

CHAPTER FOUR: The Second SARS Disaster

May 23 Bombshell

Rough Day at North York General Hospital

On May 23, the news emerged at a disastrous press conference that the victory declared over SARS was false. SARS was back with a vengeance.

With the ministry announcement on May 22 of the St. John's Rehabilitation Hospital closing came a notice to the media of a "technical briefing for SARS update" to be held on Friday, May 23, at 7:00 p.m. in the Macdonald Block at Queen's Park. It was at this press conference that the news emerged, but only under media probing, that SARS was back. Toronto was in the grips of a major second outbreak of SARS.

What the May 23 press conference showed was complete official disarray. It was clear that no one was in charge of the flow of information to the public. The worst aspect was that the devastating news of the second outbreak was not volunteered by those supposedly in charge. The news had to be pried out by reporters. As Helen Branswell of the Canadian Press noted the next day:

Inexplicably, neither Health Minister Tony Clement nor Ontario's chief medical officer Dr. Colin D'Cunha nor Dr. Barbara Yaffe from Toronto Public Health volunteered the information about the new cluster during formal presentations at the beginning of the scheduled news conference.

It was only when the floor was opened to questions that the bombshell was dropped.⁴⁵⁷

457. Helen Branswell, Canadian Press, May 24, 2003.

No one had told the Minister of Health or the Chief Medical Officer of Health about the second outbreak.

Towards the beginning of the press conference on the evening of May 23 the Chief Medical Officer of Health, Dr. D’Cunha, warned those who had recently visited North York General or St. John’s Rehab to monitor themselves for symptoms of SARS⁴⁵⁸ and announced a telephone hotline.

D’Cunha’s message was upbeat, that steps were being taken towards:

... having that 150 percent certainty that we’ve wrestled this new episode, if it turns out to be that, completely to the ground.

His reassuring message, which turned out to be terribly wrong, was that the system was working:

I want to stress that our system of early detection and quick containment is working ...

Despite these apparent new cases, if I may call them that, I believe that we continue to make our progress well known, and better, against this disease. I know that we have some unanswered questions about these cases, we’re not even 100 per cent certain at this time that we can call them SARS in terms of meeting the definition. That having been said, we continue to determine whether there is an epidemiological link, we’re making use of all available public health tests, medical tests to help us nail this one down. We will continue to advise the media and the public when we have more information.

The trouble with this assurance is that it was wrong. The system of detection and containment had failed completely. Officials had more information, shocking information, than that announced by Dr. D’Cunha. This became apparent after a question from a journalist:

Are any people under investigation?

458. He said: “These symptoms include the rapid onset of fever greater than 38 degrees, that is accompanied by respiratory problems such as a dry cough, shortness of breath, and difficulty breathing”.

Dr. D’Cunha replied dismissively⁴⁵⁹ that there were a couple of people under investigation:

There are a couple of persons who are under investigation. I’m going to request my colleague Dr. Low to get into some detail. Don’t

The media spotlight then turned to Dr. Low. In contrast to the upbeat demeanour of Dr. D’Cunha, Dr. Low appeared sombre and halting, shaken by the news he was about to deliver.

Yes, it’s been a rough day at North York. I don’t have all the answers for you tonight but what we’ve essentially identified is a cluster of cases that occurred on one ward at North York General ... That there has been a likely transmission to health care workers. That there has been transmission to family members. And that there’s probably been transmission to other patients.

The unanswered question was how many people were under investigation. A journalist asked immediately for an “estimate of how many people are in this cluster.” Only then, and only after this further probing by Helen Branswell of the Canadian Press, came the big surprise. Dr. Low said:

We’re talking probably in the twenties.

The cat was now out of the bag. It was immediately apparent that Dr. D’Cunha’s earlier statement, that there were only a couple of people under investigation, was inaccurate.⁴⁶⁰ This was not lost on the media. A journalist said:

In the twenties. Okay. Why did you just go through this whole presentation for 20 minutes and we had to get it in a question? Why didn’t you tell us that at the start?

459. There is no suggestion that Dr. D’Cunha knew he was misleading the public. The problem was not deliberate deception but the broken system. The system was so broken that the man in charge of public health did not know what was going on.

460. As noted below, there is no suggestion that D’Cunha was deliberately misleading. It became apparent that he had not made it his business, before speaking to the public, to find out what in fact was going on at North York General.

Although Dr. D’Cunha did his best with the incomplete information he had,⁴⁶¹ the journalists kept coming back to the key fact, which was originally withheld from the public:

So we’re looking at a minimum of 25 cases of SARS now?

