Update on COVID-19 Projections

Science Advisory and Modelling Consensus Tables

December 21, 2020



CONFIDENTIAL - DO NOT CIRCULATE

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



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

Weekly%positiv	W eekly%positivity by age group																																					
Month	Month Apr2020					May2020				Jun2020				Jul2020				Aug2020					Sep2020				Oct 2020					Nov2020				Dec2020		
WeekNo	14	15	16	17	18	1	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	37	40	41	42	43	44	45	46	47	48	49	
Age Group	- 5	- 5	- 5	- 5	5			3	- 3	- 5	- 5	- 5	- 3	- 5	- 3	- 5	- 5	- 5	- 5	- 5.	- 3	- 3	- 3	- 5	- 5	- 5	- 5	- 5	- 5	- 5	- 5	- 3	- 5	- 3	5			
75+	16.4	11.0	5.0	4.3	3 3.	.4	4.7	5.3	3.2	2.9	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 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	1 3.	.6	4.1	3.8	1.9	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	8 1.7		2.2	2.6	3.3	3.3	3.0	3.3	3.4	
55to64	11.4	8.6	6.2	4.	3 3.	.7	4.9	5.7	2.8	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	1.6	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	1.2	2 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	1.6	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	5.3	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	
18ło24	9.2	7.8	6.5	4.	I 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	3.3	7 3.	4	5.0	6.6	2.2	2.9	1.5	i 1.6	1.4	1.3	1.1	1.4	1.3	1.4	1.2	1.1	0.8	1.3					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	5.0	3 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	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.	2	.2	3.0	3.4	3.5	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	
0to3	1.5	1.6	1.5	1.3	7 1.		2.2	2.2	1.4	1.1		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	3.6	
Total	11.3	8.5	5.7	4.	5 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	1.6	1.7	2.4	2.8	3.0	3.7	4.2	3.9	4.0	4.2	4.0	

Data Source: Ontario Laboratory Information System (OLIS), MOH – extracted from SAS VA December 19. Note: Includes all data submitted to OLIS up to December 16, 2020. The last six days are considered interim data (week 49) and subject to change Weekly % positivity = total number of positive tests within the week (based on reported date)/COVID tests within the week

As in other jurisdictions, case growth continues despite soft restrictions



Note: Ontario reached 13/100,000 cases between 1.5 and 3 months after these countries Predictions informed by modeling from McMasterU, COVID-19 ModCollab, PHO; recent growth in new daily cases; reported cases in peer jurisdictions **Data** (Observed Cases): covid-19.ontario.ca; <u>https://ou</u>rworldindata.org; covidtracking.com

7

COVID-19 hospitalizations and ICU admissions continue to climb



Data Sources: Daily Bed Census Summary COVID-19 Report + Critical Care Information System. Extracted via MOH SAS VA December 18.

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



Predictions: COVID-19 ModCollab. Data (Observed ICU Occupancy): CCSO 9

High ICU occupancy threatens quality of care

High occupancy

 \rightarrow Threatens timely access for all patients needing admission

 \rightarrow Delayed access \uparrow mortality (Gabler 2013, Harris 2018)

Acceptable occupancy threshold varies by ICU size (Green 2002)

85% of total

500.000

SX-Transplant

600,000

SX-Other

• 30 bed ICU: < 75% occupancy level



300.000

400.000



pD = probability of delayed admission to hospital bed

• 15 bed ICU: < 65% occupancy level

200.000

SX-Cardiac SX-Vascular

ICU Bed Days Distribution, Ontario, FY 2018/19

SX-Cancer

Medical

100.000

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



COVID-19 cases and deaths for LTC residents and staff

Data Source: Ministry of Long Term Care Tracker, Dec 19th extraction based on data reported up to 3:30 pm Dec 18th, 2020. Data are self-reported by the long-term care homes to the Ministry of Long-Term Care. Daily case and death figures may not immediately match the numbers posted by the local public health units (i.e. iPHIS database) due to lags in reporting time.

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



Other jurisdictions are $1\frac{1}{2}$ - 3 months ahead of us Most have used some form of hard lockdown



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

Victoria, Australia



France



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/

18

Earlier lockdowns will reduce cases



Predictions: COVID-19 ModCollab.

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.