

## **COVID-19 Response and Recovery - Update**

**Date:** May 29, 2020

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### **SUMMARY**

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Since January 2020, Toronto Public Health has been responding to the COVID-19 outbreak in the City of Toronto. Additionally, the Toronto Office of Recovery and Rebuild, which reports to the City Manager, was established on April 24, 2020. This Office is responsible for leading efforts to bring the City's own services back to a fully functioning state as well as to work with the Provincial Government, other public bodies and the private sector to promote a safe and orderly recovery from the impacts thus far of COVID-19 while rebuilding Toronto's economy and quality of life. These efforts will move forward only after the consideration of public health advice.

Lastly, the Public Health Recovery Team spans the Toronto Office of Recovery and Rebuild and Toronto Public Health. It is currently advising Toronto Public Health on the case and contact management function and continues to provide guidance on the re-opening of City services and businesses.

### **RECOMMENDATIONS**

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The Medical Officer of Health recommends that:

1. The Board of Health and City Council request the Ministry of Health to create an efficient system of transferring information from laboratories to public health units, including any necessary policy changes to information systems and changes to the Laboratory and Specimen Collection Centre Licensing Act or orders under the Emergency Management and Civil Protection Act.
2. The Board of Health and City Council request the Ministry of Health to urgently develop a Provincial COVID-19 Testing Strategy based upon clear objectives and the best available scientific evidence.

3. The Board of Health and City Council request the Ministry of Health to adopt recovery indicators developed by the Medical Officers of Health in Ontario to inform provincial and local recovery decision-making.

4. City Council request the City Manager to work with the Medical Officer of Health to develop enhanced approaches to providing coordinated support to Toronto Public Health, such as a predefined team which includes human resources, legal services, information technology, procurement, and other support functions, based on the experience to date, for use in response to future COVID-19 activity and other health emergencies.

## **FINANCIAL IMPACT**

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There is no financial impact associated with this report.

## **DECISION HISTORY**

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On May 7, 2020, the Medical Officer of Health delivered a presentation on COVID-19 at a special meeting of the Board of Health. This presentation outlined Toronto Public Health's response and measures taken by all levels of government and provided an overview of COVID-19 data and planning for the future and recovery phase.

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

## **COMMENTS**

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During the initial phase of the COVID-19 Pandemic the strategy was to enforce strict physical distancing, as well as recommending hygiene measures, to force down the peak of the epidemic curve. This strategy prevented a number of cases and deaths, protected many of those most at risk of poor health outcomes, and protected the capacity of the healthcare system.

As society seeks to re-build the economy and restore the quality of life, the strategy should be to re-introduce activities and businesses gradually, starting with lower risk activities and allowing sufficient time between phases in order to observe effects. The process should proceed according to objective indicators of progress in reducing cases, the capacity of the healthcare system, the capacity of the public health system, and the ability to identify changes in COVID-19 incidence promptly.

The approach may be summed up as moving from a strategy of reducing transmission of the virus by keeping almost everyone at a safe distance from others, to identifying those most likely to transmit the infection and isolating them from everyone else. In addition, it is prudent to advise those most at risk of poor health outcomes to remain particularly vigilant and in self-isolation. It is evident that the change in strategy affords an opportunity for some re-introduction of economic and social activity, but that this does result in some increase in virus transmission risk. Keeping this risk at acceptable

levels is a core challenge over the ensuing months.

The critical elements of recovery and re-building are the gradual and controlled re-introduction of economic and social activities, mitigating the risk which is inherent in these activities, delaying activities with unacceptable residual risk after potential mitigation, and preventing an increase in transmission by means of case and contact management.

Case and contact management consists of contacting those newly identified as having COVID-19 to ensure that they are appropriately isolated; interviewing these cases to identify all of their close contacts dating back to two days before the onset of symptoms; calling all of these contacts and ensuring that they quarantine for 14 days; and then calling them each day to assess symptoms, assess compliance and to answer questions. It is planned to replace some of the calls to contacts with text messages. Those who exhibit symptoms are advised to seek testing while taking precautions enroute.

The case and contact management function is very labour intensive. A large number of Toronto Public Health staff has been redeployed to this function, and there has also been substantial hiring of additional nurses, through the Registered Nurses Association of Ontario (RNAO) and other partners, as well as the enlistment of volunteers. When public health measures are eased, some public health programs that have been paused will need to resume. For example, when restaurants re-open it will be necessary to withdraw some public health inspectors from case and contact management and return them to their former duties. Some other options for staffing are being considered that take into account legislative issues and help deal with the potential increased workload.

