TORONTO
Public Health

Response to COVID-19: Update on Resurgence Presentation to the Board of Health

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October 19, 2020

TORONTO Public Health

SUMMARY OF COVID-19 CASES IN TORONTO

All Cases

Case Count*	24,624
Recovered Cases	20,803
City Incidence Rate per 100,000 People	901
Fatal Cases	1,337
Ever Hospitalized	2,294
Ever in ICU	472

Currently Hospitalized	107
Currently in ICU	26

As of October 18, 2020
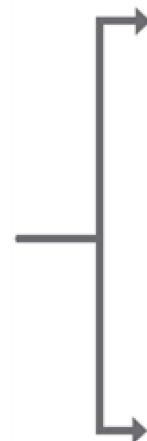
CASES IN THE COMMUNITY	72%
Recovered Cases	15,248
Median Age At Time of Illness	43
Percent Female	48%
Percent Male	51%
Fatal Cases	278
Median Age of Deaths	74

OB ASSOCIATED CASES**	28%
Recovered Cases	5,555
Median Age At Time of Illness	59
Percent Female	62%
Percent Male	36%
Fatal Cases	1,059
Median Age of Deaths	88

*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
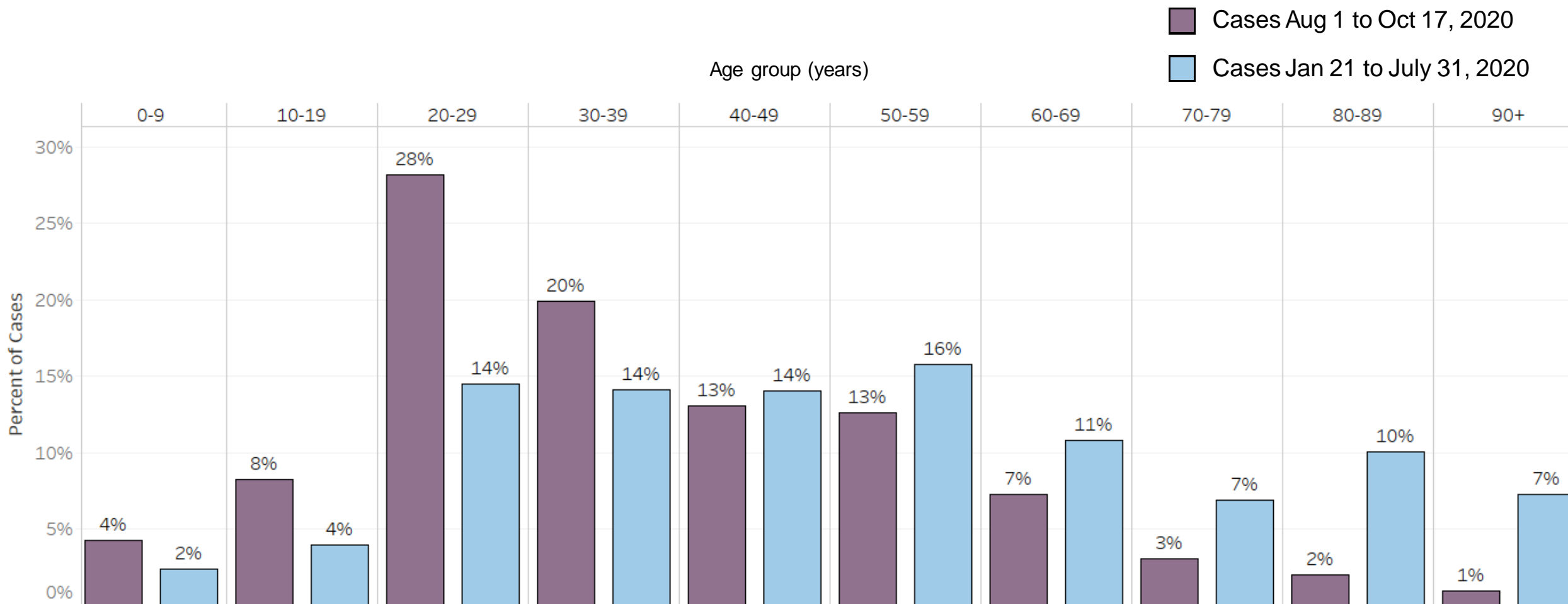�Gender was unknown or other for some cases

