



“WORRIED WELL”

- ❑ Inaccurate and unhelpful term
- ❑ These folks have a cause to be anxious
- ❑ Anxiety may create a situation where they are psychologically unwell
- ❑ Dismissing these concerns may be perceived as uncaring and actually increase the anxiety
- ❑ No one is immune to such reactions
- ❑ A dismissive approach could up the ante
- ❑ Use “Fear and Distress” syndrome instead



SARS GLOBAL OUTBREAK 2003

US patients - isolated until no longer infectious
allowed patients to receive appropriate care
helped contain the spread of the disease.

In US no quarantine measures were used.

CDC advised persons who were exposed but not symptomatic
to monitor themselves for symptoms and advised home
isolation and medical evaluation if symptoms appeared.



SARS GLOBAL OUTBREAK 2003

Countries more severely affected by the 2003 SARS outbreak.

Patients isolated often in hospital settings until no longer infectious

- ❑ Individual quarantine was an integral part of the control measures used.
- ❑ Quarantine of large groups was used only in selected settings where extensive transmission was occurring.



THE GOOD NEWS

- The majority of persons exposed to a disaster or crisis return to normal functioning.
- Resilience is the rule not the exception.



PSYCHOLOGICAL REACTIONS IN SARS STUDY

Quarantine may create heavy psychological, emotional, and financial problems for some persons.

To be effective – demands that at-risk persons be isolated and follow infection control measures at their place of quarantine.



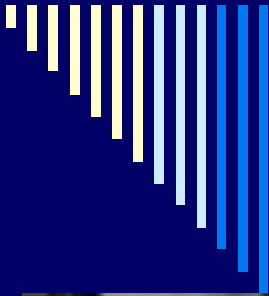
SARS STUDY - OBJECTIVES

To assess the level of knowledge about quarantine and infection control measures of persons who were placed in quarantine

To explore ways by which persons got information

To evaluate the level of adherence to public health recommendations

To understand the psychological effects on quarantined persons during Toronto SARS outbreak



A woman wears a protective mask as she waits to get on a streetcar in Toronto's Chinatown district Friday, March 28, 2003. In Toronto, hundreds, maybe thousands of residents who have either had contact with a SARS patient or who visited an east-end hospital where several cases were treated have been asked to stay home for a period of 10 days following their exposure to the patient or visit. *(CP PHOTO/Kevin Frayer)*



SARS STUDY TORONTO QUARANTINE

More than 15,000 persons with an epidemiologic exposure to SARS were placed in voluntary quarantine.

Instructed to:

not to leave their homes or have visitors.

wash their hands frequently

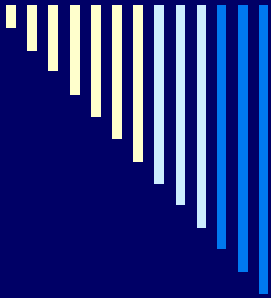
wear masks when in the same room as other household members

not share personal items eg. Towels, drinking cups or cutlery

sleep in separate rooms

take temperature twice daily

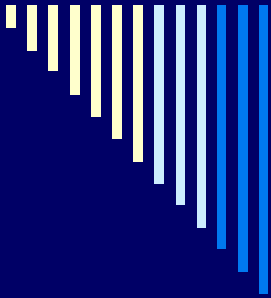
if SARS symptoms developed call Toronto PH



SARS STUDY

All persons in quarantine eligible for participation in study

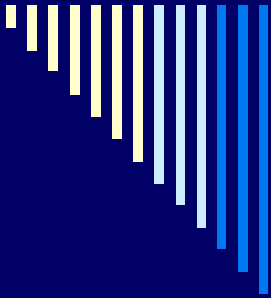
Survey announced through media releases, posted in local healthcare institutions, libraries, and supermarkets.



SARS STUDY

Web- based survey of 152 multiple choice and short answer questions re:

1. Knowledge and understanding of reasons for quarantine
2. Knowledge of and adherence to infection control directives, and
3. Source of this knowledge



SARS STUDY

Psychological impact evaluated with

Impact of Event Scale

Depression Scale



SARS STUDY - RESULTS

Survey completed by 129 persons between 2 – days to median of 36 days from end of quarantine.

