

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

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- Good afternoon everyone and thank you Mayor Tory. Today I am reporting 268 new COVID-19 cases in Toronto. This brings our total cases since the pandemic started to 24,624.
- As the Mayor noted, earlier today Ontario's Chief Medical Officer of Health called for a different approach to Halloween for places like Toronto given the circumstances in which we find ourselves.
- I will return to this shortly.
- But first, I want to share that my team has resumed collection of individual level socio-demographic data.
- The collection of this data resumed October 9<sup>th</sup>, after it was paused on October 2<sup>nd</sup> to address the surge of cases that needed to be contacted for isolation.
- Also today we launched two additional maps on our dashboard, a map by neighbourhood of COVID-19 percent positivity and a map of testing rates. You will be able to find these maps on our COVID-19 Status of Cases in Toronto webpage.
- The inclusion of neighbourhood data comes with the important qualifier that the percent positivity for a neighbourhood should not be used in isolation. It is more meaningful when considered in combination with other indicators of pandemic activity, including number of cases, case rates, and testing rates.
- We also know that the virus is spreading to different extents in different parts of the city. Where COVID-19 is hitting hardest, tailored, targeted action is needed, which is why the Toronto Board of Health today unanimously approved a City of Toronto Health Equity Action Plan.

- As you've heard, also today, the Board of Health also supported my recommendations to increase access to testing in high-transmission neighbourhoods; to make public health information more accessible in more languages; to increase infection prevention and control supports for community agencies; and called on the province to implement a stay on residential evictions and ensure paid sick leave for all workers.
- These are things that matter in so many respects. I think we can all agree that a city fuller with healthy people is better for us than a city dragged down by the costs of preventable illness.
- Now, returning to the announcement today by Ontario's Chief Medical Officer of Health, who is recommending against door-to-door trick or treating in Toronto and other parts of the GTA where high COVID-19 rates are especially concerning.
- While trick-or-treating is often outdoors, it's also a situation that brings too many people into close contact and one where it's far too possible to mix closely with others and let your guard down.
- This is consistent with the broader advice meant to strengthen our ability to limit the spread of COVID-19, by limiting contact with people you don't live with.
- While I know so many of us look forward each year to Halloween festivities, I am sorry that you are being asked to do this holiday differently too. I am glad there is a great deal of unity around this question in the GTA and at the provincial level.
- Unity is important to the success of tough choices.
- So I am asking you to plan a low contact Halloween that assures distancing, supports mask wearing and concentrates on Halloween with the people you live with.

## Public Health

- This is a moment to send an important message, by adapting Halloween to reflect the constant risk of COVID-19. The virus is a fact of life, in every part of life, in all our lives, and we forget that at our peril.
- While it's disappointing to change Halloween there is information I want to share today that I expect will demonstrate that the recommended approach to Halloween is safest, smartest and regrettably, right for our current times.
- My team's analysis of local data is painting a picture of resurgence this fall, one that confirms some fears, dispels others and in all instances tells us we have to remain on guard, however wearying or tedious or even normal the pandemic may feel.
- Our data tells us that at present our daily case counts are very high. More concerning, approximately 35% of all of our COVID-19 cases have been reported in the 10 weeks since August 1<sup>st</sup>.
- And with increased case counts, we are starting to see increases in outbreaks. In September, we saw incidents linked to bars, indoor dining, and group fitness settings. Recently, we're seeing a growing number of outbreaks in long term care.
- One thing that is most common to these outbreaks is that they occur amongst those who are together indoors, perhaps finding it difficult to physically distance, and not wearing masks.
- We're also seeing that in terms of age, related to the resurgence, the proportion of cases in people 40 and under has grown considerably, to 50 percent in the last month, compared with 35 per cent in the initial wave.
- We also have some information about the role of schools as a factor in this fall's resurgence.
- Based on our data so far, the resurgence does not appear to be primarily driven by the re-opening of schools.

## Public Health

- In fact rising infections began before schools were re-opened in mid-September. The increase of cases in adults preceded that in children. The increase in children appears to be following a similar curve to that in adults, but lags a little behind.
- The percentage of cases that are under 18 does not appear to be markedly increasing. This will be constantly re-assessed as the school year continues, but so far it has been hovering around a 10% increase from the pre-school opening baseline.
- Finally, the number of outbreaks in schools so far has been small, and they usually involve less than 5 students and staff.
- And recall that there are about 1,200 schools in Toronto, and as of today, 11 active outbreaks. If we must have any outbreaks, I'd prefer numbers like this, which suggest relatively good infection prevention and control.
- So the data is clear. Infection rates at present are worryingly high.
- The return to school does not appear to be a significant factor in the resurgence that is happening right now.
- There is a basis to believe the return to school is being effectively managed in terms of infection prevention and control.
- And finally, recall that approximately 35% of all cases have been reported in the 10 weeks since August 1<sup>st</sup>. Our individual choices are adding up to a high price paid since then. And we know that there is still a long road ahead.
- To travel it with the least risk, I urge you again to limit as much as possible your contact with people you don't live with.
- Keep your guard up and be consistent in protecting yourself: keep a good distance of at least six feet from people you don't live with when you're out; wear your mask whenever you can; and wash your hands frequently.



## Public Health

- One of the biggest risks is that you could be infected with COVID-19 and not know it – and not knowing it, infect someone else who is not as lucky and suffers greatly as a result.
- Many of us are living through COVID-19 greatly stressed, hugely frustrated, but, overall, mostly just inconvenienced by the circumstances around us and the sacrifices we have to make.
- It's hard to equate the loss of a hockey season or a traditional Thanksgiving or Halloween with the loss of a job, the loss of a livelihood, the loss of lung capacity, or the loss of a loved one.
- Please don't give up on protecting yourself and by extension everybody else. The risk remains, but our ability to limit it is as strong as ever.
- We must stay strong and resolved and together, I know we can.

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