


COVID-19 epidemiology update: Summary

Last updated: 2024-03-26  PDF

Summary of COVID-19 cases, hospitalizations and deaths, cases following vaccination, testing and variants of concern across Canada and over time. Older versions of this report are available on the [archived reports page](#).

Update schedule: We update all sections of this page every Tuesday, except for 'Hospital use', which we update every Thursday. This page was last updated on March 26, 2024, 9 am ET.

Weekly highlights

For information on other respiratory viruses circulating in Canada, and comparisons with COVID-19, please visit the [weekly RVDSS report](#), and the [weekly Fluwatch report](#).

General trends

- Nationally, COVID-19 indicators continue to slowly decrease or remain at low levels.
- In the latest reporting week, seven provinces and territories reported low Activity Levels, while one reported moderate Activity Levels. Activity Level trajectories varied by jurisdiction, with most reporting decreasing or stable trends.
- National SARS-CoV-2 percent positivity has been decreasing since mid-December 2023.
- Following an increase in mid-November, overall outbreak incidence has been decreasing since early January, with more recent weeks showing a slower decline.

Hospitalizations and deaths

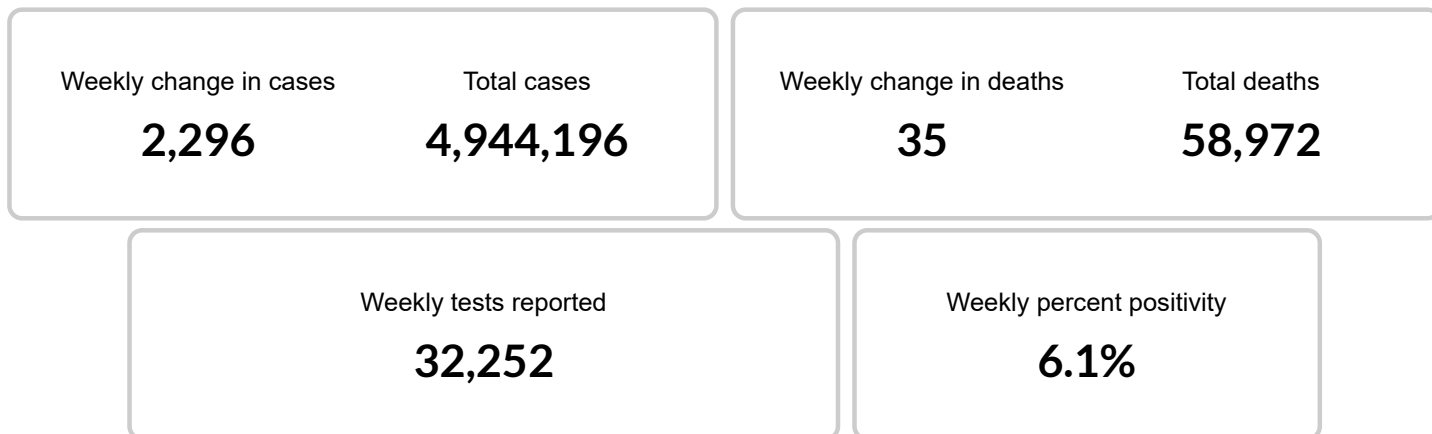
- Among reporting provinces, trends in [COVID-19 patients in hospital](#) decreased between March 12, 2024 and March 19, 2024.
- [Weekly COVID-19 deaths](#) remain low.
- The [weekly rates of COVID-19 cases hospitalized and admitted to ICU](#) remained highest among the oldest age groups.

Variants

- Nationally, [the JN.1* group including all sub-lineages is the dominant lineage group in Canada](#). Specifically, JN.1.4* is the main lineage group showing growth in Canada, followed by JN.1.7* and JN.1.8.1.
- The JN.1* group is projected to have reached 95.6% of all detections on March 16, 2024.

- While the data we publish under Latest COVID-19 numbers in the Current Situation tab may include provincial or territorial data corrections or backfill (sometimes described as bulk reporting) in the week they are reported, the weekly highlights account for these data corrections and focus on recent trends.
- * Includes all descendant lineages, unless otherwise specified.

Latest COVID-19 numbers (Last data update March 26, 2024, 9 am ET)



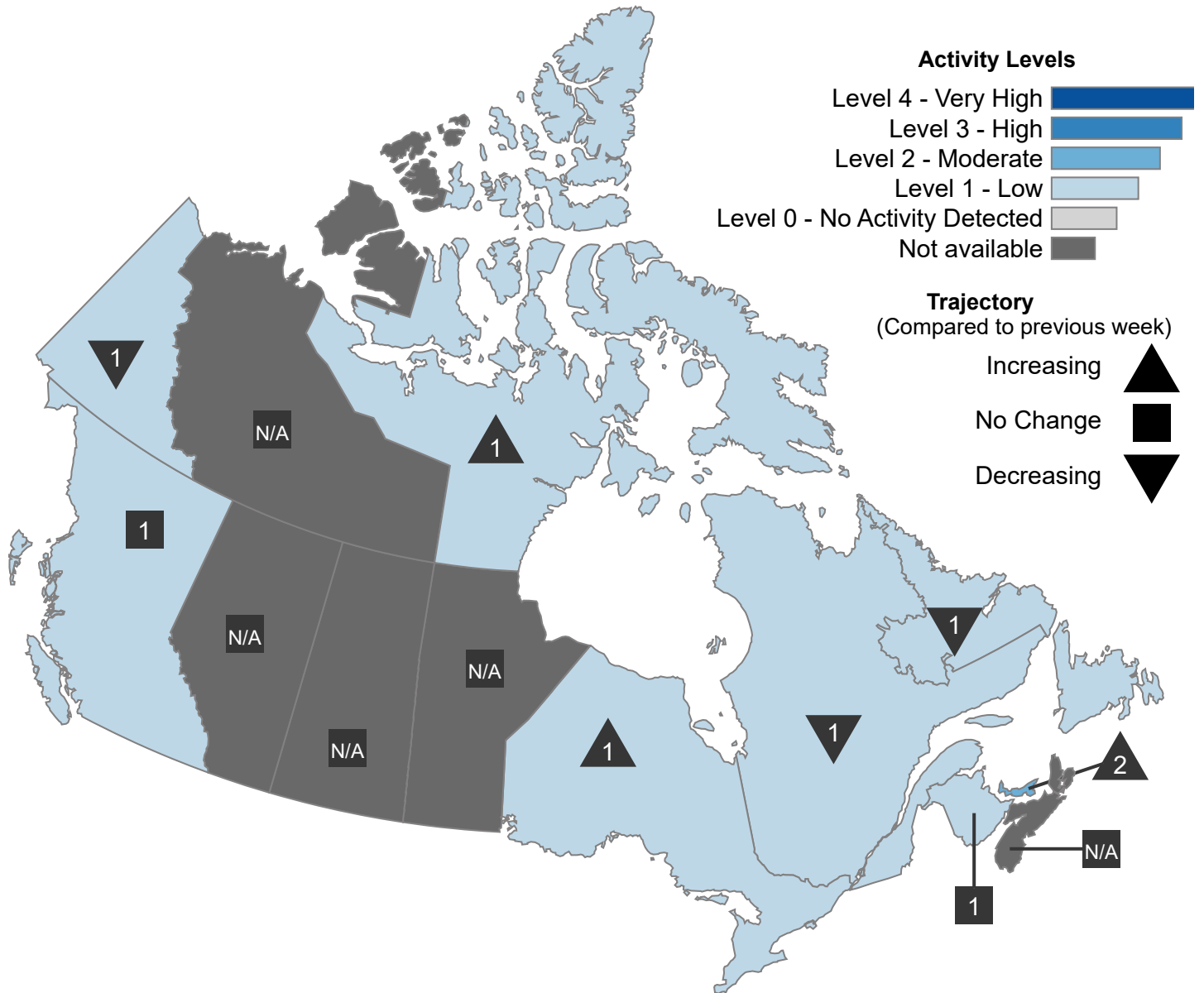
- This information is based on data our provincial and territorial partners published on cases and deaths. For the most up to date data for any province, territory or city, please visit their website.
- Case and death information are up to March 16, 2024.
- Weekly change in cases includes data from 8 of the 13 Canadian provinces and territories reporting updates for the week of March 10 to March 16, 2024. Weekly change in deaths includes data from 7 of the 13 Canadian provinces and territories reporting updates for the week of March 10 to March 16, 2024.
- These reflect the changes in the case and death counts at the end of the week compared to the end of the previous week.
- Laboratory testing information is based on data from the Respiratory Virus Detection Surveillance System (RVDSS) (see [Data notes](#)).
- Weekly percent positivity is calculated as the number of positive tests divided by the total number of tests performed during the epidemiological week.
- Laboratory data represents specimens received by labs up to March 16, 2024.
- Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.
- As of March 26, 2024, the Statistics Canada population estimates as of July 1, 2023 are being used for denominators in rate calculations.

COVID-19 Activity Levels

COVID-19 activity levels provide a high-level summary to describe when and where COVID-19 is circulating across Canada. The level of COVID-19 activity for each jurisdiction is determined by provincial and territorial ministries of health. The weekly COVID-19 activity level is based on:

- percent positivity
- long-term care facility outbreaks per 1,000,000 population, and
- wastewater trends.

Figure 1. Map of COVID-19 activity levels in Canada, by province or territory for the week of March 10 to March 16, 2024 (Last updated March 26, 2024, 9 am ET)



COVID-19 activity levels in Canada, by province or territory for the week of March 10 to March 16, 2024 (Last updated March 26, 2024, 9 am ET)

Province or territory	Overall COVID-19 activity level	Overall change
British Columbia	Low Activity (1)	No change
Alberta	Not available	Not available
Saskatchewan	Not available	Not available
Manitoba	Not available	Not available
Ontario	Low Activity (1)	Increasing
Quebec	Low Activity (1)	Decreasing
Newfoundland and Labrador	Low Activity (1)	Decreasing
New Brunswick	Low Activity (1)	No change
Nova Scotia	Not available	Not available
Prince Edward Island	Moderate Activity (2)	Increasing
Yukon	Low Activity (1)	Decreasing
Northwest Territories	Not available	Not available
Nunavut	Low Activity (1)	Increasing

a. COVID-19 activity level assessments are based on data from provincial and territorial partners for the week of March 10 to March 16, 2024. For more information on public health recommendations or risk assessments, please refer to the [provincial and territorial websites](#). More information on COVID-19 activity levels, how they are calculated, and relevant data caveats, can be found in the [Technical Notes](#).

COVID-19 activity levels are based on data from provincial and territorial (PT) partners. National COVID-19 activity levels were developed with PT partners to monitor COVID-19 activity at the national and PT levels using a standard set of core indicators. Based on these indicators, COVID-19 activity can range from level 0 (no activity) to level 4 (high activity). They are presented with the overall change (increase, decrease, no change) from the previous week.

Indicators: The overall COVID-19 activity level is assessed based on the following three indicators, where available:

1. Weekly percent positivity

Weekly number of lab positive tests / Weekly total number of tests x 100.

Note: This indicator is only incorporated into overall assessment if the testing rate is greater than or equal to 100 tests per 100,000 population per week. This indicator is used to provide information about overall activity level and trajectory.

