Canada: Beyond the SARS Playbook

Catherine Hankins
Professor, McGill University
Co-Chair, COVID-19 Immunity Task Force for Canada
Amsterdam Institute for Global Health and Development
London School of Hygiene and Tropical Medicine
Canada: Beyond the SARS Playbook

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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
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
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)

- Count of total cases of COVID-19:
  - 50,001 and higher: 11
  - 30,001 to 50,000: 5
  - 10,001 to 30,000: 1
  - 5,001 to 10,000: 8,259
  - 1,001 to 5,000: 2,947
  - 1 to 1,000: 325
  - 0: 796

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

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

- Female 56%

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

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

Repatriated Travellers: 13
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 that 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
81% of deaths are in long-term care

Compared to:
- Australia 28%
- USA 31%
- Spain 66%
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
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**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
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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