

## **Response to COVID-19 - June 2021 Update**

**Date:** May 31, 2021

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### **SUMMARY**

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The COVID-19 pandemic continues to have a significant impact on our city, with variants of concern requiring continued public health measures to decrease the risk of transmission and the risk of serious illness or death. While COVID-19 cases and hospitalization rates are trending downward, it is imperative that all people in Toronto adhere to the recommended public health measures and draw on lessons learned in waves 1, 2, and 3 of the COVID-19 pandemic.

The City's vaccination campaign throughout the month of May has continued to be a critical strategy to mitigate the COVID-19 pandemic. In particular, the expansion of pop-up and mobile vaccine clinics has been especially successful in facilitating vaccine delivery and ensuring those at greatest risk have access to vaccines.

This report provides an update on the Toronto Public Health response to the COVID-19 pandemic, in partnership with City divisions, health system partners, and community stakeholders. In addition, this report includes an update on COVID-19 equity indicators, as requested by the Board of Health in October 2020, and an overview of the status and trends in workplace COVID-19 outbreaks, as directed by the Board of Health in January 2021.

### **RECOMMENDATIONS**

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The Medical Officer of Health recommends that:

1. The Board of Health request the Ontario Ministry of Health, as it implements the COVID-19 Roadmap to Reopen, to continue working closely with local Public Health Units and to proceed with caution given the learnings that other jurisdictions have had with reopening and emerging evidence on variants of concern.

## FINANCIAL IMPACT

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There is no financial impact resulting from the adoption of the recommendation in this report.

## DECISION HISTORY

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On May 10, 2021, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19 - May 2021 Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL28.1>

On April 12, 2021, the Medical Officer of Health delivered a presentation to the Board of Health on the Response to COVID-19 - April 2021 Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL27.1>

On March 22, 2021, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19 - March 2021 Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL26.1>

On January 18, 2021, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19 - January 2021 Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL25.3>

On December 14, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19 - Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL24.2>

On December 14, 2020, the Deputy City Manager, Community and Social Services delivered a report and presentation to the Board of Health on TO Supports: COVID-19 Equity Action Plan.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL24.1>

On November 20, 2020, the Medical Officer of Health delivered a presentation to the Toronto Accessibility Advisory Committee on Toronto Public Health's Response and Efforts Related to COVID-19.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.DI11.2>

On November 16, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Persevering Through Resurgence.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.1>

On October 19, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Update on Resurgence.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL22.1>

On September 21, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Reopening and Preparation for a Potential Resurgence.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL20.1>

On July 28 and 29, 2020, the Medical Officer of Health delivered a supplementary report to City Council on Establishing a COVID-19 Isolation Site.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL18.1>

On July 2, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on Toronto Public Health's Response to COVID-19: Context, Status Update, and Next Steps.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL18.1>

On June 8, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on COVID-19 Response and Recovery - Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL17.1>

On May 7, 2020, the Medical Officer of Health delivered a presentation at a special meeting of the Board of Health on COVID-19 Update.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL16.2>

## COMMENTS

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### Status of COVID-19 Epidemic in Toronto

Recent epidemiological analysis of data from wave 3 suggests that the number of COVID-19 cases are decreasing. Along with the decline in cases, the number of new hospitalizations are also declining, however at a much slower rate. Toronto Public Health is closely monitoring health system usage and local epidemiology, as the overall availability of beds in the hospital system for acute conditions continues to be at risk of reaching capacity. High hospital usage continues to prevent the restart of surgical procedures in some Toronto hospitals.

The vast majority of COVID-19 cases in the City continue to be infected with variants of concern. Having a variant of concern has been significantly associated with severe illness in wave 3. B.1.1.7 (the strain first identified in the UK) continues to be the dominant strain, followed by P.1 (the strain first identified in Brazil).

On May 10, the World Health Organization declared B.1.617 (the strain first identified in India), a global variant of concern, due to the number of countries where this specific variant has been identified. The Indian variant has been garnering much attention in India, the UK, and other countries around the world. Ongoing monitoring of emerging COVID-19 variants is needed, as variants may impact a successful reopening and require adjustments to public health measures.

