

Response to COVID-19: June 2021 Update

Presentation to the Board of Health

June 14, 2021







This presentation includes:

- 1. Status of COVID-19 epidemic in Toronto, including equity indicators
- 2. Update on Team Toronto vaccination campaign
- 3. Provincial 'Roadmap to Reopen' framework and implications for Toronto
- 4. COVID-19 budget update

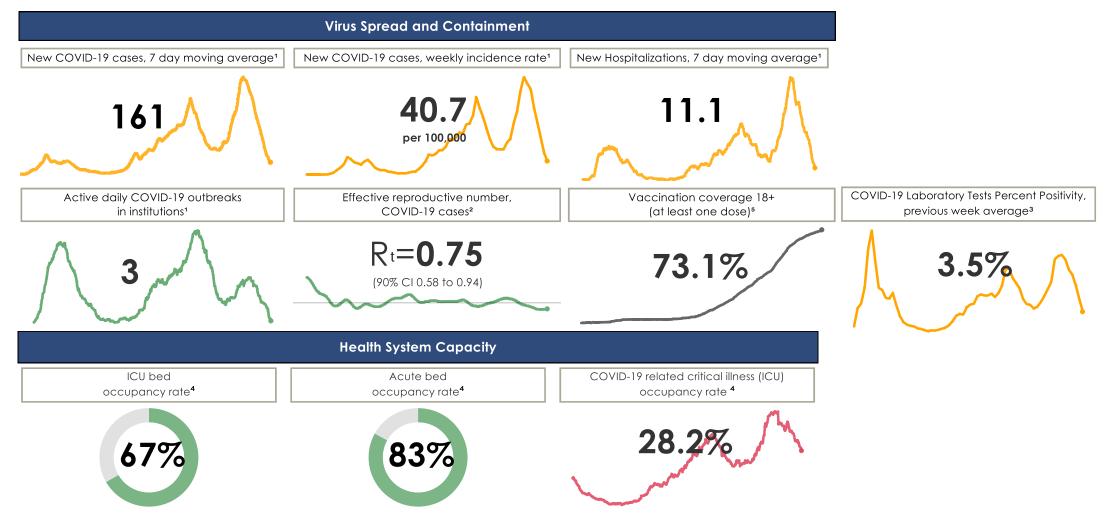


Status of COVID-19 Epidemic in Toronto

Key COVID Metrics Continue to Improve, while Vaccine Coverage Increases

Toronto Public Health Monitoring Dashboard

Toronto, week of June 9, 2021



Notes: 1)Data as of: June 8, 2021 2)Rt calculated by date of infection using confirmed case data from August 1, 2020 to June 6, 2021 3)Data as of: Week ending June 5, 2021 4)Data as of June 6, 2021 5) Data as of: June 10 2021 6) Data for March, 2021

