TORONTO

REPORT FOR ACTION

Response to COVID-19 - May 2021 Update

Date: April 29, 2021
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

The spread and impact of COVID-19 has never been greater in Toronto, with variants of concern increasing both the risk of transmission and the risk of serious illness or death.

COVID-19 vaccination in Toronto and across Ontario is progressing well however, transmission of the virus is continuing to place significant strain on the healthcare system. Hospitalization rates in Toronto are the highest on record during the pandemic and are expected to increase. Without strengthened public health measures, data analysis and projections indicate it will take until late summer before a significant reduction in new case counts is observed in Toronto. It is imperative that all people in Toronto stay home as much as possible, wear a mask when outside the house and practise physical distancing with anyone not from the same household.

This report provides an update on the COVID-19 pandemic locally and the status of the rollout of COVID-19 vaccinations in Toronto. It also provides an update on how the City's COVID-19 response has included targeted measures for people with disabilities, including responding to outstanding recommendations from the November 2020 meeting of the Toronto Accessibility Advisory Committee.

As directed by the Board of Health in March 2021, this report includes an update on COVID-19 related policies for those who live in long-term care and retirement homes.

As directed by the Board of Health in December 2020, staff have updated the report, "Indirect Impact of COVID-19 and Associated Public Health Measures on the Mental Health and Well-Being of Toronto Residents", with data and research from the remainder of 2020. A summary of the findings is provided below, with a full report in Attachment 1.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request the Ministry of Health, the Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility to consider updating guidance for long-term care and retirement homes to maximize quality of life for residents, where there are high rates of vaccination and where there are appropriate safety measures and conditions in place, to permit additional and fully vaccinated visitors, increase group and social activities, including opportunities for congregate dining, and allow off-site visits for fully vaccinated residents.

2. The Board of Health request the Ministry of Health, the Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility to analyze a wide range of data associated with long-term care homes and retirement homes, to inform future COVID-19 public health measures for residents.

3. The Board of Health direct that this report be forwarded to the Ministry of Health, the Ministry of Long-Term Care, and the Ministry for Seniors and Accessibility for consideration.

4. The Board of Health direct that this report be forwarded to the Toronto Accessibility Advisory Committee for consideration.

FINANCIAL IMPACT

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

DECISION HISTORY

On April 12, 2021, the Medical Officer of Health delivered a presentation to the Board of Health on COVID-19: April 2021 Update.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL27.1

On March 22, 2021, the Medical Officer of Health delivered a report and presentation to the Board of Health on COVID-19: March 2021 Update.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL26.1

On January 18, 2021, the Medical Officer of Health delivered a report and presentation to the Board of Health on COVID-19: January 2021 Update.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL25.3

On December 14, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on COVID-19: Update.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL24.2

On December 14, 2020, the Deputy City Manager delivered a report and presentation to the Board of Health on TO Supports: COVID-19 Equity Action Plan.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL24.1

On November 20, 2020, the Medical Officer or Health delivered a presentation of the Toronto Accessibility Advisory Committee on Toronto Public Health's Response and Efforts Related to COVID-19.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.DI11.2

On November 16, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Persevering through Resurgence. http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.1

On October 19, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Response to Resurgence.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL22.1

On September 21, 2020, the Medical Officer of Health delivered a report and presentation to the Board of Health on the Response to COVID-19: Reopening and Preparations for a Potential Resurgence.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL20.1

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

Status of COVID-19 Epidemic in Toronto

The spread and impact of COVID-19 has never been greater in Toronto, with variants of concern increasing both the risk of transmission and the risk of serious illness or death.

Both Toronto Public Health (TPH) and the Government of Ontario enacted enhanced public health measures to mitigate the risk and spread of COVID-19. These included:

Moving Ontario to Shutdown category

- On April 3, 2021, the Province moved all of Ontario into the Shutdown category of the Reopening Ontario Act.

