

Information and Privacy Commissioner,  
Ontario, Canada



Commissaire à l'information et à la protection de la vie privée,  
Ontario, Canada

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## FINAL ORDER MO-4187-F

Appeal MA20-00247

Haliburton, Kawartha, Pine Ridge District Health Unit

April 12, 2022

**Summary:** This final order follows Interim Order MO-4166-I, which addressed a request to the Haliburton, Kawartha, Pine Ridge District Health Unit for access to seven categories of specific COVID-19 statistics for 12 municipalities on a daily basis, and a further request that the health unit publish all of the requested information daily on its website. The health unit responded to the request by asserting that records responsive to the appellant's specific request do not exist.

In Interim Order MO-4166-I, the adjudicator found that the health unit has control of records containing COVID-19 statistical information responsive to the appellant's request and ordered the health unit to issue a new access decision for those responsive records. She deferred two issues: whether the health unit is required to publish the information sought by the appellant on its website, and whether continuing access is available under section 17(3) of the *Municipal Freedom of Information and Protection of Privacy Act*.

In this final order, the adjudicator confirms that, in response to Interim Order MO-4166-I, the health unit proactively published, and will continue to publish, COVID-19 statistics for 12 municipalities on its website, to the satisfaction of the appellant. Since no issues remain to be resolved, the adjudicator dismisses the appeal.

**Statutes Considered:** *Municipal Freedom of Information and Protection of Privacy Act*, RSO 1990, c M.56.

**Orders and Investigation Reports Considered:** Interim Order MO-4166-I.

### BACKGROUND:

[1] This final order follows Interim Order MO-4166-I (the Interim Order) and

dismisses this appeal as resolved, following the proactive publication, by the Haliburton, Kawartha, Pine Ridge District Health Unit (the health unit), of the COVID-19 statistical information sought by the appellant.

[2] In the Interim Order, I addressed the appellant's request to the health unit, under the *Municipal Freedom of Information and Protection of Privacy Act* (the *Act*), for access to seven categories of specific COVID-19 statistics for 12 municipalities on a daily basis, and a further request that all of the requested information be published daily on the health unit's website. Paragraphs 6 and 7 of the Interim Order specified the 12 municipalities and the information sought by the appellant as follows:

1. Kawartha Lakes

For Northumberland County:

2. Township of Alwick/Haldimand
3. Municipality of Brighton
4. Town of Cobourg
5. Township of Cramahe
6. Township of Hamilton
7. Municipality of Port Hope
8. Municipality of Trent Hills

For Haliburton County:

9. Township of Algonquin Highlands
10. Municipality of Dysart et al
11. Municipality of Highlands East
12. Township of Minden Hills

... daily records on a "go-forward basis" for each municipality of the total COVID-19:

- confirmed cases
- resolved cases
- deceased
- net "active cases"

- cases hospitalized
- in home isolation
- cases under active investigation

[3] In the Interim Order, I found that the health unit has control of responsive information that can be used to produce records responsive to the appellant's request and, thus, responsive records exist within the meaning of a "record" in paragraph (b) of the definition of "record" under section 2(1) of the *Act*. As a result, I ordered the health unit to process the appellant's request and issue a new access decision in respect of the responsive records. I also noted that, in issuing its new access decision, the health unit should consider the issues of any applicable fees under the *Act* and the potential identifiability of individuals to whom the COVID-19 data relates.<sup>1</sup> Furthermore, I deferred my decisions on the availability of continuing access under section 17(3) of the *Act* and publication of the responsive records under section 43(3) pending my receipt of the health unit's response to the Interim Order, recognizing that the response could obviate the need to determine these two issues.

[4] I concluded the Interim Order by inviting the health unit to consider proactively publishing the responsive records.<sup>2</sup> In doing so, I highlighted public statements issued by the current and former Commissioners during the COVID-19 pandemic that stressed the importance of public health authorities sharing as much non-personal information as is necessary to protect public health, without identifying individuals, to inform citizens about the public health risks of COVID-19.

[5] I issued the Interim Order on February 18, 2022, with the following three order provisions:

1. I find that the requested records are records in the health unit's control within the meaning of section 4(1) of the *Act*. I order the health unit to process the appellant's access request and issue a new decision under the *Act* for records responsive to the appellant's request for access to the seven categories of COVID-19 statistics for the 12 municipalities set out in paragraphs 6 and 7 above, having regard to the fee provisions as appropriate, and treating the date of the Interim Order as the date of the request for the purposes of the procedural requirements of the *Act*.
2. I remain seized to address any issues arising from the health unit's decision.
3. I also remain seized to address whether continuing access is available under section 17(3) and ordering publication is available under section 43(3) of the *Act*, should a determination of those issues be necessary.

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<sup>1</sup> Interim Order MO-4166-I, paragraphs 50 to 62.

<sup>2</sup> Interim Order MO-4166-I, paragraphs 63 to 66.

## **DISCUSSION:**

[6] After receiving the Interim Order, the health unit did not issue a new access decision to the appellant. Instead, on March 22, 2022, the health unit sent me a letter stating that it had implemented a new “dashboard” template for publication of COVID-19 statistical information on its website that same day. The health unit explained that it now publishes the following COVID-19 information on the new dashboard by municipality, which was expanded to include all 12 municipalities specified in the Interim Order:

- active cases (current)
- total cases (2022 and historically)
- hospitalizations (cumulative)
- deaths (cumulative)

[7] In its letter, the health unit noted that its dashboard provides cumulative historical data for the period of March 2020 to December 2021. It also noted that the dashboard does not include the number of cases “isolating” at home, which the appellant seeks, because it does not have that information. It explained that it does not follow up with individuals isolating at home and it has no information on who may be isolating at home after a self-administered positive rapid antigen test. The health unit also noted that guidance on who should isolate continues to be updated.

[8] The health unit also addressed the issue of continuing publication of the COVID-19 information on its new dashboard. The health unit stated that it currently updates the new dashboard three times per week (Monday, Wednesday and Friday), and that it may change the frequency of its updates, at its discretion, depending on the rate at which information changes. It explained that, as virus activity decreases, reporting updates may decrease, and as virus activity increases, reporting updates will increase. The health unit concluded its letter by providing a screenshot of the public dashboard and asking “whether the amended dashboard satisfies the appellant’s concerns.”

[9] Upon receiving the health unit’s letter and reviewing the information that the health unit had published on its website, I shared the letter with the appellant. I advised the appellant that it appeared that the health unit had proactively published COVID-19 statistical information on its web site for each of the 12 municipalities he identified, and that no issues remain to be resolved in his appeal. I asked the appellant whether he believed there are any unresolved issues in the appeal and the appellant, who was already aware of the health unit’s proactive publication, replied that he is satisfied.

[10] The health unit has proactively published responsive records on its website and the appellant has confirmed that he is satisfied with the published records and has no further issues in the appeal. Given the proactive publication and the health unit’s

schedule of posting, with which the appellant has not taken issue, it is unnecessary for me to decide the issues of continuing access and ordering publication. As a result, there are no remaining issues for me to adjudicate and I dismiss the balance of the appeal

**ORDER:**

I dismiss the appeal.

Original signed by: \_\_\_\_\_  
Stella Ball  
Adjudicator

\_\_\_\_\_ April 12, 2022