Public Health

Epidemic Curve of Wave 2 and 3, with Key Dates



Epidemic curve of weekly COVID-19 cases by reported date

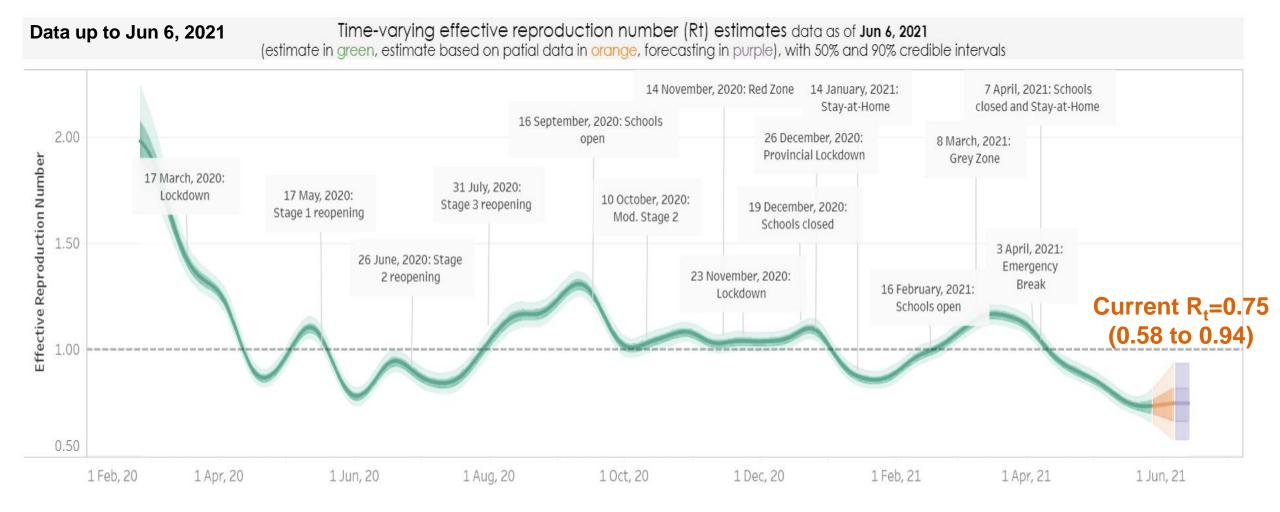


Toronto, week of August 2, 2020 to May 30, 2021

Case data source: Public Health Case and Contact Management Solution (CCM). Data as of June 8, 2021 Vaccine coverage data source: IntelliHealth and COVaxON. Extracted on June 10, 2021.