Moving schools to remote learning

- On April 6, 2021, TPH issued a Section 22 order to move all Toronto schools to remote learning until April 18, 2021.
- On April 12, 2021, the Province announced that all schools in the Ontario would move to remote learning effective April 19, 2021.

Issuing a Stay-at-Home Order and Provincial Emergency

- On April 7, 2021, the Province declared its third provincial emergency.
- On April 8, 2021, the Province enacted a province-wide Stay-at-Home order for four weeks, which closed in-person non-essential retail and restricted residential evictions.
- On April 16, 2021, the Province extended the province-wide Stay-at-Home order for an additional two weeks.

Enhancing provincial public health measures:

- On April 16, 2021, the Province announced additional public health measures would be put in place, including:
  - Limiting inter-provincial ground travel to Manitoba and Quebec;
  - Limiting outdoor gatherings to your household only;
  - All non-essential construction closed;
  - All outdoor recreation (playgrounds and golf) closed; and
  - Enhanced police authority to enforce the stay-at-home order.
- On April 17, 2021, the Province amended the increased public health measures announced on April 16 to permit playgrounds to reopen and limit increased police authority to enforce the stay-at-home order.

Issuing Section 22 Class Order to close workplaces

- April 23, 2021, the Medical Officer of Health issued a Section 22 Class Order under the Health Protection and Promotion Act to close workplaces, or portions of workplaces, for a minimum of 10 days, where five or more confirmed COVID-19 cases are identified within a 14-day period.
- The Order, along with information for stakeholders including a Questions and Answers document, has been posted online: https://www.toronto.ca/home/covid-19/covid-19-what-you-should-do/covid-19-orders-directives-by-laws/

Vaccination Update

The Team Toronto effort is focused on getting as many residents vaccinated as quickly as possible based on available supply.

There continue to be delays in vaccine shipments that have produced vaccine

shortages in Toronto. Some clinics have had to cancel vaccine appointments due to unforeseen vaccine delays. The City continues to work closely with our provincial partners to ensure that as much vaccine as possible is administered in Toronto.

People born in 1961 or earlier, and those aged 50 years or older who live in hot spot postal codes as identified by the province, can book vaccination appointments online or by phone at City-run COVID-19 immunization clinics. Information on how people from the various eligibility categories (as per the province's vaccine prioritization framework) can register for vaccination appointments at City-run and/or partner clinics is available on the City's COVID-19: How to Get Vaccinated webpage.

Team Toronto sprint strategy

Vaccination efforts in Toronto follow the Province's guidance for prioritization of populations, including adults living in COVID-19 Hot Spot Communities. Hot Spots are neighbourhoods identified by the Province with ongoing and historic high rates of COVID-19 transmission, hospitalization and death. These areas were also identified by the province as having populations with risk factors for negative outcomes from COVID-19 infection or structural barriers to accessing vaccination. Some of these risk factors include lower socioeconomic status, a greater concentration of poor quality housing, a greater proportion of racialized people, and a lower rate of education attainment.

Challenges with vaccine supply for Toronto and elsewhere in the province mean that the demand for vaccine is much greater than what is available. As a result, TPH and health sector partners are further prioritizing across the 53 Toronto Forward Sortation Areas (FSAs) that have been identified by the province, to identify those with greatest need for vaccination.

As a result of this review, 13 highest-priority FSAs, that are located in the northwest, centre (Thorncliffe Park) and east (Scarborough) areas of Toronto, were identified in collaboration with health sector partners for an intense focus of vaccination efforts. These 13 FSAs were chosen because they are currently, historically and consistently the hardest-hit areas in the city in terms of COVID spread and have had low vaccine coverage to date. This approach, called a "sprint strategy" is underway now and will continue over the last two weeks of April. TPH expects that the ability to focus on other FSAs will expand as vaccine supply allows and as further progress is made in vaccinating individuals in the highest priority communities in Toronto.

Vaccine Confidence

The City of Toronto is strongly encouraging any resident who is hesitant about vaccination to find a trusted healthcare expert to build confidence in vaccination. The City also has a number of resources, including a series of virtual town hall meeting recordings, about vaccine safety, science and history, on the COVID-19: Benefits of Getting Vaccinated webpage.

