

The Severe Acute Respiratory Syndrome Threat (SARS)

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Witness:

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Testimony:

Mr. Chairman, and Members of the Committee:

I am pleased to be here today to discuss with you the important issue of Severe Acute Respiratory Syndrome (SARS), and tell you about the effective measures we have taken to contain and control this new disease in Ontario.

I also wish to thank US Consul General Antoinette Marwite and her staff for their strong support of Toronto during our SARS outbreak.

The Centres for Disease Control is also playing a key role in our efforts, and I will elaborate further on this in my remarks.

By way of introduction, I am a medical doctor who serves in a number of capacities within the Ontario government. I am the Assistant Deputy Minister of Public Safety and Security, the Chief Coroner for Ontario and Commissioner of Public Security. The public security office also coordinates Ontario's approach to terrorism, and manages emergency situations within Ontario, including such things as SARS, 9/11, Y2K and the Ice Storm of 1998.

The problem with responding to SARS has centered on the fact that we know so little about it. What is it? What are its characteristics? How is it spreading? When are people infectious? How do we test for it? And how do we control and treat it?

In the case of Toronto and the province of Ontario, we faced these questions very early in the known history of SARS and only knew that we were facing the challenge after the disease was already spreading in a local hospital.

Our index case is clear. A Toronto resident contracted SARS in an elevator in the Metropole Hotel in Guangdong China. That person returned to Toronto, became ill and died. The 43-year old son of that person went to hospital on March 16th for treatment of what turned out to be SARS, and while in the emergency department and after being admitted was not in respiratory isolation. This person in retrospect is believed to have been superinfective and our cluster of cases takes off from this point. This person and the next two persons who were infected through contact in that emergency department all went on to infect large numbers of other patients, health care workers and family members.

Initial information about SARS was only beginning to flow around March 16th, and it took time to recognize the initial hospital case and the other contacts from that case. Once that recognition was made, we imposed strict and effective isolation measures.

By this time, however, because of the highly infectious nature of our early cases, enough staff and patients were affected that the hospital was closed to new admissions, emergency cases, and transfers. We also started to alert the entire health care system.

On March 25th, we decided that a provincial health emergency should be declared in order to mobilize the full resources of the province. We decided to act quickly and boldly to attempt to eradicate SARS from our community. We started by restricting activity in

all of the hospitals in the province while we put in place stringent infection control procedures. Everyone, including all staff, were checked for illness before entering a hospital. Staff were required to gown, glove, and mask in patient areas of hospitals; masks were provided for all patients entering an emergency department, and isolation was required for respiratory patients until their conditions were determined. Initially we also stopped all elective surgery, stopped any visitors or volunteers from coming to hospitals, and organized a new very strict system of ambulance transfers between hospitals.

On the community side we also took strong measures. Public Health vigorously tracked contacts of SARS cases and imposed 10-day isolation or quarantines for all contacts. If persons were found to be ignoring isolation orders, legal remedies were used. The public has also been encouraged not to go to work if they show early symptoms of SARS including headache, malaise or muscle ache, and before they develop fever. Frequent hand washing has been encouraged and a calm approach to the problem advocated. These measures continue to this day.

Before our initial measures had time to take hold, a transfer of a highly infectious patient occurred to a nearby hospital. This patient was another superinfectious individual, and this transfer resulted in more medical staff, their families and other patients getting SARS. This hospital was also closed.

These measures have proven to be effective. Both hospitals have now been through more than two incubation periods (20 days) without any further spread or new cases and so both hospitals are in the process of reopening. All our known SARS cases are in SARS units in our hospitals or, if well enough, at home in isolation finishing recovery.

March 16th was the critical date for Toronto and our SARS outbreak. As well as the patients and staff becoming infected, relatives of one patient who took their patriarch to hospital that night also became infected. They subsequently visited doctors, and a funeral home, and were involved in a religious community. This series of unprotected contacts took some time to trace and piece together, and is referred to as the BLD Cluster (named after the religious group). There were 31 cases within this group, and we ultimately isolated more than 500 people. There have been no new cases from this group since April 9th. It is very important to note that all of our so-called "community" cases track back to the original index case. We have had no sporadic or unexplained SARS spread in our community.

Over the Easter weekend we experienced a setback in our efforts. We had some incidents of SARS developing in medical staff working in SARS units. In one instance a very difficult and very long intubation in a SARS unit infected, we believe, 15 staff who were in attendance. We immediately rewrote our procedures, and we have invited Health Canada and the CDC to work with us to study this unfortunate event and recommend the best ongoing infection control standards for our SARS units. We appreciate the fact the CDC agreed to come and are working diligently and well with our people.

The most recent major blow to our efforts was the World Health Organization travel advisory issued against Toronto last week. WHO did not visit Toronto or discuss our outbreak, or its management, directly with us before taking this action; nor did they give us the required warning before issuing it. We believe that this advisory was based on old data and an incomplete understanding of our situation.

The WHO advisory unnecessarily and wrongly alarmed our own population, has resulted in huge economic loss, and has already demonstrated that it wastes valuable health resources in other countries such as the US by causing authorities to think they might have cases of SARS from Toronto when in fact there is no possible epidemic link to our cases. The WHO is currently reviewing its advisory and we urge that organization to immediately lift it based on scientific facts

In fact, the CDC doctor currently working with us in Toronto has described our efforts as exemplary. The CDC disagrees with the WHO position and has correctly, in our view, talked about common sense precautions in its travel alert. The director is planning a trip to Toronto this week.

Finally, I will comment on where we are today.

We have SARS patients who are now well and back in the community.

As of April 28th, Ontario had:

37 active SARS patients are in hospitals – 17 fewer than one week ago

18 active SARS patients are at home finishing their recovery

20 SARS patients have died, and all but one of these had significant other medical conditions and most were elderly.

There has been no spread of SARS through casual community contact more than 20 days have passed since the last transmission among close contacts outside health care settings.

We continue to work with the CDC on infection control for our medical staff who are working within SARS units. This, along with finding and isolating new travel cases that arrive from outside Ontario, is our current challenge.

The streets of Toronto are as safe from SARS as the streets of London, Paris or Washington. In fact, a BBC reporter told me Saturday he saw far more masks and concern in London than Toronto. However, the lesson for all us that it only takes one case to start the new breakout.

Thank you for this opportunity to discuss our experience in Ontario. On behalf of the Ontario government, let me express our appreciation for your interest and understanding.