2. Weekly long term care facility (LTCF) outbreaks per 1,000,000 population

Weekly number of LTCF outbreaks / Total population in jurisdiction x 1,000,000.

Note: This indicator is used to provide information on overall activity level and trajectory.

3. Weekly COVID-19 wastewater trajectory

Trajectory of weekly COVID-19 wastewater viral levels compared to the previous week.

Note: This indicator is used to provide information on overall trajectory only.

Assessment process:

- Each indicator is assigned a level ranging from 'no activity detected' (level 0) to 'very high activity' (level 4), based on established thresholds (increasing, decreasing, or no change) of a change of 10% or more compared to the previous week.
- Overall activity level is then determined using the average level of the available indicators (rounding to the nearest whole number).
- Overall trajectory, or the direction of change (based on 10% change compared to the previous week), is calculated based on the mode of the trajectories from available indicators.

Data assessment caveats:

- This information is based on data from PT partners. For more up to date information and for public health recommendations or risk assessments, please refer to PT websites.
- Weekly changes in tests performed, and LTCF outbreaks reflect changes in counts between the end of the latest epidemiological week and the end of the previous epidemiological week. Data are updated on an ongoing basis and are subject to change.
- PT testing practices, data sources and reporting to PHAC vary across jurisdictions.
- There may be variations in the COVID-19 activity across a jurisdiction. It's possible that if there are outbreaks occurring in one area, it may result in a higher level of COVID-19 activity. Weekly activity level assessments are intended to provide a high-level overview of COVID-19 spread using standard indicators at the national and PT level. They may not reflect the true extent of geographic spread of COVID-19.

COVID-19 data products

COVID-19 surveillance

- [COVID-19 wastewater surveillance dashboard](#)
- [Interactive data map of COVID-19 cases around the world](#)
- [Viral respiratory infection data \(CNISP \(Canadian Nosocomial Infection Surveillance Program\)\)](#)

COVID-19 vaccination

- [Reported side effects following vaccination](#)
- [Number of people vaccinated in Canada](#)

- [Number of COVID-19 vaccine doses administered in Canada](#)
- [Vaccines distributed in Canada](#)

COVID-19 and mental health

- [Mental Illness during the Pandemic: Survey on COVID-19 and Mental Health \(Cycles 1 and 2\)](#)
- [Map of Canadian mental health during the COVID-19 pandemic](#)
- [Inequalities in the mental health of adults before and during the COVID-19 pandemic](#)

Impacts of COVID-19

- [Frequency and impact of longer-term symptoms following COVID-19 in Canadian adults](#)
- [Impacts of the COVID-19 Pandemic on Canadian Children with Cognitive, Behavioural or Emotional Disabilities](#)

COVID-19 inequalities

- [Social inequalities in COVID-19 deaths in Canada](#)

Provincial, territorial and international reporting

For more information, please refer to provincial or territorial COVID-19 webpages:

- [British Columbia](#)
- [Alberta](#)
- [Saskatchewan](#)
- [Manitoba](#)
- [Ontario](#)
- [Quebec](#)
- [Newfoundland and Labrador](#)
- [New Brunswick](#)
- [Nova Scotia](#)
- [Prince Edward Island](#)
- [Yukon](#)
- [Northwest Territories](#)
- [Nunavut](#)

For more information, please refer to international COVID-19 webpages:

- [World Health Organization](#)
- [US Centers for Disease Control and Prevention](#)
- [European Centre for Disease Control and Prevention](#)

You might also be interested in

[COVID-19 wastewater surveillance dashboard](#)

Trend data about the levels of COVID-19 in the wastewater.

[COVID-19 vaccination](#)

Number of COVID-19 vaccine doses that have been administered in Canada.

[All Health Infobase data products](#)

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What was wrong?

Answers to frequently asked questions can be found in the [Understanding the data section!](#)

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- I'm not in the right place
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- Other reason

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Maximum 300 characters

COVID-19 epidemiology update: Current situation

Last updated: 2024-03-26

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Latest COVID-19 numbers (Last data update March 26, 2024, 9 am ET)

Weekly change in cases

2,296

Total cases

4,944,196

Weekly change in deaths

35

Total deaths

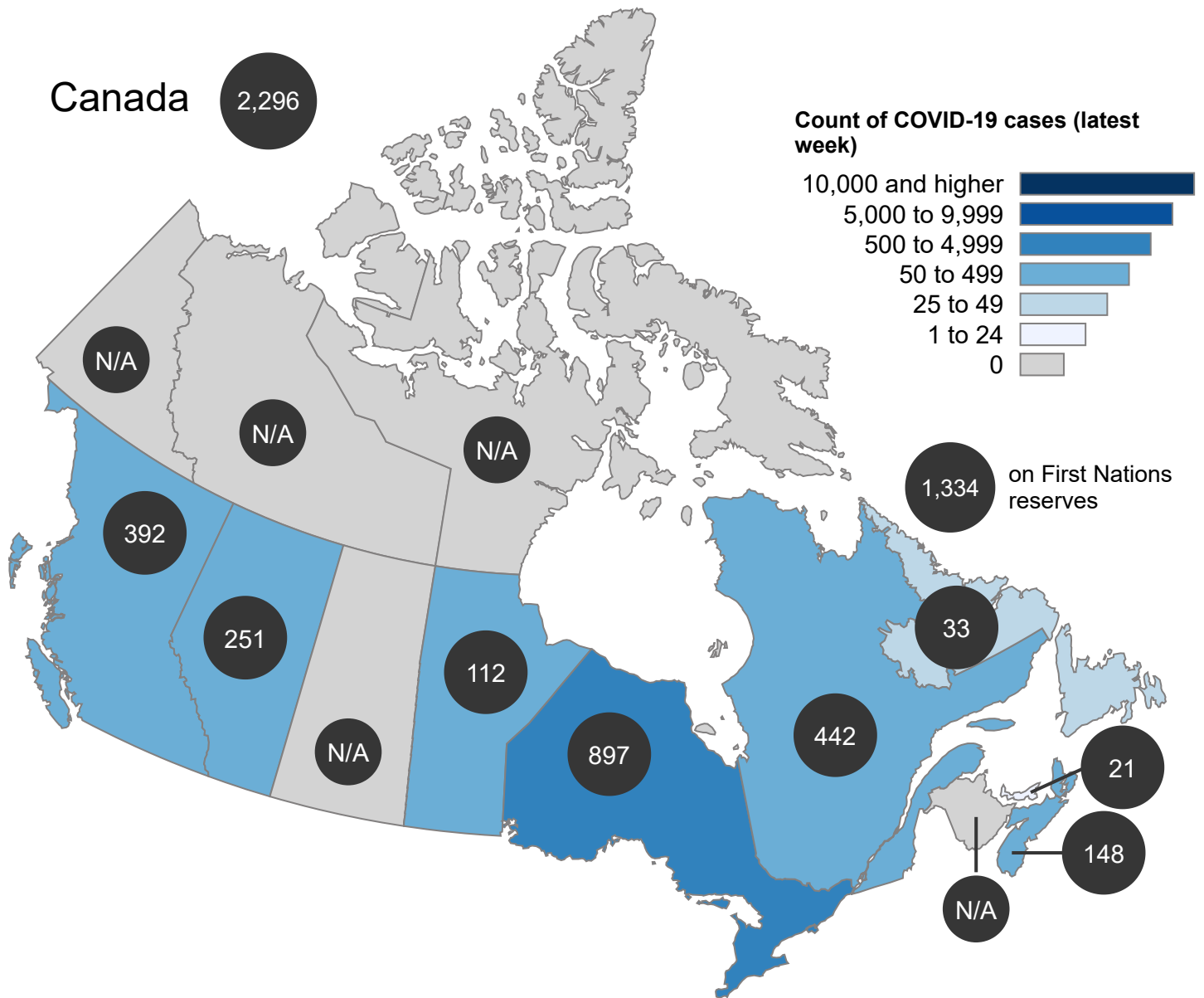
58,972

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- Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.
- As of March 26, 2024, the Statistics Canada population estimates as of July 1, 2023 are being used for denominators in rate calculations.

ational and regional trends

Figure 1. of of COVID-19,
 for the week of March 10 to March 16, 2024

(Last data update March 26, 2024, 9 am ET)



The count of cases of COVID-19 for the week of March 10 to March 16, 2024 in **Canada** was **2,296**.

- This information is based on data our provincial and territorial partners published on cases and deaths. For the most up to date data for any province, territory or city, please visit their website. The number of cases or deaths reported may differ slightly from those on the provincial and territorial websites as these websites may update historic case and death counts as new information becomes available.
- Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.
- On April 23, 2023, BC started reporting on people who had had multiple COVID-19 infections. Previously, BC only reported 1 COVID-19 infection per person. For this reason, BC data after April 23, 2023 shouldn't be compared to earlier data.
- As of April 11, 2022, Nunavut no longer publishes regular COVID-19 updates.

- As of June 13, 2022, Northwest Territories no longer publishes regular COVID-19 updates.
- As of November 16, 2022, Yukon no longer publishes regular COVID-19 updates.

Areas in Canada with cases of COVID-19

Location	Total cases		Cases (latest week)		Cases (latest 2 weeks)		Total deaths		Deaths (latest week)		Deaths (latest 2 weeks)	
	Count	ate	Count	ate	Count	ate	Count	ate	Count	ate	Count	ate
British Columbia	418,579	7,584	392	7	859	16	6,812	123	17	0.3	44	0.8
Alberta	652,369	13,894	251	5	524	11	6,348	135	0	0.0	4	0.1
Saskatchewan	163,278	13,504	N/A	N/A	N/A	N/A	2,054	170	N/A	N/A	N/A	N/A
Manitoba	161,306	11,087	112	8	219	15	2,571	177	N/A	N/A	N/A	N/A
Ontario	1,711,447	10,965	897	6	1,618	10	18,551	119	8	0.1	23	0.1
Quebec	1,453,403	16,377	442	5	981	11	19,995	225	8	0.1	24	0.3
Newfoundland and Labrador	58,158	10,798	33	6	61	11	403	75	0	0.0	1	0.2
New Brunswick	94,820	11,360	N/A	N/A	N/A	N/A	1,018	122	N/A	N/A	N/A	N/A
Nova Scotia	152,303	14,386	148	14	254	24	1,036	98	2	0.2	7	0.7
Prince Edward Island	58,489	33,656	21	12	30	17	123	71	0	0.0	0	0.0
Yukon	4,989	11,093	N/A	N/A	N/A	N/A	32	71	N/A	N/A	N/A	N/A
Northwest Territories	11,511	25,596	N/A	N/A	N/A	N/A	22	49	N/A	N/A	N/A	N/A
Nunavut	3,531	8,681	N/A	N/A	N/A	N/A	7	17	N/A	N/A	N/A	N/A
Canada	4,944,196	12, 0	2,296	6	4, 04	12	,9 2	14		0.1	10	0.

a. * Rate per 100,000 population

pidemic curve

As of March 16, 2024, PHAC has received detailed case report data on 4,543,022 cases.

The shaded area for Figures 2 and 3 represents a period of accumulating data where it is known or expected that cases, and severe outcomes have occurred but have not yet been reported nationally. We update this information as it becomes available.

Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.

