

Toronto Board of Health Members,

Re: Toronto Public Health COVID-19 Response - New Phase of Work

Less than three months ago, a time when we were still referring to "the novel coronavirus," the first case of travel-related COVID-19 was detected in Toronto. Our local response, led by Toronto Public Health and our Medical Officer of Health, Dr. Eileen de Villa, and supported by the full City of Toronto public service, has been swift, persistent, and effective.

The first phase of the COVID-19 response was containment. Toronto Public Health, along with our partners in public health agencies here in Ontario and across the country, should be recognized for their tireless case and contact tracing work. By following up with every known contact who may have been exposed to the virus, local transmission was greatly delayed and slowed. This provided more time for our healthcare system to prepare, and helped to avoid the tragic circumstances experienced in other jurisdictions like Italy and New York City.

In mid-March, just over one month ago, Toronto moved into the second phase of the COVID-19 response: mitigation. On the advice of our public health experts, all governments implemented measures to slow and stop the community spread of the virus. Toronto Public Health's case and contract tracing work has continued, supplemented by unprecedented physical distancing measures. All but essential workers have been asked to stay home, and even Toronto Public Health staff are working remotely whenever possible. It has been a tremendously challenging time for everyone, perhaps most of all for our front-line workers who continue to go out every day to keep us safe and healthy, to keep trucks and buses moving, and to run grocery stores and pharmacies.

Earlier this week, Dr. de Villa shared an update on where we are in this journey. Based on the latest modelling analysed by Toronto Public Health, we are seeing two different pandemics emerge in our city, which are on different trajectories. For the general population, physical distancing efforts have been largely successful at flattening the curve. The data indicates we are near the peak rate of increase and can hope to reach a point shortly where we see fewer new cases each day.

The pandemic trend in congregate living sites, however, is different. Transmission has surged in areas where physical distancing is difficult, or nearly impossible, and these sites have become ground zero for the fight against COVID-19. Staff and residents in long term care and retirement homes, shelters, group homes, and supportive housing buildings are at high risk of infection, and fatalities – particularly in long term care homes – continue to rise. The sites are also home to some of our most vulnerable: the frail and elderly, people with cognitive and developmental disabilities, people experiencing homelessness, and mental health or addiction challenges. Increasingly, we are seeing that COVID-19 preys on poverty. Vulnerability of infection depends greatly on income, housing, and access to supports.

In order to continue to mitigate transmission in the general community, and to help contain outbreaks in congregate living sites, we must continue with the physical distancing measures in place for the time being.

Case totals will continue to increase for some time, and the numbers for hospitalizations and cases requiring intensive care will lag somewhat behind. Overwhelming our healthcare system would still be disastrous.

However, based on the modelling analysis, it is time to begin preparing for the third phase of our COVID-19 response, which is recovery. How much of normal life can be safely resumed, and how soon? When we have the first wave of COVID-19 cases under control, most of our population will still have no immunity to the virus. We will continue to be at high risk for future outbreaks. Preparing for the recovery phase means, first and foremost, looking at the challenge through a public health lens.

A new separate recovery planning team has been established within Toronto Public Health. Dr. David Mowat, one of Canada's leading public health professionals, has joined Toronto Public Health on an interim full-time basis to oversee this recovery planning team by providing public health guidance and direction to inform our recovery. Over the course of his career, Dr. Mowat has served as the Chief Medical Officer of Health for Ontario, the Deputy Chief Public Health Officer of Canada, and the Medical Officer of Health for Peel Region. Our Medical Officer of Health, Dr. Eileen de Villa will continue to oversee all aspects of Toronto Public Health's response, along with Chief Matthew Pegg who is responsible for the City of Toronto's operational response.

Dr. Mowat's leadership will directly inform the recovery of the entire City of Toronto. The City's recovery team, operating within the City Manager's office, will be led by Saad Rafi. Mr. Rafi was previously the CEO of the Toronto 2015 Pan Am Parapan Am Games, and has served for 24 years in the Ontario Public Service, including as Deputy Minister of Health and Long Term Care, Deputy Minister of Community Safety, and Deputy Minister of Transportation, Energy and Infrastructure. Based on public health advice from Dr. Mowat, Mr. Rafi's team will determine when and how to resume city operations, while leading engagement with external stakeholders across sectors.

Preparing for the recovery phase will include fundamental matters such as how to know when we have the current outbreak under control, and ensuring robust systems and processes are in place to detect and contain any new transmission. The recovery planning team will have to closely consider what the "new normal" needs to be in every aspect of what we do in order to maintain control over the virus and protect our health. Some remote work will surely continue where it has been just as effective as old practices, or where it is unavoidable. What needs to change in our libraries, or on the TTC, in order to provide important services safely? How do we ensure that Toronto's most vulnerable, especially our seniors and the homeless, have the protection and housing they need? We will need to determine what activities can be permitted and amenities re-opened in our parks. And we need to re-think the balance of how we allocate space on our streets, and how we redesign them, in the recovery phase.

Our next regularly scheduled Board of Health meeting is in three weeks, on May 11. I believe it is important for us to meet sooner to discuss the COVID-19 response and have your input into the recovery planning. The City Clerk is finalizing arrangements to hold virtual meetings in accordance with recent legislative changes from the Province, and will be in touch with you individually to canvas your availability and to begin orientation with the new technology systems.

Thank you for your ongoing support, your kind words for the entire Toronto Public Health team, and the credible information that you are providing to your communities to keep them informed about our work and the actions they must take to help stop the spread of this virus.

Sincerely,

Joe

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