

WHO Travel Advisory

On April 23rd, the World Health Organization, without consulting Canada, issued an advisory asking people to avoid travel to Toronto unless absolutely essential.⁴³² The World Health Organization is a United Nations body with headquarters in Geneva. It is well known to the public in Europe and in other parts of the world but not in North America.

The advisory had a powerful influence. Countries around the world took notice, and even Nova Scotia briefly warned residents not to visit Toronto.⁴³³ The WHO warning was criticized by Ontario and federal experts as unjustified. It was lifted a week later, after Ontario's health minister, Tony Clement, and a group of experts flew to Geneva to convince UN officials that Toronto was safe.

Although the advisory was in force only a week, it had a lasting economic effect. Toronto lost an estimated \$950 million. The travel and tourism sector accounted for \$570 million of that total.⁴³⁴

If any travel advisory was needed, it came at the wrong time. When it was issued, officials on the front lines felt the outbreak was abating, and they closed ranks in condemning the advisory. When the advisory was lifted, it had the unfortunate effect of creating a false sense of euphoria, causing many to let their guard down prematurely.

One expert closely involved with the SARS response described the advisory's effect to the Commission:

432. Beijing and Shanxi Province in China were also included in the advisory. Advisories had already been issued for Hong Kong and China's Guangdong province.

433. Just hours after the WHO issued its travel warning, the government of Nova Scotia also advised people to put off any non-essential travel to the city. Later in the day, Nova Scotia Health Minister Jane Purves cancelled the warning after speaking with federal and Ontario health officials (CTV News, April 23, 2003).

434. Conference Board of Canada, "The economic impact of SARS," special briefing, May 2003. The Commission's first interim report also dealt with the economic impact of SARS, in Appendix E, pp. 219-222.

The travel advisory was sort of a shift in the whole psychology in the city, and all of a sudden everyone was together. I mean when the travel advisory came down it was the City, the Province, Health Canada, everybody was outraged and fighting together, and when the travel advisory turned back, everybody celebrated about that, and then, once everybody was getting back to normal . . . there should have been somebody that says, well what do you mean it's getting better? Nobody questioned it. [Dr.] Jim Young went off to China to talk about our successes and how we controlled it and [Dr.] Bonnie [Henry] went with him and [Dr.] Tony [Mazzulli] went with him and nobody said, well how do you know its over, including myself. None of us said that, well, just because. And it is such a simple question to ask and we blew it. I mean, it is just amazing that everyone blew it.

The advisory was a total surprise to Canadian officials.⁴³⁵ Health Canada sent a formal protest, and Toronto Mayor Mel Lastman reacted angrily. He told a news conference:

I've never been angrier in my life. I'm shocked. The medical evidence before us does not support this advisory. I can't believe [the WHO] issued a press release saying they're not coming back for three weeks. I want them to investigate Toronto tomorrow. I think they are doing this city and this country a disservice.⁴³⁶

Two factors seem to have generated the WHO warning. The organization was used to dealing with the federal government. As with other countries, it received official information from the central government. In Canada's case, the serious communications lag between Ontario and Ottawa got in the way. The second factor was that the travel warning was the first ever issued by the WHO itself rather than by member countries. The WHO saw it as a "rollout" for its new role under the International Health Regulations (IHR) for diseases spreading internationally, then under revision.⁴³⁷ As a result, the assessment procedures used by the WHO were far from

435. A high-ranking WHO official told the Commission that an advance notice of the advisory was sent by email to the federal government but was either misdirected or not picked up. The Commission could not confirm this account independently.

436. CTV News report on April 23, 2003, news conference.

437. Mary Ann Liebert, *Biosecurity and Bioterrorism: Biodefence Strategy, Practice, and Science* 1, 4 (2003). Interview with Dr. David L. Heymann, MD, Representative for Polio Eradication and Former Executive Director, Communicable Diseases, World Health Organization, pp. 234-235 (Liebert Interview).

perfect. For example, there was considerable confusion about the definition of a SARS case. As Naylor noted, the symptoms included in the WHO's definition may not have been the most appropriate:

A further concern has been that the WHO case definition did not distinguish between Toronto, as a so-called "SARS affected area," and specific exposure sites that were publicized by both provincial and federal public health officials . . . This sometimes led other countries to treat individuals who had visited Toronto or even transited through Toronto's Pearson Airport as potential SARS cases.⁴³⁸

On the federal-provincial issue, the Commission noted in its first interim report:

If a greater spirit of federal-provincial cooperation is not forthcoming in respect of public health protection, Ontario and the rest of Canada will be at greater risk from infectious disease and will look like fools in the international community.⁴³⁹

The Naylor Report also noted the glitches in reporting procedures between the various levels of government:

Although Health Canada regularly transmitted information to WHO during the SARS outbreak, it was unable to supply as much detail as was formally requested. The absence of formal reporting processes between municipal, provincial and federal governments contributed greatly to deficiencies in data acquisition and sharing. Some experts told the Committee that Canada was simply unable to maintain the confidence of WHO due to incomplete accounting of the outbreak and control measures as well as obvious inter-jurisdictional tensions.

