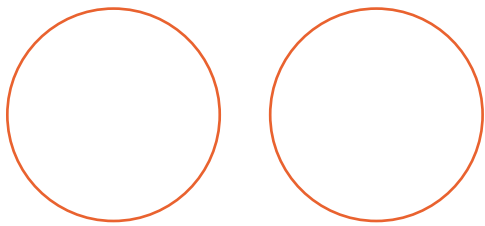
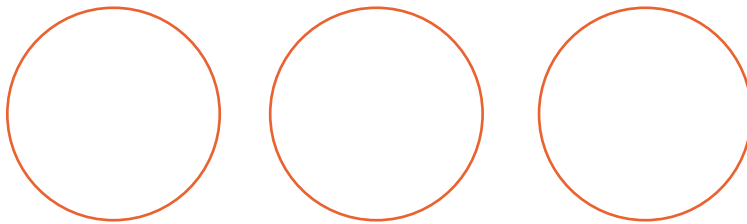
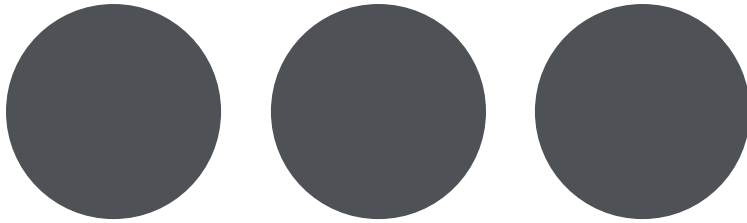
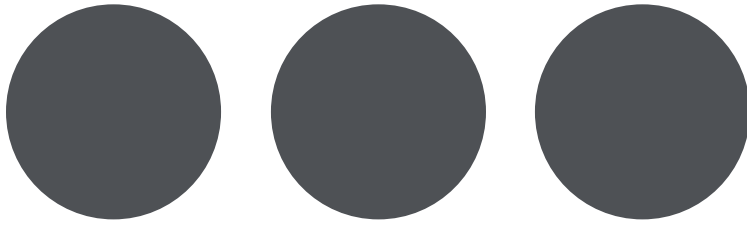
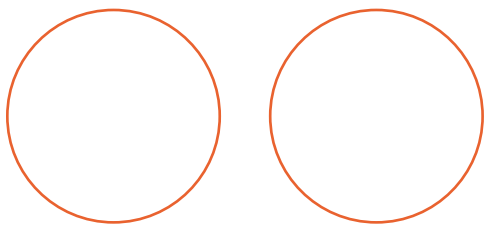




**QUÉBEC PANDEMIC
INFLUENZA PLAN –
HEALTH MISSION**



**PANDÉMIE
INFLUENZA**



**QUÉBEC PANDEMIC
INFLUENZA PLAN –
HEALTH MISSION**

A publication of:

La Direction des communications du ministère de la Santé et des Services sociaux

This document was published in limited quantity and is now available in electronic form only.
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Version française disponible sur demande.

Legal Deposit

Bibliothèque nationale du Québec, 2006

National Library of Canada, 2006

ISBN 2-550-46563-6 (print version)

ISBN 2-550-46564-4 (PDF version)

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A WORD FROM THE MINISTER

Like the World Health Organization, the federal government and other Canadian provinces, Québec is preparing to deal with an influenza pandemic. More than at any other time in human history, we know that complex emergency situations can quickly become social crises that mark an entire generation. The Spanish flu, for example, which occurred at the beginning of the last century, is still part of our collective memory. An influenza pandemic could seriously disrupt our society, and it is our duty to prepare ourselves for it.



We know that the consequences of an influenza pandemic extend beyond the confines of the health and social services network. An influenza pandemic could affect not only the health and well-being of the public, but also the economy, education, recreation, visits to cultural sites, in short, every aspect of our day-to-day lives.

As the government, in close cooperation with members of the health and social services network and their partners, we will do our utmost to limit the transmission of the virus, to treat those infected and to guide the public in the event of a pandemic. In this type of emergency situation, we will work to make sure that people continue to have the access they need to services, to intervene with regard to social disruptions and the psychosocial aspects of such a situation to the best of our ability, and to reduce morbidity and mortality. To do this, we will create conditions that make the work of health and social services staff easier and safer, and we will develop strategies to ensure that enough qualified labour is available.

The first challenge is preparing for an event whose scope and timing are unknown. The principles, strategies and activities presented in this plan point the way for regional agencies and health and social services establishments as well as for partners, community organization and other bodies of the Government of Québec, who will all make their own preparations.

Based on this document, regional health and social services agencies and local establishments will arm themselves with a plan that presents the structure for dealing with an influenza pandemic, each at their level of responsibility. These plans will build upon the emergency measures plans that already exist within the health and social services network.

In closing, I would like to invite the members of the health and social services network and their partners—workers, professionals, physicians, various community resources—to continue to mobilize and prepare the fight against an influenza pandemic. The more united and effective we are in these preparations, the more ready we will be for any eventuality, no matter how serious the pandemic.

A handwritten signature in black ink, appearing to read 'Philippe Couillard'.

Philippe Couillard, Minister

TABLE OF CONTENTS

A WORD FROM THE MINISTER	3
TABLE OF CONTENTS	4
ABBREVIATIONS AND INITIALISMS	10
PREFACE	13
BACKGROUND	13
<i>An influenza pandemic on the horizon</i>	13
<i>The purpose of basic principles and strategies</i>	13
WHY MAKE SUCH AN EFFORT TO GET READY?	13
THE RISK OF AN INFLUENZA PANDEMIC IS REAL	13
<i>First condition: the appearance of a new strain</i>	14
<i>Second condition: human vulnerability</i>	14
<i>Third condition: virulence</i>	14
<i>Fourth condition: effective person-to-person transmission</i>	14
<i>The effects of an influenza pandemic on society</i>	15
<i>A realistic but conservative forecast</i>	15
<i>A scenario that is difficult to predict</i>	15
<i>A vaccine in the offing</i>	15
THE IMPORTANCE OF GETTING READY	16
<i>Challenges in health and social services</i>	16
WHO IS THE QUÉBEC PANDEMIC INFLUENZA PLAN—HEALTH MISSION FOR?	16
PLAN UPDATES	16
LEGAL CONSIDERATIONS	17

THE THREE COMPONENTS OF ACTION _____	17
1. Preparedness _____	17
2. Response _____	17
3. Recovery _____	17
<i>The phases established by the World Health Organization</i> _____	17
<i>The links between the phases set out by the World Health Organization and the components of action</i> _____	18
 HOW TO READ THE DIVISION OF RESPONSIBILITY TABLES _____	 18
 CHAPTER 1	
BASIC CONCEPTS IN THE FIGHT AGAINST AN INFLUENZA PANDEMIC _____	19
 THREE PRINCIPLES OF RESPONSE _____	19
FIRST PRINCIPLE: STRATEGIES THAT MATCH THE FUNCTIONS OF THE NETWORK _____	19
SECOND PRINCIPLE: ADOPT A TOP-DOWN DECISION-MAKING PROCESS _____	19
THIRD PRINCIPLE: DELIVER A HIGHLY EFFECTIVE ORGANIZATION _____	20
<i>The ministerial coordination structure</i> _____	20
<i>The strategic management unit</i> _____	21
<i>Operations Branch</i> _____	21
<i>Coordination structure of the health and social services network</i> _____	22
<i>Coordination with ministerial partners</i> _____	25
<i>Coordination of emergency preparedness</i> _____	27
<i>Ties with emergency preparedness</i> _____	27
 FOUR GROUPS OF STAKEHOLDERS _____	29
<i>Citizens</i> _____	29
<i>Informal caregivers</i> _____	29
<i>Workers</i> _____	29
<i>Decision makers</i> _____	29
 THREE RULES OF GOVERNANCE _____	30
<i>Protection</i> _____	30
<i>Solidarity</i> _____	30
<i>Responsibility and sound management</i> _____	30

CHAPTER 2

STRATEGIES _____ **31**

The purpose of the strategies _____ 31

Strategies for dealing with the five areas of activity addressed by the network's mission _____ 31

SECTION ONE : PROTECT THE HEALTH OF THE POPULATION (PUBLIC HEALTH) _____ **31**

STRATEGY NO. 1: CONDUCT EPIDEMIOLOGICAL MONITORING AND SURVEILLANCE _____ 31

Surveillance based on the three pandemic periods _____ 32

STRATEGY NO. 2: APPLY MEASURES TO PREVENT
AND CONTROL INFECTIONS _____ 37

Prevent the spread of the infection _____ 37

Tailoring guidelines to the reality of the pandemic _____ 37

Implementing measures outside establishments _____ 37

Actions timed according to the periods of the influenza pandemic _____ 37

STRATEGY NO. 3: USE ANTIVIRALS FOR PREVENTIVE PURPOSES _____ 40

In the absence of a vaccine ... _____ 40

The limits of antivirals _____ 40

Priority groups first _____ 40

STRATEGY NO. 4: VACCINATE THE POPULATION _____ 44

The most effective means _____ 44

Vaccinate the priority groups while awaiting vaccines for everyone _____ 45

Vaccines for everyone _____ 45

Mass vaccination centres _____ 45

Actions timed according to the periods of the influenza pandemic _____ 45

STRATEGY NO. 5: IMPLEMENT PUBLIC HEALTH MEASURES _____ 50

Health education _____ 50

Controls at the community level _____ 50

Limiting public gatherings _____ 51

Special measures for travellers _____ 51

Case and contact management _____ 54

Case management _____ 54

Contact management _____ 54

SECTION TWO: PROVIDE MEDICAL CARE (PHYSICAL HEALTH)	57
STRATEGY NO. 6: ACT UPSTREAM OF ESTABLISHMENTS THROUGH SELF-CARE	58
<i>A self-care guide</i>	58
<i>Home: the first site of care</i>	58
STRATEGY NO. 7: ADAPT HOME SUPPORT SERVICES	59
STRATEGY NO. 8: ENSURE ACCESS TO INFO-SANTÉ AND INFO-SOCIAL	61
STRATEGY NO. 9: SET UP PREHOSPITAL EMERGENCY SERVICES	63
STRATEGY NO. 10: COORDINATE THE DELIVERY OF HEALTHCARE	65
<i>Front-line services</i>	66
<i>Emergency units and services</i>	66
<i>Hospital activity</i>	66
<i>Critical care</i>	66
STRATEGY NO. 11: TREAT PATIENTS USING ANTIVIRALS	69
STRATEGY NO. 12: DEPLOY NON-TRADITIONAL HEALTHCARE SITES	71
STRATEGY NO. 13: DISPOSE OF REMAINS EFFECTIVELY	72
 SECTION THREE: ENSURE PEOPLE’S PSYCHOSOCIAL WELL-BEING (PSYCHOSOCIAL RESPONSE)	 74
STRATEGY NO. 14: COORDINATE PSYCHOSOCIAL SERVICES	74
STRATEGY NO. 15: IDENTIFY PATIENT GROUPS	76
<i>Anxiety of the public</i>	76
<i>The most vulnerable people</i>	76
<i>Identifying affected people in the network and among the public</i>	77
STRATEGY NO. 16: PROVIDE SERVICES TAILORED TO THE SITUATION	78
<i>Clinical supervision</i>	80
STRATEGY NO. 17: PROVIDE THE POPULATION AND PARTNERS WITH ADVICE	81

SECTION FOUR: PROVIDE CLEAR, PERTINENT AND MOBILIZING INFORMATION (COMMUNICATION) _____ 83

STRATEGY NO. 18: ENSURE HEALTH AND SOCIAL SERVICES NETWORK RESOURCES AND PARTNERS ARE WELL INFORMED _____ 83

STRATEGY NO. 19: INFORM THE POPULATION AND RAISE AWARENESS _____ 86

STRATEGY NO. 20: MOBILIZE THE NETWORKS _____ 97

STRATEGY NO. 21: CREATE COMMUNICATION INFRASTRUCTURES DEDICATED TO THE FIGHT AGAINST THE INFLUENZA PANDEMIC _____ 101

Strategic Communications Coordination Unit _____ 101

Communications Operations Centre _____ 102

SECTION FIVE: KEEP THE NETWORK WORKING (CONTINUITY OF SERVICES) _____ 105

STRATEGY NO. 22: MANAGE WORKER MOVEMENT _____ 106

Anticipate personnel shortages _____ 106

Recruit alternate human resources _____ 107

Compensation and working conditions for alternate human resources _____ 107

Status _____ 107

Employees and working conditions _____ 107

Management staff _____ 108

Health professionals _____ 108

For active general practitioners and those who have retired but still have the right to practise _____ 108

For active specialists and those who have retired but still have the right to practise _____ 108

Travel expenses and other working conditions _____ 108

Professional liability insurance _____ 108

Occupational health and safety _____ 108

The contribution of volunteers _____ 110

Skill maintenance and development _____ 110

STRATEGY NO. 23: MANAGE THE PROCUREMENT OF DRUGS, SUPPLIES AND EQUIPMENT _____	111
<i>Manage the procurement of drugs, supplies and equipment</i> _____	112
<i>Store products appropriately to guarantee their availability</i> _____	112
<i>Distribute according to the public and priority groups</i> _____	112
STRATEGY NO. 24: USE RELIABLE INFORMATION RESOURCES _____	115
CONCLUSION _____	118
APPENDIX A: COMPLEMENTARY INFORMATION ON THE INFLUENZA VIRUS AND INFECTIONS IN BIRDS _____	119
<i>The influenza virus</i> _____	119
<i>From seasonal human influenza to an influenza pandemic</i> _____	119
<i>About three occurrences per century</i> _____	119

ABBREVIATIONS AND INITIALISMS

ADM	Associate Deputy Minister
ASSS	<i>Agence de la santé et des services sociaux</i>
AT	Ambulance technicians
CARRA	<i>Commission administrative des régimes de retraite et d'assurances</i>
CDC	Centers for Disease Control and Prevention
CE	<i>Conseil exécutif</i>
CEO	Chief executive officer
CFEB	Coordination, Finance and Equipment Branch
CFIA	Canadian Food Inspection Agency
CHSLD	<i>Centre d'hébergement et de soins de longue durée</i>
CINQ	<i>Comité sur les infections nosocomiales du Québec</i>
CLSC	<i>Centre local de services communautaires</i>
CO	Community organization
Comm	Communications function
COMM B	Communications Branch
Cont	Continuity of services section
Coord	Coordination function
COPIN	<i>Comité de planification et d'intervention des mesures d'urgence</i>
CPDP	Council of Physicians, Dentists and Pharmacists
CRÉ	<i>Conférence régionale des élus</i>
CSCQ	<i>Comité de sécurité civile du Québec</i>
CSRA	<i>Coopérative de services regroupés d'achat</i>
CSSS	<i>Centre de santé et de services sociaux</i>
CTAS	Canadian Triage and Acuity Scale
DM	Deputy Minister
DRMG	<i>Direction régionale de médecine générale</i>
EMP	Emergency measures plan
FMG	Family medicine group
FR	First responder
GESTRED	<i>Système de gestion et de reddition de comptes (of the MSSS)</i>
GTQ	<i>Groupe des télécommunicateurs du Québec</i>
H	Hospital

HC	Health Canada
HCC	Health communications centre
HSS network	Health and social services network
HSUMB	Health Services and University Medicine Branch
IIS	Immunization information system
ILI	Influenza-like illness
INSPQ	<i>Institut national de santé publique du Québec</i>
LAB	Legal Affairs Branch
LHN	Local health network
LPIP	Local Pandemic Influenza Plan
LSPQ	<i>Laboratoire de santé publique du Québec</i>
MAPAQ	<i>Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec</i>
MELS	<i>Ministère de l'Éducation, du Loisir et du Sport</i>
MEPC	Ministerial emergency preparedness coordinator
MEPO	Municipal emergency preparedness organization
MSG	<i>Ministère des Services gouvernementaux</i>
MSSS	<i>Ministère de la Santé et des Services sociaux</i>
NGO	Non-governmental organization
NIR	Non-institutional resource
NML	National Microbiology Laboratory
NMPB	Network and Ministerial Personnel Branch
NPHD	National Public Health Director
NPO	Non-profit organization
NTHS	Non-traditional healthcare sites
ORSC	<i>Organisation régionale de sécurité civile</i>
OSCQ	<i>Organisation de sécurité civile du Québec</i>
PES	Prehospital emergency services
PHAC	Public Health Agency of Canada
PHB	Public Health Branch
PHD	Public Health Directorate
PHD EMB	Emergency measures bureau of the PHD
PHD IDU	Infectious diseases unit of the PHD
PHD SMB	Surveillance and monitoring bureau of the PHD

PHPD	Public Health Protection Branch
PhysH	Physical health section
PICPR	<i>Protocole d'interventions cliniques des premiers répondants</i>
PICTA	<i>Protocole d'interventions cliniques des techniciens ambulanciers</i>
PMCC	Population management of cases and contacts
POD	Point of distribution
PsyR	Psychosocial response section
PubH	Public health section
QIDP	Québec Infectious Diseases Plan
QNCPP	Québec National Civil Protection Plan
QPIP-HM	Québec Pandemic Influenza Plan—Health Mission
RCM	Regional county municipality
REMP	Regional emergency measures plan
REPC	Regional emergency preparedness coordinator
RPIP	Regional Pandemic Influenza Plan
RTCO	Regional table of community organizations
RTCSP	Regional table for the coordination of specialized practice
RTSS	<i>Réseau de télécommunications sociosanitaire</i>
SARS	Severe acute respiratory syndrome
SMB	Surveillance and monitoring bureau (DGSP)
SPEIMB	Strategic Planning, Evaluation and Information Management Branch
SRI	Severe respiratory illness
SSB	Social Services Branch
US	<i>Urgence-santé</i>
WHO	World Health Organization

PREFACE

BACKGROUND

AN INFLUENZA PANDEMIC ON THE HORIZON

An influenza pandemic is an event of international proportions involving considerable preparation. An influenza pandemic can seriously disrupt the lives of individuals and the workings of society through mortality, morbidity, psychosocial impacts, not to mention repercussions in the economic and financial sectors.

The experience with severe acute respiratory syndrome (SARS) and the recent natural disasters in Asia and New Orleans bear witness to the necessity of being able to depend on emergency measures plans that are integrated and available at the appropriate time. These crises also spotlight international relations, which, in practical terms, means that as soon as a pandemic is declared, all countries will be facing the same situation.

All groups of stakeholders—citizens, informal caregivers, workers, key decision makers, elected local officials and deputies—must be actively involved in the preparation process. For the first time in history, scientific monitoring systems are helping us anticipate the next influenza pandemic. Consequently, it is imperative that we work together to be better prepared.

THE PURPOSE OF BASIC PRINCIPLES AND STRATEGIES

The *Québec Pandemic Influenza Plan—Health Mission* (QPIP-HM) details the issues surrounding an influenza pandemic and its potential effects on the health and social services network as well as on society. It sets out the broad lines of the health mission's planning, the basic principles of response, some 20 strategies, and a series of activities to be undertaken at the provincial level.

Based on Québec's *Plan*, regional health and social services agencies will then develop a *Regional Pandemic Influenza Plan (RPIP)*, after which each establishment will prepare a specific plan in line with its mission. All of these plans will not only complement the health and social services emergency measures plans at every level (provincial, regional and local) but will also be coordinated with the broader emergency plans that cover other government missions, most of which are included in the *Québec National Civil Protection Plan (QNCPP)*.

WHY MAKE SUCH AN EFFORT TO GET READY?

For one thing, the risk of an influenza pandemic is real. What is more, the expected consequences of a pandemic on the health and well-being of Québec's population are likely to be serious.

THE RISK OF AN INFLUENZA PANDEMIC IS REAL

An influenza pandemic is an influenza epidemic that is limited in time but not in space, affecting populations over several continents. Phenomena of this kind can have devastating effects.

Last century, there were three influenza pandemics, all of which originated in birds: the "Spanish flu" in 1918-1919, the "Asian flu" in 1957-1958 and the "Hong Kong flu" in 1968-1969.

Historical data shows that a new pandemic strain of the influenza virus emerges every few decades. Although it is impossible to accurately predict when a new strain will emerge, the probability of that happening increases when certain conditions arise at the same time. Experts agree that an influenza pandemic is becoming ever more likely, with three of the four conditions required for a pandemic virus to emerge already in place.



FIRST CONDITION: THE APPEARANCE OF A NEW STRAIN

The first condition required for an influenza pandemic to develop is the emergence of a new virus strain against which humans do not have any immunity.

The type A influenza virus,¹ unlike types B and C, satisfies this condition due to its genetic instability. Wild birds, especially ducks, are considered the primary natural reservoir of the virus, which they can transmit to other domestic animals and potentially to humans.

Transmission of the avian virus to a person who already has the human influenza virus may facilitate the exchange of genetic material between the two viruses. This kind of genetic reassortment can lead to the appearance of a new type of mutant virus able to adapt more easily to humans, making effective human-to-human transmission possible.

The virus could also mutate and become a human pathogen without genetic reassortment, which is what happened in the pandemic of 1918.

These “possibilities” are the backdrop for the many concerns being raised by the H5N1 influenza virus that can be transmitted from birds to humans.

SECOND CONDITION: HUMAN VULNERABILITY

A virus is a threat to a person who has never been exposed to that particular virus or was exposed to it a very long time ago.

The H5N1 influenza virus infected 18 people in Hong Kong in 1997, resulting in six deaths. This was the first documented transmission of the H5N1 strain between birds and humans. Since then, similar cases have been reported in Asia, namely in Thailand, Cambodia and Vietnam and, more recently, in Europe, specifically in Turkey. To date, there is no evidence from documented cases of human-to-human transmission, even if the possibility of transmission between members of the same family is suspected in rare cases. One thing is certain: in almost all the human cases of H5N1, there was direct, close contact between the victims and the birds.

THIRD CONDITION: VIRULENCE

To provoke a pandemic, a new influenza strain must be virulent enough to quickly affect the body and result in complications that may lead to death. In the cases we currently know about, infection with the H5N1 virus leads to serious complications and death in a high percentage of those infected.

Another particular sign of the virus’s virulence is that the infection does not only affect people who are vulnerable. The Spanish flu of 1918-1919 caused a significant number of deaths among healthy people in the prime of life. The other two pandemics of the 20th century also affected people under 65 years of age in large proportions. Statistically speaking, 36% of the people who died during the 1957 pandemic were under 65 years old; during the 1968 pandemic, this number rose to 48%.

FOURTH CONDITION: EFFECTIVE PERSON-TO-PERSON TRANSMISSION

Finally, there is a fourth condition, which has not yet come into play: an influenza pandemic is only possible if there is effective person-to-person transmission of the virus. This is what happens with the *regular flu* as we know it. It is easily transmitted through the inhalation of the fine particles or droplets suspended in the air when an infected person coughs or sneezes. It also spreads through direct contact with an infected person’s secretions and contact with contaminated objects.

The dreaded H5N1 virus does not currently have this transmission capability. The cases that have been documented are all attributable to close human contact with birds. However, a mutation in this virus could make it easily transmittable from person to person and dramatically change the course of events.

1. See Appendix A to learn more about the influenza virus.

THE EFFECTS OF AN INFLUENZA PANDEMIC ON SOCIETY

An influenza pandemic has a strong potential to cause individual and psychosocial disruptions affecting people, spouses, families, work and education environments, cultural and recreational gatherings—in short, all of society's activities would be affected to an unpredictable degree, as would the population's physical and psychosocial health.

Here are a few points to consider:

- due to the volume and frequency of international travel, pandemic activity will spread rapidly around the globe;
- the influenza pandemic will affect all areas of the country, making it unfeasible to depend on help from an external source;
- a significant number of ill people will require hospitalization or medical consultation, and a large number of ill people will remain at home, while the health network will experience a personnel shortage;
- reserves of specific drugs may not be sufficient to meet needs, and the vaccine will probably not be available for the first wave of the pandemic;
- a health crisis has the potential to cause major social disruptions;
- the public will have to deal with a number of psychosocial impacts;
- the global cost of a pandemic will almost certainly be several billion dollars.

A REALISTIC BUT CONSERVATIVE FORECAST

For planning purposes, the Ministère in Québec has adopted the hypothesis that the first wave of an influenza pandemic would affect 35% of the population, over a period of eight weeks. In this model,

- 2.6 million people would be infected;
- 1.4 million people would need to consult a healthcare professional;
- 34,000 people would require hospitalization;
- 8,500 people may die.

A SCENARIO THAT IS DIFFICULT TO PREDICT

Due to the volume and frequency of international travel, pandemic activity will spread rapidly around the globe. It is reasonable to think that a first wave of infection in Canada would be observed three to four months after a new pandemic viral strain emerges.

The first wave may be followed by a second wave, three to nine months later. Further successive waves are possible and would last anywhere from a few weeks to a few months.

