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SARS airport screening ineffective, study says

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TORONTO - Extensive airport screening introduced during Toronto's 2003 SARS outbreak was both costly and ineffective, according to a new study.

The study, published in the January issue of the journal *Emerging Infectious Diseases*, concluded that the estimated \$7.55 million spent on screening at several Canadian airports failed to detect one case of the disease.

The report's authors from the Public Health Agency of Canada suggested the money would have been better spent on stepping up screening procedures at hospitals, clinics and doctors' offices, where sickened travellers are likely to go.

"Rather than investing in airport screening measures to detect rare infectious diseases, investments should be used to strengthen screening and infection control capacities at points of entry into the health-care system," the researchers wrote in the journal published by the U.S. Centers for Disease Control.



Background temperatures need to be eliminated to screen passengers for fever.

During the peak of the SARS outbreak, international travellers arriving at Pearson International Airport were given information leaflets and asked to fill in questionnaires about their health.

Passengers who admitted to experiencing a fever, cough, difficulty in breathing or contact with a SARS-affected person

were examined by a nurse, and were later required to have their temperature taken by high-tech thermal scanners.

No predictive value

The study shows that by early July 2003 more than one million travellers had received the leaflets, and almost 3,000 of them were examined by a nurse.

In the end, none of the thousands singled out were required to receive additional medical treatment.

"Sometimes what seems like a reasonable thing to do doesn't turn out that way," the report's lead author, Dr. Ronald St. John, told the Canadian Press.

St. John and his colleagues noted the effectiveness of the screening measures was limited because:

- The measures themselves, such as thermal scanning machines, weren't specific to SARS.
- The prevalence of the disease was so low among passengers arriving or departing from Canada.

The study is limited by the technical experience of the study's authors, according to one Canadian company that bid to apply its expertise.

"The application exceeded their capabilities," said Curtis Bennett, president of Thermographics, who calls the study a misrepresentation of the technology.

Severe acute respiratory syndrome is a sometimes fatal disease that attacks the respiratory system.

In the Toronto area, 44 people died of the disease over a six-month period starting in March 2003.

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