2

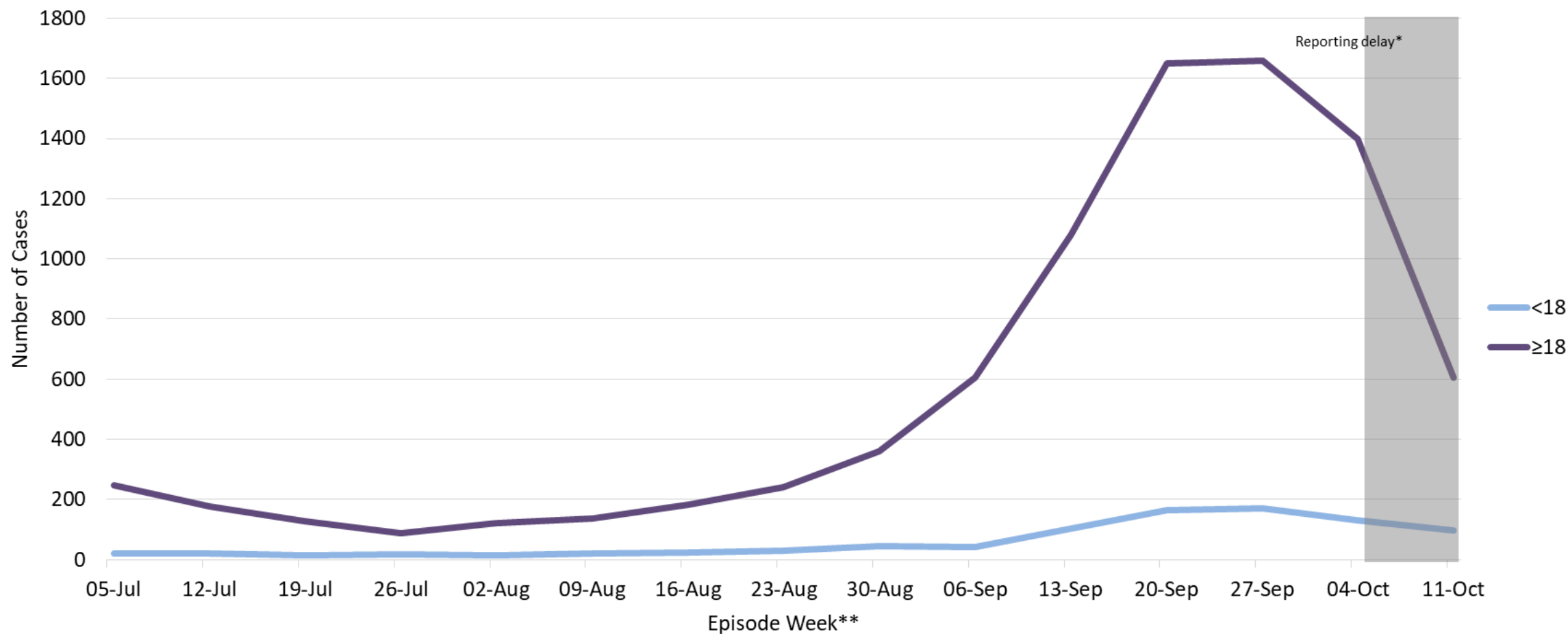# Epidemic curve of COVID-19 cases: Outbreak vs sporadic cases, Toronto
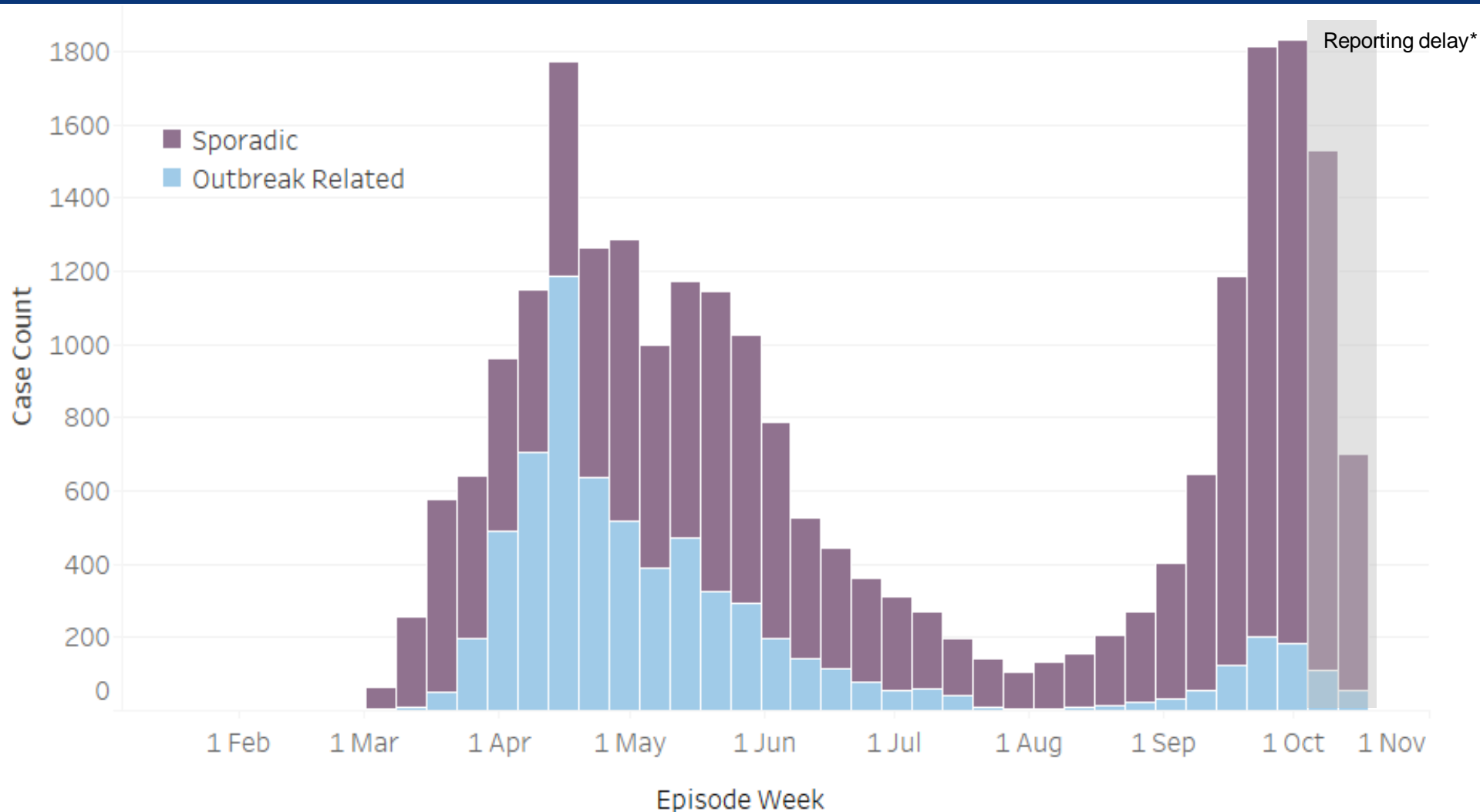
*Interpret case reports for the recent 2 weeks with caution due to reporting delays.
Data sources: Ontario Ministry of Health, Integrated Public Health Information System (iPHIS), Toronto Public Health, Coronavirus Rapid Entry System (CORES), extracted October 17, 2020 (2PM).

3

COVID-19 cases by age group: Initial wave compared to resurgence period, Toronto

Age group (years)

Legend:
- Cases Aug 1 to Oct 17, 2020
- Cases Jan 21 to July 31, 2020

Age group	Aug 1 to Oct 17, 2020	Jan 21 to July 31, 2020
0-9	4%	2%
10-19	8%	4%
20-29	28%	14%
30-39	20%	14%
40-49	13%	14%
50-59	13%	16%
60-69	7%	11%
70-79	3%	7%
80-89	2%	10%
90+	1%	7%

Data sources: Ontario Ministry of Health, Integrated Public Health Information System (iPHIS), Toronto Public Health, Coronavirus Rapid Entry System (CORES), extracted October 17, 2020 (2PM).