A VACCINE IN THE OFFING

Vaccination is the best means of preventing influenza and avoiding the complications associated with it. Once the viral strain is identified, however, it may take three or four months, and perhaps longer, to produce a vaccine. The areas of the world exposed to the infection early on will not have a vaccine at their disposal to fight the first wave of the pandemic. In Canada and Québec, delaying the onset of the pandemic by a few months may enable us to have access to a vaccine. This scenario is possible, at least in theory.

Once a vaccine has been developed, it would only be made available gradually. Therefore, it is important to keep things in perspective: only basic means of prevention, such as handwashing, the judicious use of antivirals, close surveillance to raise the alarm and keep outbreaks under control, and a well-organized healthcare network, will contribute to stemming the spread of the infection.

THE IMPORTANCE OF GETTING READY

While it is difficult to predict the impact that an influenza pandemic would have on the health and well-being of the Québec population, it is possible to make certain hypotheses that would enable the public and the health and social services network to prepare for such an eventuality.

CHALLENGES IN HEALTH AND SOCIAL SERVICES

The wide and rapid spread of influenza among the Québec population will create some major challenges for the health and social services network, its partners and other stakeholders.

Among the more obvious challenges are those related to:

- absorbing increased patient traffic at sites that dispense first-line healthcare and services, such as private clinics, emergency rooms at hospital centres, etc.;
- ensuring the continuity of emergency and other services that the health and social services network delivers to the population;
- properly managing health and social services network personnel in regard to absences due to illness, the presence of people who are ill among the personnel's friends and family, and compensation for the work overload that certain employees will experience. As in the general population, absenteeism among the network's workers could reach 30% to 35%, which is significant in a context where there is already a shortage of professionals in certain areas of practice;
- coordinating a variety of activities with the partners of the health and social services network and in the area of emergency preparedness;
- procuring drugs, supplies and equipment at a time when many countries will also be needing the same products;
- communicating accurately and effectively with health and social services network workers and with a population that demands no less than to be well informed during an influenza pandemic.

Rising to challenges such as these involves dealing with the demand for services arising from the population, ensuring the organization within the network of services for responding to that demand, and managing labour and material resources. The *Québec Pandemic Influenza Plan—Health Mission* has been devised to meet these challenges.

WHO IS THE *QUÉBEC PANDEMIC INFLUENZA PLAN—HEALTH MISSION* FOR?

The *Québec Pandemic Influenza Plan—Health Mission* will guide the workers of the health and social services network in carrying out response plans according to the roles and responsibilities handed down to them, thereby helping to ensure an effective, coordinated and coherent response to a pandemic.

It will also serve as a reference for the population, our partners and related bodies, such as regional emergency preparedness organizations and the other missions of the Québec government, local elected authorities and deputies.

PLAN UPDATES

The *Québec Pandemic Influenza Plan—Health Mission* as well as the plans drawn up by regional health and social services agencies and the establishments will be updated as knowledge is acquired and epidemiological observation of the infection progresses.

LEGAL CONSIDERATIONS

An influenza pandemic involves response actions that concern a number of laws. The main laws involved are:

- the *Act respecting health services and social services*;
- the *Public Health Act*;
- the *Civil Protection Act*;
- the *Act respecting occupational health and safety*;
- the Charter of human rights and freedoms.

There are also collective agreements that apply to the various groups involved.

THE THREE COMPONENTS OF ACTION

In the *Québec Pandemic Influenza Plan—Health Mission*, the Ministère has adopted three of the four components of action in the classification recognized by the *Organisation de la sécurité civile du Québec* and applicable to disaster situations: preparedness, response and recovery. Prevention, which is the first component of action, does not apply to a pandemic, since it cannot be prevented. The only thing we try to do is delay its spread.

1. PREPAREDNESS

As its meaning indicates, preparedness refers to the period before a pandemic is declared. It includes all the actions involved in anticipating the pandemic's onset, preventing it, and searching for ways to mitigate its potential repercussions—basically everything involved in getting real to deal with a pandemic.

2. RESPONSE

Exactly when a sector will be required to undertake response activities will depend on its specific function. Consequently, sectors whose mandate is to protect the health of the population, provide clear, relevant and mobilizing information, and ensure people's psychosocial well-being will initiate response during the alert period and then intensify it in various phases. Response activities that involve providing medical treatment and keeping the network operational will become more frequent during the pandemic period.

3. RECOVERY

This component consists of activities that help people, families, groups and communities return to normal life after a pandemic. Note that recovery activities will be carried out taking into account that there may be successive waves of pandemic.

THE PHASES ESTABLISHED BY THE WORLD HEALTH ORGANIZATION

The World Health Organization has defined three periods and six phases associated with an influenza pandemic:

1. The interpandemic period includes the first two phases and implies that no new virus has been detected in humans, despite there being outbreaks of avian influenza that are more or less likely to cause human infection;
2. The pandemic alert period is characterized by a new virus being identified in humans. It includes phases three, four and five, which cover the virus's varying ability to adapt to humans and person-to-person transmission;
3. The pandemic period itself (phase six) may occur in several waves before there is a return to the interpandemic period.

THE LINKS BETWEEN THE PHASES SET OUT BY THE WORLD HEALTH ORGANIZATION AND THE COMPONENTS OF ACTION

The three components are in step with the periods established by the World Health Organization that are currently being applied to monitor the evolution and imminence of the pandemic. The table below shows that response activities have already been initiated although the pandemic phase, phase six, has not yet been declared. These activities centre mainly on public health and communication.

WHO periods	Phases	Description	MSSS components of action
Interpandemic	Phase 1	No new influenza virus subtypes detected in humans.	Preparedness
	Phase 2	A circulating animal virus poses a substantial risk of human disease.	
Pandemic alert	Phase 3	Human infection with a new subtype, but no human-to-human transmission or, at most, rare instances due to close and prolonged contact with infected birds.	Preparedness + Response
	Phase 4	Limited and highly localized human-to-human transmission. Evidence of growing human-to-human spread.	
	Phase 5	Clusters of human-to-human transmission.	
Pandemic	Phase 6	Sustained human-to-human transmission in the population.	Response
Postpandemic ²		Return to the interpandemic period.	Recovery

HOW TO READ THE DIVISION OF RESPONSIBILITY TABLES

Except in chapter one, this plan presents specific strategies and actions, and indicates areas of responsibility at the provincial level.

Description of activity	Head Contributor	Section	Tools	Comments

The first column provides a description of the activities to be executed.

The second column lists the heads (e.g., MSSS, ASSS, etc.) as well as contributors, in italics, who will support them in executing the activity described.

The third column indicates the section(s) affected by this activity (refer to the health mission's five areas of activity in chapter one).

The last two columns list any reference tools and comments to be taken into consideration.

2. This term does not refer to a period defined by WHO. It is used solely in the planning of recovery activities.

CHAPTER 1

BASIC CONCEPTS IN THE FIGHT AGAINST AN INFLUENZA PANDEMIC

Being prepared for an influenza pandemic involves taking action before, during and after each wave. However, all activities must stem from certain basic concepts and conventions. These concepts will provide network members and their partners with a common vision of the strategies to be used.

These concepts have been developed in light of lessons learned from managing crises and disasters, specifically SARS and the ice storm. They are also drawn from best practices from different countries and scientific literature, respecting the response principles of the *Organisation de la sécurité civile du Québec*. These basic concepts and conventions are the following:

The three principles of response

Four groups of stakeholders

Three rules of governance

The text that follows presents these concepts and conventions.

THE THREE PRINCIPLES OF RESPONSE

FIRST PRINCIPLE: STRATEGIES THAT MATCH THE FUNCTIONS OF THE NETWORK

In the event of an influenza pandemic, the mission of the health and social services network is **to save lives and preserve the health and well-being of the people**. This mission addresses five areas of activity:

- protect the health of the public (public health);
- provide medical care (physical health);
- ensure people's psychosocial well-being (psychosocial response);
- provide clear, relevant and mobilizing information (communication);
- keep the network working (continuity of services).

Each of these areas of activity is of equal importance, and the order in which they appear is not indicative of priorities.

SECOND PRINCIPLE: ADOPT A TOP-DOWN DECISION-MAKING PROCESS

During a pandemic, decisions must be made quickly and result in concrete action for people, families, groups and communities. To do this, the Ministère takes a leadership role and coordinates all health-related responses by the health and social services network. The chain of authority in effect during a pandemic goes from top to bottom, commonly called a top-down model.

This simple chain of authority moves from the minister to agencies and from agencies to health and social services providers. The similarity of the management structures at each level makes the chain of command simple, fluid and effective, and all areas of activity can be integrated into a coherent and concerted whole.

The minister's involvement in the event of an influenza pandemic falls under the legal framework defined by the *Public Health Act*, which serves as the basis for responsibilities and powers. This law confers particular powers on public health authorities and on the government to allow them to protect public health when it is subject to a clear and present threat.

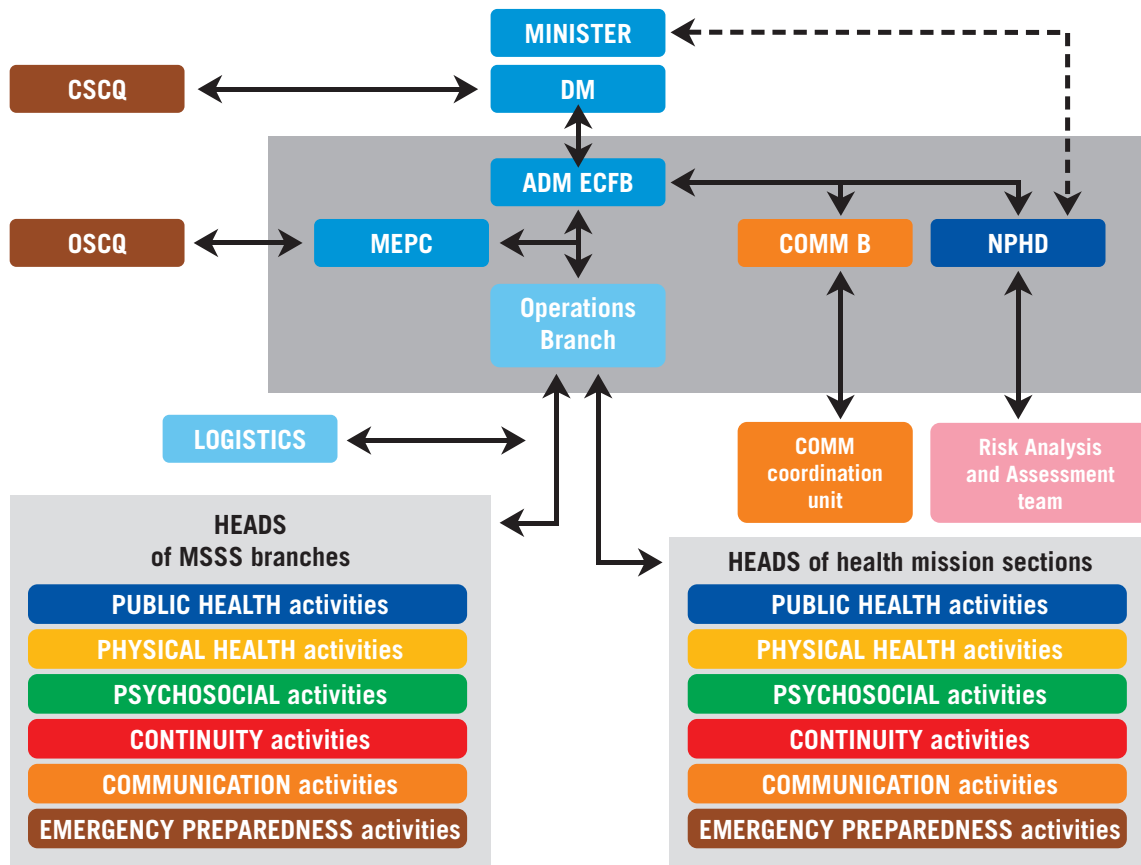
Furthermore, since an influenza pandemic could result in a high level of absenteeism and generate a certain amount of social disorganization, the *Civil Protection Act* could also serve as a legal basis for the government to implement a series of measures to contain the consequences of an influenza pandemic.

THIRD PRINCIPLE: DELIVER A HIGHLY EFFECTIVE ORGANIZATION

The ministerial coordination structure

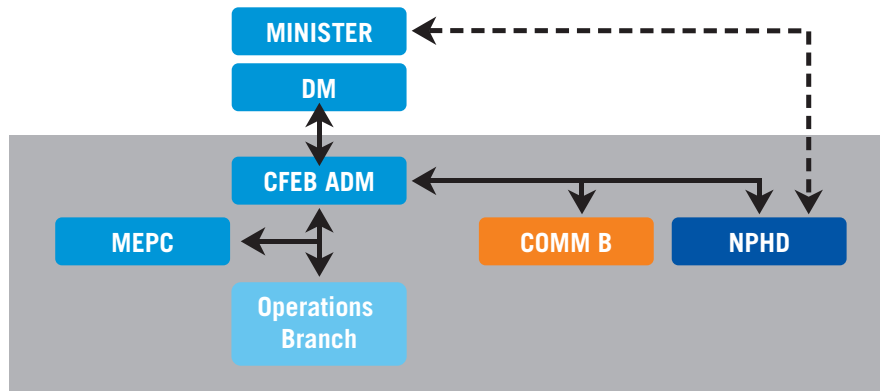
While an influenza pandemic is a major public health problem, its impact on health and social services affects, at one point or another, all of the areas of the health mission as described in the *Québec National Civil Protection Plan*. The management of this problem, both in terms of planning and response, must therefore be done at a high level and head up the entire organizational structure of the *ministère de la Santé et des Services sociaux*.

In a context such as this, the entire internal coordination structure of the Ministère is placed under the authority of the associate deputy minister responsible for coordination, finance and equipment, who reports directly to the actual deputy minister. This coordination structure mobilizes all of the Ministère's departments.



The strategic management unit

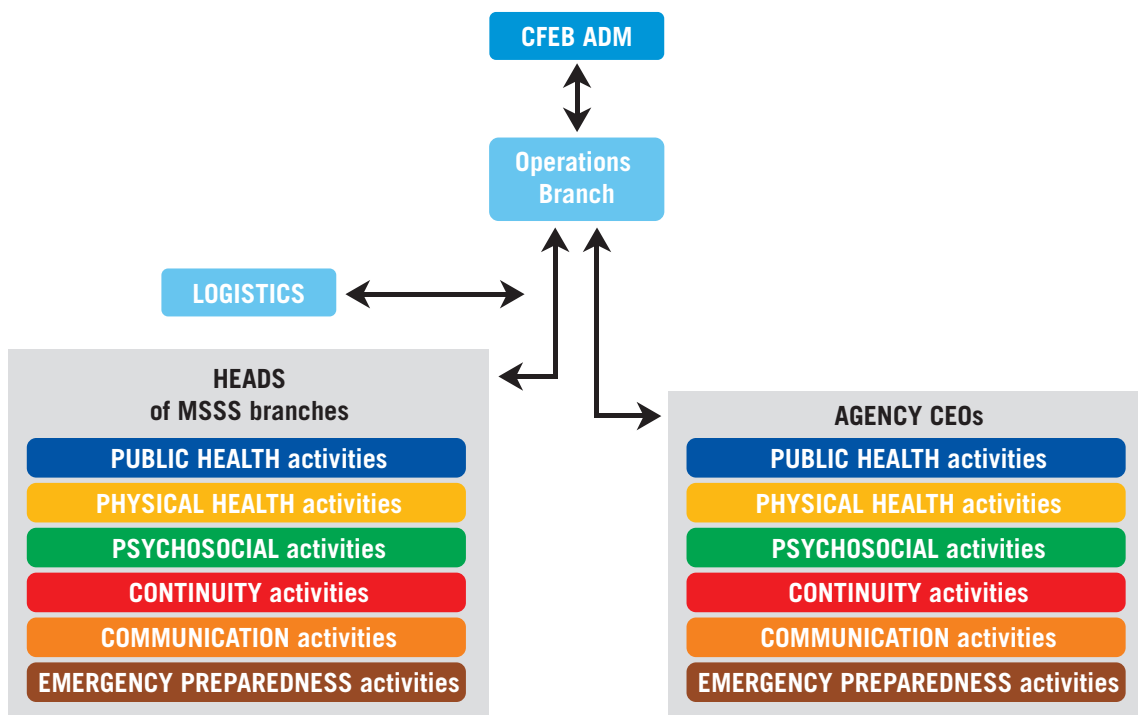
Strategically, the associate deputy minister is responsible for the strategic management unit. With the support of the national public health director who assumes his legal responsibilities, the director of communications, the director of operations and the ministerial emergency preparedness coordinator, the associate deputy minister is responsible for major strategic decisions. These decisions are binding.



Operations Branch

The director of operations oversees the application of operational decisions with a team made up of employees from each branch of the Ministère, to cover all areas of activity of the health mission. A new area, emergency preparedness, has been added to ensure that other emergency preparedness partners identified in the health mission are supported.

The director of operations is also in contact with the CEOs of health and social services agencies to give them necessary instructions and collect information from the regions.



Coordination structure of the health and social services network

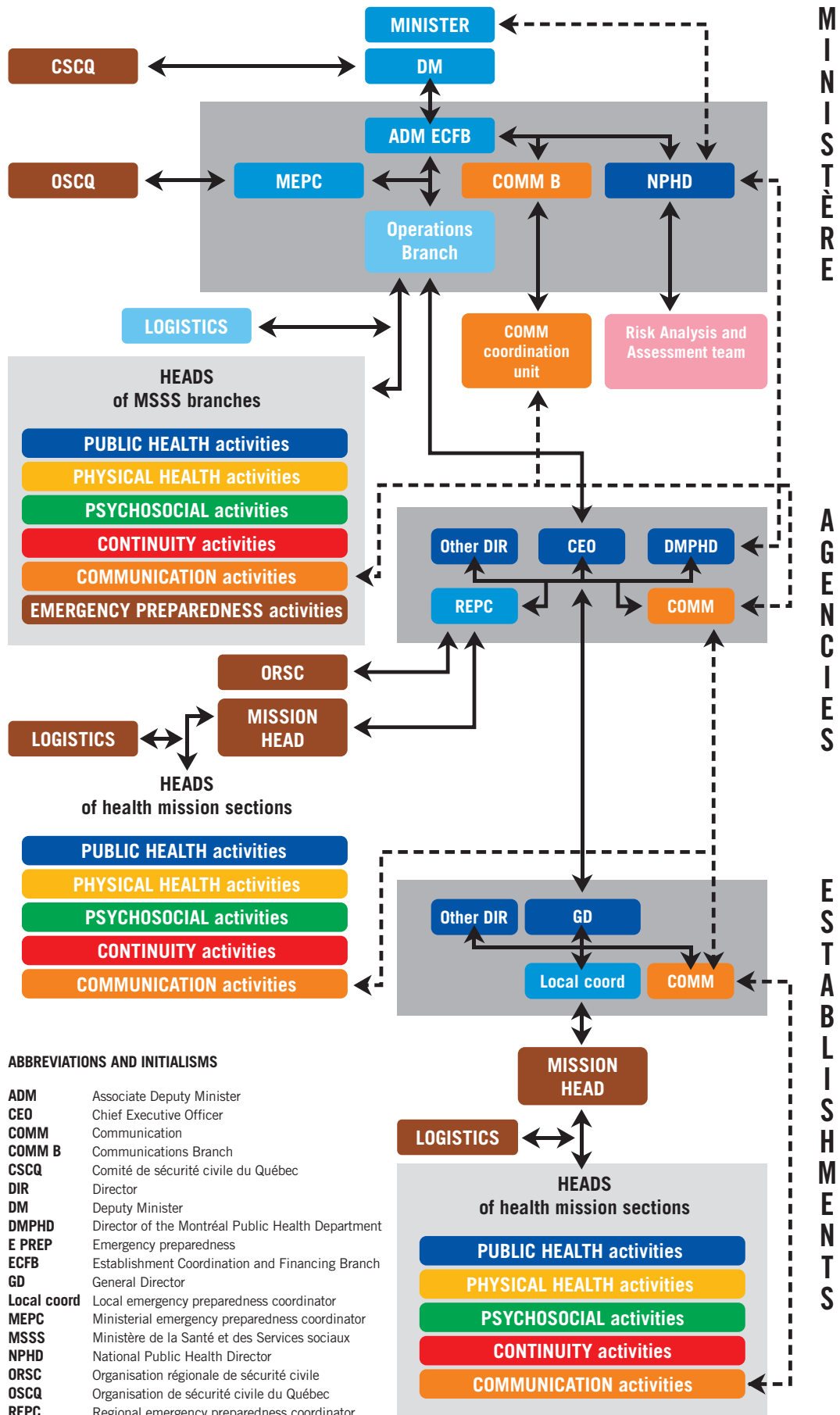
To provide all levels of the network with a vertical coordination structure that facilitates the circulation of ministerial directives and to allow for fluid two-way circulation of information, the *ministère de la Santé et des Services sociaux* has asked that agencies and establishments adopt a coordination structure that is similar to its own.

In the agency, the CEO assumes responsibility for the response of the sociosanitary network in his or her region in the event of an influenza pandemic. To accomplish this, he or she presides over a strategic management committee with the help of the public health director (who is a link to the national public health director), the regional emergency preparedness coordinator and, as needed, any other director in the organization whose input is required for a decision. The CEO will appoint a communications resource.

The committee will make regional decisions and use the operational strategies needed to respond to ministerial directions and decisions.

Furthermore, the CEO is in direct contact with the general directors of health and social services facilities in their region, extending the top-down coordination structure. He or she is also in contact with medical authorities like the *Direction régionale de médecine générale (DRMG)*.

At the local level, general directors of health and social services establishments are responsible for the local response to an influenza pandemic, respecting the mission or missions their organization is responsible for. The health and social services centres also have a specific responsibility related to emergency preparedness as organizations that respond to municipal emergency preparedness organizations in their territory. The general director of each establishment in the network is backed by a strategic management committee made up of the directors of the organization, the local emergency preparedness coordinator and a communications resource.



ABBREVIATIONS AND INITIALISMS

ADM	Associate Deputy Minister
CEO	Chief Executive Officer
COMM	Communication
COMM B	Communications Branch
CSCQ	Comité de sécurité civile du Québec
DIR	Director
DM	Deputy Minister
DMPHD	Director of the Montréal Public Health Department
E PREP	Emergency preparedness
ECFB	Establishment Coordination and Financing Branch
GD	General Director
Local coord	Local emergency preparedness coordinator
MEPC	Ministerial emergency preparedness coordinator
MSSS	Ministère de la Santé et des Services sociaux
NPHD	National Public Health Director
ORSC	Organisation régionale de sécurité civile
OSCQ	Organisation de sécurité civile du Québec
REPC	Regional emergency preparedness coordinator

Preparedness: ministerial coordination	Head Contributor	Section	Tools	Comments
Collaboration				
Require the involvement of the general directors so that their members participate in the development of the MPIP	MSSS	Coord		
Specific planning				
Develop a ministerial pandemic influenza plan and keep it up-to-date	MSSS	Coord <i>ALL</i>	Québec National Civil Protection Plan	
Develop a basic structure for a regional pandemic influenza plan	ASSS <i>MSSS</i>	Coord	Emergency measures plan	
Ensure that each ASSS has an RPIP that is consistent with the actions to be taken	MSSS	Coord	Basic structure	
Ensure that each ASSS is taken into account in the development and updating of the RPIP, patient groups and resources related to IR, FTR, community organizations and social economy enterprises	MSSS	Coord		
Drill program				
Develop and organize a drill program specific to the MSSS	MSSS	Coord		In relation to the emergency preparedness drill program
Ensure that there are connections between the drill programs at the provincial and regional levels	MSSS <i>ASSS</i>	Coord		
Phase changes				
Notify the ASSS CEOs and regional emergency preparedness coordinators each time the WHO declares a phase change	MSSS	Coord		

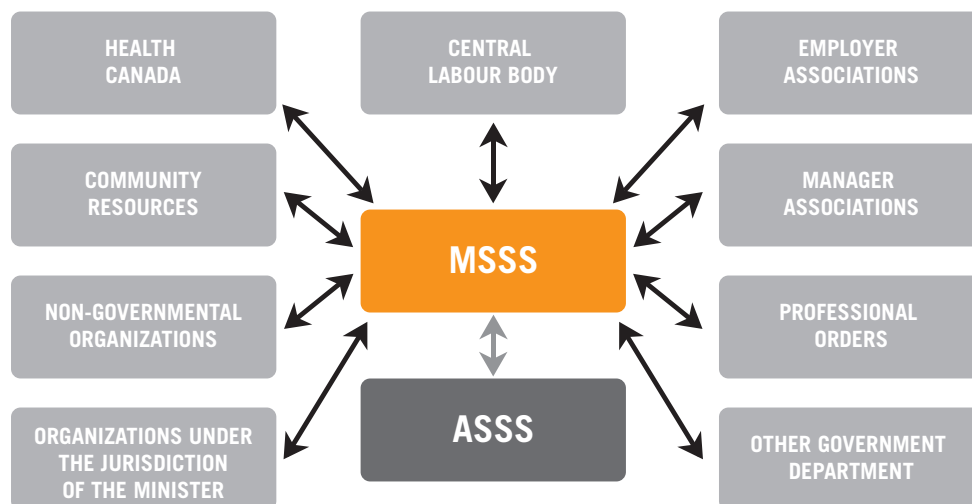
Response: ministerial coordination	Head Contributor	Section	Tools	Comments
Alert and implementation of plans				
Alert the ASSS CEOs and regional emergency preparedness coordinators once the beginning of phase 6 has been announced by the WHO	MSSS	Coord		
Initiate response activities at the established thresholds	MSSS	Coord		
Ensure that the RPIP of each ASSS is implemented	MSSS	Coord		
Coordination meetings				
Hold coordination meetings regularly	MSSS	Coord		
Issue situation reports at the minister's request	MSSS	Coord		

Recovery: ministerial coordination	Head <i>Contributor</i>	Section	Tools	Comments
Notify the CEOs and regional emergency preparedness coordinators of the beginning of the recovery phase	MSSS	Coord	After the return to the WHO's phase 1	
Demobilize the ASSS progressively according to recovery activities	MSSS	Coord		
Organize an internal debriefing	MSSS	Coord		
Write a report on the Ministère's interventions for the minister	MSSS	Coord		
Organize a debriefing with the ASSS	MSSS ASSS	Coord		
Participate in national debriefings	MSSS	Coord		
Use lessons learned from the pandemic to improve the plan and training activities	MSSS	Coord		

Coordination with ministerial partners

In normal times, the *ministère de la Santé et des Services sociaux* and a number of organizations and enterprises work together on a regular basis. In an influenza pandemic situation, there is an even greater need for concerted effort with partners to facilitate the organization of activities within the network's establishments.

