Final Report of the SARS Commission

Date: January 12, 2007
To: Board of Health
From: Medical Officer of Health
Wards: All
Reference Number: 

SUMMARY

This report provides an overview of the third and final report of the Commission to Investigate the Introduction and Spread of SARS in Ontario which was released by the Honourable Mr. Justice Archie Campbell on January 10, 2007. The executive summary of the report is attached (see Attachment 1).

Financial Impact

There are no financial implications arising from this report.

ISSUE BACKGROUND

There have been several published reports (Walker, Naylor and Campbell first and second interim reports) addressing issues arising from the SARS emergency of 2003. The Commission’s first interim report in April 2004 addressed the problems of public health infrastructure in Ontario. The Commission’s second interim report in April 2005 addressed deficiencies in Ontario health protection and emergency response laws. This third and final report, “Spring of Fear” contains five volumes and includes a detailed recounting of the chronology of the SARS outbreak, in-depth analysis of key events in Phases one and two, and a total of 92 recommendations to the provincial government. Toronto Public Health staff participated extensively in the work of the Commission.
COMMENTS

In his final report on the 2003 SARS outbreak Justice Archie Campbell points to a systemic, province-wide lack of preparation against infectious disease, the decline of public health and the failure of systems to protect health care workers. He recognizes the courage, sacrifice, and personal initiative of those who worked to contain the spread of SARS. He states that “community spread was stopped by bold public health efforts and stringent quarantine measures”.

Justice Campbell says that SARS matters today because it provides lessons to protect ourselves from future outbreaks. He stresses that government must fix the problems that remain and that we need to remember the suffering and courage seen in the SARS crisis, so as not to diminish the sacrifices of those who died and suffered. The SARS outbreak demonstrated how earlier wake up calls were ignored and that SARS had Ontario’s health system on the edge of a complete breakdown. Despite these systemic failures, Justice Campbell writes that the system was supported by people of extraordinary commitment and dedication in the midst of chaos and enormous workload pressures. He particularly mentions the tremendous cooperation and individual sacrifice of those who were quarantined.

The report states that “the public health system was broken, neglected, inadequate and dysfunctional”. It comments on a lack of worker safety expertise and resources as well as a lack of infection control expertise and resources and that these two groups (worker safety and infection control) operated as two solitudes. As well, public health and hospitals operated as silos and the Ministry of Labour was sidelined. Neither internal systems nor joint health and safety committees were fulfilling their responsibilities. As to the question of whether precautions were relaxed too soon, there is no easy answer. Justice Campbell says that the decision was made in good faith on the best medical advice available and that the underlying cause of the second outbreak has more to do with the lack of adequate systems of surveillance.

The report states that it is hard to find blame because blame requires accountability. “Accountability was so blurred during SARS that it is difficult even now to figure out exactly who was in charge of what”. There is no evidence that information was deliberately withheld during SARS but there is much evidence of communication failure. The Commission finds that no political pressure was brought to bear in order to minimize or hide SARS.

On the question of whether SARS was preventable, the report states that the first phase was not preventable but likely could have been contained more quickly and with less damage had the right systems been in place in Ontario. The second phase could have been caught earlier and its impact lessoned, had the right systems been in place.

The Commission concludes that health workers were not adequately protected and there was a lack of understanding of occupational safety as a discipline separate from infection
control. Although the Commission says that we are somewhat safer now, “we are not yet as safe as we should be”.

“Perhaps the most important lesson of SARS is the importance of the precautionary principle. SARS demonstrated over and over the importance of the principle that we cannot wait for scientific certainty before we take reasonable steps to reduce risk. This principle should be adopted as a guiding principle throughout Ontario’s health, public health and worker safety systems.”

Many of the recommendations for managing a future infectious disease crisis advocate for the involvement of the Ministry of Labour in preparing and reviewing directives and communications, promoting a safety culture in health workplaces, establishing infection control expertise, setting occupational health and safety standards, and participating in the Regional Infection Control Networks. The Commission recommends that the Ministry of Labour take lead responsibility for setting and enforcing work safety policies, procedures and standards in the health care sector, as it does in all workplaces. The Ministry of Health and the Ministry of Labour should develop protocols, processes and procedures to ensure coordination where their respective responsibilities overlap.

The Commission recommendations address development of an effective distribution of outbreak alerts, and clarification of respective roles and responsibilities of public health and hospitals regarding risk communication.

The Commission also recommends applying the “precautionary principle” and the recommendations regarding the Ministry of Labour’s responsibility for worker safety policies, to the development and implementation of Ontario’s pandemic plan.

Toronto Public Health is reviewing the Campbell report with respect to pandemic influenza planning and preparedness and will integrate the recommendations as appropriate.

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ATTACHMENTS

Attachment 1: The SARS Commission Executive Summary