

Response to COVID-19 - December 2021 Update

Date: November 22, 2021

To: Board of Health

From: Medical Officer of Health

Wards: All

SUMMARY

This report provides an update on the response to the COVID-19 pandemic as of December 2021, and responds to Board of Health direction from October 2021 to report back with a range of updates on Toronto Public Health (TPH) pandemic-related efforts.

The most recent epidemiology shows a consistent increase in the 7-day moving average number of reported daily COVID-19 cases, the reproductive number and the test positivity rate and has prompted the provincial government to pause re-opening plans. Regulations under the *Reopening Ontario Act* enable local health units to institute additional public health measures, if necessary, and the need for these in Toronto will be continuously reviewed.

Efforts to respond to the pandemic continue to advance on multiple fronts. Toronto Public Health continues to support school boards and schools in providing information for parents and staff about managing school attendance during the current conditions, including screening, outbreak management and vaccines. Vaccine rollout continues with third doses for eligible individuals and, with the recent approval of the COVID-19 pediatric vaccine by Health Canada, preparations are underway for vaccinating children aged 5-11 years, pending receipt of pediatric vaccine.

Toronto Public Health's pandemic response and immunization campaign has benefited from the support of additional medical expertise. Given the continuing need for this expertise, this report seeks authorization from City Council to negotiate, enter into, execute, and extend any agreements with physicians providing medical services and advice to Toronto Public Health until December 2023, as part of the response to and recovery from the COVID-19 pandemic.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. City Council authorize the Medical Officer of Health to negotiate, enter into, execute, and extend any agreements with physicians providing medical services and advice to Toronto Public Health as part of the response to and recovery from the COVID-19 pandemic until December 31, 2023, on terms and conditions satisfactory to the Medical Officer of Health and in a form satisfactory to the City Solicitor.

FINANCIAL IMPACT

The Ministry of Health has indicated that eligible extraordinary costs in response to the COVID-19 pandemic that are over and above the provincial grant will be reimbursed.

There is no financial impact associated with the adoption of the recommendation in this report beyond what has already been submitted in the Board of Health Recommended Toronto Public Health 2022 Operating Budget Submission.

DECISION HISTORY

At its meeting of October 25, 2021, the Board of Health adopted Item HL31.1 "Response to COVID-19 - October 2021 Update" and requested the Medical Officer of Health to provide an update at the December 6, 2021 meeting of the Board of Health on providing third doses of the COVID-19 vaccine, including the latest recommendations, guidance and approvals from relevant government partners and regulators, as well as Toronto Public Health's anticipated role and any planning that has been undertaken.

The Board of Health further requested the Medical Officer of Health to continue to consult with the Toronto District School Board and the Toronto Catholic District School Board with advice on what guidance, regulations and/or measures, such as vaccinations or Personal Protective Equipment, must be put in place to safely resume allowing parents and guardians to access school buildings and to report back to the December 6, 2021 meeting of the Board of Health.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL31.1>

At its meeting of June 14, 2021, the Board of Health adopted Item 29.1 "Response to COVID-19 - June 2021 Update" and requested the Medical Officer of Health to provide an update on the Provincial public health modernization that considers lessons from COVID-19, including the current and future role of public health partnerships with community agencies, recommended performance indicators related to health equity and community inclusion and recommended governance structures that maximize health equity and systems resilience.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL29.1>

COMMENTS

1. Status of the COVID-19 Pandemic in Toronto

Since the last COVID-19 update to the Board of Health, there have been persistent increases in the 7-day moving average number of cases (69), the reproductive number (1.16), and the test-positivity rate (1.13 percent). Intensive care unit (ICU) capacity is currently at 69 percent. These trends are not unexpected, given the relaxation of some public health measures and more interpersonal contact as people gather indoors as a result of colder weather.

On October 22, 2021, the Province of Ontario (the "Province") announced a "cautious and gradual" lifting of the remaining public health and workplace restrictions by March 2022. Capacity limits on most settings where proof of vaccination is required (either by regulation or by the operator) were lifted on October 25, 2021. The ending of restrictions on remaining higher-risk settings such as establishments with dancing facilities, originally planned for November 15, 2021, has been postponed. Lessons may be learned from other jurisdictions including Finland and Denmark – and, closer to home, Alberta – where rapid re-openings led to a surge in cases and hospitalizations. This especially constitutes a risk as the December holiday season approaches when more mixing of the population is anticipated. The Medical Officer of Health will continue to monitor trends closely, and under the regulations of the *Reopening Ontario Act* has the option to issue a Letter of Instruction instituting additional restrictions if required.