Health Canada officials have stated that they repeatedly asked the Province of Ontario for more detailed information regarding the cases of SARS . . . The federal perspective is that Ontario continued to submit incomplete data during the first part of the outbreak, and federal officials often gained new information from Ontario's daily press conference rather than through intergovernmental channels . . . The perspective of

438. Naylor Report, p. 200.

439. SARS Commission, first interim report, p. 163.

the Public Health Branch of the Ontario Ministry of Health and Long-Term Care is sharply different.⁴⁴⁰

Dr. Naylor noted that public health officials and Health Canada gave his committee sharply divergent view on how well information flowed but:

Multiple informants noted that relationships among the public health officials at the three levels of government were dysfunctional.⁴⁴¹

The communications difficulty between various levels of government was not unique to Canada. In an interview on October 28, 2003, after the SARS outbreak, Dr. David L. Heymann of the World Health Organization said:

If there was one difficulty that all countries had, it was relationships between federal and state- or provincial-level governments. China indicated to us that the reason they couldn't advance as rapidly as they wanted to was because of difficulties between the provinces, to which public health had been delegated, and the central government, which only had legislation for yellow fever, cholera and plague. They didn't have legislation that would require a provincial level to work with them on this issue. Our official relations are, of course, with central governments rather than with peripheral governments, so communications were also difficult between WHO and federal⁴⁴² governments. In Canada, provincial governments would sometimes provide information directly to WHO and not to their country.⁴⁴³

A WHO official interviewed by the Commission also noted the problems in China, and added:

The same issues occurred in Canada but it was compounded, I think, or became difficult, because our relationship is with the federal government and that's where we work and we know all the people in the federal government and we actually had been working with them in our global alert and response preparedness . . . The issue came when the province,

440. Naylor Report, pp. 201-202.

441. Naylor Report, p. 29.

442. Naylor Report, pp. 201-202.

443. Naylor Report, p. 236

Ontario, was many times more aggressively reporting to us, or trying to report to us at WHO and bypassing in some instances the federal government. And at the same time some of the messages that we thought we were providing to the federal government we felt weren't getting through to the state [provincial] government. So those were some of the issues that were perceived here at WHO.

The WHO decided to act on the basis of the information it had. This included a perception that infected people were travelling internationally and that the outbreak in Canada may not be under control. WHO officials used the International Health Regulations (IHR) as the authority for their decision. The IHR are a protocol for dealing with public health emergencies of international concern. They were first adopted by the WHO in 1951, revised in 1969 and again in 2005, unanimously, by the 192 member countries after a decade of discussion.⁴⁴⁴

In the interview after the SARS outbreak, Dr. Heymann said:

The SARS outbreak was the first that really began to spread internationally. And when something spreads internationally, that's when the International Health Regulations come into force. And so, the SARS outbreak was a rollout of the way we would hope that the IHR would work in the future: making evidence-based travel recommendations; helping countries contain the outbreak; getting together networks of clinicians, laboratory persons, and epidemiologists to put into the public domain the necessary information.

For those struggling to contain the outbreak, the advisory seemed to go against the facts on the front lines of SARS. As one expert told the Commission:

So the 22nd [of April] things were actually starting to look good. I remember Dr. [Allison] McGeer, was, I think it was on the Tuesday night, we were in the office, I said it's over, this thing is over. And then the next day the WHO announces that they're going to put a travel advisory on us and that just didn't make any sense. And everyone was quite irate about that, and on the 24th, we had a conference call with the WHO... [Dr. Heymann] I think he was either in Bangkok or he was in

444. Michael G. Baker, David P. Fidler, "Global public health surveillance and new international health regulations," *Emerging Infectious Diseases Journal*, (July 2006).

Asia someplace. So Dr. Heymann wasn't there. There was I think three people from the WHO that were on the line. And it was amazing because one is they obviously had no criteria for what made a decision to issue a travel advisory, so no criteria. It was an international group. And two is that the criteria or the argument they were trying to build for the rationale of issuing a travel advisory made no sense. They actually started to invoke rumours about other people that had the disease that had gone from Toronto to other countries, that hadn't even been confirmed and they were starting to bring that up as a reason for the advisory... There was the Philippines story, it was just in its early stages.⁴⁴⁵ But there had been somebody in either someplace in Eastern Europe, supposedly had landed with a respiratory infection from Toronto, it never turned out to be anything. But they were starting to invoke those kinds of excuses that people were leaving Toronto with disease and the only way they can control this is by stopping people coming into the City.