Pandemic Case Transmission Consistently Decreasing since Early April



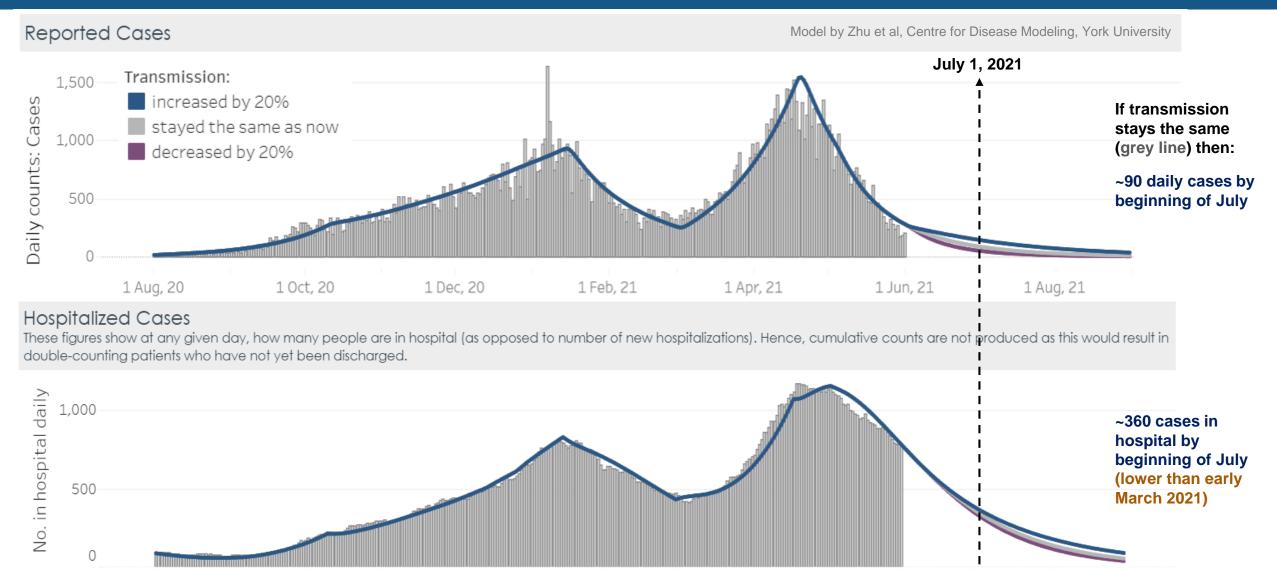


Improved Summer Outlook for New Cases and Hospitalizations

1 Dec, 20

1 Oct, 20





1 Feb, 21

1 Apr, 21

1 Jun, 21

Data up to Jun 2, 2021

1 Aug, 20

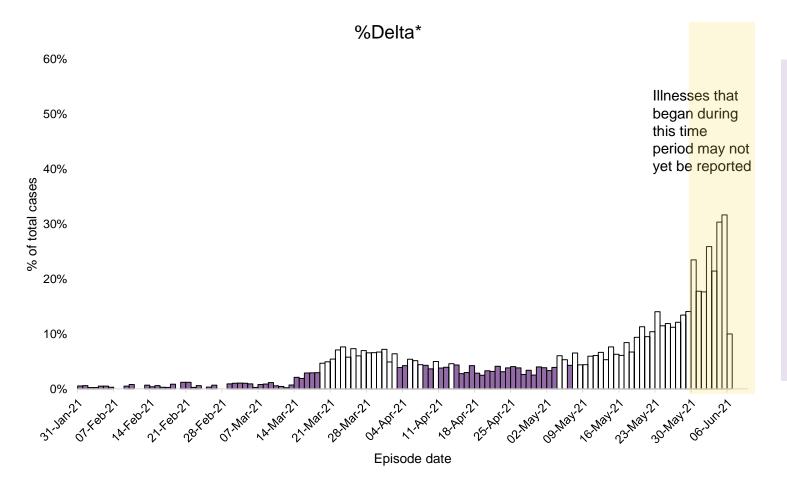
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1 Aug, 21

Proportion of Delta* Variant Cases is Growing in Toronto, Largely through Community Spread

Description Toronto Public Health

Epi curve of Delta* cases reported in Toronto, January 31 to June 9, 2021



Delta variant (B.1.617.2)**

- About 50% more transmissible than Alpha (B.1.1.7)
- Will likely be the dominant variant in the early summer
- Risk of hospitalization may be increased
- 1st dose of vaccine less effective against symptomatic disease but it may protect against severe disease

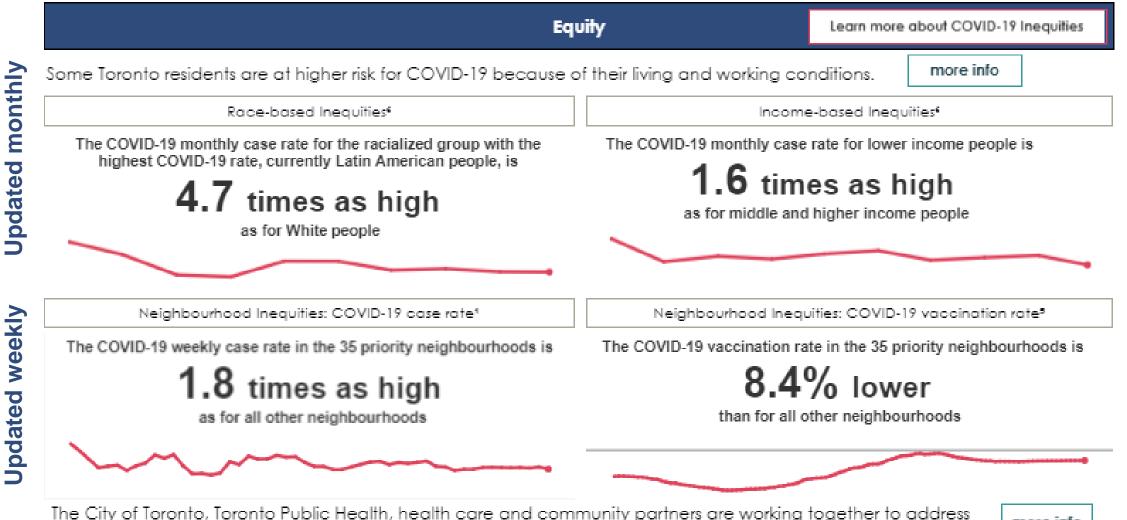
Data extracted from CCM on June 9, 2021.