Figure 2a. COVID-19 cases n 4,542,898 in Canada by date as of March 16, 2024

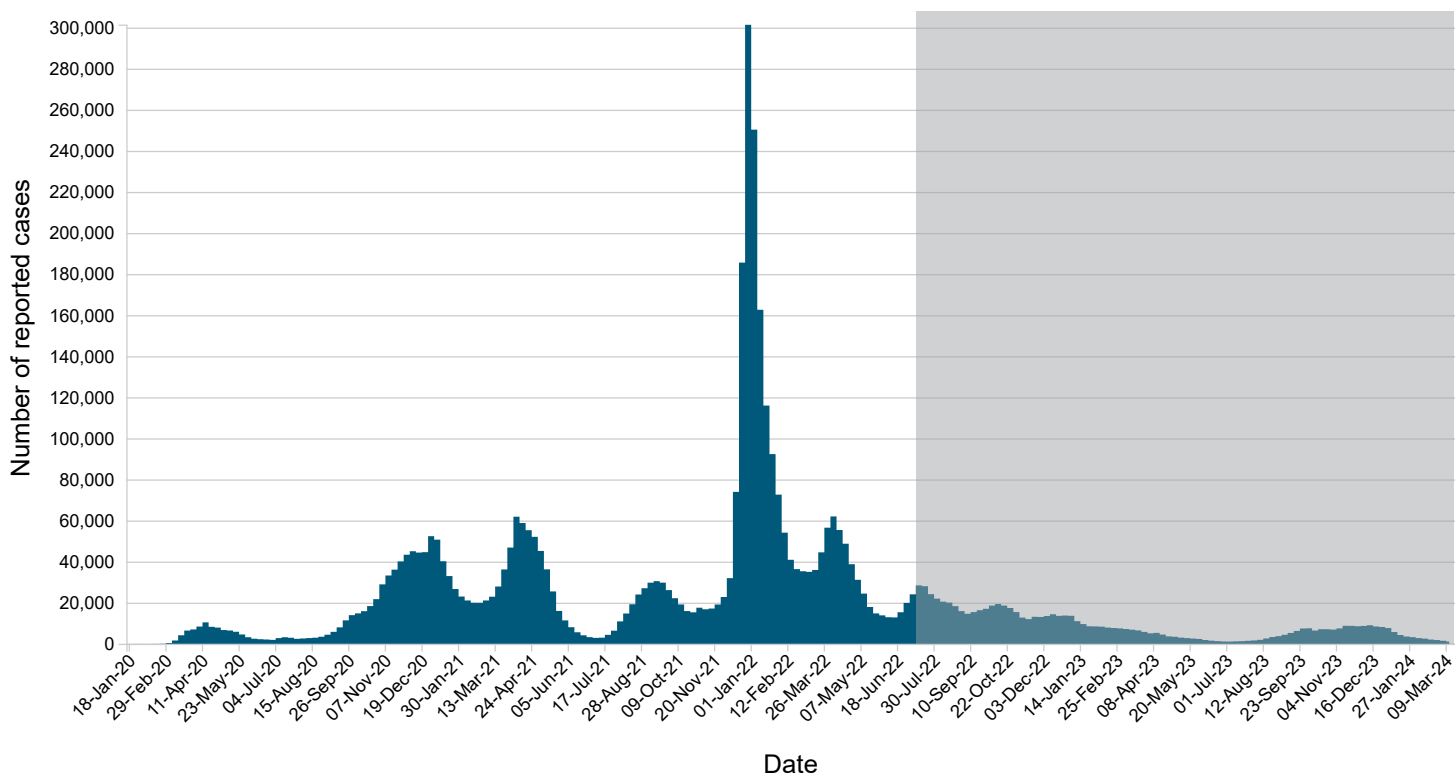
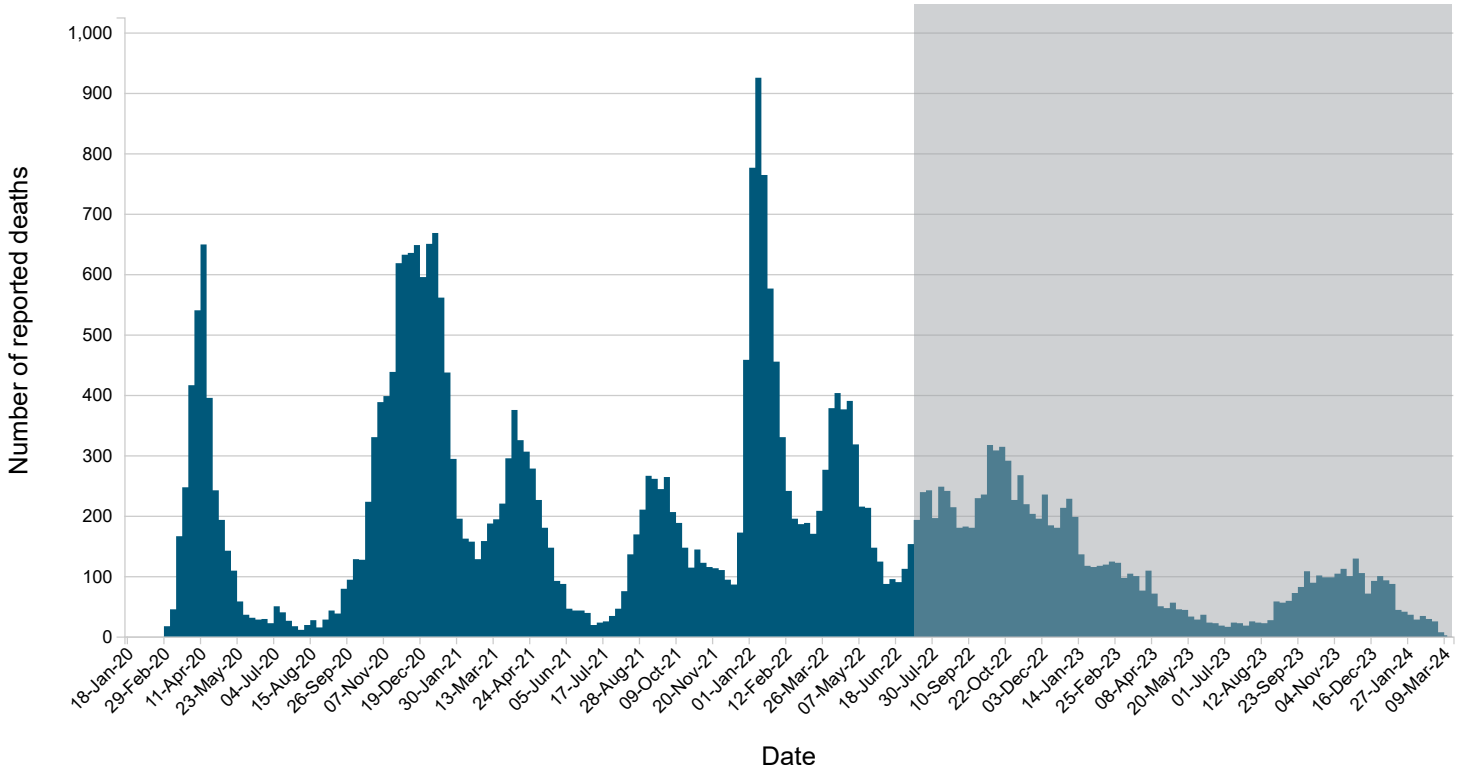


Figure 2b. COVID-19 deaths n 37,939 in Canada by date as of March 16, 2024



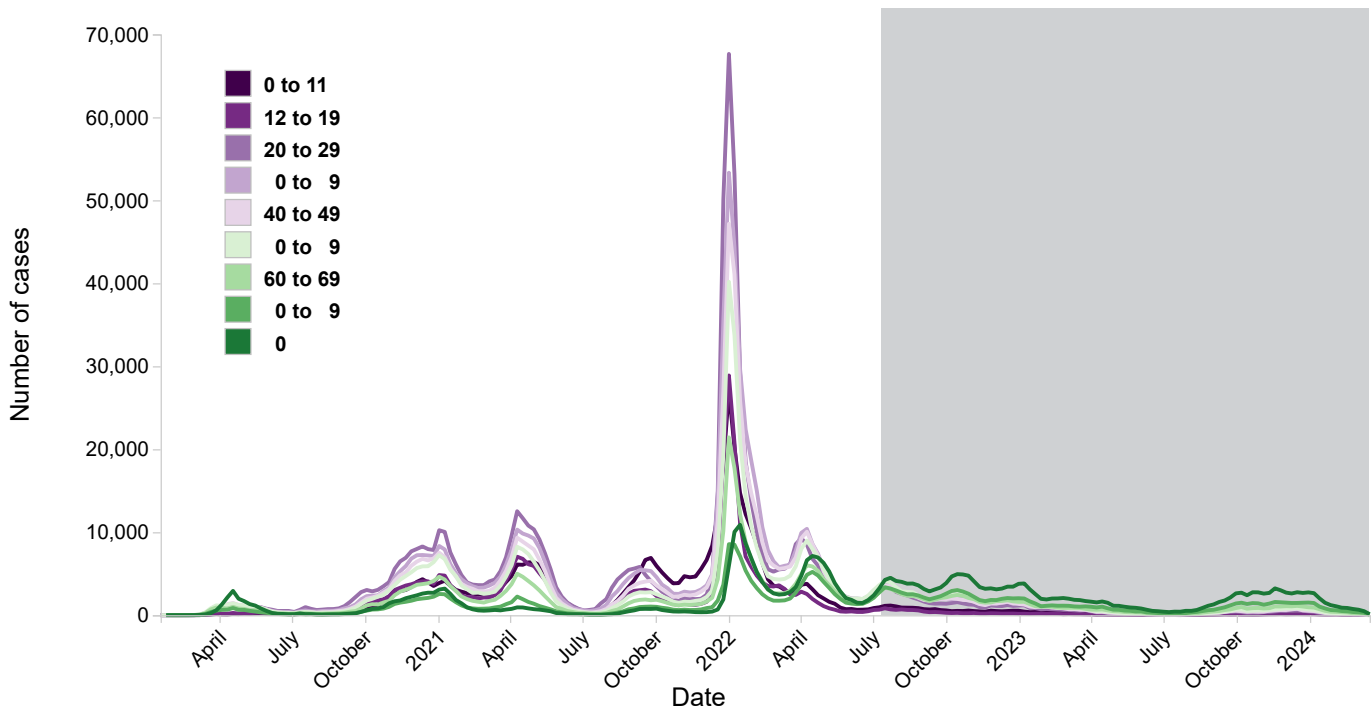
- This figure reflects detailed case information provided to the Public Health Agency of Canada (PHAC) by health authorities in the provinces and territories. This data is updated every week. It may change as we get more information about cases.
- The deaths graph includes data from the twelve of Canada's thirteen provinces and territories that provide detailed death information to the public health agency of Canada (PHAC).
- The earliest of the following dates were used to determine the week in which a case or death is presented: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.
- Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.

Cases by age and gender

We have detailed case report data from 4,543,022 cases. We know the age of patients in 99.9% of cases, and both age and gender in 99.6% of cases.

Of the cases reported in Canada so far, 54.8% were female and 32.8% were between 20 and 39 years old (Figure 3).

