



Office of the Commissioner
Community and Health Services Department

MEMORANDUM

To: Members of Committee of the Whole

From: Katherine Chislett, Commissioner of Community and Health Services
Dr. Karim Kurji, Medical Officer of Health

Date: February 9, 2021

Re: Update on Public Health Emergency Response to COVID-19 Global Pandemic

This memorandum provides an update on the current Public Health COVID-19 response brought forward to Council in [January 2021](#). As the global pandemic evolves Public Health remains responsive to the changing demands of the second wave of COVID-19 through case and contact management, outbreak management and infection control measures. Additional priorities continue to include enforcing provincial legislation, collaborating with partners to support communities with higher rates of COVID-19 and working with internal and external partners in the distribution and administration vaccine. The emergency response is a corporate wide effort, and Public Health remains grateful to the Corporation and Regional Council for prioritizing the response and the critical supports provided.

On January 14, 2021, York Region moved from the [provincewide shut down](#) into the provincial state of emergency

On January 12, 2021 the Government of Ontario declared a [second provincial state of emergency](#) in response to an increasing trend in COVID-19 cases. As well, the COVID-19 Science Table [modeling data](#) showed without a significant reduction in virus contacts, the provincial health system would be overwhelmed and mortality could exceed the levels seen in the first wave before a vaccine had time to take effect.

For York Region, this state of emergency has included a stay-at-home order, additional public health measures and workplace safety measures until at least [February 22, 2021](#). The results of these measures will continue to be evaluated by the Province to determine York Region's return to the Province's [COVID-19 response framework](#) (colour-coded zones).

The stay-at-home order requires everyone to remain at home except for essential activities, such as going to the grocery store or pharmacy, accessing health care services, for exercise or for work that cannot be done remotely. The stay-at-home order, combined with [public health safety measures](#) aims to reduce the spread of COVID-19 by decreasing the number of daily contacts with individuals outside of an immediate household.

Table 1 outlines York Region’s data levels for weekly incidence rate, positivity rate, reproductive number (Rt), active outbreaks and hospital admissions as of February 7, 2021. Attachment 1 outlines York Region’s data levels for these indicators as well as the data thresholds for each level of control of the Provincial framework. Although York Region has seen recent improvements in weekly case incidence, % positivity and Rt while the Region has been under the stay-at-home order, data levels for weekly case incidence remain above levels seen in November and mid-December before the Region entered the grey level of control of the Provincial framework (lockdown/maximum measures).

Table 1
York Region Data Levels as of February 7, 2021

Data Levels	York Region Status
~Average weekly incidence per 100,000	80
~~*% positivity	4.56
~~~**Rt	0.78
***Institutional outbreaks	41
***Workplace outbreaks	15
***School outbreaks	2
***Childcare centre outbreaks	10
~New non-ICU hospital admissions	18
~New ICU hospital admissions	2

Data notes:

- ~For the week of February 1, 2021 to February 7, 2021
- ~~For the week of January 31, 2021 to February 6, 2021
- ~~~ For January 27th Based on Estimated date of Infection.
- *% positivity is the proportion of total tests conducted that were tested as positive (the number of positive tests among all tests completed). This helps us to understand the transmission within our community
- **Rt is the average number of subsequent infections resulting from one confirmed case. This helps us to understand the transmission within the population. This measure is based the estimated date of infection for all cases. The measure presents data with a 11-day lag as some estimated cases which have been infected may not yet be reported.
- ***Total active outbreaks as of February 7, 2021

## **York Region has experienced growth in COVID-19 cases from September 1, 2020 through mid-January, with a recent decline under the stay-at-home order**

York Region gained 887 new COVID-19 cases the week of January 31, 2021 to February 6, 2021. The rate of case growth increased steadily from mid-November to late-December when the Region was under the red (stringent measures) and grey (lockdown/maximum measures) levels of control of the Provincial framework.

