



## Toronto Public Health's Response to COVID-19: Context, Status Update, and Next Steps

**Date:** June 19, 2020

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### SUMMARY

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This report responds to the request from the Toronto Board of Health for the Medical Officer of Health to report on the status of COVID-19 recovery planning and a potential second wave outbreak in 2020 and beyond.

This report also explains the context in which Toronto Public Health's response is influenced by uncertainty concerning COVID-19, its effects, and the effects of mitigation measures. Specifically, Toronto Public Health must make evidence-based decisions, often urgently, despite having incomplete and/or conflicting information. It is challenging to distinguish between real effects and those which are the result of confounding information. Planning and communications must be adjusted frequently to accommodate the changing reality.

In addition, this report highlights Toronto Public Health's steps taken in the response to COVID-19 to date, including recommendations to support the most vulnerable, a COVID-19 monitoring dashboard, and the release of public health guidance documents. The guidance documents are intended to support the City of Toronto, its businesses, and community organizations to mitigate the risk of COVID-19 transmission associated with their activities.

Lastly, this report also includes an overview of how multiple areas of Toronto Public Health's work have developed since the beginning of the COVID-19 crisis in January 2020. These include: Outbreak Management; Surveillance and Data Management; Media and Communications; Stakeholder and Issues Management; and Policy Development. These core public health functions are being continuously tailored to address the containment of the COVID-19 crisis, recovery, and the gradual restoration of programs addressing other public health needs.

## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. City Council request the City Manager to engage the Public Health Agency of Canada, Public Health Ontario, and the Ontario Ministry of Health to support Toronto Public Health's work on the establishment of a volunteer isolation/quarantine centre system as well as other methods to achieve effective isolation for individuals who are unable to safely and effectively isolate at home.
2. The Board of Health request the Medical Officer of Health to continue working with the General Manager, Transportation Services, on the ActiveTO program, in particular to support vulnerable individuals and communities who have limited access to space for physical activity.
3. The Board of Health request the Medical Officer of Health to provide data and analysis on how the City of Toronto's most vulnerable populations have been adversely affected by the COVID-19 pandemic to the Toronto Office of Recovery and Rebuild to inform the recovery strategy.
4. The Board of Health request the Medical Officer of Health to work with the City Manager to support City Divisions and the Toronto Office of Recovery and Rebuild on the design and implementation of ways to address the social determinants of health for the City of Toronto's most vulnerable populations who have been adversely affected by the COVID-19 pandemic.

## FINANCIAL IMPACT

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

## DECISION HISTORY

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On June 8, 2020, the Medical Officer of Health delivered a presentation to update the Board of Health regarding the City of Toronto's COVID-19 Response and Recovery. The accompanying Board Report is an update regarding the City of Toronto's COVID-19 response with recommended next steps for the Ministry of Health and City Manager. <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. The accompanying Board Report is an update regarding the City of Toronto's COVID-19 response and recovery efforts since then. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL16.2>

## COMMENTS

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### **Co-existing with COVID-19**

Early in the COVID-19 pandemic, Toronto Public Health established the goals of 1) limiting loss of life, 2) protecting the capacity of the healthcare system, and 3) limiting the adverse effects of the measures necessary to achieve the first two goals.

Those three goals remain relevant, while the current focus is to adjust the balance among them as we progress through the pandemic, from containment to recovery. Re-opening of businesses and municipal services has started, and will progress over the months to come. We must learn how to co-exist with the virus as it circulates in the community and as the risk to our health changes in ways that we can only partially predict. We must continue to expand our understanding of: whether the virus is mutating and the consequences of such mutations; if the virus is affected by seasonal weather conditions; the relative risk of infection through surface, airborne, or droplet transmission; the extent of asymptomatic and pre-symptomatic spread; and the public's adherence to public health measures.

The strategy to date has been to reduce transmission, mainly by physical distancing and the management of cases and contacts. As activities reopen, intensive case and contact management must continue and the re-opening must be cautious, gradual, and its effects monitored closely.

### **The latest steps taken in the COVID-19 restart and recovery efforts**

The residents of Toronto have been supportive of the measures necessary to “flatten the curve”, but are naturally anxious to restore their quality of life and enjoy the improving weather, and many of them have been seriously affected by loss of employment or income from business.

Toronto Public Health's recovery efforts have included the creation of sector-specific guidance documents to support the re-opening of several business and community sectors as well as City properties and organizations. These guidance documents detail the recommended public health protocols to safely start or expand operations while COVID-19 is still circulating in the community (See Attachment 1).

Toronto Public Health has worked with many City divisions, particularly Parks, Forestry and Recreation, and Economic Development and Culture to produce guidance documents. The foundational documents provide general guidance to: City services; businesses; and the voluntary sector. Supplementing this general guidance, specific guidance has been developed for other businesses or services which are complex or present a high risk of transmission.

