

AN IAS VIRTUAL CONFERENCE | 10 - 11 JULY 2020

Canada: Beyond the SARS Playbook

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Canada: Beyond the SARS Playbook

- What was Canada's SARS Playbook?
- Canada's SARS Playbook in action
- Cases by province and territory
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- Long-term care
- Canada: Updating the pandemic playbook

What was Canada's SARS Playbook?

2003 Severe Acute Respiratory Syndrome (SARS) outbreak: 438 cases, 44 deaths

A wake-up call, SARS revealed systemic flaws in Canada's health care system and led to

- Creation of the [Public Health Agency of Canada](#)
- Appointment of a [Chief Public Health Officer](#)
- Development of guidance to prepare for and respond to a pandemic [Canadian Pandemic Influenza Preparedness](#)
- Enhancement of [National Microbiology Laboratory](#) diagnostic capacity
- Strengthening of working relationships with WHO, US CDC, and other international partners

Canada's SARS Playbook into action - 1

January 7: China confirms COVID-19

January 15: Public Health Agency of Canada activated [Emergency Operations Centre](#) and triggers [Federal/Provincial/Territorial Public Health Response Plan for Biological Events](#)

January 22: [COVID-19 screening of travellers](#) returning from China implemented at airports in Montréal, Toronto and Vancouver.

January 25: [first case of COVID-19 confirmed](#) (related to travel in Wuhan, China)

January 30: WHO declared COVID-19 outbreak a public health event of international concern

- Canada establishes [Special Advisory Committee on the Novel Coronavirus](#) (federal-provincial-territorial) to advise Deputy Ministers of Health across Canada
- Prime Minister convenes an [Incident Response Group on coronavirus](#)

Canada's SARS Playbook into action - 2

March 5: Prime Minister created a [Cabinet Committee on the federal response to the coronavirus disease \(COVID-19\)](#), chaired by Deputy PM and vice-chaired by Treasury Board President

March 9: [first death related to COVID-19](#) in Canada

March 11: WHO declares the global outbreak of COVID-19 a [pandemic](#)

March 13: Canadians advised to [avoid all non-essential travel](#) outside of Canada

March 16: travellers entering Canada advised to [self-isolate for 14 days](#)

March 18-20:

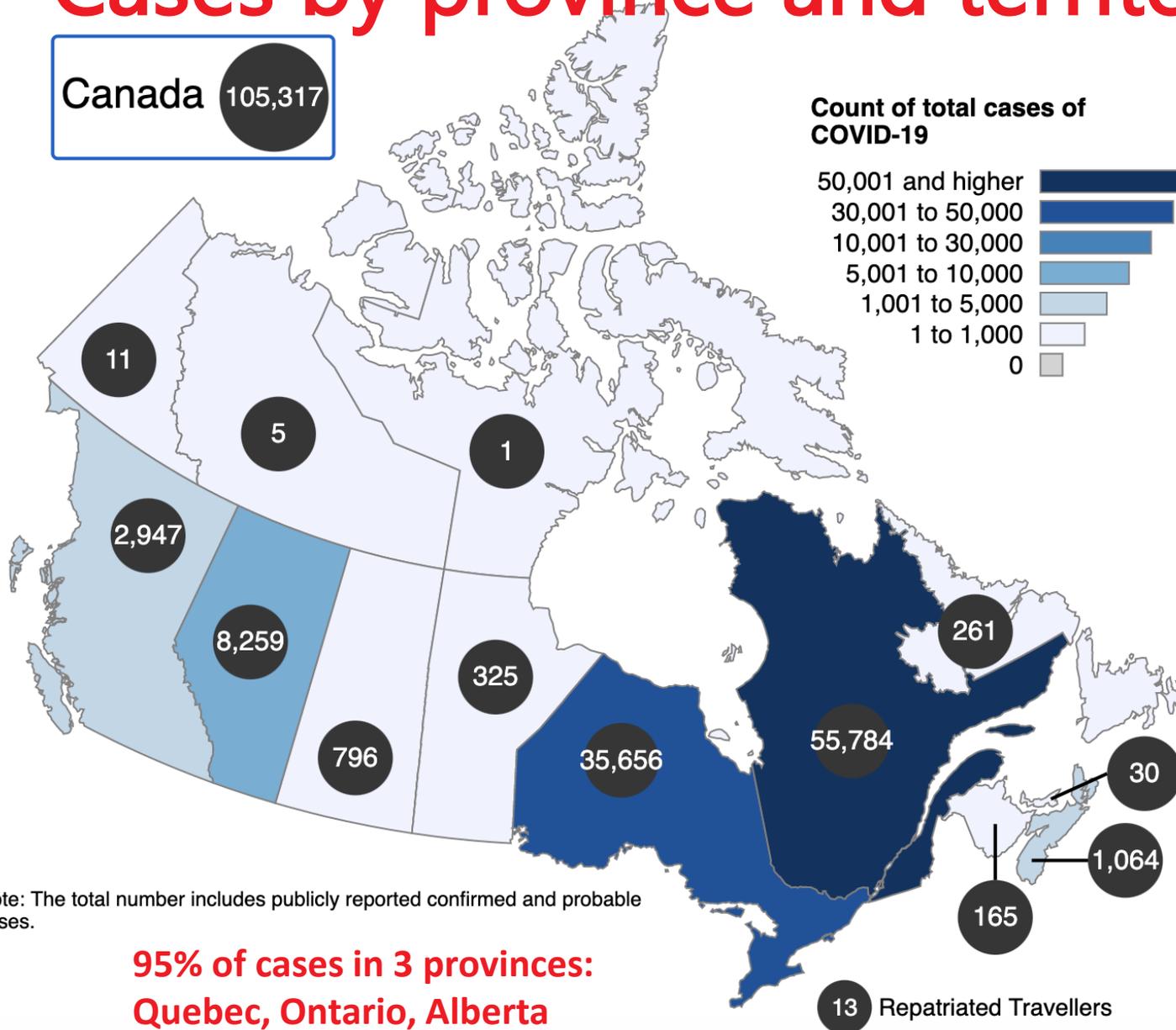
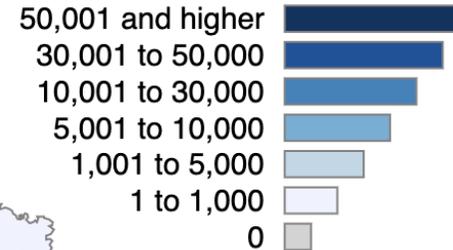
- [ban on foreign nationals](#) from all countries, except US, from entering Canada
- [Canada-U.S. border closed](#) to all non-essential travel (remains closed)
- [international passenger flight arrivals redirected](#) to 4 major airports

