Campbell Commission on SARS

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Importance of the Commission

- understanding the outbreak
- future directions

Goals In Managing SARS

- protect public safety including health care workers
  - infections
  - deaths
- minimal disruptions in the rest of the health care system
- minimize geographical spread
- public reassurance and information
- minimum social/economic disruption

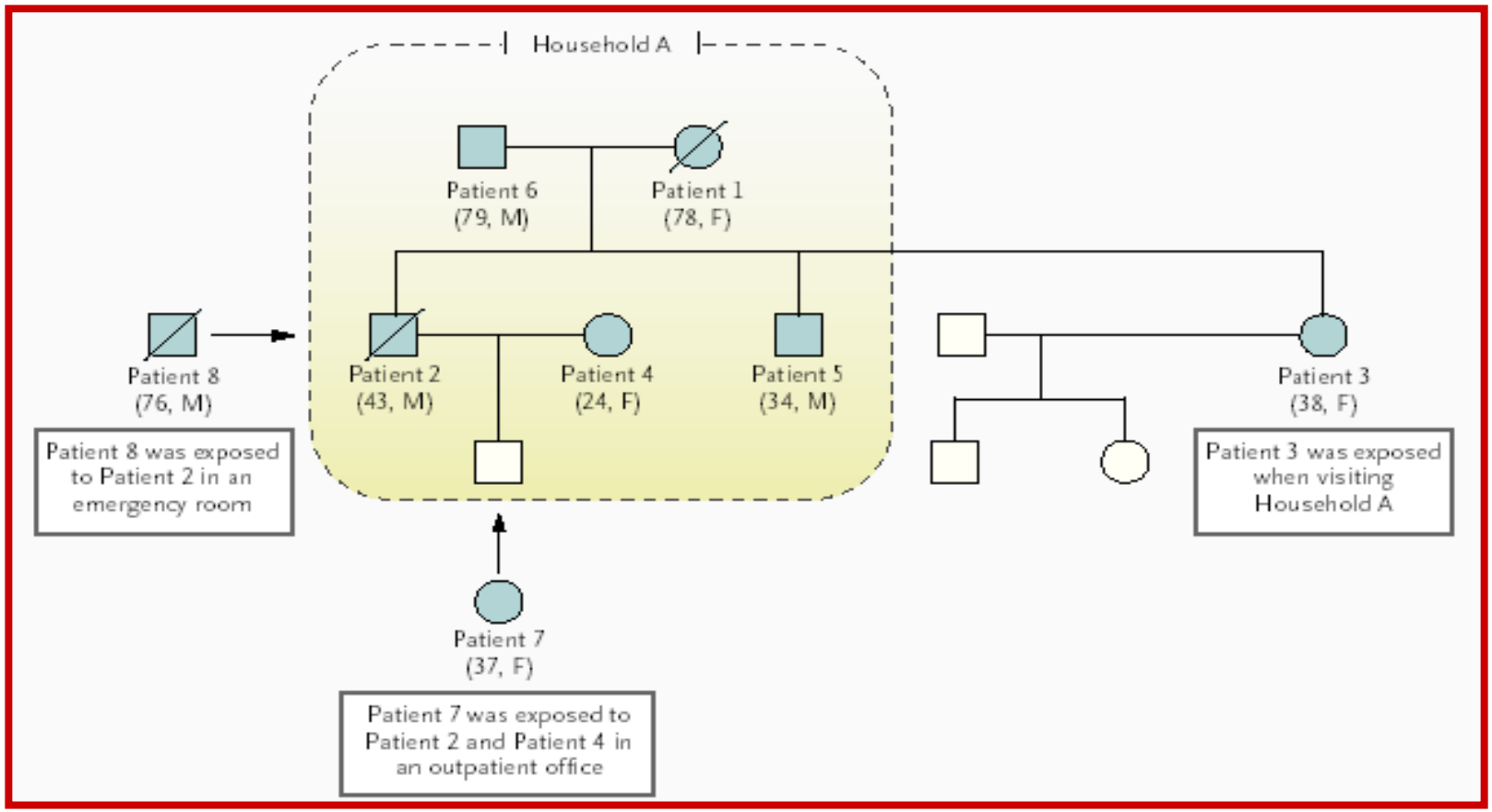
Tools For Managing SARS

- science
- ethics
- confidentiality
- transparency

SARS
Our Team

- ***A very large multidisciplinary team pulling in the same direction and led by front line health care workers.***