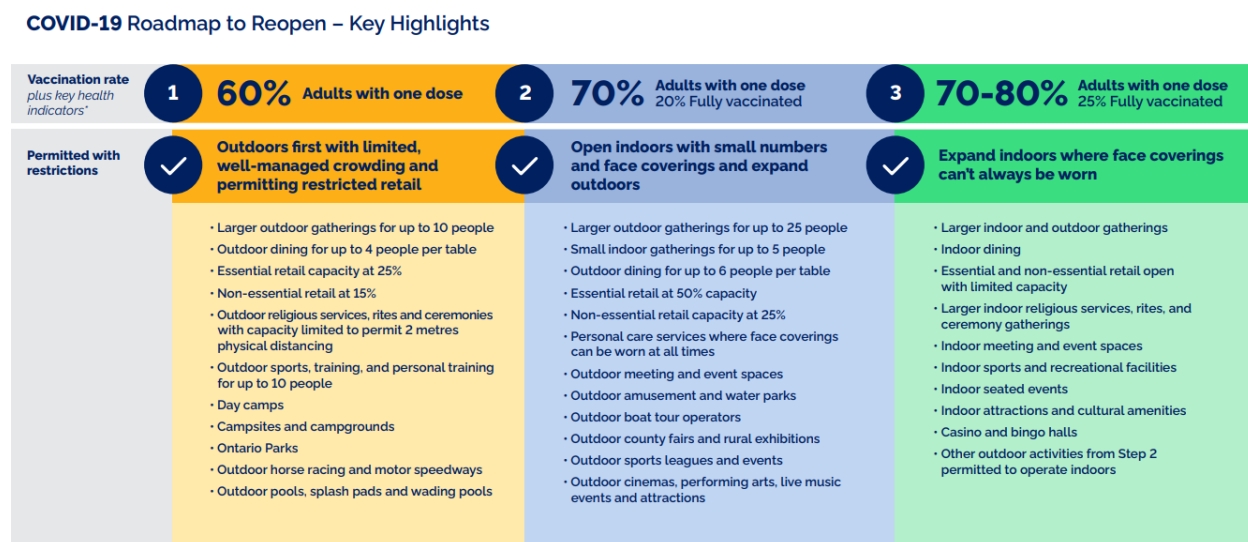
## Provincial Policy Changes on Public Health Measures and Re-opening

On May 13, the Province of Ontario extended the stay at home order until June 2, 2021, which requires individuals throughout the Province to stay home and only go out for necessities, such as grocery store or pharmacy purchases, health care services, outdoor exercise, child care or school, and work that cannot be done remotely. It also requests businesses to ensure that all employees work from home when they can. As of the date of this report, elementary and high schools in Ontario continue to be closed, requiring students to participate in remote learning, which had been put in effect on April 19, 2021.

On May 18, 2021, the Province of Ontario issued a communication to the health care system stating that, with the downward trend in new COVID-19 cases, hospitalizations, and ICU admissions, non-urgent and non-emergent surgeries and procedures can be gradually resumed. This is to address the significant hospital procedure backlog that has grown throughout the pandemic. These services had previously been temporarily ceased in an effort to focus health resources to the COVID-19 pandemic and resurgence of cases, hospital admissions and critical care during wave 3.

On May 20, 2021, the Province introduced the [COVID-19 Roadmap to Reopen](#) which includes three steps in which various amenities would open and public health measures would relax based on vaccination rates. The estimated start date for Step One is June 14, 2021, based on Provincial COVID-19 trends observed in mid-May. In addition, the Province has permitted outdoor recreational activities to reopen, with restrictions, as of May 22 at 12:01 a.m. See Figure 1 below.

Figure 1: Provincial Roadmap to Reopen Steps



## COVID-19 Equity Indicators

In October 2020, the Board of Health requested that Toronto Public Health develop a set of COVID-19 Equity Indicators to monitor disparities in COVID-19 infections and inform decision-making on reopening or enhancing public health measures.

Some Toronto residents are at a higher risk of COVID-19 because of their living and working conditions. For example, individuals who are essential workers who cannot work from home, and those who do not have access to paid sick days or job security are at increased risk of COVID-19 transmission. Racialized and immigrant communities are more likely to work in low-wage, front-line and essential work. Many neighbourhoods with high rates of COVID-19 have a high percentage of people at higher risk.

### **Developing the Equity Indicators through Stakeholder Engagement**

In early 2021, Toronto Public Health staff consulted with external and internal partners on a draft set of COVID-19 equity indicators. Engagement and consultation was conducted to ensure that indicators reflected community partner perspectives. As part of this effort, Toronto Public Health held large group consultation sessions, small group and one-on-one conversations, and received written feedback from community, research, and Provincial government stakeholders, as well as City staff, with expertise in equity, racialization and health.