**Source: Ontario Science Advisory Table, June 10, 2021

*Interpret this data with significant caution, as the Delta variant is not universally screened for in the province.

COVID-19 Equity Indicators Added to Monitoring Dashboard





inequities in COVID-19 through COVID-19 responses focused on specific neighbourhoods and populations.

more info

Notes: 1) Data as of: June 8, 2021 2) Rt calculated by date of infection using confirmed case data from August 1, 2020 to June 6, 2021 3) Data as of: Week ending June 5, 2021 4) Data as of 8 June 6, 2021 5) Data as of: June 10 2021 6) Data for March, 2021



Update on Team Toronto Vaccination Campaign

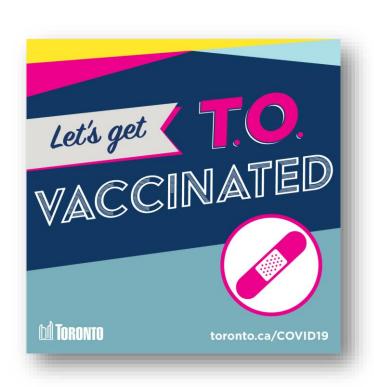


There have been multiple and frequent changes to vaccine policy at provincial and federal levels throughout May and June 2021. Below are some highlights:

- As of May 18, those 18 years of age and older are eligible for a first dose, and as of May 31, youth ages 12 to 17 in Ontario are eligible.
- On June 1, the National Advisory Committee on Immunization (NACI) announced if you received AstraZeneca as a first dose, you could receive the same or a mRNA vaccine for the second.
- As of June 7, those over 70 years of age, and individuals who received their first dose of a mRNA vaccine on or before April 18, 2021 will be eligible to receive a second dose.
- As of June 14, individuals who live in Delta hot spots who received their first dose of mRNA vaccine on or before May 9 will be eligible for a second dose. This includes all of Toronto.

Team Toronto Vaccine Strategy

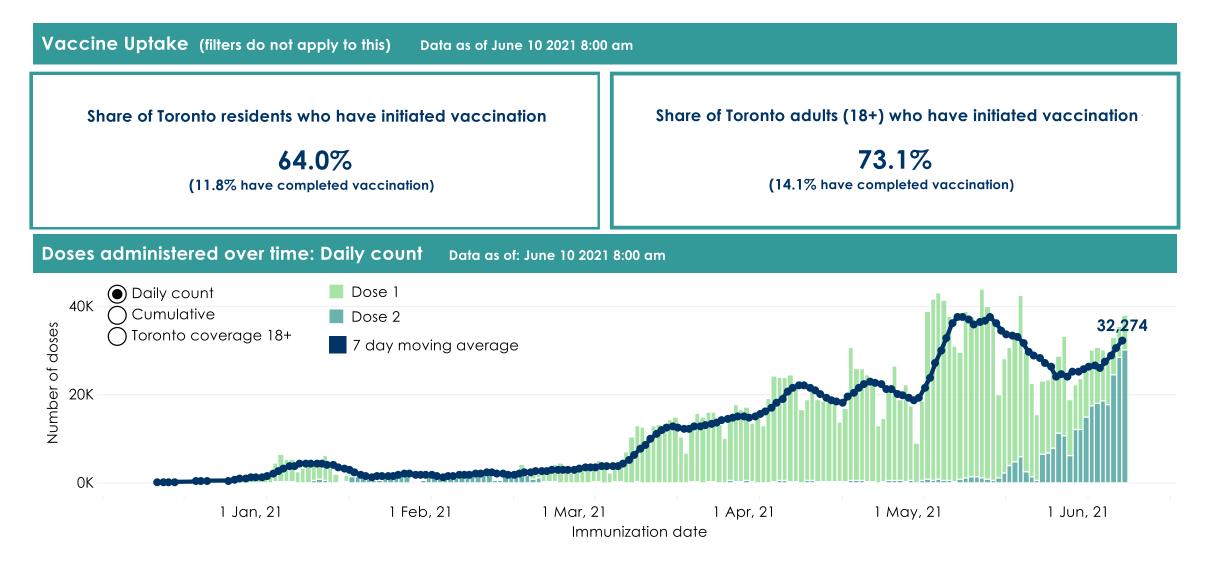
- Team Toronto continues to adjust its Vaccine Rollout Strategy to focus on delivery of first doses and accelerating second doses.
- The ongoing emergence of the Delta variant (also known as the B.1.617.2) is influencing the vaccine strategy, particularly for the administration of second doses.
- Toronto Public Health will continue to analyze local data and implement new strategies with partners to increase distribution of first doses, particularly in communities where distribution may be lagging or where inequities have been observed.