These guidance documents are complemented by fact sheets that provide advice for the public in general settings. They include: cleaning and disinfecting protocols; face mask/covering use for the general public; screening for staff; dealing with an ill employee, and more. Some materials for customers are also being developed. These

materials have been aligned as much as possible in keeping with provincial guidance, but many have to be developed before the province's guidance materials are available. Guidance documents have been created for the following areas.

City of Toronto: Off-leash dog parks; public washrooms; tennis courts; beaches; day camps; child care centres; indoor and outdoor aquatic amenities; libraries; museums, art galleries and zoos; and general programs and services. Advice has also been provided to the TTC.

Business: General businesses/workplaces; golf courses; child care centres; farmers markets; personal service settings; indoor and outdoor aquatic amenities; indoor shopping malls; restaurants and patios; mobile food premises; museums, galleries, zoos, and aquariums; tennis clubs; and businesses or events with drive-in or drive-thru capability.

Voluntary Sector: The general community and volunteer sector, places of worship (including some faith-specific guidance).

In addition, the City of Toronto has launched a COVID-19 monitoring dashboard. This dashboard provides a progress assessment for the COVID-19 response by summarizing the current local situation using a core set of four indicators that align with the Provincial framework for re-opening. These indicators are: virus spread and containment; laboratory testing and lab testing trends; health system capacity; and public health system capacity. These categories are assigned either a red, yellow, or green colour to reflect their current state and status.

### **Involvement in City-wide initiatives**

At present vehicle and pedestrian traffic is relatively low, while bike traffic has stayed about the same in downtown locations. In anticipation of changes in traffic patterns in the coming weeks and months, the Mayor and City Council requested City staff look at more active transportation as a crucial part of the restart and recovery.

As a result, in early May, 2020, the City and Toronto Public Health announced the ActiveTO program. ActiveTO focuses on making sure people have space to get outside and have space to get around and enjoy physical activity while respecting physical distancing. It is of particular benefit to vulnerable individuals who have limited access to space in which to be physically active and thereby gain the mental, social and physical health benefits of activity. It also addresses, in part, the issue of finding ways to limit the pressure on the TTC, where physical distancing cannot be maintained as ridership increases, by diverting journeys to other modes of transportation.

This program includes two initiatives. The first is 'Creating Quiet Streets', which includes local routes with traffic calming measures that enable local car traffic only and open up space for pedestrians and cyclists. The initial target has been to open 50 kilometres of quiet streets. The second is 'Major Streets for Active Transportation' which includes closing some of Toronto's major roads adjacent to major trails or recreational attractions where crowding on weekends and holidays has been observed.

Toronto Public Health has also supported the City's "CafeTO" initiative to facilitate new and expanded patios and sidewalk cafes. This will allow restaurants to divert business to the safer option of outdoor dining.

Toronto Public Health will follow developments in these areas, with particular attention to the preservation of the benefits after the end of the current pandemic.

### **Ongoing evidence-gathering, adaptation, and response**

Toronto Public Health must continuously adjust its planning, communication and implementation efforts to best respond to a multifaceted and dynamic crisis. Core public health functions are being tailored to address and resolve the COVID-19 crisis' emerging risks and persisting issues. The following section reviews examples of these issues.

### **Outbreak management and the 'testing to isolation' process**

At the beginning of the City's response in January and February, 2020, Toronto Public Health's had fifty staff assigned to the COVID-19 case and contact management team. Since then, this team has been expanded to approximately 550 staff to manage both community transmission and outbreaks in Toronto's long-term care facilities, shelter system, hospitals, and other institutions. Teams have been trained to implement an operational transformation of a system that initially handled solely individual cases, to concurrently manage a large number of outbreaks as well as many sporadic, community cases.

To further address the scope and scale of the COVID-19 outbreak in Toronto, Toronto Public Health has been working on several case and contact process improvement projects including:

- Developing and deploying the Coronavirus Rapid Entry System (CORES) to replace the integrated Public Health Information System (iPHIS); iPHIS, the provincial case and contact management database which has been in use since 2005, was found to be unsuitable for the high-volume and time-sensitive work required to respond the COVID-19 pandemic;
- A number of pilots to link Toronto Public Health staff to assessment centres to rapidly assign positive cases to a case contact investigator;
- Streamlining work processes from receipt of lab slips to entry into CORES;
- Expanding the use of CORES to institutional cases as well as to more fully integrate with the province's Ontario Laboratory Information System; and
- Ongoing recruitment and development of the workforce required for case and contact management and training of teams for case investigation (including household contacts), non-household contacts, and daily contact checking.

