

## FREQUENTLY ASKED QUESTIONS

# SARS

### **Health Tip**

*The best defence  
against infection  
is simple:  
wash your hands.*



### **Sections at a Glance**

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### **1. Definitions, Symptoms and Characteristics**

- 1.1. What is SARS?
- 1.2. What is a SARS “area with recent local transmission”?
- 1.3. What is the incubation period of SARS?
- 1.4. What causes SARS?
- 1.5. How serious is SARS?

#### **1.1. What is SARS?**

Severe Acute Respiratory Syndrome (SARS) is the name of the atypical pneumonia that swept the globe between March and July 2003. According to the original case definition of the World Health Organization (WHO), three criteria were required to be considered a suspect case of SARS:

- high fever (over 38 degrees Celsius or 100.4 degrees Fahrenheit) AND
- cough or difficulty breathing AND
- within the past 10 days EITHER “close contact” with a person who is a suspect or probable case of SARS, OR travel/residence in the past 10 days to a SARS “area with recent local transmission.” (“Close contact” means having cared for or lived with a suspect or probable case of SARS or had contact with the respiratory secretions or body fluids of a suspect or probable case of SARS.)

If a person meeting the case definition for a suspect case of SARS develops x-ray evidence of severe progressive respiratory distress or pneumonia, he or she is considered a probable case. In May 2003, the WHO changed the case definition of a probable case to also include a situation where a suspect case tests positive for the SARS coronavirus on one or more laboratory assays, if the laboratory uses appropriate quality control.

Now that there are no countries with "recent local transmission" the WHO only considers an illness to be a case of SARS if it meets the case definition and also the laboratory definition as posted on its website:  
<http://www.who.int/csr/sars/casedefinition/en/>



## **1.2 What is a SARS "area with recent local transmission"?**

Previously called a "SARS affected area," this means an area where, in the last 20 days (two times the maximum incubation period) there have been one or more probable cases that acquired their infection locally, regardless of the setting in which this may have occurred (i.e., whether in hospital or the community.) As of July 5, 2003, there were no such areas, with Taiwan having been removed from the list on that day. Toronto, Canada was removed from the list on July 2, 2003.



## **1.3 What is the incubation period of SARS?**

The incubation period can be as short as two days or as long as 10 days. The average globally is four to six days between exposure and the beginning of symptoms. A few cases have emerged up to 14 days after exposure, but these are regarded as "outliers" and not typical.



## **1.4 What causes SARS?**

The coronavirus (now known as SARS-CoV) has been confirmed as the sole cause of SARS. Other members of the coronavirus family cause the common cold and other respiratory infections.



## **1.5 How serious is SARS?**

Most cases of SARS take the course of a mild or moderate case of pneumonia. Globally, the death rate among probable cases averages about 15 per cent, which is lower than the rate for some other forms of pneumonia. However, the death rate varies greatly, depending on the age of the person affected. It appears to be less than 1 per cent in people under age 25, 6 per cent in people 25 to 44, 15 per cent in those 45 to 64 and greater than 50 per cent in those over 65.

Most of the Canadian cases responded well to treatment with antibiotics, anti-viral drugs and supportive nursing care. Of those who died in Canada, 83 per cent were over 60 years of age; the median age was 75 years. Most also had had underlying illnesses such as diabetes or heart disease. The death rate in Canada is about 9 per cent of all cases (probable and suspect) and about 17 per cent of probable cases.



## 2. What should I do?

- 2.1. What should I do if I think I have symptoms that could be SARS?
- 2.2. Who should I call if I need more information?
- 2.3. I might be exposed to SARS without knowing it. What should I do to protect myself?

### 2.1 What should I do if I think I have symptoms that could be SARS?

Ontario residents who think they have symptoms related to SARS should call Telehealth Ontario at 1-866-797-0000, and follow their instructions. If you seek medical attention, call your doctor before visiting the office and make sure the doctor understands your recent travel or exposure history. Do not travel, go to work or attend any social or family gatherings.