Making Continued Progress with Vaccine Coverage for Toronto Residents



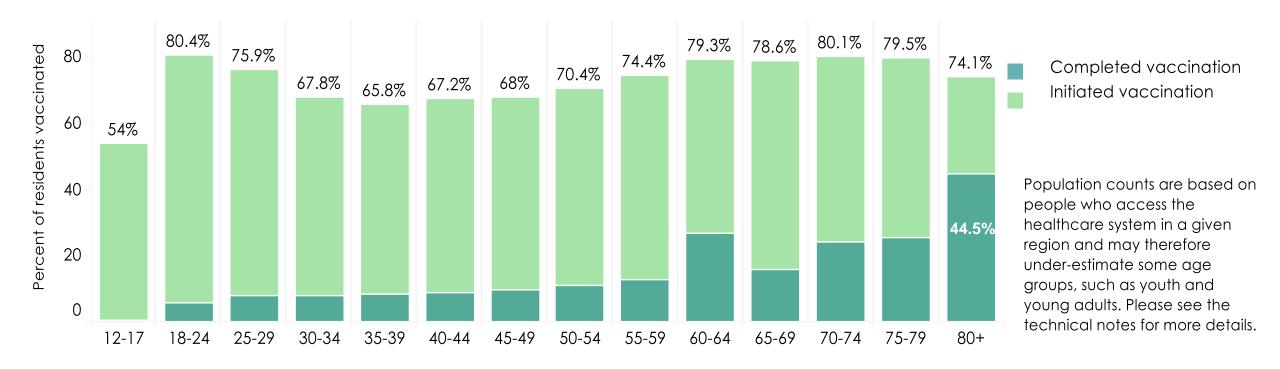


Data Source: Vaccine data: Vaccine administration, Ontario Ministry of Health, IntelliHeath COVaxON, as of June 10, 2021 Toronto population data: Institute for Clinical Evaluative Sciences (ICES). Applied Health Research Question #2021 0950 080 000. More Young Adults have Initiated Vaccination Coverage than Any Age Group, while Second Doses for 80+ Seniors are Climbing



Vaccination by age group Data as of: June 10 2021 8:00 am

Percent vaccinated includes Toronto residents who have been vaccinated in Toronto or elsewhere



Data Source: Vaccine data: Vaccine administration, Ontario Ministry of Health, IntelliHeath COVaxON, as of June 10, 2021 Toronto population data: Institute for Clinical Evaluative Sciences (ICES). Applied Health Research Question #2021 0950 080 000.

Recommendation One



- Modelling studies have shown that accelerating second dose vaccination efforts in hotspot neighbourhoods can have the greatest impact.
- In light of emerging data on the Delta variant, Toronto Public Health will be working with City and health system partners to direct additional doses into targeted hotspot areas, as supplies permit.

Recommendation One

The Board of Health request the Ministry of Health to provide additional vaccine supply that would enable the City of Toronto to continue accelerating full vaccination rates through a hotspot campaign, while ensuring high coverage for older age groups, who are most at risk for severe outcomes of COVID-19 infections.