Hong Kong – *The Metropole Hotel*



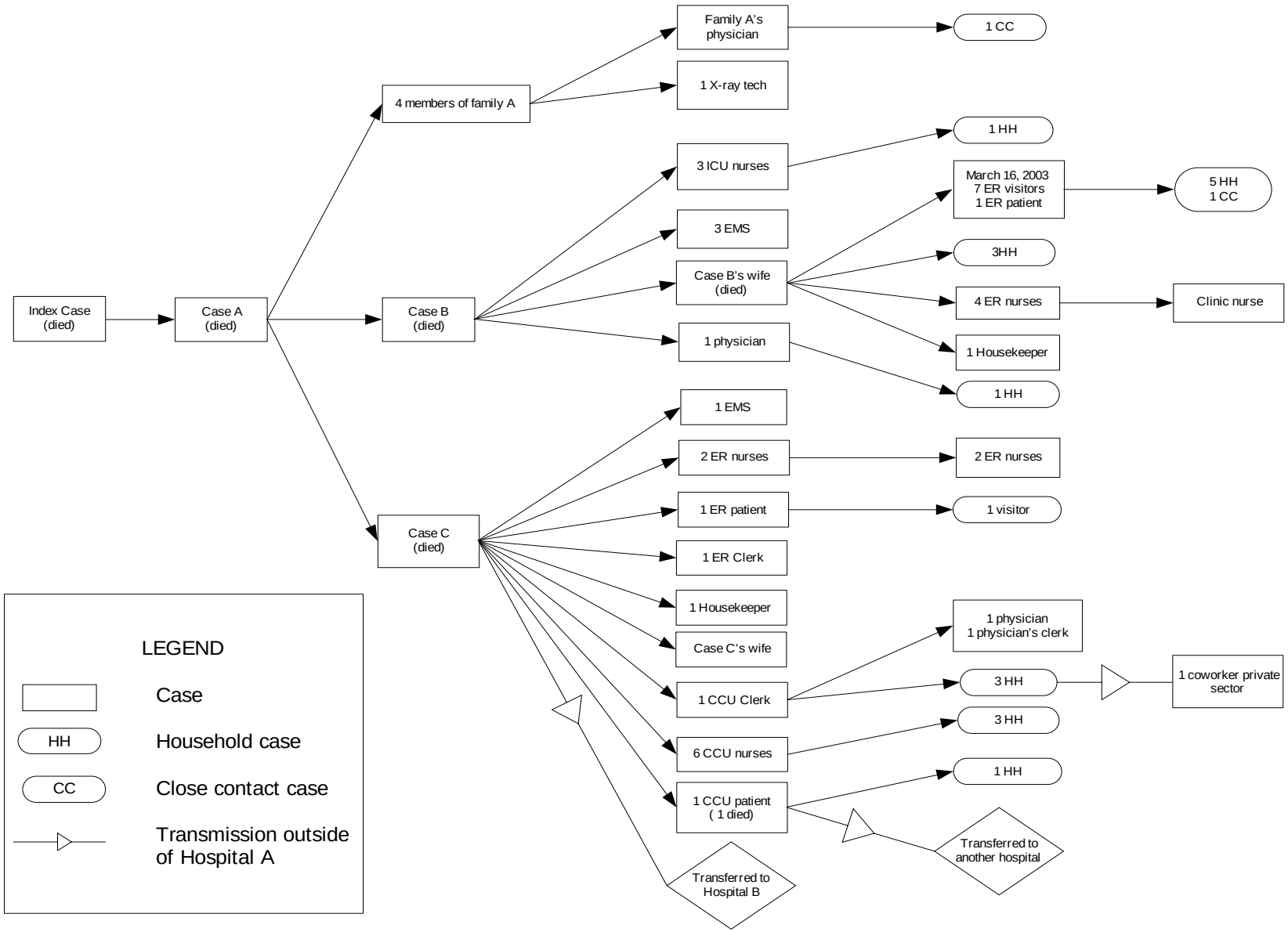
Feb 23, index case returns from Hong Kong
March 5, index case dies at home
March 7, case 2 in ER
March 13, case 2 dies; 5 family members admitted

SARS

March 12th – WHO Alert

- **atypical pneumonia**
- **health care workers most affected**
- **unidentified cause**
- **spreading in south-east Asia**

