

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**January 21, 2021 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 986 cases of COVID-19. 474 people are in hospital, 116 are in the ICU, and I am sorry to have to tell you that 10 more people have died.
- I also want to focus today on a particular aspect of COVID-19 spread that relates to the equity plan and actions discussed just now by the Mayor and in a moment by Councillor Joe Cressy, the Chair of the Board of Health.
- As part of case management follow up, Toronto Public Health is able to gather data that includes ethno-racial identity and household income.
- The most recent data up to November 30, 2020 captured a distinct change in reported infection rates.
- These data show that in November South Asian and Indo-Caribbean people experienced a disproportionately high increase in the reported infection rate.
- South Asian and Indo-Caribbean people had the highest case rate of all ethno-racial groups.
- This was 3.8 times higher than the rest of the population.
- South Asian and Indo-Caribbean people now make up the highest proportion of cases amongst ethno-racial groups overall, at 27% of cases, while comprising 13% of the population.
- As of November 30<sup>th</sup>, 2020, 79% of reported COVID-19 cases were in people who identified as coming from a racialized group.
- Additionally, 49% of cases were amongst people living in lower income households.

- Racialized groups are also over-represented in hospitalizations, as shown in our November data which includes figures characterizing hospitalizations for the first time.
- 71% of people who were hospitalized with COVID-19 identified as part of a racialized group.
- This over-representation is consistent with the higher overall case rates in these groups.
- It does not suggest racialized groups are more likely to become hospitalized if infected.
- Like racialized people, people living in lower income households continue to be over-represented in Toronto's COVID-19 cases.
- Lower income groups are more likely to be hospitalized due to COVID-19.
- People living in households with an annual income of less than \$30,000 per year are 1.9 times as likely to have a reported COVID-19 case, but 2.7 times as likely to be hospitalized for COVID-19, compared to the rest of the population.
- So while COVID-19 is a threat to everyone, it is plainly imposing real and disproportionate burdens on racialized communities and lower income groups.
- It is important to acknowledge how people's living and working conditions are contributing to these inequities.
- Evidence shows that racialized and immigrant communities are more likely to work in front-line and essential work, like health care and supportive services, putting them at higher risk for COVID-19.
- Many workers in lower-wage frontline jobs do not get paid if they call in sick.



## Public Health

- This is a significant barrier to our pandemic management efforts and reinforces the need for effective income supports for working people suffering from COVID-19 – in particular, paid sick days.
- But any measure that makes it easier for people to remain safely in employment during the pandemic or to stay home and apart from others when sick benefits them and everyone else.
- It is in my view, an investment with the capacity to generate significant returns in many ways.
- I also want to report to you today that for the first time in many months Toronto's effective reproductive number is below 1 – at 0.86.
- This means that overall each new case of COVID-19 is resulting in less than 1 additional new infection.
- Practically speaking it means that we have a slight advantage over the virus, rather than the virus having the advantage over us.
- Additionally, there has been a further decline in the 7-day new case moving average, which is now at 730, down from 772 at last report.
- This said, we need to see a consistent pattern of improving indicators before we call it a trend with any kind of confidence.
- Of course, lower infection rates and lower case counts are what everyone hopes to see.
- But it is very early going and a very delicate balance.
- The tide has not yet turned.
- Staying home, limiting our interaction with people we don't live with and keeping a safe and masked distance when we are in circumstances where that's not possible – all this remains as vital as ever.

- These indicators are, I hope, an incentive for all of us to redouble our focus on the self-protections that strengthen us all.

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