



Response to COVID-19: Reopening and Preparation for a Potential Resurgence

Date: September 10, 2020

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

Since January 2020, Toronto Public Health (TPH) and City of Toronto partners have been responding to the COVID-19 pandemic. The number of new COVID-19 cases identified each day had shown a downward trend, but we have now started to observe an increase in the number of cases reported each day.

As the City continues to reopen more businesses and services as part of Stage 3 of the Provincial Recovery Framework, Toronto Public Health will continue working with the Province of Ontario to carefully monitor COVID-19 activity in the community and in institutional and congregate settings. Toronto Public Health staff are prepared to respond quickly when additional cases are observed.

This report is intended to provide an update on COVID-19 response activities, describe scenarios and planning for future events, including a potential resurgence, and provide recommendations to strengthen the response to the COVID-19 pandemic as we move towards fall 2020.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request the Medical Officer of Health work with the Executive Director of Social Development, Finance and Administration, the Executive Director of the Housing Secretariat and the General Manager of Toronto Employment and Social Services to explore how to implement strategies such as those identified in this report, 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.
2. The Board of Health urge the Ministry of Long-Term Care to fund on-site, dedicated infection prevention and control expertise at each long-term care facility and invest in training for existing practitioners to contribute to system-wide improvements related to infection prevention and control.

3. The Board of Health urge the Federal Government to implement a data system that will quickly transmit information about arriving international travellers to local enforcement authorities to support better compliance with the Quarantine Act.

FINANCIAL IMPACT

There are no financial impacts resulting from the adoption of the recommendations in this report.

DECISION HISTORY

On July 26, 2020, the Medical Officer of Health delivered a Supplementary Report to City Council on Establishing a COVID-19 Isolation Site.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL18.1>

On July 2, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on an update regarding COVID-19.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL18.1>

On June 8, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health regarding the City of Toronto's COVID-19 Response and Recovery.

<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.

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

COMMENTS

1. A brief summary of events

The first case of COVID-19 was reported in Toronto on January 25, 2020. By mid-March as local case counts were increasing, the Medical Officer of Health recommended that all non-essential businesses in Toronto close. Shortly after that, on March 23, the Province of Ontario ordered the closure of all non-essential businesses in the Province. On the same day, the City of Toronto declared a state of emergency. On April 1, the Medical Officer of Health issued a class Order under the *Health Protection and Promotion Act* that Toronto's residents infected with COVID-19 and their close contacts must stay home for 14 days. On April 2, Mayor Tory signed an emergency order requiring physical distancing in Toronto's parks and public squares. An expanded list of events can be found in Attachment 1.

2. Public Health Actions

Case and Contact Management

Case and contact management is a regular part of Toronto Public Health's work on controlling infectious disease in the city. During the COVID-19 response, this work has meant identifying and contacting each person who is confirmed to have COVID-19 or has been a close contact of someone with COVID-19. The team at TPH then supports the person by providing advice on self-isolating appropriately, accessing testing or medical support (as required) and any other supports as needed. Case and contact tracing is one of the most important aspects of TPH's response to COVID-19.

Case management performed in a timely manner provides an effective framework for the public health investigator to ensure timely disease identification (is this person a case – referring to a case definition), case investigation (how did this person get the disease and why), identification of contacts (who might be next to get infected) and treatment initiation, if applicable. The management of the case can also involve adherence to interventions (quarantine, testing, treatment etc.) and retention in care/management as well as stopping disease transmission (through contact tracing).

Contact tracing is an additional intervention after case management. It consists of identifying contacts of each case that have various levels of risk of exposure, implementing rules based follow-up of the contacts, notifying them of this exposure and evaluating each for their likelihood of infection. Each contact is evaluated for their need for an intervention such as quarantine, testing or post-exposure prophylaxis (possible vaccination or medication) or a combination of all of these.

Toronto Public Health's case and contact management function has been expanded, building up to a staff complement of 680 at the peak. The existing provincial information system proved inadequate and was replaced by Toronto's own data entry system, called the Coronavirus Rapid Entry System (CORES). This was subsequently upgraded to include cases from institutional settings and to be integrated with the Ontario Laboratory Information System. In addition to this data entry system, the Federal Government, in partnership with the Province of Ontario, has launched the COVID Alert application for smartphones. Once downloaded, the app has the ability to support fast and effective case and contact tracing by securely storing information on proximity to other users of the app in order to facilitate recall of contacts for the purposes of case and contact management.