And Dr. Low acknowledged that a number of possible SARS cases were still under investigation.⁴⁶²

Officials said that 34 paramedics were in quarantine, as were several hundred people named by St. John’s, that that total in quarantine at that time amounted to just over 1,000 people, depending on how the list was defined, and that the number was growing.⁴⁶³

461. Dr. D’Cunha: Well, keep it in mind that right through the period middle of March, every person who presented with any one of the signs and symptoms consistent with SARS made it to that list. What was looked at as a person of interest or a person of investigation different jurisdictions use different terms. My understanding, from what I know in the clinical case conferences that I participated in, the five persons that we spoke to are more likely towards being SARS, these other 20 are at the lower end of the spectrum, and they may well drop off the list, and I think Dr. Low has made it very clear, in the case of the one death that he’s looked at the chart, this person didn’t even ... he feels very confident it was not. There are others if they progress, because some of them are some of the staff as best as I understand it, they may come closer to these five. I think what you are trying to get us to do is to start to draw cuts in this category of persons of interest or persons under investigation. The key message here, Helen, is anyone who presents with respiratory symptoms, particularly in the last 10 days, automatically are going to be people of interest or persons under investigation for us. And that’s exactly why yesterday we asked people to come out and identify. We put staff in isolation, to name just a few, and, Don, I don’t know if you want to elaborate a little more.

Dr. Low: No. I mean, it’s just what I said.

462. By May 24 the number under investigation was 33; two had died, 25 were in hospital, and six were recuperating at home. Seven of the 33 were health workers. It was thought that the St. John’s cluster was sparked when a woman in North York General Hospital on the same ward as the 96-year-old man was transferred to St. John’s on April 28. (Helen Branswell, *Canadian Press*, May 24, 2003.)

463. By the next day, Saturday, May 24, the numbers were clearer:

About 500 people in Toronto have gone into quarantine, said Dr. Barbara Yaffe of Toronto Public Health. Another 2,000 who were in the affected hospitals during key transmission dates have reported to public health but, because they have gone through the disease’s incubation period without symptoms, have been given the all-clear.

Helen Branswell, *Canadian Press*, May 24, 2003.

The disastrous communication of the May 23 press conference was reviewed in the Commission's first interim report. As the Commission found:

The confusion that marked the May 23 press conference exemplified the lack of any coherent communications strategy and the lack of any clear lines of accountability for the communication to the public of vital news about the status of the outbreak ...⁴⁶⁴

... The problems of public communication during SARS are addressed thoughtfully in the Naylor Report and the Walker Interim Report. The Commission endorses their findings and their recommendations for the development of coherent public communication strategies for public health emergencies.

There is no easy answer to the public health communications problems that arose during SARS. On the one hand, if there are too many uncoordinated official spokespeople the public ends up with a series of confusing mixed messages. On the other hand, as Mr. Clement points out above, any attempt to manage the news by stifling important sources of information will not only fail but will also lead to a loss of public confidence and a feeling among the public that they are not getting the straight goods or the whole story. What is needed is a pre-planned public health communications strategy that avoids either of these two extremes.⁴⁶⁵

Adding to the communication disaster was that this new SARS outbreak was reported during this press conference before North York General Hospital had told its own staff any details of the investigation or conveyed to them that there were a large number of cases of SARS under investigation at the hospital, many of them ill staff.⁴⁶⁶ More will be said later about communication with staff.

464. SARS Commission, first interim report, p. 63.

465. SARS Commission, first interim report, p. 64.

466. In an update to staff at 5:10 p.m. on May 23, 2003, the hospital reported, "We have patients with undiagnosed respiratory symptoms including some health care workers. They are being assessed as 'persons under investigation' until a more definite diagnosis is determined." The hospital announced the implementation of full barrier precautions at the Leslie site, effective immediately. SARS Update #43, May 23, 5:10 p.m.

SARS II sickened 118 people, almost a third of the total for both outbreaks. By the time SARS II was over, 17 more were dead, including Nelia Laroza,⁴⁶⁷ a North York General Hospital nurse. The emergence of SARS II at North York General, coming after official assurances that the outbreak was over, shook the confidence of the public and the media in the accuracy of what they had been told by the authorities.

The public announcements of victory over SARS in mid-May were followed quickly by a press conference on May 23, 2003, which revealed the re-emergence of SARS at North York General Hospital. The news came as a bombshell because officials had assured the public that SARS was under control and that the outbreak was over. A shocked public found it hard to understand why they had been told that SARS was under control only to learn that it was back with a vengeance.

Three weeks and two days earlier, on April 30, the World Health Organization, after protests from Ontario, had removed its travel advisory against Toronto. Ten days earlier, on May 13, the province had declared the “new normal,” which established the precautions to be taken as the outbreak ended. Nine days earlier, on May 14, the World Health Organization had removed Toronto from the list of areas with recent local transmission of SARS. Six days earlier, on May 17, Premier Eves had lifted the provincial emergency.