4
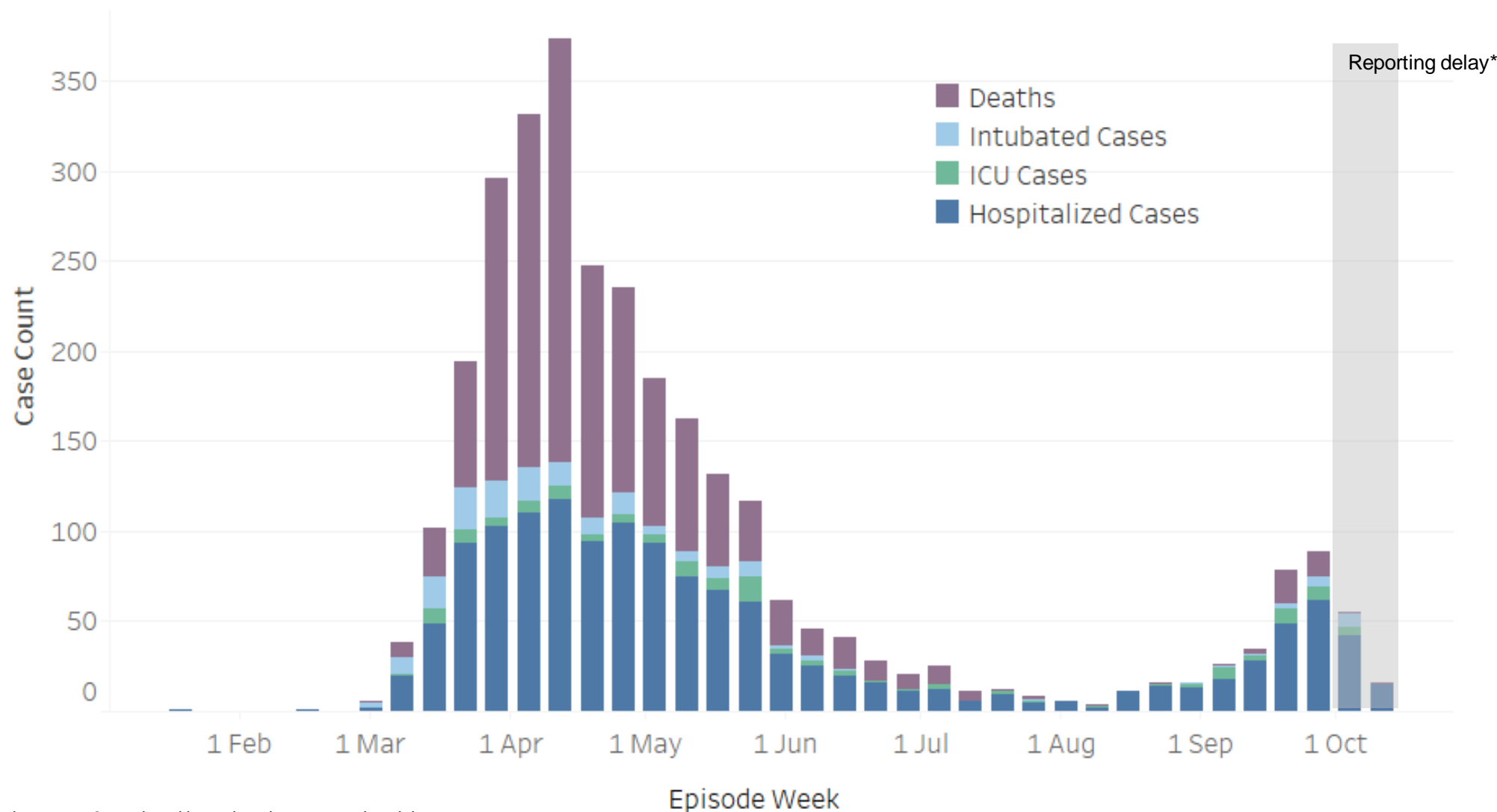
*Interpret case reports for the recent 2 weeks with caution due to reporting delays.
**Refers to first day of episode week.
Data sources: Ontario Ministry of Health, Integrated Public Health Information System (iPHIS), Toronto Public Health, Coronavirus Rapid Entry System (CORES), extracted October 13, 2020 (2PM).
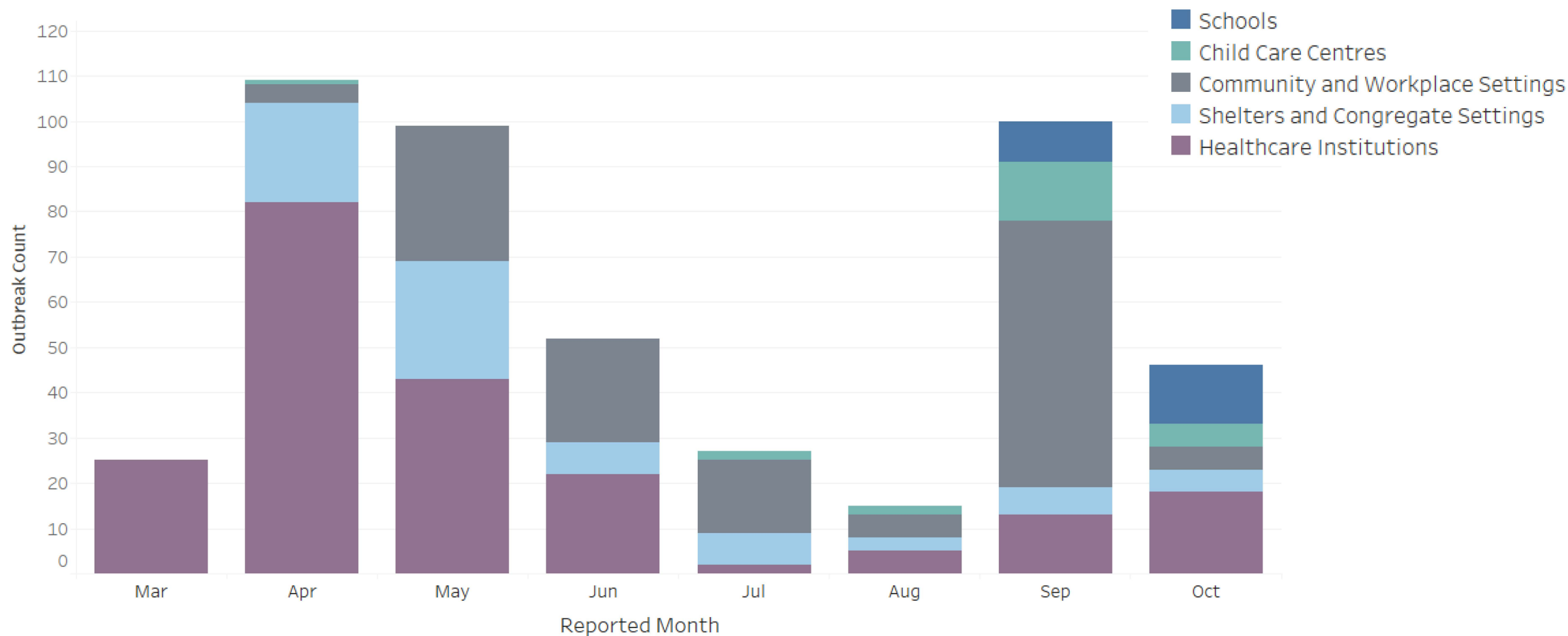
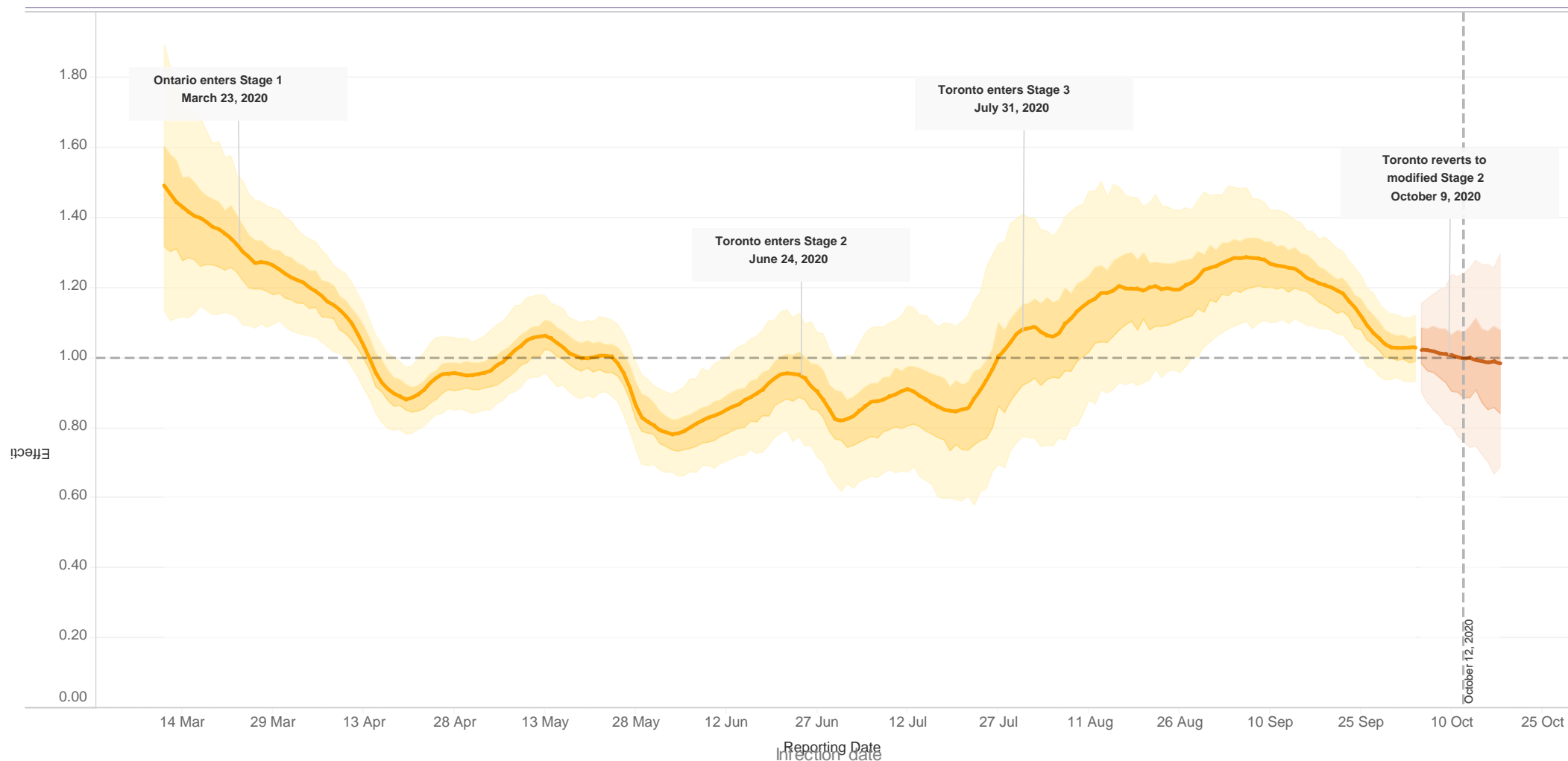# Epidemic curve of COVID-19 cases with severe illness, Toronto

