

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**November 9, 2020 at 2 p.m.**  
**Toronto City Hall, 100 Queen St. W.**

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- Thank you, Mayor Tory, and good afternoon. Today I am reporting 504 new COVID-19 cases. 161 people in Toronto are in hospital with COVID-19, and 37 people are in the ICU.
- But first, the good news today, which is the news about progress on the vaccine front. I was as happy as anyone to read about these early findings.
- We know that most vaccines suffer more setbacks than successes during the development and testing phases, so today cannot be seen as anything but good news – at this stage.
- It's also worth remembering there are many vaccines in development and as you've heard today we are working to put the infrastructure in place to provide for a vaccine delivery program in Toronto.
- But I must caution you we have a very long way to go before we can rely on any vaccine to protect us from COVID-19 and that is what we need to focus on today.
- In just three days we have reported almost 1,350 cases of COVID-19 in Toronto. These case count numbers are the most concerning I have seen here in Toronto since the pandemic started.
- We're seeing what happens when the virus gains ground through exponential growth, from other places around the world and increasingly in Canada – in Winnipeg and British Columbia, and even here in the GTA, most recently in Peel Region.
- As your Medical Officer of Health my priority is to act in ways that protect the largest number of people, through the most effective means, in the shortest amount of time.

- I'm also very supportive of as much activity as we can allow safely. In the context of the case counts, we are in conversations within the City and with the Province to determine what are the next, best steps to take and we will have more for you tomorrow.
- But as you know this coming Saturday, Toronto is supposed to end the restrictions put in place to limit our ability to interact in places where conditions make it easier for the virus to spread. Tomorrow, we will have a full update so that residents and business will have the information they need to make the best choices for their circumstances.
- The case counts in Toronto do not point us toward fewer restrictions on our ability to come in contact with each other. Since October 18 we have had confirmed cases per day somewhere in the low to mid 300s.
- Additionally, we've had five days in October and early November with case counts over 400 per day.
- October 10<sup>th</sup>, we reported 401 cases. On October 29<sup>th</sup>, we reported 447 cases. On November 3<sup>rd</sup>, 427 cases. November 8<sup>th</sup>, 460 cases. And today, we are reporting 504 cases.
- I believe that if we'd seen these numbers in April or May or even August, we all would have found the case counts extremely worrisome.
- I don't think the current case counts point us towards relaxing the roadblocks we're throwing in front of the virus. The extra time we asked for shows that we have not reached that point yet.
- As COVID-19 drags on, and as we see much, much worse infection levels around the world, I fear that we are at risk of getting used to our current case counts as inevitable, irreversible and just the way it is.
- A phrase we hear a lot these days is normalizing. There is nothing normal about this. It is a clear warning to us all.

- You may be wondering at home: what am I supposed to do? And to you I say this: please, take action to protect yourself, as best you can, as often as you can.
- In the simplest terms that means when it comes to coming into contact with people, don't do what you don't have to, and don't see who you don't have to.
- Doing this makes it safer for those who have to come into contact with others – all the workers we need in health care and emergency services and in our grocery stores and pharmacies and gas stations – all the places that support daily life.
- Our current data tells us we have to be careful about two risks that can increase infections. The first is close contact, meaning people are getting infected from a period of at least 15 minutes spent with somebody who already has COVID-19.
- This can happen anywhere: at home, at work, anywhere that you spend enough time close enough to another person that they can transmit their infection to you.
- I've heard many stories about people at work who are strict in their respect for self-protection measures while on the job, but who drop their masks and sit too close for too long on a break or over lunch.
- Almost all of us have a story about someone who's done something that makes them vulnerable to infection.
- And it's these gaps and these gambles that create conditions where COVID-19 spreads. Which takes us to the second category to worry about: community transmission. This is the category where we put people who have COVID-19, but where we cannot make a determination about how they got their infection.

## Public Health

- These two categories show us we have to be vigilant in all circumstances in order to limit the spread of infection. I cannot urge you strongly enough to commit to spending most of your time with the people who live under the same roof with you. I urge you to limit time spent with people who don't live with you – as much as you practically can. These are likely the two most important decisions you can make as an individual while COVID-19 is spreading so widely and powerfully.
- 500 confirmed cases in one day is not a number that can be ignored or rationalized. We're in a high risk situation.
- It is not time to panic, but it is time to act.
- When the virus demands it, living with COVID-19 requires strong, decisive action. And this is one of those times, for all of us.

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