Figure 3. Weekly number of COVID-19 cases by age group in Canada as of March 16, 2024



- This figure reflects detailed case information provided to the Public Health Agency of Canada (PHAC) by health authorities in the provinces and territories. This data is updated every week. It may change as we get more information about cases.
- The earliest of the following dates were used to determine the week in which a case or death is presented: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.
- Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.
- This figure includes COVID-19 cases hospitalized, admitted to ICU, and deceased for which age information were available. Therefore, some COVID-19 cases, hospitalizations, ICU admissions, and deaths may not be included.
- As of March 26, 2024, the Statistics Canada population estimates as of July 1, 2023 are being used for denominators in rate calculations.

Figure 4a. Age and gender distribution of COVID-19 cases in Canada as of March 16, 2024
n 4,527,030

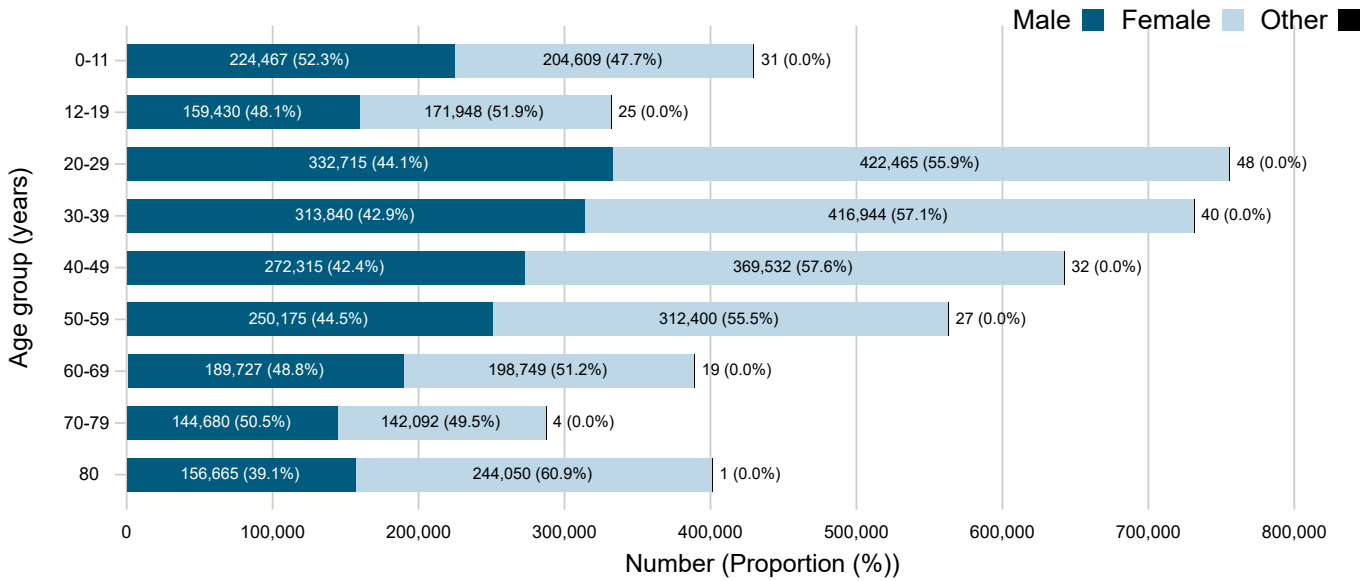


Figure 4b. Age and gender distribution of COVID-19 cases hospitalized in Canada as of March 16, 2024
n 293,907

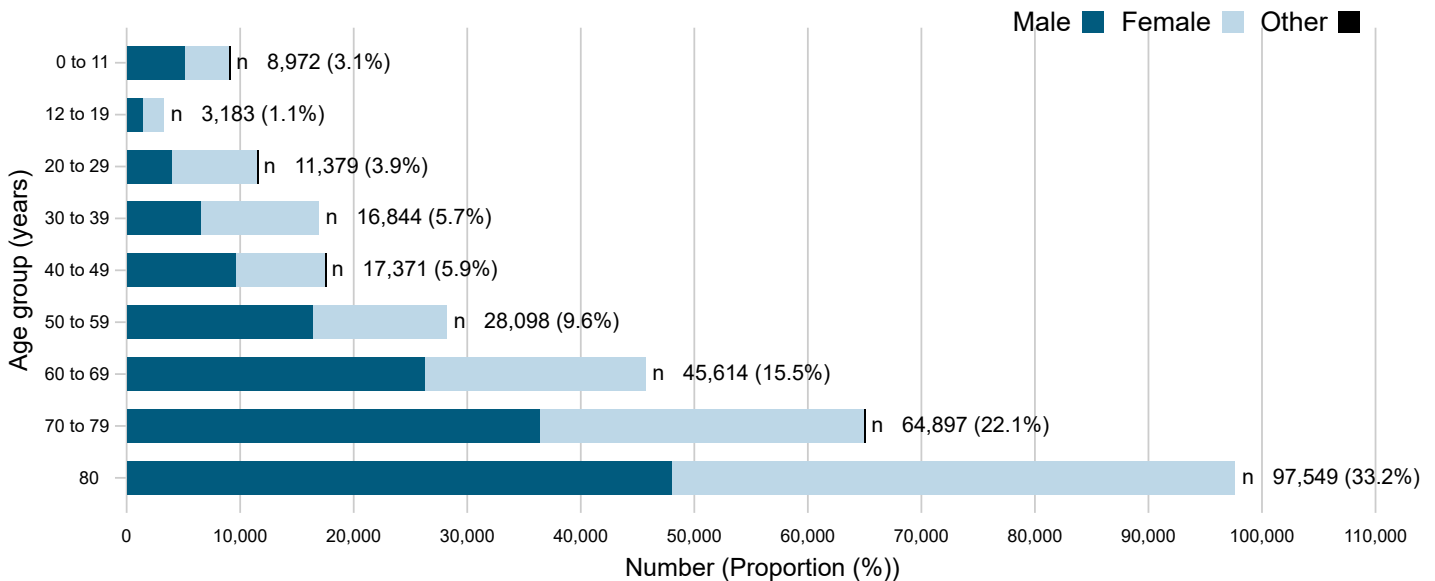


Figure 4c. Age and gender distribution of COVID-19 cases admitted to IC in Canada as of March 16, 2024 n 37,368

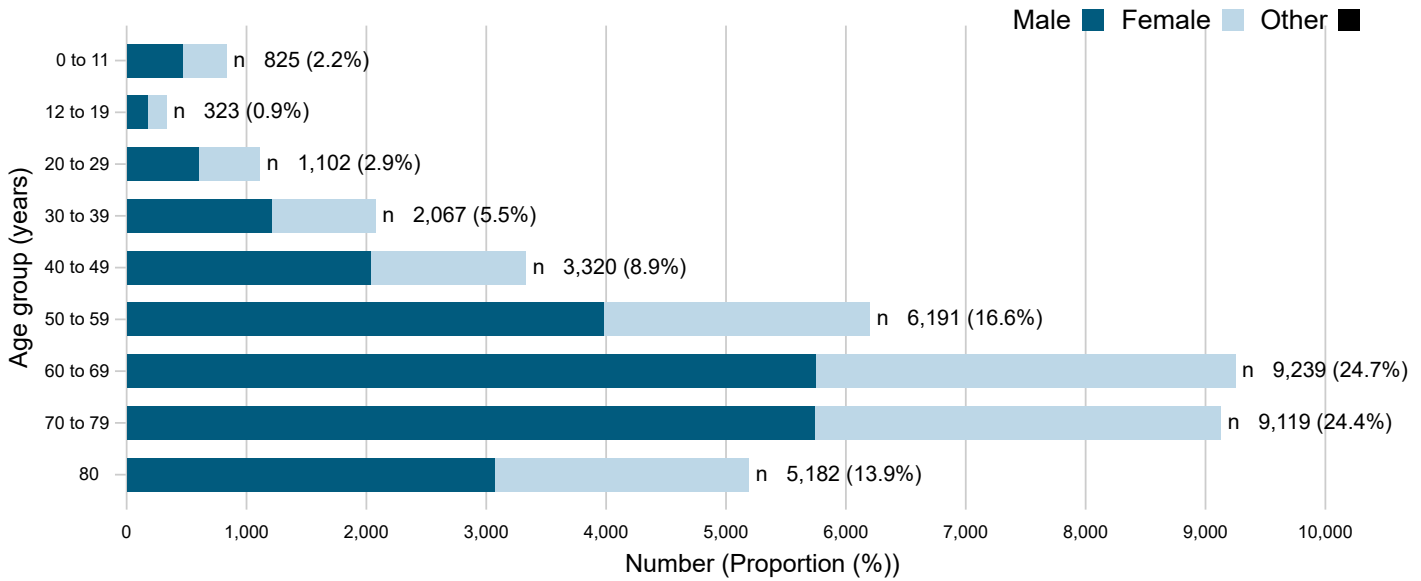
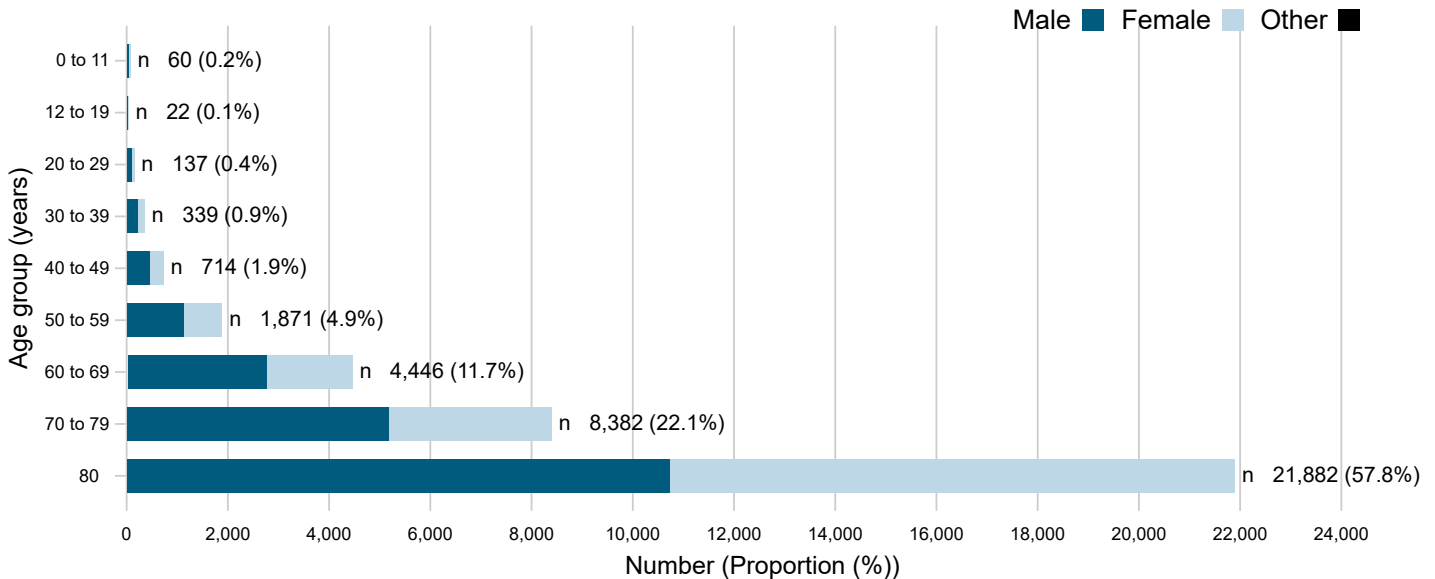


Figure 4d. Age and gender distribution of COVID-19 cases deceased in Canada as of March 16, 2024 n 37,853



- This figure reflects detailed case information provided to the Public Health Agency of Canada (PHAC) by health authorities in the provinces and territories. This data is updated every week. It may change as we get more information about cases.
- The cases deceased, and cases admitted to ICU graphs include data from the twelve of Canada's thirteen provinces and territories that provide detailed death, and ICU information to the public health agency of Canada (PHAC).