Shortly after entering the provincewide shutdown in late December, York Region experienced a greater pace in weekly case growth that came to a peak on January 9, 2021 at a rate of 201 cases per 100,000 population. This case growth was due, in part, to gatherings over the holidays.

In the past three weeks, while the Region has been under the stay-at-home order, the average number of new cases reported has steadily declined. Although the rate of cases per 100,000 population has declined, it remains above levels seen in early to mid November before the Region entered the red level of control of the provincial framework (control/stringent). York Region's weekly case incidence is currently below that for Toronto and Peel public health units. Attachment 2 outlines York Region's weekly COVID-19 case incidence rates and a comparison of rates with neighbouring jurisdictions between September 1, 2020 and February 6, 2021.

### **Institutional COVID-19 outbreaks have been steadily increasing**

Since September 2020, there has been a steady increase in institutional COVID-19 outbreaks. Some settings have had second or third outbreaks including 21 long-term care homes, 22 retirement homes, 19 congregate settings (group homes and emergency housing), 25 workplaces and 30 schools. There are multiple factors that may impact why these settings experience repeat outbreaks, for example:

- Increased community and household transmission of COVID-19 which impacts the probability of the virus entering an institution
- Varying levels of compliance with public health measures, guidance, and policies

Additionally, the number of new hospital admissions among COVID-19 cases has decreased with 139 cases admitted to the hospital and 15 cases admitted to an ICU as of February 7, 2021

### **Community transmission continues to drive case growth in York Region**

Community settings continue to be a source of spread for the virus. Close contact with a case remains the most common acquisition source among York Region residents, followed by local transmission within the community when the source of the case is unknown. Since September 2020, about 53% of cases acquired COVID-19 through close contact with another case. For example, while providing care for a positive case, living with a positive case or having similar prolonged close contact with a positive case when they were ill. Another 31% of cases acquired the infection through local transmission from an unknown community source.

## **Confirmed cases of the COVID-19 UK (B.1.1.7) and South African (B.1.351) virus variants have been identified in Ontario**

Globally, since September 2020, [three variants](#) of COVID-19 have been identified. Currently the UK and South African variants has been identified to be circulating in Ontario with the first UK case being announced by [the Province](#) in December 2020 and the first case of the South African variant being announced in through [Public Health Ontario](#) in early February 2021.

### **As of February 7, 2021, there were 6 Active Identified COVID-19 UK variant cases in [York Region](#)**

As of February 7, 2021, there are a total of 59 cases that meet the definition of a variant case in York Region, of which 19 are confirmed as the UK variant and the lineage of the remaining are still to be determined. Compared to other jurisdictions in Ontario, York Region's case count for this variant is high with most of York Region cases being linked to household transmission. Explosive and exponential growth of variants in other countries have raised the stakes of a third wave in York Region occurring prior to mass immunizations. At this time the growth in York Region's case numbers does not support this.

In general, it is normal for viruses to mutate and the more COVID-19 virus spreads, the more the virus has opportunity to change. Early modelling and epidemiological studies suggest the COVID-19 variants spread easier and faster, and there is some evidence to suggest the Health Canada-approved vaccines will be any less effective. Research in this area is on going to confirm these findings and the global medical, public health and research communities are actively evaluating these mutations.

### **York Region responded to fluctuating case reports by leveraging continuous quality improvement changes**

To appropriately follow-up on the changing number of cases, Public Health has developed a five-tiered response process to streamline case investigations. This tiered response is triggered by the number of cases received by Public Health for investigation follow-up. As case counts increase, the depth and length of the investigation is shortened and focuses on the timely isolation of cases and their close household and non-household contacts, limiting further transmission. As case counts decrease, investigations resume in a more fulsome manner. This approach aligns with the directions set out in the Ministry of Health's Case and Contact Management Guidance documents.