The challenge of making a concerted effort is to get all of these organizations to agree on a Québec-wide initiative that will be put in motion regionally and locally, as well as combined efforts to respond to the needs of the people. Everyone must feel united in terms of expected results, play their role in the spirit of respect for partners and be part of an integrated approach.



Preparedness: ministerial partners	Head Contributor	Section	Tools	Comments
Awareness				
Raise awareness among organizations under the jurisdiction of the minister that, as direct partners of the health and social services network, they need to prepare a pandemic influenza action plan	MSSS	Coord		
Raise awareness among community organizations of the importance of preparing for an influenza pandemic	MSSS	Coord		
Specific planning				
Encourage ministerial partners to develop a pandemic influenza action plan for their organizations	MSSS	Coord		
Agree on the support, training and information distribution mechanisms for ministerial partners	MSSS	Coord		
Agree on the support needed from ministerial partners	MSSS	Coord		
Phase changes				
Transmit the information from the MSSS to ministerial partners each time the WHO declares a phase change	MSSS	Coord	Table of the WHO's phases	

Response: ministerial partners	Head Contributor	Section	Tools	Comments
Notify ministerial partners that the health and social services network has been put on alert and that the WHO's phase 6 has been reached	MSSS	Coord		
Require agreed-upon support from partners, as needed	MSSS	Coord		
Provide agreed-upon support to partners, when required	MSSS	Coord		

Recovery: ministerial partners	Head Contributor	Section	Tools	Comments
Demobilization				
Notify ministerial partners that the network has been demobilized	MSSS	Coord		
Debriefing				
If required, invite ministerial partners to debriefing meetings	MSSS	Coord		
Participate in ministerial partners' debriefing meetings	MSSS			

Coordination of emergency preparedness

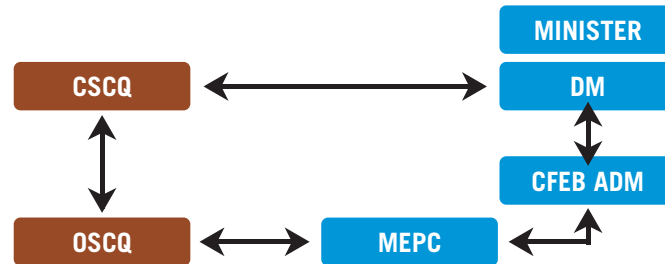
The deployment of the health mission will involve the various mechanisms to emergency preparedness partners identified in the *Québec National Civil Protection Plan*. The activities headed up by these partners will be subject to consensus and will be conducted at the ministerial, regional or local level, depending on the activity.

On a different matter, an influenza pandemic could be a major disaster, the repercussions of which could extend well beyond the health and social services network due, in particular, to an unparalleled level of absenteeism. This shortage of human resources will affect all of our society's socio-economic activities. In such a context, all civil protection partners in Québec and a number of government, municipal or private sector authorities will mobilize at different times during an influenza pandemic: preparedness, response or recovery.

Ties with emergency preparedness

There are two levels of ties with emergency preparedness. The deputy minister is a member of the *Comité de sécurité civile du Québec (CSCQ)*, which, under the direction of the government's Secretary General, provides direction for and approves government emergency preparedness planning. During a pandemic, the Secretary General supervises government activities and reports to the Premier of Québec.

The ministerial emergency preparedness coordinator is a member of the *Organisation*, which ensures that directions from the CSCQ are implemented. Health decisions that impact other sectors will be dispatched through this main channel.



Preparedness: emergency preparedness partners and OSCQ	Head Contributor	Section	Tools	Comments
Awareness				
Raise awareness among members of the OSCQ of the importance of preparing for an influenza pandemic	MSSS	Coord		
Raise awareness among the health mission's OSCQ partners to prepare to provide the support required by the health mission	MSSS	Coord <i>MEPC</i>		
Specific planning				
Participate in the development of a specific OSCQ plan for an influenza pandemic	MSSS	Coord <i>MEPC</i>		
Agree on the support to be provided to ministerial coordinators and OSCQ organizations	MSSS	Coord <i>MEPC</i>		
Agree on the support needed from the health mission's OSCQ partners	MSSS	Coord <i>MEPC</i>		
Phase changes				
Notify the provincial emergency preparedness coordinator each time the WHO declares a phase change	MSSS	Coord <i>MEPC</i>	Table of the WHO's phases	
Advise the partners of the health mission each time the WHO declares a phase change	MSSS	Coord <i>MEPC</i>	Table of WHO's phases	

Response: emergency preparedness partners and OSCQ	Head Contributor	Section	Tools	Comments
Notify the OSCQ through the government emergency preparedness coordinator that the MSSS has put the health and social services network on alert with the reaching of the WHO's phase 6	MSSS	Coord		
Notify ministerial partners of the health mission that the MSSS has put the health and social services network on alert with the reaching of the WHO's phase 6	MSSS	Coord		
Participate in the OSCQ's coordination meetings	MSSS	Coord		
Request the agreed-upon support from partners of the health mission, as needed	MSSS	Coord <i>ALL</i>		
Participate in issuing situation reports at the request of the CSCQ	MSSS	Coord <i>Comm</i>		
Provide the agreed-upon support to members of the OSCQ, when needed	MSSS	Coord <i>ALL</i>		

Recovery: emergency preparedness organizations	Head Contributor	Section	Tools	Comments
Demobilization				
Notify the OSCQ that the MSSS has demobilized the network	MSSS	Coord MEPC		
Debriefing				
Participate in the OSCQ's debriefing meetings	MSSS	Coord		
Participate in health mission partners' debriefing meetings	MSSS	Coord		

FOUR GROUPS OF STAKEHOLDERS

The groups of stakeholders refer to all people who could actively contribute to saving lives and to the health and well-being of the public. If well prepared, players will be able to take action at their level, according to their roles, for the benefit of specific patient groups or other stakeholders.

The groups of stakeholders are as follows:

Stakeholders	Description	Features of the role	Player's clients
Citizens	All members of the community, by virtue of their ability to have an effect on their health and well-being	According to their degree of autonomy According to their needs According to the context	Themselves
Informal caregivers	People who are not remunerated, but who are responsible for one or several people, or who can help them	By virtue of an emotional connection By virtue of proximity By virtue of a personal and voluntary commitment	Members of the family Neighbours or colleagues, users, members, citizens Other volunteers
Workers	People using their recognized skills in exchange for remuneration	In the scope of essential activities: <ul style="list-style-type: none"> • With low or high risk • In the scope of support activities 	Users Informal caregivers Other workers Citizens
Decision makers	People in authority over employees or service organization at different levels	Within the organization that carries out: <ul style="list-style-type: none"> Emergency activities Essential and non-essential activities 	Workers Informal caregivers Citizens Patient groups specific to the type of organization Partners

Most of the time, one person plays several roles at once according to, for example, where they live or work. All stakeholders are an integral part of the chain. This chain operates according to a “supplier-customer” logic, the main objective of which is to position the citizen as the ultimate client. This means that a stakeholder can dispense care and services to another or become a user of care and services, depending on the circumstances.

THREE RULES OF GOVERNANCE

Three rules of governance should guide the conduct of all stakeholders who assume one or more roles during an influenza pandemic. These rules are interdependent and have the common condition that everyone be vigilant as to their own state and the state of others and act accordingly. These rules are in accordance with the emergency preparedness philosophy advocated by the Government of Québec, within the framework of the *Civil Protection Act*, among others.

Protection

Our first concern is protection: faced with a risk, real or perceived, current or potential, stakeholders must protect themselves and encourage others to do the same.

Solidarity

The second concern is solidarity: in an emergency situation, stakeholders must assist others, ask for help if the situation requires it and encourage others to help, for the purposes of the common good.

Responsibility and sound management

The third concern is that of responsibility: in the event of an emergency, stakeholders continue in their essential activities or try to find a replacement solution, seek out information on the status of the situation as it relates to them, and follow instructions and notices that concern them.

Finally, it is important to remember the importance of responsible administration. The implementation of action plans to deal with an influenza pandemic will involve major costs, particularly for preparation and response.

CHAPTER 2

STRATEGIES

The purpose of the strategies

As mentioned previously, the agencies and establishments will each prepare a plan that presents their preparations for countering the pandemic, each at their level of responsibility. The *Québec Pandemic Influenza Plan?Health Mission* will be used as a guide in preparing these plans.

These plans contain specific information: a list of activities to be deployed, the individuals responsible and the contributors for each area of activity, the sequence for plan implementation, the impact of the pandemic on human resources, etc.

Moreover, each of these plans will improve, at its respective level, the existing emergency measures plans by integrating specific information on infectious diseases in general and the influenza pandemic in particular.

Strategies for dealing with the five areas of activity addressed by the network's mission

In the event of an influenza pandemic, the mission of the health and social services network is to save lives and preserve the health and well-being of the people. This mission addresses five areas of activity:

- protecting the health of the population (public health);
- providing medical care (physical health);
- ensuring people's psychosocial well-being (psychosocial response);
- providing clear, relevant and mobilizing information (communication);
- keeping the network working (continuity of services).

SECTION ONE: PROTECTING THE HEALTH OF THE POPULATION (PUBLIC HEALTH)

During an influenza pandemic, the mission of the health and social services network is to protect the Québec population. This involves delaying the outbreak of such a pandemic in Québec and, when it occurs, minimizing its impact. Five strategies will contribute to this objective:

Strategy No. 1: Conduct epidemiological monitoring and surveillance

Strategy No. 2: Apply measures to prevent and control infections

Strategy No. 3: Use antivirals for preventive purposes

Strategy No. 4: Vaccinate the population

Strategy No. 5: Implement public health measures

STRATEGY NO. 1: CONDUCT EPIDEMIOLOGICAL MONITORING AND SURVEILLANCE

Surveillance is the ongoing and integrated process of gathering, analyzing and disseminating virological and epidemiological data that serve to guide actions and evaluate their impact.

Over the last 10 years, there has been a monitoring system in Québec for tracking influenza activity on an ongoing basis, regardless of the pandemic phase. Surveillance is based on five main areas: 1) virological monitoring (laboratory); 2) the monitoring of outbreaks; 3) the surveillance of influenza-like illnesses (ILI); 4) the surveillance of severe respiratory illnesses (SRI); and lastly, 5) epidemiological and scientific monitoring. The activities for each of these components are timed according to the epidemiological situation and the pandemic threat level.

Other surveillance data gathered by parallel systems make it possible to monitor vaccination coverage and adverse reactions related to vaccination. Similarly, new indicators required to track and assess the situation must be developed and integrated into the surveillance system (for example, the monitoring of the antiviral strategy and the adverse reactions related to antivirals).

When an influenza pandemic becomes imminent, there will be an increased and urgent need for surveillance data, and the number of clients (individuals and organizations) interested in obtaining and using this data will grow. In preparing for a pandemic, it is therefore desirable, even necessary, that the current surveillance system be optimized and that the data from other existing systems be integrated.

Surveillance activities during an influenza pandemic will include the monitoring of the antiviral strategy and vaccination coverage, the surveillance of adverse reactions subsequent to vaccination and the administration of antivirals, as well as the monitoring of public health measures. The actions to be implemented for these indicators are outlined in the sections of this chapter.

Surveillance based on the three pandemic periods

During a pandemic alert, surveillance is used for the early detection of conditions that may lead to a pandemic outbreak. It also serves in the early detection and characterization of the first cases caused by the new pandemic virus.

In the pandemic period, the purpose of surveillance is to guide and adjust all responses to the pandemic and assess their impact. As such, surveillance is used to identify the phases of the pandemic (beginning and end of the wave), and to identify and characterize the affected populations, thereby making it easier to identify the groups at risk, namely for the antiviral strategy (prevention and treatment) and vaccination. Lastly, it will be used to detect the most affected aggregates and geographic areas.

During the recovery period, the goals of surveillance are to evaluate the impact of the pandemic, assess the effectiveness of preventive measures and evaluate the surveillance system.

Finally, surveillance data will be used to inform target populations (decision makers, health workers, general population, the media) of the epidemiological situation and its evolution, regardless of the phase in progress.

Preparedness: surveillance	Head Contributor	Section	Tools	Comments
Designation of people in charge				
Designate the pivotal person (and an alternate) responsible for the pandemic at the surveillance system's provincial level, and define their roles and tasks	MSSS	PubH		
Create work subgroups to define the orientations and develop the tools for the various components of the surveillance system	MSSS INSPQ ASSS	PubH		
Adapting of regular activities				
Identify regular surveillance activities, other than influenza surveillance, deemed essential, and prioritize them	MSSS	PubH		
Skill maintenance and development				
Ensure that those responsible at the regional level, and their alternates, are trained on the objectives and the use of the surveillance system, which will play a multiplying role with those responsible at the local level	MSSS	SPub		Collaboration with the INSPQ

Preparedness: surveillance	Head Contributor	Section	Tools	Comments
Maintenance of the existing surveillance system				
Ensure influenza surveillance and watch (including epidemiological and scientific monitoring), and disseminate the surveillance data to partners in a timely manner	MSSS	PubH		
Development and implementation of the surveillance system				
Evaluate and, if necessary, strengthen/adjust the existing surveillance system's indicators to optimize them: <ul style="list-style-type: none"> Review the case definitions, adapt them if necessary and develop the necessary tools Develop an influenza activity index to allow for a better regional picture; develop a tool for representing regional influenza activity geographically Improve the capacity for virological surveillance and surveillance of resistance to antivirals: develop a platform for the systematic entry of laboratory data in a central computer system Review the surveillance of outbreaks and make the necessary adjustments (review definitions, gathering tools, etc.) 	MSSS ASSS INSPQ	PubH		Collaboration with the federal level
Develop any surveillance components that do not yet exist but are essential to evaluating the impact with the necessary tools: <ul style="list-style-type: none"> Identify needs in terms of the indicators used to assess the burden of disease during the regular season and to be able to better estimate the additional needs related to a pandemic situation Identify the necessary variables for each new indicator proposed and identify the data sources, develop the required gathering tools and validate the new systems for each indicator 	MSSS ASSS	PubH		Collaboration with PhysH and Cont
Define direction and adjust the surveillance mechanisms in light of the pandemic's international evolution <ul style="list-style-type: none"> Adapt the aspects to be monitored and the related tools based on the indicators from other countries or regions (review case definitions, etc.) 	MSSS ASSS	PubH		
Develop provincial directives, disseminate them to them ASSS, and ensure they are implemented: <ul style="list-style-type: none"> Coordinate the gathering, validation and input of data Identify the partners to whom the surveillance data should be sent and define the procedures for data transfers by the ASSS and the PHB (e.g., local – regional; regional – MSSS – other departments) Develop the tools required for data transfer 	MSSS ASSS	PubH		Collaboration with PhysH and Cont
Determine the human, information and material resources needed for implementing and operating the surveillance system at the provincial level	MSSS	PubH		Collaboration with Cont
Determine the mechanisms for compiling, validating and transferring data	MSSS	PubH		

Preparedness: surveillance	Head Contributor	Section	Tools	Comments
Determine the mechanisms for producing, analyzing, interpreting and disseminating surveillance data, and develop the required tools (automated status report, cartography, etc.)	MSSS <i>INSPQ</i> <i>ASSS</i>	PubH		
Develop and implement the integrated surveillance system at the provincial level; during its development, see to the integration of essential data in the existing system (SMB)	MSSS	PubH		
Develop the evaluation grid for the surveillance system as well as the required tools	MSSS <i>INSPQ</i>	PubH		
Analysis and development of liaison mechanisms				
Establish and maintain the list of provincial and federal partners/contact people, and keep it up-to-date	MSSS	PubH		
Participate in improving the Canadian surveillance system together with the Public Health Agency of Canada; participate in developing data transfer strategies	MSSS <i>Federal</i>	PubH		
Participate in implementing a border surveillance program with the Public Health Agency of Canada	MSSS <i>Federal</i>	PubH		
Ensure functional links with the MAPAQ in terms of animal surveillance in order to obtain relevant animal health data in a timely manner	MSSS <i>MAPAQ</i>	PubH		
Ensure that the key person responsible for surveillance at the provincial level is in contact with the LSPQ and the federal laboratories	MSSS <i>INSPQ</i> <i>Federal</i>	PubH		
Establish the mechanism for disseminating surveillance data to the general public	MSSS	PubH Comm		
Continue steps for receiving Québec data from the IMPACT surveillance system and, if necessary, take steps with the three pediatric hospitals (IMPACT) to retrieve data on hospitalized influenza cases (and deaths) in pediatrics	MSSS	PubH		
Dissemination of epidemiological monitoring and surveillance data				
Make sure to regularly receive epidemiological and scientific monitoring data from the regional, federal and international levels, and prepare provincial monitoring reports (e.g., epidemiological monitoring bulletin (SRI), Flash influenza bulletin, Info Influenza Pandemic bulletin, alerts, etc.)	MSSS	PubH Comm		
Provide those responsible at the federal level with provincial surveillance data reports; participate in developing a common strategy for communicating and disseminating surveillance data	MSSS	PubH		Collaboration with the federal level
Disseminate provincial surveillance data reports to those responsible at the regional level and to partners (including animal health data, as required)	MSSS	PubH		Collaboration with the MAPAQ
Issue new surveillance recommendations and directives in a timely manner to targeted partners	MSSS	PubH		

Response: surveillance	Head Contributor	Section	Tools	Comments
Pandemic alert (WHO's phases 3, 4 and 5): Gradual adapting of activities according to the situation in Québec				
Notify the authorities concerned of suspected, probable and confirmed cases, or any real or feared situation that must be reported	MSSS	PubH		Same rule for the MAPAQ for the animal aspect
Adjust the surveillance mechanisms in light of the pandemic's international evolution <ul style="list-style-type: none"> • Increase vigilance if necessary in the HSS network and outside the network • Adapt the elements to be monitored based on indications from other countries or regions (review the case definitions) • Ensure a daily epidemiological and scientific monitoring, or as needed 	MSSS <i>INSPQ</i>			
Coordinate surveillance and forward the data to the authorities concerned	MSSS	PubH		
Define the clinical spectrum of the disease in light of recent information, review the case definitions, if necessary	MSSS	PubH		Collaboration with the federal level
If necessary, review/adjust the surveillance tools specific to the pandemic influenza [including the updated case definitions (probable and suspected), laboratory criteria, protocols, algorithms, etc.] and disseminate them	MSSS	PubH		
Adjust the surveillance systems, if necessary (input screen, etc.)	MSSS	PubH		
Data gathering, analysis and interpretation				
Adjust the data gathering tools if necessary and disseminate them with the appropriate instructions	MSSS <i>ASSS</i>	PubH		
Analyze and interpret the data collected by the regions	MSSS	PHB		
Dissemination of surveillance data				
Disseminate the surveillance data in a timely manner to those responsible at the regional level (e.g., situation evolution report)	MSSS	PubH	SRI monitoring Several information distribution and surveillance data tools (e.g., Flash influenza bulletin, Info Influenza Pandemic bulletin, alerts, etc.)	
Disseminate the surveillance data to the partners concerned in a timely manner	MSSS <i>ASSS</i>	PubH		

Response: surveillance	Head Contributor	Section	Tools	Comments
Disseminate information regarding surveillance, as needed	MSSS ASSS	PubH		
Use of data				
See to the proper operation of the provincial surveillance system	MSSS	PubH		
See to the efficient dissemination of data from the surveillance system	MSSS ASSS	PubH		
See to the adjustment of activities in other areas based on the surveillance data (e.g., groups at risk), if applicable	MSSS ASSS	PubH		
Gradual adapting of activities				
Adjust the surveillance mechanisms in light of the pandemic's evolution and increase vigilance, if necessary				
<ul style="list-style-type: none"> Adapt the elements to be monitored Adjust based on the successive waves, if necessary Increase the frequency of data dissemination 	MSSS	PubH		
Based on the evolution of the pandemic, review regular surveillance activities (other than those for influenza), define and disseminate direction regarding prioritization	MSSS	PubH		

Recovery: surveillance	Head Contributor	Section	Tools	Comments
Regular activities				
Resume regular surveillance activities and disseminate direction (e.g., continue vigilance, etc.)	MSSS ASSS	PubH		
Evaluation				
Perform a post-mortem on surveillance activities (debriefing)	MSSS ASSS INSPQ Federal	PubH		
Collaborate in evaluating the surveillance system used	MSSS INSPQ	PubH		

STRATEGY NO. 2: APPLY MEASURES TO PREVENT AND CONTROL INFECTIONS

Prevent the spread of the infection

Successfully fighting an influenza pandemic will depend on compliance with measures for preventing and controlling infection transmission between people.

Measures of this kind will be particularly important in healthcare environments. They include the basic practices usually applied to all patients, regardless of their diagnosis, as well as additional precautions established to prevent transmission through droplets and contact.

The cornerstone of preventing infections is handwashing. To limit the spread of influenza, a person should avoid touching their eyes, nose or mouth with their hands. Ideally, a person should cough into a disposable tissue and then wash their hands. When this is not possible, cover your mouth with the inner part of your upper arm, not with your forearm.

Regional councils for the prevention of nosocomial infections, as well as microbiologists and committees for the prevention of infections in establishments, are crucial partners in the implementation of this initiative in the field.

Tailoring guidelines to the reality of the pandemic

Provincial guidelines governing the application of measures to prevent and control infections contracted during hospitalization (nosocomial infections) have already been established. Guidelines adapted specifically to a pandemic situation will be enacted. Healthcare facilities will be required to integrate these recommendations into the infection control measures already in place.

Implementing measures outside establishments

Another step will be to promote the application of infection prevention and control measures outside establishments in medical clinics, pharmacies, the workplace, daycare facilities, schools, various communities and community resources, among others.

Actions timed according to the periods of the influenza pandemic

In the interpandemic period, basic practices and additional precautions will need to be applied more stringently, particularly in waiting rooms.

During the pandemic alert period, in the event of a suspected case of severe respiratory illness, additional precautions must be applied to prevent airborne transmission.

In the pandemic period, basic practices must always be applied along with additional precautions that apply depending on the epidemiology and mode of transmission identified for the pandemic strain in question. These recommendations will come from the *Comité sur les infections nosocomiales du Québec (CINQ)*.