Public health measures are one important strategy against COVID-19; the other is continued progress in vaccinating all Torontonians who are eligible to receive vaccine. At present, COVID-19 is predominantly a pandemic of the unvaccinated. Overall vaccination rates in those aged 12 and above are encouraging, but will be a focus of further attention. As other age groups become eligible for the vaccine (whether first and second doses, or third doses), Toronto Public Health will work vigorously to promote vaccine uptake among these groups.

2. Team Toronto Vaccination Update

Continuing to increase the number of residents of Toronto who are fully vaccinated is the most important component of the City's strategy to combat COVID-19. As of November 22, 2021, 88.4 percent of the City's residents aged 12 and above had received one dose, 85.3 percent had received two doses of vaccine. Additionally, 114,155 individuals had received a third dose of the vaccine.

As the coverage rate for COVID-19 vaccine continues to increase, TPH continues its current data-driven and hyper-local strategy aimed at facilitating access to vaccine for those in identifiable locations and subgroups who currently have a lower uptake.

Vaccine Plan for 5-11 Year Age Group

The purpose of the COVID-19 Vaccine Administration Plan for Children aged 5-11 is to ensure that the COVID-19 vaccine is accessible to all children in this age group, and to facilitate a positive experience for children and their families.

First dose vaccination will be offered to all 200,000 children in the 5 to 11 year age group in Toronto through multiple vaccination channels beginning shortly after the vaccine is available. Second doses will be offered eight weeks after the first, in keeping with the advice from the National Advisory Committee on Immunization and guidance from the provincial government.

This plan will anticipate and mitigate barriers to vaccination (e.g. vaccine hesitancy, booking/accessing appointments, information/language, etc.) in an attempt to achieve high overall vaccine coverage for this population. The plan will emphasize access in underserved areas, areas with higher rates of transmission and lower vaccination rates with a low-barrier approach to vaccination. Priority sub-populations include Black communities, Indigenous communities, South Asian communities, Central American communities, and children with disabilities.

The pediatric formulation of the COVID-19 vaccine was approved by Health Canada on November 19, 2021 and will be available through multiple vaccination channels including fixed sites including TPH clinics, targeted mobile clinics, and mobile teams. City-operated mass immunization clinics, pharmacy clinics and primary care physicians/pediatricians will provide access to the vaccine for all children aged 5-11 throughout the City. School-based and mobile clinics will be used to expand access to the vaccine for children in underserved and high-needs communities.

Multi-channel vaccination access points include:

- Five City-operated Mass Immunization Clinics
- Hundreds of school-based clinics
- Pop-up clinics and mobile teams
- Multiple pharmacies and family physicians/pediatricians.

The initial phase of the strategy, starting November 25, 2021, will include a substantial school-based component with additional resources provided to neighbourhoods identified by Toronto Public Health through equity and virus activity indicators and based on learnings from earlier COVID-19 vaccination efforts. At the same time, Toronto Public Health clinics and those operated by health sector partners such as hospitals will also have appointments available for booking.

Third Doses

In accordance with provincial policy, adults over 70 years of age, and those with certain chronic conditions who have received the initial two doses of vaccine are eligible to receive a third dose six months after the second dose (exactly 168 days as provided by provincial guidance). The eligibility will be gradually extended, likely in 2022, to include all individuals aged 12 and above through a plan being developed by the provincial

government. Toronto Public Health has helped administer third doses to eligible individuals and will continue to do so as eligibility for third doses expands.

In December, TPH will continue to administer third doses while prioritizing administration of the vaccine to 5 to 11 year-olds; access to third doses through pharmacies, Family Health Teams, and hospitals will also continue.

Vaccine delivery both for 5 to 11 year olds and for the third doses will continue in 2022. In order to provide these services, as well as all other COVID-related services and the gradual reopening of other, non-COVID-19 services, Toronto Public Health will require ongoing funding from the Ministry of Health for extraordinary COVID-19 expenses in 2022.

3. Update on Schools

To help keep schools as safe as possible, TPH continues to promote COVID-19 guidance in schools, based on the Ministry of Education's COVID-19 Health, Safety and Operation Guidance for Schools (2021-2022). This includes public health measures such as screening students, staff and visitors; masking; cohorting students; physical distancing measures; cleaning and disinfecting practices; hand hygiene and respiratory etiquette; and the promotion of COVID-19 vaccination for students, staff, visitors and families. This also includes the provision of outbreak investigation and related supports, including the deployment of appropriate testing when needed.

Planning for the vaccination of students 5 to 11 years of age that includes the school boards and independent schools is at an advanced stage. Given the role of school-based clinics in the vaccination campaign for 5 to 11 year olds, TPH is collaborating with schools to ensure the COVID-19 vaccine is available in schools as soon as it become available for use in this age group and guidance is received from the Province of Ontario.