From May to July, 2020, TPH worked with the University Health Network and the Michael Garron Hospital COVID-19 Assessment Centres on pilot projects to test alternative methods for receiving positive lab results directly from the Centres. The aim of each of the pilot projects was to meet or exceed the Provincial target of reaching 90 percent of positive cases within 24 hours and to test the effects of introducing alternate processes for both TPH and the Assessment Centre.

Toronto Public Health is moving forward with opening a centralized volunteer isolation/quarantine site following approval from City Council on July 28 and 29, 2020, with support from the federal government and the Public Health Agency of Canada (PHAC). This isolation site is planned to be opened in September 2020 and is intended

to provide a safe isolation space for people with COVID-19 or people who are at high risk of COVID-19 infection, in circumstances where they cannot adequately self-isolate at home. This is particularly important to further mitigate the spread of the virus because transmission amongst household contacts is known to be one of the most common ways that the virus is spread in the community.

Guidance

Toronto Public Health has developed and disseminated guidance documents which elaborate upon and interpret provincial orders. There are three general documents (businesses, City services and the voluntary sector), and 31 sector or setting-specific documents. These are all updated as necessary.

Toronto Public Health also runs a COVID-19 hotline. The hotline receives calls from people and provides advice and guidance to people about COVID-19. The service can be provided in multiple languages and helps ensure people are getting accurate and timely information.

Local Measures

On June 11, 2020, the Toronto Transit Commission (TTC) introduced a bylaw requiring the use of non-medical masks or face coverings on its premises. On June 30, 2020, the City enacted a temporary bylaw requiring the use of masks in all public indoor spaces. July 29, 2020, the City required masks in all common areas of apartments and condominiums and amended the licensing bylaw to build upon the Stage 3 reopening requirements for restaurants and bars by adding provisions for a cap on total size and mandated the seating of patrons for service.

Epidemiology

In collaboration with other Greater Toronto and Hamilton Area (GTHA) health units, TPH has developed the COVID-19 Monitoring Dashboard. This summarizes the current local status using a core set of indicators and targets in four areas: virus spread and containment; laboratory testing; healthcare system capacity; and public health system capacity. TPH has consistently met the targets for public health system capacity for several months. The Dashboard has been endorsed by Medical Officers of Health across Ontario.

The epidemiology team at TPH has supplied information for the COVID-19 Monitoring Dashboard and has analyzed the progress of the pandemic in a variety of ways. Epidemiologic key findings of Toronto's first wave of COVID-19 can be found in Attachment 2. On July 30, 2020, TPH released initial findings from individual-level data collection, which began on May 20, 2020, on reported COVID-19 infection by ethno-racial group and household income. The findings are available and are updated regularly on TPH's COVID-19 status of cases in Toronto web portal. TPH is also working closely with City Divisions and community organizations to build capacity to interpret and use COVID-19 data to support individuals who have been disproportionately impacted by COVID-19. See Attachment 3 for further detail on initial findings. Initial analysis has confirmed the extent of poor outcomes across equity

seeking groups. Collection and further analysis, including multivariate analysis will continue.

Advocacy

Toronto Public Health has advocated with the Province for measures which will facilitate the work of public health across Ontario, and for those policies which will best meet the particular needs of Toronto. These have included additional preventive measures for restaurants and bars, improved wording for several orders, improved procedures for the formatting and transmission of test results from laboratories, additional measures for schools, and a regional approach to progression to Stages 2 and 3.

Toronto Public Health has been working closely with the Government of Ontario on appropriate screening and referral policies for those who are screened or tested for COVID-19, including increased testing done by mobile testing units in geographic areas with higher COVID-19 activity. Additionally, TPH is advocating with relevant federal partners to ensure timelier sharing of accurate information on recently arrived travellers and better enforcement of quarantine orders.