Preparedness: infection prevention	Head Contributor	Section	Tools	Comments
Designation of people in charge				
Designate the pivotal person responsible provincially for infection prevention, and define their roles and tasks	MSSS	PubH		
Set up a tactical team responsible for providing directions, and for identifying and developing (if required) infection prevention tools	MSSS <i>INSPQ</i> ASSS	PubH		Collaboration with the CINQ
Adapting of existing measures				
Define directions regarding the application of basic practices and additional precautions as an infection prevention measure	MSSS <i>INSPQ</i>	PubH		As per the directions provided by the CINQ
Issue recommendations on prevention measures for seasonal influenza	MSSS	PubH		
Disseminate the infection prevention measures in place for seasonal influenza and recommend their application in CSSS and HC	MSSS ASSS	PubH PhysH		
Skill maintenance and development				
Develop training material for network personnel on the use of basic practices and additional precautions as an infection prevention measure (Training provided by the person responsible regionally or locally)	MSSS <i>INSPQ</i> ASSS	PubH		
Promoting of respiratory etiquette				
Define directions on respiratory etiquette and recommend their application in all waiting rooms throughout the health and social services network and the private sector	MSSS <i>INSPQ</i> ASSS	PubH		As per the directions provided by the CINQ
Develop and make available material promoting respiratory etiquette for waiting rooms	MSSS ASSS	PubH		
Adapting of infection prevention measures to the pandemic, dissemination and application of measures				
Define and disseminate directions on infection prevention measures applicable to healthcare environments according to the type of facility	MSSS <i>INSPQ</i> ASSS	PubH		Recommendations issued by the CINQ
Define and disseminate directions on infection prevention measures applicable outside the HSS network, in workplaces where contact with the public is frequent and in communities	MSSS <i>INSPQ</i> ASSS	PubH		Partnership with the Santé au travail group and the Comité de prévention des infections dans les centres de la petite enfance

Preparedness: infection prevention	Head Contributor	Section	Tools	Comments
Define and disseminate recommendations regarding workers and individuals who are likely to come into contact with infected birds	MSSS <i>INSPQ</i> <i>ASSS</i>	PubH	INSPQ advisory	Coordination with the MAPAQ and CFIA
Update infection prevention measures and disseminate them	MSSS <i>INSPQ</i> <i>ASSS</i>	PubH		Recommen- dations issued by the Cinq

Response: infection prevention	Head Contributor	Section	Tools	Comments
Begins in the pandemic alert period (WHO's phases 3, 4 and 5) and continues through the pandemic period (WHO's phase 6): Gradual adapting of activities according to the situation in Québec				
Recommend the application of basic practices and additional precautions as an infection prevention measure in establishments of the HSS network, prehospital emergency services, medical clinics, etc.	MSSS <i>INSPQ</i> <i>ASSS</i>	PubH		As per the directions provided by the Cinq
Develop and disseminate information material for HSS network personnel on the pandemic, protective measures and what is expected of them	MSSS <i>ASSS</i>	PubH		
Recommend the strict application of infection prevention measures according to type of facility	MSSS	PubH		
Review specific prevention and personnel protection measures in light of the pandemic's evolution, and issue new directions, as required	MSSS <i>INSPQ</i>	PubH		As per the recommen- dations issued by the Cinq
Gather and develop, as required, information material for network partners on infection prevention measures, and disseminate it	MSSS <i>ASSS</i>	PubH		Contributions by the Santé au travail and CSST teams
Issue directions regarding personal protection measures, and recommend their implementation in CSSS and HC	MSSS <i>ASSS</i>	PubH		

Recovery: infection prevention	Head <i>Contributor</i>	Section	Tools	Comments
Resumption of regular activities				
Define directions on infection prevention measures for seasonal influenza	MSSS <i>INSPQ</i>	PubH		Recommendations issued by the CINQ
Recommend the application of infection prevention measures for seasonal influenza in healthcare establishments	MSSS <i>ASSS</i>	PubH		
Evaluation				
Perform a post-mortem on the activities related to infection prevention (debriefing)	MSSS	PubH		Collaboration with INSPQ

STRATEGY NO. 3: USE ANTIVIRALS FOR PREVENTIVE PURPOSES

In the absence of a vaccine ...

Regular handwashing and other hygiene measures are effective means of prevention and are essential to fighting a series of infectious agents. In the absence of a vaccine, antivirals are the only specific means available for countering a pandemic virus. There are now antivirals that, under certain conditions, can be used to prevent or treat influenza.

During the alert period and at the beginning of a pandemic, the use of antivirals could help slow the spread of isolated cases, reduce the risk of genetic exchanges between human and avian viruses, and possibly delay the onset or worsening of a pandemic.

In a pandemic situation, particularly before a vaccine is available, the judicious use of antiviral drugs could help reduce morbidity and reduce absenteeism, thereby helping maintain services. Antivirals cannot, however, contain the virus's transmission and circulation in the community.

The limits of antivirals

There are several limits to the use of antivirals. We have little documentation on their effects in a pandemic situation. It is possible that resistance will develop and that there will be unexpected side effects, even using antivirals that are the least likely to produce these effects. Another obstacle is the limited availability of the most promising antivirals, such as neuraminidase inhibitors.

Priority groups first

There is a list of priority groups recommended by the Public Health Agency of Canada and submitted to public health authorities to help plan for a pandemic. These priority groups are reviewed Canada-wide in light of new knowledge and the evaluation of the situation by public health authorities around the world.

The list of priority groups for administering prophylactic antiviral agents will change by virtue of recommendations from international, Canadian and Québec experts, and according to the epidemiological data gathered during the phases of the pandemic. At the same time, we will have to monitor side effects and the development of resistance in people who take the antivirals during the pandemic.

The majority of tools in the tables that follow are from *La mise sur pied d'un point de distribution d'antiviraux en prophylaxie* (marked as "Antiviral POD" in the Tools column).

Preparedness: prophylactic antiviral agents	Head Contributor	Section	Tools	Comments
Designation of people in charge				
Designate the pivotal person responsible provincially for prophylactic antiviral agents, and define their roles and tasks	MSSS	PubH		
Set up a tactical team responsible for providing directions and developing tools related to prophylactic antiviral agents	MSSS ASSS	PubH		
Adapting of existing measures				
Distribute information tools on antivirals for the general public	MSSS	PubH Comm		
Propose guiding principles on the management of antivirals (storage, inventory management and control mechanisms for the use of the reserve)	MSSS	PubH		
Skill maintenance and development				
Help develop information material on antivirals for the colleges of physicians and the Ordre des pharmaciens du Québec	MSSS <i>Professional orders</i>	PubH PhysH		
As needed, prepare training material on antiviral points of distribution (Training provided by the ASSS)	MSSS ASSS	PubH		
Help develop directions and guidelines on collective prescriptions for antivirals	MSSS <i>Professional orders</i>	PubH		
Update knowledge about prophylactic antiviral agents (effectiveness, efficiency, resistance, side effects, new molecules, etc.) and adapt recommendations accordingly	MSSS <i>INSPQ Federal</i>	PubH		
Examine and review (as needed) the directions on priority groups for prophylactic antiviral agents according to scientific, ethical, epidemiological and clinical considerations	MSSS <i>INSPQ Federal</i>	PubH		
Disseminate directions (and updates) on priority groups for prophylactic antiviral agents	MSSS ASSS	PubH		
Contribute to the work of the Canadian Pandemic Influenza Committee	MSSS	PubH		
Develop training material and train regional managers on the objectives and use of the monitoring system for the antiviral strategy and side effects	MSSS ASSS	PubH		
Procurement and inventory management				
Evaluate the needs in terms of doses of antivirals according to the strategy chosen in Québec	MSSS	PubH		Collaboration between PhysH and the MEPC to estimate resources

Preparedness: prophylactic antiviral agents	Head Contributor	Section	Tools	Comments
Make recommendations to the Conseil du Trésor regarding the procurement of antivirals (additional purchases with Public Works and Government Services Canada)	MSSS	Coord		In collaboration with PubH and PhysH
Procure antivirals (additional purchases with Public Works and Government Services Canada)	MSSS	Cont		
Plan the storage of the secure provincial reserve	MSSS	Cont		
Store the secure provincial reserve	MSSS	Cont		
Develop tools to monitor the inventory of prophylactic antiviral agents	MSSS ASSS	PubH	Antiviral POD	
Monitor the inventory of provincial antiviral reserves	MSSS	Cont		
Deployment of points of distribution (POD)				
Produce a model for distributing antivirals (POD) and the tools necessary to implement a POD within and outside the hospital environment, if appropriate	MSSS ASSS	PubH	Antiviral POD	
Determine responsibilities and activities at the provincial and regional levels for setting up antiviral points of distribution	MSSS ASSS	PubH	Antiviral POD	
Define the criteria for secure antiviral storage sites (regional depot and local sites)	MSSS	Cont		
Identify provincial storage sites that meet eligibility criteria and recommend that the ASSS identify locations within their territory that meet these criteria	MSSS	Cont		
Develop information sheets that will be given out at the POD to people taking antivirals	MSSS	PubH Comm		
Establish directions on and instructions for the monitoring system for administering antivirals, for monitoring side effects and for resistance to antivirals	MSSS	PubH		Coordination with the federal government for side effects
Identify the variables to collect, develop and validate the monitoring mechanisms and collection tools, develop systems for monitoring the administration of prophylactic antivirals, monitor side effects and resistance to antivirals	MSSS	PubH		Coordination with the federal government for side effects Coordination with PhysH
Identification of priority groups				
Propose antiviral strategies for an influenza pandemic (P6) and shortage (make-up of the reserve, definition of priority groups, estimate of quantities required)	MSSS INSPQ	PubH		Coordination with PhysH
Define how to ensure eligibility for the administration of prophylactic antivirals at the POD	MSSS	PubH		

Response: prophylactic antiviral agents	Head Contributor	Section	Tools	Comments
Pandemic alert (WHO's phases 3, 4 and 5): Gradual adapting of activities according to the situation in Québec				
Apply Canadian recommendations for controlling the outbreak of avian flu and offer antivirals to workers who are exposed to it	MSSS	PubH		Working with the MAPAQ
If deemed necessary, offer antivirals to close contacts of initial cases	MSSS	PubH		
Define directives regarding the administration of antivirals to workers and persons likely to be exposed to infected poultry in the event of an outbreak of avian flu in Québec, and distribute them to clinicians and hospitals	MSSS ASSS	PubH	Federal protocol	
Deployment of points of distribution (POD)				
If needed, recommend the preparation of sites for distributing antivirals according to the model recommended for phase 6	MSSS	PubH	<i>Antiviral POD</i>	
Ensure the availability of prophylactic antivirals provincially through a dynamic, operational subdivision of the antiviral reserve	MSSS	PubH		Reserve subdivision
Ensure inventory monitoring of antivirals provincially	MSSS	Cont		
Receive orders of prophylactic antivirals from the ASSS	MSSS	Cont		
Distribute information sheets for individuals receiving prophylactic antivirals	MSSS ASSS	PubH Comm		
Define procedures for circulating follow-up reports on the use of antivirals by priority groups (e.g., weekly or more frequently, if possible)	MSSS ASSS	PubH	<i>Antiviral POD</i>	
Compile and analyze data from follow-up reports on the use of antivirals by priority groups and monitor the use of prophylactic antivirals by priority groups	MSSS ASSS	PubH	<i>Antiviral POD</i>	
Define the procedures for circulating reports of unusual manifestations following the use of antivirals	MSSS ASSS	PubH		Coordination with the federal government
Compile and analyze reports and follow up on unusual manifestations following the use of antivirals	MSSS ASSS	PubH		Coordination with the federal government
Identification of priority groups				
As needed, redefine the categories of people who should use antivirals and disseminate them	MSSS <i>INSPQ</i>	PubH		
Regularly update these categories as knowledge increases	MSSS <i>INSPQ</i>	PubH		

Response: prophylactic antiviral agents	Head Contributor	Section	Tools	Comments
As needed, update usage recommendations for antivirals and disseminate them	MSSS INSPQ ASSS	PubH		
Dissemination of information				
Define directions and undertake an information campaign for the public and target groups on the use of antivirals and priority groups	MSSS	PubH Comm		
Circulate usage recommendations for antivirals according to the pandemic's evolution	MSSS ASSS	PubH		

Recovery: prophylactic antiviral agents	Head Contributor	Section	Tools	Comments
Evaluate the inventory of antivirals	MSSS ASSS	PubH		
Receive and compile reports on inventory levels of antivirals	MSSS ASSS	PubH		
Perform a post-mortem on the activities related to antiviral use (debriefing)	MSSS	PubH		
Compile and analyze the post-mortems on the antiviral strategy	MSSS ASSS	PubH		
Review the antiviral section of the provincial plan according to the lessons learned, and disseminate the changes	MSSS	PubH		

STRATEGY NO. 4: VACCINATE THE POPULATION

The most effective means

Vaccination remains the most effective means of preventing the morbidity and mortality associated with influenza. According to current knowledge, vaccination prevents the disease in at least two thirds of healthy people. In seniors and those with a chronic disease, it can significantly reduce the risk of complications, hospitalization and death. Against this backdrop, the importance of a vaccine being available during a pandemic quickly becomes apparent.

Although it is the basis of the response to a pandemic in Canada and in many other countries, and while it is an essential component in this fight, vaccination cannot prevent a pandemic because a vaccine for the pandemic strain will not be available at the onset of the pandemic.

Also, its effectiveness cannot be determined beforehand, given the unknowns about the strain and the vaccine that will eventually be developed. Nevertheless, vaccination remains the most important tool in mitigating the impact of an influenza pandemic.

Vaccinate the priority groups while awaiting vaccines for everyone

When vaccine production begins, the number of doses available will be insufficient to cover the entire population. Therefore, people in the priority groups will be the first to have access to vaccination: healthcare workers, workers in essential services, vulnerable people, all according to the established order of priority. Secure inventory management will be required during the shortage period.

Vaccines for everyone

In the months following the identification of a pandemic viral strain, the entire population will be offered the vaccine against influenza, possibly as a two-step vaccination. Although we do not know exactly when the vaccine will be available, we must get ready as of now to offer the vaccine to the entire population. In Québec, between 11 and 14 million doses of vaccine (75% to 90% of the population) are expected to be administered. Such an operation represents an organizational challenge that goes beyond any mass vaccination efforts ever conducted in Québec.

Mass vaccination centres

The model for delivering the vaccine during a pandemic will differ from the usual model for vaccinating against the flu, where 50% of the vaccines are administered by physicians in their private practices.

During an influenza pandemic, vaccination will be provided at mass vaccination centres under the responsibility of health and social services centres. In these centres, the service model divides the activities that will take place in sequence. The model involves a minimal number of nurses, since several tasks usually performed by nurses will be handled by other resources trained to do so: volunteers, clerks, secretaries, first-aid workers, etc. This model also allows nurses and physicians to devote themselves to caring for the sick. Mass vaccination clinics will be able to vaccinate up to 320 people per hour, or 2,500 people in eight hours.

To understand the scope of the influenza pandemic's impact on the health and social services network, see section five *Keep the network working*.

Actions timed according to the periods of the influenza pandemic

In the interpandemic period, a rise in the rate of vaccination against the seasonal flu will allow companies that produce the vaccine to develop their infrastructures and increase production capacities, enabling the population to be vaccinated.

Increasing the vaccination rate against pneumococcus in groups at risk will help reduce the incidence and severity of one of the complications of influenza, pneumococcal pneumonia.

During the pandemic period, small-scale vaccination will take place based on priority groups. Mass vaccination can then begin, the duration of which is estimated at four to six months (depending on available doses), reflecting the need to receive two doses of the vaccine to acquire adequate immunity.

The tools listed in the tables and other tools are in the *Guide pour la réalisation d'une vaccination de masse* (referred to as *Vaccination guide* in the Tools column of the following tables).

Preparedness: vaccination	Head Contributor	Section	Tools	Comments
Designation of people in charge				
Designate the pivotal person responsible for vaccination, and define their roles and tasks	MSSS	PubH		
Set up a tactical team responsible for providing directions and developing the tools for vaccination	MSSS ASSS	PubH		
Adapting of regular activities				
Define priorities regarding the essential regular vaccination activities to be maintained during a pandemic and disseminate them to the ASSS	MSSS	PubH		
Define and update the directions on vaccination against seasonal influenza	MSSS	PubH		
Define and update the directions on pneumococcal vaccination for the groups at risk	MSSS	PubH		
Disseminate the tools for promoting seasonal influenza vaccination in order to increase the vaccine coverage rate among the groups at risk (namely healthcare workers)	MSSS ASSS	PubH Comm		
Disseminate the tools for promoting pneumococcal vaccination in order to increase the coverage rate among the groups at risk	MSSS ASSS	PubH Comm		
Disseminate the information tools on vaccination in the event of a pandemic for professionals and the population	MSSS ASSS	PubH Comm		
Vaccine management				
Participate in the federal process for procuring pandemic vaccines	MSSS	PubH		Contract with Glaxo (ID Biomedical)
Define and disseminate the directions on the supply and distribution of vaccines (management plan for storage, distribution and maintenance of the thermal chain)	MSSS ASSS	PubH	<i>Vaccination guide</i>	
Define and disseminate the directions on the security of vaccines during transport and storage	MSSS ASSS	PubH	<i>Vaccination guide</i>	
Implement the provincial system for vaccination management	MSSS	PubH		INSPQ collaboration
Vaccine administration				
Define and disseminate the directions and procedures for vaccine administration (including those for mass vaccination)	MSSS ASSS	PubH	<i>Vaccination guide</i>	
Develop and disseminate the tools for vaccine administration (including those for mass vaccination)	MSSS ASSS	PubH		

Preparedness: vaccination	Head Contributor	Section	Tools	Comments
Identification of the population to be vaccinated				
Draw up the list of priority target groups and send it to the ASSS	MSSS	PubH		Federal and INSPQ collaboration
Update the directions on priority target groups, if applicable	MSSS	PubH		Federal and INSPQ collaboration
Estimate the needs for pandemic vaccine doses, based on the estimates received	MSSS	PubH		
Material resources				
Develop and disseminate the list of necessary materials to the vaccination clinics and the list of critical products	MSSS ASSS	PubH	<i>Vaccination guide</i>	
Human resources				
Determine the personnel required at vaccination clinics and their responsibilities	MSSS	PubH	<i>Vaccination guide</i>	
Define the directions on the possible sources of additional resources for the vaccination clinics and recommend that the ASSS establish a regional list	MSSS	Cont		
Skill maintenance and development				
Support the development of mass influenza vaccination projects	MSSS	PubH	<i>Vaccination guide</i>	
Develop, if necessary, training material for network personnel covering mass vaccination clinics (tasks, operations, vaccination process, surveillance system–data gathering and validation, etc.) and provide training	MSSS ASSS	PubH	<i>Vaccination guide</i>	INSPQ collaboration
Develop and disseminate the information kit for non-trained vaccinators	MSSS ASSS	PubH	<i>Vaccination guide</i>	
Develop, if necessary, training materials for non-trained vaccination personnel and provide training	MSSS ASSS	PubH		INSPQ collaboration
Sit on the Comité d'immunisation du Québec (CIQ) and the Canadian Pandemic Influenza Committee	MSSS	PubH		Coordination with federal government and INSPQ
Vaccination monitoring				
Define the surveillance data required for vaccination monitoring during the pandemic period	MSSS	PubH		
Compile the data on vaccination monitoring	MSSS ASSS	PubH		
Develop and disseminate the tools needed for vaccination monitoring during the pandemic period (vaccine management, side effects, vaccine coverage)	MSSS ASSS	PubH		

Response: vaccination	Head Contributor	Section	Tools	Comments
Pandemic alert (WHO's phases 3, 4 and 5): Gradual adapting of activities according to the situation in Québec				
Disseminate the directions and directives on seasonal flu vaccination for workers exposed to poultry in the event of an avian flu outbreak	MSSS ASSS	PubH	CIQ advisory Federal document	
Consolidate vaccination preparations	MSSS ASSS	PubH		
Disseminate the department's directions on vaccination with the seasonal vaccine for close contact cases	MSSS	PubH		
As soon as the pandemic vaccine is available, prepare the vaccination protocol for this vaccine	MSSS	PubH	Québec immunization protocol	INSPQ collaboration
In phase 5, if the pandemic vaccine is available, disseminate the directives for vaccinating the population of a given geographic area (if the vaccination in question is approved by experts)	MSSS	PubH		INSPQ collaboration
In phase 5, if the pandemic vaccine is available, disseminate the directives and recommend the implementation of the vaccination strategy for the pandemic phase	MSSS	PubH		
Vaccine management				
Apply the management plans for the storage, distribution and maintenance of the cold chain for pandemic vaccines	MSSS	PubH	<i>Vaccination guide</i>	
Make recommendations regarding the purchase of the required pandemic vaccine doses as soon as the vaccine is available	MSSS	PubH		
Take steps to expedite the vaccines depending on needs	MSSS ASSS	PubH		
Vaccine administration				
Update the tools for administering the vaccines and disseminate them	MSSS ASSS	PubH		
Identification of the population to be vaccinated				
Examine and review, as needed, the directions on priority groups according to scientific, ethical, epidemiological and clinical considerations, and disseminate them	MSSS ASSS	PubH		INSPQ collaboration
Update the estimates of the number of people in priority groups	MSSS ASSS	PubH		
Receive the estimates of the number of people in priority groups from the ASSS, compile them, and re-evaluate the need for pandemic vaccines, if applicable	MSSS ASSS	PubH		

Response: vaccination	Head Contributor	Section	Tools	Comments
Vaccination clinic				
Support the set up of vaccination clinics (low flow or mass vaccination)	MSSS ASSS	PubH	<i>Vaccination guide</i>	
Disseminate the directions on the security of vaccination clinics (low flow or mass vaccination)	MSSS ASSS	PubH		
Monitor inventories, demand, distribution and the use of vaccines	MSSS ASSS	PubH		
Coordinate vaccination efforts with the other provinces and announce Québec's vaccine distribution plan	MSSS	PubH		Coordination with the federal government
Vaccination monitoring				
Disseminate the tools required for monitoring the vaccination program	MSSS ASSS	PubH		
Obtain, compile and analyze the data on vaccination monitoring	MSSS ASSS	PubH		
Prepare reports on the monitoring of the vaccination program and disseminate them to the partners concerned	MSSS ASSS	PubH		
End of the first wave: If no vaccine is available during the previous phases, see the preparedness section. If the vaccine is available and administered during the previous phases:				
Update and disseminate vaccination guidelines and protocols	MSSS	PubH		
Define and disseminate the directives on the expansion of the vaccination program to the non-vaccinated groups in the population	MSSS ASSS	PubH Comm		
Replenish the inventory of vaccine	MSSS ASSS	PubH		
Second wave and subsequent waves: If a vaccine is available:				
As in the previous waves, disseminate the recommendations of the vaccination program to the groups within the population that have not been vaccinated and who are not immune	MSSS ASSS	PubH Comm		

Recovery: vaccination	Head Contributor	Section	Tools	Comments
Define and disseminate the directions on the implementation of regular vaccination programs	MSSS	PubH		
Compile and analyze the vaccination program reports	MSSS ASSS	PubH		
Perform a post-mortem on the provincial vaccination program and send it to the ASSS as well as to the provincial and federal partners concerned	MSSS	PubH		
Perform a post-mortem on vaccination activities (debriefing)	MSSS	PubH		

STRATEGY NO. 5: IMPLEMENT PUBLIC HEALTH MEASURES

The public health strategies used may vary according to the phases of the pandemic, its epidemiology, and the feasibility of response actions that take into account the availability of human and material resources. If necessary, the recommendations that are put forward can be modified to reflect specific situations, such as the threat of a pandemic or a declared pandemic.

Unlike other response strategies, the effectiveness of public health measures implemented in the field to limit the spread of infection or its impacts has not been well documented using evaluation methods in a pandemic situation. This can be explained by the rare occurrence of pandemics.

The recommendations put forward are based on assumptions about what we know about influenza in terms of modes of transmission, the incubation period and the contagion period. They would need to be reviewed if the characteristics of the pandemic virus differ significantly from the known characteristics of influenza. These recommendations reflect the best possible current analysis and are the result of a consensus.

Finally, particularly with respect to case and contact management, a proactive and sustained public health response is highly appropriate during the pandemic alert period and possibly at the very onset of the pandemic. It is only when there is a limited number of cases that an intensive, individual response to cases and contacts would be feasible and likely to have an effect, such as slowing the virus's spread and delaying it from spreading more widely throughout the community.

Health education

During the interpandemic period, public education will focus on general information about influenza, vaccination, health measures for preventing infections and the characteristics of influenza outbreak seasons. However, this period and the alert period are also opportune times to introduce concepts that will be needed during a pandemic, including the definition of a pandemic, preventive measures in the event of a vaccine and antiviral shortage, health measures for limiting transmission, respiratory etiquette and self-care.

Controls at the community level

Given that the pandemic virus will probably behave similarly to other types of influenza A viruses, controlling the dispersion of influenza in the community will be extremely difficult.

The virus's short incubation period, the high rate of infection, the virus's ability to survive on surfaces for long periods of time, the non-specific symptoms as well as the potential for asymptomatic infection and transmission by asymptomatic individuals significantly limit the effectiveness and feasibility of most public health control measures.