Recommendation Two



- Epidemiological analysis on rates of vaccine paired with COVID-19 case data would allow Toronto Public Health to engage in enhanced assessment of the efficacy of vaccine against variants of concern, such as the Delta variant.
- This can be achieved through providing Toronto Public Health with enhanced data linkages between Provincial vaccine and case and contact management health information systems.

Recommendation Two

The Board of Health request the Ministry of Health to accelerate its commitment to provide a data linkage between the provincial vaccine system, $COVAX_{ON}$ and the provincial Case and Contact Management system (CCM), in order for Toronto Public Health to have access to more comprehensive vaccine efficacy data, including specific details on potential infection breakthroughs after vaccination and their association with variants of concern.

Recommendation Three



- The Province of Ontario through Public Health Ontario Laboratory collects and analyzes COVID-19 lab samples to determine the proportion of COVID-19 cases containing variants of concern (referred to as whole genome sequencing).
- As of June 1, 2021, the Province announced it will implement a 50% sampling surveillance strategy, where half of all eligible COVID-19 cases are sequenced. It is critical that these surveillance methods are timely.

Recommendation Three

The Board of Health request the Ministry of Health and Public Health Ontario to consider adopting and using laboratory methods that provide rapid results on the presence of a variant of concern, to facilitate detection of areas with high transmission (e.g., hot spots) and where there may be lagging vaccine coverage, in order to address increased concern around the spread of the Delta variant.

Recommendation Four



 The collection of sociodemographic data of individuals who have received vaccine will enable Toronto Public Health and City partners to understand whether vaccine has been equitably distributed across the whole population.

Recommendation Four

The Board of Health request the Ministry of Health take action to mandate and facilitate the collection of sociodemographic data by all vaccination providers and to make these data routinely available to public health units for assessment and planning.

Recommendation Five



- The Ministry of Health provides data to physicians about patient vaccine activity when their name has been collected at the point of vaccination through the provincial vaccine system, COVAX_{ON}.
- Physicians are uniquely positioned to encourage patients to seek out a second dose, and to encourage those who have not been vaccinated to do so.

Recommendation Five

The Board of Health ask the Ministry of Health to expedite the assembly of curated lists of enrolled patients that have been vaccinated and make them available to physicians for the purpose of engaging these clients and promoting the opportunity for vaccination.



Provincial COVID-19 Roadmap to Reopen

Provincial Roadmap to Reopen



Step One	Step Two	Step Three
1 60% adults with one dose	2 70% adults with one dose 20% fully vaccinated	3 70-80% adults with one dose 25% fully vaccinated
 Dutdoors first with limited, well managed crowding and permitting restricted retail Larger outdoor gatherings for up to 10 people Outdoor dining for up to 4 people per table Essential retail capacity at 25% Non essential retail at 15% Outdoor religious services, rites and ceremonies with capacity limited to permit 2 metres physical distancing Outdoor sports, training, and personal training for up to 10 people Day camps Campsites and campgrounds Ontario Parks Outdoor pools, splash pads and wading pools 	<section-header><section-header></section-header></section-header>	 Expand indoors where face coverings can't always be worn Larger indoor and outdoor gatherings Indoor dining with capacity limits Essential and non essential retail open with limited capacity Larger indoor religious services, rites, and ceremony gatherings Indoor meeting and event spaces Indoor sports and recreational facilities Indoor seated events Indoor attractions and cultural amenities Casino and bingo halls Other outdoor activities from Step Two permitted to operate indoors
June 11, 2021	No earlier than July 2, 2021	No earlier than July 23, 2021
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ontario.ca/reopen



 Toronto Public Health continues to work closely with Provincial partners towards a re-opening plan that is evidence-based and draws on local epidemiology and lessons learned from Waves 1, 2, and 3 of the COVID-19 pandemic.

Recommendation Six

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 proceed with caution given the learnings that other jurisdictions have had with reopening and emerging evidence on variants of concern.