- This figure includes COVID-19 cases hospitalized, admitted to ICU, and deceased for which age and gender information were available. Therefore, some COVID-19 hospitalizations, ICU admissions, and deaths may not be included.

Age and gender distribution of COVID-19 cases in Canada as of March 16, 2024

(n 4, 2 ,0 0)

Age group (years)	Number of cases with case reports (percentage)	Number of male cases (percentage)	Number of female cases (percentage)	Number of other cases (percentage)
0-11	431,230 (9.5%)	224,467 (11.0%)	204,609 (8.2%)	31 (13.7%)
12-19	333,030 (7.3%)	159,430 (7.8%)	171,948 (6.9%)	25 (11.0%)
20-29	758,798 (16.7%)	332,715 (16.3%)	422,465 (17.0%)	48 (21.1%)
30-39	733,214 (16.1%)	313,840 (15.4%)	416,944 (16.8%)	40 (17.6%)
40-49	643,630 (14.2%)	272,315 (13.3%)	369,532 (14.9%)	32 (14.1%)
50-59	564,043 (12.4%)	250,175 (12.2%)	312,400 (12.6%)	27 (11.9%)
60-69	389,372 (8.6%)	189,727 (9.3%)	198,749 (8.0%)	19 (8.4%)
70-79	287,256 (6.3%)	144,680 (7.1%)	142,092 (5.7%)	4 (1.8%)
80	401,349 (8.8%)	156,665 (7.7%)	244,050 (9.8%)	1 (0.4%)

Age and gender distribution of COVID-19 cases hospitalized in Canada as of March 16, 2024 (n 29 ,90)

Age group (years)	Number of cases with case reports (percentage)	Number of male cases (percentage)	Number of female cases (percentage)	Number of other cases (percentage)
0 to 11	8,972 (3.1%)	5,040 (1.7%)	3,931 (1.3%)	1 (0.0%)
12 to 19	3,183 (1.1%)	1,362 (0.5%)	1,821 (0.6%)	0 (0.0%)
20 to 29	11,379 (3.9%)	3,964 (1.3%)	7,414 (2.5%)	1 (0.0%)
30 to 39	16,844 (5.7%)	6,471 (2.2%)	10,373 (3.5%)	0 (0.0%)
40 to 49	17,371 (5.9%)	9,543 (3.2%)	7,827 (2.7%)	1 (0.0%)
50 to 59	28,098 (9.6%)	16,341 (5.6%)	11,757 (4.0%)	0 (0.0%)
60 to 69	45,614 (15.5%)	26,182 (8.9%)	19,432 (6.6%)	0 (0.0%)
70 to 79	64,897 (22.1%)	36,347 (12.4%)	28,549 (9.7%)	1 (0.0%)
80	97,549 (33.2%)	48,013 (16.3%)	49,536 (16.9%)	0 (0.0%)

Age and gender distribution of COVID-19 cases admitted to ICU in Canada as of March 16, 2024 (n = 6)

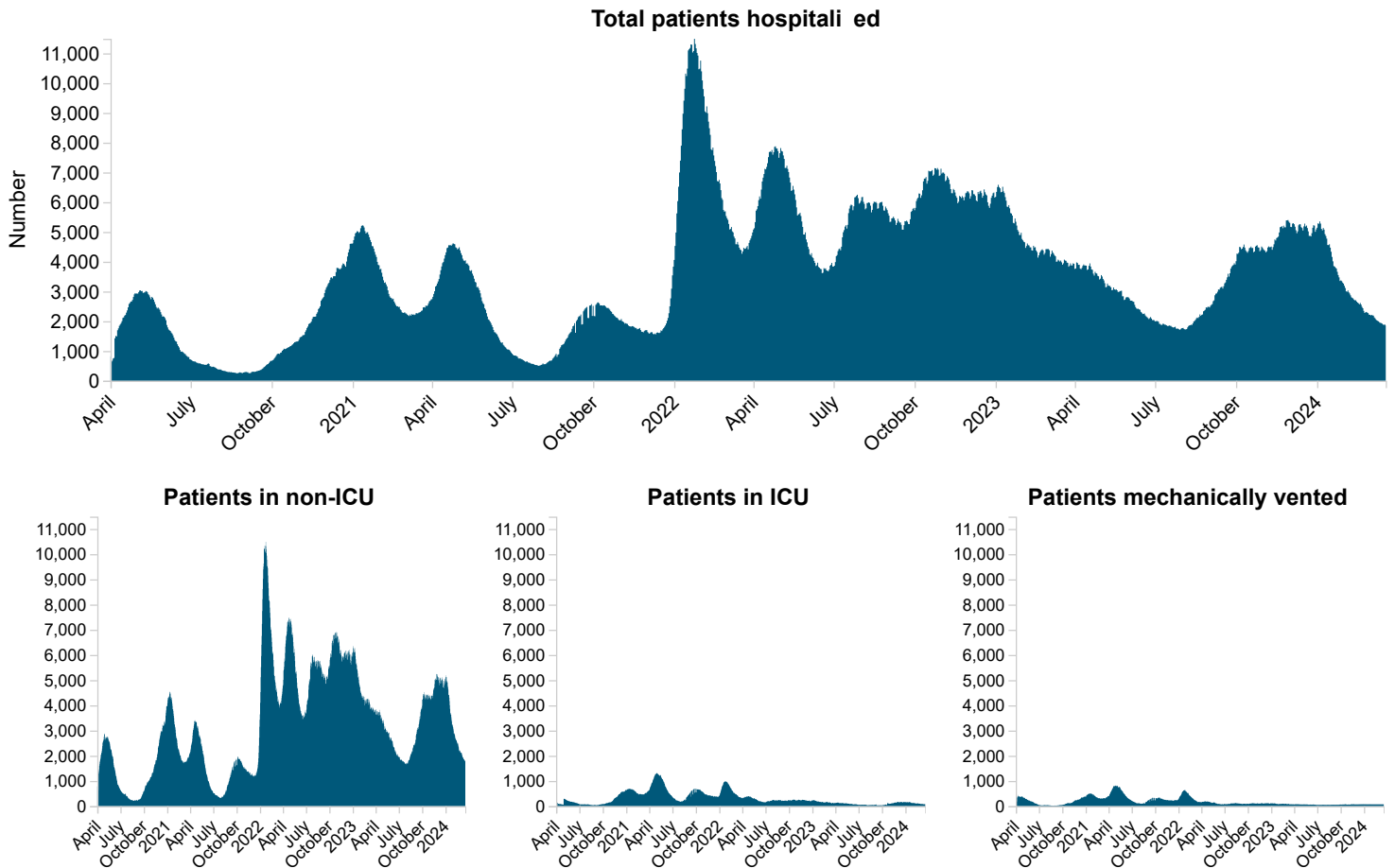
Age group (years)	Number of cases with case reports (percentage)	Number of male cases (percentage)	Number of female cases (percentage)	Number of other cases (percentage)
0 to 11	825 (2.2%)	464 (1.2%)	361 (1.0%)	0 (0.0%)
12 to 19	323 (0.9%)	171 (0.5%)	152 (0.4%)	0 (0.0%)
20 to 29	1,102 (2.9%)	597 (1.6%)	505 (1.4%)	0 (0.0%)
30 to 39	2,067 (5.5%)	1,205 (3.2%)	862 (2.3%)	0 (0.0%)
40 to 49	3,320 (8.9%)	2,028 (5.4%)	1,292 (3.5%)	0 (0.0%)
50 to 59	6,191 (16.6%)	3,974 (10.6%)	2,217 (5.9%)	0 (0.0%)
60 to 69	9,239 (24.7%)	5,743 (15.4%)	3,496 (9.4%)	0 (0.0%)
70 to 79	9,119 (24.4%)	5,734 (15.3%)	3,385 (9.1%)	0 (0.0%)
80	5,182 (13.9%)	3,070 (8.2%)	2,112 (5.7%)	0 (0.0%)

Age and gender distribution of COVID-19 cases deceased in Canada as of March 16, 2024 (n =)

Age group (years)	Number of cases with case reports (percentage)	Number of male cases (percentage)	Number of female cases (percentage)	Number of other cases (percentage)
0 to 11	60 (0.2%)	30 (0.1%)	30 (0.1%)	0 (0.0%)
12 to 19	22 (0.1%)	11 (0.0%)	11 (0.0%)	0 (0.0%)
20 to 29	137 (0.4%)	80 (0.2%)	57 (0.2%)	0 (0.0%)
30 to 39	339 (0.9%)	212 (0.6%)	127 (0.3%)	0 (0.0%)
40 to 49	714 (1.9%)	442 (1.2%)	272 (0.7%)	0 (0.0%)
50 to 59	1,871 (4.9%)	1,128 (3.0%)	743 (2.0%)	0 (0.0%)
60 to 69	4,446 (11.7%)	2,766 (7.3%)	1,680 (4.4%)	0 (0.0%)
70 to 79	8,382 (22.1%)	5,174 (13.7%)	3,208 (8.5%)	0 (0.0%)
80	21,882 (57.8%)	10,735 (28.4%)	11,147 (29.4%)	0 (0.00%)

Hospital use

Figure 5. Daily number of hospital beds and ICU beds occupied by COVID-19 patients as of March 19, 2024



Between March 12, 2024 and March 19, 2024:

- the total number of **hospital beds** occupied by COVID-19 patients **decreased** from **1,966** to **1,000** beds.
- the number of **non-ICU beds** occupied by COVID-19 patients **decreased** from **1,600** to **1,000** beds.
- the number of **ICU beds** occupied by COVID-19 patients **decreased** from **0** to **9** beds.
- the number of **COVID-19 patients who were mechanically vented** **remains unchanged** from **0** to **0**.

You might also be interested in

[COVID-19 wastewater surveillance dashboard](#)

Trend data about the levels of COVID-19 in the wastewater.

[COVID-19 vaccination](#)

Number of COVID-19 vaccine doses that have been administered in Canada.

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COVID-19 epidemiology update: Cases following vaccination

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Summary of COVID-19 cases, hospitalizations and deaths, cases following vaccination, testing and variants of concern across Canada and over time. Older versions of this report are available on the [archived reports page](#).

We no longer report data on cases following vaccination. We used to publish data on the vaccination status of COVID-19 cases, hospitalizations and deaths to help understand the impact of vaccination on COVID-19. We can no longer use this data for this purpose for the following reasons.