### 2.2 Who should I call if I need more information?

If you do not have symptoms but have general questions about SARS, call Ontario's Health INFOline at 1-800-268-1154. If you are in quarantine (home isolation), call your regional or district health unit. There is a list of health units at

[http://www.health.gov.on.ca/english/public/contact/phu/phuloc\\_mn.html](http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html)



### 2.3 I might be exposed to SARS without knowing it. What should I do to protect myself?

As always, you should practice good personal hygiene. There are two key points here:

- Keep your hands away from your eyes, nose and mouth. This will help prevent the transfer of any viruses you have picked up from the environment into your body.
- Wash your hands with soap and water for 10 to 20 seconds:
  - after touching anything that you think could be contaminated with body fluids of others (e.g. saliva, nasal secretions, feces)
  - after coughing or sneezing
  - before and after using the toilet
  - before and after meals and snacks
  - before preparing food
  - before and after smoking cigarettes
  - when arriving home
  - before and after work



### 3. Quarantine Issues

- 3.1. What does “quarantine” mean? How is it different from “isolation”?
- 3.2. What is a “work quarantine”?
- 3.3. Who should go into “voluntary quarantine”?
- 3.4. If I’m in voluntary quarantine, do my family members or other contacts have to stay in quarantine too?
- 3.5. Since this quarantine is voluntary, what if I don’t want to stay in quarantine?

#### 3.1 What does “quarantine” mean? How is it different from “isolation”?

The term “quarantine” is used in the SARS context to mean home isolation of healthy people. In general, isolation means separating yourself from others. In a hospital setting, isolation means that a sick patient is put into a separate room, often with special air control and ventilation, and anyone entering the room must wear protective clothing. When isolation of healthy individuals in the community is recommended because they may have been exposed to someone with SARS and may develop the disease, they are put into home isolation or “quarantine.” This means they must remain in their home for 10 days after their exposure and:

- wear a mask when in contact with other family members
- use their own personal items (such as towels, glasses, utensils, etc.)
- wash their hands often
- sleep in a separate room
- check their temperature twice daily




#### 3.2 What is a “work quarantine”?

Work quarantine allowed some health care workers to continue to work at the hospital or health care setting where they were possibly exposed to SARS as long as they remained well. During the height of the Toronto outbreak, work quarantine was necessary to ensure health care services could continue to be provided. Employees on work quarantine had to wear N95 masks at all times, monitor their temperature daily, follow normal home isolation rules when not at work, travel to work in a private vehicle, and eat lunch in a separate room or at least two metres from others.



#### 3.3 Who should go into “voluntary quarantine”?

Public health officials asked people to observe a voluntary 10-day quarantine if they came into close contact with a person with SARS and did not wear a protective mask. (Note that the 10-day period begins from the time of the potential contact. For example, if you learned about the potential SARS contact three days after it occurred, then you would go into quarantine for another seven days.)



Toronto Public Health and Ontario's Ministry of Health publishes specific requests for voluntary quarantine when and if they become aware of specific potential group exposures. There have been no active calls for quarantine in Canada since early July 2003.



### **3.4 If I'm in voluntary quarantine, do my family members or other contacts have to stay in quarantine too?**

No. Toronto Public Health has said, "Household or family members of people who are quarantined at home do not need to stay home. Only if the person in home isolation or quarantine develops signs of SARS will the entire household be required to stay home." Contacts of contacts do not have to enter quarantine – only if the original contact develops symptoms. For details about what precautions to take while in quarantine, go to the Ministry of Health website:

[http://www.health.gov.on.ca/english/public/pub/disease/sars\\_2.html](http://www.health.gov.on.ca/english/public/pub/disease/sars_2.html)



### **3.5 Since this quarantine is voluntary, what if I don't want to stay in quarantine?**

Public Health Officials asked Canadians who were possibly exposed to SARS to observe a voluntary quarantine to protect their friends, families and co-workers. However, if exposed individuals do not do so voluntarily, the legal framework exists to make it mandatory. SARS has been declared a communicable, reportable, and virulent disease under Ontario's Health Protection and Promotion Act RSO 1990 and its regulations. That gives Medical Officers of Health the power to order mandatory quarantines, and courts the power to intervene with police support if individuals do not cooperate. These powers were invoked in several cases in Ontario.

*Control of SARS depends heavily on the effective quarantine or isolation of potentially infectious contacts. It is socially irresponsible to ignore requests for voluntary quarantine.*



## 4. Transmission of SARS

- 4.1. How does SARS spread?
- 4.2. Can SARS be spread through a blood transfusion?
- 4.3. How easily does SARS spread?
- 4.4. When someone is coming down with SARS, could they be infectious before they show any symptoms?
- 4.5. How long does this virus survive in the environment?
- 4.6. Could I get SARS from touching surfaces contaminated with the virus?