COVID-19 Budget Update

COVID-19 Budget Submission to the Provincial Ministry of Health - \$135.8 million¹



\$ in millions	Budget
COVID-19 Extra-ordinary Costs	57.6
Mass Immunization Clinics	68.2
Community Engagement and Mobilization Plan	10.0
Total Expenditures	135.8

- \$57.6 million for COVID-19 Extra-ordinary Expenses²:
 - \$52.7 million related to salaries, benefits and overtime; and
 - \$4.9 million for contractors, personal protective equipment, and other material and supplies
 - 1 The Ministry is currently reviewing budget submission from all public health units for COVID-19 Extra-ordinary and MIC Ex
 - 2 This amount was approved by City Council during the 2021 Operating Budget process.

COVID-19 Budget Submission to the Provincial Ministry of Health - \$135.8 million¹



- \$68.2 million for Mass Immunization Clinics (MICs)²
 - \$65.4 million for 1,876 full time equivalents supporting 9 fixed clinics, operating 7 days a week for 6 months, as well as, supporting mobile vaccination clinics on an as needed basis
 - \$2.8 million for leases, equipment rental, printing, couriers and other supplies
- \$10.0 million for a Community Engagement and Mobilization Plan^{2,3}

1 The Ministry is currently reviewing budget submission from all public health units for COVID-19 Extra-ordinary and MIC Expenses.

- 2 These amount were not included in the 2021 Toronto Public Health Operating Budget approved by City Council as the MIC plan and budget was developed after the 2021 City Budget Process
- 3 This initiative has been delegated to Social Development, Finance and Administration.



- \$6.0 million for School-Focused Nurses funded by the Provincial Ministry of Health²
- \$8.9 million for the Toronto Voluntary Isolation Centre funded by the Public Health Agency of Canada³

- 1 The budget for these initiatives have been approved by the funding bodies.
- 2 Funding comes to an end on June 30, 2021; however, discussions are underway to extend this funding to the 2021-2022 school year.
- 3 Funding comes to an end on August 30, 2021; however, discussion are underway with the funding body.

COVID-19 Budget Forecast as at April 30, 2021

\$ in millions	Budget	Forecast (for Year-Ending December 2021)	Over / (Under) Spending
Expenditures:			
COVID-19 Extra-ordinary Costs	57.6	67.1	9.5
Mass Immunization Clinics	68.2	63.4	(4.8)
Community Engagement and Mobilization Plan	10.0	10.0	0
School-Based Nurses	6.0	6.0	0
Toronto Voluntary Isolation Centre	8.9	6.5	(2.4)
Total Expenditures	150.7	153.0	2.3

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\$ in millions	Budget	Forecast (for Year-Ending December 2021)	Over / (Under) Spending
COVID-19 Extra-ordinary Costs	57.6	67.1	9.5

Variance Explanation:

Additional costs are being incurred in salaries and benefits for additional staff and overtime expenditures needed to address the impact of the third wave.

These additional costs are being fully offset by savings achieved from the suspension of various TPH programs and services during the pandemic.

Public Health

\$ in millions	Budget	Forecast (for Year-Ending December 2021)	Over / (Under) Spending
Mass Immunization Clinics	68.2	63.4	(4.8)

Public Health

Variance Explanation:

The immunization campaign was planned/budgeted to support 9 fixed clinics operating 11 hours per day, 7 days per week for 6 months as well as 5 mobile clinics. Vaccine supply delays stalled the full roll out of the immunization campaign; clinics did not operate at full capacity for the first 3 month of the campaign resulting in forecasted underspending. In addition, hospitals and community stakeholders and partners are participating in a much more robust manner than anticipated.

\$ in millions	Budget	Forecast (for Year-Ending December 2021	
Toronto Voluntary Isolation Centre	8.9	6.5	(2.4)

Variance Explanation:

Occupancy rates fluctuated. In addition, the TVIC relocated in 2021 to another facility which had a lower operating cost.

Public Health



Reflections on the Last 506 Days