

# Mississauga Ontario Health Team Population Health Data Report

## COVID-19 Data Report Summary

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### Overview

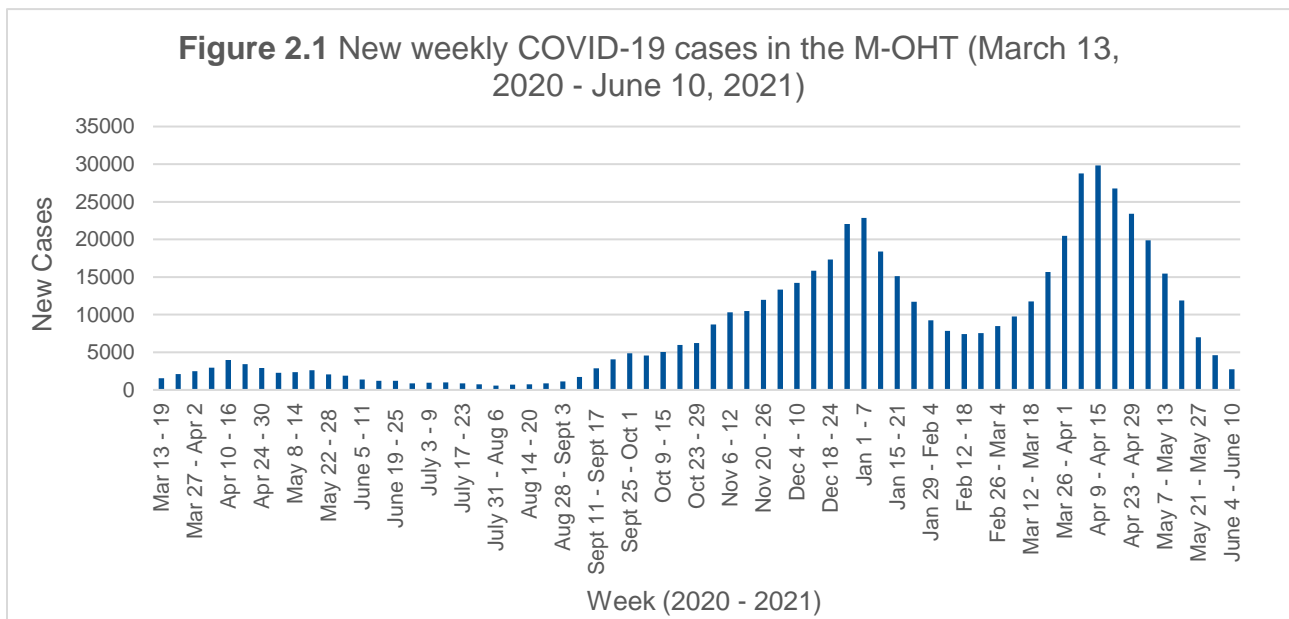
This report aims to help understand the epidemiology of COVID-19 in the population that the Mississauga Ontario Health Team (M-OHT) serves, to consider which sub-populations have been most greatly affected by the virus, and to help guide future public health strategies for future infectious outbreaks. We use validated COVID-19 case reports from the Ontario Ministry of Health Public Health Case and Contact Management System (CCM). The data contain test-confirmed case records between March 13th, 2020 to June 14th, 2021, reported to the Ministry of Health and Long-Term Care by Public Health Units. The COVID-19 data are presented by demographics, socioeconomic, epidemiology, outcomes, and vaccinations.