Figure 3. Transmission of SARS in Hospital A (N=72)

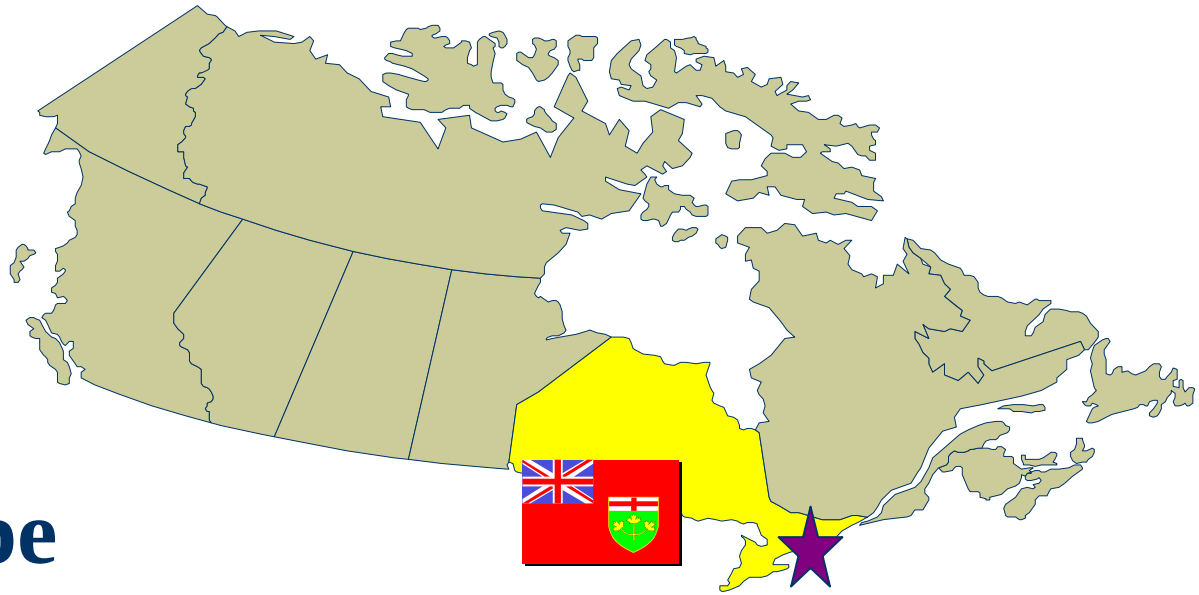


Outbreak Control

How do you stop an outbreak when:

- Agent is unknown
- Incubation period uncertain
- Mode of transmission not entirely clear
- No diagnostic test
- No prophylaxis
- No vaccine
- No treatment

Why a Provincial Emergency?



- scope
- hidden cases
- getting ahead of the outbreak

Management

- multiple jurisdictions
- multiple professions
- bold, rapid actions
- coordination and consistency
- system wide approach
- transparency

The Reality

- ***You deal with the facts and the institutions you are given.***

The Balancing Act

- **patient risk**

versus

- **infection control**
- **medical education**

SARS
Infection Control - Education

- **hand washing**
- **technique**
- **working sick**
- **diagnosis of exclusion**

SARS

Infection Control – Movement

- **patient transfers**
- **staff**
- **clinics**
- **visitors**

SARS
Infection Control – Equipment

- **staff**
  - **across hospitals**
  - **emergency, ICU**
  - **SARS units**
  - **high risk procedures**

- **patients**
  - **emergency**
  - **in hospital**

SARS
Quarantine

- **length**
- **determining “who”**
- **where**

SARS I (a community clusters)

