

From “What can cities learn from Kingston’s COVID-19 response? A lot, it turns out” Omar Mosleh, Toronto Star, Feb. 21, 2021

It’s a region of about 200,000 people with a large university, several federal prisons, a significant senior population — and only 21 active cases of COVID-19.

The Kingston region, despite its numerous institutions and proximity to the U.S. border, has only seen one death connected to the virus over the course of the pandemic. It has had no deaths in long-term-care facilities and was one of only three health regions in Ontario allowed to transition to the green zone on Feb. 10.

How did Kingston do it?

One only needs to look to the local health unit’s YouTube page, where medical officer of health Dr. Kieran Moore — armed with a sharpie and flip chart — lays out the region’s strategy in responding to the pandemic.

It’s a confluence of factors that culminated in Kingston keeping its case numbers low. In essence, it was able to flatten the curve by getting ahead of the curve.

“It’s a whole series of a community that’s willing to get tested, a lab system that works locally with great turnaround time, a public health system that responds within 24 hours and when you have all of those dominoes lining up, you can have a very effective response system,” Moore said.

The region embraced the importance of physical distancing early in the first wave, introduced mandatory mask policies well before it became provincial policy and implemented a system of extensive testing with 24-hour results.

At first glance, Kingston hardly looks like a fortress protected from COVID-19. In addition to being a retirement destination for many, it's three hours away from both Toronto and Montreal — cities that saw high case counts during the first wave. It's also close to the American border, which raised concerns.

“I was worried about us in our positioning between very high-risk cities and countries, but we've been able, through this multi-modal approach, to limit the infection,” Moore said.

Kingston, with its rich history and picturesque downtown, also is popular for tourism. Few know this better than Morrison's Restaurant owner Michael Argiris. His restaurant, often described as a Kingston institution, is slated to celebrate its 100th anniversary this year.

“You'd be surprised how many people come here from everywhere,” Argiris said, noting he gets patrons from Toronto, Montreal and the United States.

In his 31 years operating the restaurant, he said he's never seen the streets so empty as they were in the first lockdown. Since he reopened on Feb. 10, he's recognized some loyal customers returning but acknowledged it can be challenging to pinpoint where everyone is coming from.

“Sometimes I ask, where are you folks from, and they say we're from around here,” Argiris said. “It's very tough ... We don't ask everybody.”

The key to Kingston's success was being extremely proactive. As early as March 5, before the World Health Organization even declared a global pandemic, Moore was meeting primary care partners to discuss how they could prevent the virus from sweeping through their vulnerable populations.

It was evident early on based on how the virus was spreading internationally that the senior population was most at risk. Moore

said Kingston benefited from already having a strong relationship with the physicians and nurses at local long-term-care homes.

About 18 per cent of Kingston's population is over 65.

"I was quite anxious monitoring that data," Moore said. "And we were determined back in February 2020 to not let this virus get into our vulnerable settings."

On March 17, about a week before Ontario's first major lockdown, Moore restricted visitors and non-essential appointments. A turning point came in the summer, when the city had an outbreak at a nail salon in June.

Public health linked 10 cases of the virus back to the salon, cases that were determined to stem from staff not adhering to best practices for mask wearing and hand hygiene.

On June 26, one day after the outbreak was declared, Kingston introduced a mandatory mask policy at all indoor workplaces, making it one of the first municipalities in the province to do so. Ontario did not make masks mandatory until Oct. 2.

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"But our community embraced it. And from that day on, I think being an early implementer (with) early adherence to best practices, really saved us."

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Moore acknowledges it was a “risky” time to introduce a mandatory mask policy as there was still much dispute about their efficacy.

“Even though the science had some level of uncertainty, in the face of an outbreak I thought it was reasonable,” he said.

“Subsequently, the science has supported us.”

Public buy-in of the restrictions and for testing was crucial to the community’s success. Moore said during the week after the mandatory mask policy was introduced, about 8,000 people came forward to get testing.

Other factors played in the region’s favour. It has a Public Health Ontario lab at the local hospital, which helped test results come back within 24 hours. Queen’s University also has a testing site on campus.

Kingston has a high number of government and post-secondary employees who were able to work from home during the first wave, and lacks food-processing plants.

“We knew this virus spreads rapidly in meat-packing plants and other dense areas where you have a lot of workers working together,” Moore said. “We don’t have that.”

Dick Zoutman, an infectious disease expert at Queen’s University, praised the public health unit for its handling of the pandemic.

“The most remarkable thing is we’ve had one death. That’s one too many and that’s somebody’s loved one. But that’s one death.”

He credits public health's clear and consistent messaging, extensive testing and most importantly its rapid response to the summer outbreak for the region's low case count.

"It makes all the difference," Zoutman said. "When you're making a response to a public event, you have to move quick because, as they say, perfection is the enemy of good."