### Population

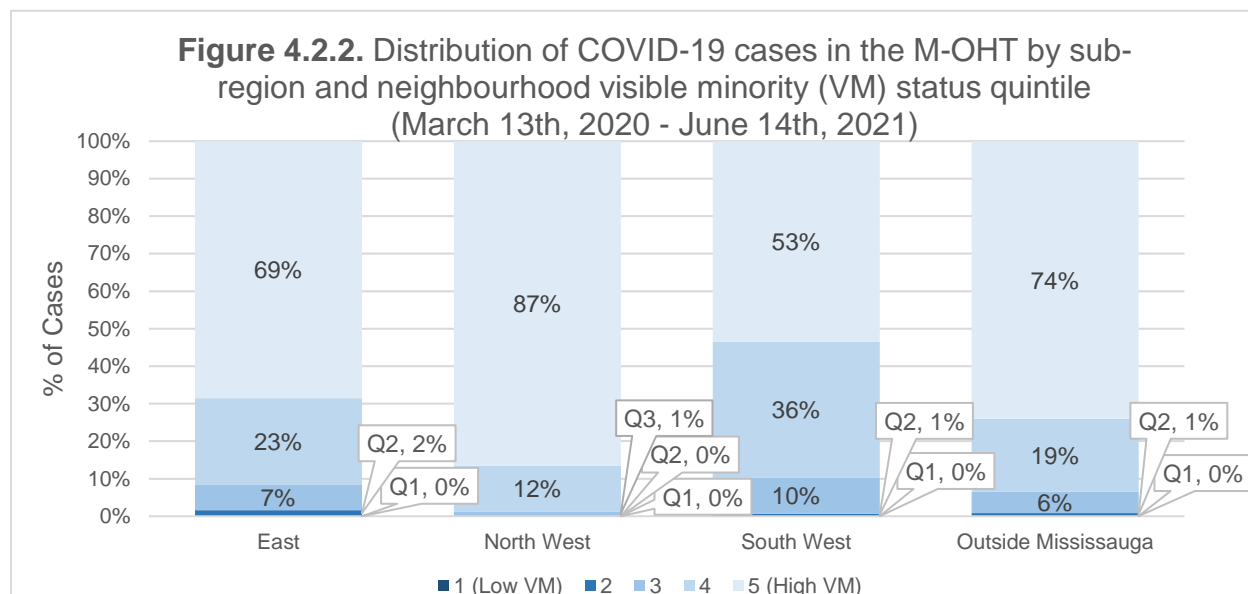
The M-OHT population includes both individuals who live in and outside of the city of Mississauga. This report will disaggregate findings by sub-regions in the M-OHT by East Mississauga, North West Mississauga, South West Mississauga, and Outside Mississauga.

### Highlight of Findings

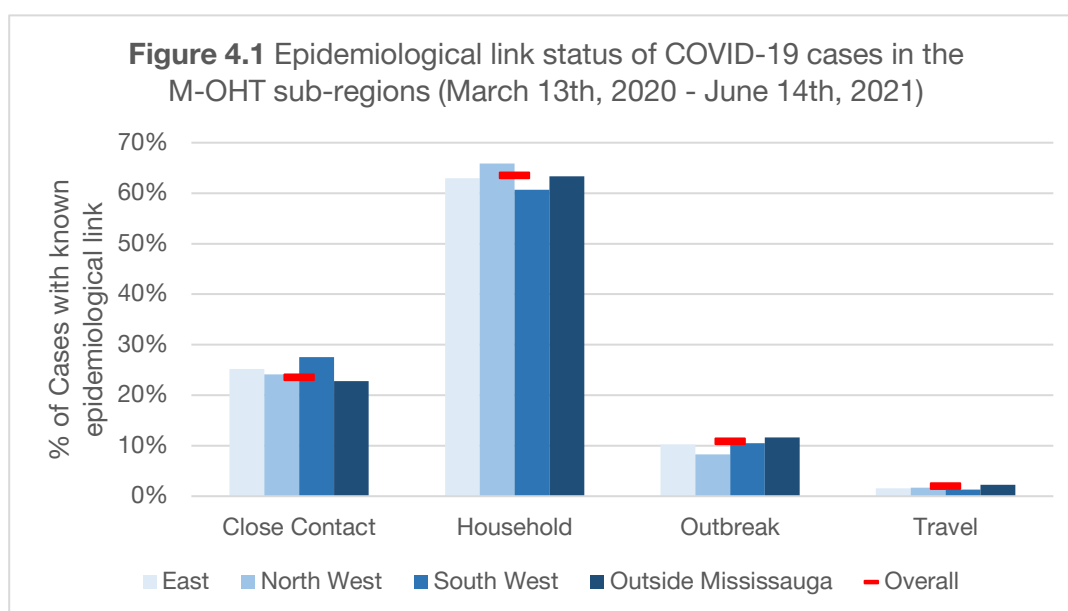
- COVID-19 case trends over time in the M-OHT were similar to the rest of the province in timing, with three major waves (see **Figure 2.1** below). The largest proportion of COVID-19 cases occurred among people living outside Mississauga, which accounted for 70% of cases in the M-OHT, although these are likely overestimated (see full report for details). East Mississauga had the highest number of cases, accounting for 13% of cases in the M-OHT.