April 2: Canada surpasses [10,000](#) confirmed cases (April 28: [50,000](#))

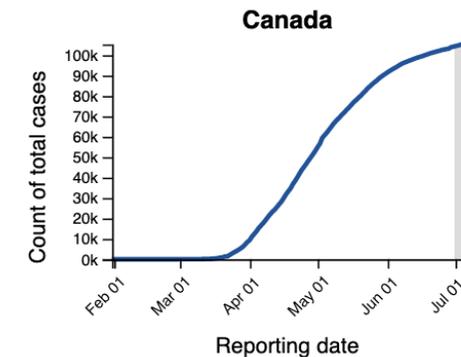
Cases by province and territory (July 4: 105,317)

Canada 105,317

Count of total cases of COVID-19



The count of total cases of COVID-19 in **Canada** was **105,317** as of July 4, 2020.



Female 56%

**Over 3 million tested (82,000 per million)
3.2% SARS-CoV-2 positive**

Note: The total number includes publicly reported confirmed and probable cases.

**95% of cases in 3 provinces:
Quebec, Ontario, Alberta**

Following the fault lines - 1

1. Data Collection: fax machines used in medical practice and to communicate critical epidemic data (**incomplete and not timely**)
2. Diagnostic testing focused on travellers until late March, ignoring likelihood of community transmission, and until very recently ignoring asymptomatic transmission.
3. In Montreal, people in poorer neighbourhoods 2.5 times more likely to be infected than those in wealthiest due to:
 - higher concentrations of essential workers (including factories)
 - dense populations and more crowded housing conditions
 - higher rates of pre-existing health conditions

Following the fault lines - 2

4. In Vancouver, [drug overdoses](#) soar and deaths injecting or smoking fentanyl increase beyond COVID-19 deaths because closed borders and restricted trade led to toxic local drugs
5. [Women disproportionately affected:](#)
 - 56 % of cases, 54% of deaths
 - more job loss, increased child care responsibilities, decreased productivity, impact on career advancement
6. Spread into communities from [long-term care](#) residents and care workers

Deaths by province and territory (July 3: 8674)



Long-term care

Failure to address:

- [increasing longevity](#), and chronic diseases, including dementia, with higher social and medical needs raising [complexity of care](#)
- [lack of universal standards](#) (not included in Canada Health Act)
- [defunding, privatisation, dysregulation](#)
- workforce crisis: unlicensed care aides and personal support workers paid the [lowest wages in the health care sector](#), half with no paid sick leave
- [part-time work](#) led to multi-facility work [facilitated viral spread](#) across institutions
- family and friends [unable to access](#) to provide care for

Result:

- [Elderly dying](#) without family, anxious, afraid, surrounded by people in frightening protective equipment
- Quebec: 1400 [Canadian Forces](#) personnel deployed



Canada: Updating the Pandemic Playbook

Canada gets good marks for:

- Physical distancing measures and social isolation
(*but was slow on borders, slow on testing, slow on masks*)
- Unprecedented economic support for citizens, small businesses, and sector support
- Investments in treatment trials, vaccine research, & COVID-19 Immunity Task Force

Significant investments are needed to address (among others):

- Slow, incomplete, and fax-based **surveillance**
- **Regulation** of care provision in **long-term care homes**
- **Underlying social determinants** of disease, including housing, pre-existing morbidities
- How **cities** are designed
- Whether the time for a **basic universal income** and a **universal child care plan** has arrived

All to be done without distracting from the biggest global crisis: **the climate crisis**



Canada: Updating the Pandemic Playbook

Sober examination needed now of lessons learned

- optimal division of powers and responsibilities (federal/provincial/territorial)
- what worked best in which settings and why

to update the playbook for the second and third wave and for the next pandemic

Thank you for your attention