Toronto Public Health will continue to implement case and contact management process improvements where they are within its scope of control. However, external factors have created challenges to effective control of the spread of infection. The most important is the delay between conducting a COVID-19 test and when a public health unit is able to contact an individual with a positive test result.

This process, depicted in Attachment 2, could be shortened by creating efficiencies in the health care system. On June 8, seeking to remedy this issue, the Toronto Board of Health requested that the Ministry of Health 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 relevant legislation or orders under the *Emergency Management and Civil Protection Act*. While the Ministry of Health responds to this request, Toronto Public Health is working with the Province and the Public Health Ontario Laboratories to make other changes.

Toronto Public Health has been in active discussions with the Province to improve case and contact management through policy, laboratory, and Information Technology solutions. As a result, the Province has:

- Launched a Case and Contact Management Table to determine how to further support public health units on their work during COVID-19;
- Created a Toronto Digital COVID-19 Response Table through Ontario Health Toronto Region to coordinate the virtual tools available across the health care system for the COVID-19 response; and
- Announced the roll-out of a new COVID-19 information system, which will replace the integrated Public Health Information System (iPHIS) and which has the capability to link public health directly to Ontario Laboratory Information System.

Making the 'testing to isolation' process more efficient is critical to further mitigating the spread of COVID-19 in Toronto. The sooner a case's contacts are informed of their exposure and told to self-isolate then the lower the likelihood of further virus spread. Over time, this can amount to a very large difference in the virus transmission rate. Making this process as efficient as possible will increase in importance as the risk of transmission increases alongside the relaxation of control measures.

A final strategy related to case and contact management is to support individuals to self-isolate. Of note, Toronto has provided isolation sites for people experiencing homelessness. Other jurisdictions such as Chicago and New York City have provided centralized volunteer isolation/quarantine centres to support members of the general population who need to self-isolate but are unable to do so safely. Toronto Public Health has done some analysis of the potential value that such centres might provide to the local COVID-19 response. In addition, discussions with Public Health Ontario on the subject have been initiated. This report recommends that the Board of Health request the Public Health Agency of Canada, Public Health Ontario and the Ministry of Health to support work being done on this program as well as other methods to achieve isolation where it is challenging to achieve, in order to protect household members from infected cohabitants (See Attachment 3).

## **Surveillance and data management**

This core function is essential to better understand this evolving situation, including how to predict and plan for upcoming challenges and to evaluate outcomes. This work must be strategic and relies upon the ability to access data which are as accurate as possible – as quickly as possible. Its performance is therefore influenced to some extent by

success in resolving the data issues noted above.

Accessible and meaningful presentation of information to decision makers and the public is essential. As part of an initiative to develop indicators of the progress of the pandemic and the capacity for response which are compatible across all of Ontario's health units, Toronto Public Health has launched the COVID-19 Monitoring Dashboard, which presents COVID-19 data in an easily understood graphic format.

### **Socio-economic data and recommendations**

In order to better understand sub-populations which may be disproportionately affected by COVID-19, Toronto Public Health was proactive by adding four questions on socio-demographic characteristics to what is currently collected as part of case investigation; Data collection on Indigenous identity, racial group, household income, and household size began on May 20, 2020. While this is ongoing, sufficient data have yet to be collected to reveal any meaningful findings on the association between these social determinants of health and COVID-19; however, when available, it will be extremely useful in designing the response in the future.

In the absence of comprehensive individual-level data, Toronto Public Health conducted area-level analyses with data available from the 2016 federal Census. This method assumes cases share the general characteristics for the small geographic areas where they live as suggested by census data. These analyses show that areas with a higher percentage of people with the following characteristics also report higher rates of COVID-19 infection and COVID-19 hospitalization:

- People with lower income levels;
- People from racialized communities;
- Newcomers (immigrants arriving in Canada in the past 5 years, as of 2016);
- People with lower education levels (no certificate, degree, or diploma); and
- People who were unemployed (as of 2016, and therefore not influenced by job losses due to COVID-19).

These characteristics also known as the Determinants of Health and in this context are well established as influencing an individual's health status. It is therefore important to use a determinants of health framework to address future work on COVID-19 recovery. As well, analyses further indicated that areas with a high case rate of COVID-19 had a disproportionately higher level of certain racial groups, including those identifying as Black, South Asian, Southeast Asian, and Latin American. Areas with a high case rate of COVID-19 also had a disproportionately higher level of people working in occupation categories considered essential workers, such as:

- Sales and service occupations;
- Trades, transport and equipment operators and related occupations; and
- Manufacturing and utilities.

More information on these area-level analyses can be found in a summary document located [here](#), and via a Webinar recording located [here](#).