Since a pandemic virus's potentially high attack rate in the population will put considerable pressure on the health network's resources, the ideal course of action would be to devote resources to those measures that are known to be most effective in controlling influenza.

Limiting public gatherings

Generally speaking, public gatherings and promiscuity are known to promote the spread of infection. At the start of the pandemic, therefore, restricting certain public gatherings may delay the pandemic's onset and provide some relief before a vaccine becomes available.

Special measures for travellers

Based on WHO recommendations, the Public Health Agency of Canada will make recommendations on border control measures. Federal authorities are responsible for updating these measures. However, provincial authorities and authorities in areas adjacent to the United States will be called upon to assist in their application. The measures will vary depending on the location of the first cases.

Preparedness: general measures	Head Contributor	Section	Tools	Comments
Designation of people in charge				
Designate the pivotal person responsible for general public health measures at the provincial level, and define their roles and tasks	MSSS	PubH		
Set up a tactical team responsible for providing direction and developing tools related to general public health measures	MSSS ASSS	PubH		
Skill maintenance and development				
Update knowledge about general public health measures and adapt recommendations accordingly	MSSS	PubH		
Take part in discussions with the Canadian Pandemic Influenza Committee	MSSS	PubH		
Measures for travellers				
Obtain and disseminate federal recommendations regarding travellers	MSSS	PubH		
Disseminate these recommendations among traveller's clinics and all health professionals likely to advise travellers, and ensure they are aware of the steps they should take in regard to travellers visiting countries where there is an H5N1 outbreak	MSSS ASSS	PubH		Update recommendations regularly
Provide direction, in accordance with federal guidelines, regarding auto-disclosure by symptomatic travellers upon their return	MSSS	PubH		
Define and disseminate directions on SRI (evaluation of severe respiratory illnesses in travellers at risk for contracting avian influenza and the measures to be taken)	MSSS ASSS	PubH Comm		
Define directions on the management of symptomatic individuals and their contacts, and develop the necessary tools for their implementation	MSSS ASSS	PubH		

Preparedness: general measures	Head Contributor	Section	Tools	Comments
Phases 4 and 5				
Disseminate directions on detection mechanisms at airport exits and at port facilities, in accordance with federal guidelines	MSSS	PubH Comm		
Disseminate directions on self-monitoring of fever by travellers arriving from regions affected by avian influenza (regions where there is an outbreak of human-to-human transmission)	MSSS	PubH Comm		
Disseminate recommendations on refraining from travel for the entire incubation period for those who have come into contact with a case of avian influenza	MSSS	PubH Comm		
Education / information measures (begin in phase 3)				
Develop and disseminate communication tools for the general public regarding population health measures that may apply during a pandemic	MSSS	PubH Comm		
Inform partners and raise their awareness regarding directions on population health measures that may apply during a pandemic	MSSS ASSS	PubH Comm		
Develop and disseminate recommendations addressing each patient group	MSSS ASSS	PubH		
Develop information (and update it as the situation progresses) for the general public on the typical clinical signs of influenza and disseminate it	MSSS	PubH Comm		
Other measures				
Make recommendations regarding measures to prohibit mass gatherings (psychosocial and economic aspects, social disorganization ...)	MSSS INSPQ	PubH		
Define directions on the prioritization of public health programs (e.g., anticipate which prevention campaigns can be terminated and which ones are to be scaled down)	MSSS	PubH		
Recommend that the ASSS adapt its directions on public and population health measures to regional realities (e.g., for regions with isolated communities, consider and analyze special strategies to be deployed during the pandemic period)	MSSS	PubH		
Review and update recommendations regarding all activities in relation to population health measures based on the characteristics of the emerging pandemic. Disseminate any new recommendations	MSSS ASSS	PubH		
Evaluate the need and relevance of implementing a system for tracking public health measures, identify the variables of interest, develop and validate appropriate tools, and develop monitoring systems (information gathering and validation mechanisms, etc.)	MSSS ASSS	PubH		

Response: general measures	Head Contributor	Section	Tools	Comments
Measures for travellers Phases 3, 4, 5				
Apply and disseminate federal directions on restricting voluntary travel to affected regions	MSSS ASSS	PubH		As per the directions provided by the federal government
Update health advice for travellers	MSSS ASSS	PubH		As per the directions provided by the federal government
Phase 6				
Disseminate directions on the voluntary quarantine of travellers arriving from regions affected by avian influenza	MSSS ASSS	PubH Comm		
Education / information measures Alert period (phases 4 and 5) and pandemic period (phase 6)				
Disseminate directions and inform the general public about recommended population health measures (e.g., voluntary home quarantine)	MSSS ASSS	PubH Comm		
Inform the public about the evolution of the situation (e.g., about population health recommendations in a pandemic situation)	MSSS ASSS	PubH Comm		
Disseminate recommendations on public health measures as of phase 3 to HSS network and non-network partners	MSSS ASSS	PubH Comm		
Other measures in phase 6				
Disseminate directions on voluntary quarantine by symptomatic individuals (update)	MSSS ASSS	PubH Comm		
Disseminate directions on the prohibiting of certain mass gatherings	MSSS ASSS	PubH Comm		
Recommend, as required, that other population health measures be deployed according to how the situation evolves (e.g., closing of schools and daycare facilities)	MSSS ASSS	PubH		

Recovery: general measures	Head Contributor	Section	Tools	Comments
Regular activities				
Disseminate directions on the resumption of regular activities	MSSS ASSS	PubH		
Evaluation				
Perform a post-mortem on the activities related to public health measures (debriefing)	MSSS ASSS	PubH		
Assess the impact of population health measures and perform a provincial post-mortem	MSSS ASSS	PubH		
Disseminate any new recommendations	MSSS	PubH		

Case and contact management

Case management

Measures that apply to case management should be planned during the interpandemic period and the pandemic alert period (when human cases may develop), and deployed as soon as suspected or confirmed human cases arise in Québec.

Case management should be adapted to the situation as it evolves. The use of a personalized approach will not be sustainable once the pandemic virus begins moving through the population. The following recommendations are in regard to the general management of influenza cases caused by the pandemic virus.

The measures to be implemented during the alert period are adjusted according to where the alarm is raised. However, if cases start being reported in Canada or Québec, or if the alarm is raised in Canada or Québec, the steps taken will mainly involve mobilization and the deployment of recommended measures.

During the pandemic period (with a confirmed pandemic), case management will proceed according to indicators other than individual disclosure, and the necessary information will be provided through messages to the general public rather than on an individual basis. Among the messages that should be prepared in advance are those regarding home quarantine, self-care, information on medical consultation or assessment and the sites designated for this purpose. The duration of the quarantine will be adjusted according to the knowledge that has been gathered about the pandemic virus.

Contact management

Contact follow-up should be intensified during the alert period and, if possible, at the onset of the pandemic while it can still be done (with sufficient resources being available) and a certain control over the virus's spread is possible, that is, while the pandemic virus is not yet circulating in the community.

The importance placed on this measure should decrease as the pandemic evolves and the spread of the virus can no longer be contained on an individual basis. At this point, messages will be conveyed through public education campaigns, as health network resources will be redirected to other activities. To date, it has not been recognized that quarantining contacts is an effective measure for preventing the spread of influenza once the outbreak is entrenched.

The individual management of contacts is potentially feasible at the onset of the pandemic, but would involve switching rapidly to a strategy that can be applied to the entire population. Antiviral availability will dictate the feasibility of instituting a post-exposure prophylactic measure for contacts. Public health resources must ensure that antivirals are administered to targeted individuals.

Preparedness: case and contact management	Head Contributor	Section	Tools	Comments
Prioritizing activities				
Disseminate directions on essential public health activities to be maintained during a pandemic (reportable diseases + non reportable diseases)	MSSS	PubH		
General recommendations and dissemination				
Define provincial recommendations on case and contact management, and develop the tools required for their application	MSSS ASSS	PubH	SRI watch	
Disseminate recommendations and tools for case and contact management (integrated information, including protocols, case definitions, reporting mechanisms, information sheets for patients, etc.)	MSSS ASSS	PubH		
Disseminate updated recommendations, and case and contact management tools	MSSS ASSS	PubH		
Define and disseminate directions on the threshold above which population management of cases and contacts replaces the management of early cases and contacts	MSSS INSPQ ASSS	PubH		
Gradual adapting of activities				
Update directions on the management of early cases and contacts in light of the pandemic's characteristics, and disseminate the update, if any	MSSS INSPQ ASSS	PubH		

Response: case and contact management	Head Contributor	Section	Tools	Comments
Pandemic alert (WHO's phases 3, 4 and 5): Gradual adapting of activities according to the situation in Québec. Management of early cases and contacts				
Disseminate recommendations and tools for case and contact management (updates) (integrated information, including protocols, case definitions, reporting mechanisms, information sheets for patients, etc.)	MSSS ASSS	PubH		
Receive, compile and analyze reports of suspected cases and outbreaks, and issue a status report	MSSS ASSS	PubH		
Create an alert screen for notifying the other provinces of a case	MSSS	PubH	Via reportable disease system	
Recommend logging cases using the monitoring system in place	MSSS ASSS	PubH		
Issue an advisory on the termination of individual case and contact management and the transition to population management of cases and contacts	MSSS ASSS	PubH		

Response: case and contact management	Head Contributor	Section	Tools	Comments
Population management of cases and contacts				
Disseminate recommendations, tools and protocols for population management of cases and contacts	MSSS	PubH		
Tracking and gradual adapting of activities				
Re-evaluate directions on individual and population measures for tracking cases and contacts, in light of the situation, and issue new recommendations, if any	MSSS	PubH		
Obtain and analyze regional tracking information on the application of case and contact management, and report on this issue	MSSS	PubH		
Monitor the application of case and contact management at the provincial level	MSSS	PubH		
Downscaling of activity				
Disseminate directives on the regional resumption of individual case and contact management	MSSS	PubH		
End of the first wave				
Define directions on the resumption of certain regular activities	MSSS	PubH		
Obtain post-mortems on case and contact management activities from the ASSS and make a province-wide assessment	MSSS	PubH		
Update and disseminate, if applicable, new directions on case and contact management activities, based on the clinical specificities of the pandemic	MSSS	PubH		
Recommend that the ASSS be prepared to resume population management of cases and contacts, as required	MSSS	PubH		
Second and subsequent waves				
Disseminate amended recommendations and tools for case and contact management (integrated information, including protocols, case definitions, reporting mechanisms, information sheets for patients, etc.)	MSSS ASSS	PubH		

Recovery: case and contact management	Head Contributor	Section	Tools	Comments
Regular activities				
Gradually resume regular activities	MSSS	PubH		
Evaluation				
Perform a post-mortem on case and contact management activities (debriefing)	MSSS ASSS	PubH		
Evaluate case and contact management activities according to the criteria established		MSSS	PubH	
Perform a post-mortem on case and contact management activities	MSSS ASSS	PubH		
Send the post-mortem to the partners concerned	MSSS ASSS	PubH		

SECTION TWO: PROVIDE MEDICAL CARE (PHYSICAL HEALTH)

During an influenza pandemic, the health and social services network will face a major wave of consultations at all levels of service, some of which are more likely than others to become overloaded. This situation could result in a shortage of services, in particular:

- massive numbers of visits by a million patients to family doctors and front-line care sites;
- emergency room visits by a large number of patients whose condition will require a second line of consultation;
- hospital beds for those who need them, approximately 34,000 people;
- access to critical care for those with severe complications.

The network and physicians will have to counter the development of complications from the infection, treat the complications and, for seriously ill patients, reduce morbidity and save as many lives as possible.

In terms of physical health, the Ministère has set out eight strategies:

Strategy No. 6: Act upstream of establishments through self-care

Strategy No. 7: Adapt home support services

Strategy No. 8: Ensure access to Info-santé and Info-social

Strategy No. 9: Set up prehospital emergency services

Strategy No. 10: Coordinate the delivery of healthcare

Strategy No. 11: Deploy non-traditional healthcare sites

Strategy No. 12: Treat patients using antivirals

Strategy No. 13: Dispose of remains effectively

Treating people (physical health) involves activities throughout the chain of care, according to a massive morbidity approach. These activities will be intense during the pandemic period and closely tied to other parts of the plan.

STRATEGY NO. 6: ACT UPSTREAM OF ESTABLISHMENTS THROUGH SELF-CARE

Given that the health and social services network will have to perform intensive screening and limit as much as possible the presence of patients who are not seriously ill in healthcare establishments, the public will be encouraged to stay at home.

A self-care guide

A self-care guide will be distributed at the appropriate time. The document will suggest ways to prevent the spread of influenza, alleviate symptoms, and provide information on when to stay at home and when to go to a healthcare provider. Public communications and a telephone answering service will also help the population find the information it needs.

Home: the first site of care

The general strategy will call on the ability of people to care for themselves with the help of family, friends, local groups and community resources, without forgetting the support of the health and social services network and its partners. In this context, the first site of care will be the home, which will help reduce the spread of the illness as well as the pressure on the system.

This strategy is only realistic if the people who stay at home are adequately served. These people's vulnerability must be taken into account, and they must be monitored closely, especially those who live alone. Home support services and Info-social and Info-santé will play a key role in this effort.

Preparedness: self-care	Head Contributor	Section	Tools	Comments
Adapting of activities				
Disseminate general information and prevention measures during flu season	MSSS ASSS	PubH Comm	Customized self-care guide	
Plan home support, including alternate housing for people whose health permits it	CSSS ASSS MSSS	PhysH PsyR	<i>Self-care guide</i>	
Ensure that there are procedures for the network to take over if a person's condition deteriorates, including detection, the place they will be taken and the means of transportation	CSSS ASSS MSSS	PhysH		
Designation of people in charge				
Designate the person who will be responsible for producing and updating the <i>Self-care guide</i>	MSSS	PhysH		
Designate the person who is responsible for communications and distributing the <i>Self-care guide</i>	MSSS	Comm		
Designate the person who is responsible (and an alternate) for agency relations, follow up during response and a post-mortem during recovery	MSSS	PhysH		
Self-care guide				
Produce and update a <i>Self-care guide</i> for the public and informal caregivers	MSSS	PhysH		
Determine the means of and media for distributing the <i>Self-care guide</i>	MSSS	Comm		
Ensure that the network's personnel, partners and physicians know about and understand the <i>Self-care guide</i>	MSSS ASSS CSSS	PhysH PsyR Comm		

Response: self-care	Head Contributor	Section	Tools	Comments
Gradual adjustments as the pandemic evolves				
Encourage those whose condition permits it to stay at home	CSSS ASSS MSSS	PhysH PsyR		
Encourage those whose condition permits it to stay in alternate housing, including adapting care and access to medical services	CSSS ASSS MSSS	PhysH PsyR		
Identify the right moment to distribute the Guide to the public	MSSS	PubH Comm		
Update, if needed, the Guide with new information	MSSS	PhysH Comm PubH		
Distribute the Guide according to the plan established with the agencies	MSSS ASSS	Comm		Plan to be established
Ensure that the agencies, network personnel, partners and physicians promote the Guide	MSSS ASSS CSSS	PhysH PsyR		
Ensure that there is no break in the chain of response to those who are ill	ASSS CSSS	PhysH PsyR		
Gather and analyze information regarding critical events related to the application of the Guide; if necessary, modify the instructions	MSSS ASSS	PhysH		Register of critical events
Send the instructions and changes as quickly as possible to agencies, as the situation evolves	MSSS	PhysH		

Recovery: self-care	Head Contributor	Section	Tools	Comments
Perform a provincial post-mortem on the application of the <i>Self-care guide</i>	MSSS ASSS	PhysH Coor		

STRATEGY NO. 7: ADAPT HOME SUPPORT SERVICES

The network must make sure to support informal caregivers in order to promote home support services. People who are identified as being vulnerable, either due to their physical condition or their degree of isolation (those who do not receive any assistance from friends, family or an informal caregiver), will be able to register for a home support service that will check on the state of their health and prioritize their admission, if required.

Home support services will be for target patient groups whose symptoms correspond to pandemic influenza and who will remain at home. The health status of these individuals will be stable and not require hospitalization. In certain cases, the situation will involve a family member or an informal caregiver remaining with the patient, to ensure follow-up in the event the patient's health deteriorates.

The concept of regular home support services refers to services for users who regularly receive homecare services from CSSS. These services can be offered by CSSS personnel, social economy enterprises, community organizations and private contract workers.

In the event of an influenza pandemic, regular home support services will not be able to meet demand. It will therefore be necessary to structure *a response* where all partners, non-profit organizations, community organizations, social economy enterprises and volunteers will be called upon to contribute. Home support services will be able to rely on these various partners.

The network must remain ready to take charge of patients at home if their situation worsens, by directing them to appropriate services and providing for adequate transportation, if necessary. The public will be given information on ways to access these services, including easy telephone access.

Preparedness: home support services	Head Contributor	Section	Tools	Comments
Adapting of activities				
Ensure planning for adapting the regular home support service plan to a pandemic situation	MSSS ASSS	PhysH PsyR		
Ensure that there are procedures for home support services for people who are isolated at home, especially for those who are alone and at risk	MSSS ASSS	PhysH PsyR	<i>Self-care guide</i> Info-santé sheets	List of criteria for identifying people at risk
Evaluate needs and opportunities for making use of various organizations, and establish mechanisms for working with them	MSSS ASSS CSSS	PsyR PhysH		
Designation of people in charge				
Designate the person who is responsible (and an alternate) for agency relations, follow-up during response and a post-mortem during recovery	MSSS	PhysH		
Designate the person responsible at the regional and local levels for home support services	ASSS CSSS MSSS	PhysH PsyR		
Development of the home support services plan				
Support the agency in developing the home support services plan for the influenza pandemic for people living in isolation, including: <ul style="list-style-type: none"> • A system for identifying people to be registered in the plan • Estimation of levels of vulnerability • Mechanisms for following up on a patient's health status, by telephone or other means • Procedures for disseminating documentation and information 	MSSS ASSS CSSS	PhysH PsyR Comm	Regional and local home support services plan	
Coordinate the dissemination of recommendations for home support services to the managers of all alternate housing resources	MSSS ASSS CSSS	PsyR Comm PhysH		
Define needs in terms of the information required for following up on patient groups and the tools for sending information to the authorities	MSSS ASSS	PhysH PsyR		To come
Prepare procedures for following up on the measures included in the home support services plan	ASSS MSSS	PhysH PsyR		

Response: home support services	Head Contributor	Section	Tools	Comments
Deployment of home support services plan activities				
Provide the instructions for applying the home support services plan	MSSS	PhysH Comm	Ministerial operating report Monitoring of the situation for emergencies and hospital centres	
Support regional and local initiatives to adapt regular home support services	MSSS ASSS	PhysH PsyR		
Ensure that stakeholders in regular home support services, physicians and other workers disseminate information on self-care and other measures related to the influenza pandemic among their patient groups	CSSS ASSS MSSS	PhysH PsyR	<i>Self-care guide</i> Infection prevention measures	
Obtain and analyze the data gathered for the ministerial operating report; make decisions regarding the evolution of the situation	MSSS ASSS	PhysH PsyR		

Recovery: home support services	Head Contributor	Section	Tools	Comments
Issue the directive to gradually resume regular home support services	MSSS ASSS	PhysH		
Prepare the provincial post-mortem	MSSS	PhysH PsyR Coor		

STRATEGY NO. 8: ENSURE ACCESS TO INFO-SANTÉ AND INFO-SOCIAL

For people who are infected, sick and staying at home, particularly those who live alone, fast, easy access to Info-santé and Info-social or to an influenza pandemic information service is essential.

Info-santé and Info-social are certain to play a major role during the pandemic, but like the network's other services, they could quickly become overwhelmed and affected by a high rate of absenteeism among their personnel.

There are two possible solutions:

1. The first is to substantially increase the service's resources during a pandemic.
2. The second is to use another telephone service that can act as an initial filter for questions from the public to direct callers to the appropriate resources.

Given the potential number of calls and the need to keep network activities running, it is imperative that calls be properly distributed, regardless of the phone system used.

Note that eight regions in Québec have Info-social service. For regions that do not have this service, a psychosocial worker should be integrated into the Info-santé team.

Preparedness: Info-santé/Info-social	Head Contributor	Section	Tools	Comments
Adapting of activities				
Establish procedures to allow the agencies and CSSS to make the changes required to respond to the needs of an influenza pandemic, including the possibility of alternate or volunteer human resources	MSSS	PhysH Cont		
Provide for means of sending real-time information to stakeholders on: the deployment of the plan, coordination with front-line services and changes in instructions	ASSS MSSS	PhysH PsyR Comm		
Provide for means of cooperation and mutual referrals between Info-santé and Info-social	CSSS ASSS MSSS	PhysH PsyR		
Designation of people in charge				
Designate the person who is responsible (and an alternate) for agency relations, follow up during response and a post-mortem during recovery	MSSS	PhysH		
Designate the person who is responsible for developing tools	MSSS	PhysH		
Development of materials				
Identify the phone service that could act as a first filter for questions from the public and direct callers to the appropriate resource	MSSS	Comm		
Determine the specific mandate of this service and train workers	MSSS	PhysH Comm Cont		
Develop Info-santé information sheets for workers and informal caregivers on self-assessment and self-care tools	MSSS	PhysH PsyR PubH	Info-santé sheets Self-assessment and self-care tools	
Develop a training program for workers if necessary (alternate human resources)	MSSS	Cont PhysH PsyR		
Identify the information required for the ministerial operating report and anticipate a means of sending it	MSSS	PhysH PsyR		To be determined

Response: Info-santé / Info-social	Head Contributor	Section	Tools	Comments
Adapting of activities				
Advise Info-santé and Info-social services of the deployment of the plan at the appropriate time	MSSS ASSS	PhysH		
Ensure the phone services are available	MSSS ASSS	PhysH Comm		
Provide workers with important information that affects them	ASSS MSSS CSSS	PhysH PsyR		
Receive and analyze the information sent in and make decisions based on it	MSSS ASSS	PhysH PsyR	Ministerial operating report	

Recovery: Info-santé / Info-social	Head Contributor	Section	Tools	Comments
Issue the order to gradually stop specific measures	MSSS ASSS	PhysH		
Perform a provincial post-mortem	MSSS	PhysH PsyR Coor		

STRATEGY NO. 9: SET UP PREHOSPITAL EMERGENCY SERVICES

The various components of the prehospital service chain, including dispatch centres, first responders and ambulance services, will play a crucial role during a pandemic. Naturally, these sectors will also be under pressure due to personnel shortages.

Calls from the public will be handled as part of regular dispatch centre and regional call centre operations. However, the scale of the pandemic could justify special procedures, such as the setting up of a provincial centre to regulate inter-establishment transfers, in order to validate and authorize transfers from the health and social services network.

In terms of protection measures, as for all of the network's resources, steps have been taken to ensure that prehospital services personnel have sufficient protection equipment for the duration of the influenza pandemic.

Overall, the demand for prehospital services will increase considerably during a pandemic. Prehospital service workers must be ready, with their partners, to rapidly identify cases:

- those requiring an immediate response;
- those who can be asked to stay at home;
- those who will have to be directed to other resources or sites deemed more appropriate, depending on the recommendations in effect.