Multiple Family Members

Doctors

Funeral Home

Religious Community

Family

Patients

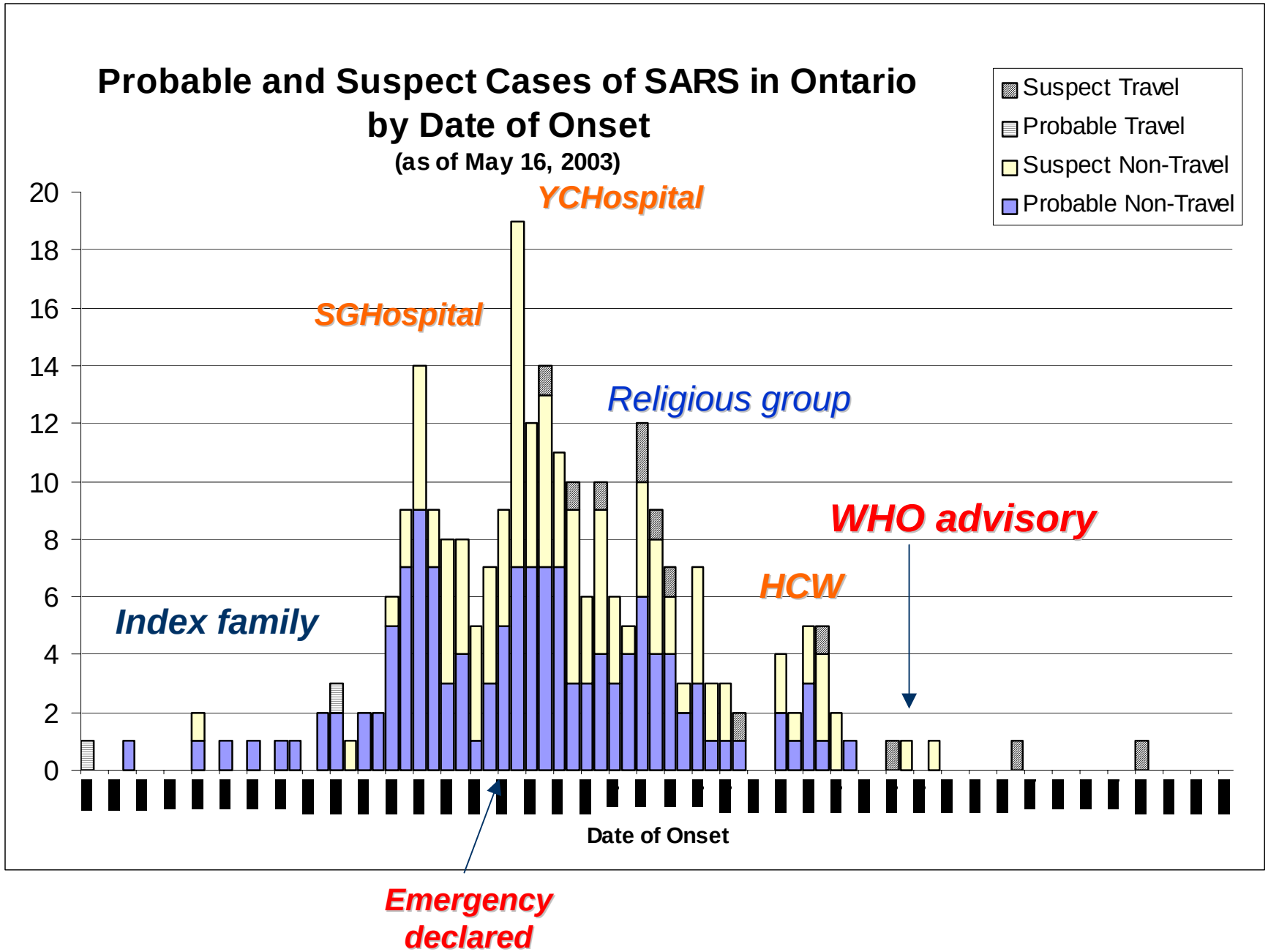
Workplace

Montreal

Philadelphia

Scientific Committee

- ✶broad based – multidisciplinary
- ✶rapid turnaround
- ✶science based decisions


Probable and Suspect Cases of SARS in Ontario by Date of Onset
(as of May 16, 2003)
Suspect Travel
Probable Travel
Suspect Non-Travel
Probable Non-Travel
20
18
16
14
12
10
8
6
4
2
0
YCHospital
SGHospital
Religious group
WHO advisory
HCW
Index family
Date of Onset
Emergency declared