The increased risk of COVID-19 in areas with high proportions of essential workers was further supported by occupation data collected through case interviews. Toronto's COVID-19 cases reported in the last month showed the most commonly reported occupations were factory workers (e.g. warehouse, manufacturing/supplier), retail/customer service, and several healthcare-related occupations such as personal support workers, long-term care home workers and nurses.

Toronto Public Health has used these findings to inform and target COVID-19 response strategies. This has included working with Ontario Health Teams, the Local Health Integration Network (LHINs) and other community partners to provide increased testing, including mobile testing, in areas with higher case counts. Toronto Public Health has met with community partners to better understand concerns and risks in higher count areas, and to inform the work needed to curb and stop transmission. These have included opportunities for more effective health promotion and education related to social distancing, use of face masks/coverings and other infection control measures.

As more data on the City's most vulnerable is collected, using a determinants of health framework, Toronto Public Health will conduct a deep analysis to more fully understand how these populations have been made more vulnerable as a result of the COVID-19 pandemic and to identify ways these health inequities can be addressed. This report recommends that this analysis be provided to the Office of Recovery and Rebuild in order to ensure that the City's Recovery strategy include a focus on improving access to the social determinants of health for the City's most vulnerable. Based on a preliminary review potential areas of focus and example actions include: 1) social enterprise initiatives, in particular for food establishments that can support food security 2) employment and 3) redesigned and new temporary and long term housing facilities because stable housing is fundamental to maintaining health status.

This report also recommends that the Medical Officer of Health work with the City Manager to support City Divisions and the Office of Recovery and Rebuild on the design and development of ways to address the social determinants of health for the City's most vulnerable populations who have been adversely affected by the COVID-19 pandemic.

## **Media and communications**

Toronto Public Health's ability to effectively connect with audiences on a variety of platforms with compelling public health messages carries enormous importance.

The entire city is affected to a great extent but in differing forms by this unfamiliar, unpredictable, and rapidly changing crisis. It creates risks to physical and mental health, livelihood, and finances at a time when support systems are limited. The public therefore seeks information. Information related to the pandemic is ubiquitous, including saturated media coverage, the rampant spread of false information and intentional disinformation. Attention to events in other jurisdictions can create confusion. Early on, during the "lockdown" phase, messages could be simple, consistent and repeated: "stay home". As re-opening progresses the messages become more complex and vary across both time and place, presenting more of a challenge for the communications function.



## **Stakeholder and issues management**

Toronto Public Health is responsible for the health and well-being of all of Toronto's residents. The crisis and the governments' responses have affected virtually all sectors of government, the economy, and community. This has led to a demand for engagement, information, and solutions from media, the general public, and stakeholders.

Toronto Public Health has gained valuable insights through stakeholder engagement to identify issues and trends to inform policy-making. This engagement has built or strengthened partnerships and trust. However, triaging stakeholder demand and strategizing Toronto Public Health's own proactive stakeholder outreach at this scale (at the City, provincial and national levels) involves time-intensive planning, co-ordination, and information management.

## **Policy development**

Toronto Public Health's policy process concerning COVID-19 is often conducted in liaison with other levels of governments or across levels of government (e.g. other local public health units) because each jurisdiction has different responsibilities. These functions must be coordinated across the response; for example, the federal government has oversight for border screening, the province has responsibility for laboratory testing and municipalities provide local public health services including case and contact management. Thus inter-governmental collaboration is necessary but complicated by information-sharing practices and jurisdictional accountability.

Additionally, the nature of the pandemic requires that decision-making occurs with incomplete and evolving information; this means that policy may need to be adjusted as greater understanding of the virus and its impact on the population is gained. Evidence concerning the transmission of the virus may be available from Public Health Ontario or from other respected agencies, or derived from searches of the literature, and good use has been made of the Evidence Synthesis Network—a consortium of evidence-informed practice experts in universities across Canada. Having access to experienced experts in public health and in infectious diseases both within Toronto Public Health and beyond has been most helpful.

## **Conclusion**

Toronto Public Health continues to respond to the COVID-19 epidemic and to the need to recover from it and to rebuild the economy and quality of life in Toronto through its efforts to rapidly collect and process data, access and interpret evidence, engage with communities and stakeholders, manage cases and contacts, and develop policies and guidance. This work will continue and develop further as the pandemic develops and as restrictive measures are modified.

## **CONTACT**

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## **SIGNATURE**

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## **ATTACHMENTS**

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Attachment 1 - COVID-19: Community and Workplace Settings  
Attachment 2 - Testing to Isolation Process to Reach COVID-19 Cases  
Attachment 3 - Centralized Volunteer Isolation/Quarantine Centres (Chicago and New York City)