National Response to (SARS): Canada

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Health Canada
• Recognition of the dedication of health workers in all sectors to the control of this disease
• Recognition of the vital part that the people of Ontario, in particular, Toronto, have played in fighting SARS
• There have been setbacks but this should not detract from these extraordinary efforts
Federal, Provincial/ Territorial, Responsibilities

• Federal:
  – National surveillance, investigation
  – Expertise in epidemiology/ laboratory science
  – Research
  – Public health guideline development
  – Community support and health promotion programs
  – International liaison

• Provincial/ Territorial
  – Health care
  – Public health
Population and Public Health

• Population health is the basis of the practice of public health
• Public health is vital across the health system
  – Acute care, primary care and in the community

• Determinants of health
• Disease as a determinant of ill health
  – Social integrity
  – Economic status
  – Health Services integrity
SARS - International comparison (excl. mainland China)

Source: Ping Yan
**Includes 6 individuals associated with the Bukas LoobSa Diyos Covenant Community (BLD) group.**
Costs of SARS

• Toronto – economic effects e.g., at least $1B in GDP in 2003
• Air Canada – grounding of many planes
• Loss of income and job security
• Fear and panic
• Loss of confidence
  – Public health system
  – Health care system
Percent experiencing problems while quarantined

Toronto area residents who had been quarantined or had a friend or family member who had been quarantined (n=111)

In general, being quarantined was a problem

- 24% Major Problem
- 51% Minor Problem

Specific Problems

- Emotional difficulties being confined: 11% Major Problem, 26% Minor Problem
- Not getting paid because they missed work: 10% Major Problem, 11% Minor Problem

Source: Harvard School of Public Health/Health Canada, June 2003
Lessons 1

• Human Security can be threatened by infectious disease threats
  – Threats to social integrity, economic status and the health care system
  – Vulnerability to travel advisories
Lessons 2

• Complex health care system
  – Multiple specialized institutions
  – Transfers of patients, staff working in multiple institutions
  – Emergency room pressures
  – Pressures for long-term care beds

• Un-matched public health capacity
  – Surveillance, investigation, infection control, information management, research,
Lessons 5

– Surveillance
  • Needs to be integral to hospitals

– Contact tracing
  • Needs to be intensive and rapid

– Quarantine
  • Not clear how extensive needs to be in the community

– Infection control
  • Needs to consistent
Lessons 4

• Strong public health infrastructure is essential
  – Within the health care system
  – In the community
  – At borders
• Public health response has to be balanced. In Canada SARS is primarily a nosocomial infection
Lessons 6

• Cross governmental response on health issues required
  – Federal: workplace health, drug approval, transport, missions abroad, income support, economic support for individuals and business, customs & immigration, national defence,
  – Federal, Provincial, Territorial
• Emergency preparedness e.g., pandemic influenza, assists greatly
Lessons 7

• Clear communication of epidemiologic situation and control measures is essential to show control over situation
  – Within Canada and internationally
• Need for strong international cooperation is essential
Lessons 8

• Advances in technology not necessarily the answer to short-term public health management
  – Interpretation of test results for SARS-CoV still not clear
  – The groundwork for a vaccine i.e., sequencing, is only the first step
Future

• National action resulting from recognition of need to strengthen public health capacity and infrastructure
• Strengthening at all levels of government is vital
• Public health strengthening should benefit disease prevention and control of communicable and non-communicable diseases and injuries, and health promotion