Reporting delay*

Legend:
- Deaths
- Intubated Cases
- ICU Cases
- Hospitalized Cases

Y-axis: Case Count
X-axis: Episode Week (1 Feb, 1 Mar, 1 Apr, 1 May, 1 Jun, 1 Jul, 1 Aug, 1 Sep, 1 Oct)

*Interpret case reports for the recent 2 weeks with caution due to reporting delays.
Data sources: Ontario Ministry of Health, Integrated Public Health Information System (iPHIS), Toronto Public Health, Coronavirus Rapid Entry System (CORES), extracted October 17, 2020 (2PM).

Data sources: Ontario Ministry of Health, Integrated Public Health Information System (iPHIS), Toronto Public Health, Coronavirus Rapid Entry System (CORES), extracted October 17, 2020 (2PM).
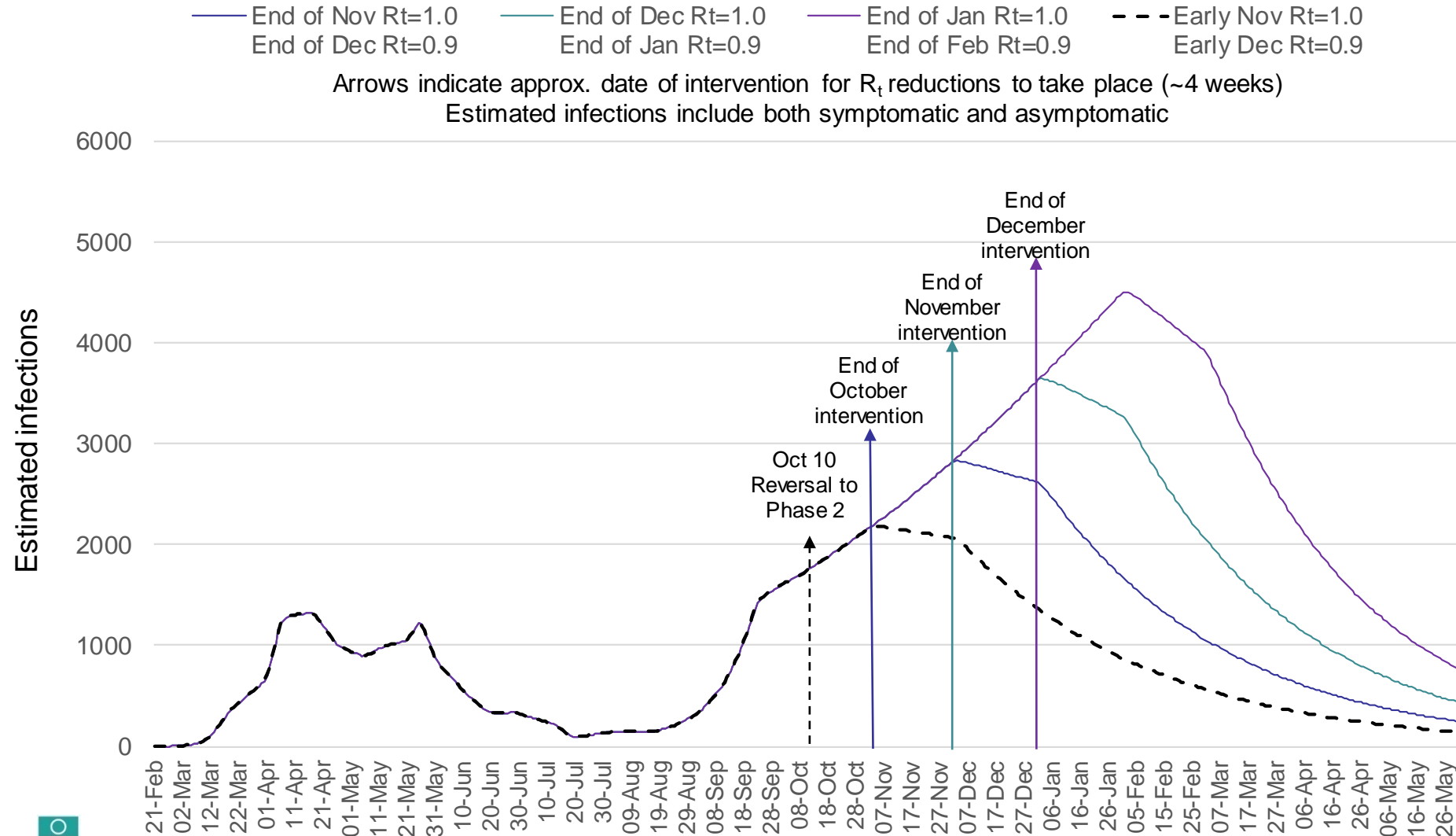
Simulated COVID-19 infections at R_t of 1.1 on Oct 26, 2020, followed by subsequent reductions to R_t of 1.0 and 0.9, Toronto

- Launching Online Survey of Behaviours and Beliefs tied to pandemic

- Initiating work on Case-control study to confirm association between activities/venues and significant risk of infection

- Analyzing anonymous Mobility indicators to better understand impacts of PH measures

THANK YOU

Dana Al-Bargash
Shafquat Arefeen
Anna Arthur
Tamara Augsten
Soraya Blot
Renee Campbell
Liz Corson
Sarah Collier
John Farrugia
Reisha Fernandes
Jenny Gatov
Natasha Gray

Olayemi Kadri
Teresa Leung
Jo Nair
Kelsie Near
Sylvia Ota
Heather Rilkoff
Leslie Shulman
Rebecca Stuart
Dina Tsirlin
Leah Welsh
Shinthuja Wijayasri
Catalina Yokingco
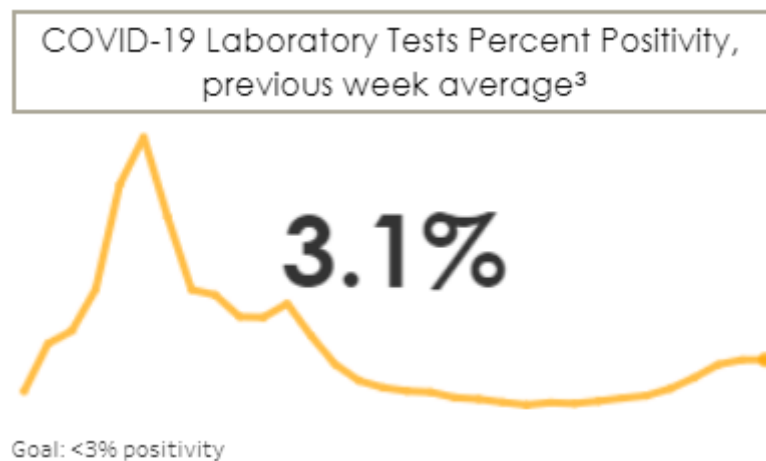
Update on percent positivity

- Percent positivity measures the proportion of individuals testing positive out of the total number who were tested

- Percent positivity is most meaningful when combined with other COVID indicators such as case counts/rates and testing rates.

- In combination with a low testing rate, a high % positivity may signal insufficient testing and/or limited availability of testing.

- An area with high case rates, high percent positivity, and high testing rates suggests a high degree of virus transmission.

13

We have been sharing the overall Toronto percent positivity on our monitoring dashboard.