- A rapid increase in cases (starting in December 2021) led to changes in testing policies in order to preserve testing capacity. People at high risk of severe disease were now prioritized for laboratory testing. These same people were also [prioritized for COVID-19 boosters](#). This meant that the people being tested were more likely than the general population to have received boosters and to get severe illness. This leads to a data bias which could cause people to mistakenly conclude that more vaccines lead to severe disease.
- Most Canadians, whether vaccinated or not, have had COVID-19 at least once. This makes it difficult to separate the impacts of immunity from disease, immunity from vaccine and immunity from both. Learn more about [hybrid immunity](#).

There are other resources that provide analyses and evidence of the impact of vaccination on COVID-19 outcomes, including:

- [Provincial and territorial data](#)
- [COVID-19 vaccine chapter](#) of the *Canadian Immunization Guide*
- [Statements and guidance documents](#) published by the National Advisory Committee on Immunization

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Trend data about the levels of COVID-19 in the wastewater.

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COVID-19 epidemiology update: Testing and variants

Last updated: 2024-03-26  PDF

Summary of COVID-19 cases, hospitalizations and deaths, cases following vaccination, testing and variants of concern across Canada and over time. Older versions of this report are available on the [archived reports page](#).

Update schedule: We update all sections of this page every Tuesday. This page was last updated on March 26, 2024, 9 am ET.

Testing in Canada

For information on other respiratory viruses circulating in Canada, and comparisons with COVID-19, please visit the [weekly RVDSS report](#), and the [weekly Fluwatch report](#).

Key COVID-19 testing updates (Last data update March 26, 2024, 9 am ET)

Weekly tests reported

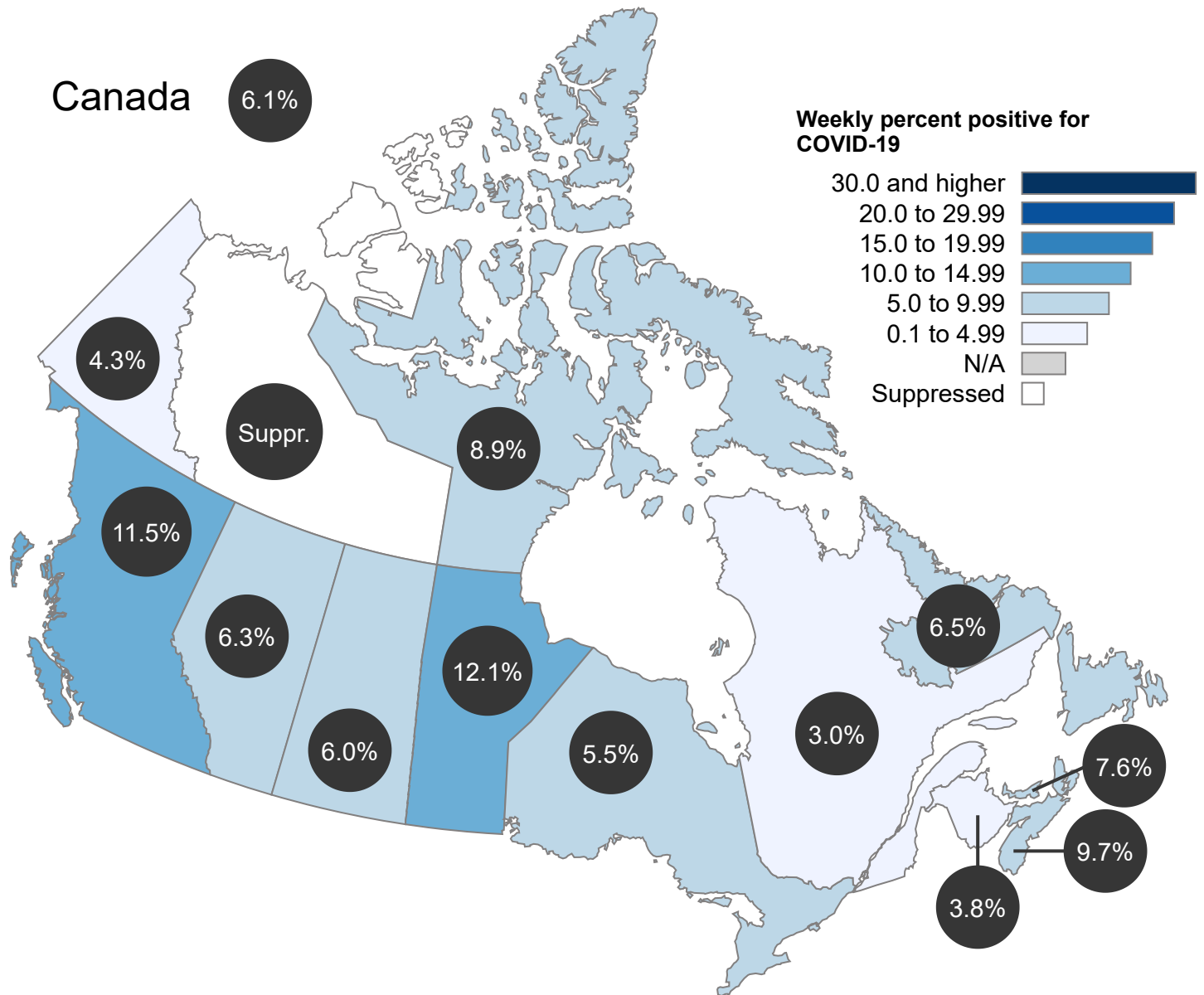
32,252

Weekly percent positivity

6.1%

- Laboratory testing information is based on data from the Respiratory Virus Detection Surveillance System (RVDSS) (see [Data notes](#)).
- Weekly percent positivity is calculated as the number of positive tests divided by the total number of tests performed during the epidemiological week.
- Laboratory data represents specimens received by labs up to March 16, 2024.
- Due to changes in COVID-19 testing policies in many jurisdictions since December 2021, case counts are under-estimated.

Figure 1. **weekly percent positive** for COVID-19 by select laboratories, by province or territory up to March 16, 2024 (Last data update March 26, 2024, 9 am ET)



The percentage of weekly positive tests up to March 16, 2024 in **Canada** was **6.1%**.

- This information is based on data from the Respiratory Virus Detection Surveillance System (RVDSS) (see Data notes).
- Weekly percent positivity is calculated as the number of positive tests divided by the total number of tests performed during the epidemiological week.
- Interpret the percentage of positive tests with caution when a jurisdiction has only a small number of tests.
- Weekly percent positivity estimates are suppressed (not shown) for the Northwest Territories when the number of weekly COVID-19 tests reported is under 45. For small counts such as this, it is

difficult to provide an accurate weekly percent positivity estimate.

- Case counts are under-estimated due to changes in COVID-19 testing policies in many jurisdictions since December 2021.
- The data represent surveillance data available through RVDSS up to March 16, 2024. N.A represents missing data. We update data retroactively when we receive delayed data reports.

Testing in Canada for COVID-19

Location	Weekly tests reported	Weekly percent positive
British Columbia	3,901	11.5%
Alberta	4,466	6.3%
Saskatchewan	1,727	6.0%
Manitoba	1,549	12.1%
Ontario	7,587	5.5%
Quebec	9,383	3.0%
Newfoundland and Labrador	565	6.5%
New Brunswick	1,200	3.8%
Nova Scotia	1,306	9.7%
Prince Edward Island	275	7.6%
Yukon	46	4.3%
Northwest Territories	33	Suppressed
Nunavut	214	8.9%
Canada	32,252	6.1%

On December 5, 2022, we changed surveillance systems for monitoring laboratory testing of SARS-CoV-2, the virus that causes COVID-19. We now use the Respiratory Virus Detection Surveillance System (RVDSS). Before December 5, we used the System for Analyzing Laboratory Test counts (SALT).

SALT was set up early in the COVID-19 pandemic to monitor daily SARS-CoV-2 testing volumes, and the percent of tests that were positive.

RVDSS is a longstanding surveillance system that collects data from laboratories across Canada on:

- the number of tests performed in participating laboratories and
- the number of positive tests for respiratory viruses

RVDSS mostly collects data from the tests of people who had COVID-19 symptoms or exposures, in order to assess trends in transmission via test positivity. RVDSS allows us to monitor COVID-19 in the context of other respiratory viruses.

The SALT and RVDSS data are not directly comparable.

- RVDSS data on COVID-19 is available starting the week of August 28, 2022 (Week 1 of the 2022/23 influenza season). SALT data are available starting February 1, 2020.
- Test positivity is higher in RVDSS than SALT. This is because tests reported to RVDSS are usually collected for clinical investigations, meaning people with symptoms or exposure to COVID-19, resulting in a higher proportion of positive tests.
- RVDSS presents all data by epidemiological week, while SALT presented daily data. [Historical SALT testing data is available \(.csv\)](#).

The number of laboratories participating in RVDSS can vary week to week and across provinces and territories. As a result, the numbers of tests performed cannot be directly compared between provinces and territories. The number of tests reported may be used to add context to interpret weekly percent positivity.

For information on other respiratory viruses circulating in Canada, and comparisons with COVID-19, please visit the [weekly RVDSS report](#).

Variants in Canada

All viruses change over time, including SARS-CoV-2, the virus that causes COVID-19 disease. These changes are called **mutations** and viruses with mutations are called **variants**. A percentage of all positive COVID-19 PCR test results in Canada undergo whole genome sequencing. Sequencing tells us which variant is involved in a specific case of COVID-19.

Many variants are being tracked across Canada and around the world. Some variants are classified as:

- variant under monitoring (VUM)
 - is being monitored to assess its mutations and characteristics
- variant of interest (VOI)
 - has mutations or characteristics of interest and is being monitored to see if they pose significant risk to public health
- variant of concern (VOC)
 - has mutations and characteristics that are significant to public health

For detailed definitions, refer to [SARS-CoV-2 variants: National definitions, designations, and public health actions](#).

Occasionally, a person may be infected with 2 different variants at the same time. The genetic material from each variant can mix to form a combined variant, referred to as a recombinant virus. Recombinant viruses inherit the properties of their parents, which can change how the virus behaves. The scientific names of the variants discussed below that start with “X” are known as recombinant variants (for example, XBB.1).

Some viruses evolve quickly, making many variants over time. To simplify tracking, variants are grouped into **lineages**, which are variants that share recent ancestry. For example, variant BA.1 (also known as the original Omicron variant) had several offspring lineages such as BA.1.1 and BA.1.1.1.

i As of March 2023, the World Health Organization (WHO) assigns Greek letters only to VOCs, while VOIs and VUMs are referred to using established scientific nomenclature systems. There are no current VOCs in Canada because Omicron has moved to the “de-escalation” category.

A variant is “de-escalated” once it becomes clear that the variant does not pose an elevated risk to the population or that it is being replaced by newer variants.

Recent variants

This graphic shows the percentage mix of variant lineages detected in Canada through whole genome sequencing over the last 10 weeks. Each week is represented by a bar. The most dominant lineage in each week has the largest block of that week’s bar.