### 4.1 How does SARS spread?

All indications are that the disease is spread by “droplet” transmission from one person to another. That is, if one person coughs or sneezes while face-to-face with another person, the virus can travel to the eyes, nose or mouth of the second person through the respiratory secretions of the sick person. This is NOT considered “airborne” transmission, which involves tiny particles staying suspended in the air for long periods of time and potentially infecting anyone breathing in the same air. (Some diseases like influenza, measles and tuberculosis do spread this way.) If the sick person sneezes into his hands and then shakes the hand of another person who then puts her contaminated hand to her eyes, nose or mouth, the virus could also be transferred.

Evidence suggests that SARS can also be spread through the environment. In a Hong Kong apartment building where a total of 321 people contracted SARS, the virus was likely spread through contact with the diarrheal stools of an infected individual due to a cracked sewage pipe and defective or dry U-traps in bathrooms.



### 4.2 Can SARS be spread through a blood transfusion?

While there's no evidence that it does spread this way, Canadian Blood Services has implemented controls to ensure that blood is not collected from someone with SARS and then transfused. Anyone donating blood in Canada will notice new screening procedures to ensure this.



### 4.3 How easily does SARS spread?

SARS appears to be less contagious than the flu, but more contagious than some other pneumonias. It appears that direct face-to-face contact with a symptomatic person is usually needed for the disease to spread from one person to another. It is not yet known how big an infective dose is required to make someone sick.



#### **4.4 When someone is coming down with SARS, could they be infectious before they show any symptoms?**

No, that would be extremely unlikely. There is no evidence to suggest that disease transmission occurs before the beginning of fever in a suspect or probable case of SARS. In practice, in the Toronto area there were several situations when large groups of people were exposed to individuals a few hours before the individuals started showing what turned out to be the first symptoms of SARS. To be safe, these people were all quarantined. None of them came down with SARS, however.

With most diseases, people shed the greatest amount of virus (through nasal and other respiratory secretions) in the early stages, often before they have symptoms. Fortunately, SARS is different. Laboratory tests show that infected people do not shed many virus particles until they are well into the disease (around the 10th day), and sick enough that they would likely be isolated. That's bad news for those trying to devise a test to detect the disease early in the illness, but good news from the point of view that the illness is likely less contagious in the early stages.



#### **4.5 How long does this virus survive in the environment?**

The virus may be able to survive for several days in the environment. The worst-case scenario is that the virus can survive for four days in diarrheal stool. Thus, if a person with SARS and diarrhea had poor hygiene and contaminated the environment with stool, which could be picked up on the hands of others, the virus could theoretically be transmitted this way. This may be the way transmission occurred in Hong Kong, when a broken sewer pipe in an apartment building contributed to the spread of the disease.



#### **4.6 Could I get SARS from touching surfaces contaminated with the virus?**

No. To date, there is no evidence that SARS infection is spread through contact with objects, goods, products, packages or animals, including those arriving from areas with SARS. Special handling of such items is not indicated; however good personal hygiene practices as described earlier are recommended for the routine prevention of infections. (See Q2.3 I might be exposed to SARS without knowing it. What should I do to protect myself?)



## 5. Tests and Cures for SARS

### 5.1. Is there a diagnostic test for the coronavirus?

### 5.2. Can scientists develop a cure or vaccine for SARS?

#### 5.1 Is there a diagnostic test for the coronavirus?

Scientists worldwide are working on developing and improving diagnostic tests for this virus. The WHO reports that three types of diagnostic tests are available – however, there are problems with all three. Two of the three detect antibodies to the virus, and are only useful after the 20th and 10th day of infection respectively, so are not timely enough to provide useful information for prevention. The third, which detects the genetic material of the virus itself, is timely, but some versions provide false negative results. This could lead to a false sense of security in people who have a negative result, but who may, in fact, be infected. This is partly because it is now known that virus shedding by infected individuals is low in the early stages of the disease, reaching a peak only after about 10 days of illness.

Because of these cautions, the WHO's criteria for using laboratory results to confirm a diagnosis of SARS are stringent. For details, see the WHO post outbreak website at <http://www.who.int/csr/sars/postoutbreak/en/>



#### 5.2 Can scientists develop a cure or vaccine for SARS?

Scientists have never developed a true “cure” for any viral disease. They usually fight a viral disease by developing a vaccine to make people immune to that disease. That’s how other viral diseases like smallpox, measles, or polio have been conquered.

The WHO reported in November 2003 that good progress is being made towards the development of a vaccine, and some clinical trials might occur as early as January 2004. However, a commercially available vaccine will still be several years away.



