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GTA

Is Ontario ready for double bubbles?

By **Katie Daubs** Feature Writer

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The “double bubble” news hit Newfoundland and Labrador at the end of April. Households could expand their circles to one other mutually exclusive household. It was just before Mother’s Day, which made for a stressful decision for married adult children. Do you hug your mother or your mother-in-law?

Jim Parsons, mayor of Corner Brook, was grateful he didn’t have to choose. His wife’s mother, who lives alone, moved in with them earlier in the pandemic. So when the change came they expanded the bubble to include his parents, who live a short drive away. His parents were accustomed to seeing their grandchildren several times a week, and the separation had been difficult. The kids were a little stunned that first day of the double bubble.

“It took them a couple seconds to react and understand that they could actually go in and give Nanny a hug instead of standing out on the curb,” he says with a laugh.

Corner Brook is a city of about 20,000 on the western shores of the province, and as mayor, Parsons often officiates weddings. In May, he was doing just that, and decided to change up the vows for the eight-person outdoor affair, which came with all kinds of pandemic modifications, including one he threw in for fun, considering the new policy. After pronouncing the couple husband and wife, he said: “You may now burst each other’s bubble.”

When Newfoundland and Labrador announced the “double bubble” policy on April 30, there had been 258 cases to date.

By the end of May, there were 261 cases to date, and public health leadership gave the go-ahead for people to introduce six more individuals to their already expanded bubbles. The upgrade came with warnings: Choose wisely, protect vulnerable citizens, and don’t feel the need to randomly expand because you can.

The idea, as chief medical officer of health Dr. Janice Fitzgerald explained, was to allow more connection to dearly missed friends and family, while continuing to keep transmission risk low. Continued vigilance was essential. Parsons and his family have yet to add anyone else to the bubble, but they’re considering the neighbours across the street, who also have similar-aged children. There could be a long-awaited playdate in the future.

“We’re in a very different situation of course here then you will be in Ontario,” he said. (As of June 9, their provincial case count has remained at 261).

Since the beginning of June, Ontario has averaged around 365 new cases each day according to the Star’s analysis of regional health unit numbers. (This average includes a day when 267 old but previously unreported infections from Toronto were added to the daily tally). On Monday, provincial officials said that most new cases have come from in and around the GTA, and that many of Ontario’s health units have recently reported no new cases or small increases.

Premier Doug Ford announced Monday that [certain regions](#) (not including the GTA) will enter phase two of reopening this Friday, which includes hair salons, patios and outdoor swimming pools. The entire province, including Ontario, will be allowed to gather in groups of 10, up from five previously, but that still means people have to maintain physical distance or wear masks when they cannot.

The province is “strongly looking” at how “bubbling” can be applied here, because they know it is good for social well-being and helpful for contact case management. On Monday, chief medical officer of health Dr. David Williams said they did not want to introduce too many new measures at once and confuse the messaging.

“We want to use this concept of social bubbling as a continual incremental growth process for the next number of steps, and we want to make sure we do it, and we do it right,” Williams said, noting that bubbling would be province-wide and not regional.

“So we’re hoping to have enough information on that fairly soon because I and all the medical officers of health feel it’s a very important (measure) for the health of our public.”

After months of restrictions, isolation fatigue is real, says University of Toronto bioethicist Kerry Bowman.

“Let me be clear: we’re not talking about a DSM-5 clinical diagnosis,” he says. “But there is broad consensus that we’re all reaching a point where the isolation is just enough.”

Dr. Isaac Bogoch, an infectious diseases specialist with the University of Toronto and Toronto General Hospital, says that the key for relaxing any restrictions on how Ontarians gather will be a sustained reduction in the number of new cases each day, and decisions should be driven by the local prevalence of infection.

“There’s certainly discussion to approach this on a more regional level, rather than dictating policy at the whole province,” he says. “It doesn’t seem to make sense that just because there is a higher burden of infection in the GTA that Thunder Bay and Kingston are impacted when they have so few infections there.”

Tim Sly, an epidemiologist and professor emeritus at Ryerson’s School of Occupational and Public Health, says there seems to be an inaccurate perception that we’re nearly through with this pandemic.

With no vaccine or herd immunity, the virus isn’t defeated, and people are still susceptible to infection, he says, adding that lowered case counts are “unreliable because of the asymptomatic numbers.” While there are improvements in certain regions, the situation is worsening on a global scale, according to the World Health Organization: This Sunday brought the highest one-day total of new cases so far at more than 136,000 worldwide.

