

Update on COVID-19
Dr. Eileen de Villa, Medical Officer of Health
October 14, 2020 at 2 p.m.
Toronto City Hall, 100 Queen St. W.

- Thank you Mayor Tory and good afternoon everyone. Today I am reporting 296 new COVID-19 cases. The new count brings our total cases since the pandemic started to 23,338. Today 108 people in Toronto are in hospital with COVID-19, 24 people are in the ICU, and 13 people are intubated.
- At present, our seven day moving average for new COVID-19 cases is 209 cases per day, noting that September started with a seven day moving average of only 40 cases.
- I hope you also see how these concerning numbers support some of the important actions announced by the province last Friday.
- Since my last report to you, we have received reports of 1,540 new cases. Again, a total of 23,338 cases have been reported since the start of the pandemic.
- Almost 30% of those cases have been reported since the beginning of September. Over a quarter of all cases were reported in the last 30 days.
- And more than 15% of all cases were reported in the last 2 weeks.
- I believe that these numbers can be reduced and the direction they move in reversed, but as I said, I hope these numbers illustrate the need for the temporary actions announced on Friday.
- I know that there is frustration and hardship associated with the decisions.
- My recommendations were based on the belief that we need to act in ways that interrupt the chain of transmission. Ways that protected the largest number of people in the shortest amount of time.

- Based on the findings we had access to, here in Toronto and elsewhere in Canada, we sought the province's support for selective restrictions over a four week period.
- In our city, we saw 21 cases linked to adult recreational hockey in early October. In late September, we saw 18 cases linked to a fitness centre, with a potential 76 contacts.
- In Hamilton, nearly 70 cases are linked to one week at a spin class facility and public health officials there feared one hundred more people may have been exposed.
- Earlier in the summer, at least 40 infections were linked to a fitness centre in Calgary.
- And remember that for every confirmed case, there are likely more cases that aren't severe enough to create worrisome symptoms and some that don't give rise to symptoms at all.
- So those people are moving about the community spreading infection without realizing it, and also spreading infection that may not be mild or moderate in other people.
- In a situation like that, public health concludes the course of action is to limit the opportunity for the virus to spread. We must act in the overall best interest of the largest number of people in the quickest amount of time.
- We are at a stage now where we felt the temporary restrictions could do that. We are asking a lot of many people who are affected by this through no fault of their own. The rest of us must repay that sacrifice by making choices that limit spread.
- I know these actions can help us return to a state of lower risk to health and the economy.



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- With your active support and your determination to pitch in, every day, by choosing to act in ways that make it harder for COVID-19 to spread, rather than easier.
- In my role as Medical Officer of Health, I try to tell you as much as possible not what to think, but what to think about. One of the places I think a great deal about these days is long-term care, where many of our most vulnerable seniors live.
- We are starting to see signs of rising infections in some of these settings. Currently, there are 14 outbreaks in long-term care homes in Toronto.
- To be clear, that's 14 out of about 100 long-term care homes and even one single case of COVID-19 in a resident, or staff is investigated as a potential outbreak in the home.
- As I have said before, the word outbreak is a technical term we use in public health. It doesn't necessarily indicate widespread infection that the word suggests in everyday language.
- I believe that long-term care homes in Toronto are acutely aware of the infection risk to residents, but we know that at the same time the virus is hard at work trying to spread.
- So I think in the current environment it is very important for people to think about the risk you might represent as a visitor to long term care and ask you to think about how best to limit that risk.
- I am 100% supportive of in-person visits to seniors. These visits are emotionally important for everyone.
- What I would urge you to consider is the lowest risk way to connect with or see your senior. I ask you to think about ways that best protect them and the people they live with.

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- One thing I've heard is a family creating a rotation of sorts, where one family member is the designated in-person visitor, who facilitates virtual connections with other people in the family, so that there's a shared experience.
- There will be many ways to create lower risk contacts, ways that best suit your family, or your loved one.
- I ask you to find the way to most safely spend time in person with anyone you love who lives in long-term care.
- There are so many asks these days. I often wonder when we last asked so much of so many people at once – and for so long.
- But we must ask a lot of ourselves and each other so that we move through the pandemic in ways that limit the costs and loss and suffering created by COVID-19.
- We are entering a new phase in the pandemic.
- Winter is coming, with all the risks that being indoors brings with it.
- Cold and flu season come with winter, creating further complications and risks to manage.
- We're beginning to hear more about vaccines, as phase three clinical trials continue.
- As difficult as today's numbers are, we are entering a new phase – one that means that we are one step closer to a return to life as we would like to live it.
- One thing that has not changed is that we must rise to meet the challenge of minimizing COVID-19 in the meantime. With that, I'll now turn it over to Chief Pegg for his remarks.