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GTA

A look back at how far Ontario has come on COVID-19 deaths – plus 8 other charts that sum up the pandemic right now

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It's been a long, 105-day stretch since Ontario marked a 24-hour period with no deaths related to COVID-19. And that period couldn't have come sooner, say doctors and epidemiologists who have been watching the pandemic unfold.

While the news that we have reached a day with zero dead from the virus for the first time since mid-March is undoubtedly good, experts are warning that we should not begin to rest on our laurels lest the virus flare up amid relaxed restrictions.

One person in Ontario died from the virus on Sunday, a significant departure from the height of the pandemic in May, when more than 90 deaths were reported in one day.

Todd Coleman, an epidemiologist at Wilfrid Laurier University, called it "fantastic news."

"It means that the severity of spread has slowed down consistently to see zero deaths in a 24-hour period," said Coleman. "It also means though, that we still need to remain vigilant because the deaths are representative of infections happening over the last few weeks. We still need a few weeks to monitor and see what things are like before coming to any definitive conclusions."

Dr. John Granton, head of respirology at University Health Network, said the decrease in deaths was a natural outcome of a decrease in cases overall.

"You naturally see a reduction in those coming in really sick," he said.

His hospital has seen a significant decrease in critically ill patients being admitted due to the virus, although he warns that there could still be more deaths — critically ill patients who have been in the hospital for weeks and are suffering from secondary infections or complications related to the virus.

"Sadly, it is possible still to see late deaths for patients who have not recovered," said Granton.

Here we survey how Ontario and Canada's fight against COVID-19 is progressing and also check on other countries that have had success in flattening their curves.

Ontario and the GTA compared

There were 185 new cases of the virus reported by health units on Monday, with 129 of those originating in the GTA. Toronto had the highest number at 67 with Peel a close second at 42.

But the overall trend shows a decrease in cases.

Coleman noted that while the downward trend in the rolling seven-day average is “definitely a positive sign,” Ontarians still “need to be vigilant in terms of preventative measures, and that includes social distancing and mask wearing in public spaces, especially indoor public spaces whenever possible.”

Dr. Vinita Dubey, Toronto’s associate medical officer of health, also cautioned against letting our guard down despite the general decline in new COVID-19 case counts.

“It is important to remember that while our COVID-19 case numbers have decreased, this does not mean there is no risk of contracting the virus in our city,” she said in an email.

“The reality is that the virus continues to circulate in our city and we are seeing more younger adults getting COVID-19 compared to earlier in the outbreak when there were many residents in long-term care homes who were getting COVID-19,” said Dubey.

“This means we still need to be careful. This point is made very clear in the experiences of other jurisdictions.”

Health units compared

The Windsor-Essex health unit continues to have the highest number of cases based on population counts as widespread testing last week revealed hundreds of cases in the farm sector, where thousands of temporary farm workers are employed.

More than 560 people in the area are in self-isolation, the health unit reported Monday.

But after an outbreak on the weekend in the manufacturing sector, Dr. Wajid Ahmed, the area’s medical officer of health, also warned about the importance of workplace health and safety measures such as in-person screening and staggering employee start and break times.

Ahmed said cases could originate anywhere and that the health unit is looking into contacts but they couldn’t identify one particular risk area.

That is unlike Kingston, where 37 cases have been linked to a nail salon with more cases originating at other businesses including a golf club, a restaurant and two other nail salons.

Meanwhile, Toronto, Peel and York continue to have significant case counts in the last week based on population.

The York Region Public Health unit has had a number of outbreaks at workplaces, the majority involving employees who lived outside the region, said Patrick Casey, director of corporate communications for York Region.

The R number

The current reproduction number of the virus, which refers to the number of secondary infections from one case, dipped below one a month ago and has stayed there, which is a “very good sign,” said epidemiologist Susan Bondy, an associate professor at the Dalla Lana School of Public Health.

“We’re looking for the R number to be less than one over the long haul,” said Bondy.

If the number is over one, it means that one case will lead on average to more than one secondary infection, which can lead to exponential growth down the road.

Bondy says in this phase of the pandemic it’s extremely difficult to predict where there will be a flare-up of new cases as there was in Kingston.

“We’re seeing all these little lightning strikes and the little lightning strikes are sometimes unfortunately large numbers of cases,” said Bondy. “It’s these little lightning strikes that really drive the R value for a week and drive the provincial averages in terms of case counts,” she said. “There’s no mathematical model that could say Kingston ... would have an outbreak in a nail salon.”

Asked whether we can expect to see the reproduction number go even lower due to Toronto’s mandatory mask policy, Bondy said it’s more important that it doesn’t go back up.

“I think what could have happened if we didn’t have the mandatory masks is that people would feel that the risk is low and they would let down their guard,” said Bondy. “So if you don’t see further reduction in the R number, that doesn’t mean the mandatory mask policy wasn’t successful.”

