

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**October 7, 2020 at 2 p.m.**  
**Toronto City Hall, 100 Queen St. W.**

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- Thank you, Mayor Tory, and good afternoon everyone. Today, I am reporting 187 new COVID-19 infections in Toronto. The new count brings our total COVID-19 cases to 21,315. A total of 17,700 people have recovered from this virus.
  - I want to talk about some other numbers today as well, including information relating to new statistics we're working on and some modelling projections about where infections may be heading this year and next.
  - First, there is interest in figures relating to percent positivity by neighbourhood in Toronto. Partial information circulated in social media recently.
  - My team recently received preliminary data related to percent positivity by neighbourhood. This is not our data. They are provided to us by partners at Public Health Ontario and require assessment before they can be made public.
  - This is to ensure the findings extrapolated from it are disclosed in a meaningful and accurate way, and to ensure that there is no content that inadvertently discloses personal information.
  - We currently post the number of cases and case rates by neighbourhood. This additional content, once reviewed, will supplement that information.
  - My team is working to make this information available soon. Once the most current data are ready for sharing, we will inform you.
  - Keeping in mind that the percent positivity metric can reflect a high degree of virus spread or insufficient testing, I would say that from what I have seen of the data, the findings are consistent with things we already understand and have previously reported.

- Certain neighbourhoods in Toronto, particularly in the northwest and the northeast of the city, have borne a heavy burden and paid a heavy price throughout the pandemic.
- We have been mindful of this for many months and worked with particular attention to support these neighbourhoods through COVID-19. I have spoken previously about our community liaison teams, who are working with these communities and with established community networks to increase our capacity to help the people who call these neighbourhoods home to cope with the threat and spread of COVID-19.
- Concern for these neighbourhoods, where multi-generational, multi-member families are common, was one of the motivators that led to the creation of the voluntary isolation centre, to provide a place for people with COVID-19 to self-isolate safely.
- One well-established tool for measuring the rate of change of an outbreak and estimating what lies ahead, is the effective reproductive number also known as R.
- In the simplest terms, R is a measure of viral transmission, how many people one person, on average, will infect.
- So if the R is below one, it means each new case is generating less than one new infection and that the outbreak will slowly die out. If the R value is at one, the amount of illness in a community is stable. It isn't getting better but it isn't getting worse.
- Anything above one means each infection is generating more than one new case and the outbreak is growing.
- My team has calculated our current reproductive number, or R, at 1.2, so the outbreak is growing. The Province, by comparison, estimates Toronto's R even higher, at 1.4 meaning they are estimating that the outbreak is growing even faster.

- Now obviously there is no such thing as a .2 or a .4 of an infection. You either have it, or you don't. The R is an average of new infections from each current infection. But Toronto's R is still telling us that infections are increasing.
- Using the Canadian Institute for Health Information COVID-19 System Capacity Tool, here is what the future could be like with the reproductive numbers ranging from 1 to 1.25. I want to underscore that the numbers or counts are less important than the relative curve shapes and peaks.
- With our level of transmission, or an R of 1.2, we expect to see disease activity in the next few weeks of October that would exceed our April peak.
- But then, if the virus is left unchecked, heading into November, things can get much worse. Infections continue to rise week over week, peaking between early March and early May 2021.
- Looking at the total simulated number of infections by the end of May 2021, we estimate that if the R goes up to 1.25, it would result in almost 4 times the number of infections compared to an R value of 1.1.
- Now, let's look at the model if we do take further action to arrest the spread of COVID-19.
- This figure shows that given an R of 1.2 in early October and given that we know it takes about four weeks to see the benefits of interventions start to emerge - we can see that escalating public health measures dramatically drives transmissibility down.
- We modelled three different "intervention dates" – each with measures that drive the R number down to 0.9 - and remember, when the R is below one it means the virus is better controlled and the outbreak is headed towards dying out.
- The intervention dates we assumed for this model are the end of October, the end of November and the end of December.

## Public Health

- If we add measures to control COVID-19 spread at the end of October, by the end of May 2021, the total number of people infected would be 6 times lower, compared to a scenario of taking no action.
- If actions weren't undertaken until the end of November, the total infections would be 3 times lower, compared to taking no action.
- If actions were implemented at the end of December, the latest date simulated for intervention, this still cuts the total infections by May 2021 almost in half.
- But in any scenario, you aren't just passive observers. You do not need to wait to protect yourself and by extension everyone around you.
- Your actions – the choices you make – play a significant part in arresting and even reversing the spread of COVID-19.
- The virus will find it a lot harder to spread if you aren't doing things that help it spread. That's why it is vital to think of your plans as a choice between things you need to do and things you want to do.
- That's where the steps for self-protection kick in. That's why keeping a distance of at least six feet from people you don't live with is so important. That's why wearing a mask as much as possible is so important. That's why washing your hands is so important.
- The virus will find it a lot harder to spread if we aren't doing things to help it spread.
- Thanksgiving weekend is just days away. I know my advice isn't easy to take, but it is the best course of action. Spend Thanksgiving this year with just the people you live with under the same roof.
- If you live alone, the best thing to do is to connect with other people virtually. Yes, the situation is that serious.

## Public Health

- Some people will have serious mental health needs that mean that they must connect in person with others, despite the risks. If this is you, my advice is to meet the following conditions as much as you can: meet with another person outside. Keep a distance of at least six feet at all times. Wear a mask. Do not get together to eat, or drink.
- This year, no one should make the mistake of being in a crowded room full of people they don't live with. It just isn't worth it.
- Believe me, I know – I really do know – that this is a huge ask. No one wants to imagine the worst could happen as a result of a family holiday. But I imagine many of the people in Toronto thought something similar before they began the frightening, and sometimes harrowing experience of battling this illness.
- I said on Monday what I'll say again today: I would much rather you do Thanksgiving differently this year than look back at this year in future and wish you had.

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