COVID-19
An Update to the Board of Health

Dr. Eileen de Villa
Medical Officer of Health
Toronto Public Health

May 7, 2020
1. How Toronto Public Health Responded to COVID-19

2. Measures Taken by All Levels of Government

3. Overview of COVID-19 Data

4. Planning for the Future and the Recovery Phase
• In January 2020, a new coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified as the cause of an outbreak originating in Wuhan, China. The disease caused by this virus is named COVID-19.

• Since January 25 when the first case of COVID-19 was identified in Toronto, the spread of the coronavirus quickly became a local, provincial, and national emergency due to the health, social and economic impacts.

• Toronto Public Health’s role in supporting the City of Toronto, the Toronto Board of Health, institutions, and the public includes monitoring, preventing and controlling the spread of infectious disease in the City.
Toronto Public Health’s response to COVID-19:

- Issued a **class Order** under the *Health Protection and Promotion Act* to emphasize the significance of self-isolation for those diagnosed with COVID-19 or those at high-risk of COVID-19 infection.

- Put in place intense **case and contact tracing** of COVID-19 cases, including the launch of a new system (CORES) to support more timely follow-up of cases.

- Implemented a plan to **manage outbreaks in institutions**, such as long-term care homes and shelters on an ongoing basis.

- Developed a strong **education and compliance** campaign to enforce public health measures and implemented a **hotline** to answer COVID-19 inquiries from the public.
Public health measures have been guided by the principles of establishing the greatest protections for our most vulnerable residents and maintaining critical, life-saving health care resources.
March 13
City announces that City-operated March Break camps are cancelled and all licensed child care centres, community/rec. centres, pools, fitness centres, arenas, libraries, museums and galleries are closed as of March 14

March 16
Medical Officer of Health strongly recommends all bars, dine-in restaurants, nightclubs, and theatres close as of March 17. Food takeout and delivery options are encouraged

March 23
Mayor Tory declares a State of Emergency in the City of Toronto

March 24
Ontario Government orders the closure of non-essential businesses, in effect at 11:59 p.m.

March 25
City-owned park amenities are closed. Federal government announces Emergency Order under the Quarantine Act requiring anyone entering Canada to self-isolate for 14 days

March 31
City-led events and programs are cancelled, and City permits for third-party events are cancelled through June 30

April 1
Medical Officer of Health issues a class Order under the Health Protection and Promotion Act - that residents infected with COVID-19 and their close contacts must stay home for 14 days. Anyone who is not ill or has not travelled is strongly encouraged to stay home except for essential reasons

April 2
Mayor Tory signs emergency order regulating physical distancing in parks and public squares

April 4
Ontario Government reduces the list of businesses classified as essential, in effect at 11:59 p.m.

April 15
Ontario Government publishes the COVID-19 Action Plan for Protecting Long-Term Care Homes
### SUMMARY OF COVID-19 CASES IN TORONTO

**All Cases**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Count*</td>
<td>6,665</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>4,273</td>
</tr>
<tr>
<td>City Incidence Rate</td>
<td>244</td>
</tr>
<tr>
<td>Fatal Cases</td>
<td>504</td>
</tr>
<tr>
<td>Ever Hospitalized</td>
<td>1,006</td>
</tr>
<tr>
<td>Ever in ICU</td>
<td>239</td>
</tr>
<tr>
<td>Currently Hospitalized</td>
<td>391</td>
</tr>
<tr>
<td>Currently in ICU</td>
<td>99</td>
</tr>
</tbody>
</table>

As of May 5, 2020

**CASES IN THE COMMUNITY**

- Recovered Cases: 2,818
- Median Age At Time of Illness: 50
- Percent Female: 53%
- Percent Male: 46%
- Fatal Cases: 128
- Median Age of Deaths: 79

**CASES IN INSTITUTIONS**

- Recovered Cases: 1,515
- Median Age At Time of Illness: 85
- Percent Female: 58%
- Percent Male: 37%
- Fatal Cases: 376
- Median Age of Deaths: 90

*Includes confirmed and probable cases
**Institutions include long term care homes, retirement homes, chronic care & hospitals
Gender was unknown or other for some cases

Data sources are preliminary and subject to change:
Toronto: Integrated Public Health Information System (IPHIS) and Coronavirus Rapid Entry System (CORES) as of May 5, 2020 @ 4:00 pm
• An important component of our data story is understanding if COVID-19 is affecting certain groups in our community more than others, so we can better inform prevention strategies

  • Emerging evidence from other jurisdictions suggests that COVID-19 is impacting some ethno-racial groups and those with lower income levels more

• TPH has completed preliminary analyses looking at the overlay of case and hospitalization activity with characteristics at the small geographic area where our cases live

• Preliminary findings suggests similar trends to other jurisdictions and that COVID-19 cases and hospitalizations were more commonly reported for those living in areas with more:
  • Low income earners
  • Recent immigrants

• To strengthen our understanding of how COVID impacts different people in our city, we will soon be asking all who test positive for COVID-19 about their race, income, household size, and Indigenous identity and First Nations status.
THE POWER OF STAYING HOME & PHYSICAL DISTANCING

PAST
In mid-March, each person with COVID-19 in Toronto infected 3.5 other people on average

PRESENT
With Stay at Home measures, each person with COVID-19 in Toronto infects 1 other person on average

FUTURE
To stop the spread, we need a vaccine or herd immunity, so each person infects less than 1 person on average

TORONTO.CA/COVID19
Recovery Phase Planning

**Necessary Conditions for Recovery Phase Planning:**

1. Evidence of good disease control through reduced transmission in the community at large and in congregate settings (long-term care homes and shelters)

2. Healthcare system capacity

3. Public health capacity
The approach to recovery needs to include:

- Gradual easing of public health measures
- Observation of the effects of easing measures before relaxing further
- Continuing some measures that will become part of how we live with COVID-19 ongoing
- Avoiding the reversal of changes, if possible
- Balancing protections of those who are most vulnerable while allowing for some degree of easing of public health restrictions for the wider community
• COVID-19 has created an unprecedented global health emergency, requiring a fulsome public health response.

• Moving from COVID-19 response to recovery will require a gradual easing of measures and will vary by sector.

• Decisions will be evidence-based and based on experience from other jurisdictions.

• Toronto Public Health will have three key roles in recovery going forward:

  - Continue Managing Community Cases and Outbreaks in Congregate Settings
  - Providing Public Health Guidance to the City
  - Scaling Up Critical Public Health Services