Leveraging a continuous quality improvement framework and approach, case loads were analyzed to better understand the amount of investigation time required and focused on reducing the risk of transmission to close contacts. This process has:

- Allowed teams to tailor the response based on available resources and to prevent a backlog of cases pending follow-up

- Ensured York Region has been able to continue case and contact follow-up when case numbers are higher. Other health units have had to cease contact tracing activities when case counts are high, or pushed the contact tracing responsibility to cases

### **York Region has been a provincial leader in adopting and implementing the Province’s Case and Contact Management “Virtual Assistant”**

The virtual assistant sends a text message from Public Health to all individuals with a recent positive COVID-19 test result to collect preliminary information, following the same process a live case investigator would follow. The text contains a secure link for individuals to complete a personal assessment form. Using this virtual assistant helps Public Health to:

- Identify the contacts of cases and get in touch with them quickly to reduce further spread of the virus
- Prioritize individuals who may not be able to self-isolate, allowing for timely case management and potential referral to York Region’s voluntary isolation centre
- Identify multiple household contacts, prioritizing these larger household clusters for timelier follow-up
- Maximize limited staffing capacity to prioritize cases in high risk settings or with high risk exposures and to allow Public Health to dedicate staff to focus on investigating reports of variant cases in York Region

### **York Region’s task force conducted a second community safety campaign the weekend of [January 16 to 17, 2021](#) and found an 85% compliance rate**

York Region’s COVID-19 task force continues to prioritize the enforcement requirements set out under the [Reopening Ontario Act](#), to respond to complaints, to do proactive monitoring and to provide education. York Region’s task force in partnership with the Ministry of Labour, Training and Skills Development conducted a second community safety campaign the weekend of [January 16 to 17, 2021](#) by visiting big box stores in York Region. This campaign focused on ensuring workers and patrons were wearing masks, maintaining physical distance and following health and safety measures. This weekend campaign showed an 85% compliance rate, with 72 business visits and 11 warnings issued.

Additionally, from January 11, 2021 to January 17, 2021, York Region COVID-19 enforcement officers visited 1,928 business laying 45 COVID-19 non-compliance charges. Overall, between March 18, 2020 and February 8, 2021 combined efforts of [enforcing COVID-19 regulations](#) by York Regions COVID-19 enforcement task force members and York Region Transit has resulted in 37,786 inspections, 20,622 education activities and 850 charges.

## **York Region continues to work with Provincial and other partners to support communities with higher rates of COVID-19**

On December 21, 2020, the Province announced it would implement and fund a [High Priority Communities Strategy](#) in selected areas of the GTA. The strategy is intended to provide enhanced supports to racially diverse, newcomer and low-income communities as they have been impacted more significantly by COVID-19 than others. The Province identified communities in York Region's southern municipalities to be among the hardest-hit communities in Ontario that could benefit from targeted supports.

The strategy is being delivered in York Region by a partnership that includes the Ontario Health/Central Local Health Integration Network, community agencies and York Region's Community and Health Services Department. Key elements of the strategy include:

- 1. Case Management, Outreach and COVID-19 Testing:** Two Community Health Agencies, [Carefirst](#) and the [Vaughan Community Health Centre](#), have been contracted by Ontario Health/Central Local Health Integration Network to outreach to residents, conduct case management, and help residents to access services and testing, particularly for identified communities in Markham and Vaughan
- 2. Financial Assistance:** Financial assistance is available to York Region residents who need to take 10 to 14 days off work to self-isolate and are facing financial hardship that poses a direct barrier to COVID-19 testing or completing a required period of isolation. Financial assistance to cover rent, utilities and food is available for anyone needing this support, including residents not eligible for provincial and federal government assistance or other COVID-19-related benefits. This service is provided by the Region's Community and Health Services' Social Services branch, with referrals handled by Access York and is fully funded by the province
- 3. Voluntary Isolation Centre:** The Province is funding free-of-charge, [voluntary self-isolation](#) spaces to York Region residents who, may be unable to easily or safely self-isolate. The Region has established a 280-bed voluntary isolation centre.

