

# **The Ontario SARS Scientific Advisory Committee**

**Dr. Dick Zoutman, Chair**

**Dr. Brian Schwartz, Vice-Chair**

**Ontario SARS Scientific Advisory Committee**

**October 1, 2003**

# OSSAC - Outline

1. **Chronology**
2. **Composition**
3. **Decision making**
4. **Reporting**
5. **Evaluation**

# 1. Chronology

**March 5, 2003**

- **78 yo female who recently visited Hong Kong dies at home**

**March 7, 2003**

- **Son (index case) transported to hospital by paramedics**

# 1. Chronology

**March 13, 2003**

- **Index case dies; 4 patients with febrile respiratory infection transported from community hospital to tertiary care centres**

**March 13-25, 2003**

- **Further cases recognized to be similar to those in outbreak in South-East Asia**

# 1. Chronology

## March 25-26, 2003

- Index hospital closed
- Provincial emergency declared
- “Science group” initiated
- Initial directives written

## March 27-30, 2003

- Science committee expands
- Issues identified (hospital categories, personal protection, screening)

# 1. Chronology

**March 31, 2003**

- 6 members of Science committee sent home on quarantine due to exposure on March 29

**April, 2003**

- Directives written and distributed
- Crises addressed (eg. community, ICU)
- Administrative support in place
- Rotation of members due to other commitments
- Daily meetings with Commissioners

# 1. Chronology

**May 1-16, 2003**

- “New normal” directives written, approved and distributed
- OSSAC submits report and disbands

**May 25, 2003**

- SARS II - new reported cases
- OSSAC regroups - daily teleconferences and weekly meetings

# 1. Chronology

## June - July, 2003

- Active surveillance proposals developed
- Transitional directives distributed
- Reporting changed to SARS Operations Centre

## August, 2003

- New directives developed for non-outbreak and outbreak situations for all sectors



# 1. Chronology

## September, 2003

- Drafts sent to reference groups by SOC
- Efforts to reconcile evidence, perceptions and operational realities

## October, 2003

- New directives distributed to stakeholders
- “Final” meeting October 15, 2003.

## **2. Composition**

### **Membership included:**

- **Infectious diseases**
- **Public Health**
- **Emergency medicine – disaster planning**
- **Occupational Health**
- **Family medicine**
- **Infection control**
- **Hospital Administration**

## **2. Composition**

### **Representatives from:**

- **Public Health Branch of MOHLTC**
- **Epidemiology group**
- **Health Canada**
- **Provincial/SARS Operations**
- **Communications**

## **2. Composition**

### **Guest appearances:**

- **Equipment experts**
- **Medical experts – Critical Care, Primary Care**
- **Hospital representatives**
- **Ministers of Health – Provincial, Federal**

# 3. Decision Making

- **Tasks assigned, or if OSSAC generated, approved by POC/SOC**
- **Writing done by individuals or small groups**
- **Informed by existing evidence (data when available, early studies, extrapolation)**
- **Communication with other stakeholders (FPT public health group, CDC, WHO)**

# OSSAC Initial Work

## Directives

- **Review current epidemiology**
- **Assess implications**
- **Predict implications**
- **Listen to the field**
- **Talk with POC front line**
  - **Especially MOHLTC SARS Executive Lead**
- **Develop best practice policies based on available evidence**

# Challenges

- **No test**
- **No diagnostic criteria**
- **No idea of clinical course**
- **No treatment**
- **No knowledge of disease transmission**
- **No idea of duration of infectivity**

# Levels of Evidence

1. **Positive RCT's**
2. **Neutral RCT's**
3. **Prospective, nonrandom**
4. **Case series**
5. **Animal studies**
6. **Extrapolations**
7. **Rational conjecture**



# Level of Evidence 1



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# Level of Evidence 6/7



# **Best Evidence for SARS**

- **Expert opinion**
- **Anecdotal lessons learned**
- **Extrapolation to other venues**

# Expert Opinion

## ■ Local

- Local Public Health officers
- Hospital infection control
- Disaster Planning experts