From the consultations, Toronto Public Health heard the following:

- The importance of providing context for why we are seeing inequities;
- The importance of providing information about how the City is addressing inequities; and,
- The desire for indicators that monitor outcomes directly linked to equity-related actions.

### **Equity Indicators on the COVID-19 Monitoring Dashboard**

As of May 29, 2021, four new equity-based indicators have been added to the COVID-19 Monitoring Dashboard. These indicators measure inequities in:

1. COVID-19 Rates By Race
2. COVID-19 Rates by Income
3. COVID-19 Case Rates By Neighbourhood
4. Vaccination Rates by Neighbourhood

This information is available publicly on the Monitoring Dashboard tab at <https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-status-of-cases-in-toronto/>.

### **Trends in Workplace Outbreaks**

In January 2021, the Board of Health directed Toronto Public Health to provide an update on the status and trends in workplace COVID-19 outbreak data and any new Provincial safety measures for essential workplaces and workers.

The following is intended to provide insight into the trends that have been observed:

- As of the date of this report, the number of new workplace and community setting outbreaks each week are decreasing, as compared to previous weeks.
- Early analysis shows that construction sites and manufacturing plants are the most frequently reported exposure settings.
- For workplaces and other community settings, the average duration of outbreaks has remained stable throughout this year, at an average of 11 days and 13 days respectively.
- Toronto Public Health has observed that being diagnosed with a variant of concern and being a part of an outbreak in a workplace or other setting, has been significantly associated with severe illness in wave 3.
- The largest proportion of COVID-19 cases are in the community. Workplace outbreaks are a subset of these numbers.

### **Letter of Instruction from the Medical Officer of Health**

On January 4, 2021, the Medical Officer of Health issued a [Letter of Instruction to Workplaces](#), requiring employers and businesses to take additional measures to reduce the spread of COVID-19. The Letter required employers to immediately notify Toronto Public Health if two or more people who test positive for COVID-19 within a 14-day interval in connection with workplace premises. It also required a number of infection, prevention and control measures, such as implementation of frequent environmental cleaning, and recommendations on supports for workers. This Letter of Instruction remains in place.

### **Section 22 Class Order to Close Workplaces**

On April 23, 2021, the Medical Officer of Health issued a Section 22 Class Order under the *Health Protection and Promotion Act*, which allows the Medical Officer of Health to close workplaces or portions of workplaces for a minimum of 10 days, where five or more confirmed COVID-19 cases are identified within a 14-day period. Further information on the Class Order can be found at <https://www.toronto.ca/home/covid-19/covid-19-what-you-should-do/covid-19-orders-directives-by-laws/>.

This Class Order is currently in place, and is a necessary tool to break the chains of transmission within workplaces where COVID-19 is spreading. To date, the number of COVID-19 cases in a workplace has ranged from 1 to 142 COVID-19 cases, with an average of three cases in each workplace outbreak.

This Order applies in addition to the Class Order to workplaces issued on March 3, 2021 and the Class Order requiring isolation of certain individuals issued on November 6, 2020.

### **Provincial Safety Measures**

As reported by the Province, manufacturing and food processing workplaces, warehouses, and distribution centres make up 50 per cent of COVID-19 cases reported in Ontario workplaces, which aligns with workplace outbreak trends identified by Toronto Public Health.

On April 29, 2021, the Province of Ontario amended the *Employment Standards Act, 2000*, to require employers to provide employees with up to three days of paid infectious disease emergency leave because of certain reasons related to COVID-19. Paid infectious disease emergency leave is now available when employees go for a COVID-19 test, need to stay home while they await COVID-19 test results, or being sick with COVID-19, as some examples.

On May 18, 2021, the Province of Ontario announced that it was taking additional measures to expand inspections of manufacturing and food processing workplaces, warehouses and distribution centres. Approximately 100 Provincial offence officers are expected to visit 1,500 workplaces in Toronto, Hamilton, and regions of Durham, Halton, Peel and York throughout May.

### **Team Toronto Vaccination Update**

Toronto Public Health, City partners, health system partners and community organizations continue to work together to get Torontonians vaccinated as quickly as possible based on available supply. As of May 31, 2021, a first dose of COVID-19 vaccine has been administered to 69.5 per cent of all Toronto adults age 18 or older. As of May 29, 2021, a first dose of COVID-19 vaccine has been administered to more than 50 per cent of Torontonians age 16 to 19. A major focus of the City's vaccine strategy includes expanding pop-up mobile vaccination efforts across Toronto to bring vaccine to the neighbourhoods and residents most in need.