Enforcement

Toronto Public Health has been involved in the enforcement of many of the COVID-19 measures, in collaboration with Municipal Licensing and Standards, Toronto Police Service and the Alcohol and Gaming Commission of Ontario.

Critical Public Health Services

Toronto Public Health has put plans in place to ensure that we can continue to provide the most critical public health services which include: Environmental Health Risk Assessment; Inspection and Investigation; Food Safety; Vector borne illness; Communicable Disease Notification Unit; Communicable Infectious Disease Infection Control; Sexual Health Clinics; Sexually Transmitted Infections; Tuberculosis Program; Harm Reduction Services; Sexual Health Information Online Ontario; Emergency Dental Services; Toronto Drug Strategy; and Child Health & Development: General and Early Abilities.

3. Preparations for a future COVID-19 resurgences

The term “second wave” is being widely used, but a resurgence of cases may take one of several forms:

Scenario 1 - Peaks and Valleys: a series of small waves that occur throughout the summer and into the fall, then recurring over a one-year period or longer and gradually diminishing thereafter. The occurrence of these waves may vary geographically and may depend on which public health measures are implemented. This scenario could require a periodic reinstatement and relaxation of public health mitigation measures.

Scenario 2 - Large/Primary Peak: a large wave in the fall of 2020 or winter of 2021 and one or more smaller subsequent waves in 2021. This pattern will require the

reinstitution of mitigation measures throughout the fall of 2020 and/or winter 2021 in an attempt to reduce the spread of infection and prevent healthcare systems' capacity from being overwhelmed.

Scenario 3 - Slow Burn: a “slow burn” of ongoing transmission and case occurrence, but without a clear wave pattern. This third scenario may or may not require the reinstitution of mitigation measures, although cases and deaths will continue to occur.

It is also possible to have some combination of the scenarios.

There is also a range of possibilities for the exact form, and for the initial response to a resurgence. A low level of sporadic cases and small outbreaks would be met with timely case and contact management. Larger outbreaks – in workplaces or congregate settings – would require both case and contact management and possibly closure of the specific locus of the outbreak, or even additional mitigation measures or closures of similar settings. A large, true second wave, would require, on a regional or provincial level, the re-introduction of closures or mitigation measures. This would resemble a reversion to an earlier stage of the provincial framework, but would likely differ somewhat in the details.

Goals:

Throughout the pandemic, the goals of TPH's response have been to:

- Minimize loss of life
- Conserve the capacity of the healthcare system
- Minimize adverse effects on our economy and our general health, well-being and quality of life

These will continue to be the goals during the second wave.

Strategies:

- Focus on higher-risk settings and neighbourhoods and support vulnerable populations
- Enhanced case and contact management and testing
- Adjustment of preventive measures as the situation evolves

There must also be efforts directed towards key enabling functions, including strengthening stakeholder relations, obtaining timely acquisition of data (including surveys) and evidence to support decisions, advocacy to the Province and Federal governments and communications.

Surveillance and further in-depth analysis of data is being used to identify environments and activities that are linked to greater risk. Surveys and consultations are used to understand public behaviour and the acceptance of public health measures, as well as to further develop tailored responses to meet the needs of marginalized communities, including those related to social determinants of health. Multi-lingual outreach workers

are being employed by TPH to increase awareness and understanding of COVID-19 and to enhance the health promotion capacity of community agencies.

Toronto Public Health is exploring the feasibility of syndromic surveillance for higher-risk settings (bars, restaurants, schools, colleges/universities and high-risk workplaces). Restrictions on activities at bars, restaurants and social gatherings, together with enforcement, will be introduced as necessary.

Toronto Public Health continues to collaborate with Ontario Health and health system partners to protect residents and staff of long-term care homes (LTCHs), and is reviewing the readiness of LTCHs to identify vulnerabilities and initiate supportive actions. TPH is developing additional staff to participate in outbreak response and provide support for infection prevention and control.

Toronto Public Health is increasing support for schools by providing training to school staff to promote Infection Prevention and Control (IPAC) measures, public health messaging and mental well-being; supporting outbreak management, facilitating the planning process for testing, and providing rapid assessment and response to illness. This additional support to focus on schools will be provided in part, through a Ministry of Health initiative.