Enhanced mobile clinics

The City of Toronto, in collaboration with Ontario Health Team partners and under the

leadership of the Sunnybrook Centre for Prehospital Medicine and TPH, has significantly expanded mobile vaccine team capabilities by staffing new mobile clinic teams with Toronto Paramedics and Firefighters.

Toronto Paramedics and Firefighters are working with partner physicians and healthcare professionals to attend locations across Toronto to operate mobile COVID-19 clinics. The teams leverage the clinical expertise of Paramedics and healthcare professionals, who serve as vaccine loaders and immunizers, while Firefighters manage logistics, client screening, registration and after-care support.

The responsive teams are part of the City's enhanced supports for individuals experiencing homelessness and living in high-priority congregate settings, including shelters, drop-in sites and encampments. TPH will deploy the teams to locations that have been identified by Ontario Health Team partners based on prioritized risk and vaccine availability. The program responds directly to the need for different solutions in order to serve different populations.

Expanded age eligibility for AstraZeneca COVID-19 vaccine

On Tuesday, April 20, 2021, the Province began offering the AstraZeneca COVID-19 vaccine to individuals aged 40 years and over at pharmacy and primary care settings across Ontario.

Toronto's Accessibility Task Force on COVID-19 Vaccines

On April 14, 2021, Mayor John Tory announced the formation of Toronto's Accessibility Task Force (ATF) on COVID-19 Vaccines to provide advice on enhanced support and access to the COVID-19 vaccine for people with disabilities. The ATF was created as part of the City of Toronto's COVID-19 Immunization Task Force (ITF) outreach efforts and TO Supports: Targeted Equity Action Plan and is a collaboration between the City and community partners. Given the high risks associated with COVID-19 for people with disabilities, the ATF is set to make recommendations to immediately reduce the number of COVID-19 cases and effectively address issues around accessibility.

The ATF builds on the City's work to support access to vaccines for persons with disabilities through a $125,000 grant to the Centre for Independent Living in Toronto, which was announced on March 31, 2021.

Task Force members include Wendy Porch, Executive Director, Centre for Independent Living in Toronto (CILT) as Chair, and experts from Ontario Health Teams, CAMH, Miles Nadal Jewish Community Centre, North Yorkers for Disabled People, PACE, Reena, Safehaven Project for Community Living, Spinal Cord Injury Ontario, Surrey Place, Unity Health Toronto and Vibrant Healthcare Alliance.

The ATF met in late March and outlined their objectives to:

- Make recommendations to effectively close equity gaps in current vaccine planning and increase vaccination rates among people with disabilities and their caregivers;

- Share knowledge about COVID-19 infection risks and measures that reduce risks, and enhance testing and safety practices across disability communities; and
- Identify, review and address concerns with COVID-19 vaccines and barriers to accessing the vaccine.

The ATF has made two initial recommendations:

> 1. To immediately prioritize people with disabilities who rely on daily service provision or who reside in congregate care settings in the vaccine roll-out; and
> 2. That the City's vaccine roll-out partners work with supportive housing and developmental service providers to immediately establish priority days for client vaccine bookings, identify mobile/outreach teams and provide vaccines directly to qualified agencies.

In response to the recommendations, TPH is now registering clients for immunization in partnership with task force member agencies, with plans to establish such processes and systems in all areas of the city.

The Task Force may expand its membership to ensure all disabilities are represented to help the City effectively respond to the unique needs and vulnerabilities of disability communities. Public virtual town halls are being planned for late April/early May.

More information about Toronto's Accessibility Task Force on COVID-19 Vaccines is provided in the Toronto Accessibility Task Force backgrounder, posted online.

Toronto Accessibility Advisory Committee Recommendations

On November 20, 2020, the Medical Officer of Health delivered a presentation to the Toronto Accessibility Advisory Committee (TAAC) on Toronto Public Health's Response and Efforts Related to COVID-19.

