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# DAILY NEWS

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## To control swine flu, let's heed the lessons of SARS

By Betsy Mccaughey

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As cases of swine flu continue to mount, the World Health Organization announced yesterday that a pandemic is "imminent." There are now 91 confirmed cases of swine flu in the United States; one child has died from the illness.

Our safety will clearly depend on what hospitals do when seriously ill victims seek treatment.

That is the lesson of SARS - four letters that filled the headlines in the spring of 2003, and then disappeared. A report issued after the fact by the government of Ontario shows how a hospital in one city thwarted an epidemic while hospitals in another city made deadly mistakes that allowed the disease to spread.

On March 7, 2003, two middle-aged men with undiagnosed cases of SARS went to the hospital in two different cities. In Toronto, this caused an outbreak that killed 44 people, infected another 330 and forced hospitals to close. In Vancouver, a "robust worker safety and infection control culture," the report says, enabled Vancouver General Hospital to prevent the disease from spreading to a single other patient or hospital visitor.

Mr. C - the report omits full names - arrived in Vancouver after a trip to Asia. Feeling very ill, he went to the emergency room at Vancouver General at 4:55 p.m. Because of his high fever and difficulty breathing, the staff removed him from the crowded room within five minutes and placed him in a cubicle. By 5:10 p.m., he was on "full respiratory precautions." Caregivers wore special, tight-fitting N95 masks, which filter out microbial particles. By 7 p.m. Mr. C was in a negative pressure room to prevent airborne infectious agents from flowing to other parts of the hospital.

That same evening, a second SARS victim, Mr. T, was taken to Scarborough Grace Hospital in Toronto. Mr. T's mother had returned from Hong Kong two weeks earlier and died from what everyone thought was heart disease. Mr. T waited in Scarborough Grace's crowded emergency room for 16 hours, despite a high fever and respiratory distress. Two patients waiting alongside him contracted SARS.

At Scarborough Grace Hospital there were no precautions to isolate patients with respiratory illnesses, except tuberculosis. "For most hospitals in Ontario, says the report, "infection control was not a high priority." As a result, 77% of the people who contracted SARS there got it while working, visiting or being treated in a hospital.

On March 18, the Ontario Ministry of Health and Long Term Care recommended gloves, gowns, N95 masks and eye protection when treating SARS patients. But health care workers had to fend for themselves. Doctors at Toronto's Lapsley Clinic bought goggles and masks from Home Depot. Nevertheless, three doctors there contracted SARS.

Hospital workers also were exposed to SARS by visitors. Mrs. M, whose husband was in intensive care with SARS, was allowed to walk around the hospital in Toronto without a mask, on the false assumption that without symptoms she posed no risk. She died of SARS one month later.

The report is a tale of two different hospital cultures - Vancouver's "robust infection control" and Toronto's laxness. Ontario "did not have hospitals that were prepared for infection control," testified Dr. James Young, the commissioner of public safety and security for Ontario. "We did not have doctors and nurses . . . who were used to getting in and out of gloves and gowns and masks, who were used to working in these situations, who knew and thought about infection control every day of their lives."

Many hospitals in the U.S. are under-prepared for a similar challenge. As many as 10% of patients contract infections in the hospital, according to the Centers for Disease Control and Prevention. Bacteria such as the drug-resistant staph infection known as MRSA race through hospitals, spread by unwashed hands and unclean equipment.

Rigorous hygiene is essential to prevent the rapid spread of disease, once the sickest patients seek hospital care. That is the lesson of SARS. In Mexico, swine flu is spreading rapidly to hospital workers. In the U.S., our lives will depend on how well hospitals contain the disease.

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