## 6. Cases of SARS

6.1. How many SARS cases are there in the world, Canada, and Ontario? How many died?

6.2. Where did cases of SARS occur?

### 6.1 How many SARS cases are there in the world, Canada, and Ontario? How many died?

The last recognized case of SARS anywhere in the world during the global outbreak was isolated on June 15, 2003 in Taiwan. (See Section 7, Post-Outbreak Conditions for recent isolated reports of cases since the global outbreak.) The most recent data about the cumulative numbers of cases are as follows:

Location	Probable Cases	Probable Cases That Died
World	8 098 (last updated by the WHO September 26, 2003)	774 (10%)
Canada	251	43 (17%)
Ontario	247	43 (17%)

As seen from the table, Ontario accounted for over 98 per cent of the probable cases in Canada (247 out of 251 cases) and all of the deaths (43/43). In Ontario the last SARS patient was discharged from a Toronto hospital on September 22, 2003. *The last recognized case of SARS in Canada was isolated on June 12, 2003.*



### 6.2 Where did cases of SARS occur?

SARS first appeared in November 2002 in the Guangdong province of China. It has since been reported in 29 countries including: Australia, Canada, China, France, Germany, Hong Kong, India, Indonesia, Ireland, Italy, Korea, Kuwait, Macao, Malaysia, Mongolia, New Zealand, Philippines, Romania, Russia, Singapore, South Africa, Spain, Sweden, Switzerland, Taiwan, Thailand, United Kingdom, United States and Viet Nam.



## 7. Post-Outbreak Conditions

7.1. Is the global outbreak of SARS over?

7.2. Are sporadic cases of SARS still occurring?

7.3. Is SARS completely under control in Toronto?

7.4. Is SARS gone for good?

7.5. What is the "new normal" that public health refers to?

7.6. Why is the WHO promoting the flu shot so strongly this winter?

### 7.1 Is the global outbreak of SARS over?

Yes. No outbreak-associated cases have occurred anywhere in the world since June 15, 2003. On July 2, 2003, the WHO removed Toronto from the list of countries with recent local transmission; Taiwan was removed on July 5. On that day, a WHO spokesman said, "With the last known chain of transmission interrupted in Taiwan, the whole world can breathe an initial sigh of relief. At the same time, public health must not let down its guard, as more cases could surface anywhere in the world. SARS has taught us that a single case is capable of igniting an outbreak."



### 7.2 Are sporadic cases of SARS still occurring?

Yes. To date, there have been two laboratory-associated cases of SARS. Singapore reported a laboratory-confirmed case of SARS-CoV infection in a post-graduate medical student. The student developed a fever and cough in late August 2003, but did not develop pneumonia. Similarly, in December 2003, a laboratory worker in Taiwan became infected. The WHO does not consider these cases to be a public health concern. Nevertheless, this has focused attention on the importance of proper precautions being taken in laboratories. To that end, new bio-safety guidelines for handling SARS-CoV specimens and cultures are now available from the WHO. These can be viewed at [http://www.who.int/csr/sars/biosafety2003\\_12\\_18/en/](http://www.who.int/csr/sars/biosafety2003_12_18/en/)

In addition, a few sporadic cases of SARS have occurred since the outbreak in communities in Guangdong province of China. None have been transmitted to others, and none showed the serious illness associated with SARS during the global outbreak. The source of infection in these individuals has not been confirmed, but an animal source is suspected.



### 7.3 Is SARS completely under control in Toronto?

Yes. There have been no new cases in Toronto since June 12, 2003. The last SARS patient in Canada was discharged from a Toronto hospital on September 22, 2003.



### 7.4 Is SARS gone for good?

No one can answer that for sure, but it is unlikely that SARS is gone for good. Scientists speculate that SARS could reappear seasonally, just like influenza

comes back every winter. Others think that because of the proposed animal origin of SARS, it will occur sporadically in humans, with the potential for travel-based spread again. Others speculate that the virus may mutate and come back in new and different forms. It's too early to tell. That is why the WHO says, "Resurgence of SARS remains a distinct possibility and does not allow for complacency."