“I believe it will help (the R number) stay low as we reopen,” said Bondy.

Bondy also believes the city's mandatory policy will reduce tension that might have occurred if some stores and businesses had instituted the policy and others didn't.

"I was in public health when we were trying to enact universal smoke-free laws in bars and restaurants. The worst scenario is when you had a hodgepodge. That's where you had conflict," said Bondy. "And one business pitched against another business. And you had people that were upset and aggressive if they moved from a place that had one rule to another with another rule."

"I really believe the mandatory stance is the better thing for social comfort."

What can Canada do to further flatten its own curve?

It's instructive to look at what successes other countries around the world have experienced. While some of the lessons might be too little too late, the way countries such as Taiwan, New Zealand, Vietnam and Ireland responded to COVID-19 could be useful in the event of another pandemic.

Taiwan is held up by many experts as the model for how to respond to COVID-19. The East Asian nation of 23 million people has seen 449 cases of the virus and just seven deaths since the pandemic began, despite its proximity to China. How did Taiwan do it?

One thing that helped, said Simon Bacon, a behavioural scientist at Concordia University in Montreal, was the country's experience in battling SARS in 2003 that gave it a nimble ability to respond fast.

"SARS for example hit Taiwan very heavily so they put in place a whole series of mechanisms so that as soon as something looks like a pandemic or a fast-spreading virus, they can mobilize very quickly. Obviously one of the key successes from Taiwan was their ability to identify cases and then do all of the contact tracing around it," he said. "Taiwan did that from the very beginning."

Bacon noted that Taiwan's citizens had a very high rate of face-mask use, a cultural practice born of the country's experience in dealing with infectious diseases.

The country has also been hailed for its robust electronic health infrastructure that allowed for tracking of hospital and doctor visits and reporting of travel and symptoms through an online platform. One study noted that the country also proactively sought out patients with severe respiratory issues who had previously tested negative for influenza so that they could be retested for COVID-19.

Like Taiwan, New Zealand took measures early on that helped to contain the spread of the new coronavirus and likely save thousands of lives. As early as the end of January, the country had already set up a team within its health ministry to keep tabs on what the virus was doing elsewhere and even began screening passengers coming off flights from China.

On Feb. 2, the country banned travel from mainland China outright. By mid-March, New Zealand cancelled festivals and large gatherings, including a memorial service for victims of the 2019 Christchurch massacre. On March 20, all public services were closed down and five days later the country went into full lockdown. The country also instituted widespread, aggressive testing and contact tracing earlier than many nations.

As of July 6, the country reported just 1,534 cases and 22 deaths.

Bacon noted the country had exceptional communication from government officials that emphasized the wellbeing of the collective. The messaging was "we're in this together. We need to work together to beat this," said Bacon. "Very few countries have done that."

Vietnam, a country of 97 million, acted quickly when news of the virus emerged out of Wuhan, monitoring its long border with China before eventually closing it, and extending the New Year shutdown of schools at the end of January until mid-May, according to media reports.

As of July 6, there have been just 369 cases of COVID-19 in Vietnam — and no deaths — according to Johns Hopkins' Coronavirus Resource Center.

While countries in Europe and North America were just starting to figure out how to respond to the pandemic in March, Vietnam was sending travellers to quarantine for 14 days and testing them, ensuring that even asymptomatic people entering the country were detected. The country also did contact tracing for both direct and indirect contacts of cases.

"The one thing we've probably learned from all of this process is that if you go aggressive early, you can really minimize the spread at the very beginning. You then don't get all the problems in terms of overwhelmed health-care systems," Bacon said. "Vietnam did that and they're now reaping the benefits of that. They've got way more public activity going on because they went early, they went aggressive."

To date, Ireland has seen 25,531 cases of COVID-19, including 1,741 deaths, but data from Johns Hopkins' Coronavirus Resource Center shows the country has largely flattened its curve. This was partly due to strict early measures that saw people over the age of 70 asked to stay indoors and keep social visits to a minimum.

The fact that Ireland is an island also helped, said Bacon, noting that fast action by the government, including consistent messaging. In fact, clear communication on the part of all four of the above countries, including that three of them are islands, played a large role in helping them meet the challenges of the pandemic, he says.

“That consistent messaging becomes critically important because as an individual, a citizen of that country, you get this very concise ‘this is what needs to happen, this is what we’re going to do,’ ” Bacon said. “Contrast that to the UK and the US, which I think are two examples of how definitely not to do this...they’ve never really been very committal or consistent in their messaging.”

Coleman noted that these four countries paid close attention to the virus’s behaviour in the world and showed excellent coordination between government and public health experts to ensure consistent messaging and aggressive testing and contact tracing.

Correction - July 7, 2020: The graphic showing the weekly cases per 100,000 people was edited from a previous version that included an incorrect colour legend.



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