Toronto Public Health continues to advise that non-essential school volunteers and visitors attend virtually. If schools are considering permitting essential volunteers or visitors to attend in person, then all public health measures must be in place including: daily screening; requiring the use of appropriate personal protective equipment, including a medical mask; practicing physical distancing measures; and requiring COVID-19 vaccination for school volunteers. It is recommended that all in-person school volunteers/visitors be fully vaccinated with a COVID-19 vaccine.

Infection rates for children in preschool (0-4 years old) and school (5-11 years old) have increased, but to date there has been no increase in serious illness.

The first line of protection for children in school is the continued effort to limit the rate of transmission in the community through vaccinating eligible individuals, masking, physical distancing, and other measures. Youth 12 to 17 years of age should be vaccinated as soon as possible.

4. General Updates

Additional Medical Expertise to Support Pandemic Response

To address the need for additional medical expertise during the COVID-19 pandemic, TPH has engaged a number of physicians to supplement its complement of Associate Medical Officers of Health. These medical experts include pediatricians, public health physicians and family physicians who are integral to several areas of the COVID-19 response and the immunization campaign. Continued engagement with existing and new medical experts is critical to sustaining the ongoing work in the COVID-19 response and vaccination campaign and towards the successful recovery from the pandemic. To facilitate this, the Medical Officer of Health is seeking City Council's approval to negotiate, enter into, execute, and extend any agreements with physicians providing medical services and advice to TPH as part of the response to and recovery from the COVID-19 pandemic until December 2023, on terms and conditions satisfactory to the Medical Officer of Health and in a form satisfactory to the City Solicitor.

Ongoing Surveillance and Monitoring

Toronto Public Health will continue monitoring for any trends in COVID-19 case activity to ensure that appropriate public health strategies are deployed to preserve health system capacity and address health inequities. These data will further inform approaches to managing COVID-19 in the future as the pandemic eventually wanes. As this occurs, Toronto Public Health will increasingly focus on monitoring for severe outcomes, such as hospitalizations and deaths.

Toronto Public Health remains committed to ensuring that the public has access to up-to-date data and information about COVID-19, and will continue to update publicly-available dashboards to share and highlight important trends in our data.

Public Health Modernization

At its June 14, 2021 meeting the Board of Health adopted Item HL29.1 and requested the Medical Officer of Health to provide an update on the Provincial public health modernization initiative, including the current and future role of public health partnerships with community agencies, recommended performance indicators related to health equity and community inclusion and recommended governance structures that maximize health equity and systems resilience

The Province proposed a restructuring of the public health system in 2019. High-level draft proposals were circulated to TPH as part of a consultation process. Due to the COVID-19 pandemic, this consultation process was cut short before TPH had the opportunity to meet with Ministry of Health officials to discuss its comments on the proposals.

Toronto Public Health submitted that the proposals lacked information on critical issues and that the future effectiveness of the public health system would be best served by a continuation of the existing governance. This opinion was based upon the proven

history of innovation in policy, relationships and operational effectiveness of Ontario's larger health units; the appropriateness of municipal governance for action on social determinants of health, and the reported problems in other provinces where public health is integrated into predominantly acute-care structures and governance. While the value of the proposed amalgamations of smaller health units was recognized, Toronto Public Health (as well as Toronto itself) is already of a size whereby economies of scale are realized. For these reasons, the amalgamation of health units following acute-care boundaries rather than municipal boundaries is not recommended.

The retention by health units of the responsibility for the full range of public health programs and services, as currently required by the Ontario Public Health Standards (OPHS) is essential. This includes the six functions, as laid out through a federal and provincial/territorial process: population health assessment, surveillance, disease prevention, health protection, health promotion, and emergency management. Goals that are based upon the health status of the population and on equity are fundamental, and interventions should predominantly be focused on populations rather than individuals. Partnerships with primary care and hospitals are important, as well as partnerships with community organizations, non-governmental organizations, municipalities, and others concerned with the social determinants of health.

The experience of the COVID-19 pandemic has demonstrated the need for improved and clarified powers for the Medical Officer of Health. Consistent funding for public health infrastructure, especially for data systems is also a necessity.

Measurement of the health status of the population, evaluation and working towards equity are already requirements of OPHS. Toronto Public Health has, for example, developed means of measuring equity with respect to COVID-19. Development of a full suite of indicators for public health will require considerable effort, and should be undertaken in collaboration with the Ministry of Health. Challenges include attributing outcomes to public health actions, and the very long timeframe for results.

Although TPH is aware that some discussions have taken place at the Ministry level, there has so far been no further announcement or request for consultation with local Public Health Units.

The future of public health is presently a topic of discussion at the national level. Following extensive consultations, both the Chief Public Health Officer and the Scientific Director of the Institute of Population and Public Health at the Canadian Institutes of Health Research will release reports soon. Toronto Public Health will take note of these reports and continue to engage with provincial and local stakeholders in developing input into the next stages of the Ministry's restructuring process.

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SIGNATURE

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