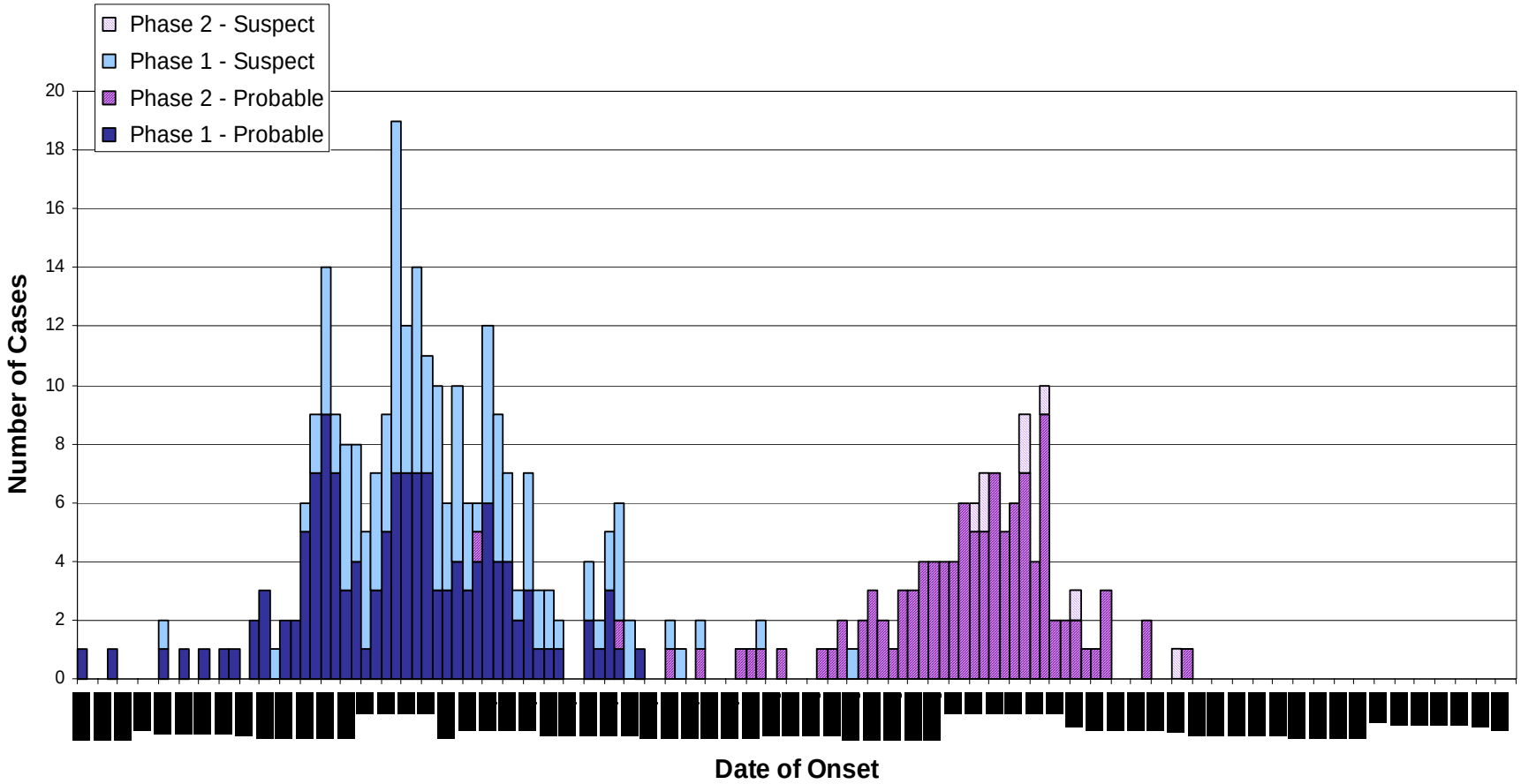
End of SARS I

- 20 days – 2 incubation periods
- travel cases in ↔ out followed
- gradual relaxing of equipment and screening
- vigilance of SARS workers and new travel cases

SARS II

- not necessary to shut down medical system
- fatigue factor

Phase 1 and Phase 2 SARS Cases by Status in Ontario as of July 14, 2003



Note:
Phase 1 cases are based on Health Canada case definitions prior to May 29, 2003. Phase 2 cases are based on revised Health Canada definitions effective May 29, 2003.

Effect of SARS
Communications Challenges

- **definitions**
  - probable
  - suspect
- **cumulative numbers**
- **multiple messages**
- **foreign press**

WHO
Travel Advisories

- clear definitions and process
- effect on local population
- economic effects
- false alarms

Other Countries

- earliest hit-hardest hit
- embedded hospital system
- problem secondary spread
- public fear
- unrefined use of quarantine
- public measures
- economic costs

Will SARS Return ?