Enhancements in case and contact management include a transition to the new provincial IT system (CCM-Salesforce); better utilization and marketing of the Contact+ system, which is a function on the provincial website where people can access their COVID-19 test results and provide their demographic and other information to investigators to facilitate case management; collaboration with other health units to provide or receive surge capacity to manage cases and contacts; and collaboration with Local Health Integration Network (LHINs) to access surge capacity. The new COVID Alert app is expected to assist in identifying contacts, and its use is being encouraged. Planning is being undertaken to prioritize resources during periods of intense viral activity in order to achieve maximum impact with the resources available.

The Toronto Volunteer Isolation Centre will support effective quarantine and will mitigate issues related to crowding within the household.

Toronto Public Health will continue to collaborate with community agencies to promote pop-up or mobile testing and COVID-related education through community engagement.

In the event of multiple outbreaks of significant size, public health measures may be introduced or re-introduced. This may be achieved through orders under the Health Protection and Promotion Act. Widespread increases in case numbers may require action by the provincial government, and this will be undertaken in consultation with other Medical Officers of Health.

The fall will bring with it the need to prepare for the influenza season. TPH is mandated to conduct surveillance, promote and provide provincially-funded immunization for the general public and priority populations, provide information and education to the public, promote the uptake of the vaccine by healthcare workers, and investigate cases and

outbreaks. The vaccine will be available in some primary care offices, workplaces, pharmacies and public health clinics.

As the flu will not be easily differentiated from COVID-19, it has the potential to cause confusion, and its impact on the healthcare system presents an additional risk to its capacity. In conjunction with the province and healthcare partners, TPH will therefore be reinforcing messages of the importance of influenza immunization and striving to increase access and uptake.

In the longer term, TPH will be involved in the delivery of COVID-19 vaccine. The federal government is in the process of signing contracts with vaccine manufacturers. In preparation for this possible development, TPH's mass COVID-19 immunization program planning is underway in order to support delivery and administration of a vaccine as quickly as possible. More information about TPH's plan for resurgence can be found in Attachment 4.

Advocacy and Working with Provincial and Federal Partners

Toronto Public Health is committed to working closely with Provincial partners on a variety of measures to improve the local response to COVID-19. These include ongoing work with the Province to improve laboratory reporting turnaround times. This is a key indicator for contacting individuals with COVID-19 and their close contacts to support self-isolation and virus containment.

In the summer of 2020, the Province announced the implementation of a new Provincial Case and Contact Management system and is requiring that all local public health units (PHUs) adopt its usage. It is essential for this system to have comparable functionality to the newly implemented CORES system, developed by TPH, prior to transitioning to the new Provincial system.

Toronto Public Health continues to work with the province to improve the turnaround time for laboratory tests and to explore new testing technologies, improved means of transferring information, and, most importantly to develop a clear testing strategy aimed at suspected cases, contacts and high-risk/high-need situations, rather than undifferentiated testing of low-risk populations. There should also be advocacy for proactive mobile testing at schools.

Toronto Public Health continues to work with the Ministry of Health and GTHA health units to develop objective criteria for various kinds of actions during a resurgence.

Toronto Public Health continues to work with others within City government and with Public Health Ontario to ensure that there is coordination of work in knowledge synthesis and jurisdictional scans, with the aim of systematically identifying the priorities for accessing existing evidence reviews, undertaking and commissioning evidence reviews, and identifying priorities for primary research. Primary research might be conducted through the Ontario Health Data Platform. Reviews might be undertaken internally (particularly jurisdictional scans), by Public Health Ontario, the Evidence Synthesis Network or the National Collaborating Centres for Public Health. Links should also be established with the new Science Table and the Research, Analysis and

Evaluation Branch at the Ministry of Health, and collaboration with universities and colleges, within established agreements, should be continued.

It will be important for TPH to proactively work with Public Health Ontario and the Ministry of Health to identify opportunities to rapidly shift to new approaches as we learn more about COVID-19. For example, this could include shifting from a broad case and contact management strategy where every case is followed-up to a more targeted approach where follow-up is focused on high-risk cases based on agreed-upon criteria. In addition, it is important to determine the suitability of implementing broad public health measures versus targeted measures that are setting-specific.

