

TARRANT

The year 2010-2011

J Dickinson

Staff

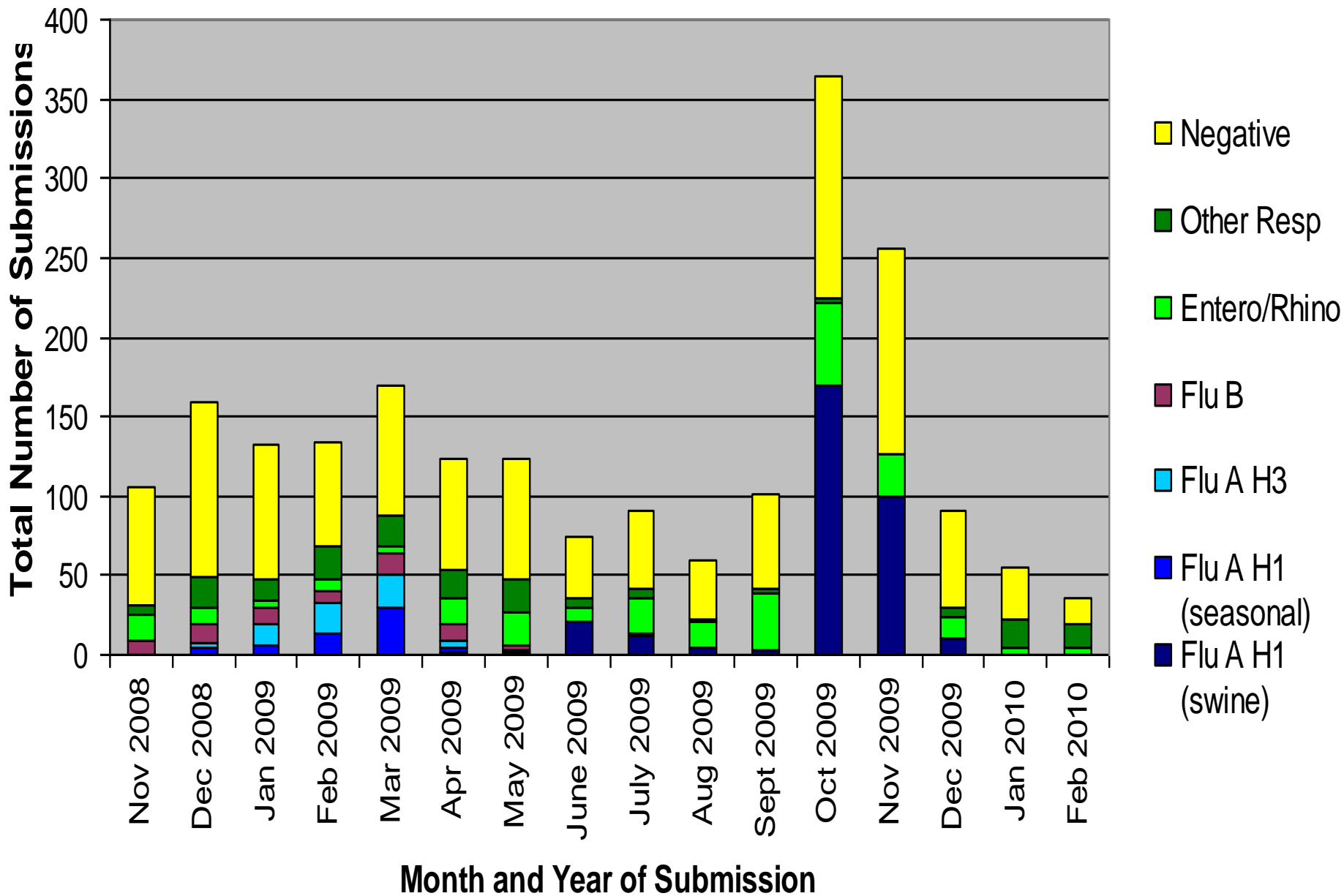
- Karen Rivera, Sandy Berzins
- Sher Clain
- Elaine Douglas, Tova Dybvig

