Reviewer's report

Title: Population Mortality during the Outbreak of Severe Acute Respiratory Syndrome in Toronto

Version: 1  Date: 4 December 2006

Reviewer: Christopher Booth

Reviewer's report:

General
This paper is an important addition to what was learned during the 2003 SARS outbreak in Toronto. In fact, the authors have answered a question which was frequently debated by clinicians in the midst of the outbreak: "Were infection control measures directed as containing SARS leading to increased morbidity/mortality from other diseases?". The authors have done an excellent job at answering this question.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
None.

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Discretionary Revisions (which the author can choose to ignore)
1. Page 2 Para 1. Add word: "the period of THESE infection control measures..."

2. Page 6. Do the authors have data to support their assertion that clinical services were not restricted outside Toronto?

3. Page 10 Para 3. Agree with the statement that this study does not account for longer term mortality. One major concern during the SARS outbreak was whether the delay of cancer surgery, and adjuvant chemotherapy/radiation would lead to increased relapses in patients who were treated during the SARS outbreak. Although this data may be hard to obtain and sample size may small it would be of interest to know if longer-term cancer-related outcomes were worse for patients diagnosed/treated in the spring of 2003.

4. Page 11 Para 1. Line 14. Once again - do the authors have data/information related to curtailing of clinical services in jurisdictions outside Toronto?

5. Page 12. Para 1. If (as the authors suggest) future research is needed in this area it might be worthwhile to propose that data capture systems are established in advance of future pandemics/disasters so that rising mortality/morbidity associated with restricted access to routine health care is monitored during such an event. In a prolonged outbreak this would be very useful information to the disaster response team and aid in planning which services should be prioritized during a period of severely restricted health services. We were fortunate in 2003 that the SARS outbreak was relatively short-lived. In the event of an influenza (or other infectious disease) outbreak the duration of infection control measures could be considerably longer.

What next?: Accept after discretionary revisions

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.