COVID-19 Laboratory Tests Percent Positivity, previous week average[3]
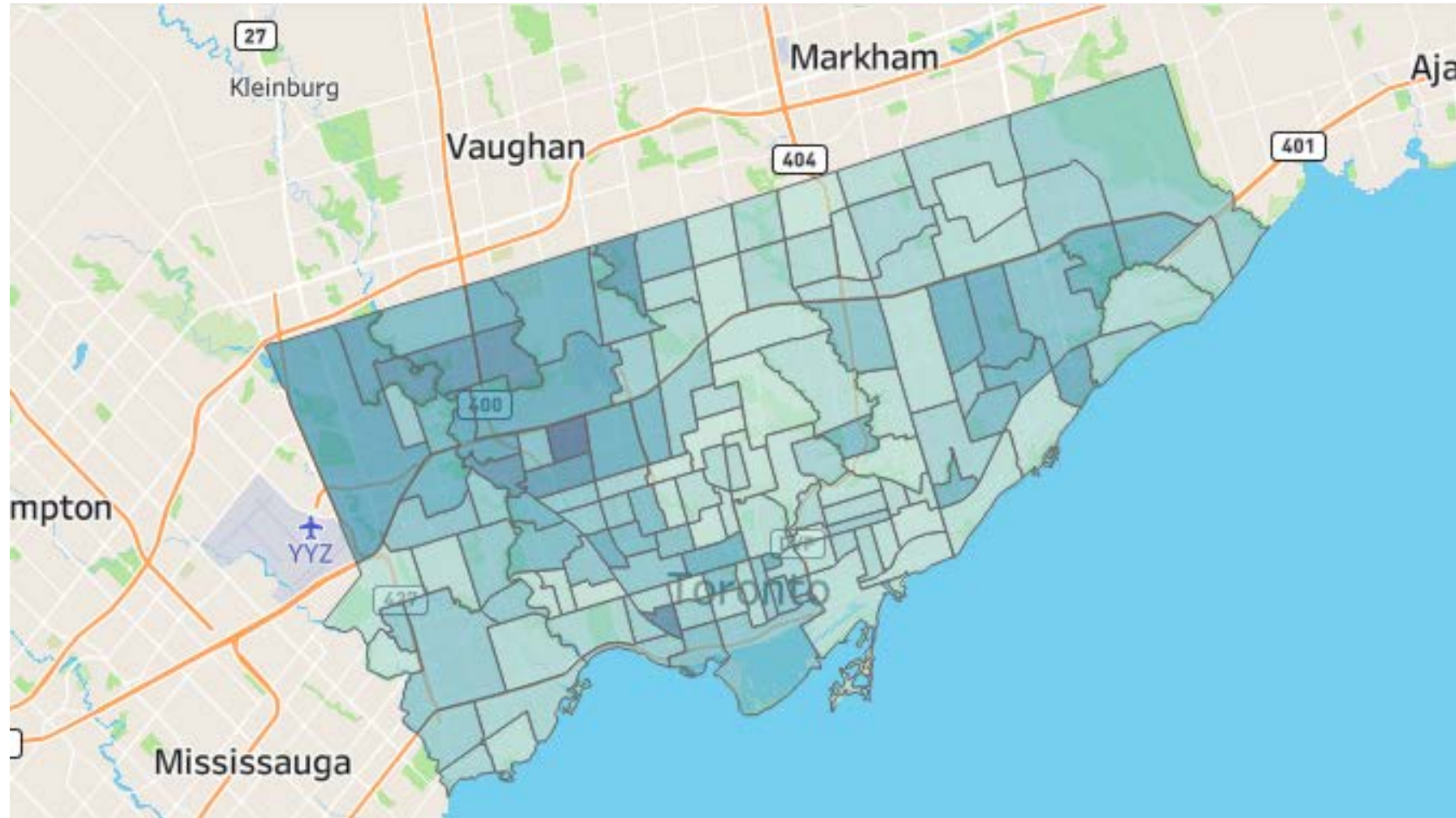
3.1%

