

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**October 2, 2020 at 3 p.m.**  
**Toronto City Hall, 100 Queen St. W.**

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- Thank you, Mayor Tory. Good afternoon everyone. As of today, I am reporting 311 new COVID-19 infections. The new count brings our total COVID-19 cases to 20,180. A total of 16,672 people have recovered from the virus.
- With regard to today's numbers, certain indicators have increased as a result of quality assurance procedures. Changes were made to a portion of the new case counts, deaths, hospitalizations, ICU admissions and intubations as result. Specific numbers that can be attributed to quality assurance work will be noted each day as they are added on our website. When completed over the next several days, the update will add total amounts of 81 cases, 94 deaths, 35 hospitalizations, 10 ICU admissions and 10 intubations.
- This information relates to cases from the spring and is not indicative of recent trends.
- Today, the Province took action to implement a number of new requirements aimed at limiting the spread of COVID-19.
- Many of the actions announced by the Province are the result of its willingness to listen, its understanding of regional differences and its collaboration, particularly with Mayor Tory and Councillor Cressy, Chair of the Board of Health, who have been tireless in their efforts on behalf of Toronto.
- As your Medical Officer of Health I am in agreement with the Province's course of action. It has my full support. However, I am convinced there is more that must be done to protect Toronto against the dangerous extent of COVID-19 resurgence.

- Let me provide to you the facts that led to my conclusions and to make this request of the Province.
- First, let's look at the total cases month by month, since March, when the pandemic really took root in Toronto. To the left of the graph you see winter and spring, when we went through the first wave.
- You do not need me to remind you of the anxiety, uncertainty and fear that lived alongside us throughout that time. But we came through it, and as we look across the graph we see the results of our willpower and determination. The numbers fell and, consistent with a decreased risk of infection, Toronto began a cautious, considered reopening throughout the summer.
- As we told you, with reopening, increased infections were inevitable. You see that gathering speed in the late summer and asserting itself significantly in September.
- In mid-August and into early September, the virus had encircled our whole city and occupied a majority of the centre.
- In September, it strengthens and spreads again. The entire city is affected. The areas of dark blue shading suggest infections are taking root and intensifying along the lakeshore.
- Here are some measures of the current state of COVID-19 in Toronto. Our latest data show that there are 106 active outbreaks including those in the community, in congregate settings, schools, childcare, workplaces and long-term care homes.
- In the last 3 weeks, we have seen long-term care outbreaks increase from 2 to 9. Between September 20 and 26, there were 45 active community outbreaks.
- Of these outbreaks, about 18 or 44 percent were in restaurants, bars and entertainment venues.

- There are 130 people under active investigation associated with local schools.
- Finally, let's look at the case counts for Toronto over the month of September. The picture is clear. Infections have risen dramatically and consistently.
- Since March, at Toronto Public Health, we've scaled up our case and contact management team to become the largest in the country. We have almost 700 people dedicated to case and contact management. Last spring we developed and rolled out our own Toronto-specific case and contact data management system, to support and speed the case and contact process. We also partnered with Toronto hospitals to improve the speed and effectiveness of our case and contact management.
- As part of the usual course of outbreak management, when cases reach a high level, public health must make a strategic shift and temporarily re-prioritize case and contact management to focus on the highest risk scenarios.
- We're implementing this prioritization now. This is a temporary measure in response to very high case counts. The reason I am asking the Province to undertake additional public health measures is to drive overall case counts down. When this happens, we will return to the previous case and contact management strategies.
- We measure the infection rates using a seven-day moving average. On September 1<sup>st</sup>, we averaged 40 new cases each day. On September 29<sup>th</sup> the number was 236.
- These numbers won't reverse on their own. They won't reverse themselves. They will only increase without action. This is the threat we face and this is why I am asking the Province for the support to do more.

- Quick action is needed now. I want to be clear about what it is that I propose and what I don't. What I propose is this:
- For restaurants and bars, I request the suspension of indoor service, for a period of four weeks. Four weeks represents an interruption of two incubation periods for the virus. These venues would still be able to continue outdoor, takeout, pickup and delivery services.
- For athletic facilities, I request the suspension of indoor group fitness classes and indoor group recreation and team sports. The nature of these activities creates a real risk of virus spread and we have seen exactly that in our community. Again, I propose this suspension for a pilot period of four weeks.
- For large venues, like banquet halls, I propose a requirement that they submit a plan to Toronto Public Health demonstrating how they will comply with public health measures such as capacity limits, seating to assure physical distance and the method for collection of contact information to facilitate our ability to reach those affected by an outbreak.
- Finally, I'm also recommending, as much as possible, that individuals only consider leaving their homes for essential activities such as work, education, and fitness to name a few.
- What I don't want is a return to a lockdown like we saw last spring. I do not believe that is necessary. My proposals are meant to prevent the conditions that would force a large scale lockdown. The mayor and the Chair of the Board of Health and I will advocate relentlessly for support from the senior levels of government to sustain the sectors and the people affected by these proposed measures.
- The further steps I propose build logically on those announced by the province and provide for a made-in-Toronto solution for the distinct needs of our city.

- Without quick action to implement further public health measures, there is an acute risk that the virus will continue to spread widely, which means spread more and further and eventually faster, stressing the health care system and further straining Toronto's economy.
- We have seen what happens when the virus gains the upper hand. Spain has just ordered a partial lockdown of Madrid. On the last day of September the UK reported more than 7,100 new infections for the day and 71 deaths. The government's chief scientific adviser said the country didn't have the virus under control.
- The specific steps I've outlined would further protect Toronto for a specific period of time. These steps support many of the things we're enjoying again and the things that we need: access to retail and shopping, physical activity, park use and most importantly, the return to school, which is so important in so many ways. But keeping schools open requires that we do everything we can to reduce spread in the community.
- While I do have some authority under the Health Protection and Promotion Act, I have received legal counsel that it would be unprecedented for a Medical Officer of Health to enact such broad changes, and that such action likely exceeds my authority and may render me personally liable.
- So in that respect, my ask of the Province is simple. I ask the Province to act to implement the measures I have outlined for Toronto, either under its own authority or by amending the regulations governing my authority as Medical Officer of Health.
- It's my duty to act to break the dangerous chain of transmission. Today, the surging infection rate proves we are at a critical point in the pandemic. We must act to make it a turning point – for the better.