Update on COVID-19
Dr. Eileen de Villa, Medical Officer of Health
May 27, 2020 at 3:45 p.m.
Members' Lounge, Toronto City Hall, 100 Queen St. W.

- Thank you Mayor Tory and good afternoon. Today there are 152 new COVID-19 infections in Toronto. To date, 7,814 people have recovered, an increase of 187 since yesterday. For more detailed data on the status of COVID-19 cases in Toronto, please visit our website.

- A critical function of public health is to gather and analyze data to understand how any infectious disease – including COVID-19 – is spreading and impacting our residents and our city. This information, which is gathered as part of the case and contact management process, is fundamental to all of us in public health as it informs our strategy to protect your health and helps us to determine when we need to adjust our actions.

- I continue to receive a number of questions regarding our data and what analyses my team is doing. Earlier this month I shared the results of an analysis with you that focused on the socio-economic characteristics of those areas in our city that have the highest COVID-19 infections and hospitalizations. These data are published on our website.

- Another issue we have been investigating is whether COVID-19 is impacting certain neighbourhoods in our city more than others. To this end we have created maps of cases according to where they live.

- Initially, people acquired the COVID-19 virus through travel when it first appeared in our city back in January. Since this time, we have continued to see community spread. Our data confirm that COVID-19 is present in every single neighbourhood in Toronto. At this time, based on the last two weeks of activity, our mapping indicates that people living in the northwest and the northeast parts of the city now have the highest number of positive cases. Interactive COVID-19 maps by neighbourhood are now available on our website. However, it is important to note some key considerations.

- Firstly, where a person lives does not necessarily indicate where they picked up COVID-19. The reality is you are at risk of getting COVID-19 anywhere when you are in close contact with the respiratory droplets of someone who is infected with the virus.

- Second, looking at a map of cases, people may mistakenly believe that there is an elevated risk of infection by going to certain parts of the city. This in turn contributes to misinformation and unintended stigma. We all have a shared responsibility to not create unnecessary social, physical or other harms in our community.

- I have said this many times before and I think it is important to remind ourselves once again that these "cases" are our friends, our colleagues, and our family members. These numbers represent people in our city.

- It is important to keep in mind that these maps reflect where people live, and they do not necessarily reflect where they were exposed to the virus. Areas with lower rates of COVID-19 cases are not inherently safer from a COVID-19 perspective.

- For us in public health, by knowing where those impacted by COVID-19 live, and by assessing other important risk factors, we are better able to inform our preventive actions, we can better identify where proactive testing can be helpful, and we can take targeted action to reduce virus spread. I'm pleased to share that my team has published this map online today. Going forward we will continue to update this information with the other data we publish on our website.

- On another data topic, while our COVID-19 case counts are critical to help us to understand virus spread in our city, these numbers are influenced by how much testing is being done. Data on hospitalizations however provides a more stable indicator of severe illness and our health system's capacity.

- The good news here is that overall, we have kept hospitalizations and ICU admissions low compared to other jurisdictions who have been severely impacted by COVID-19. This is in part attributable to the implementation of public health measures early in our outbreak when our case count was still

low. It is also due to all of the hospital and health system preparatory work completed earlier this year based on the experiences of other jurisdictions.

- One of our objectives at the beginning of our COVID-19 response was to ensure that we protected our health system so that it could respond effectively to all patients, whether for COVID-19, or for other urgent medical needs. So far we have been successful in achieving this goal.

- And finally, I have also talked before about the importance of the COVID-19 reproduction number as a good measure to help us understand how well the outbreak is being controlled and a way to track progress. Our goal is to bring down the reproduction number to less than 1. This means that each existing infection causes less than one new infection. In this circumstance, disease activity declines and virus spread eventually stops.

- Prior to implementing our strict public health measures in mid-March, each new case of COVID-19 in Toronto went on to infect an average of just over 3 other people. This contributed to the growth of the outbreak and the rise in our 'curve.'

- Public health measures including physical distancing and isolating cases have helped us to reduce the average number of people each case infects. As a result, our current reproduction number in the community is 1.1. But remember we want to get this number below 1, and this means we must continue our public health measures for now. This means washing your hands frequently, practising physical distancing, staying within your household bubble, essentially following all of the advice we have provided over the past several weeks.

- Our collective hard work will pay off and we will safely reopen our city but we all have to keep doing our part. So please continue to practise physical distancing at all times, and please continue to take care of each other.

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