The TAAC requested the MOH respond to the recommendations of the committee in Q2 2021. This included an update on the strategies and outcomes on how current health programs are reaching target demographics, including persons living with disabilities.

On March 31, 2021, Mayor John Tory announced $370,000 of funding for community agencies in response to the need for support in communities that are at higher risk for COVID-19, experience vaccine hesitancy or face other barriers to accessing a COVID-19 vaccine.

This funding, part of the City’s COVID-19 Immunization Task Force (ITF) outreach efforts and the TO Supports: Targeted Equity Action Plan, supports people in the South Asian, Disability and Black communities to access COVID-19 vaccines.

Funding in the amount of $125,000 was provided to the Centre for Independent Living (CILT) to provide general resources on accessibility and empower local disability organizations to respond to their specific communities’ needs and concerns related to vaccine uptake. Specifically, funding supported development of grassroots Disability

Community Organizations (through the GTA Disability Coalition) to undertake targeted outreach on vaccine uptake to disabled community members through community-specific webinars and by engaging Community Ambassadors from within the Disability community.

This new work builds upon the previously-announced City of Toronto Community Mobilization Vaccine Plan, which is providing $5.5 million to 140 community agencies and 240 neighbourhood vaccine ambassadors to support access to vaccines in every corner of Toronto.

More information can be found in the TO Supports: Targeted Equity Action Plan.

COVID-19 Communications and Accessibility

The City of Toronto hosts the website www.toronto.ca/COVID-19 as a resource for information about COVID-19. To make this website more accessible to people with disabilities, the City has added American Sign Language (ASL) translations for key pieces of content. ASL translations are embedded in the relevant sections of the website and can also be found on Toronto Public Health's YouTube playlist. Twice-weekly City of Toronto media briefings with the Mayor, the Medical Officer of Health and Toronto's COVID-19 Incident Commander & Immunization Task Force lead, use ASL interpreters as well.

Further to this, the City's website complies with World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, in accordance with the schedule set out in the Accessibility for Ontarians with Disabilities Act, Integrated Accessibility Standards. The City of Toronto recognizes that accessibility involves understanding and addressing the needs of people with a broad spectrum of disabilities, including visual, auditory, physical, cognitive, speech, learning, language, and neurological disabilities.

Toronto Transit Commission Wheel-Trans

The TAAC requested that TPH work with the Toronto Transit Commission (TTC) and Wheel-Trans on flexible programs, and times, to accommodate medical appointments during the COVID-19 response. TPH met with TTC and Wheel-Trans near the end of 2020. In response to the COVID-19 pandemic, Wheel-Trans has implemented several procedural and other changes to accommodate essential trips. This includes:

- Providing all customers with solo rides upon booking;
- Providing special transports for symptomatic/COVID-19-positive customers with life-sustaining (dialysis, chemotherapy) trips;
- Implementing mandatory masks policy for customers and operators onboard vehicles;
- Maintaining a supply of masks on-board vehicles for customer use;
- Installing protective barriers on all vehicles between Operators and customers;
- Equipping all vehicles with sanitizing supplies, including providing Operators with disinfecting wipes and installing sanitizing dispensers for customers;
- Increasing the vehicle disinfection/cleaning schedule; and

- Facilitating booking of trips to all city-run vaccination sites by having the sites and addresses set up as landmarks for easy access during the on-line trip booking process.

Wheel-Trans has also made changes to their Trip Booking Procedures to allow more flexibility in booking trips. More information about Wheel-Trans can be found: http://www.ttc.ca/WheelTrans/Wheel-Trans_Covid-19_Updates.jsp

Mobile Access to COVID-19 Testing and Vaccines

The TAAC also recommended that City Council request the Province to permit paramedics to deliver COVID-19 tests and to expand the availability of mobile testing.

Toronto Paramedic Services and Local Health Integration Networks (LHINs) are able to provide in-home COVID-19 testing for a small number of people who are homebound or are Home and Community Care clients who are not able to leave their homes to get tested. These services are best accessed through local LHINs and community organizations that support those who are homebound.