The WHO has posted detailed recommendations on how to implement "SARS alert" and "SARS surveillance" strategies, and which areas should use which strategies. Canada falls into the WHO's category of a "nodal area" and as such should use both SARS alert and enhanced surveillance mechanisms. For details on these recommendations, go to <http://www.who.int/csr/sars/postoutbreak/en/>



### **7.5 What is the "new normal" that public health refers to?**

Despite the fact that SARS appears to be eliminated in Canada, the WHO urges a heightened awareness to ensure it does not crop up again. In Ontario, hospitals and other health care settings are now operating under what public health officials call the "new normal." There is a much higher level of alert at all times, with new procedures for signage, screening admissions, patient and staff infection control and visitor control. Directives and updates for health care providers are issued regularly. For details, go to the Ministry of Health's information site for health care providers at [http://www.health.gov.on.ca/english/providers/program/pubhealth/sars/sars\\_mn.html](http://www.health.gov.on.ca/english/providers/program/pubhealth/sars/sars_mn.html) and to Health Canada's site at <http://www.hc-sc.gc.ca/pphb-dgspssp/sars-sras/sri.html>



### **7.6 Why is the WHO promoting the flu shot so strongly this winter?**

Because of uncertainty about the future of SARS epidemiology, the WHO is concerned about the confusion that may occur as the world enters influenza season. With a heightened state of alertness for SARS, many cases of influenza (which manifests itself with fever and respiratory symptoms) may be mistaken for SARS, with a resultant straining of medical resources. Since health care workers, the elderly and those with chronic diseases are at risk for both SARS and influenza, it is in everyone's best interests to reduce the number of cases of influenza in these high-risk groups. Not only will it prevent illness and deaths due to influenza, but it will also avoid possible confusion with SARS, with resultant calls for isolation and quarantine. The influenza vaccine is safe and effective, and should be as widely distributed as possible. (For more information on influenza, see the FAQ: Colds And The Flu.)

Health Canada has published a document on the web at [http://www.hc-sc.gc.ca/english/pdf/sars/flu\\_sars.pdf](http://www.hc-sc.gc.ca/english/pdf/sars/flu_sars.pdf) that discusses the symptoms of SARS compared to the flu, with advice for Canadians.



## 8. Travel Issues

- 8.1. Are there currently any travel restrictions or advisories related to SARS?
- 8.2. I've just come back from visiting a country that used to have SARS—what should I do? Can I go to work as usual?
- 8.3. Why did the WHO at one time suggest that people not travel to Toronto?

### **8.1 Are there currently any travel restrictions or advisories related to SARS?**

No. The WHO, the CDC and Health Canada have no travel recommendations related to SARS. The WHO does not consider the recent sporadic cases of SARS-CoV infection in Singapore, Taiwan and China to be of concern for travelers to those countries. As always when traveling abroad, you should be especially careful about washing your hands and keeping your hands away from your face. (See Q2.3 I might be exposed to SARS without knowing it. What should I do...?) It may also be a good idea to take a travel kit containing disinfectant, hand wipes or hand sanitizer, gloves, masks and a thermometer. Always check with a travel medicine clinic to determine the risks associated with the area to which you are going.



### **8.2 I've just come back from visiting a country that used to have SARS—what should I do? Can I go to work as usual?**

This depends entirely on the policy of your employer. Some employers may require that employees returning from areas that were affected by SARS in the past stay away from the workplace for 10 days, to eliminate any chance of workplace exposure and subsequent workplace disruption. Be sure to check your company's policy before you go away.



### **8.3 Why did the WHO at one time suggest that people not travel to Toronto?**

On April 23, 2003, the WHO issued an advisory against all unnecessary travel to Toronto, Canada. This was due to “the magnitude, the local transmission and the notion of exported cases.” One week later however, the WHO rescinded this advisory.



## 9. Employment, Financial and Legal Issues

- 9.1. I have questions about employment issues related to SARS. Where can I get information?
- 9.2. I have some financial problems because of income disruption due to SARS. Is there any help for me?
- 9.3. Where can I get a legal opinion on SARS issues related to my workplace?
- 9.4. What can my workplace do in general to address the issue of infectious diseases, like SARS?
- 9.5. What is the SARS Assistance and Recovery Strategy Act?
- 9.6. What is the Quarantine Act and how has it been changed related to SARS?

### **9.1 I have questions about employment issues related to SARS. Where can I get information?**

The Ministry of Labour (MOL) has information on its website about the ways the Occupational Health and Safety Act, the Employment Standards Act, and the federal Employment Insurance Regulations apply to SARS, especially the quarantine-related employment issues.

