 2022 contains an extra day of case-level vaccine history data for most provinces and territories. This change will not be implemented retroactively.

Vaccination coverage data were collected from the Canadian COVID-19 Vaccination Coverage Surveillance System on 24 April 2022, using data up to 17 April 2022. Denominator data were provided by Statistics Canada and include population size estimates by age, sex, and province or territory as of 1 July 2021. Estimates were derived from 2016 Census of Population counts adjusted for Census net undercoverage and growth. Note that starting the week of 10 to 15 October, 2021 the national analysis of cases following vaccination is based on updated population estimates from July 1, 2021 (formerly: July 1, 2020). The 2021 population denominators were retrospectively applied to all data in Figure 7. The number of people unvaccinated is obtained by subtracting the population estimate and the number of people who have received at least one dose of a COVID-19. However, the 2021 population size estimates by age, sex, and province and territory, for the provinces and Nunavut, were provided by Stats Can and are derived from the 2016 Census of population counts. As a result, in certain age groups and provinces and territories, the number of people vaccinated is higher than the denominator. In that case, we put the number and proportion of people unvaccinated as “0” (instead of the negative value). PHAC monitors cases following vaccination using the following categories:

- **Unvaccinated cases** include those who were unvaccinated at the time of their episode date.
- **Cases not yet protected from vaccination** include those whose episode date occurred less than 14 days after their first dose of the vaccine.
- **Partially vaccinated cases** include those whose episode date occurred 14 days or more after their first vaccine dose or less than 14 days after their second dose of the vaccine.
- **Fully vaccinated cases** include those whose episode date occurred 14 days or more after receipt of a second dose in a two-dose series or 14 days or more after receipt of one dose of a one-dose vaccine series, and, if an additional (i.e., third or booster) dose was received, 0 to <14 days after receipt of the additional dose.
- **Fully vaccinated with an additional dose cases** include those whose episode date occurred 14 days or more following the receipt of at least one additional dose (e.g., third or booster) of a COVID-19 vaccine product, after being fully vaccinated.

**Note:** A COVID-19 vaccine product includes vaccines authorized by Health Canada and vaccines accepted by the Government of Canada for the purpose of travel to and within Canada. Note: When symptom onset date is unavailable or the case is asymptomatic, episode date uses the following dates as a proxy for classification: laboratory specimen collection date, or laboratory testing date.



## Outbreak data

- Data on COVID-19 outbreaks at the federal level is based on outbreak data reported by Provinces and Territories to PHAC.
- As of January 17, 2022, web-scraped outbreak data from media and Provincial and Territorial public health authority websites are no longer included.
- Outbreak analyses only included data from January 3, 2021 onward.
- Data only include outbreaks with a reported case count of two or more in line with the national outbreak definition.
- During the Omicron surge, many jurisdictions exceeded public health diagnostic and response capacity. The total number of cases reported to PHAC is underestimated, as is the number of outbreaks. Decreased laboratory capacity and the increased transmissibility with the Omicron variant provide rationale for more targeted testing approaches (i.e. priority populations) and reduced contact tracing. These changes effectively decrease the ability of jurisdictions to detect and report outbreaks in most settings. As such, we expect outbreak numbers reported from settings not prioritized for PCR testing to be under-ascertained.

## Population data

- Canadian population data from Statistics Canada Population estimates on 1 July 2021 are used for age-standardized and age-specific rate calculations.



## ANNEX

**Table A1.** Cumulative number of COVID-19 reported cases and deaths reported in Canada by province or territory, as of 30 April 2022

Province/Territory	Total cases	Total deaths	Crude incidence rate per 100 000 population
British Columbia	363 302	3 147	6 966.7
Alberta	565 052	4 252	12 718.1
Saskatchewan	136 026	1 309	11 529.2
Manitoba	140 931	1 792	10 184.6
Ontario	1 258 109	12 830	8 485.7
Québec	1 039 624	14 987	12 082.3
Newfoundland and Labrador	44 251	162	8 500.8
New Brunswick	60 756	384	7 698.2
Nova Scotia	85 847	314	8 765.7
Prince Edward Island	34 270	25	20 855.9
Yukon	4 190	25	9 747.4
Northwest Territories	11 286	22	24 802.2
Nunavut	3 531	7	8 961.2
<b>Canada<sup>a</sup></b>	<b>3 747 175</b>	<b>39 256</b>	<b>9 797.5</b>

Source: Provincial and Territorial MOH websites as of 30 April 2022.

<sup>a</sup> Includes 13 cases identified in repatriated travelers (Grand Princess Cruise ship travelers) who were under quarantine in Trenton in March 2020. Update on their status is not available.

**Table A2.** Age-standardized incidence rates of reported COVID-19 cases, by province or territory, as of 30 April 2022

Province/Territory	Cumulative age-standardized incidence rates (Per 100 000 population)
British Columbia	6 984.4
Alberta	12 486.1
Saskatchewan	11 402.3
Manitoba	10 122.0
Ontario	8 427.7
Québec	11 801.9
Newfoundland and Labrador	6 831.5
New Brunswick	7 815.5
Nova Scotia	2 689.3
Prince Edward Island	20 905.1
Yukon	9 285.4
Northwest Territories	23 669.1
Nunavut	2 535.3
<b>Canada</b>	<b>9 501.3</b>

Source: Detailed case information received by PHAC from provinces and territories, standardized to the 1 July 2021 post-census population estimate

**Note:** Data submitted to the Public Health Agency of Canada (PHAC) varies by P/T due to possible reporting delays. Data are analyzed based on date reported to PHAC.