So the arguments that I heard about the travel advisory, one was WHO was upset with Health Canada because there weren't getting the information they needed to them fast enough. That they didn't hear about the BLD community except through the media ... And that Health Canada had not instituted airport precautions to their liking. So those were kind of three rumours that were floating around as to why WHO was upset with Canada and it might have been one of the reasons why they issued the travel advisory ... They were getting a sense that there was a data lag of several days and maybe even longer between what was happening in Toronto and what Health Canada was giving them and part of that may have been the slowness going from the Ministry to Health Canada.

Dr. James Young, Commissioner of Public Security, also questioned the timing of the advisory. He noted that the peak of new cases originating from the BLD group had already passed. He told the Commission:

The religious group, the infection of hospital [a] care worker over Easter weekend and fact, the WHO advisory which came well after we had already understood that we had the cluster underway. What I would point out to you, Justice Campbell, is that, if you look at where the emer-

445. The transmission of SARS to the Philippines by a health care worker from Toronto is described in the Lapsley Family Doctors Clinic story in this report.

gency was declared and you look at the cluster of cases around that, those cases, in fact, probably had already occurred as we were declaring the emergency and so that the people were already infected and the question or the issue was to stop the infection at that point and stop it from spreading and stop the graph from continuing to go upward. At the end of SARS I, we had had 20 days with no cases. That is the period the WHO were advising.⁴⁴⁶

After the outbreak was over, when questioned about the advisory by the Commission, one WHO official explained it as follows:

What we did was we looked at the criteria and then we looked at other factors. Canada was also having some cases, which were not traced back to other cases at this time yet. Maybe that they were traced back later, but there were cases that one criterion was environmental transmission, there were other cases that were not traced back to other cases, it could indicate environmental transmission. That was one of the criteria that they met, and in addition the criteria of the magnitude of the outbreak, and then in looking over other factors, it appeared to us that there were still cases which were travelling internationally from Canada elsewhere and that there was a poor control of the outbreak because of that. That wasn't optimal control of the outbreak because those people were traveling . . . I don't want to comment on the quality of work in Canada. I will say that from the information we had, we felt that contacts were not, cases were not all being traced back to contact. That the outbreak was of the magnitude that caused concern and that the control was not keeping people who were infected in Canada . . .

Now on the criteria, you said that we judged you on the case that was exported. That was an indication, that was not because it was exported, it was because it was an indication again that this outbreak may not be under control. I want to stress that because that was the criteria, checking cases for making sure they had a contact, making sure that there wasn't anything in the environment and if there was any indication that they there might be, to be very concerned.

446. SARS Commission Public Hearings, September 30, 2003

Some in Ontario questioned whether there was a political basis for the advisory. As Dr. Naylor reported:

Some informants have since speculated that WHO officials were concerned about the appearance of a double standard favouring Toronto. WHO travel advisories had already been issued for Hong Kong and Guangdong, and advice against non-essential travel to Beijing and China's Shanxi Province was given on the same day as the Toronto advisory.

Singapore had 189 probable cases on April 23, 2003, compared with 140 for Toronto, as well as transmission at a community market. Epidemic curves comparing the outbreaks in Toronto and Singapore are strikingly similar (see Chapter 11). However, Singapore's management of the outbreak, not least its communications strategy, was superbly organized and reflected a remarkable degree of social solidarity that could not have been lost on WHO. The Committee has also learned that regional WHO offices had different levels of interaction with nations affected by SARS, and were therefore more or less able to vouch for the containment of the outbreak.⁴⁴⁷

When asked if there was a political basis for the advisory, a WHO official responded as follows:

I would say that [politics] was never a factor in our decision-making process with the director general. I am aware that there were accusations that that was the reason that the WHO did this but looking over the criteria, we came to the conclusion that Canada needed to be on that list because of the conditions of the outbreak and because we had information that people were still travelling internationally from Canada with the disease, with probably disease.

Dr. Heymann, in a post-SARS interview, made the following comments about the travel alert:

The most difficult time for all of us was early on the 15th of March. We

447. Naylor Report, p. 37.

knew this outbreak was spreading internationally. We knew from other emerging infections the economic impact that these diseases can cause. And we knew that we would have to have solidarity in the world if we were to contain this disease. When we made our alert, we had not been able to speak with all of our governments, nor with our advisory bodies. We made that alert on a Saturday, based on the evidence that the disease had gone to Canada, Singapore, Hong Kong, Vietnam and New York City. And we had to make a decision rapidly. The concern was that the rest of the world would not agree with this decision. The rest of the world did agree. That, in itself, was reassurance⁴⁴⁸.