Goal: <3% positivity

Map of COVID-19 Percent Positivity by Neighbourhood - Week of October 4, 2020* (Incomplete Data)
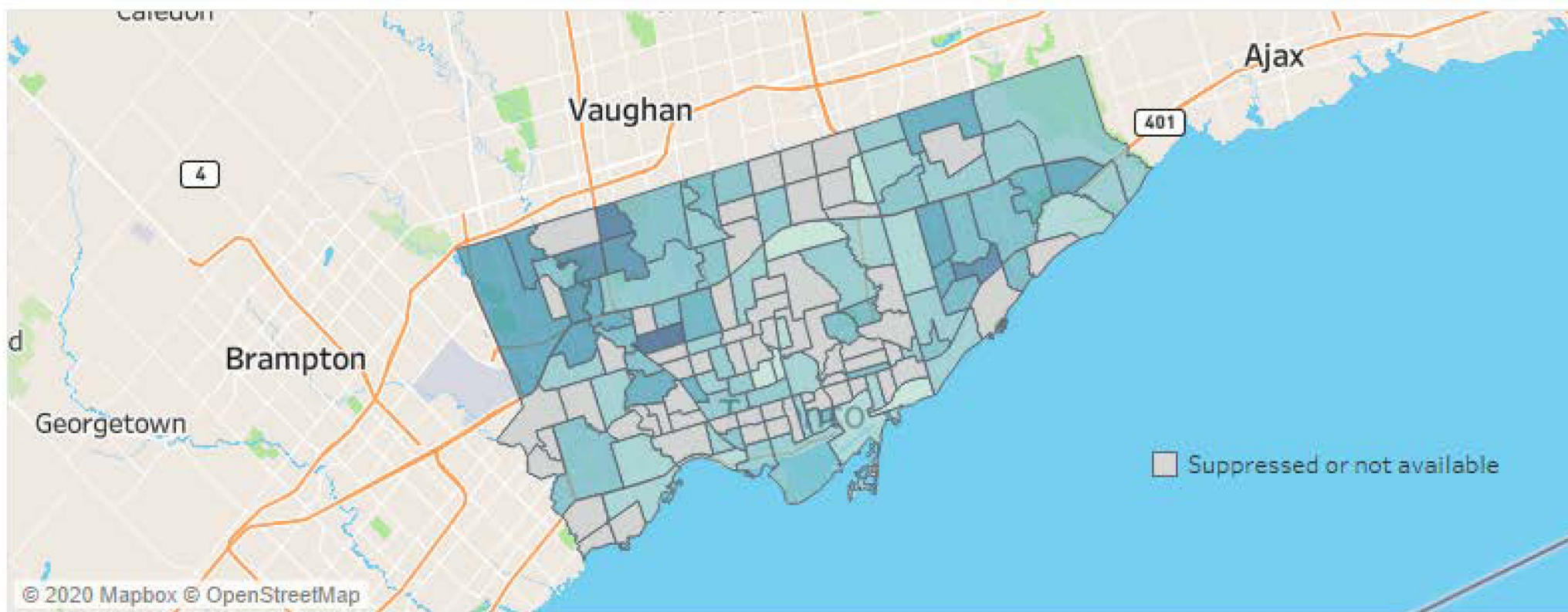
Map of COVID-19 Testing Rates by Neighbourhood - Week of October 4, 2020* (Incomplete Data)
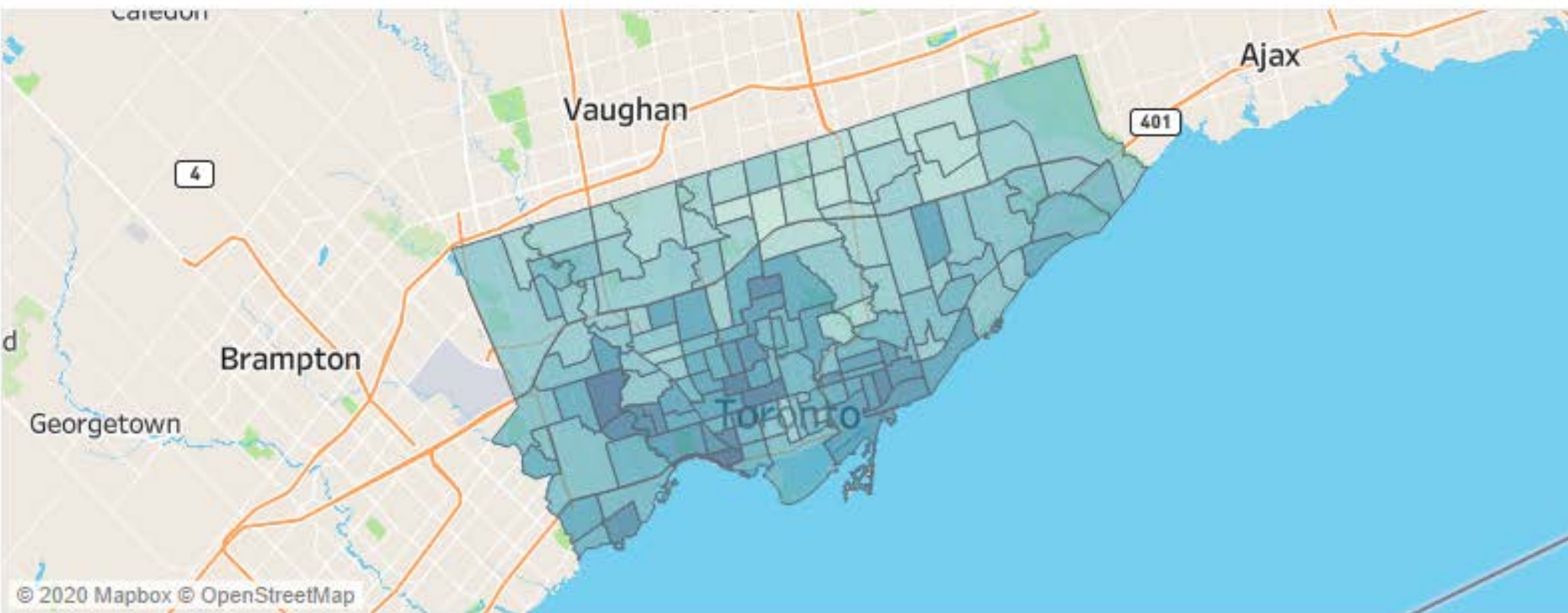
Recent Case Rate (Sept 25 to Oct 15) (rate per 100,000): **191**
Recent Case Count (Sept 25 to Oct 15): **19**
Percent positivity: **14.3%**
Testing Rate: **9.9 tests per 1,000 people**

18

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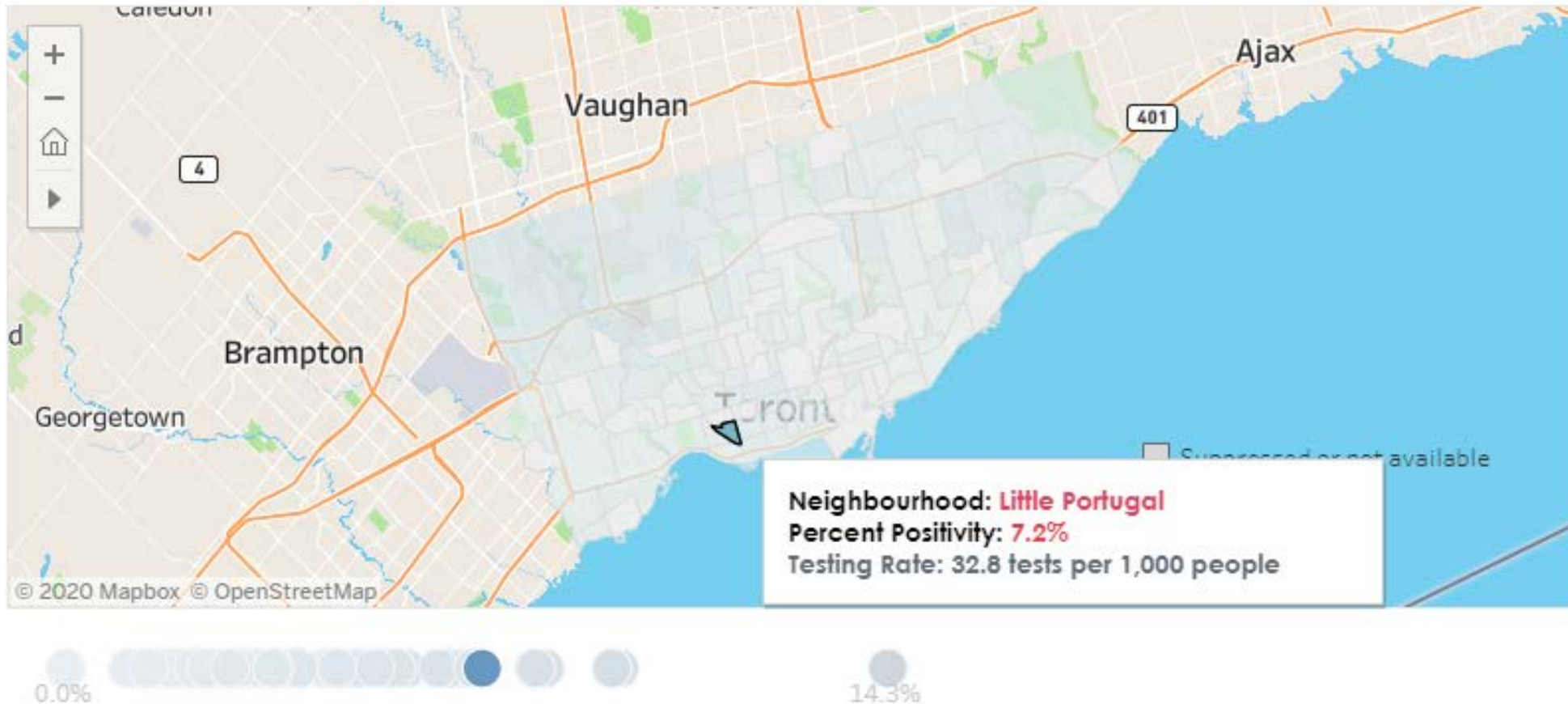
Recent Cases (Sept 25 to Oct 15) (rate per 100,000): **360**
Recent Case Count (Sept 25 to Oct 15): **56**
Percent positivity: **7.2%**
Testing Rate: **32.8 tests per 1,000 people**