We now know that while precautions were being relaxed in a mood of relief, SARS was in the orthopedic ward at North York General Hospital and in family clusters and in health workers associated with that ward. We also know that an earlier cluster of patients identified in the psychiatric ward at North York General Hospital and reported to staff as “not SARS” were in fact SARS cases. As April and May unfolded and Toronto tried to return to normal, there were unidentified SARS cases in North York General Hospital. As precautions were relaxed in early May, those cases spread, infecting other patients, visitors and health workers.

How could the public be assured that SARS was under control, only to learn almost by accident through a blurted comment in a press conference that it was back?

467. Because Ms. Laroza's name is in the public domain as a result of intensive media coverage, her name is used here as an exception to the general rule that individual SARS patients are not identified personally in this report.

The sense of public surprise was summed up in Michael Enright's introduction to a series of CBC interviews in June 2003:⁴⁶⁸

For a time we thought we had it licked. The battle with severe acute respiratory syndrome was over. Toronto health officials shut down their containment teams. Nurses and doctors took off their protective masks and gloves. Hospitals went off high alert, politicians declared Toronto to be clean and exhausted health care workers booked some much-needed time off. But it wasn't over. SARS wasn't beaten. Suddenly with a new cluster of cases SARS was back ... The return of SARS indicates that somewhere in the system of public health protection there was a breakdown. The system somehow failed. Medical professionals who have been tracking the outbreak since March 1st let down their guard. This morning an examination of what went wrong and why with some of the key players.

I want you to help me a bit with chronology here. As I understand around the middle of April, around the 25th, public health officials said that the outbreak was pretty much under control 20 days after that there had been no new cases and then by May 16th or so everybody thought that it was over. Some of the contamination teams were disbanded, some of the workers were told that they don't have to wear protection and so on, and then on the 22nd of May a new cluster is found.

What happened? How did we feel that it was over and then it was not over?

This sense of a breakdown in our system of public health protection, that the system somehow failed and medical professionals had let down their guard, was aggravated by the way the bad news emerged. The sense of public shock was fuelled not only by the unexpected nature of the announcement but also by the curious way that it slipped out towards the end of the May 23 press conference.

Despite warnings from nurses and doctors at North York General, hospital officials had dismissed evidence that SARS was back.⁴⁶⁹ But an independent review of hospital records by Toronto Public Health during the day on Friday, May 23, made it impossible to deny any longer that SARS had been spreading in the hospital for weeks.

468. CBC interview June 2003: Michael Enright, Dr. Sheela Basrur, Dr. Richard Schabas, Barb Wahl.

469. The complex reasons for this good faith mistake are recounted in detail below.

The news was devastating to all those who had fought SARS, especially to the nurses and patients and all those at North York General who had thought they were safe only to find that they were seriously at risk. And those who raised the alarm that SARS was still around, that it had not left, felt ignored and then angry, as they later learned that they were right. As one North York General physician said:

But I'll tell you, SARS II never existed, SARS I just kept going. And when you see this happening and you turn a blind eye to this, either because you have other motives, you want make the hospital look like it's recovering and let's get back to business and so on, or because your level of suspicion, or what we call your index of suspicion in medicine, is not high enough, then it's very disturbing. It's very disturbing that this kind of thing can happen with so many people around seeing it, people discussing it, raising concerns, and yet the power being given to that one person who can make these decisions.

As noted in the quotation above, although everyone speaks of the first outbreak (SARS I) from April 7 to mid-May 2003 and the second outbreak (SARS II) from May 23 to July 2003, there was in a technical sense only one outbreak, because even after victory was declared in May, SARS continued to incubate and spread at North York General.⁴⁷⁰ Because the two phases of the fight against SARS were clearly separated in time it is logical to follow the common understanding and to refer in this report to SARS I and SARS II, and these terms have been used throughout the report.

Although there were in hindsight clear signs that SARS was spreading in the hospital, it was not detected because there was no system to put together all the evidence that now points so clearly to the re-emergence of SARS at North York General during April and May. Before May 23, there was no epidemiological investigation at North York General Hospital to bring together for the hospital management and the outside experts the scattered pieces of information that show so clearly in hindsight that SARS never went away at North York General and that it simmered undetected for weeks until its existence could no longer be denied.

470. North York General now recognizes this:

North York General Hospital has been described as the epicentre of SARS II. In truth, for North York General Hospital there was no SARS I or SARS II. We never really got out of SARS I, so, there was no break. For us, SARS lasted almost five (5) months. (Bonnie Adamson, CEO, North York General Hospital, SARS Commission Public Hearings, September 30, 2003)