Toronto Paramedic Services also provides COVID-19 vaccines to a small number of residents who are homebound and cannot attend a location to receive the vaccine.

Quality of Life in Long-Term Care Homes and Retirement Homes

On March 27, 2021, the Board of Health (BOH) requested the Medical Officer of Health to report to the May 10, 2021 meeting of the BOH on the current Provincial strategy to establish an up-to-date protocol for the physical movement of long-term care home residents who have received the necessary vaccine and, in particular, to clarify the essential public health procedures needed to enable long-term care home residents to travel outside of their facilities, either alone or accompanied.

On April 1, 2021, the Ministry of Long-Term Care sent a memo to long-term care licensees. This memo requested all homes to expeditiously review and update their policies and practices to provide safe opportunities residents and families to engage in, "activities that bring them joy, comfort and dignity and that give residents back the sense of choice in their own homes and lives within the existing requirements".

The memo specifically asked licensees to:

- Ensure residents can go outdoors (with or without caregivers or staff as appropriate, including, as of April 7, a walk in the immediate area);
- Create opportunities for caregivers to be with loved ones outside of the resident's room; and
- Resume small group social activities.

While these activities were already permitted within provincial directives so long as a home was not in outbreak, many long-term care homes (LTCH) and retirement homes (RH) had taken a more restrictive, cautionary approach, especially during the second wave of COVID-19. Moving forward, LTCH and RH policy and practice updates will

need to be made within the ongoing Infection Prevention and Control (IPAC) practices, including physical distancing, adherence to Personal Protective Equipment (PPE) standards, and limiting between-unit contact of residents and staff.

At the end of April, the Ministry of Long-Term Care also eliminated the 14-day quarantine for new residents who are already fully vaccinated and have a negative COVID-19 test.

TPH continues to support all LTCH and RH in Toronto for COVID-19 exposure and outbreak response. TPH participates in several provincial workgroups on LTCH COVID-19 policy issues and in multiple local LTCH and RH forums on IPAC, immunization and other COVID-19 issues.

Recommended new policies for LTCHs and RHs

Although the third wave of COVID-19 continues to demand enhanced public health measures for the general public, high vaccine uptake has decreased the number of COVID-19 cases and related hospitalizations and deaths among LTCH and RH residents. Given this context, TPH recommends that the Ministry of Health, Ministry of Long-Term Care and the Ministry for Seniors and Accessibility to consider updating guidance to maximize the quality of life in long-term care homes and retirement homes. Where there are high vaccination rates in residents and where otherwise safe to do so, TPH recommends the following changes for LTCH and RH:

- Permitting additional visitors, beyond designated essential caregivers who have been vaccinated;
- Increasing opportunities for congregate dining, including allowing residents to dine closer together if immunization coverage is high, and carefully monitoring new permissions within the context of variants of concern;
- Allowing more group and social activities, with consideration for public health measures; and
- Permitting short absences for fully vaccinated residents, and carefully monitoring new permissions within the context of variants of concern.

These changes would leverage the fact that this sector was amongst the first to be immunized and the protection from outbreaks that has resulted since February 2021.

Analyzing broader impacts of COVID-19 public health measures on residents' well-being

Although the effect of COVID-19 on the physical health of residents has been well documented and is closely monitored, the effect that measures to prevent COVID-19 transmission have had on other aspects of residents' lives have not had the same attention.

There are currently high rates of vaccination in LTCHs and RHs and this is resulting in lower transmission of COVID-19 and better outcomes for residents. Strong and necessary public health measures put in place to prevent COVID-19 transmission at the beginning of the pandemic have likely had an effect on other aspects of residents'

physical and mental health. This report recommends that the Province track and monitor these other impacts to inform future policy making for residents and homes. This type of information could provide a better understanding of the full effects of policy approaches taken in these settings.