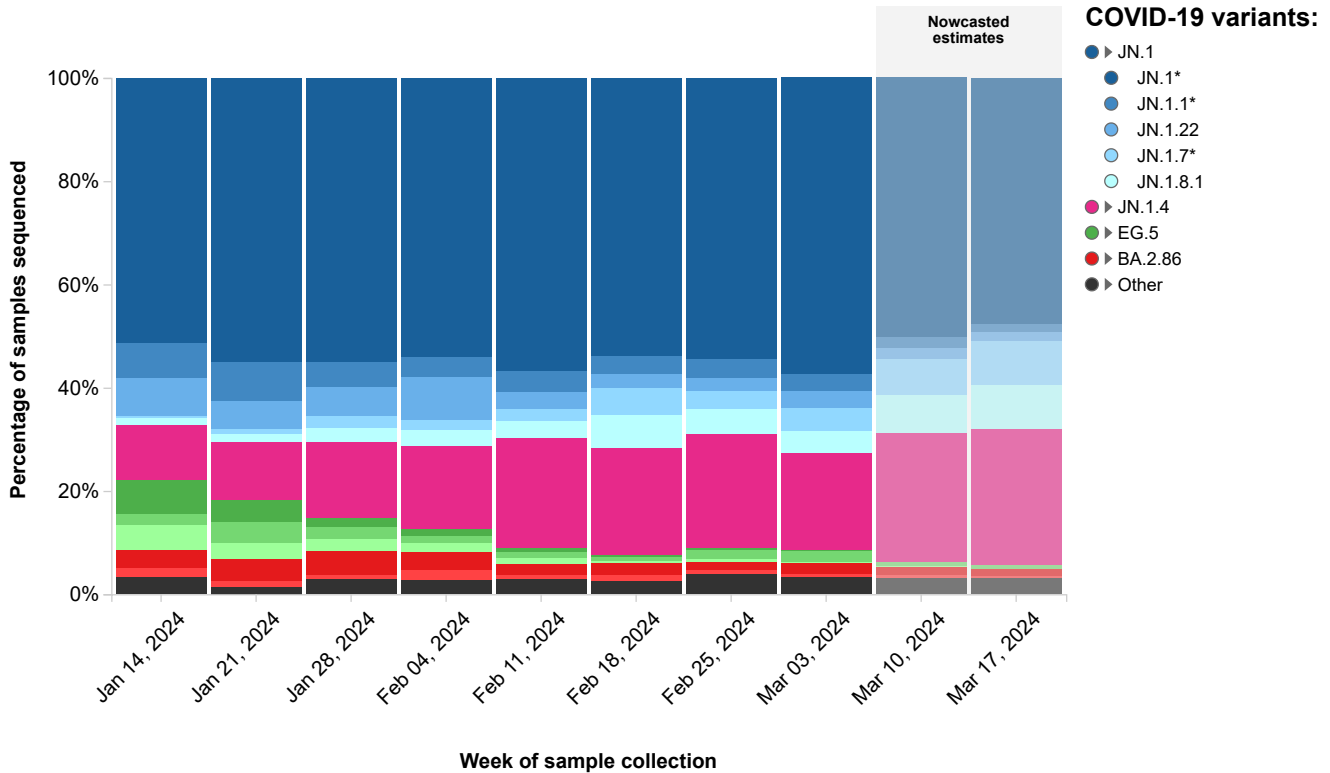
The first 8 weeks of the figure reflect the actual data from the National Genomic Database. The last 2 weeks reflect the **nowcasted estimates**. Nowcasting uses statistical models to estimate the current situation based on earlier trends. It provides estimates for the most recent weeks when the data is still accumulating and is therefore incomplete.

For more detailed information about how nowcasting works, refer to [Nowcasting methods](#).

The numerical values for each lineage are shown in the legend, along with predictive intervals. Predictive intervals are ranges (for example, 16-19%) that indicate the confidence of each estimate. The narrower the range, the more confident we are that the prediction is accurate.

Figure 2. Weekly variant breakdown Updated: March 26, 2024, 9 am ET

i You can see the numbers for each date by hovering over, tabbing to, or long-pressing any of the bars. To see a specific variant or variant grouping, click or press return. Repeat to restore the complete graph. Click on the name of the variant in the legend to reveal or hide any descendants or offshoots.



It takes time to collect, sequence and process viral genomes, so there is often a period of 2 to 3 weeks where data are still being processed. We use a nowcasting model to estimate the current variant proportions for this period.

* Includes all descendant lineages, unless otherwise specified.

† More data is needed to estimate the growth and proportion of this lineage with more certainty.

Important note: When a new lineage first emerges, its detection levels will be too low to include it in the nowcasting model. Once it is included, data will still be limited at first and its growth and overall proportion will be estimated with lower confidence. As data rolls in, the accuracy and precision of the predictions improve and the predictive interval shrinks. During periods of slow data collection, the overall proportions may be skewed and the predictions may be less accurate. Under such conditions, interpret the model projections with caution.

Weekly variant breakdown

Percentage of COVID-19 cases identified through whole genome sequencing, presented by variant and by week of sample collection.

Table 2. Percentage of COVID-19 cases identified through whole genome sequencing, presented by variant and by week of sample collection

Variant grouping	Variant	Jan 14, 2024 (n=1,700)	Jan 21, 2024 (n=1,490)	Jan 28, 2024 (n=1,396)	Feb 04, 2024 (n=1,285)	Feb 11, 2024 (n=1,161)	Feb 18, 2024 (n=1,094)	Feb 25, 2024 (n=965)	Mar 03, 2024 (n=490)	Mar 10, 2024 Nowcasted estimates[Confidence interval]	Mar 17, 2024 Nowcasted estimates[Confidence interval]
JN.1	JN.1*	51.3%	54.9%	54.9%	54.0%	56.7%	53.8%	54.4%	57.3%	50.2% [47.5, 52.7]	47.5% [44.2, 50.5]
	JN.1.1*	6.8%	7.7%	5.0%	3.9%	4.1%	3.5%	3.6%	3.3%	2.1% [1.6, 2.8]	1.7% [1.3, 2.4]
	JN.1.22	7.4%	5.5%	5.4%	8.4%	3.4%	2.7%	2.6%	3.3%	2.1% [1.6, 2.7]	1.7% [1.2, 2.3]
	JN.1.7*	0.5%	0.9%	2.4%	1.9%	2.2%	5.2%	3.4%	4.5%	6.8% [5.2, 9.0]	8.4% [6.1, 11.6]
	JN.1.8.1	1.2%	1.5%	2.8%	3.1%	3.3%	6.3%	4.9%	4.3%	7.4% [5.8, 9.3]	8.6% [6.5, 11.3]
JN.1.4	JN.1.4*	10.7%	11.3%	14.5%	16.0%	21.3%	20.7%	22.1%	18.8%	25.0% [22.6, 27.5]	26.3% [23.2, 29.4]
EG.5	HV.1*	6.5%	4.2%	1.9%	1.4%	0.8%	0.5%	0.4%	0.2%	0.1% [0.0, 0.2]	0.0% [0.0, 0.1]
	JG.3.2	2.3%	4.2%	2.1%	1.4%	1.3%	0.7%	1.8%	2.0%	0.8% [0.6, 1.3]	0.7% [0.4, 1.1]
	EG.5*	4.8%	3.0%	2.4%	1.7%	1.0%	0.5%	0.5%	0.2%	0.2% [0.1, 0.3]	0.1% [0.1, 0.2]
BA.2.86	JN.2.5	3.4%	4.2%	4.7%	3.7%	2.2%	2.3%	1.7%	2.2%	1.6% [1.1, 2.1]	1.3% [0.9, 1.9]
	BA.2.86*	1.8%	1.3%	0.9%	1.8%	0.7%	1.1%	0.6%	0.4%	0.5% [0.3, 0.9]	0.4% [0.2, 0.7]
Other variants	Other	3.4%	1.4%	2.9%	2.8%	3.0%	2.7%	4.0%	3.5%	3.2% [2.4, 4.3]	3.2% [2.3, 4.4]

* Includes all descendant lineages, unless otherwise designated.

† The growth rate of this lineage is likely to decrease once more data accumulates.

Contributing laboratories

- National Microbiology Laboratory (NML) - supplemental sequencing for all provinces and territories

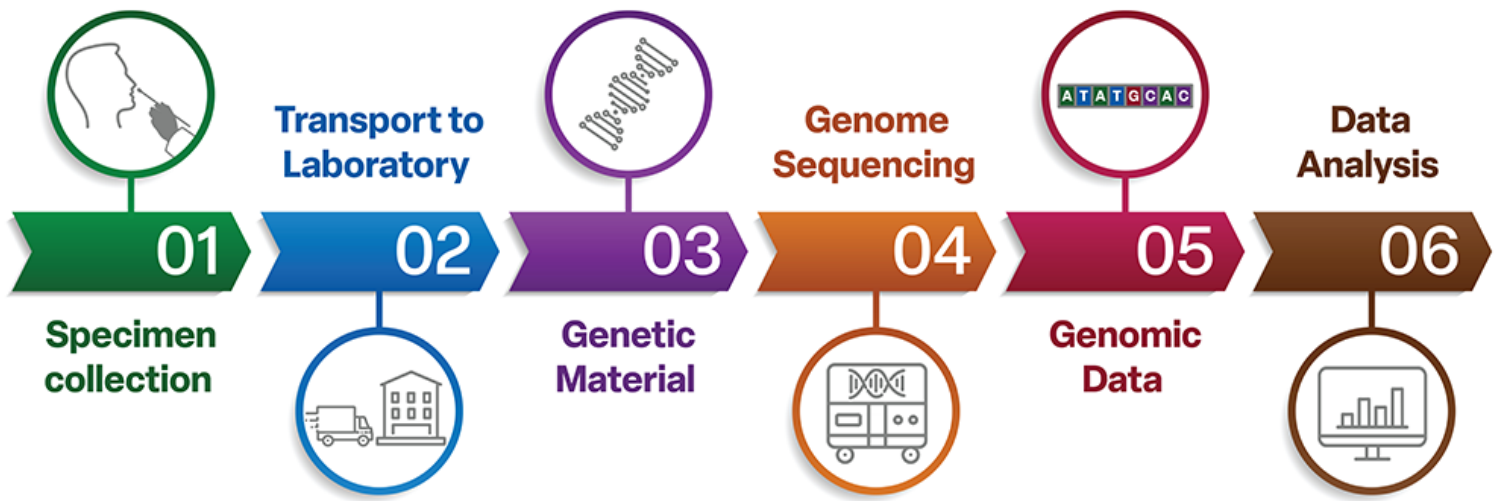
How Canada sequences SARS-CoV-2 genomes

Canada has a strong viral genomic sequencing program. Public health authorities across the country collect and analyze PCR-based test samples to identify the variant involved in each sample.

Samples are taken and tested from people suspected of having COVID-19. The material from the positive tests is sent to the laboratory, where the viral genetic material, or ribonucleic acid (RNA), is extracted. A specimen is prepared and run through a sequencing machine. The sequencing machine identifies the nucleotide bases present in the RNA sequence. This results in strings of letters that are stitched together to give the genetic code of the specimen's variant. The genetic code of the virus is used to classify and name the variant.

Viral sequences also shows us which variants are in Canada, how they are spreading, and whether the genetic changes are impacting public health.

Figure 3. How Canada sequences SARS-CoV-2 genomes



The diagram shows how Canada sequences SARS-CoV-2 genomes in six steps.

- Step 1: Specimen collection
- Step 2: Transport to laboratory
- Step 3: Genetic material
- Step 4: Genome sequencing
- Step 5: Genomic data
- Step 6: Data analysis

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Trend data about the levels of COVID-19 in the wastewater.

