

Re: HL18.1

## An Update on COVID-19 Presentation for the Board of Health

## Dr. Eileen de Villa

Medical Officer of Health Toronto Public Health

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### Update on Current COVID-19 Data and Trends



### **COVID-19 Cases in Toronto**

### SUMMARY OF COVID-19 CASES IN TORONTO



\*Includes confirmed and probable cases

\*\*Outbreak associated cases include persons with COVID-19 within a defined group or setting. These are generally in healthcare (e.g., long-term care homes, hospitals) and residential or congregate settings (e.g., homeless shelters, group homes), but can also be in workplaces and other settings 'Gender was unknown or other for some cases

63%

CASES IN THE COMMUNITY

# Image: Toronto<br/>Public HealthEpidemic Curve – Overview

#### New COVID-19 cases, by setting 400 9K 8,913 8K Community 7K 300 Outbreak Associated 6K 5,357 5K 200 4K 3K эqшnN 100 2K Cumultive number of cases 0 12 Jun 26 Jun 6 Mar 20 Mar 3 Apr 17 Apr 1 May 15 May 29 May Reported date

#### **Toronto** Public Health

# Neighbourhood Map – Sporadic Case Counts in Last Three Weeks







### **Recovery Indicators – Monitoring Dashboard**





### Monitoring Dashboard – Virus Spread





### Monitoring Dashboard – Laboratory Testing

| Laboratory Testing<br>Status: YELLOW - Indicators need attention           |  |  |  |  |
|--|--|--|--|--|
| Percent of new COVID-19 tests with a turnaround time of 24hrs <sup>1</sup> | Percent of new COVID-19 tests with a turnaround time of 48hrs <sup>1</sup> | COVID-19 Laboratory Tests Percent Positivity,<br>previous week average |  |  |
| 18%  | 56%  | 1.1%   |  |  |
| within 24 hours  | within 48 hours  |  |  |  |
| (7 day moving average)   | (7 day moving average)   | See technical notes for updated indicator definition (as of            |  |  |
| Goal: $\ge$ 60% within 24 hours  | Goal: $\ge$ 80% within 48 hours  | June 15)<br>Goal: <10% positivity                                      |  |  |







Goal: > 90% contacted

Goal: >90% successfully reached



### Socio-demographic Characteristics: COVID-19 Infection and Outcomes



# Exploring COVID-19 and Socio-demographic Characteristics

- Toronto's diversity underscores the need for data to better understand socio-demographic COVID-19 health disparities.
- Evidence from the United States and the United Kingdom shows inequities in COVID-19 infection and outcomes.
- Individual-level data collection on socio-demographics and its relation to COVID-19 is ongoing.
- Area-based analysis has limitations but can suggest trends.
  - o Looked at socio-demographic characteristics from the 2016 Census.
- Findings presented here are associations only, and do not illustrate cause and effect.







### **COVID-19 Hospitalizations and Income**









### **COVID-19 Case Rates and Occupations**

#### Areas with a higher case rate had more people working in:

- Sales and service occupations
- Trades, transport and equipment operators and related occupations
- Occupations in manufacturing and utilities

#### The most common occupations reported in case investigations include:

- Factory workers
- Retail/customer service representatives
- Select healthcare-related occupations



### **COVID-19 Cases and Housing Suitability**

COVID-19 cases, area-based groups by percent of household crowding (sporadic cases up to June 18)



17



### **COVID-19 Case Rates and Racial Groups**

Percentage of select racial groups in areas with a high COVID-19 case rate compared to areas with a low case rate

| Racial Group    | % in areas with a high case rate | % in areas with a low case rate | % in Toronto<br>Overall |
|-----------------|----------------------------------|---------------------------------|-------------------------|
| Black           | 18%                              | 5%                              | 9%                      |
| East Asian      | 4%                               | 21%                             | 13%                     |
| Latin American  | 6%                               | 2%                              | 3%                      |
| South Asian     | 18%                              | 8%                              | 12%                     |
| Southeast Asian | 12%                              | 5%                              | 7%                      |
| White           | 32%                              | 51%                             | 47%                     |

• Black people make up 9% of Toronto's population, but in areas of the city with a high case rate, they make up 18% of the population

#### **TORONTO** Public Health What is Driving These Associations?

#### Current data do not provide evidence for what is driving these associations.

• Research on brand-new virus is in its infancy.

Possible factors, stemming from long-standing systemic inequities:

- Chronic stress and comorbidities
- Higher-risk occupations
- Racism
- Structural barriers to prevention



- Release of individual-level data.
- Exploring a strategy to collect more socio-demographic information.
  - Sexual orientation and gender identity
  - Disability
  - Newcomer status
  - Other priority characteristics
- Community engagement regarding release of Coronavirus Rapid Entry System (CORES) data.
- Knowledge translation with partners on data and actions.