Preparedness: prehospital emergency services	Head Contributor	Section	Tools	Comments
Adapting of activities				
Issue directions on the actions to be implemented based on the estimated increase in demand for ambulance service and based on the evolution of the situation	MSSS	PhysH	Simulation by region	
Evaluate the relevance of implementing a provincial centre to regulate inter-establishment transfers	MSSS	PhysH		
Complete the implementation of the medical call prioritization system (MPDS-Clawson)	ASSS MSSS	PhysH		
Issue directives regarding the protocols for call prioritization, transportation and response, and inform Info-santé	MSSS	PhysH	Ministerial directives to come	
Issue directives regarding the rules for transferring and transporting patients between establishments and NTHS	MSSS	PhysH	Ministerial directives to come	
Designation of people in charge				
Designate the person who is responsible (and an alternate) for agency relations, follow up during response and a post-mortem during recovery	MSSS	PhysH		
Designate, if applicable, the person who is responsible for implementing the provincial centre to regulate inter-establishment transfers	MSSS	PhysH		
Designate the person who is responsible for developing specific protocols	MSSS	PhysH		
Links with PES partners				
Confirm with PES partners that there is an emergency plan in order to maintain emergency services in case of massive morbidity	ASSS MSSS	PhysH	Emergency plan	
Ensure that recommendations from the Direction de la santé publique regarding prevention and protection measures are sent to the partners involved in the prehospital response chain	MSSS ASSS	PubH PhysH		
Develop response protocols that are specific to the pandemic (PICTA/PICPR)	MSSS	PhysH	Protocols	
Planning of human and material resources				
Issue directives regarding the role of first responders	MSSS	PhysH		Ministerial directives to come
Issue directions regarding the use of means of transportation other than ambulances	MSSS	PhysH Coor		
Facilitate regional efforts to establish agreements on the mobilization of personnel and vehicles necessary to the moving of patients	MSSS	PhysH Coor		

Preparedness: prehospital emergency services	Head Contributor	Section	Tools	Comments
Provide for reserves and the procurement of drugs and specific supplies	ASSS MSSS	PhysH Cont	List of essential and critical products	
Provide for prevention and protection materials in provincial reserves	MSSS	PhysH Cont	List of essential and critical products	

Response: prehospital emergency services	Head Contributor	Section	Tools	Comments
Initiate the plan with prehospital services	MSSS	PhysH		
Ensure the adaptation of the PES service offer to the situation in the establishments and the NTHS	MSSS ASSS	PhysH		
Implement the provincial centre to regulate inter-establishment transfers, if required	MSSS	PhysH		
Ensure the availability of the materials required	ASSS MSSS	PhysH Cont		
Monitor the situation and modify the instructions, depending on the evolution of the situation	MSSS	PhysH		

Recovery: prehospital emergency services	Head Contributor	Section	Tools	Comments
Issue the directive for the progressive demobilization of additional personnel involved in prehospital emergency services	MSSS	PhysH		
Gradually ease the implemented measures until the resumption of regular services	ASSS MSSS	PhysH		
Perform a provincial post-mortem on PES activities	MSSS	PhysH Coor		

STRATEGY NO. 10: COORDINATE THE DELIVERY OF HEALTHCARE

Keeping the health and social services network operating during an influenza pandemic requires strict management of services and priorities. People whose health situation requires it will be served first, according to the material and human resources of healthcare establishments and partners like medical clinics.

Four levels of access to healthcare and services will require specific actions to adapt regular operations to a pandemic and to maintain emergency operations that are both related and unrelated to the pandemic. The challenge will be to encourage the stakeholders involved to alter their services and to integrate streams for patient groups who show symptoms of influenza, while trying to limit the spread of the infection.

Front-line services

All possible actions will be taken to act upstream of the network. To do this, all network and non-network front-line partners must help. Within the LHN created by Bill 25, medical clinics, including family medicine groups and network clinics, will experience a lot of demand, as will other sites for assessment and delivery of healthcare. Working with physicians in the area and other front-line resources, it is important to plan for dedicated healthcare streams, including sites for triage and assessment and the mobilization of workers, if necessary.

Emergency units and services

As soon as people become infected, measures will be put in place to stress measures for protection and prevention. Triage adapted to the situation will make it possible to identify patients with flu symptoms as soon as they arrive and to orient them so as to avoid hospital-acquired contamination. As well, an overflow plan will be applied as soon as the situation becomes more difficult in terms of traffic and congestion.

Hospital activity

Hospitals may have to rationalize their services and suspend or postpone certain activities. An internal emergency measures plan regarding infections will be integrated into existing emergency measures plans. In this context, coding specific to the pandemic, based on available resources and the level of demand for care, will make it possible to monitor how stretched the healthcare establishment is and to take appropriate measures set out in the plan.

Critical care

It is important that every effort be made so that those who are the most sick have access to care, whether or not their condition is related to the flu. The healthcare establishment's plan will identify the measures to be taken to increase the number of intensive care beds and human resources as needed. Additional and replacement equipment, such as respirators, will be available.

It is important to make front-line, second-line and third-line emergency activities secure so that there is no break in the chain of care between the different levels of traditional and non-traditional services. Specific healthcare guides and protocols will be applied to ensure that the healthcare provided is uniform.

Mechanisms will be planned to facilitate access to experts for front-line and second-line responders and to assign resources according to priorities and the situation at healthcare sites.

Preparedness: delivery of healthcare	Head <i>Contributor</i>	Section	Tools	Comments
Adapting of services				
Make public ministerial directions regarding the organization of front-line services	MSSS	PhysH PsyR		<i>Production of a direction document</i>
Ensure that regional plans allow for a healthcare stream for infected patient groups	ASSS MSSS	PhysH PubH		
Plan the response to triage and assessment needs so as to limit the spread of the flu, and according to the evolution of the pandemic	ASSS MSSS	PhysH PubH		
Develop and disseminate a standardized triage form for a large influx of people who are ill	MSSS <i>Professional orders</i>	PhysH	CTAS triage scale	Creation of a standardized form

Preparedness: delivery of healthcare	Head Contributor	Section	Tools	Comments
Create a healthcare guide specifically in the event of massive morbidity due to the flu, including the diagnostic and therapeutic approach	MSSS <i>Professional orders</i>	PhysH	Appendix G of the federal plan	Creation of of a guide
Ensure that the regional plans identify directions regarding providing services and priorities for care in hospitals	ASSS MSSS	PhysH		
Ensure that hospital facilities have an internal plan for emergency measures related to infection, including criteria and indicators, protocols and the measures to take (cohort for patients with the flu, cancellation of elective activities, 12-hour schedule, opening of NTHS, etc.)	ASSS MSSS	PhysH	Model being developed	
Ensure that regional plans identify directions regarding adapting care and residential services	ASSS MSSS	PhysH PsyR		
Ensure that residential milieus have an internal plan for emergency measures related to infection, including criteria and indicators, protocols and measure to take (increase in the level of care and other measures)	CSSS ASSS MSSS	PsyR PhysH		
Ensure that there are means for transferring patients to the second and third line to deal with specific situations (e.g., intubated patients, young children who are not stable, etc.)	ASSS MSSS	PhysH		
Make models of collective prescriptions available, for example, for respiratory treatment	MSSS <i>Professional orders</i>	PhysH	Prescription model	
Plan for responders to have access (e.g., telehealth) to expertise	MSSS	PhysH		RUIS Telehealth
Anticipate training needs and participate in developing programs if needed (front line, respiratory care, etc.)	MSSS	PhysH Cont	Training program	
Estimate needs and buy specialized equipment (e.g., respirators)	MSSS ASSS	PhysH Cont	List of critical and essential products	
Implement a monitoring tool (a form on the Web) in the event of a pandemic, in hospital centres and NTHS	MSSS	PhysH Cont	Web form	Operating report
Designation of people in charge				
Designate the person who is responsible (and an alternate) for agency relations, follow up during response and a post-mortem during recovery	MSSS	PhysH		
Designate the person who is responsible for the document providing direction on front-line services	MSSS	PhysH		
Designate the person who is responsible for producing the standardized triage form	MSSS	PhysH		
Designate the person who is responsible for the care guide specific to the pandemic	MSSS	PhysH		
Designate the person who is responsible for estimating the need for respirators and proposing a collective prescription for respiratory care	MSSS	PhysH		
Designate the person who is responsible for developing monitoring tools	MSSS	PhysH		

Response: delivery of healthcare	Head Contributor	Section	Tools	Comments
Issue notices at the appropriate times to apply the measures set out in the plan	MSSS	PhysH PsyR		
Ensure that services are adapted to more urgent needs and according to other measures developed (self-care, home support services, NTHS, etc.)	CSSS ASSS MSSS	PhysH PsyR	<i>Self-care guide</i> NTHS document	
Ensure that the public is well informed about where to go for triage, medical assessment and has instructions to follow	ASSS MSSS	Comm PhysH	Press releases	
Apply the internal emergency measures plan regarding infection, based on the monitoring of indicators	ASSS MSSS	PhysH	Internal plan	
Apply recommendations on infection prevention measures in healthcare settings	Establishments ASSS MSSS	PhysH PubH	PHB directives	
Apply procedures for transfers and telehealth	ASSS MSSS	PhysH	According to plan	
Ensure that resources are assigned according to the most urgent needs, including the integration of alternate human resources, volunteers, mobilization of resources and modification of work schedules	ASSS MSSS	Cont PhysH		
Disseminate practical tools to professionals: guides, protocols, collective prescriptions	MSSS ASSS Establishments Professional orders	PhysH Cont Comm	Guides Collective prescriptions	
Ensure the availability of the essential equipment and materials required	ASSS MSSS	PhysH Cont	List of critical and essential products	
Receive and analyze indicators (and other information on the situation), and modify directions and instructions accordingly	MSSS	PhysH	Monitoring tool Operating report	

Recovery: delivery of healthcare	Head Contributor	Section	Tools	Comments
Issue the directive for the progressive demobilization of additional human resources involved in services specific to the pandemic	MSSS	Cont PhysH		
Gradually ease the implemented measures until the resumption of regular services	ASSS MSSS	PhysH		
Perform a post-mortem on provincial activities	MSSS	PhysH Coor		

STRATEGY NO. 11: TREAT PATIENTS USING ANTIVIRALS

As mentioned previously, antiviral drugs are recommended for the prevention and treatment of influenza. During a pandemic alert, they can be used to prevent or delay the development or spread of the virus. In a pandemic situation, especially when there is no vaccine, antivirals can reduce morbidity and mortality, and help maintain services.

In light of a possible shortage of antivirals and the opinion of experts, the Ministère will prioritize the administration of antivirals according to a person's vulnerability and the pandemic's severity. This prioritization will be revised in relation to the pandemic, its attack rate, the virulence of the viral strain, and the actual or expected clinical response to the antivirals provided.

In order to make optimal use of antivirals, physicians who prescribe them must not only follow the clinical indications and the recommended dosage, but also the administration priorities established by the Ministère. Within this context, plans must be made for secure distribution mechanisms and sites, precise monitoring of their use, tracking of the inventory and the appearance of resistance or adverse reactions.

Preparedness: antiviral treatment	Head Contributor	Section	Tools	Comments
Produce scientific information and disseminate it to physicians and professionals	MSSS <i>Professional orders</i>	PubH PhysH Comm	Information document	
Include recommendations on antiviral treatment in the influenza care guide	MSSS	PhysH PubH	<i>Care guide</i>	
Adopt and disseminate a group prescription model for the administration of antiviral treatment	<i>MSSS Professional orders</i>	PhysH PubH	Collective prescription	
Anticipate training needs and participate in program development, if applicable	MSSS	PhysH PubH Cont	Training program	
Ensure that antivirals are stored in secure locations	MSSS ASSS	Cont PubH		
Issue directives regarding the antiviral distribution sites and make sure they can be functional at the appropriate time	MSSS ASSS	PhysH Cont	Ministerial directive to come	
Develop a monitoring system for the administration of antiviral treatment and make sure it is functional at the appropriate time	MSSS <i>Designated establishment</i>	PhysH Cont	Electronic form	
Designation of people in charge				
Designate the person who is responsible (and an alternate) for agency relations, follow up during response and a post-mortem during recovery	MSSS	PhysH		
Designate the person who is responsible for producing the collective prescription	MSSS	PhysH		
Lists of priority groups				
Identify the priority groups for antiviral treatment	MSSS	PubH PhysH		
Estimate the number of people in each priority group	ASSS MSSS	PhysH Cont Coor	Coordination with the federal government	

Preparedness: antiviral treatment	Head Contributor	Section	Tools	Comments
Conduct a simulation of antiviral distribution based on the priority groups and based on available quantities	MSSS	PhysH	Coordination with the federal government	
Identify the people in each priority group	CSSS ASSS	PhysH	Coordination with the federal government	

Response: antiviral treatment	Head Contributor	Section	Tools	Comments
Ensure that the sites designated for distribution are ready to operate, and that the antivirals are made available and delivered on time	ASSS MSSS	PhysH Cont		List of the designated sites to be established
Implement the system for monitoring the administration of antiviral treatment	MSSS <i>Designated establishments</i>	PhysH PubH Cont		Web form
Ensure professionals' knowledge and compliance in regard to the groups that are targeted or not targeted for antiviral treatment	Establishments CSSS ASSS MSSS	PhysH	Coordination with the federal government	
Coordinate the response with front-line activities and home support services in order to identify vulnerable patient groups that have been affected and treat them within the specified time frames	CSSS ASSS MSSS	PhysH	Coordination with the federal government	
Ensure there is proper information and adequate support for people who are not part of the priority groups	CSSS MSSS	PsyR PhysH Comm	Coordination with the federal government	

Recovery: antiviral treatment	Head Contributor	Section	Tools	Comments
Issue the directive to demobilize the personnel involved in distributing antivirals	MSSS	PhysH Cont		
Issue the directive to close the distribution sites	MSSS	PhysH PubH		
Compile and analyze the information obtained in order to evaluate the clinical results	MSSS ASSS	PhysH PubH		
Perform a post-mortem on provincial activities	MSSS	PhysH Coor		

STRATEGY NO. 12: DEPLOY NON-TRADITIONAL HEALTHCARE SITES

During an influenza pandemic, maintaining regular health network activities requires opening up non-traditional healthcare sites to take care of those whose health does not allow them to rely on home support services. These sites will carry out triage and assessment, provide treatment, and direct and admit those who have the flu and meet certain criteria.

“Non-traditional healthcare site” means a “site that is not currently recognized for short-term healthcare.” It could be within a healthcare institution, respecting certain criteria. Non-traditional sites will be associated with an institution, as determined by the Ministère. This association will make it easier to manage these sites and their human, equipment and financial resources.

An evaluation of the equipment required will make it possible to ensure that essential, critical equipment is available. The decision to identify non-traditional healthcare sites, their location, their number and whether to use them will be the responsibility of health and social services agencies and will be ratified by the Ministère.

Preparedness: non-traditional healthcare sites	Head Contributor	Section	Tools	Comments
Develop a standard NTHS model and update it after experimenting with four pilot sites	MSSS	PhysH Cont	NTHS model Reports on the pilots	
Analyze and approve regional planning for the sites, their number and the modules to be deployed	MSSS	PhysH Cont		
Create a list of establishments designated to take charge of the NTHS	MSSS	PhysH Cont		
Issue criteria to take into consideration before opening or closing an NTHS	MSSS	PhysH Cont		
Establish regional procedures for applying the criteria and indicators to be used	ASSS MSSS	PhysH Cont		
Identify training needs and participate in program development, if applicable	MSSS	PhysH Cont	Training program	
Ensure that the necessary personnel and physicians are mobilized and can start working quickly	Responsible establishments ASSS MSSS	PhysH Cont		
Plan for reserves of critical products; ensure that establishments have reserves in place for seven days and have put emergency kits in place	MSSS ASSS	Cont PhysH	List of critical products	
Prepare a Web-based data collection tool to obtain information on the evolution of the situation	MSSS Responsible establishments	Cont PhysH	Web form	
Conduct the steps leading up to RTSS connection	MSSS ASSS	Cont		
Designation of people in charge				
Designate the person who is responsible (and an alternate) for agency relations, follow up during response and a post-mortem during recovery	MSSS	PhysH		

Response: non-traditional healthcare sites	Head Contributor	Section	Tools	Comments
Authorize the opening of NTHS	MSSS	PhysH	Established criteria Operating report	
Ensure that criteria regarding targeted patient groups are respected	MSSS ASSS	PhysH	NTHS model	
Monitor the situation, including the number of visits, the quantity of antivirals distributed, the number of patients in NTHS, and information on critical incidents, if any	MSSS ASSS	PhysH	Web form Operating report	
Ensure that personnel are sufficiently informed, protected and supported	Responsible establishments ASSS	Cont		
Ensure the availability of equipment	MSSS <i>Responsible establishments</i>	Cont		

Recovery: non-traditional healthcare sites	Head Contributor	Section	Tools	Comments
Issue the order to close NTHS's	MSSS	PhysH		
Issue the directive to demobilize additional human resources	MSSS	Cont PhysH		
Perform a post-mortem on provincial activities	MSSS	PhysH Cont Coor		

STRATEGY NO. 13: DISPOSE OF REMAINS EFFECTIVELY

An influenza pandemic could result in a significant number of deaths over a relatively short period of time. Under normal circumstances, the network's establishments have sufficient infrastructures to wait for funerary services to take charge of the remains.

During a pandemic, we must accelerate certain administrative procedures, including the pronouncement of death. Taking into account the links established with the business associations in the funerary sector, the agencies must make sure that funeral homes are ready for a pandemic. The agencies must also make sure that funeral homes are well aware of the locations for taking charge of the remains.

Preparedness: disposing of remains	Head Contributor	Section	Tools	Comments
Adapting of services				
Ensure that the regional plan includes plans for managing remains, including medical availability for rapidly pronouncing deaths and the agreements with the funeral homes	ASSS MSSS	PhysH Coor		
Ensure that the regional plan includes a means of transportation other than ambulance services for the deceased	ASSS MSSS	PhysH Coor		
Inform funeral homes about the general concepts of the pandemic (e.g., contagion)	MSSS ASSS	PubH Coor		
Ensure that the establishments determine their capacity to store remains and prepare measures for dealing with the situation	ASSS MSSS	PhysH	Internal emergency measures plan	

Response: disposing of remains	Head Contributor	Section	Tools	Comments
Ensure the application of the plan for managing remains	ASSS MSSS	PhysH Coor		
Ensure the collaboration of physicians and funerary services, and intervene if there are problems	ASSS MSSS	PhysH Coor		

Recovery: disposing of remains	Head Contributor	Section	Tools	Comments
Perform a provincial evaluation of activities	MSSS	PhysH Coor		

3. Community resources include community organizations, intermediate resources, family-type resources and social economy enterprises.

SECTION THREE: ENSURE PEOPLE'S PSYCHOSOCIAL WELL-BEING (PSYCHOSOCIAL RESPONSE)

An influenza pandemic will affect people's physical integrity; their psychosocial dimension will also be considerably affected. Psychosocial impacts will be felt not only by those who are ill, but also by those close to them, such as friends and family, and throughout society.

The health and social services network, together with community resources³, will strive to ensure the well-being of Québec's population by preparing it to fight the influenza pandemic, supporting the public as the infection spreads, and facilitating the return to normal life. In addition to the specific services available during a pandemic, psychosocial services will be provided by various network establishments that will be adapted. These services will be reflected in local and regional plans.

To this end, there are four strategies:

Strategy No. 14: Coordinate psychosocial services

Strategy No. 15: Identify patient groups

Strategy No. 16: Provide services tailored to the situation

Strategy No. 17: Provide the population and partners with advice

STRATEGY NO. 14: COORDINATE PSYCHOSOCIAL SERVICES

Efforts to coordinate activities will be of the utmost importance in ensuring a successful psychosocial response. The Ministère will direct the efforts in the various regions with a view to achieving a common goal: minimizing the psychosocial impacts during a pandemic and limiting the damage to the population's well-being during the recovery stage. Promoting cooperation among stakeholders is paramount to building social solidarity. The principal actions and mechanisms related to coordination cover the following aspects:

- alerting, mobilizing and demobilizing human resources
- updating the psychosocial aspects of the emergency preparedness plan in the context of an influenza pandemic
- ensuring the consistency of the psychosocial aspect at the provincial level
- establishing ties with network partners
- planning the organization process at the time of the event
- preparing mechanisms for liaising, communicating and informing
- monitoring and evaluation of operations
- assuming responsibility for ensuring the availability of a skeleton staff (alternates)
- developing a training and drill program

Preparedness: coordinate psychosocial services	Head Contributor	Section	Tools	Comments
Designate provincial, regional and local coordinators for the psychosocial section and their alternates	MSSS ASSS CSSS	PsyR		
Develop provincial, regional and local coordination models that include the coordinators' duties and roles	MSSS	PsyR		
Obtain the names of regional and local psychosocial coordinators from the ASSS	ASSS MSSS	PsyR		
Verify with the ASSS that the psychosocial section of regional and local plans is updated	ASSS MSSS	PsyR	RPIP	
Inform provincial partners (professional orders, community resources, associations, etc.) of the need to establish procedures for working with the ASSS and the establishments	MSSS	PsyR		
Initiate a process for working with regional and local partners	ASSS CSSS MSSS	PsyR		
Identify the psychosocial phenomena that are likely to emerge during the pandemic	MSSS	PsyR		
Design tools for gathering and transmitting information about psychosocial phenomena and activities, and forward them to the ASSS for the purpose of developing an operating report	MSSS	PsyR Cont	GESTRED	
Verify with the ASSS that tools are implemented and information is disseminated	MSSS ASSS	PsyR		

Response: coordinate psychosocial services	Head Contributor	Section	Tools	Comments
Put provincial, regional and local operations for the psychosocial section on alert	MSSS	PsyR	RPIP	
Maintain functional ties with provincial partners	MSSS	PsyR		
Maintain operational ties with regional and local partners	ASSS CSSS	PsyR		
Verify with the ASSS that psychosocial services are being administered	MSSS ASSS	PsyR		
Gather regional data on psychosocial phenomena and activities from the ASSS during the prepandemic, pandemic and postpandemic stages	MSSS	PsyR	GESTRED	
Keep the provincial operating report up-to-date	MSSS	PsyR Cont		

Recovery: coordinate psychosocial services	Head Contributor	Section	Tools	Comments
Verify with the ASSS that the population is being provided with all regular psychosocial services	MSSS ASSS	PsyR		
Collect final regional reports from the ASSS	MSSS	PsyR		
Perform a post-mortem on the provincial coordination function	MSSS	PsyR		

STRATEGY NO. 15: IDENTIFY PATIENT GROUPS

Identifying patient groups in terms of psychosocial factors is an ongoing process of data collection, the goal of which is to identify and understand the psychosocial impact of the pandemic in order to guide actions. This exercise will provide answers to the following questions: Who is affected by the pandemic? How is the pandemic experienced from a psychosocial perspective at the local, regional and provincial levels? Psychosocial identification will also be used to establish mechanisms for referrals and access to service. This identification also allows us to be proactive. The speed with which the services are offered has an impact on the prevention of psychosocial damage and the severity of the effects.

Anxiety of the public

The influenza pandemic will have a major impact on the well-being of the Québec population. Individuals, families, groups and communities may be affected in several ways, particularly psychologically, socially and in terms of the family, as well as in terms of basic, economic and organizational needs. An influenza pandemic will probably increase the level of anxiety among the public, increase cases of depression and exhaustion, and generate nervous problems and problems related to post-traumatic stress.

The most vulnerable people

Strict attention must be paid to certain groups of vulnerable people, including, in particular, elderly people, young people with difficulties and their families or those with pervasive developmental disorders, people who are functionally dependent, people with physical or intellectual disabilities, and people with mental health problems or addictions.

Vulnerability has three dimensions: *weakness*, *disadvantage* and *exposure* to the various effects of such a phenomenon.

Weakness refers to an existing sensitivity in certain people, which affects their emotional stability and their resistance to upheaval. Stressful events create a stronger emotional reaction among these people, and transitory or lasting disorganization.

Disadvantage refers to the fact that certain people are at a disadvantage compared to others in the event of an influenza pandemic due to insufficient financial and material resources, or an insufficient social network, both within their family and their community.

Finally, *exposure* refers to the seriousness and intensity of psychosocial impacts related to the influenza pandemic. These people are more vulnerable than others in terms of their well-being. This is particularly the case for health and social services workers and those who take care of family members.

Identifying affected people in the network and among the public

Identifying people affected involves the following tasks:

- detecting the impact and psychosocial comorbidity in order to respond as quickly as possible;
- detecting unusual events that could contribute to an increase in psychosocial effects;
- follow the progression of the level of stress among the public;
- follow the progression and the appearance of psychosocial phenomena;
- understand and evaluate the impact of psychosocial comorbidity on the demand for services and on resource needs;
- identify the resources required to respond adequately to psychosocial needs.

Preparedness: identifying patient groups	Head Contributor	Section	Tools	Comments
Develop a guide for identifying known and unknown patient groups during a pandemic and send it to the ASSS	MSSS <i>Professional orders</i>	PsyR PhysH		Guide including two grids
Ensure that the ASSS distributes the known and unknown patient group identification guide and tools to establishments and community resources	MSSS ASSS	PsyR	Identification guide	
Prepare the IT tools for the identification of known patient groups from existing databases and send them to the ASSS	MSSS	PsyR Cont		I-CLSC requests
Ensure that the ASSS distribute the IT tools to the establishments in question and performs an operational follow-up	MSSS ASSS	PsyR	I-CLSC requests	
Check with the ASSS to ensure that known vulnerable patient groups are identified	MSSS ASSS	PsyR	Identification guide	
Collect data from the ASSS regarding known psychosocially vulnerable patient groups and analyze the data	MSSS	PsyR	GESTRED	
Develop a guide for identifying health and social services workers who are feeling the psychosocial effects of the pandemic and send it to the ASSS	MSSS <i>Professional orders</i>	PsyR PhysH		Guide including one grid
Ensure that the ASSS provide establishments with the guide and tools for identifying health and social services personnel who are experiencing the psychosocial effects of the pandemic and perform an operational follow-up	MSSS ASSS	PsyR	Identification guide	

Response: identifying patient groups	Head Contributor	Section	Tools	Comments
Verify with the ASSS that the tools for identifying unknown psychosocial patient groups are being used	MSSS ASSS	PsyR		
Gather data from the ASSS regarding unknown patient groups that have been reached, the grounds for psychosocial consultation and the psychosocial activities conducted, and analyze the data	MSSS ASSS	PsyR	GESTRED	
Verify with the ASSS that health and social services personnel affected psychosocially by the pandemic are identified and referred to the appropriate service	MSSS ASSS	PsyR	GESTRED	

Recovery: identifying patient groups	Head Contributor	Section	Tools	Comments
Verify with the ASSS that the patient groups that are affected psychosocially are identified and that the required services are provided	MSSS ASSS	PsyR	Identification guide	
Gather information from the ASSS on the patient groups affected psychosocially following the pandemic, the grounds for psychosocial consultation and the psychosocial activities conducted	MSSS	PsyR	GESTRED	
Gather regional evaluations of activities identifying patient groups from the ASSS	MSSS ASSS	PsyR		
Perform a provincial post-mortem on identification activities	MSSS	PsyR		

STRATEGY NO. 16: PROVIDE SERVICES TAILORED TO THE SITUATION

People affected by the pandemic will be initially deemed to be people who have the necessary resources to deal with the disruptions inherent to such an event. With this in mind, psychosocial services will support people in seeking solutions and various communities in taking care of their members.

