

SARS in Singapore
Dr. Chris Wynne, Christchurch Hospital
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SARS IN SINGAPORE
Learning From Experience

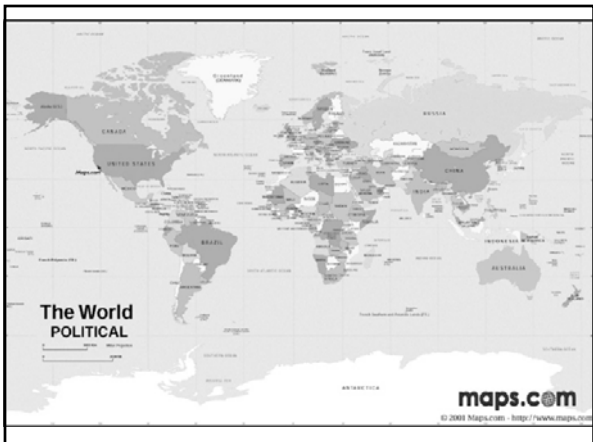
Chris Wynne
Clinical Director of Radiation Oncology
Christchurch Hospital, New Zealand

Hosted by Jane Barnett
jane@webbertraining.com

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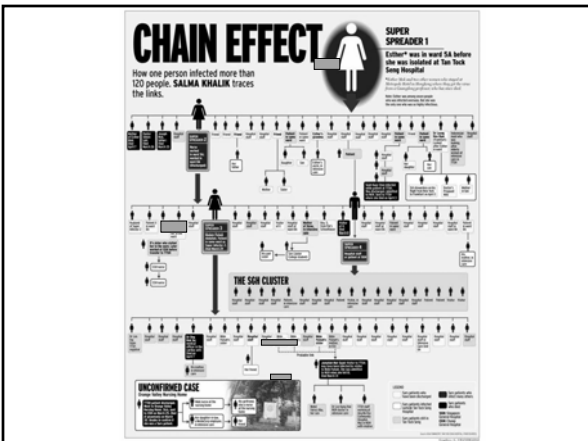
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Case one

- 22 yr female
- Shopping trip to Hong Kong Feb 20-25
- Dry cough Feb 25
- Hospital admission, pneumonia, March 1
- Infected 21 persons, 9 health care workers

Case 2

- Nurse 27 yrs
- Cared for case 1
- March 7 fever
- Admitted March 10
- Isolated March 13
- Infected 23 persons, 11 HCWs



Case 3

- 64 yr vegetable seller
- Had visited sister in hospital
- April 5 myalgia, cough, coryza, temp=37.7
- Died April 12
- Infected 15 persons: 5 HCWs, 2 inpatients, 2 family, 1 visitor, 2 taxi drivers, 2 vegetable sellers, ED visitor

**Steps taken in Radiotherapy
Centre**


- One dept closed
- Current patients continued treatment
- No new patients started
- Half staff levels

- Compliance with hospital IC policy



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 National University Hospital

IMPORTANT NOTICE

For your safety...

- Do not touch or rest on beds while you are in the ward/room.
- Do not talk to other patients.
- Do not touch the belongings of other patients.
- Please wash your hands with soap before leaving the ward/room.
- Do not wander around the hospital.

Thank you for your co-operation.



SARS

- Feb-July 03 only 8437 cases
- 813 deaths

- In 2002, 40 million people infected with HIV

What is unique

- High mortality
- Rapid global spread
- International co-operation
- Novelty

Lessons from SARS

- Better prepared for pandemic
- Need trust-worthy data
- Value of strict quarantine
- Appreciation of the morality of medicine

Emanuel, Ann Int Med 2003; 139:7

Generic Lessons from SARS

- Understand the natural history
 - acquisition of epidemiological data
 - recognition of atypical infection

- Risk reduction

Generic lessons

- Non proven therapy

- Non compliance

- Leadership

- Personalfright and flight

The only thing we learn from history
is that we learn nothing from history

Previous Pandemics

- 1918 Spanish flu H1 N1
- 1957 Asian flu H2 N2
- 1968 HK flu H3 N2
- 1977 Russian flu H1 N1

New diseases

- H 9 N2 2 children in HK in 1999

- H 5 N1 HK 1997 33% mortality
Vietnam 2003 67% mortality

1918 Flu in New Zealand

- The first New Zealand illness

- Second wave of influenza spreading globally in August
- Troopship *Tahiti*, 1087 men, took on coal off Sierra Leone
- Day 2, 84 had flu
- Day 7, 800 cases
- 76 deaths