## **York Region has contracted the Canadian Red Cross to set up and operate the Voluntary Isolation Centre in York Region**

The [Canadian Red Cross](#) has significant experience operating isolation sites and currently operates multiple isolation centres across Canada for returning travelers on behalf of the Public Health Agency of Canada. York Region also has a multi-year partnership agreement with the Canadian Red Cross to help the Region and local municipalities with emergency preparedness and disaster response. The Canadian Red Cross and Regional staff worked with Public Health to prepare the Isolation Centre, including:

- Supporting the center with infection prevention and control guidance, on site assessments, resources, signage and education and training materials

- Providing guidance and direction on eligibility for individuals to stay at the isolation centre
- Developing health screening tools to be used by on site nursing staff to assess symptoms and support improvement of symptom for those staying at the centre

The Isolation Centre, located at a hotel in York Region, officially opened on January 25, 2021; it will continue to operate as needed through to March 31, 2021 (with the possibility of extension subject to continued provincial funding). The specific location and name of the hotel will not be publicly disclosed for the safety and privacy of all Isolation Centre guests.

Guests will receive free-of-charge onsite supports and services that account for unique cultural and/or accessibility needs or requirements (including daily wellness checks, meals and Internet), as well as connect them to community wrap-around supports, if required.

Three main groups who can access the Isolation Centre include those waiting for COVID-19 test results, COVID-19 positive or likely COVID-19 positive, and/or close contacts of a COVID-19 positive case. All referrals to the Isolation Centre must be directed through Access York at 1-877-464-9675, ext. 72500 or [accessyork@york.ca](mailto:accessyork@york.ca). Access York will welcome telephone referrals to the Isolation Centre:

- Monday to Friday, 8:30 a.m. to 7 p.m.
- Saturday and Sunday, 1 to 4 p.m.

Information about the Voluntary Isolation Centre, as well as financial assistance to eligible residents, have been provided to local municipalities and community agencies. More information can be found on [www.york.ca/isolationcentre](http://www.york.ca/isolationcentre)

## **Vaccine roll out and immunization in York Region continues to take place through Public Health and community partners**

Vaccine roll out and immunization of York Region residents is dependent on the developing timelines within the provincial [three-phase vaccine distribution implementation plan](#). York Region's local efforts are determined by ongoing updates and adjustments within the provincial plan including current availability of vaccine supply. As of January 26, 2021, York Region Public Health provided vaccine to at all of York Region's 28 long-term care homes and 37 retirement homes for the first dose of COVID-19 vaccine and assisted with some of the vaccinations. The roll out of the second dose is currently underway. York Region Public Health also conducted vaccinations in conjunction with the Chippewas of Georgina Island First Nation.

## **With the reduced supply of the Pfizer vaccine the Province has issued new directions for the administration of second doses**

On January 19, 2021 in response to the reduced supply of the Pfizer-BioNtech vaccine, Ontario's Chief Medical Officer of Health provided new direction on the administration of second doses of vaccine:

- Long-term care and high-risk retirement home residents and their essential caregivers, who have received their first dose of the Pfizer-BioNtech vaccine, may receive their second dose in 21 to 27 days after their first dose. Staff who were vaccinated within these setting at the same time as the residents may also receive their second dose in 21 to 27 days after their first dose
- All other recipients of the Pfizer-BioNtech vaccine may receive their second dose after 21 days and before 42 days
- For individuals who received the Moderna vaccine, the dose schedule of 28 days will remain

### **A COVID-19 Mass Immunization Advisory Group was established to support being prepared to immunize York Region’s 1.2 million residents**

On October 2020, the Region established a Mass Immunization Advisory Group. As reported to Council in [January 2021](#), this internal group is comprised of Regional staff from across the corporation whose collective efforts are aimed at being prepared to immunize York Region’s residents. Collaboratively, seven working groups are identifying and carrying out actions needed for mass immunization clinics to open in York Region as vaccine supplies increase. As planning progresses, recommendations made by the Advisory Group are shared with York Region’s Medical Officer of Health and York Regions Health and Regional emergency operation centres. Examples of planning activities include:

- Determining appropriate clinic sites
- Planning for clinic set up, including safe vaccine delivery and storage, securing necessary clinic staff, and ensuring availability of clinic supplies
- Preparing for clinic communication and developing protocols and training materials

### **A York Region COVID-19 Vaccine Task Force has been formed to support Regional large-scale mass immunization planning**

In January 2021, the COVID-19 Mass Immunization Advisory Group a COVID-19 Vaccine Task force was established. As required by the Ministry of Health, the Task Force is coordinating the preparations for the launch of a COVID-19 mass immunization campaign in York Region. Using the [Ethical Framework for COVID-19 Vaccination Distribution](#), the Task Force will support preparation of a Regional approach to guide to how and when vaccines will be offered to priority populations and sub-groups.

Working in alignment with York Region’s COVID-19 Mass Immunization Advisory Group the task force will develop a coordinated plan that:

- Will identify how to serve priority populations outlined within the Province’s [three-phased vaccine distribution implementation plan](#)



- Develops innovative and equitable solutions for distributing and administering vaccine to high risk and vulnerable populations, the general population, congregate living and other settings in the community
- Provides education and outreach support to ensure primary care providers, healthcare providers and the community have factual vaccine information to make informed decisions

The task force membership made up of internal and external partners for example:

- Primary care providers, family health teams, Ontario Health teams, hospitals, pharmacies community health centres
- Culturally aligned community organizations and interfaith communities
- Indigenous, Black, and other racially based communities and organizations
- Long term care homes, retirement homes, congregate care settings
- Essential workplaces (e.g. fire, police, and emergency medical services) and other groups as needed
- Public Health and Clinical Ethicists

### **Assessment of staffing requirements for the COVID-19 response effort continues with forward planning for mass immunization**

Public Health continues to assess and align staffing needs to ensure case and contact management, outbreak management and infection prevention and control measures continue to meet the changing demands of the ongoing response. Between the end of January and mid February 2021, 60 additional staff from the provincial workforce pool will be integrated into York Region's response to support ongoing case management. Staffing for mass immunization continues to include leveraging agency staff and re-deployment from within Public Health for clinical roles and collaborating with local stakeholder to explore non-clinical support roles, including Local Municipalities.

### **The Ministry of Health has approved funding to offset the extraordinary costs of the COVID-19 response in 2020**

The Ministry of Health (Ministry) provided up to \$18.7 million in funding to offset the Public Health COVID-19 response extraordinary costs for 2020 based on our preliminary estimate provided in the Fall of 2020. Based on actual extraordinary costs incurred for 2020, funding will be reduced by \$3.0 million to approximately \$15.7 million for 2020. Staff expect the Ministry will recover excess funding reported in our 2020 4th Quarter Standards Activity Report.

In January 2021, the Ministry confirmed funding for extraordinary costs will also be provided in 2021. Funding for the voluntary isolation centre is provided by the Ministry of Municipal Affairs

and Housing separately from the Ministry's funding for Public Health's COVID-19 response extraordinary costs.

**Public Health's focus and actions will remain as well as monitoring for changes as the course of the pandemic continues to change**

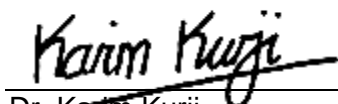
Until vaccine supplies are stable for mass immunization of residents, [regional health measures](#) for York Region will need to be followed and it will be important for residents to continue to take [actions to help stop the spread](#) of the virus, monitor for symptoms of COVID-19 and [seek assessment and testing](#) if necessary. Until the population has been vaccinated, Public Health will continue to be required to maintain an enhanced response with case and contact management, outbreak management, infection prevention control measures, transparent reporting and on-going communications.

For more information on the memo, please contact Dr. Karim Kurji, Medical Officer of Health, at 1-877-464-9675 ext. 74012.



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Katherine Chislett  
Commissioner of Community and Health Services



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Dr. Karim Kurji  
Medical Officer of Health



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Bruce Macgregor  
Chief Administrative Officer

Attachment (2)

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