The strategy focuses on people's autonomy and the solidarity among communities in the belief that initiative, cooperative self-help and mutual support will contribute to mitigating the pandemic's impact. Therefore, various self-assessment and self-help tools will be made available to the population.

Nevertheless, front-line CSSS psychosocial services will be used and there will be a need for a rapid psychosocial response that is adapted to the population. Specialized services will also be needed and should be used.

In terms of the means to be used, psychosocial workers will adopt a variety of approaches:

- *regular interventions*, such as crisis, individual, family and group interventions, support, respite measures, etc.
- *interventions specific to the pandemic*, such as participation in information sessions, verbalization or the supporting of activities promoting social solidarity, etc.
- *remote interventions* such as Info-santé / Info-social, Internet forums, etc.
- *self-assessment and self-help*, with tools that are easy to understand and use

These approaches will be used with a view to:

- protecting the well-being of people;
- ensuring a response to priority psychosocial needs;
- ensuring that vulnerable people are reached;
- helping people understand their situation and their reactions;
- orienting people in worrisome situations to the appropriate resources;
- preventing psychological, family and social impacts;
- strengthening positive behaviours.

Preparedness: provide services tailored to the situation	Head Contributor	Section	Tools	Comments
Develop a training program for psychosocial workers in connection with the pandemic	MSSS	PsyR		
Verify with the ASSS that psychosocial training is being provided	MSSS ASSS	PsyR	Training program	
Develop a psychosocial response guide for Info-social workers on the influenza pandemic and make it available to the ASSS	MSSS	PsyR		Info-social Intervention Guide
Develop the data gathering system for Info-social and transmit it to the ASSS	MSSS ASSS	PsyR	Computer tool	
Develop self-assessment and self-help tools for the general public and for health and social services personnel	MSSS	PsyR PhysH		Tools in the form of information sheets
Ensure that, in connection with the ASSS, lists of psychosocial resources that are likely to be used during the pandemic are included in the regional and local plans	MSSS ASSS	PsyR		
Verify with the ASSS that there is a pool of alternate workers available for mobilization	MSSS ASSS	PsyR		
Verify with the ASSS that a telephone psychosocial response service is planned in order to make it available to the population	ASSS Info-santé / Info-social MSSS	PsyR	Info-social Intervention Guide	

Response: provide services tailored to the situation	Head Contributor	Section	Tools	Comments
Coordinate the implementation of the psychosocial component in the provincial plan	MSSS ASSS	PsyR	RPIP	
Together with the ASSS, see to the implementation of the psychosocial component	MSSS ASSS	PsyR	RPIP	
Encourage the public, community resources and workers to use the self-assessment and self-help tools	MSSS ASSS	PsyR Comm		Various communication tools
Ensure that a telephone psychosocial response service is offered to the population in all regions	MSSS Info-santé / Info-social ASSS	PsyR	Info-social Intervention Guide	
Encourage the population to use the Info-social service, if necessary	MSSS Comm	PsyR Comm		Various communication tools

Recovery: provide services tailored to the situation	Head Contributor	Section	Tools	Comments
Together with the ASSS, ensure that the psychosocial needs specific to the recovery period are evaluated and that the appropriate services are provided	MSSS ASSS	PsyR	Identification guide	
Together with the ASSS, evaluate the training needs of psychosocial workers during this phase and provide the required training	MSSS ASSS	PsyR		
Ensure that the telephone psychosocial response service for the population is maintained	ASSS Info-santé / Info-social	PsyR		
Collect the regional post-mortems on psychosocial response activities from the ASSS	MSSS	PsyR		
Perform a provincial post-mortem on the activities of the psychosocial component	MSSS	PsyR		

Clinical supervision

Clinical supervision is another important aspect of the psychosocial response. It adds to the quality of the actions undertaken and ensures that workers receive regular support in stressful response situations. Within the context of an influenza pandemic, clinical supervision will pay particular attention to the phenomenon of compassion fatigue or stress, the perception of personal performance, the feeling of competence and the means of providing services.

To support the ASSS and the CSSS in conducting clinical supervision during a pandemic, the MSSS will prepare related guidelines.

The people who perform clinical supervision will be recognized for their area of expertise in emergency psychosocial responses and they will:

- guide workers in identifying and evaluating psychosocial needs in the community;
- ensure the relevance and quality of interventions;
- provide a protection factor for the psychosocial workers involved.

Preparedness: clinical supervision	Head Contributor	Section	Tools	Comments
Support the ASSS in defining the guidelines for the function and tasks of the clinical supervision that will be performed in the CSSS	MSSS	PsyR		
Identify the monitoring indicators for clinical supervision	MSSS	PsyR		
Draw up a list of the names of those responsible for clinical supervision at the local level and forward it to the MSSS	ASSS MSSS	PsyR		

Response: clinical supervision	Head Contributor	Section	Tools	Comments
Ensure with the ASSS that the clinical supervision function in the CSSS is operational	ASSS MSSS	PsyR	Guidelines provided by the MSSS	

Recovery: clinical supervision	Head Contributor	Section	Tools	Comments
Gather the regional post-mortems on clinical supervision activities	MSSS	PsyR		
Perform a provincial post-mortem on clinical supervision activities	MSSS	PsyR		

STRATEGY NO. 17: PROVIDE THE POPULATION AND PARTNERS WITH ADVICE

The psychosocial advisory function is part of managing a situation such as a pandemic. The goal of this function is to inform partners and the public about the important psychosocial factors related to a pandemic and to encourage social mobilization and solidarity among citizens.

More succinctly, the advisory function consists of:

- informing partners about the psychosocial impact of the pandemic;
- informing partners and raising their awareness of the psychosocial impact of their decisions and actions;
- informing the public about the methods of assessing their own health and that of those around them;
- informing the public about methods of self-help;
- encouraging and stimulating social mobilization and solidarity among citizens.

Finally, while it is important to prepare the public for an influenza pandemic, it is also important to be present once the event is behind us. Aside from specific post-pandemic services, psychosocial services will inform the public about the possible impact on their well-being, likely reactions of people postpandemic, and the difficulties of getting back to normal daily life, among others.

Preparedness: provide the population and partners with advice	Head Contributor	Section	Tools	Comments
Develop and disseminate messages to the public about the psychosocial impact of a pandemic	MSSS	PsyR Comm		Various dissemination tools
Disseminate messages to the public about a healthy lifestyle	MSSS	Comm PsyR		Various dissemination tools
Develop information sheets for the public on the warning signs of anxiety and depression	MSSS	Comm PsyR		Various dissemination tools
Prepare messages that promote social solidarity	MSSS	Comm PsyR		Various dissemination tools
Ensure that the advisory function applicable to partners is performed regionally and locally	MSSS ASSS	PsyR	RPIP	

Response: provide the population and partners with advice	Head Contributor	Section	Tools	Comments
Disseminate messages to the public on the psychosocial impact and a healthy lifestyle, on the warning signs of depression and anxiety, and on social solidarity	MSSS	PsyR Comm		Various dissemination tools
Provide expert advice to network and non-network partners on their intervention and communication during a pandemic	MSSS ASSS	PsyR		
Disseminate information about psychosocial phenomena related to a pandemic	MSSS	PsyR Comm		Various dissemination tools

Recovery: provide the population and partners with advice	Head Contributor	Section	Tools	Comments
Provide the public with appropriate information postpandemic	MSSS	PsyR Comm		Various dissemination tools
Promote social solidarity	MSSS	PsyR		Various dissemination tools
Disseminate information about psychosocial effects on the public	MSSS	PsyR		Various dissemination tools
Gather regional post-mortems on advisory activities related to the pandemic from the ASSS	MSSS ASSS	PsyR		
Perform a provincial post-mortem of advisory activities related to the pandemic	MSSS ASSS	PsyR		

SECTION FOUR: PROVIDE CLEAR, PERTINENT AND MOBILIZING INFORMATION (COMMUNICATION)

Due to its particular expertise, the Ministère is responsible for the consistency, relevance and reliability of the information disseminated on health issues. Together with the Executive Council and Sécurité civile, it coordinates and manages health-related communications. The communications function is underpinned by four strategies:

- Strategy No. 18: Ensure health and social services network resources and partners are well informed;
- Strategy No. 19: Inform the population and raise awareness;
- Strategy No. 20: Mobilize the networks;
- Strategy No. 21: Create communication infrastructures dedicated to the fight against the influenza pandemic;

STRATEGY NO. 18: ENSURE HEALTH AND SOCIAL SERVICES NETWORK RESOURCES AND PARTNERS ARE WELL INFORMED

A lack of information inevitably leads to rumours, interpretation and misinformation. As such, it will be important to ensure that network workers share the same vision, have information that is relevant to their contribution and develop the confidence to deal with the influenza pandemic.

Developing this trust is essential so that network workers can contribute to the continuity of activities and act as information relayers in the health and social services network.

The concept of information relayers in this process is fundamental and has several advantages. This strategy will help effectively reach tens of thousands of people in the network, disseminate a coherent message, involve managers and their teams throughout the entire process, obtain rapid feedback, and adjust to local communication realities.

The key duties of information relayers will be to:

- Act as “facilitators” in the flow of information, with the main responsibility of information dissemination remaining that of the designated managers or authorities;
- Have privileged access to organizations’ internal information sources;
- Disseminate information in their workplace;
- Collect the comments received by colleagues to ensure that as few questions as possible remain unanswered;
- Forward these comments to the immediate supervisor or the designated authority so that an action or response can be undertaken, depending on the nature of the information.

The role of the health and social services agencies will be to disseminate to the establishments the direction provided by the Ministère on the communication strategy targeting network personnel, physicians and partners. They will support the establishments in carrying out communication activities directed at personnel.

Establishments will conduct communication initiatives among employees, physicians, sector partners, professional committees and users. They will work on awareness and information activities, and support managers in their role as information relayers.

Moreover, the establishments will form a tactical group consisting of experts, directors and managers that will become the central point in the dissemination of information as well as the reference centre for all stakeholders. In order to ensure the relevance and consistency of the messages, establishments will inform their respective agencies of the communication activities being prepared.

Preparedness: inform network resources and partners	Head Contributor	Section	Tools	Comments
Coordination with partners				
Establish feedback mechanisms to respond to partners’ information needs	MSSS ASSS <i>Partners</i>	Comm		
Define their role as information relayers	MSSS ASSS <i>Partners</i>	Comm		
Information for network resources				
Identify the communication needs of network resources and determine the best ways of reaching them	MSSS ASSS <i>Partners</i>	Comm Cont		
Disseminate information on a regular basis to educate, inform and mobilize network resources	MSSS ASSS <i>Partners</i>	Comm	Pandemic Influenza Plan Toolbox Event timeline	
Establish a feedback mechanism for responding to information relayers’ needs and supporting them in their role	MSSS ASSS <i>Associations Partners</i>	Comm		

Preparedness: inform network resources and partners	Head Contributor	Section	Tools	Comments
Validate regional, local and partner communication initiatives	MSSS ASSS Partners	Comm		
Provide information relayers and partners with the communication tools developed in regard to national messages, and inform them of the various related strategies	MSSS ASSS Partners	Comm		
Disseminate the direction and tools related to the health mission's five sections at the regional level	MSSS ASSS Partners	Comm		
Inform network resources and regional partners of the case and contact management threshold (end of case management and switch to population management)	MSSS ASSS Partners	Comm PubH PhysH		

Response: inform network resources and partners	Head Contributor	Section	Tools	Comments
Coordination with partners				
Ensure the continuous exchange of information with various partners (federations, professional associations, other government departments, community organizations ...)	MSSS ASSS Partners Fed	Comm		
Apply feedback mechanisms to respond to partners' information needs	MSSS ASSS Partners	Comm		
Information for network resources				
Provide network resources with updates on the situation	MSSS ASSS Partners	Comm Cont		
Apply the feedback mechanism for responding to information relayers' needs and supporting them in their role	MSSS ASSS Orders Partners	Comm		
Continue validating regional, local and partner communication initiatives	MSSS ASSS Partners	Comm		
Use the communication tools developed for national messages and implement the various related strategies	MSSS ASSS Partners	Comm		
Disseminate information on regular vaccination activities at the regional level	MSSS ASSS Partners	Comm PubH		

Recovery: inform network resources and partners	Head Contributor	Section	Tools	Comments
Coordination with partners				
Report on the effectiveness of the feedback mechanisms in responding to partners' information needs	MSSS ASSS Partners	Comm		
Evaluate the effectiveness of the information relay role	MSSS ASSS Partners	Comm		
Information for network resources				
Evaluate the effectiveness of communications with network resources and adjust them if necessary	MSSS ASSS Partners	Comm Cont		
Maintain the feedback mechanism for responding to information relayers' needs and supporting them in their role	MSSS ASSS Orders Partners	Comm		
Ensure the consistency of regional and partner communication initiatives	MSSS ASSS Partners	Comm		
Report on the effectiveness of information media and strategies placed at the disposal of information relayers and various partners	MSSS ASSS Partners	Comm		
Hold update sessions with the various partners	MSSS ASSS Partners	Comm		
Disseminate the final report on case and contact management activities	MSSS ASSS Partners	Comm PubH		
Disseminate the final report on self-care activities	MSSS ASSS Partners	Comm PhysH		

STRATEGY NO. 19: INFORM THE POPULATION AND RAISE AWARENESS

Information and awareness activities will provide the population with facts and basic information on the progress of preparations, the reasons for preparing for the pandemic and how to do so. The preparation phase is crucial: the population will cooperate more readily during a pandemic if it has been adequately prepared to deal with such an eventuality.

We must act now to ensure that the public develops the reflexes it needs to absorb—without panicking—the information that medical and civil authorities will provide when the pandemic strikes.

There are a number of messages about the pandemic currently making the rounds, conveyed mostly by the media and over the Internet. Some of them are correct, while other are sensationalistic. To make sure the population gets accurate and relevant information, reliable channels of communication must be developed as of now. The tools currently available, such as *Info Influenza Pandemic* and the *Influenza* section on the Ministère's Web site, must be integrated into a series of activities (media relations, current affairs shows, conferences, etc.) and communication tools (guides with advice for the general public, instruction manuals, etc.) that will be the focus of an action plan covering the three phases: preparedness, response and recovery.

The communications action plan will position network personnel as prime disseminators of information. The network's thousands of workers and partners will be a dynamic communications force and contribute to building the population's sense of security through their messages and outlook. Health and social services network resources are in constant contact with the population, and their opinions are worth their weight in gold.

Thanks to the information and knowledge acquired during the ice storm, elected municipal officials and deputies are also equipped to disseminate information to the population, namely in conjunction with the *Organisation de la sécurité civile* and the *ministère des Affaires municipales et des Régions*.

Preparedness: communicating with the population	Head Contributor	Section	Tools	Comments
Essential coordination and communication activities				
Ensure communication measures are strategically coordinated, and define the roles handed down to government and ministerial authorities, the regions and establishments	MSSS ASSS Partners Fed	Comm		
Establish a priority validation and approval mechanism for communication items	MSSS	Comm	Protocol (to be established)	Fast track model
Develop and standardize messages and communication tools	MSSS ASSS Partners Fed	Comm		
Establish scenarios and a timeline of communication measures, and perform follow-up	MSSS ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	
Establish mechanisms and procedures for the coordination of the Ministère's communications with the OSCQ	MSSS ASSS OSCQ Partners	Comm		
Develop and put in motion a communications management tool to transmit and share information quickly and efficiently	MSSS ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	

Preparedness: communicating with the population	Head Contributor	Section	Tools	Comments
Evaluate the need for communication tools based on targeted groups and the various communication strategies required	MSSS ASSS Partners Fed OSCQ	Comm PhysH PubH Cont PsyR	Self-care Guide, NTHS, self-assessment and self-help E.g., guide, vaccination clinics, antivirals...	
Establish the mechanisms and procedures for exchanging information with various partners (physicians' federations, professional orders, elected officials, other government departments, community organizations, etc.)	MSSS ASSS Partners Fed	Comm		
Implement a measurement mechanism for monitoring public opinion and opinion within the network	MSSS ASSS Partners Fed	Comm	Polls, focus groups, MSSS portal for monitoring the pandemic, Opinion on Health	
Continuity of the communications function				
Define, develop and identify the material and human resources required for communications during the response phase	MSSS ASSS	Comm		
Develop a relief and support plan for the communications function	MSSS ASSS Partners Fed OSCQ	Comm		
Communications action plan				
Announce the government's pandemic preparation strategy	MSSS ASSS Partners Fed Officials OSCQ	Comm	QPIP-HM	
Design, plan and execute a national information campaign addressing the population based on the patient groups and needs identified	MSSS ASSS Partners Fed	Comm	QPIP-HM	Prepare adaptations to reflect cultural and social realities
Implement communication initiatives that cover all of the health mission's sections	MSSS ASSS Partners Fed	Comm PubH PhysH PsyR		
Evaluate activities and adjust the action plan as required	MSSS	Comm		Dissemination of messages at the regional level

Preparedness: communicating with the population	Head Contributor	Section	Tools	Comments
Regularly follow up on how work is progressing	MSSS ASSS Partners Fed	Comm		
Sustain the population's interest level and grow knowledge until a pandemic develops	MSSS ASSS Partners Fed	Comm	Toolbox	
Disseminate the appropriate information about psychosocial impacts	MSSS OSCQ CE ASSS Partners	Comm PsyR		
Develop information gathering reflexes among the population to help it obtain reliable, accurate and transparent information about the influenza pandemic	MSSS ASSS Partners Fed	Comm	Web Info Influenza Pandemic Self-care Guide Psychosocial support	
Information and feedback system				
Anticipate the need to strengthen the existing system for informing the population and update information on an ongoing basis	MSSS ASSS Partners Fed MSG	Comm	Info-social Info-santé 911 Services Québec (1-888-...) Internet portals	
Build the database required for the functioning of the information and feedback system	MSSS ASSS Partners Fed MSG	Comm PsyR PubH PhysH	Same tools as above	
Establish guidelines for gathering the subjects discussed and comments made through the information and feedback system	MSSS ASSS Partners Fed MSG OSCQ	Comm PsyR PubH PhysH	Same tools as above	
Prepare a model for analyzing the subjects discussed and the public's comments	MSSS ASSS Partners Fed	Comm PsyR PubH PhysH	Same tools as above	
Establish a mechanism for disseminating the analysis of the subjects discussed and the comments made	MSSS ASSS Partners Fed CE OSCQ	Comm		

Preparedness: communicating with the population	Head Contributor	Section	Tools	Comments
Media communications				
Identify areas of media communications expertise at the national, provincial, regional and local levels	MSSS CE ASSS Partners Fed	Comm	QPIP-HM	
Messages issued to the media				
Develop a media relations strategy, and identify themes and key times when the government will need to make statements on its position	MSSS CE ASSS Partners Fed	Comm	QPIP-HM	
Develop message content and prepare a series of pre-drafted press releases	MSSS CE ASSS Partners Fed	Comm	QPIP-HM	
Appoint and train ministerial spokespersons (main and replacements)	MSSS	Comm		
Draw up a consolidated list of agency and partner spokespersons and replacements	MSSS ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	
MSSS press centre				
Prepare a location and logistics for a press centre	MSSS	Comm		
Ensure the smooth functioning of the mechanism for liaising with the regions, partners and the federal government	MSSS CE ASSS Partners Fed OSCQ	Comm		
Media activities				
Hold information sessions for the media on preparations and the communication mechanisms in effect during a pandemic	MSSS CE ASSS Partners Fed OSCQ	Comm		
Prepare a mechanism to get regional media to participate in media activities at the provincial level	MSSS ASSS Partners	Comm		
Analysis of information disseminated by the media				
Gather information about media activity at the international, national, provincial and regional levels, and analyze it	MSSS	Comm	MSSS portal for monitoring the pandemic	

Preparedness: communicating with the population	Head Contributor	Section	Tools	Comments
Provide access to daily media analysis reports	MSSS CE OSCQ ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	
Adjust communication measures in line with daily analysis reports	MSSS CE OSCQ ASSS Partners Fed	Comm		
Media traffic during the alert period				
Define the measures to be put into effect in the event of media traffic	MSSS CE ASSS Partners Fed OSCQ	Comm	QPIP-HM	
In the event of media traffic, apply the measures prepared until the situation returns to normal	MSSS CE ASSS Partners Fed	Comm	QPIP-HM	

Response: communicating with the population	Head Contributor	Section	Tools	Comments
Essential coordination and communication activities				
Coordinate health communications on the influenza pandemic in partnership with Sécurité civile and the Executive Council	MSSS ASSS OSCQ CE	Comm	Strategic communications coordination unit	
Validate and approve communication item messages	MSSS	Comm	As per the existing protocol	
Ensure the consistency of messages and communication tools	MSSS ASSS Partners Fed CE	Comm		
Use the communications management tool to transmit and share information quickly and efficiently	MSSS ASSS Partners Fed OSCQ CE	Comm	MSSS portal for monitoring the pandemic	
Apply the various communication strategies established based on the patient group targeted, and adjust as required	MSSS ASSS Partners Fed CE	Comm PhysH PubH Cont PsyR	E.g., Self-care Guide, NTHS, Self-assessment and Self-help Guide, vaccination clinics, antivirals...	
Apply the measurement mechanism to monitor public opinion and opinion within the network	MSSS ASSS Partners Fed OSCQ CE	Comm	Polls, focus groups, MSSS portal for monitoring the pandemic, Opinion on Health	
Continuity of the communications function				
Make use of human resources and previously identified alternate human resources to ensure the continuity of the communications function at the ministerial level	MSSS	Comm		
Implement relief and support measures for the communications function	MSSS ASSS Partners Fed OSCQ CE	Comm		
Communications action plan				
Continue the national information campaign addressing the population based on the patient group and needs identified, and on the evolution of the situation	MSSS CE ASSS Partners Fed OSCQ Officials	Comm	QPIP-HM	Adapt to cultural and social realities

Response: communicating with the population	Head <i>Contributor</i>	Section	Tools	Comments
Carry on with communication measures that cover the health mission's sections	MSSS CE OSCQ ASSS Partners Fed	Comm		
Carry on with communications measures that cover information and awareness on the influenza pandemic	MSSS CE OSCQ ASSS Partners Fed	Comm		
Remind the population about the guidelines on self-care, the <i>Self-assessment and Self-help Guide</i> , and those related to the appropriate use of health and social services	MSSS CE OSCQ ASSS Partners Fed	Comm PhysH PubH	<i>Self-care Guide, Self-assessment and Self-help Guide, Web</i>	
Inform the population, in real time, of any new guidelines related to any sections of the health mission	MSSS CE OSCQ ASSS Partners Fed	Comm PhysH PubH	<i>Self-care Guide</i> Web	
Disseminate the appropriate information about psychosocial impacts	MSSS OSCQ CE ASSS Partners	Comm PsyR		
Information and feedback system				
Based on media traffic levels, strengthen the existing system for informing the population and update information on an ongoing basis	MSSS OSCQ MSG ASSS Partners Fed	Comm	Info-social Info-santé 911 Services Québec (1-888-...) Internet portals	
Use the database required for the proper functioning of the information and feedback system	MSSS OSCQ MSG ASSS Partners Fed	Comm PsyR PubH PhysH	Same tools as above	
Gather and analyze the subjects discussed and the comments made through the information and feedback system	MSSS OSCQ MSG ASSS Partners Fed	Comm PsyR PubH PhysH	Same tools as above	