Sept-Oct 1918

- Serious epidemic causing closure of shops in Wellington
- No deaths
- Christ's College 127 boys sick

- Mild first wave

The role of the prime minister

- PM Massey and Finance Minister Ward
- returning from Imperial War conference
- on board Niagara

- 2 days out from Honolulu, flu developed
- Auckland arrival, 100 ill crew, 1 death, hospitalisation required for 25

- Advised
 - Zinc sulphate inhalation
 - Isolation of cases

 - Minister of Health decided not to quarantine the ship

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- Within 2 weeks, hospital staff were ill
- Ward cover by nurses was impossible
- 3 of 23 firemen were on duty
- 80% telephone exchange workers were ill

- Community action**
- Citizens committee led by mayor
 - Local action groups
 - Closure of all pubs, schools, gatherings
 - Churches closed
 - 8 Nov news of end of war, people everywhere

- Christchurch**
- Time for preparation
 - Auxiliary hospitals
 - October, first wave, rumours of overcrowding and disorganization
 - Nov 5, District Health Officer, closed theatres, schools. Chemists asked to stay open

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- Show Day Nov 9
- Armistice celebrations Nov 12, huge crowds

- 14 Nov 145 flu admissions
- Matron and Med superintendent ill
- Appeals for nurses

- Central committee divided city into blocks
- Boy scouts, AA
- GPs rostered
- Chemists, wharfies and funeral directors
- Linwood cemetery filled up
- Dec 2 relief effort over

Christchurch Hospital

- 722 admissions

- 232 deaths

- Controversy re treatment

Lessons from SARS

- Better prepared for pandemic
- Need trust-worthy data
- Value of strict quarantine
- Appreciation of the morality of medicine

Emanuel, Ann Int Med 2003; 139:7

Generic lessons

- Non proven therapy
- Non compliance
- Leadership
- Personalfright and flight

Ethics

10 key principles

- | | |
|--------------------------------------|---|
| • Individual liberty | • Privacy |
| • Protection of the public from harm | • Protection of communities from undue stigmatisation |
| • Proportionality | • Duty to provide care |
| • Reciprocity | • Equity |
| • Transparency | • Solidarity |

Individual Liberty

- *A nurse at a hospital affected by SARS feels unwell and has a fever*

- Worried about her mortgage
- Goes to work
- Shown to have SARS
- ?quarantine
- ?name her

Collateral Damage

- *Surgery for a patient with breast cancer is postponed during the SARS outbreak*

- Denial of care
- Reduced care
- Loss of family support

Duty of care

- A nurse is worried about the risk to her family and decides not to go to work

- Firemen don't only attend little fires
- Health workers training paid for by public
- Dire circumstances may require may cost lives

- Reciprocity
 - Acknowledgement
 - Insurance
 - Provision of adequate personal protection

The Flu War Game

- Canterbury experience

- Public health, primary health, secondary care, managers

- Deficiencies rapidly exposed in many areas
 - Protective equipment
 - Community treatment
 - Security
 - Communications

Oncology Plan

- Risk of harm to patients from continuing treatment

- Redeployment of staff

- Use of physical structure

Research Opportunities

- Social science
 - Belief systems
 - Workers
 - Ethnicity
 - Deprived groups
 - Models of care
 - Authoritarian vs laissez faire

Research Opportunities

- Drug trials
 - Tamiflu: when, how long
 - Steroids
 - Vaccine
- Epidemiology
- Genetic markers of response

Summary

- We ignore history at our peril

- We can be better prepared
 - Staff
 - Equipment
 - Public
 - Leaders

The Next Few Teleclasses

- October 5** *Neonatal Sepsis, A 2006 Update*
... with Dr. Anne Matlow, Hospital for Sick Children
- October 12** *The Changing Role of Infection Prevention and Control as Documented by the CBIC Practice Analysis*
... with members of the CBIC Board
- October 19** *Hand Hygiene – Improving Compliance*
... with Dr. John Boyce, Hospital of Saint Raphael
- October 25** *Urinary Tract Infections in Long Term Care*
... with Dr. Chesley Richards, Atlanta VA Medical Center

For the full teleclass schedule – www.webbertraining.com
For registration information www.webbertraining.com/howtoc8.php