### **Team Toronto Sprint Strategy**

The Team Toronto Sprint Strategy is a partnership between the City of Toronto, hospitals, health care centres, Ontario Health Teams, and community organizations focused on increasing vaccine access to communities hardest hit by COVID-19. As of May 21, there are 22 postal codes in the City that are being prioritized in the Strategy. Vaccination at community mobile or pop-up clinics is available to anyone age 18 or older living in the 22 areas. Clinics are brought to the attention of local residents directly through family doctors, employers, building managers, and local leaders, directly connected to communities. The expansion of pop-up and mobile vaccine clinics has been especially successful in facilitating vaccine delivery for vulnerable populations, such as individuals who are homebound and individuals experiencing homelessness.

### **COVID-19 Vaccine Survey**

From March 24 to April 5, 2021, Toronto Public Health engaged research company Ipsos to conduct a survey to better understand Toronto residents' views related to COVID-19 vaccination. At the time of the survey, COVID-19 vaccination had been completed for all residents in long-term care homes who wished to receive the vaccine. COVID-19 vaccination was available for Toronto residents 80 years and older, healthcare workers and seniors in congregate settings. Vaccinations for residents 70 years and older through mass vaccination clinics and 60 years and older through pharmacies were just beginning.



A total of 1,200 Toronto residents completed the survey, which included a representative sample of Toronto residents based on gender, age, region, education, and recency of immigration. The following are key highlights from the findings:

- Four in five Toronto residents (79%) said they definitely or probably will get a COVID-19 vaccine, or they have already been vaccinated for COVID-19.
- When surveyed in October 2020, before a COVID-19 vaccine was available in Canada, 73% of Toronto residents said they definitely or probably would get a COVID-19 vaccine.
- Common reasons for getting vaccinated include to get back to normal life, to not get sick and to not infect others.
- 12% of Toronto residents said they definitely or probably will not get vaccinated for COVID-19 and 9% were unsure. This is down from 16% and 11%, respectively, from a previous survey conducted in October 2020.
- Among those who said they were unlikely to get vaccinated for COVID-19, the top three reasons were due to worry about potential side-effects (57%), worry about potential long-term effects (54%), or because they don't trust how quickly the COVID-19 vaccine was developed or tested (52%).
- Concern about side effects has risen since residents were last surveyed in October 2020, when 36% of those who said they were unlikely to get vaccinated cited side effects as a reason.
- Doctor's offices, pharmacies and vaccination centres were selected most often as preferred locations to receive a COVID-19 vaccine.

Overall, based on the findings from the survey, metrics show that COVID-19 vaccine hesitancy has declined overall as compared to October 2020. Survey findings strongly suggest that Toronto Public Health is a trusted source for credible information about COVID-19 by more than half of those surveyed and is considered a trustworthy government agency by four out of five respondents. The results of this survey will be used to encourage vaccine confidence in Toronto residents. In addition, a follow-up survey will be conducted at a later date in order to monitor how opinions have changed as the COVID-19 vaccination campaign progresses.

### **Provincial Vaccine Policy Updates**

Similar to the City of Toronto, there has been much progress on the administration of COVID-19 vaccine across the Province. As of May 11, 50% of adult Ontarians have received their first dose.

The Province has also continued to update the Provincial Vaccine Framework by continuing to expand its vaccine eligibility criteria. For example, as of May 18, 2021, all Ontarians 18 years of age and over are eligible to book a vaccine appointment through the provincial vaccine booking system. In addition, youth ages 12 to 17 in Ontario will be eligible to book an appointment beginning the week of May 31.



## **Vaccinations for Youth**

As part of the Team Toronto approach, Toronto Public Health and SickKids Hospital are leading a Youth Vaccination Working Group to develop strategic priorities and operational plans to support vaccination of younger populations (12-17 years), in alignment with Provincial direction. The intention is to leverage existing infrastructure and partnerships with school boards, health system and community partners, and utilize learnings from the school-based COVID-19 response.

## **Conclusion**

Looking ahead, at this stage of the COVID-19 pandemic, there are signs of hope between the momentum of the vaccination campaign combined with the overall decrease in COVID-19 case rates and hospitalizations. As a city, it is critical that we stay vigilant and closely monitor the emerging evidence and local epidemiology. As well, we need to be prepared to continually adjust our approach as needed.

## **CONTACT**

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## **SIGNATURE**

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Dr. Eileen de Villa  
Medical Officer of Health

## **ATTACHMENTS**

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Attachment 1: COVID-19 Vaccine Survey April 2021