

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**October 5, 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 there are 301 new cases in our city. On October 4<sup>th</sup>, there were 225. On October 3<sup>rd</sup>, 326. On the 2<sup>nd</sup>, 311. And on October 1<sup>st</sup>, 280.
- COVID-19 is spreading in a serious way. The choices we make will determine whether the spread of COVID-19 is going to get worse or going to get better. On that basis I'm very seriously asking again that everyone rethink their Thanksgiving plans.
- If you adapt, you're making the smart decision under the circumstances. Not many weeks ago I said to you that the world had changed and we had to accept it and start making choices that reflect the reality of the world around us.
- My advice is that it is best now to think primarily in terms of restricting contact as much as possible to the people you live with every day or anyone who helps you at home on a daily or regular basis.
- Keeping apart at a holiday isn't what anyone wants to do. Being apart doesn't have to mean being alone, if you think it through.
- Anecdotally, I'm hearing from more and more people who are deciding to plan Thanksgiving around the risk of COVID-19. They're making the hard choice for the better.
- I would not wish on anyone the fear of receiving a COVID-19 diagnosis. I would not wish on anyone the worry of waiting for the results of a COVID-19 test.



## Public Health

- Please do not hold a big Thanksgiving dinner. Please limit your Thanksgiving dinner to the people you live with. If you live alone, the safest option is to join with others virtually.
- I would far rather we change one Thanksgiving for safety's sake than look back at Thanksgiving 2020 with enormous regret.
- This past Friday, my team changed how we do case and contact management so that we produce the best results when there are such high numbers of daily infections.
- I welcome offers of assistance and additional resources in the short term. Additional support will help. I expect the benefit will be short-lived.
- We have 700 case and contact managers at Toronto Public Health – the most in the country. Infections are rising at a rate that will very quickly outpace conventional case management and contact tracing, no matter how many people are deployed to support it.
- To be frank, I expect we could have another 700 people added to the ranks and still be unable to contact trace with the same reach and results as when infection rates were lower. It's an indicator of how serious the spread of infection is.
- People wonder, what are you doing instead?
- Most significantly, we are acting to interrupt transmission to reduce infection rates.
- We are pushing for change and new public health measures that will make it harder for the virus to spread. Things like a four week suspension of indoor service at bars and restaurants and indoor group exercise classes.
- The reason we seek additional public health measures is to drive case counts down. When this happens, we will return to previous case and contact management strategies.

- Specifically, this means that our team will continue to contact people diagnosed with COVID-19 to confirm key information about their condition that will inform pandemic management and provide them with key information to manage their infection.
- We will continue to investigate and respond to outbreaks in hospital, long-term care, retirement home, shelter, school, and child care settings and there are no changes to the policies and procedures for these settings.
- We will continue reporting key statistics, including daily positive cases, recoveries, deaths, and information on outbreaks in retirement homes, hospitals, shelters and schools.
- At this point our focus is on case and contact management of the most high risk cases. This means we are focusing on people whose infection poses the most risk to others and talking to the people who are ill, rather than those who might be.
- At this point in the pandemic we need to take actions that protect the greatest number of people in the shortest amount of time.
- Case management is a painstaking, precise and often very slow process under the best of circumstances. It demands a reliable, experienced team able to handle an emotional person struggling with a frightening shock.
- That's where the process begins. Case management is a process that demands great care, compassion and expertise.
- It sounds like something that any sensible person could do, but to do it efficiently and effectively requires practitioners trained in public health, who understand not just what questions to ask, but how to ask them, how to answer them in return and how to look for clues in the things that people might say.

## Public Health

- Imagine being newly infected with COVID-19, and dealing with all the emotion that creates, and then being asked to recall everything you've done, everywhere you've been, everyone you might have encountered in the past fourteen days, as well as phone numbers or emails or addresses.
- Any number of problems can slow the process further. It can be as simple as being provided a wrong number to call. Or people might not take the call. Or not return it. They might not have English as a first language. They might not co-operate. They might not tell the whole truth. They might remember in phases.
- That's why when infections rise beyond a certain level, the best thing to do is to adopt tactics that protect the greatest number of people in the shortest amount of time.
- It's why public health then focuses on first contacting and guiding people known to be sick, not people who might be sick.
- It's why – more than anything – the choices people make are what matter most when it comes to reducing and reversing virus spread.
- It's also why I called on Friday for the Province to agree to new public health measures for Toronto that if implemented swiftly and for long enough will break the spread of infection.