As well, given the challenges during wave one related to maintaining infection control and prevention support in the LTCH home sector, it is important going forward to ensure adequate resources are in place for LTCH's to implement effective infection prevention and control measures. While LTCHs are mandated to provide on-site infection control it is challenging for homes to ensure that there are dedicated staff to provide this function. It is recommended that the Board of Health urge the Ministry of Long-Term Care to provide resources to increase infection control capacity so that LTCHs can provide strong on site infection control expertise. This can be accomplished by training existing staff or by adding additional staff in order to contribute to system-wide improvements related to infection control within each site.

At a federal level, there exists a significant delay between the time a returning traveller provides destination information to the Canada Border Services Agency (CBSA) and its subsequent transfer to PHAC. This prevents timely enforcement of the Isolation Order by appropriate bodies including, Toronto Police Service. There exists opportunity for e-solutions to improve timeliness and result in improved ability for local enforcement to gain compliance with the Isolation Order. It is recommended that the Board of Health urge the Federal Government to utilize a data system that will quickly transmit information about arriving international travellers to local enforcement authorities to support compliance with the *Quarantine Act*.

Communications Planning

Toronto Public Health's communication plan in preparation for and including a potential second wave will include: regular press conference briefings from the Medical Officer of Health; publicly releasing COVID-19 outbreak statistics and COVID-19 monitoring dashboard metrics; sector-specific guidance and advice for infection prevention and control in different public and private settings; and, infection prevention recommendations for individuals on the TPH COVID-19 response website.

Public health communications will continue to include up-to-date evidence that informs easily understood advice, guidance and protocols that are reasonable and trusted. This is the cornerstone of TPH's COVID-19 response.

In the longer-term, there are a number of actions and policies to consider in order to address systemic barriers and for people who are at higher risk of COVID-19 infection. For example, TPH will work with the Social Development, Finance & Administration Division (SDFA) to advance innovative policies that address the social determinants of health and health inequities, such as a universal basic income pilot. Toronto Public

Health will continue to work with the Housing Secretariat on the HousingTO: 2020-2030 Action Plan, which aligns with other City policies such as the Poverty Reduction Strategy, Resilience Strategy, and the Seniors Strategy, to address immediate and long-term challenges to those at higher risk of COVID-19. Lastly, TPH will work with the City of Toronto's Confronting Anti-Black Racism Unit on how learnings from COVID-19 epidemiological analysis might be applied to Toronto's Action Plan to Confront Anti-Black Racism.

4. Conclusion and Next Steps

Toronto Public Health is committed to evaluating and developing innovative and effective strategies, processes, and partnerships to address the challenges that are likely to arise during a resurgence. As the spread of the virus is mitigated through public health measures and economic and social activities are kept as safe as reasonably possible, Toronto's residents and businesses will adapt to living with COVID-19. However, TPH will remain active in the COVID-19 response until such a time when a safe and effective COVID-19 vaccine becomes available and is widely delivered locally. While suggestions have been made that a viable vaccine may be available in several months, a more reasonable date to expect a vaccine is the second half of 2021.

On July 2, 2020, the Toronto Board of Health requested the Medical Officer of Health to consult with groups that have been disproportionately affected by COVID-19, identify the detailed impacts experienced by these groups, and recommend actions to reduce these impacts. Toronto Public Health has now completed focus group sessions with the City's COVID-19 Cluster Tables and the data are currently being analyzed. A report of consultation findings will be provided to the Board in October.

CONTACT

Gayle Bursey, Director, Strategy and Preventive Health, Toronto Public Health,
416-338-0661, gayle.bursey@toronto.ca

