

---

## 2004 BUDGET BRIEFING NOTE

---

### Communicable Disease Liaison Unit

#### **Issue/Background:**

The recent Severe Acute Respiratory Syndrome (SARS) outbreak in Toronto, demonstrated the need to be prepared for serious and emerging infectious diseases including an enhanced surveillance system to rapidly detect these diseases. Effective partnership and communication between acute care facilities and Toronto Public Health (TPH) was critical. Public health staff were assigned to each acute care facility in Toronto during the outbreak to facilitate case management and contact follow-up. For a category 3 facility, the public health resources were increased to include manager and physician support.

Providing dedicated resources to acute care facility partners and thus building effective working relationships, became the basis of the development of the Communicable Disease Liaison Unit (CDLU) within the Communicable Disease Control service of Toronto Public Health. The goal is to enhance communication and coordination regarding communicable disease issues between TPH and acute care facilities, and to improve early detection. The CDLU will also help TPH carry out its provincial mandate for infection control and the control of infectious diseases in hospital settings. Previously this work has not been accorded a high priority for public health funding.

Investigators are assigned to each hospital to act as a primary liaison for all reportable diseases. They act as a resource and the conduit of two-way information flow between the speciality areas in TPH and the facility. In addition, the CDLU has dedicated physician support to address any complex medical issues and epidemiologists to allow for rapid analysis of information. This team is responsible for responding in the event of a resurgence of SARS and/or other serious febrile respiratory illness (such as Avian influenza) and builds TPH expertise and capacity to respond to such emergencies.

The Ministry of Health and Long Term Care confirmed funding for the Communicable Disease Liaison Unit at 100% until March 31, 2004. Effective April 2004, funding will revert back to a 50:50 Cost-Shared arrangement. Based on the funding approved by the Province, the annualized cost for 2004 will change from \$4,475.2 thousand gross \$2,237.6 thousand (net) to \$5,372.3 thousand (gross), \$1,820.5 thousand (net) with an annualization impact in 2005 of \$606.8 thousand net.

**Key Point(s):**

1. The SARS outbreak and other hospital based outbreaks in the past two years (eg. Norovirus) have highlighted the need for enhanced communication and co-ordination in outbreak management between TPH and acute care facilities.
2. Recent outbreaks also highlighted the need for surge capacity in communicable disease investigation and management within TPH.
3. There is a public expectation that TPH and the health sector have co-ordinated response plans for communicable disease outbreaks.
4. Recent reports evaluating the SARS experience (i.e. Naylor and Walker reports) highlight the need for improved communication and co-ordination between public health and health care facilities.
5. Acute care facilities have also indicated a need for more efficient mechanisms for communication and partnerships with TPH.
6. With 100% Provincial funding for CDLU reverting to 50:50 after March 31, 2004, the TPH budget submission will change from \$4,475.2 thousand gross (\$2,237.6 thousand net) to \$5,372.3 thousand gross (\$1,820.5 thousand net).

**Questions & Answers:****1. What does the CDLU add to TPH?**

Recent large outbreaks in Toronto, particularly the SARS outbreak in 2003, revealed a critical lack of capacity in TPH for case investigation, contact follow up and epidemiologic expertise. In addition the critical need for public health physician support in these complex health emergencies was apparent. The CDLU was created to address both these surge capacity needs and the need for expertise to deal with the increasing number and complexity of reportable infectious diseases and outbreaks in Toronto. The CDLU also allows TPH to develop an enhanced surveillance program to assist in the early detection of communicable diseases, particularly emerging infectious diseases.

**2. What will be the impact if the CDLU does not receive funding?**

Termination of funding for the CDLU will again leave TPH vulnerable to staff and expertise shortages in outbreaks such as SARS. In addition, TPH will not be able to fulfil its provincial mandate to actively participate in infection control issues with Toronto hospitals. This could result in slower detection of communicable disease outbreaks and decreased ability to manage complex emergencies.

**Date:** February 20, 2004