Sly believes that one factor in people not taking the situation seriously is visibility. There are some people wearing masks, and many businesses still shuttered, but there are few visual reminders of suffering.

“If we had a couple of people with ventilators in ICU beds in the park ... that would have been a reminder but of course those people are inside the ICU,” he says. “Out of sight, out of mind.”

“We’re getting fatigued, no question about it, so it’s really up to experts and also media to continue to remind people that this is not going away,” he says. He knows that realistically, people have to work and move around, but any changes have “to be done extremely carefully, and the vulnerable may have to remain in some form of special protection until the vaccines arrive.”

He considers expanded bubbles a risky idea. He believes we need more systemic testing for the virus and for antibodies, so people can make informed choices about who is infected and who may be immune.

While it would be great to have that kind of comprehensive information, we don’t have that capability, Bogoch says, although he says that testing and strategy are [improving](#). In mid-May, Health Canada authorized its first serological COVID-19 tests for laboratory use. The blood tests will help determine whether people who have recovered are now immune.

The agency has cautioned that the relationship between antibodies and immunity is not yet known, and in the United States, the Centers for Disease Control has said that serological tests should not be used to determine if someone can return to work, or how people are grouped together in places like schools or correctional facilities.

Bogoch says there is no risk-free place on earth and until there is a vaccine, “It’s going to be a lot easier for us if we’re comfortable living with uncertainty”

He thinks it is reasonable to start expanding social and family groups once public health authorities say that it is safe, but that doesn’t mean risk goes away. “The more people that we interact with, the greater the risk,” he says.

Chris Bauch, a mathematician at the University of Guelph who specializes in applying mathematics to real-world problems, says that models have shown that “bubbling” can prevent a relatively large number of cases compared to other strategies. “But that assumes that people don’t change their bubbles, and that’s a crucial assumption,” he says.

A peer-reviewed [study recently published](#) in the journal Nature Human Behaviour ran models comparing strategies for increased contact in a post-lockdown world. In their infection simulation, they found that “strategic reduction of interaction with repeated contacts” (which they also call “interaction bubbles”) delayed the peak of infections by 37 per cent, decreased the height of the peak by 60 per cent, and resulted in 30 per cent fewer infected individuals compared to a “random contact reduction” strategy.

“Although this requires coordination, micro-communities would be difficult for a virus to penetrate, or — importantly — if the infection is contracted by one contact, for the virus to spread further,” the study’s authors write.

Bauch says when it comes to actual epidemiological evidence, you’d need to tease apart changes that are due to bubbling versus other changes like testing. “It may actually be hard to really know for sure from the data how safe it is,” he says. He believes it is too soon for Ontario.

“Waiting and seeing is a good idea since we’re still getting a lot of new cases every day and we haven’t flattened the curve as strongly as the Maritime provinces.” (New Brunswick and Nova Scotia also introduced expanded bubble policies.)

In an emailed statement, Dr. Vinita Dubey, associate medical officer of health with Toronto Public Health, said they will follow the guidance of provincial and federal governments. Dubey noted that if household bubbles were to expand, and someone was infected, both households would be considered close contacts and everyone would need to self-isolate for 14 days.

COVID-19 is still circulating in Toronto, Dubey writes, and because it spreads through respiratory droplets — coughing, sneezing, talking — prolonged contact, even when someone doesn’t show symptoms, could lead to further spread. So their advice continues to be physical distancing, hand washing and avoiding gatherings with non-household members.

While many households, particularly those with young children, might be looking forward to the prospect of expanding their networks, Devanshi Amodra, a registered practical nurse, says she wouldn’t feel comfortable.

She lives with her parents and children in Etobicoke, and works in long-term care. She doesn’t think a change is appropriate right now. Even thinking about who to include in an expanded bubble is difficult — “I don’t know what’s going on in that family,” she says, adding that she is “high-risk” as a health-care worker, and she wouldn’t want to bring trouble to others.

Bioethicist Kerry Bowman sees the summer of 2020 as being fraught with difficulties as people have to assess their own risk tolerance and evaluate the decisions of friends and family.

There is already tension out there: people sparring over mask use, people having arguments with family and friends over choices. The pandemic exacerbates fracture lines, he says.

“Unless someone’s behaviour is really out of line from a pandemic point of view, we really have to try and respect the fact that people are going to make slightly different choices about how they live their lives,” he says. “And if they’re not breaking major rules, we really have to be a little more open to this.”



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