

EDITORIAL: Health teams may face challenge

ONE BIG REASON offered for the fact that the SARS epidemic of 2003 killed 44 Ontario residents but only four British Columbians is that a Vancouver hospital was far better prepared than any hospital in Ontario.

Ultimately, roughly half the Ontario deaths were health care workers who, unlike their colleagues in B.C., weren't properly protected in treating SARS patients.

A lot has happened since 2003, one of the latest developments being the creation by the Ford government of a single agency, Ontario Health, and local Ontario Health Teams, to replace the Local Health Integration Network (LHINs) created by the previous government.

The local agency, the Hills of Headwaters Collaborative, is responsible for the health care of the roughly 120,000 residents of the Dufferin-Caledon riding.

Unlike most of the other Ontario Health Teams, the local one has a single hospital, Orangeville's Headwaters Health Care Centre, which obviously does not have all the facilities found at Toronto's Sunnybrook hospital. That particular facility is treating the first two confirmed cases of the potentially deadly coronavirus, which originated in Wuhan, China and by Wednesday had taken 132 lives.

One question not yet answered by the authorities here or in China is when someone who contracts the virus becomes contagious. Is it only when the potential carrier has symptoms or several days earlier?

It is known that since the virus can be transmitted without any physical contact between the carriers and those around them, all those on the plane that carried the two Sunnybrook patients from China to Pearson Airport last week are apparently being monitored for the disease.

One question facing our federal government is what, if anything, to do about the roughly 250 Canadians known to be in Wuhan province, about half of whom have indicated a desire to return home.

If Canada does follow the United States and several other countries in bringing their citizens home by chartered aircraft, can they be quarantined somewhere long enough to detect carriers of the virus?

In the circumstances, no one knows whether there will be any significant spread of the disease in Ontario and all we've been hearing from Health Minister Christine Elliott is that the system is working and anyone with flu-like symptoms should come forward to be tested for the virus.

The main advice being given is for everyone to wash their hands frequently and to use hand sanitizers where they are available.

How serious is the problem? Thus far, the death toll is almost miniscule by comparison with the worst pandemic of modern times, the Spanish Flu of 1918 that probably took 50 million lives and likely played an important role in ending the First World War.

Today, although we have vaccines that combat most of the influenza viruses, only about 30 per cent of Canadians will bother to get flu shots and far more will likely die this year from the flu than from the Wuhan coronavirus.

If the lessons learned from SARS provide the protections clearly needed, Ontario should do as well as B.C. did in 2003, when only one health care worker and three other residents died from SARS. But what if the disease becomes a real pandemic?

Perhaps something that should be considered in Ontario is a test of the Ontario Health Teams' ability to deal with such an emergency

situation by having local drills that would familiarize the health care workers with the precautions they must take to protect themselves as well as those with the pneumonia-like disease symptoms.

And in the meantime, one couldn't imagine a better reason for everyone to get the flu shots that have been available since November!