At the current level of nearly 200 new cases per day in Toronto, case and contact management is challenging: it is essential to reduce transmission by distancing and other measures if contact tracing is to be fully effective, and particularly if it is to be relied upon to reduce the impact of a second wave. Preparation for a second wave requires a range of services to scale up the response and provide surge capacity. These services include Human Resources, Legal, Information Technology and Procurement.

As well, a second wave highlights the need for Toronto, and other municipalities' health units similarly affected, to proceed slowly or pause the re-opening process until case counts fall. To do this while allowing re-opening elsewhere in the province will require a regional approach based upon regional indicators that are similar to those developed by the Province (Virus Spread; Health and Public Health Capacity; and Incidence Tracking Capacity).

The effectiveness of case and contact management is currently impeded by several aspects of the transfer of information from laboratories to public health units. The Province's integrated Public Health Information System (iPHIS) is 15 years old and challenged to handle the volume of work. Toronto Public Health, working in partnership with the Technology Services Division, recently replaced it by developing the Coronavirus Rapid Entry System (CORES).

Laboratories' reports are received all together in one large fax, sometimes containing hundreds of individual lab results, which must be taken apart for further processing. Duplicate reports, sometimes many for a single case and received over several days, are common. These require significant staff time to consolidate. Extensive delays occur in the processing and reporting of laboratory results. Many laboratory reports lack telephone numbers, leading to delays in making contact with the case. Changes in laboratory procedures, in the Laboratory and Specimen Collection Licensing Act, and in information systems - for example, a direct link to Ontario's laboratories information system (OLIS) - would mitigate these problems.

Testing for COVID-19 is vitally important, but concentrating only upon the number of tests performed is not an optimal strategy. Testing must be seen as a means to reduce the transmission of disease through case and contact management. Enhanced testing being considered at the time of writing this report include: those at higher risk due to their congregate setting; their type of employment; or those who are a close contact or an asymptomatic household contact. But most importantly, there is a need for a clear and consistent approach laid out in a Provincial COVID-19 Testing Strategy, developed with broad input from public health and infectious diseases specialists.

On May 14, the Province of Ontario announced A Framework for Reopening Our Province, outlining principles to reopen businesses, services, and public spaces. Subsequently, Medical Officers of Health in Ontario developed a set of indicators that would inform provincial and local decision-making on recovery issues (see Appendix 1). These locally developed indicators build on the Provincial Framework by providing metrics for the following categories: virus spread and containment; health system capacity; public health system capacity; and incidence tracking capacity. It is recommended that the Ministry of Health adopt these enhanced recovery indicators developed by the Medical Officers of Health.

Building on the Province's Framework, guidance is being developed and provided to businesses and services which are planning to re-open. Priority is given to activities that are identified in the Provincial Framework and scheduled to re-open early, and to those whose operations' present a higher risk of transmission. It is not possible to provide detailed advice to individual operators: the approach is to provide a general guidance document for each of three sectors: the City government, businesses and the voluntary sector. This advice can be adapted to individual operators' circumstances.

There are, in addition, some services which have particular risks, and these may be addressed through more specialized guidance documents. These guidance documents are posted on the [City's website](#) where there may be supplementary documents, advance guidance and educational materials.

In the case of the City, these documents are developed together with the affected program. Because most re-opened activities to date have been outdoors, much of the guidance has involved Parks, Forestry & Recreation - for example, parks, sports amenities such as golf courses, and children's day camps.

Priorities for the business sector include restaurants and personal service settings such as hair dressers and nail salons. All documents provide links to other sources of

information, checklists, posters, etc., of which all are being checked and brought up-to-date.

Although much work on mitigation measures may be completed before announcements concerning rescinding or varying orders under the Emergency Management and Civil Protection Act by the Province, we cannot know what conditions may be placed upon the resumption of activity in new orders until the announcement, which is usually only a few days before they become effective. In these situations, the City of Toronto will work quickly to reflect the latest provincial conditions in the guidance documents.

Finally, plans are underway for the resumption of some of Toronto Public Health's services. An example is the resumption of the inspection of food establishments and other facilities' services incorporating the addition of measures to prevent COVID-19. Others to follow, in sequence, include planning for immunization as well as hearing and vision screening. The goal as recovery continues will be to balance the need to effectively manage the outbreak while providing the most essential public health services.

## **CONTACT**

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## **SIGNATURE**

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Dr. Eileen de Villa  
Medical Officer of Health

## **ATTACHMENTS**

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Appendix 1 - Ontario Public Health Unit Core Indicator Framework for COVID-19 Monitoring