- The highest proportion of COVID-19 cases occurred in the 20-29 age group, and the lowest proportion of cases occurred among the older age groups of 70-79 and 80+. Occupations at higher risk for COVID-19 were categorized as: healthcare workers, education setting (student and staff), and other high-risk settings, of which the highest number of cases was among healthcare workers (see chapter 3.1 in full report).
- No socioeconomic pattern was seen for any sub-region of the M-OHT for total COVID-19 cases, and both fatal and hospitalized COVID-19 cases (see chapter 3.2 in full report).
- A strong pattern was seen for neighbourhood visible minority status quintile, with higher cases in neighbourhoods with a high number of residents who self identify as belonging to a visible minority group (see Figure 3.2.2 below).

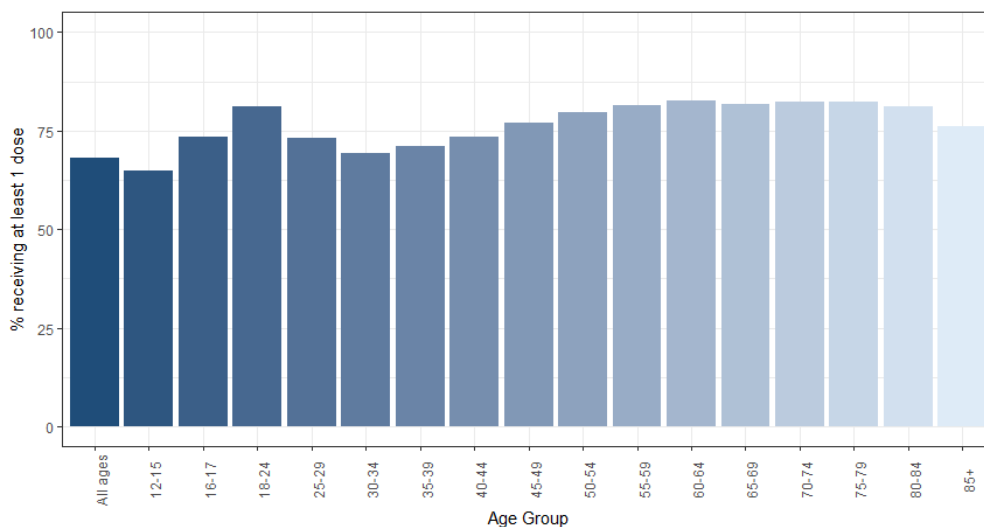


- The majority of COVID-19 cases were attributed to household and close contact transmission. The lowest proportion of cases were attributed to travel (see Figure 4.1 below).



- Across all sub-regions in the M-OHT, 97-98% of COVID-19 cases are resolved. Across the M-OHT, 1% of cases resulted in death and 4% resulted in hospitalization. Furthermore, the majority of fatal and hospitalized COVID-19 cases occurred among the 60+ category, with 92% of cases being fatal and 58% of cases being hospitalized (see *chapter 5 in full report*).
- Finally, the proportion of Mississauga residents that received at least one vaccine dose in Mississauga was 69% as of July 25, 2021 (see **Figure 6.1** below for these rates by age). Areas of high socioeconomic status have higher rates of vaccination for age groups 70+, and areas of low socioeconomic status have higher rates of vaccination for age groups 18-69 (see *chapter 6 in full report*).

**Figure 6.1.** Population receiving at least one dose of a COVID-19 vaccine (%) by age group in Mississauga as of July 25<sup>th</sup>, 2021



## Conclusion

Peel Region has been known as one of the worst-hit regions in all of Ontario for COVID-19 infection. Thus, understanding the epidemiology of COVID-19 in the M-OHT, who reside in these high-risk areas, is essential to managing disease risk and informing planning for future infectious outbreaks. Findings from this report should be used to help guide the response to future COVID-19 waves and understand which sub-populations within the M-OHT have been most greatly affected by COVID-19. As the effects of the pandemic are likely to last for years to come, understanding the burden of COVID-19 on sub-populations is necessary to address health inequities and improve the physical and mental well-being of the community.