FAQs for Employers and FAQs for Employees were added to the Ministry website in May 2003. These questions cover issues such as:

- termination, layoffs and severance
- compensation
- overtime
- emergency leave
- paid vacations
- work refusals
- working conditions
- workplace risk

You can find this information on the MOL website at <http://www.gov.on.ca/LAB/english/hs/sars/index.html> with links to other relevant websites. The Workplace Safety and Insurance Board also has information on workers compensation issues related to SARS on its website at <http://www.wsib.on.ca/wsib/wsibsite.nsf/public/policysars/>. Keep in mind that these are the legal minimum standards. Employers may go beyond these standards to avoid inconvenience or financial distress to employees.



## **9.2 I have some financial problems because of income disruption due to SARS. Is there any help for me?**

On June 13, 2003, Ontario's Ministry of Health announced that it would be providing financial assistance to those who had missed pay because of being quarantined. For information on this, go to [www.sarshelp.gov.on.ca/](http://www.sarshelp.gov.on.ca/). The deadline for applications was December 31, 2003. In addition, Health Canada has posted information and links to tell you about federal initiatives to help those who have financial difficulties related to SARS. For example, there is information about how you might be able to defer mortgage, tax or loan payments if you have been affected by the SARS outbreak in Canada. Go to [http://www.hc-sc.gc.ca/english/protection/warnings/sars/sars\\_help.html](http://www.hc-sc.gc.ca/english/protection/warnings/sars/sars_help.html)



## **9.3 Where can I get a legal opinion on SARS issues related to my workplace?**

Companies that have legal professionals on payroll or on retainer should consult with them. In addition, a comprehensive look at the legal issues related to SARS is provided on the Internet by the Toronto office of the international law firm, Baker & McKenzie at [http://www.cfib.ca/worksafety/sars\\_april\\_2003.pdf](http://www.cfib.ca/worksafety/sars_april_2003.pdf). This document offers general legal opinions on many of the situations that could arise related to SARS, and discusses the responsibilities of employers and the rights of employees (based on legislation in Canada and Ontario).



## **9.4 What can my workplace do in general to address the issue of infectious diseases, like SARS?**

Employers, in consultation with their joint health and safety committees or health and safety representatives should do the following:

- Identify the potential hazards and assess the risk. How likely is it that your organization could be affected? What has been the experience of other companies in the same type of business as yours?
- Develop standards, policies and procedures. These should address ways to minimize exposure, such as working at home, satellite teams and work organizational changes. You could also develop a sickness and absenteeism policy that encourages (and pays) people to stay home when they are sick. On a more basic level, your company could develop standards that call for the provision of hand sanitizers in all meeting rooms or the provision of posters on proper hand washing techniques for all facility washrooms and eating areas.
- Clearly communicate standards, policies and procedures to employees.
- Train employees so that they understand how to minimize the risks, both at work and at home. This includes training in good hygiene practices, such as frequent and thorough hand washing, keeping hands away from the face, etc.
- Measure and evaluate and make improvements as necessary.



## 9.5 What is the SARS Assistance and Recovery Strategy Act?

This is a new Act, introduced as Bill 1 by former Premier Ernie Eves into the Ontario Legislature on May 1, 2003. It passed third reading and received royal assent in record time, making it into binding legislation.

Part I of the Act has a number of features that impact on job protection for SARS-related circumstances. It grants unpaid leave with guaranteed reinstatement for any employee, including police officers, who must stay away from work for SARS-related reasons. This leave is also extended to the individual's family members. The SARS-related leave is in addition to the emergency leave provisions of the Employment Standards Act.

Part IV of the Act strengthens and extends the powers of health officials under the Health Protection and Promotion Act to contain SARS. For example, it allows orders to be issued for a group of people, not just individuals, and for the orders to be announced through the media, where appropriate. To read the Act, go to

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/03s01\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/03s01_e.htm)



## 9.6 What is the Quarantine Act and how has it been changed related to SARS?

The Quarantine Act and its regulations are federal laws designed to protect Canadians from dangerous and infectious diseases that might pose a threat to public health through international movement of people and goods. The legislation gives quarantine officers posted at Canadian ports of entry and exit the power to detain persons suspected of having such a disease and to require them to undergo a medical examination.

The Quarantine Act now lists SARS in its schedule of infectious diseases (other listed diseases include smallpox, cholera, plague and yellow fever). In addition, the list of Canadian airports where incoming flights are required to report ill passengers has been expanded.



### Sources of Information

- World Health Organization (WHO)
- Centers for Disease Control and Prevention (CDC)
- Health Canada
- Ontario Ministry of Health and Long-Term Care
- Toronto Public Health
- Workplace Safety and Insurance Board (WSIB)
- Ontario Ministry of Labour (MOL)
- Community & Hospital Infection Control Association (CHICA)

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