

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**February 17, 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 302 new cases of COVID-19. 13 people have been admitted to hospital, bringing the total to 378, and 87 people are in the ICU. Sadly, I am reporting 3 deaths.
- There are 56 confirmed variant of concern cases in Toronto:
  - 54 are the U.K. variant B.1.1.7.
  - 2 are Brazilian variants.
- I have never been as worried about the future as I am today.
- A week ago there were 33 confirmed cases of COVID-19 variants in Toronto.
- Today we have 56.
- In fact there are more than five times that number being confirmed in the labs right now: 283 cases from Toronto that have screened positive as variants of concern.
- Lab work is underway to confirm these findings and clarify which variants.
- It's unlikely the cases will be confirmed as anything other than as variants of concern.
- The variants of concern mean we face a deceptively dangerous situation.
- Right now, the case count numbers don't look so bad – don't sound bad – but today's variant count is the tip of an iceberg.
- By the time the confirmed case counts are big enough to shock us, it will be too late to do anything – we will be in a third wave as bad as anything we've been through thus far.

- In Germany today, the Minister of Health said the proportion of the B.1.1.7 variant there rose from just under 6% to more than 22% in 2 weeks and that the proportion of cases with the variant are doubling every week.
- Newfoundland and Labrador, which has seen a total of just over 700 cases throughout the entire pandemic, suddenly has almost 300 cases on its hands linked to the U.K. variant.
- We now know that variant was starting to spread in the U.K. last September.
- It wasn't identified then and so it simmered throughout the fall.
- In mid-November daily cases in the U.K. were around 15,000 per day.
- By mid-December they skyrocketed – to peak above 50,000 per day.
- That is what happens with exponential growth, and exponential growth is what Toronto faces.
- Suddenly case counts leap and the opportunity to prevent it is gone.
- So I have written to Ontario's Chief Medical Officer of Health, Dr. David Williams, asking that the province delay assessing Toronto's return to the COVID-19 Response Framework until at least March 9<sup>th</sup>.
- I have written this letter jointly with Dr. Lawrence Loh, the Medical Officer of Health for Peel Region, who seeks the same delay for his region.
- There are 345 cases of confirmed variant in Ontario.
- A week ago Ontario's Science Advisory and Modelling Consensus Tables advised that the highly transmissible B.1.1.7 variant is spreading and that cases will likely grow again in late February with ICU occupancy following about two weeks later.

## Public Health

- It is said that variants are likely between 5% and 10% of cases now and that B.1.1.7 will soon dominate here in Ontario.
- The declining cases of COVID-19 here in Toronto isn't a result of luck.
- They follow after the state of emergency and stay at home order.
- While there is a downward trend in many key indicators, warning lights are flashing, too.
- Weekly incidence rates are declining but hover at approximately 100 per 100,000 population in both Peel and Toronto.
- Toronto hospitals still face pressures in emergency rooms, acute care beds and staffing.
- Mobility data show that people in Toronto are starting to spend more time out of home again, raising the inevitability of increased spread.
- Variants of concern are now present in most congregate settings in Toronto.
- But here's the good news – this is really important and I agree with the observation of the provincial science table – public health measures appear to be effective against variants, as are aggressive vaccination and sticking with stay at home orders.
- In the U.K. lockdown measures have brought the cases down again.
- By late January the country was back to just above 30,000 cases per day as the national lockdown continued – still double the levels in November but down significantly from the highs the month before.
- The U.K. has not yet decided on when its lockdown will end or how the lifting of lockdown will be phased.



## Public Health

- As a public health physician I have never been as concerned about the threat of COVID-19 to your health as I am now.
- Not at any other point in the pandemic.
- I am obligated to make it that clear.
- I would love to be able to tell you that we are at a point where restrictions can substantially lift.
- I look forward to that day.
- Today it is better to delay reopening and stage re-opening gradually when we have certainty that the time is right.
- Better to wait until we know more than to put everyone through the yo-yo of opening, closing, re-opening and closing again and again.

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