Described 143 periods of quarantine

90% placed in quarantine only once



SARS STUDY - RESULTS

66% on home quarantine

34% on work quarantine

Median duration was 10 days

Half knew someone who was hospitalized with SARS

77% were colleagues

10% knew someone who had died



SARS STUDY - RESULTS

The source of notification for quarantine influenced understanding of the reason for quarantine.

Those who were notified by the media or their workplace were more likely to understand the reason for quarantine than those who were notified by their health care provider or public health unit.

Healthcare workers were more likely to understand the reasons.



SARS STUDY - RESULTS

Those who did not think they had been well-informed were angry that information on infection control measure and quarantine was inconsistent and incomplete, frustrated that employers and public health officials were difficult to contact disappointed that they did not receive the support they expected, and anxious about the lack of information on the modes of transmission and the prognosis of SARS.



SARS STUDY - RESULTS

Adherence to Infection control measures.

85% wore a mask in the presence of household members

58% remained inside their residence

33% did not monitor temperatures as recommended

26% monitored less frequently

7% did not monitor at all



SARS STUDY - RESULTS

The presence of PTSD symptoms were correlated with depression.

Less income correlated with increased PTSD

Less income correlated with increased depression

Not correlated with age, level of education, healthcare worker status, marital status, living with other adult household members, or having children



SARS STUDY - RESULTS

Increased duration of quarantine correlated with increased IES-R scores

Acquaintance with or exposure to someone who was hospitalized with SARS associated with higher IES-R score



SARS STUDY - RESULTS

Those who wore masks all the time higher IES-R scores and higher CES-D scores

All respondents described a sense of isolation.

51% had experiences following quarantine that made them feel people were responding differently to them.



THE ECONOMIC IMPACT

- ❑ Millions of dollars in lost potential economic activity
- ❑ Devastating toll on the tourism sector even before the World Health Organization released its advisory against non-essential travel to Toronto. The advisory is made a bad situation worse.
- ❑ Cancellations at Greater Toronto Area hotels led to an estimated \$39 million in lost revenues during the month of April 2003 alone
- ❑ Audiences at theatres dwindled



THE ECONOMIC IMPACT

- ❑ Bus and tour companies were hit – more than 800 bus tours were cancelled as of April 24, with an estimated economic loss of \$5 million to \$6 million*
- ❑ Fewer people were dining at restaurants – restaurant business down between 20 and 30 per cent
- ❑ Conventions were cancelled – the cancellation of one health-care convention probably cost the region about \$6 million

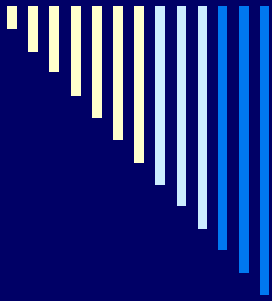


NEW YORK STUDY

Suggests possible language and cultural issues in obtaining information

Obtaining and evaluating information is adversely affected by factors such as low education level, low income and ethnic minority status.

Those who were poorly informed were more worried.



TORONTO STUDY

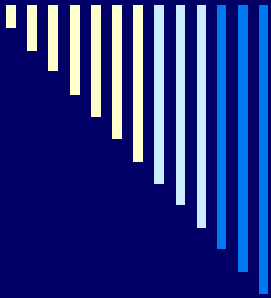
Maunder et al

Patients with SARS reported fear, loneliness, boredom and anger, and were worried about the effects of quarantine and contagion on family members and friends.

They experienced anxiety about fever and the effects of insomnia.

Caring for health care workers as patients and colleagues was emotionally difficult

Uncertainty and stigmatization were prominent themes for both staff and patients



TORONTO STUDY

Interpretation

The hospital's response required clear communication, sensitivity to individual responses to stress, collaboration between disciplines, authoritative leadership and provision of relevant support.

The emotional and behavioral reactions of patients and staff are understood to be a normal, adaptive response to stress in the face of an overwhelming event.



TORONTO STUDY

Family members at home found it difficult that they could not provide direct support to their sick relative by visiting.

Child care issues for single parents with SARS who had children in quarantine and management of pre-existing marital tensions were recurrent difficulties.