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GTA

Lessons from a nail salon: Could cluster busting be a way to avoid future COVID-19 lockdowns in Ontario?

By **May Warren** Staff Reporter

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When a few cases of COVID-19 popped up in [Kingston](#) in late June, contact tracers immediately started looking for patterns.

For months they had kept infections low, with just two discovered the entire month before. So where did these new ones come from? What could the patients have in common?

It turned out that two of them had recently gotten their nails done. That crucial clue helped public health officials quickly link the cluster back to a west-end salon, test over 6,000 people, and get hundreds more to self-isolate.

“This was classic public health work,” said Dr. Azim Kasmani, public health and preventive medicine resident physician at Kingston, Frontenac, and Lennox & Addington Public Health.

“We’re going to keep seeing outbreaks here and there, but it’s making sure that those little sparks don’t turn into big fires.”

As we emerge from months of lockdowns, the virus that causes COVID-19 could be lurking anywhere. A nail salon, a restaurant patio, a wedding or funeral. But with new infections and deaths down across Ontario and in the GTA — on Friday the [province announced](#) there were fewer active cases than there have been since before the April peak of the outbreak — we may soon be in a situation where we can proactively fan out the flames. As the epidemiologists call it: “cluster busting.”

If we can do it right.

“We’re at least trending in the right direction,” said Ashleigh Tuite, an assistant professor at U of T’s Dalla Lana School of Public Health, whose [spring outbreak modelling](#) with colleague professor David Fisman showed months of social distancing would be required to flatten the curve.

We’re also in a “much better place than we were a month or two ago,” when it comes to the R number, the average number of people each person with COVID-19 will infect.

It fluctuates daily, Tuite, said, but is now sitting at or below one. Above one means infections will continue to grow, like in March and April. One is a “sustained epidemic” that’s “grumbling along.” Below one means it’s declining.

Ideally, we’ll now have the ability to focus more on place. Find where people are getting infected, and quickly test, trace and isolate individuals, whether they’ve been at a barbershop, a factory or a family birthday party.

Japan has been doing this cluster-busting successfully since the beginning of the pandemic, Tuite said, managing to avoid lockdowns. The country relies on an army of contact tracers, which they’ve used in the past for squashing outbreaks of diseases like

tuberculosis.

“It makes a lot of sense,” Tuite said. “The challenge is you can’t do that if you have hundreds or thousands of new cases a day. It’s just not feasible.”

In March, public health authorities had limited options because COVID-19 was spreading so quickly unchecked.

“We went with a really blunt measure, which was basically a shutdown,” she said. “The goal has always been to have a more nuanced response that relies more on testing and tracing. I think we’re headed in that direction.”

It’s not easy but “the advantage is if you can do it, you avoid another shutdown.”

This is essentially what Kingston was able to do. By Kasmani’s count, 37 cases were identified linked to the nail salon outbreak. Once they realized the connection they made a public appeal for anyone who had been there since it opened to get tested and self-isolate for 14 days, and the salon was temporarily closed.

There have now been several days with no new cases again. One person was hospitalized related to the salon outbreak but has since recovered, Kasmani said.

He chalks up the success to good communication, existing relationships with the community and public buy-in. The medical officer of health, Dr. Kieran Moore, streamed his whiteboard debriefs on social media, showing the spread in a transparent way that helped people understand what was happening.

The health unit had also laid groundwork to prevent outbreaks by developing a checklist, adapted from provincial guidelines for businesses, on how to safely reopen. And testing was “broad but it was also targeted” to those most at risk.

The unit also brought in a mandatory mask policy within days of the outbreak, which “isn’t perfect” but does help, Kasmani added.

P.E.I. is also in the midst of its own kind of cluster busting, trying to control the spread from six active cases all linked back to a person who entered the Atlantic travel bubble from the U.S. with a student visa.

The most recent positive case, a man in his twenties, first tested negative, P.E.I.’s chief medical officer of health, Dr. Heather Morrison, told reporters Thursday. He eventually developed symptoms and retested positive. But luckily he was still self-isolating, as health authorities had asked all close contacts of positive cases to do, regardless of their test results.

“We know that COVID-19 has not gone away and it will be with us for a considerable amount of time,” she said. “We should not let our guard down and we should remain vigilant. Now is not the time to become complacent.”

The island has only had 33 cases of COVID-19 in total and no deaths.

In the Maritimes things have come full circle with new cases related to travel, just as they were back in February, said Colin Furness, an assistant professor at the faculty of information at the Dalla Lana School of Public Health.

“The system worked,” he said. “Public health was right on top of it, isolating, contact tracing, testing, and there no one has to say, uh oh we’ve got to pull back.

“At our best that’s exactly what it’s going to look like.”

But it’s important to also remember that COVID “thrives in marginalized populations” and that it’s “going to keep going there.”

In Toronto, the northwest corner has been the hardest hit. [The Star found that](#) those neighbourhoods also have some of the highest concentrations of residents who are low-income, racialized and living in crowded housing while working in higher-risk sectors like manufacturing.

The province’s migrant workers have also been disproportionately affected by the pandemic.

Furness would like to see more investment in public health units for hiring, more proactive leadership from the medical officer of health, and what’s called sentinel testing.

That’s where people are randomly tested in a community to see how many are infected. This would ideally happen in high-risk work settings like farms, salons and restaurants, and vulnerable neighbourhoods.

Mandatory face-covering bylaws will also “definitely help” slow the spread, he added.

Furness also said the government should tighten up what “essential travel” means, particularly as the situation in the U.S. spirals out of control with over three million COVID infections. There should be zero tourists and business travellers, he said. But special considerations should be made for international students and extended family members of Canadians.

He does still worry about a rise in cases in the fall, when everyone heads back inside. If we do really thorough sentinel testing, then “yes we’re going to keep a lid on it, but I don’t know if we’re going to do it,” he said.

Now is the time, said Tuite, to be making improvements to the system, as well as urging everyone not to let their guard down.

“The question is, in Ontario do we have the resources and the test capacity and the contact tracing capacity to do this?”

“I guess we’ll find out.”



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