



November 3, 2020
For Immediate Release

Attn: Assignment Editor

New Report on COVID-19 Outbreaks in Non-Health Care Workplaces Shows Growth in Cases Far Surpass the General Population in Schools, Retail, Public Services: Data & Communication Still Poor, Only One Public Health Unit is Reporting All Outbreaks with Names of Businesses

Toronto – As COVID-19 cases in Ontario’s general population hit an all-time, increasing 24% in two weeks from October 13, 2020 to October 28, 2020, the Ontario Health Coalition released its most recent outbreaks report for non-health care settings. It is available here: <https://www.ontariohealthcoalition.ca/index.php/report-tracking-of-covid-19-outbreaks-in-non-health-care-settings-data-updated-to-october-28/>

The Ontario Health Coalition reported that clear data on how the virus is being transmitted amongst the general population is still not available. Peel, with the highest rate of case positivity (6.5% of people tested are testing positive) did not contact trace 16.9% of the cases in the last week of October. In the same period, the proportions of COVID-positive cases that have not been contact traced in other “hot spots” are: Toronto 65%; Durham 27.5%; Ottawa 48.8%.

During the two-week period ending October 28, even with insufficient reporting in almost all public health units, we were able to find that several industries are far surpassing the growth in cases among the general public. Cases in school have grown the most significantly, increasing 67.76% in two weeks while general community spread increased 24% in those same two weeks. Retail outbreaks have continued to grow at a rate of 27.97% in this reporting period and outbreaks public services have also grown at a rate of 26.34% in this report. Developmental services have also seen a significant increase, growing 21.26% in two weeks.

While the Ontario government is reporting all cases in schools on their website, they are only classifying 233 cases out of 2,001 cases (11.6% of school cases) as being a part of an outbreak. The government has adopted a different definition of “outbreak” in schools, requiring a known epi-link, which means proven, direct contact or exposure between cases. But students and teachers share washrooms, playgrounds, buses, gyms, locker spaces and other common areas. The bottom line is that growth in the numbers of cases in schools is far higher than in the general public, there is no explanation for this in the Public Health data, and there is no way to verify the quality and thoroughness of contact tracing that is being done in schools. But the much higher growth in school COVID-positive case numbers should raise questions about what is happening.

There appears to be no plan to improve public information and data about where transmission is occurring, to provide resources for contact tracing in Toronto and other hot spots, or to require the release of information about outbreaks in workplaces. This raises serious questions: what is the goal of Ontario’s COVID response? What are the plans for the sectors that are seeing increases far above the general population’s? If the market is going to be allowed to rule, and we are not condoning this approach, then why cannot people be given full information to make safer choices? Even with our best efforts at tracking, we were only able to find a small portion of cases in workplace outbreaks by name of the facility, because only Hamilton Public Health is reporting all local workplace outbreaks. Ottawa and York are reporting congregate care (Developmental Homes and Social Services), Windsor-Essex and Chatham Kent are reporting agriculture cases and Toronto is not reporting any workplace outbreaks at all outside of schools, long-term care, retirement homes and homeless shelters.