SIGNATURE

Dr. Eileen de Villa
Medical Officer of Health

ATTACHMENTS

Attachment 1: COVID-19 Timeline of Events

Attachment 2: Epidemiologic Key Findings of Toronto's First Wave of COVID-19

Attachment 3: Support for Vulnerable Populations during COVID-19 Pandemic

Attachment 4: TPH Planning for Resurgence of COVID-19

Attachment 1: COVID-19 Timeline of Events

Milestone	Date
Confirmation of Human to Human COVID-19 transmission	January 20 th , 2020
WHO Declaration of Pandemic	March 11 th , 2020
WHO Declares Public Health Emergency of International Concern (PHEIC)	January 30 th , 2020
US declares National Emergency	January 31 st , 2020
US Travel Ban – China	February 1 st , 2020
First Toronto Confirmed Case (also first in Canada)	January 25 th , 2020
US Travel Ban - Europe	March 14 th , 2020
Child Care Centre Closures	March 13 th , 2020
School Closures	March 12 th , 2020
Restriction on Gatherings above 250	March 13 th , 2020
Closure of Businesses	March 23 rd , 2020
Class Order Issued	April 1 st , 2020
Naming of New Virus (SARS-CoV-2) and Disease (COVID-19)	February 13 th , 2020
CORES launched	April 16 th , 2020
Directives to LTCH restricting staff to working in one place only	April 15 th , 2020
Declaration of Emergency (Ontario)	March 17 th , 2020
Mask By-law passes	June 29 th , 2020
Stage 1 Re-opening	May 19 th , 2020
Stage 2 Re-opening	June 24 th , 2020
Stage 3 Re-opening	July 31 st , 2020
COVID Alert app launched in Ontario	July 31 st , 2020

Attachment 2: Epidemiologic Key Findings of Toronto's First Wave of COVID-19

This attachment provides a summary of COVID-19 epidemiological trends in Toronto and key findings from Toronto Public Health data over the course of the first wave of the COVID-19 pandemic.

This summary includes cases reported to Toronto Public Health between January 1, 2020 and July 31, 2020, the date on which Toronto entered stage 3 of Ontario's re-opening framework.

Key Findings

- The first wave of the COVID-19 pandemic in Toronto was heavily driven by outbreak-associated cases, primarily in long-term care homes, and can be described by two distinct epidemic curves – outbreak-associated cases, peaking in mid-April, which later shifted to community-associated cases, which peaked in May.
- Infection and severe outcomes disproportionately affected older individuals in Toronto, with those over 80 years old accounting for the majority of deaths. This is largely related to the high number of resident cases and deaths observed in long-term care outbreaks – resident deaths in long-term care settings accounted for 67.0% of all deaths during the first wave. In comparison, community-associated cases tended to be younger and less severely impacted, with relatively fewer cases and severe outcomes in children and young adults.
- A disproportionate number of COVID-19 cases were in people who identified with a racialized group and in lower-income households and neighbourhoods. Of the cases with valid ethno-racial data, 83% identified with a racialized group, and of the cases with valid income data, 51% reported living in low income housing.

Attachment 3: Support for Vulnerable Populations during COVID-19 Pandemic

On July 2, 2020, the Board of Health requested 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. In addition, the Board of Health requested the Medical Officer of Health to report back with recommendations on immediate short-term preventative actions and long-term policy changes to protect those who are at heightened risk of COVID-19 and the implementation of a social needs screening and referral for people screened or tested for COVID-19. Individuals who are at heightened risk of COVID-19 include but are not limited to:

- People with low incomes
- People from racialized communities
- Newcomers to Canada
- People living in housing unsuitable for effective self-isolation; and,
- People working in certain occupations overrepresented in areas with a higher COVID-19 case rate, including sales and service, trades and transportation, and manufacturing.

Data on the City of Toronto's Most Vulnerable Populations

On July 30, 2020, TPH released initial findings from individual-level data collection on reported COVID-19 infection by ethno-racial group and household income. Data collection began on May 20, 2020. The findings are available and are updated regularly on TPH's COVID-19 status of cases in Toronto.

Findings suggest that racialized groups are over-represented in reported COVID-19 cases. The majority (83 percent) of reported COVID-19 cases in the City of Toronto up until July 16, 2020 with valid ethno-racial data identified with a racialized group. This is compared to 52 percent of Toronto's population who identify as belonging to racialized groups, based on the 2016 Census. 71 percent of people who were hospitalized identified as belonging to racialized groups.