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COVID-19 epidemiology update: Outbreaks

Last updated: 2024-03-26  PDF

Summary of COVID-19 cases, hospitalizations and deaths, cases following vaccination, testing and variants of concern across Canada and over time. Older versions of this report are available on the [archived reports page](#).

Update schedule: We update this page every 4 weeks on Tuesdays. This page was last updated on March 26, 2024, 9 am ET.

The Public Health Agency of Canada (PHAC) regularly receives COVID-19 outbreak data from health authorities in the provinces and territories. This page summarizes outbreaks in Canada by setting and by size, and is updated every 4 weeks. Data may change retroactively if there are changes to:

- provincial or territorial COVID-19 testing strategies
- provincial or territorial reporting of outbreaks
- data collection methods, or
- outbreak management methods

Outbreak definitions vary across the country, but we use a national outbreak definition for all outbreaks. An outbreak is 2 or more test-confirmed cases of COVID-19 which are epidemiologically linked to a specific setting or location. It does **not** include:

- households (since household cases may not be declared or managed as an outbreak if the risk of transmission is contained)
- cases that are geographically clustered (such as in a region, city, or town) but not epidemiologically linked
- cases attributed to community transmission

Test-confirmed cases include positive COVID-19 results from nucleic acid amplification tests (NAAT) or rapid antigen tests (RAT).

In December 2021, the highly contagious Omicron variant caused a rapid increase in cases. This surge affected public health and testing capacity, which led to a change in testing strategies and limited contact tracing. This made it harder for provinces and territories to link cases. As a result, outbreaks were undercounted. The provinces and territories still consistently report cases of COVID-19 in high-priority settings. However, most no longer report cases in community settings, such as schools, recreational facilities and stores.

- **Acute care:** Hospital or similar setting where patients receive short-term treatment for an injury or severe episode of illness, an urgent medical condition, or during recovery from surgery. Acute care settings include:
 - hospitals
 - emergency departments
 - urgent care
 - transitional care
 - convalescent care
 - short-term inpatient rehabilitation centres
- **Congregate living** includes:
 - retirement residences
 - assisted/supportive living
 - group homes
 - residential treatment centres
 - transition centres
 - shelters
 - student dormitories
- **Long-term care facilities** include both public and private facilities that provide living accommodations for people who require full-time supervised care, including professional health services, personal care, and other services (meals, laundry, cleaning)

Showing outbreaks data from 2022-01-08 to 2024-03-02.

The shaded area on the far right of Figure 1 and Figure 2 represents a period of accumulating data. This is the period of time before the latest outbreaks are reported to PHAC. This delay is a result of the time required to identify cases and declare outbreaks. We update this figure as more data becomes available.

Figure 1. Weekly number of outbreaks by setting

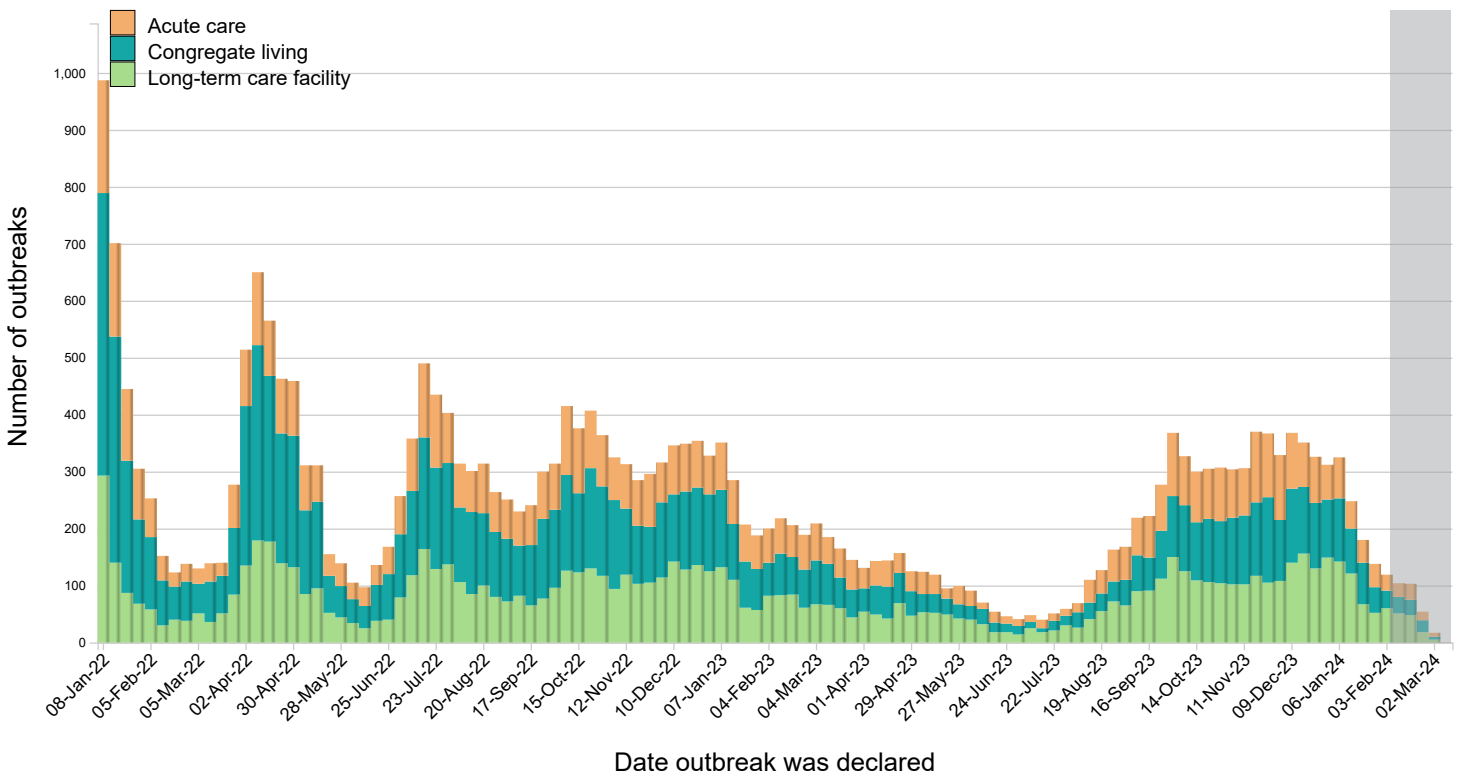
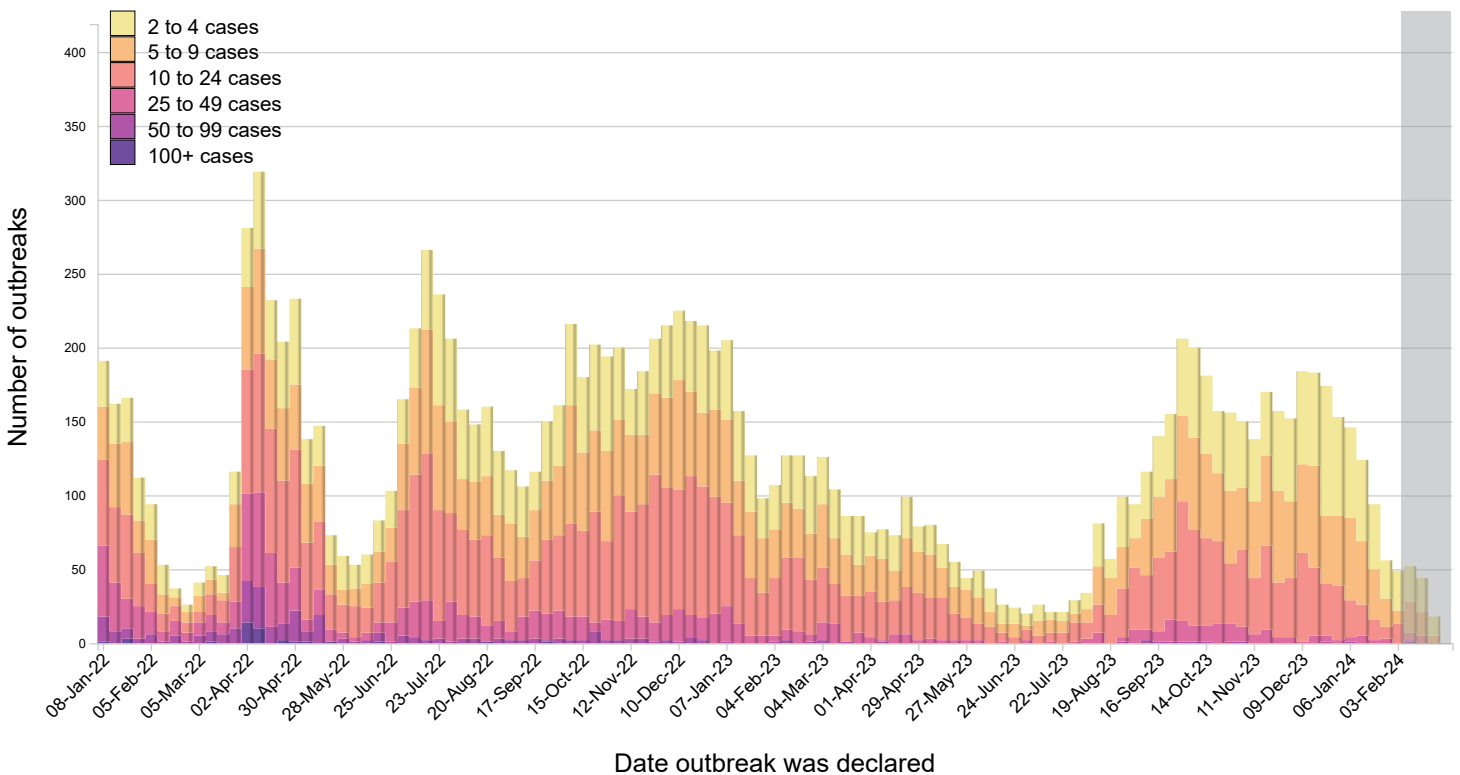


Figure 2. Weekly number of outbreaks by outbreak size for all settings



Between January 2, 2022 and March 2, 2024:

- Acute care accounted for 28% of outbreaks.

- Congregate living accounted for 37% of outbreaks.
- Long-term care facilities accounted for 35% of outbreaks.

Table 1. Summary statistics of COVID-19 outbreak size by setting, all time all time ▾

Setting	Median case count	Average case count	Number of outbreaks
Acute care	7	9	3,965
Congregate living	9	14	5,167
Long-term care facility	9	13	4,877

- Outbreak information is provided to the Public Health Agency of Canada (PHAC) by health authorities in 8 of the 13 provinces and territories.
- This data is updated every 4 weeks. Data may change week-to-week or retroactively if there are changes to: provincial or territorial reporting of outbreaks, data collection methods, or outbreak management methods.
- Table 1 excludes data from the 4-week data accumulation period.
- Data is presented from January 2, 2022 onwards. Historical outbreak data from 2021 is still available on the [archived reports](#) page. The most recent report was on July 11, 2023.
- As of July 12, 2023, we no longer present data from correctional facilities. Historical outbreak data from correctional facilities is still available on the [archived reports](#) page. The most recent report was on July 11, 2023.

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