19

COVID-19: Status of Cases in Toronto

If you think you have COVID-19 symptoms or have been in close contact with someone who has it, find out if you should visit an **assessment centre** and where to go.

| Daily Status of Cases | Epidemiological Summary of Cases | Neighbourhood Maps | Monitoring Dashboard | Active Outbreaks | Ethno-Racial Group, Income, & Infection |
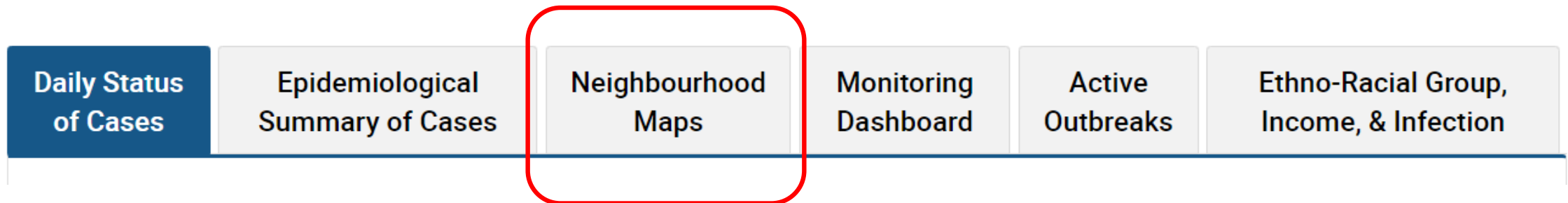
Report Recommendations

Report Recommends

1. City Council and the Board of Health urge the Ontario Ministry of Health to ensure that the new provincial software, Case and Contact Management (CCM), meets all the needs of Toronto Public Health as determined by the Medical Officer of Health and facilitates cluster identification to target interventions and restrictions.

2. City Council and the Board of Health urge the Ontario Ministry of Health to conduct case control studies using the data collected by public health units across the province to inform decision-making through the pandemic going forward.

3. City Council and the Board of Health urge the Federal and Provincial Governments to mitigate the impacts of COVID-19 on groups that have been disproportionately affected by COVID-19 by funding and accelerating the implementation of existing strategies related to the social determinants of health, including affordable housing, eliminating homelessness, poverty reduction, food security, overdose prevention, anti-Black racism, and Indigenous health and well-being, as recommended in Attachment 1.

4. The Board of Health request the Medical Officer of Health to review and action the full set of recommendations in Attachment 1, as appropriate.

Attachment 1
Community Consultation Report

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

- Recommend actions to reduce these impacts

Community Engagement

July and August 2020, TPH conducted a series of consultation sessions with Toronto's 13 COVID-19 Community Cluster tables.

Cluster tables bring together a cross-section of non-profit organizations to identify urgent community needs and coordinate rapid solutions.

Consultations focused on four topic areas:

1. Adverse impacts of COVID-19 on diverse communities in Toronto;

2. Short and long-term solutions to address these impacts;

3. Social needs assessments for those getting COVID tests; and

4. Communicating socio-demographic data in ways that promote action.

What We Heard: Adverse Impacts of COVID-19

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Racism, Poverty & Other Discrimination

Food Security

Inability to afford food

Closure of food programs and inability to go to the grocery store

Poor access to nutritious and culturally appropriate food

Housing

Lack of appropriate and affordable housing

Difficulty paying rent and threat of eviction

Inability to self-isolate in crowded housing conditions

Homelessness

Fear of COVID-19 in shelters

Challenges with distancing and ability to isolate in shelters and encampments

Reduced access to basic hygiene amenities: showers, washrooms, laundry

Income Security

Inadequate income supports

Ineligibility to access financial supports

Fear of or actual job loss

Mental Health & Substance Use

Loss of social connection and supports

Elevated social isolation, anxiety, depression and grief

Increase in drug overdoses

Transportation

Fear of taking public transit and crowding

Far distance from groceries, COVID testing, health and other services

Health Access

COVID info largely in English

Closure of health services

Barriers accessing online info and care

Distrust of healthcare system

Employment Conditions

Greater risk of exposure due to job type

Unsafe work conditions

Precarious work and multiple employers

Limited access to sick days

Child, Youth & Family Support

Lack of learning support and technology

Loss of in-person school and childcare services

Family conflict due to everyone at home and limited recreation

Violence

Greater risk of intimate partner violence, as well as child and elder abuse

Surge in community violence

Limited support/options for those experiencing violence

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1. Create more accessible public health information
2. Build community agency support;
3. Increase community testing and health access
4. Advocate for income supports and eviction protection
5. Support effective isolation
6. Overdose prevention and harm reduction
7. Supporting people experiencing homelessness

1. Comprehensive poverty reduction, including universal guaranteed basic income

2. Safe, high quality, and affordable housing, including supportive housing

3. Food security, including access to healthy and culturally appropriate food

4. Better wages, benefits, and protections for workers, including migrant workers

5. Equity for Black and Indigenous communities, as well as other populations that experience systemic discrimination

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- Collaborate with community organizations and health care partners in developing a "social needs assessment" process with appropriate funding and resources to ensure wrap-around supports

- Continue to release disaggregated COVID-19 socio-demographic data and include information on how the City plans to take action in collaboration with impacted communities

- Conduct additional consultation with the Indigenous Serving Organizations cluster table on the impacts of COVID-19

- TPH resumed collection of individual level SDD as of October 9 (after pausing this on October 2 to address the surge of cases)

- Next refresh of Social Determinants of Health Dashboard will include complete month of data (up until September 30)

Going Forward