Specific racialized groups that are over-represented in COVID-19 cases include:

- **Arab, Middle Eastern, or West Asian people** represent 11 percent of COVID-19 cases, compared to 4 percent of Toronto's population
- **Black people** represent 21 percent of COVID-19 cases, compared to 9 percent of Toronto's population
- **Latin American people** represent 10 percent of COVID-19 cases, compared to 3 percent of Toronto's population
- **South Asian or Indo-Caribbean people** represent 20 percent of COVID-19 cases, compared to 13 percent of Toronto's population
- **Southeast Asian people** represent 17 percent of COVID-19 cases, compared to 7 percent of Toronto's population.

Ethno-racial groups under-represented in reported COVID-19 cases include:

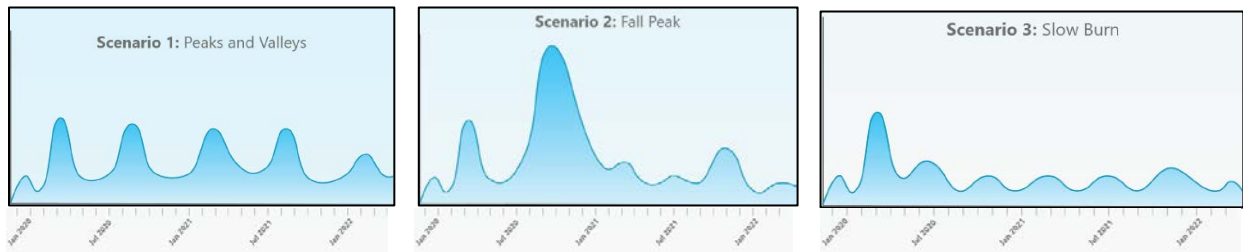
- **East Asian people** represent 4 percent of COVID-19 cases, compared to 13 percent of Toronto's population

- **White people** represent 17 percent of COVID-19 cases, compared to 48 percent of Toronto's population.

People living in lower-income households are also over-represented in COVID-19 cases. Approximately half (51 percent) of reported COVID-19 cases with valid income data up to July 16, 2020 were living in households that could be considered low income, compared to 30 percent of the population of Toronto in 2016 that met that same definition. 60 percent of people who were hospitalized met this definition of lower-income, although it should be noted that those hospitalized represented a very small portion of cases with valid income data (5 percent).

Toronto Public Health will continue to work with the Government of Ontario on appropriate screening and referral policies for those who are screened or tested for COVID-19. This includes increased geo-targeted testing done by mobile testing units in neighbourhoods with higher COVID-19 activity.

Potential Second Wave Scenario Planning



Attachment 4: TPH Planning for Resurgence of COVID-19

Toronto Public Health is actively preparing for a resurgence of COVID-19 cases.

Toronto Public Health (TPH) is building on experiences from the wave one response to actively prepare for, and respond to, future waves including addressing “hot spots” and increases in community spread. Toronto Public Health will strengthen seven key areas:

- Enhance Surveillance
- Strengthen Case, Contact and Outbreak Management
- Strengthen Stakeholder Relationships
- Support Vulnerable Populations
- Strengthen Situational Assessment and Evidence-Informed Decision-Making
- Develop Strong Communication Plans to Support the Ongoing Response and Minimize COVID-19 fatigue
- Prepare, Protect and Engage Public Health Workforce

In addition, Toronto Public Health has undertaken sector-based planning in areas that present a greater risk for disease transmission:

- Long Term Care and Retirement Homes
- Community “Hot Spots”
- Congregate Settings: Shelters
- Workplaces
- Congregate Settings: Child Care Centers
- Congregate Settings: Schools

The sector-based plans will guide the development of more detailed operational plans and introduce new measures that have been planned to support an effective response in a resurgence.

Success during the resurgence response is in part dependent on working collaboratively with partners at the municipal, provincial and federal level. Among the most important examples of advocacy activities include Toronto Public Health continuing to:

1. Engage the Ministry of Health and Public Health Ontario in seeking to reduce the turnaround time for Toronto’s laboratory tests.
2. Engage the Ministry of Health to ensure that the new Provincial health system has comparable or enhanced functionality to the CORES system.
3. Develop with greater Toronto area health units, Public Health Ontario and the Ministry of Health a plan to adjust the Response at various stages of resurgence, including adjustments to focused case and contact management and public health measures. The Plan would be modified iteratively during the Response and would assist health units to be proactive in their approach.