## ■ National

## ■ International

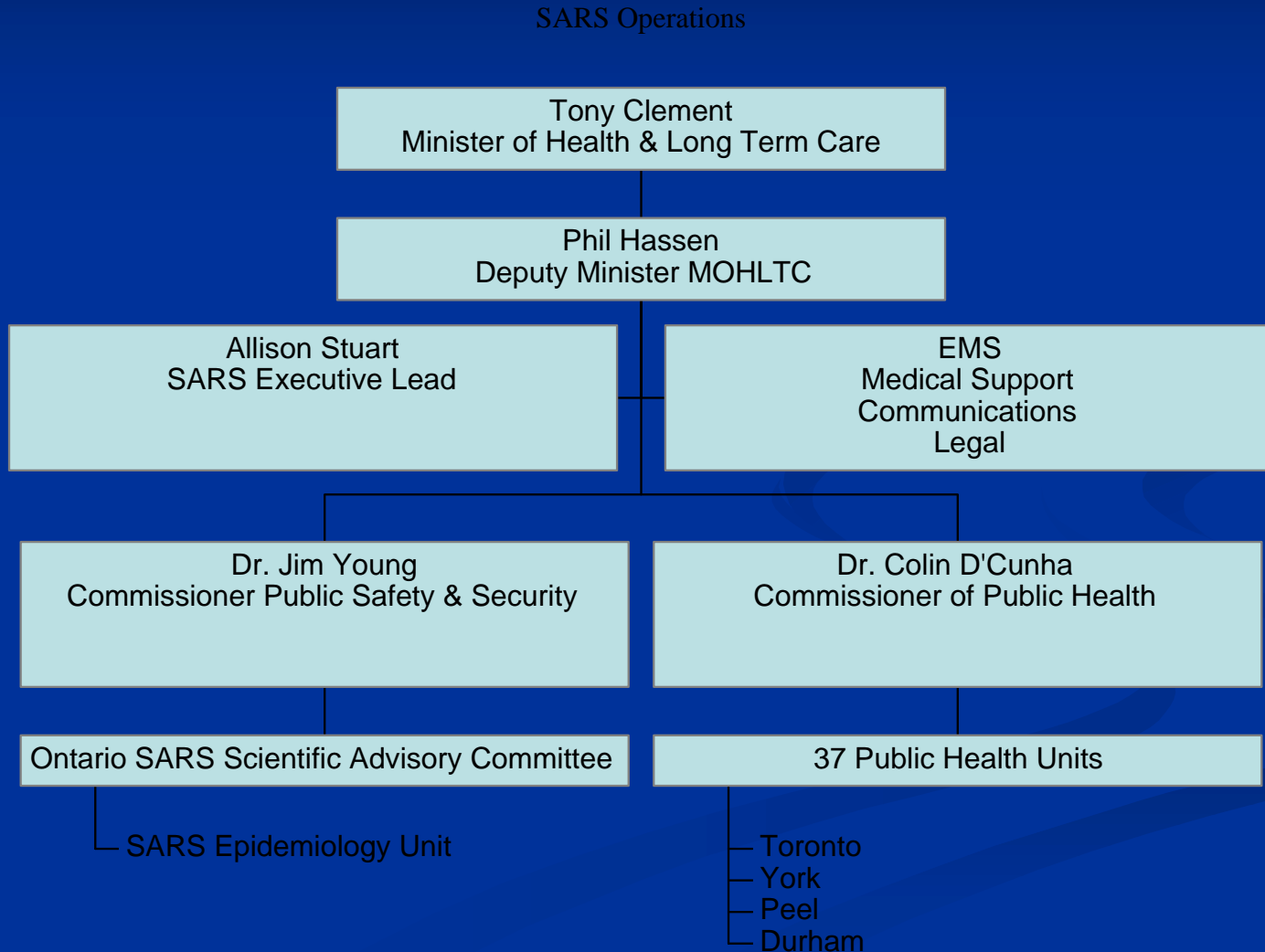
# Expert Opinion

- **Local**
- **National**
  - Health Canada
- **International**
  - CDC, WHO

# 3. Decision Making

- **Review by committee**
- **Sent “upstairs” to operations**
- **Edits based on reality checks**
- **Approval by POC/SOC**

# 4. Reporting Structure



# 4. Reporting

- **Chair and Vice-chair members of Executive Committees**
- **Involvement of members in media**
- **Advice from individual members and committee on daily issues**



# 4. Reporting

## Advice on:

- **Communication**
- **Education**
- **Hospital issues**
- **National, international issues**
- **Operational issues**

# 5. Evaluation

- **Strengths**
- **Challenges**
- **Recommendations**

# 5. Evaluation - Strengths

## Strengths:

- **The fact of OSSAC – science advising decision makers**
- **Support of Commissioners and Executive Lead**
- **Proper size and expertise distribution**
- **Excellent administrative support**

# 5. Evaluation - Strengths

## Strengths:

- **Reconciling of best evidence available with imperative of the operational emergency**

# 5. Evaluation - Challenges

- **Difficulties in accessing data**
- **Lack of clear terms of reference**
- **Lack of understanding of levels of authority, eg. accessing data, directing and accessing research**
- **Communication with stakeholders (eg. facilities, physicians, nurses)**

# 5. Evaluation - Challenges

- **Dealing with multiple issues at the same time – directives, education, operations support, media**
- **Occasional competing agendas**

# **5. Evaluation - Recommendations**

- 1. That science be an integral part of any health emergency response**
- 2. That a science advisory body be integrated into the planning component of incident management with a defined terms of reference and reporting structure**
- 3. That it be closely aligned with the operations component**

# **5. Evaluation - Recommendations**

- 4. That guidelines for data gathering and management be clear and unambiguous, to allow scientific advisors to make decisions on the best available evidence**
- 5. That issues of public health funding and integrated response among municipal, provincial and federal agencies be addressed**



# **5. Evaluation - Recommendations**

- 6. That the epidemiological, laboratory and other research be available, subject to ethical and intellectual property considerations, in real time, for use by scientific advisors in planning decisions**

# **5. Evaluation - Recommendations**

## **7. That an Ontario Centre for Infectious Diseases be created, to:**

- **Provide surge capacity**
- **Distribute capacities across a large province**
- **Cooperate with universities in research and training**
- **Lead health care-associated infection prevention**
- **Monitor province wide surveillance**

**Thank you.**