Thank you, Mayor Tory, and good afternoon. Today I am reporting 502 cases of COVID-19. There were 41 admissions to hospital in the last day, bringing total hospitalizations to 520 and 114 people are in ICU. Sadly, I am reporting 11 more deaths today.

502 new cases may seem low at first glance. But testing levels have been lower in the last few days, and when completed tests are lower, usually confirmed case counts are lower as well.

I also want to stress that 502 confirmed cases is nothing to celebrate.

Not many weeks ago we would have undoubtedly considered 500 confirmed cases to be grim news.

It still is.

There is no guarantee of how the illness will progress in the people who make up these cases.

My hope – all our hopes – is that they come through it with a minimum of discomfort and make a solid recovery – without lingering after effects.

Medically, we are in an uncertain phase of the pandemic.

The emergence of coronavirus variants is one feature of this uncertainty.

The latest figures I have indicate that there are 14 cases of the U.K. variant B 1.1.7 in Toronto.

Tracking the variant is the responsibility of Public Health Ontario and they will continue to provide updates on variants, including confirmed cases.
A point prevalence study on variants of concern is being done looking at all positive COVID-19 samples reported on January 20th.

The results, which are due from our colleagues at Public Health Ontario in a couple of weeks, will give valuable information about the status of variants in the province.

I've often said there is so much we don’t know about COVID-19.

We're at one of those points now, and as new variants with new risks surface and the medical and scientific communities move to understand them.

On the positive side, remember that the medical and scientific communities worked wonders in record time to produce the vaccines, which will help us out of this pandemic.

This is a committed community, determined to resolve this health crisis.

And it’s worth remembering that sometimes new variants emerge and then disappear.

Sometimes they persist.

Variants may increase infectiousness, the severity of illness, and the frequency of death.

Or they may reduce these.

Because COVID-19 is new, we are all learning, and learning takes time. I have confidence in the drive of the medical and scientific communities to gain knowledge quickly and find solutions.

That said, it is important for the time being, that all of us act as if the variants are spreading.
The steps for self-protection: staying home, keeping apart, maintaining at least six feet or two metres of distance when you can’t, wearing your mask and washing your hands – these remain critical recommendations to follow.

This is because, simple and familiar as they are, these steps really do work.

We know that older people are at greatest risk from COVID-19.

Their vulnerability is one of the reasons we urge everyone to keep apart so much.

At present, Toronto Public Health is investigating 96 outbreaks at long-term care and retirement homes in Toronto.

52 are active with documented transmission within the home.

44 are suspected.

Toronto Public Health provides infection prevention and control and outbreak management advice and support to these facilities.

We work with these facilities in a number of ways to control the outbreak and virus spread in these settings.

We work with these homes in identifying where an outbreak is occurring and we support homes to undertake specific actions such as limiting access to parts of the facilities when an outbreak is contained in specific areas. The goal is to prevent virus spread and separate residents who are not infected with COVID-19 from those who are.

There are very specific requirements that take effect during outbreaks, particularly governing facility activities, dining and the admission of visitors.

General visitors are not allowed access during a confirmed outbreak.
• Essential visitors are admitted for the purposes of performing essential supports like food delivery, inspection, maintenance, health care services or to see a resident who is extremely ill or receiving palliative care.

• Requirements are also in place for essential caregivers, who must comply with testing requirements, personal protective equipment requirements, and infection prevention and control protocols.

• All this work is done in accordance with provincial guidelines and directives.

• The province is firmly behind the delivery of vaccines to the residents of long-term care and retirement homes.

• These residents are the highest priority vaccine recipients.

• In Toronto, COVID-19 vaccination in long-term care and retirement homes is a co-operative venture that currently involves Toronto Public Health, our hospital partners and the long-term care and retirement homes themselves.

• The round of first visits for COVID-19 vaccination was completed on January 15th and vaccination teams are ready to begin delivering second doses of the Moderna vaccine in these settings starting tomorrow.

• To begin this final phase of vaccination for long-term care and retirement home residents in Toronto is truly exciting. I hope this brings a feeling of accomplishment and a sense of optimism for all of us.

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