### **Mitigation Strategies**

- Given the findings from these data, Toronto Public Health continues to explore risk-mitigation strategies for groups that are disproportionately affected by COVID-19, including: those who have lower income, racialized groups, newcomers, people in crowded housing, and those who are working in essential occupations.
- Mitigation strategies will include exploring opportunities with City partners, community groups, and partners in other levels of government to further this work.



### **Provincial and City of Toronto Recovery**



#### Key objectives remain the same:

- 1. Prevent Loss of Life
- 2. Preserve the Capacity of the Healthcare System
- 3. Minimize the Social and Economic Impacts

However, the current focus is to adjust the balance among them as we progress through the pandemic from containment to recovery.



### Provincial Recovery Stage 2

#### As of June 24, 2020, Toronto entered Stage 2 in Ontario's 'Framework for Reopening our Province'

- Stage 2 allows more businesses, services, community, recreational and outdoor spaces to open with adherence to public health measures. Some business and service restrictions continue.
- The Provincial decision to move Toronto into Stage 2 was made in consultation with Ontario's Chief Medical Officer of Health and Toronto's Medical Officer of Health based on positive local trends of key public health indicators.
- Toronto joined 31 other public health regions that entered Stage 2 on June 12 and 19, 2020.



### Toronto Public Health's Role in Re-Opening

#### To support re-opening, Toronto Public Health has been:

- 1. Developing public health guidance documents which recommend protocols to safely start or expand business and community operations.
- 2. Working on innovative City initiatives, including ActiveTO, CafeTO, CurbTO and CampTO.
- 3. Engaging in intensive case and contact management, including investigating over 14,000 cases and their contacts.
- 4. Launching and updating the COVID-19 monitoring dashboard to assess key indicator progress to inform re-opening timing and ongoing monitoring.



### **Outbreak Management**

#### To further address the COVID-19 outbreak in Toronto, Toronto Public Health has:

- Developed and deployed CORES to replace the integrated Public Health System (iPHIS).
- Launched a number of pilots to link Toronto Public Health staff to assessment centres and streamline work processes to respond to COVID-19 cases.
- Expanded the use of CORES to institutional cases and we were the first Public Health Unit in Ontario to fully integrate CORES with the province's Ontario Laboratory Information System (OLIS).
- Ongoing recruitment and development of the workforce required for case and contact management.



- As of June 19, the Province of Ontario launched a Case and Contact Management Strategy which includes the anticipated implementation of a new Case and Contact Management information system in July 2020.
- Toronto Public Health has been actively working with the Province on a number of initiatives as a part of their Strategy, which has included providing ongoing advice on their new IT system.
- In addition to the Case and Contact Management Strategy, we continue to promote new approaches to respond to the COVID-19 outbreak and prepare for a potential second wave.



### Recommendations



### Recommendation One: Centralized Volunteer Isolation/Quarantine Centre System (CVIC)

- While suspected cases await COVID-19 test results they are asked to self-isolate, which may be difficult in some households.
- A significant proportion of new cases appear to be transmitted within households.
- Potential limitations, benefits, and best practices of CVICs could be explored further to assess whether they may be a useful additional tool to reduce virus spread.

#### The Medical Officer of Health recommends that the Board of Health and City Council:

1. Advocate to the Public Health Agency of Canada, Public Health Ontario and the Ministry of Health to support work being done 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.



 Toronto Public Health will build on efforts to-date that support physical activity, exercise, and physical distancing, while also mitigating the social consequences of limited access to safe outdoor spaces as re-opening gradually progresses.

#### The Medical Officer of Health recommends that the Board of Health:

2. Request the Medical Officer of Health to continue working with Transportation Services on the ActiveTO program, in particular to support vulnerable individuals and communities who have limited access to space for physical activity.



 Toronto Public Health continues to gather and analyze information to better understand how COVID-19 is affecting vulnerable communities.

#### The Medical Officer of Health recommends that the Board of Health:

3. Request that the Medical Officer of Health 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 Office of Recovery and Rebuild to inform the Recovery Strategy.

### **Internation Four: Social Determinants of Public Health**

- COVID-19 has disproportionately negatively affected vulnerable residents.
- A priority of Toronto Public Health is to develop and support policy development and initiatives that foster equitable health outcomes.

#### The Medical Officer of Health recommends that the Board of Health:

4. Request 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 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.



### Conclusion

- Through the ongoing response to COVID-19, we have continued to refine our approaches and learnings from this unprecedented pandemic.
- While it is not possible to predict when the second wave might occur, we are actively preparing through:
  - Adding staffing resources to case and contact management and other functions
  - Utilizing technology, such as a texting option for reaching COVID-19 cases
  - Piloting an isolation centre through partnerships with the Public Health Agency of Canada (PHAC) and Public Health Ontario (PHO) for evaluation support
  - Preparing guidance for sectors, such as schools and child care centres