- Leah Ricketson, Craig Pearce, Susan Huculak

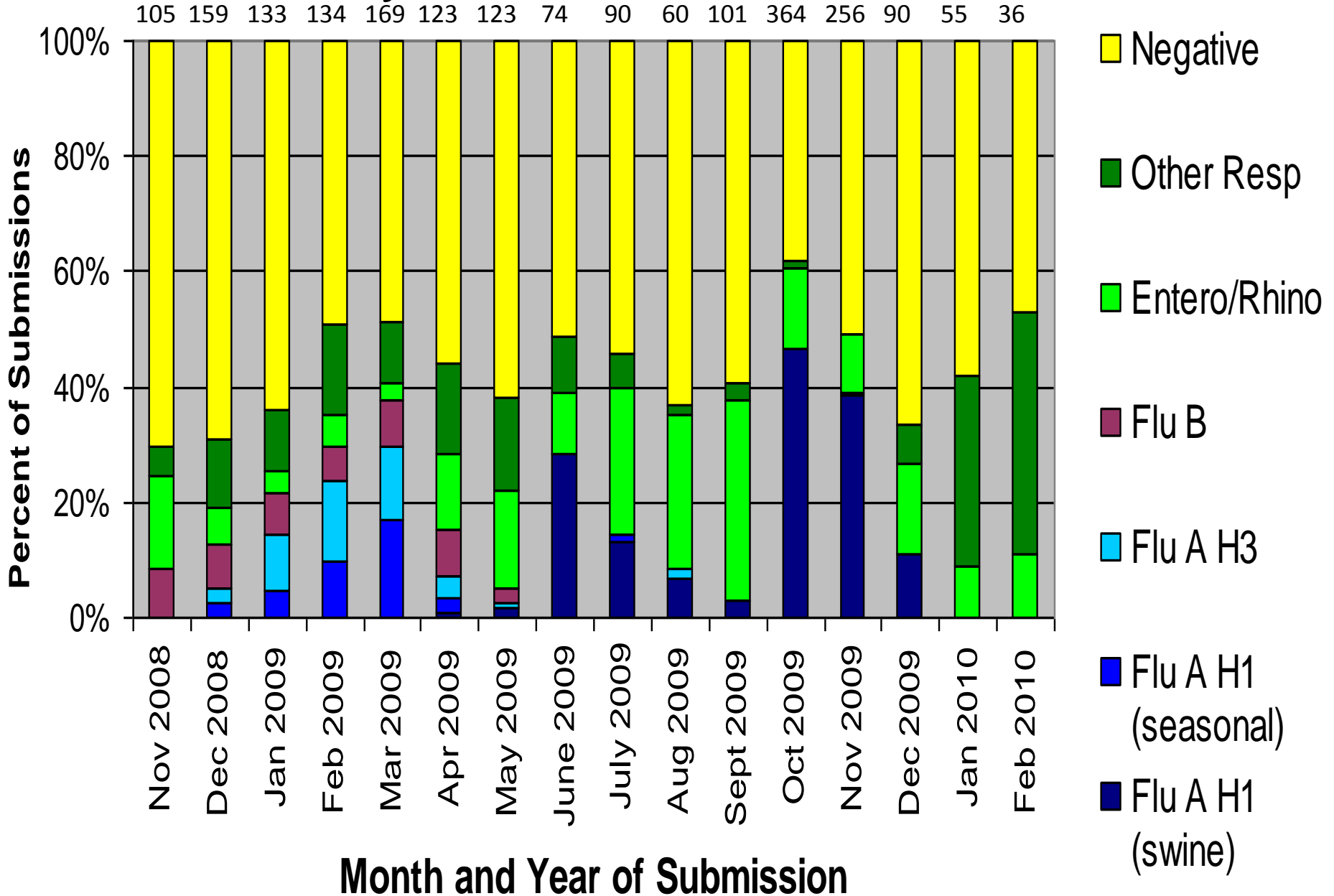
Publications and Presentations

- National group
 - BMJ, Open Medicine
- Analyses of Sentinel performance
 - Epidemic review Montreal, NAPCRG
- Surveys of Doctor response to epidemic
 - Montreal, College Forum Vancouver.

Monthly TARRANT Viral Submissions



Monthly TARRANT Viral Submissions



Accuracy of FP diagnosis

- Positive predictive value
 - Related to severity of epidemic
 - Always less than 50%
 - Always majority of unidentifiable viruses