**Table A3.** Cumulative age and gender distribution of COVID-19 cases reported to PHAC, as of 30 April 2022

Age group (years)	Female			Male			Total <sup>a</sup>		
	n	%	Rate	n	%	Rate	n	%	Rate
<5	62 152	3.2	6 776.4	68 667	4.1	7 112.9	130 819	3.6	6 949.0
5-11	123 770	6.4	8 797.8	134 570	8.0	9 140.2	258 340	7.1	8 972.9
12-19	161 752	8.4	9 956.1	152 773	9.0	9 044.1	314 525	8.7	9 491.2
20-29	369 692	19.1	15 115.0	310 644	18.4	11 735.9	680 336	18.8	13 358.8
30-39	352 201	18.2	13 274.9	283 974	16.8	10 473.7	636 175	17.5	11 859.1
40-49	306 896	15.8	12 432.7	244 274	14.5	10 070.4	551 170	15.2	11 261.8
50-59	237 979	12.3	9 219.4	211 323	12.5	8 289.7	449 302	12.4	8 757.4
60-69	134 914	7.0	5 450.9	137 381	8.1	5 807.0	272 295	7.5	5 624.9
70-79	73 999	3.8	4 488.7	75 956	4.5	5 113.1	149 955	4.1	4 784.7
80+	112 771	5.8	11 086.2	68 434	4.1	9 825.4	181 205	5.0	10 573.8
<b>Total</b>	<b>1 936 126</b>	<b>100.0</b>	<b>10 063.9</b>	<b>1 687 996</b>	<b>100.0</b>	<b>8 880.5</b>	<b>3 624 122</b>	<b>100.0</b>	<b>9 475.8</b>

Source: Detailed case information received by PHAC from provinces and territories

<sup>a</sup> Cases not identified as male or female were removed from the total due to small numbers.

**Note:** Data submitted to the Public Health Agency of Canada (PHAC) varies by P/T due to possible reporting delays. Cases with missing gender, sex or age were excluded. Where available, gender data was used; when gender data was unavailable sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.

**Table A4.** Cumulative age and gender distribution of COVID-19 deaths reported to PHAC, as of 30 April 2022

Age group (years)	Female	Male	Total <sup>a</sup>
<5	11	4	15
5-11	4	6	10
12-19	6	6	12
20-39	154	238	392
40-59	912	1 461	2 373
60-79	4 744	7 657	12 401
80+	12 455	10 879	23 334
<b>Total</b>	<b>18 286</b>	<b>20 251</b>	<b>38 537</b>

Source: Detailed case information received by PHAC from provinces and territories

<sup>a</sup> Cases not identified as male or female were removed from the total due to small numbers.

**Note:** Data submitted to the Public Health Agency of Canada (PHAC) varies by P/T due to possible reporting delays. Cases with missing gender, sex or age were excluded. Where available, gender data was used; when gender data was unavailable, sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.



**Table A5.** Cumulative age and gender distribution of cases hospitalized and admitted to ICU reported to PHAC, as of 30 April 2022

Age group (years)	Hospitalized – non-ICU			Hospitalized – ICU		
	Female	Male	Total	Female	Male	Total
<5	1 155	1 524	2 679	124	142	266
5-11	377	463	840	54	59	113
12-19	1 027	720	1 747	101	106	207
20-39	10 279	6 053	16 332	1 053	1 384	2 437
40-59	10 627	13 820	24 447	2 736	4 895	7 631
60-79	19 221	24 468	43 689	4 652	8 068	12 720
80+	20 193	18 517	38 710	1 163	1 669	2 832
<b>Total</b>	<b>62 879</b>	<b>65 565</b>	<b>128 444</b>	<b>9 883</b>	<b>16 323</b>	<b>26 206</b>

Source: Detailed case information received by PHAC from provinces and territories

<sup>a</sup> Cases not identified as male or female were removed from the total due to small numbers.

**Note:** Data submitted to the Public Health Agency of Canada (PHAC) varies by P/T due to possible reporting delays. Cases with missing gender, sex or age were excluded. Where available gender data was used; when gender data was unavailable, sex data was used. Reliable data on gender diverse respondents are unavailable due to small counts.

**Table A6.** Cumulative number of COVID-19 cases, hospitalizations, ICU admissions and deaths, by age group, reported to PHAC as of 30 April 2022

Age group (years)	Cumulative			
	Cases	Hospitalized (%)	Hospitalized – ICU (%)	Deaths (%)
<5	131 218	2 961 (2.3%)	277 (0.21%)	15 (<0.1%)
5-11	259 104	959 (0.4%)	120 (<0.1%)	10 (<0.1%)
12-19	315 662	1 969 (0.6%)	219 (<0.1%)	12 (<0.1%)
20-39	1 320 924	18 829 (1.4%)	2 485 (0.2%)	398 (<0.1%)
40-59	1 002 955	32 139 (3.2%)	7 683 (0.8%)	2 382 (0.2%)
60-79	423 161	56 518 (13.4%)	12 816 (3.1%)	12 434 (2.9%)
80+	181 521	41 633 (23.0%)	2 898 (1.6%)	23 394 (12.9%)
<b>Total</b>	<b>3 634 545</b>	<b>155 008 (4.3%)</b>	<b>26 498 (0.8%)</b>	<b>38 645 (1.1%)</b>

Source: Detailed case information received by PHAC from provinces and territories. Hospitalized cases include those admitted to an intensive care unit (ICU).