Canada felt otherwise. Even long after the end of the SARS outbreak, federal and provincial officials questioned the basis for the advisory and do not agree with the WHO officials who defend it. The travel advisory brought into sharp focus the need for effective communication between the province and the federal government and the need to present a single voice to the outside world. As the Commission noted in its first interim report, and as discussed above, there were concerns in the international community about the timeliness and accuracy of information coming from Canada. This certainly contributed to the travel advisory. In its first interim report, the Commission said:

There are sincerely held views on each side, the province thinking it was providing all it could and the federal government thinking otherwise. Apart from any underlying problems of attitude, there was an obvious breakdown in communication, which is hardly surprising given the inherent difficulties of federal-provincial cooperation and the complete lack of any preparedness or any existing system to ensure an effective flow of information in a time of crisis.

This analysis is supported by the anecdotal recollection of others involved in the outbreak. There was a damaging combination of problems: lack of information systems, lack of preparedness, lack of any federal-provincial machinery of agreements and protocols to ensure cooperation, all possibly overlaid by a lack of cooperative, collaborative spirit in some aspects of the Ontario response.

The federal official quoted above described the impact of this lack of

448. Liebert interview, p. 235.

collaborative information flow, suggesting it may have affected the international community's perspective of how well the outbreak in Ontario was being handled:

What we were lacking, as a result of whatever, in Ontario, was a real sense that they, that Ontario was able to present a daily picture in a dynamic sense of what was occurring, over and above just the figures. And if we attempted to do that, which is what we did do, unfortunately, it's another aspect of our relationship which I mentioned before, the lack of a clear message every day from Ontario, because there were numerous spokespersons, never sort of confirmed, was never able to basically support what our suppositions were, however late they ended up being because of lack of information. And that inevitably led to a sense of confusion in the outside world, WHO and other countries, as to how far we had this under control.⁴⁴⁹

One of the most troubling aspects of the Ontario advisory was that it took government officials, the public and experts working to battle SARS by surprise. How could it have happened that no one in Canada was aware that an international health organization was about to warn against travel to Canada's largest city? This underscores the need to have a close liaison, especially in times of crisis, with bodies like the WHO. It also calls for a system that would allow quick sharing of information on potential advisories.

It was only after the event that government officials travelled to Geneva to argue their case. As a result, the WHO announced on April 29 that it would withdraw the advisory the next day, seven days after it had been issued.⁴⁵⁰ This raises the question whether the travel advisory would have been issued at all if high-level government contact had been maintained with the Geneva-based organization.

The announcement lifting the advisory pointed to an agreement by Canada to implement screening measures at airports.⁴⁵¹ It remains unclear to what extent the absence of airport screening contributed to the decision to impose a travel advisory and to what extent other factors were part of the decision. Clearly, the WHO did not have a good picture of the events in Canada. Ongoing contact with the UN body at the appropriate level and with relevant information about Canada's progress in the battle

449. SARS Commission, first interim report, pp. 67-68.

450. WHO web page, Update 42, April 29, 2003.

451. WHO web page, Update 42, April 29, 2003.

against SARS might have avoided the blacklisting of Toronto. Canada is a full-fledged and respected member of the WHO, and this should not have been difficult. As already noted, this was the first time that the WHO issued such an advisory, and the advisory seems to have been fuelled by erroneous information.

As Dr. Naylor pointed out, the WHO criteria were far from perfect and much of the information on which they were based was incorrect:

The WHO travel advisory criteria themselves came under intense criticism – they included the presence of at least 60 probable SARS cases, export of SARS to other countries, as well as community spread. Yet none of these criteria have ever been validated as reasons for issuing a travel advisory. For example, the absolute number of cases in an outbreak is largely a function of the size of a community. Issuing a travel advisory does not prevent residents of a SARS-affected area from leaving and taking SARS with them. Indeed, of the six people thought to have spread SARS from Canada, only one was a visitor returning home after a trip to Canada. Finally, “spread into the community” was never explicitly defined – if a nurse with SARS infects his/her spouse, is this considered community transmission?⁴⁵²

Government officials hailed the WHO’s reversal as a victory, a victory that, as noted by one expert involved in SARS, created a sense of false euphoria and arguably led to precautions being relaxed prematurely. Ontario Health Minister Tony Clement stated:

We’re extremely pleased the World Health Organization has rescinded its travel advisory for Toronto . . . I want to thank the organization for taking the time to meet with us face to face and re-examine the compelling evidence that shows how Ontario has been working successfully to contain SARS.

Dr. D’Cunha, then Chief Medical Officer of Health for Ontario, said:

Today’s ruling reflects the tremendous progress we have made in implementing our containment measures against SARS . . .

452. Naylor Report, p. 37.

But SARS was not contained. It was simmering at North York General Hospital, spreading to staff and other patients. Less than one month later, the second outbreak would explode into the open, causing more sickness and deaths.