

April 4, 2021

Dr. David Williams
Chief Medical Officer of Health
21st Floor, 393 University Ave.
Toronto, ON M5G 2M2

Dear Dr. Williams,

Re: Request for province-wide stay-at-home order and strengthened public health measures

Given the rapid deterioration in local indicators across our three public health units, we are writing today to make urgent comment on the decision to impose a province-wide emergency brake. While the implementation of additional province-wide public health measures is welcome, stronger measures will be required to reverse the surge our health units (among others) currently face. Both Peel and Toronto have seen rapid case growth while placed in the Grey – Lockdown category of the [COVID-19 Response Framework](#), highlighting the need for stronger public health measures.

The [data and key messages shared publicly on April 1, 2021](#) by the Science Advisory and Modelling Consensus Table included the following concerning trends:

- The third wave of COVID-19 is here and is being driven by variants of concern.
- Younger Ontarians are being hospitalized. The risk of ICU admission is 2 x higher and the risk of death is 1.5 x higher for the B.1.1.7 variant.
- COVID-19 accounts for the majority of ICU occupancy and threatens the health system's ability to deal with regular ICU admissions.
- Stay-at-home orders will turn the curve and protect access to care (see attached slide).

Furthermore, Ontario is not unique in its experiences with variants of concern (VOC) or with VOC-driven case surge. The following conclusions and recommendations made in Public Health Ontario's February 16, 2021 Evidence Brief were informed by an analysis of jurisdictions around the world that also experienced VOC-driven case surges:

- Strict lockdowns of larger geographies for at least four weeks have the most appreciable impact on COVID-19 rates.

- Evidence and experiences from Europe demonstrate that any public health measures implemented must be "swift and intense" to minimize COVID-19 spread in Ontario communities.
- Additional restrictions at a level beyond the current provincial shutdown and stay-at-home order were necessary to address the growth of VOCs in other jurisdictions (for example, the closure of non-essential retail settings and the movement of education to online); the situation here in Ontario merits a similar response.
- Province-wide measures should be considered (that is, measures at a higher-level than the local public health unit level), given the national-level lockdowns required in managing VOCs in other countries.

Given the experiences of other jurisdictions with VOCs and the current concerning trends throughout the province, we are asking that you, as Chief Medical Officer of Health, issue a province-wide stay-at-home order. This is in keeping with the advice from the Science Advisory Table, which was modeled using an April 5, 2021 stay-at-home order. A stay-at-home order issued by the Province through an Emergency Order is necessary to prevent and mitigate large scale morbidity and mortality and irreparable strain on the health care system. Stricter lockdowns have been shown to be effective in other countries to control transmission while vaccine campaigns progressed to achieve sufficient population coverage to suppress transmission.

In addition, we strongly recommend that the following enhanced public health measures be considered to further prevent the spread of COVID-19 in Ontario:

- Review all businesses and services presently defined as essential, with an aim to:
 - Identify businesses and services that should be removed from the current list of essential services;
 - Identify which services in businesses with a large square footage are essential; and
 - Implement staffing limits of not more than 50% for businesses and services deemed to be essential upon review.
- Set capacity limits of not more than 50% for essential businesses that are permitted to remain open.
- Impose travel restrictions between regions within Ontario.
- Legislate the emergency provision of paid sick days to supplement the existing Federal income supports.
- Move schools to online or hybrid learning where local jurisdictions' school outbreaks are significant and capacity to manage is stretched.

To augment the proposed public health measures, **we are also requesting that every possible effort be made to rapidly secure more vaccine for Ontario and supports be put in place to ensure administration in the areas of greatest need.**

While continued expansion of vaccine administration remains a critical component of our long-term pandemic response, public health measures are needed immediately to reverse, as quickly as possible, the concerning trends we are seeing in our health units.

Given the urgency of the situation, we will make ourselves available to discuss this letter immediately.

Sincerely,



Dr. Eileen de Villa, MD, MBA, MSc, CCFP, FRCPC
Medical Officer of Health, City of Toronto



Dr. Lawrence C. Loh, MD, MPH, FCFP, FRCPC, FACPM
Medical Officer of Health, Region of Peel



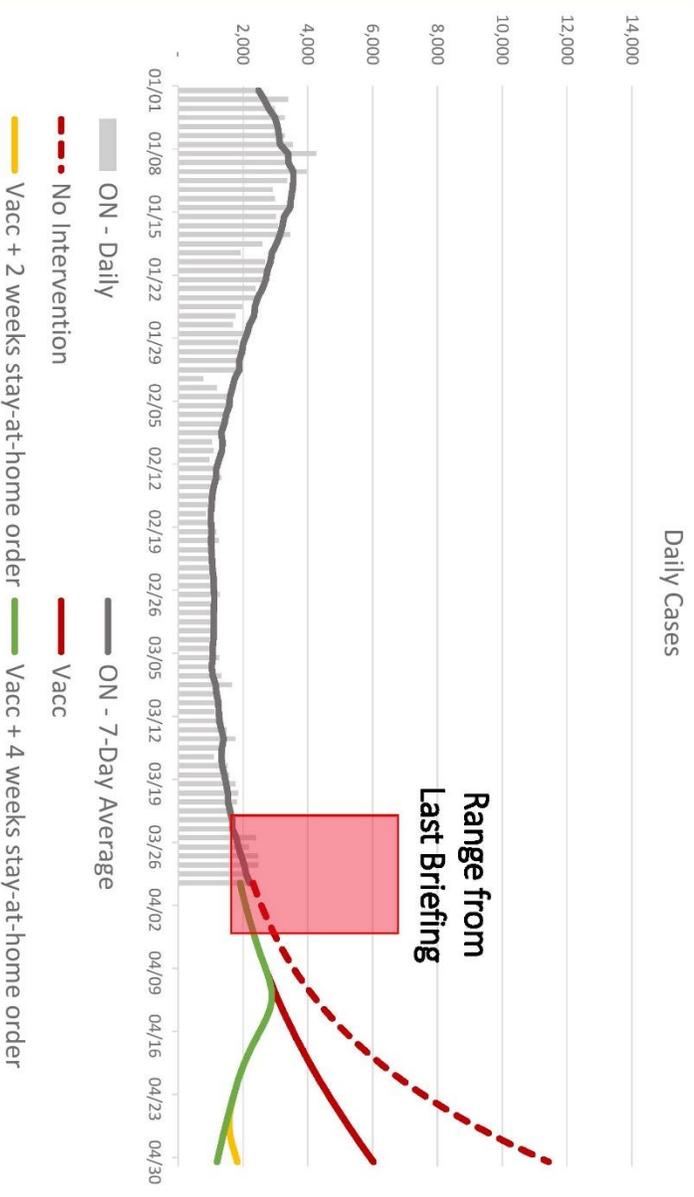
Dr. Vera Etches, MD, CCFP, MHSc, FRCPC
Medical Officer of Health, City of Ottawa

copy: Dr. David McKeown, Chair of the Ministry of Health Public Health Measures
Table

Short-term case projections depend entirely on system-level public health measures and vaccination

Figure shows example, representative of predictions across 4 models, 3-5 scenarios each.

- Scenarios:**
- Stay-at-home order assumptions:
 - No stay-at-home
 - 2 weeks starting Apr 5
 - 4 weeks starting Apr 5
 - Vaccine assumptions:
 - 70% effective in preventing infection
 - Administered at constant rate
 - Administered randomly to population



Predictions informed by modeling from COVID-19 ModCollab, Fields Institute, McMasterU, PHO, YorkU
Data (Observed Cases): covid-19.ontario.ca