To understand these effects more, this report recommends that the Ministry of Health, Ministry of Long-Term Care and the Ministry for Seniors and Accessibility analyze a wide range of data associated with long-term care homes and retirement homes, and share the findings publicly, in order to inform future COVID-19 public health measures for residents, including tracking and measuring the following: the impacts of the measures to prevent COVID-19 on residents' physical health, including the prevalence and severity of chronic illnesses, loss of mobility, dementia and death; and, the impacts of the measures to prevent COVID-19 on residents' mental health, including the prevalence and severity of depression, anxiety and loneliness.

Updated Report: Mental Health and Well-being of Toronto Residents

On December 14, 2021, the Board of Health requested the Medical Officer of Health to update the report, "Indirect Impact of COVID-19 and Associated Public Health Measures on the Mental Health and Well-Being of Toronto Residents" with data and research from the remainder of 2020 and report to the Board of Health with the findings when the data analysis was complete.

The Epidemiology and Data Analytics Unit at TPH has updated the report with data from the remainder of 2020. The full report can be found in Attachment 1.

Summary of key findings

While mental health and addictions-related help-seeking that occurs in the emergency department has increased slightly between Wave 1 and Wave 2 of the pandemic, largely driven by visits with severe presentation, it was still below what was observed for a similar timeframe in 2019. At the same time, help-seeking from virtual and telephone supports, including crisis lines operated by large referral agencies, decreased slightly during Wave 2 compared to Wave 1, while contacts with local organizations have somewhat increased. Across community-based service providers, concerns related to substance use increased as the pandemic unfolded, while concerns related to depression and anxiety remained stable or slightly subsided. Still, as was seen in Wave 1, isolation and loneliness, mental/physical health, and financial issues remained prominent areas of need. In children and youth, well-being was strongly associated with individual circumstances, including living arrangements, virtual versus in-person learning, and the ability to spend time outdoors, engage in play, and connect with peers.

Emergency department use:

During Wave 2, the number of Emergency Department (ED) visits for any reason was highest in August (~19,000 visits) and then rapidly dropped as public health measures escalated starting in fall 2020, reaching a low of ~9,000 visits in December. During Wave 2, the daily average volume of ED visits remained similar to Wave 1 (2,067 and 2,059 daily average visits, respectively), and was 11% lower than the daily average volume observed in a comparable timeframe in 2019 (2,309). This pattern was more pronounced in ED visits that were triaged as less severe, indicating that during public

health closures, people may be visiting the ED less frequently for concerns that could be addressed in outpatient settings.

- **Emergency department visits for mental health and deliberate self-harm:** A different pattern was observed for mental health-related visits (including visits for deliberate self-harm), with an 8.4% increase in the daily average volume from Wave 1 to Wave 2 (74.1 to 80.3 daily avg. visits, respectively), but still remaining well below the 2019 daily average volume (94.4). The proportion of all ED visits attributable to mental health similarly increased from 3.6% to 3.9% throughout the pandemic, but remained below the 4.1% observed in 2019. The Wave 1 to Wave 2 increases were driven primarily by ages <18 and >65, visits presenting as severe, and visits for deliberate self-harm.

- **Substance-related emergency department visits:** Although the overall proportion of substance-related ED visits in 2020 remained stable (1.4%, 29.4 daily average visits) and slightly below 2019 (1.6%, 36.7 daily average), visits among more severe cases became more common during Wave 2 (26.6% to 29.3%). Among substance-related visits, there was no notable change: the proportion of visits due to alcohol went from 13.8% to 12.6% during Wave 2 and the proportion due to other substance-related toxicity went from 86.2% in Wave 1 to 87.4% in Wave 2.

These data are an important contribution to understanding the mental health challenges experienced by Toronto residents during the pandemic. As such, it will be circulated to city divisions and relevant community organizations as input to their current and future programming that supports individual and community mental health.

CONTACT

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SIGNATURE

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ATTACHMENTS

Attachment 1 - Indirect impact of the fall resurgence of COVID 19 and associated public health measures: Focus on the mental health and well being of Toronto residents