Surveys

- During epidemic Fall 2009
- Summer 2010

- Doctor responses
 - Pandemic plans
 - Protection
 - Response of staff

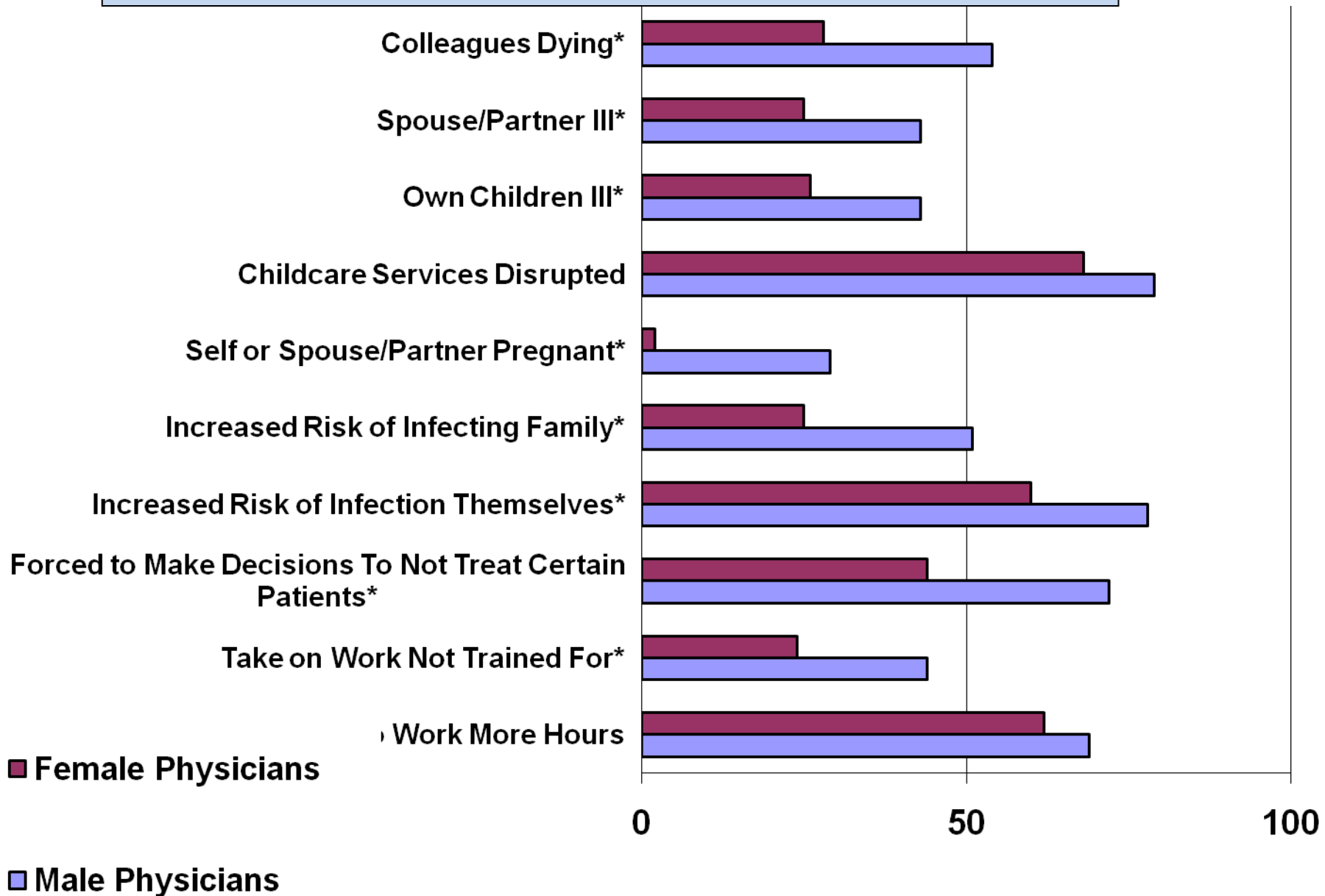
Replacement Staff

- 73% of physicians did not think there would be enough replacement staff for their clinic if some fell ill.
- How would clinic staff react?
 - 21% continue working regular hours
 - 58% fearful to deal with ILI patients
 - 32% stay at home to care for family
 - 22% don't know

Willingness to work in epidemic

- **64% of respondents expressed concern about being infected**
- **78% of males and 60% of females would work longer in severe pandemic**

Physicians' Willingness to Work by Gender (%)



Logistic regression

- Outcome:
 - “Likely” or “very likely” to work compared to other outcomes (“Don’t know” or “Unlikely”)
- Predictor variables:
 - Females compared to males
 - Rural compared to Urban
 - Country of Primary Medical Education: 4 groups
 - North America (Canada, USA)
 - British (Ireland, England, Australia)
 - South Africa
 - Other (e.g. Bosnia, India, Mexico, Nigeria)
 - Age groups (no significant differences)

Regression table

Scenario	Predictor	OR	95% Conf. Interval	p value
If you were asked to work more hours	Rural	2.35	1.11 – 4.97	0.025
If your colleagues were dying	Female	0.34	0.18 – 0.66	0.001
	South Africa	2.44	1.00 – 5.97	0.049
If your children fell ill	Female	0.46	0.22 – 0.95	0.036
If you or your spouse/partner were pregnant	Female	0.16	0.035 – 0.75	0.02
If there was a greater than usual risk of infecting your family at home	Female	0.30	0.15 – 0.59	0.000
	British	5.07	1.47 – 17.49	0.010

Regression table

Scenario	Predictor	OR	95% Conf. Interval	p value
If you had to make decisions about not treating certain patients because of resource constraints	Female	0.32	0.17 – 0.59	0.000
If you were asked to take on different or additional work/duties for which you have not been trained	Female	0.45	0.23 – 0.86	0.016
	South Africa	2.42	1.02 – 5.70	0.044
If there was shortage of fuel, leading to disruption of transport (private or public)	Female	0.37	0.20 – 0.70	0.002
	Rural	2.45	1.22 – 4.92	0.012

Limitations

- Data from one province
- Sample small, response rate low: 21.9%
 - Similar gender distribution to province
- Many subgroups very low numbers
 - Cannot analyse
- Effectively a pilot study

- Only intentions: speculation
- However, at time of uncertainty, some serious outcomes demonstrated

Conclusions

- Reasonably high willingness to work
- Females consistently lower rates
- Generally slightly higher rural than urban
- May be differences
 - Canadian vs South African, English
- Repeat survey Summer 2010