Response: communicating with the population	Head <i>Contributor</i>	Section	Tools	Comments
Disseminate the analysis of the subjects discussed and the comments made, and adjust the messages to be conveyed as required	MSSS OSCQ CE ASSS Partners Fed	Comm		
Media communications				
Implement the media relations strategy, under the responsibility of the <i>Communications Operations Centre</i> , based on the key themes and times determined	MSSS OSCQ CE ASSS Partners Fed	Comm		
Ensure the consistency of messages for the media and disseminate them	MSSS OSCQ CE ASSS Partners Fed	Comm		
Issue press releases in a timely manner as the situation evolves	MSSS OSCQ CE ASSS Partners Fed	Comm		
Coordinate the interventions of ministerial spokespersons and provide them with the necessary support	MSSS CE OSCQ	Comm		
Press centre				
Start up the activities of the press centre under the responsibility of the <i>Communications Operations Centre</i>	MSSS OSCQ CE	Comm		
Ensure ties between the MSSS press centre and the press centres of the regions, partners, the federal government and the OSCQ	MSSS OSCQ CE ASSS Partners Fed	Comm		
Media activities				
Carry out media activities according to the strategy established, in coordination with the various levels of intervention	MSSS OSCQ CE ASSS Partners Fed	Comm		

Response: communicating with the population	Head Contributor	Section	Tools	Comments
Evaluate media activities on a periodic basis and make adjustments as required	MSSS OSCQ CE ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	
Analysis of information disseminated by the media				
Gather information about media activity at the international, national, provincial and regional levels, and analyze it	MSSS CE OSCQ	Comm	MSSS portal for monitoring the pandemic	
Provide access to daily media analysis reports	MSSS OSCQ CE ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	
Adjust communication measures in light of media analysis	MSSS OSCQ CE ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	

Recovery: communicating with the population	Head Contributor	Section	Tools	Comments
Essential coordination and communication activities				
Gradually resume MSSS coordination of strategic communication measures	MSSS ASSS Partners Fed	Comm		
Evaluate the mechanisms and procedures for coordinating communications between the Ministère and the OSCQ	MSSS ASSS Partners OSCQ	Comm		
Evaluate the effectiveness of the mechanisms and procedures for exchanging information with various partners (federations, professional orders, other government departments, community organizations, etc.)	MSSS ASSS Partners Fed	Comm		
Evaluate the effectiveness of the communications management tool for transmitting and sharing information quickly and efficiently	MSSS ASSS Partners Fed	Comm	MSSS portal for monitoring the pandemic	
Evaluate the effectiveness of the various communications tools and strategies, and adjust them on the basis of the results obtained, namely in light of a second wave of influenza	MSSS	Comm		

Recovery: communicating with the population	Head <i>Contributor</i>	Section	Tools	Comments
Maintain the mechanism for monitoring public opinion and opinion within the network	MSSS ASSS <i>Partners Fed</i>	Comm	Polls, focus groups, MSSS portal for monitoring the pandemic, Opinion on Health	
Maintain the mechanisms for liaising with the regions, partners and the federal government in the event of a second wave of influenza	MSSS ASSS <i>Partners Fed</i>	Comm	Regular meetings and conferences with communications specialists	
Continuity of the communications function				
Resume regular Communications Branch activities that were suspended during the pandemic	MSSS	Comm		
Evaluate the Ministère's relief plan for activating and maintaining the communications function in the event of a second wave	MSSS	Comm		
Adjust the relief and support plan for the communications function	MSSS ASSS <i>Partners Fed</i>	Comm		
Unveil the report on the government's pandemic preparation strategy	MSSS <i>OSCQ CE ASSS Partners Fed</i>	Comm		
Evaluate the effectiveness of sources of pandemic information that is reliable, accurate and transparent	MSSS <i>OSCQ CE ASSS Partners Fed</i>	Comm		
Disseminate the appropriate information about psychosocial impacts	MSSS <i>OSCQ CE ASSS Partners</i>	Comm		
Information and feedback system				
Evaluate the effectiveness of the information systems and the update system	MSSS <i>MSG ASSS Partners Fed</i>	Comm		

Recovery: communicating with the population	Head <i>Contributor</i>	Section	Tools	Comments
Update the database required for the proper functioning of the information and feedback system	MSSS MSG ASSS Partners Fed	Comm PsyR PubH PhysH		
Evaluate the guidelines for gathering the subjects discussed and comments made through the information and feedback system	MSSS MSG ASSS Partners Fed	Comm PsyR PubH PhysH		
Evaluate the effectiveness of the model for analyzing the subjects discussed and the public's comments	MSSS OSCQ CE ASSS Partners Fed	Comm PsyR PubH PhysH		
Media activities				
Carry on with media activities while reducing their frequency, based on information needs	MSSS CE ASSS Partners Fed	Comm		
Evaluate media activities, and make any necessary adjustments to the media relations strategy and communication mechanisms	MSSS CE ASSS Partners Fed	Comm		
Conduct a post-mortem with the media and make any adjustments required for the future	MSSS CE ASSS Partners Fed	Comm		

STRATEGY NO. 20: MOBILIZE THE NETWORKS

Mobilizing the networks will also be essential. This will occur on three levels:

- the mobilization of network authorities, including the network's health and social services agencies, establishments and personnel;
- the mobilization of other government departments and networks (local elected representatives, for example) that will need to address their own client groups;
- the mobilization of major medical and employer associations, labour unions, members of professional orders, community resources and other groups in society.

Preparedness: mobilize the networks	Head Contributor	Section	Tools	Comments
Mobilization of network authorities				
Regularly update those responsible for communications in agencies on the progress made in developing the ministerial plan	MSSS	Comm	Work and information sessions	
Get those responsible for communications in the agencies to participate in developing and updating the communications action plan on the pandemic	MSSS	Comm		
Establish the breakdown of responsibility for handling requests for information from the media during the preparation, response and recovery stages	MSSS <i>OSCQ</i> <i>CE</i> <i>ASSS</i> <i>Partners</i>	Comm	Operations protocols	
Make information sharing tools available	MSSS	Comm	MSSS portal for monitoring the pandemic	
Plan the mechanisms for quickly disseminating public health advisories to network human resources and partners	MSSS <i>ASSS</i> <i>Partners</i>	Comm <i>PubH</i>		
Inform network human resources, partners and physicians of guidelines on self-care and on locating psychosocial patient groups, and of other measures related to the influenza pandemic	MSSS <i>ASSS</i> <i>Partners</i>	Comm <i>PubH</i> <i>PhysH</i> <i>PsyR</i>		
Transmit monitoring data and recommendations to partners outside the network	MSSS <i>ASSS</i> <i>Partners</i>	Comm <i>PubH</i>		Summary of epidemiological monitoring
Mobilization of other departments and other networks				
Inform those responsible for communications in government departments and other Québec government organizations about the pandemic and the progress in developing a ministerial plan	MSSS <i>CE</i> <i>Forum of communication managers</i>	Comm	Information sessions	
Inform liaison agents assigned to the communications mission of the Québec's National Civil Protection Plan for the pandemic and the progress in developing a ministerial plan	MSSS <i>OSCQ</i> <i>CE</i>	Comm	Information sessions	
Organize telephone and electronic information services for the population during the preparation, response and recovery stages	MSSS <i>OSCQ</i> <i>MSG</i> <i>CE</i> <i>Federal</i>	Comm <i>Info-santé</i> <i>Info-social</i>	Operations protocols	Ensure that telephone services complement those of Services Québec

Preparedness: mobilize the networks	Head Contributor	Section	Tools	Comments
Identify telephone and direct access for network stakeholders	MSSS ASSS	Comm PubH PhysH PsyR		
Inform network partners of the realities and needs related to an influenza pandemic	ASSS MSSS Partners	Comm PubH PhysH PsyR		
Inform network and non-network resources of provincial recommendations on public health measures	ASSS MSSS Partners	Comm PubH		
Mobilization of major medical and employer organizations, unions, professional orders and other groups in society				
Inform those responsible for communications in these organizations about the pandemic and the progress in developing a ministerial plan	MSSS CE OSCCQ	Comm	Information sessions	
Designate communication specialists for the pandemic within these organizations who will be in contact with the Strategic Communications Coordination Unit	MSSS CE OSCCQ Partners	Comm		
Establish mechanisms for cooperating and sharing responsibilities regarding public communication about the pandemic, including handling media requests	MSSS CE OSCCQ Partners	Comm		
Provide privileged, quick access to information sources and make information, sharing tools available	MSSS	Comm	MSSS portal for monitoring the pandemic	
Establish liaison and communication mechanisms for monitoring with non-network partners	MSSS ASSS Partners	Comm PubH		

Response: mobilize the networks	Head Contributor	Section	Tools	Comments
Mobilization of network authorities				
Working with those responsible for communications within the agencies, take stock of the situation and the adjustments to be made communication-wise	MSSS ASSS	Comm	Daily conference calls	
Perform a real-time update of the information to be shared	MSSS ASSS	Comm	MSSS portal for monitoring the pandemic	
Update the mechanisms for quickly disseminating public health advisories to network resources and partners	MSSS ASSS Partners	Comm PubH		
Implement liaison and communication mechanisms for monitoring with non-network partners	MSSS ASSS Partners	Comm PubH		
Mobilization of other departments and other networks				
Following the emergency situation communication coordination structure, take stock of the situation of health in terms of communications related to the pandemic	MSSS CE OSCQ	Comm	Information sessions	
Mobilization of major medical and employer organizations, unions, professional orders and other groups in society				
Following the emergency situation communication coordination structure, take stock of the situation of health in terms of communications related to the pandemic	MSSS CE OSCQ	Comm	Information sessions	

Recovery: mobilize the networks	Head <i>Contributor</i>	Section	Tools	Comments
Mobilization of network authorities				
With those responsible for communications within agencies, take stock of the situation and the adjustments to be made communication-wise	MSSS ASSS	Comm	Daily conference calls	
Update in real time the information to be shared	MSSS ASSS	Comm	MSSS portal for monitoring the pandemic	
Mobilization of other departments and other networks				
Take stock of the situation in terms of health communications related to the pandemic	MSSS CE OSCQ	Comm	Information sessions	
Mobilization of major medical and employer organizations, unions, professional orders and other groups in society				
Take stock of the situation in terms of health communications related to the pandemic	MSSS CE OSCQ	Comm	Information sessions	
Evaluate the effectiveness of liaison and communication mechanisms for information related to the influenza pandemic	MSSS ASSS Partners	Comm PubH		

STRATEGY NO. 21: CREATE COMMUNICATION INFRASTRUCTURES DEDICATED TO THE FIGHT AGAINST THE INFLUENZA PANDEMIC

Two infrastructures created specifically for the fight against the pandemic will be put in place to meet communication needs:

- A *Strategic Communications Coordination Unit*
- A *Communication Operations Centre*

Strategic Communications Coordination Unit

A hub for communications strategy and analysis, the *Strategic Communications Coordination Unit* will handle the general planning of communications concerning health and well-being in order to ensure the consistency of messages, regardless of the group targeted.

It will maintain an ongoing exchange of information with government authorities, regional and local bodies, and network partners.

The *Strategic Communications Coordination Unit* will prepare a *communications action plan* designed to ensure the greatest consistency possible and to mobilize all authorities and partners toward a common goal.

It will also be responsible for gathering the comments and opinions of network resources as well as evaluating public opinion and the population's perceptions regarding the issues in question, while monitoring international and national news.

The *Strategic Communications Coordination Unit* will be using a communications and information sharing management tool developed specifically for the fight against the influenza pandemic. Using an Internet protocol, the tool will connect the regions and the Ministère to ensure the dissemination of up-to-date information, 24 hours a day. Based on how the situations evolve, it will allow messages to be adjusted quickly and, if necessary, information and operations strategies to be adapted to ensure the consistency and accuracy of messages and actions.

Taking events into consideration, and depending on when the government deems the issue to be of national interest, the *Strategic Communications Coordination Unit* will remain under the responsibility of the Ministère; however, during a pandemic, communication leadership will be transferred to the Executive Council, in accordance with *the Québec's National Civil Protection Plan*.

During the post-pandemic period, communication leadership will revert to the Ministère. The *Strategic Communications Coordination Unit* will then disseminate information concerning the steps leading to the resumption of activities. It will also notify the population and network stakeholders of the measures that have been planned to deal with a second wave of influenza.

Communications Operations Centre

Centred mainly on action, the *Communications Operations Centre* will meet the need for information on the influenza pandemic and to prepare information campaigns, in line with the plan produced by the *Strategic Communications Coordination Unit*. It will analyze and evaluate the various communication initiatives.

It will also be responsible for receiving, processing and following up on media requests for all of the network's communication teams. It will identify, train and accompany Ministère spokespersons and support network spokespersons.

As soon as the emergency level warrants it, the *Communications Operations Centre* will operate 24 hours a day, seven days a week.

Preparedness: creation of infrastructures dedicated to the fight against the influenza pandemic	Head Contributor	Section	Tools	Comments
Strategic Communications Coordination Unit				
Set up the Strategic Communications Coordination Unit	MSSS CE	Comm		
Implement a mechanism to ensure the ongoing exchange of information with government, federal, regional and local authorities as well as the various partners	MSSS ASSS OSCQ CE Partners Fed	Comm		
Establish the communications action plan for health in a pandemic situation during the preparation, response and recovery stages	MSSS ASSS OSCQ CE Partners	Comm		
Coordinate the implementation of the communications action plan	MSSS ASSS OSCQ CE Partners	Comm		

Preparedness: creation of infrastructures dedicated to the fight against the influenza pandemic	Head Contributor	Section	Tools	Comments
Establish specific partnerships with key media outlets (electronic, print and Internet) for the dissemination of information on the health component of the pandemic during the preparation, response and recovery stages	MSSS OSCQ MSG CE	Comm		
Evaluate the capacity of computer infrastructures to support the implementation of the information campaign targeting the population and partners	MSSS	Comm Cont		
Establish coordination parameters for organizing telephone and electronic information services for the population	MSSS MSG CE	Comm Cont		
Develop the organizational structure for the pandemic monitoring tool	MSSS	Comm		
Identify users, provide them with access to the tool and train them on how to use it	MSSS	Comm		
Touch base with the team of analysts and affiliated partners on a daily basis	MSSS	Comm		
Prepare management reports as well as comments and recommendations based on media alerts	MSSS	Comm		
Communications operations centre				
<i>Set up a Communications Operations Centre</i>	MSSS	Comm		
Identify the Centre's material and physical needs for the preparation, response and recovery stages	MSSS	Comm		
Identify needs in terms of human resources and alternate human resources for communication during the preparation, response and recovery stages	MSSS	Comm		
Train the human resources and alternate human resources assigned to communications	MSSS	Comm		
Implement the communications action plan developed by the Strategic Communications Coordination Unit	MSSS	Comm		
Coordinate and follow up on media requests with all of the network's communication teams	MSSS ASSS Partners Fed OSCQ	Comm	MSSS portal for monitoring the pandemic	
Evaluate communication responses, analyze them and act according to the action plan	MSSS ASSS Partners Fed OSCQ CE	Comm	MSSS portal for monitoring the pandemic	

Response: creation of infrastructures dedicated to the fight against the influenza pandemic	Head Contributor	Section	Tools	Comments
Strategic Communications Coordination Unit				
Keep the unit operational 24 hours a day, seven days a week	MSSS	Comm		
Hold internal strategy meetings daily or more often depending on how the situation evolves	MSSS	Comm		
Participate in the coordination meetings for the OSCQ communications mission	MSSS <i>OSCQ</i>	Comm		
Communications Operations Centre				
Keep the <i>Centre</i> operational 24 hours a day, seven days a week	MSSS	Comm		
Activate the relief plan for communications human resources to ensure the continuity of communications activities	MSSS	Comm		
See to the production of the necessary communication tools	MSSS	Comm		
Ensure the coordination and follow-up on media requests with all of the network's communication teams and the OSCQ	MSSS ASSS <i>Partners</i> <i>Fed</i> <i>OSCQ</i>	Comm		
Evaluate communication responses, analyze them and act according to the action plan	MSSS ASSS <i>Partners</i> <i>Fed</i> <i>OSCQ</i> <i>CE</i>	Comm	MSSS portal for monitoring the pandemic	

Recovery: creation of infrastructures dedicated to the fight against the influenza pandemic	Head Contributor	Section	Tools	Comments
Strategic Communications Coordination Unit				
Hold strategy meetings internally and with partners based on how the situation is evolving	MSSS	Comm		
Transfer files to the archives (document database) and create new “Strategy” and “Issues” files	MSSS	Comm	MSSS portal for monitoring the pandemic	
Communications Operations Centre				
Gradually reduce operating hours based on the support required	MSSS	Comm		
See to the production of the necessary communication tools	MSSS	Comm		
Coordinate and follow up on media requests with all of the network’s communication teams and the OSCQ	MSSS ASSS Partners Fed OSCQ	Comm		
Evaluate communication responses, analyze them and act according to the action plan	MSSS ASSS Partners Fed OSCQ CE	Comm	MSSS portal for monitoring the pandemic	

SECTION FIVE: KEEP THE NETWORK WORKING (CONTINUITY OF SERVICES)

As previously mentioned, according to the current planning scenario, up to 35% of the population could be infected in the event of an influenza pandemic. According to this hypothesis, 2.6 million people would be infected, 1.4 million would need medical attention and 34,000 would be hospitalized. In this context, we will need to plan for additional workers in network establishments, private clinics and possibly at non-traditional healthcare sites, not to mention the additional resources required for mass vaccinations.

We would therefore need to inform, reassure and increase awareness among health and social services network personnel, while providing them the necessary support in terms of training, equipment, and preventive and security measures. In addition to that, we must create a pool of backup human resources in every field outside the network.

The *Public Health Act* and the *Civil Protection Act* allow the government to order measures to remove obstacles to putting in place actions to protect public health. The application of these special measures would be a last resort.

There will be three strategies for keeping the health and social services network operating during an influenza pandemic:

Strategy No. 22: Manage worker movement

Strategy No. 23: Manage the procurement of drugs, supplies and equipment

Strategy No. 24: Use reliable information resources

STRATEGY NO. 22: MANAGE WORKER MOVEMENT

Each establishment must include in its three-year labour action plan a component covering the specific needs related to an influenza pandemic. This plan must also see to the optimal use of workers, both in terms of network personnel, and alternate human resources and volunteers, taking into account skills, abilities and knowledge. Furthermore, it must anticipate situations in which workers would be assigned to other tasks and special functions, at various sites, including non-traditional healthcare sites.

Each establishment must also have a strategy for gradually mobilizing human resources during each period of the influenza pandemic. Individuals who have recovered from a pandemic influenza strain will have acquired a natural immunity. Within the context of a personnel shortage, it might be necessary to assign these people to areas of high exposure.

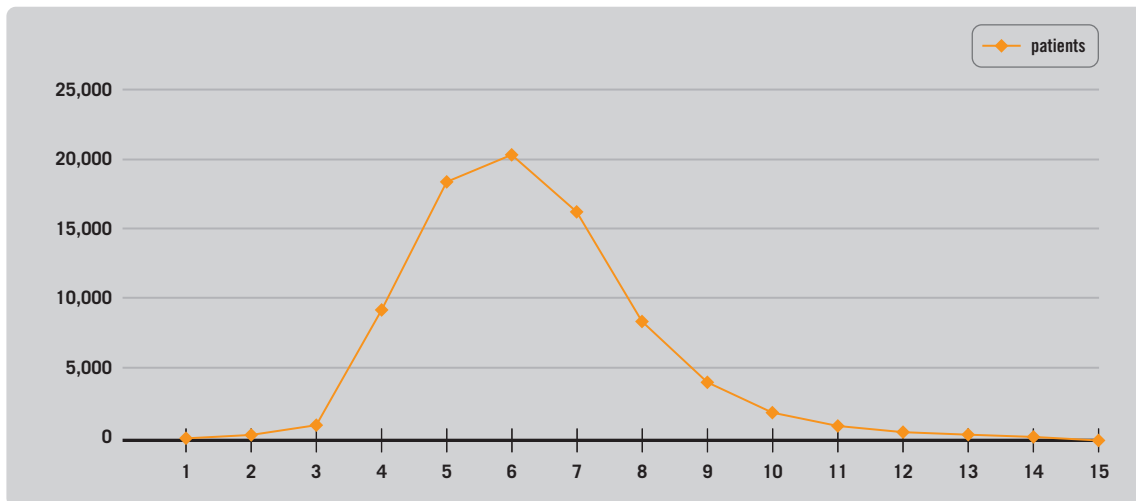
“Alternate human resources” refers to “individuals who come from outside the health and social services network and who provide, during a pandemic period, services for a network establishment and for activities normally performed by the establishment’s personnel.”

Anticipate personnel shortages

By applying to the network the same hypothesis as for the general population, it is logical to think that 35% of the network’s personnel may be affected and rendered unavailable, which represents more than 81,000 people or 67,000 full-time equivalent workers (FTE). On a weekly basis, the apex would be reached in the sixth week, with more than 20,000 people affected (or 17,000 FTE).

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Patients	9	92	916	9,159	18,317	20,352	16,282	8,141	4,070	2,035	1,018	509	254	127	0	81,281

Population 232,226 Patients 35%



During mass vaccinations, there will be a tremendous need for additional personnel. It should be remembered that each mass vaccination clinic will require 84 people in order to operate, based on the planned model. Therefore, between 3,500 and 12,500 people could be needed for all the clinics (27 to 93), including nurses (between 560 and 1,930) and vaccinators (between 430 and 1,500). In order to count on 84 people per clinic, eight hours per day for 30 days, we need to increase personnel by 60% for holidays, weekend rest, and so on.

Recruit alternate human resources

Each network establishment will have a list of people from all personnel categories?people who are willing to support regular personnel during an influenza pandemic. These volunteer resources include former network employers (retired or active), public service and agency employees, recent graduates, students, and personnel working outside the network.

For people who are former members of a professional order, the cooperation of professional orders will be crucial in better defining the profile of the people sought and drawing up a list.

For personnel categories not associated with a professional order, establishments must take steps to contact their former employees; paymasters can provide them with the last available contact information for these people if necessary.

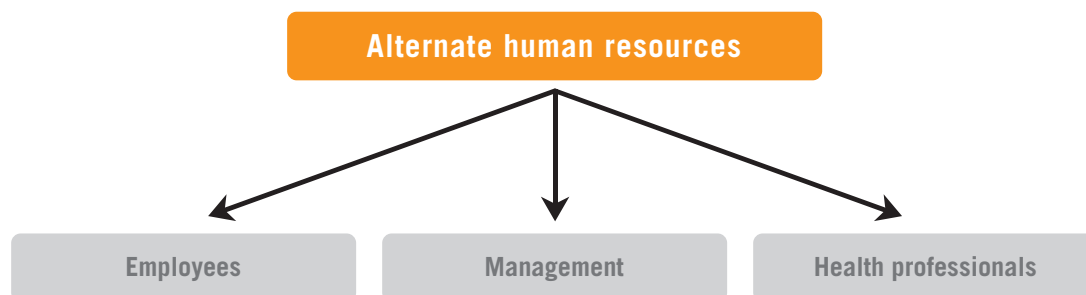
The public service and education sectors will also be used as sources of alternate human resources likely to be from their sectors.

Alternate human resources who are from the public service sector (departments, organizations) or from the education sector (school boards, CEGEPs, universities) and who will be supporting the network's workers will maintain their employment relationship, working conditions, compensation and fringe benefits with their original employers. They will remain the employees of these employers, but will be on loan to the health and social services network for a limited time.

The *Commission administrative des régimes de retraite et d'assurances (CARRA)* may also be asked to inform network retirees that they can volunteer through their professional order or their former employer, if applicable.

Compensation and working conditions for alternate human resources

Alternate human resources consist of employees, management staff and health professionals.



Status

People who are designated as employee or management alternate human resources are considered limited-time temporary workers whose working conditions are those of part-time employees or executives in the health and social services network, with the exception of life, health and salary insurance plans, which continue to be compensated as a percentage for the duration of their commitment.

Employees and working conditions

The working conditions applicable to employees are those covering national matters and stipulated in the collective agreement applicable to part-time workers, based on the personnel category in the *Act respecting bargaining units in the social affairs sector*, (Bill 30) (R.S.Q., chapter U-0.1).

As for the working conditions pertaining to local matters, they are defined by the employer, in accordance with Bill 30.

Management staff

The provisions governing compensation and bonuses in the legislation that stipulates the working conditions and compensation for part-time management staff apply.

However, the benefits applicable to part-time executives not covered by an insurance plan apply to alternate management human resources.

Health professionals

For active general practitioners and those who have retired but still have the right to practise

The compensation for physicians called upon to practise as part of public health activities is governed by the public health agreement.

This agreement sets out certain conditions with regard to practice and compensation for physicians practising for public health reasons. In accordance with this agreement, the activities for which compensation is provided are as follows:

- Activities during a disaster, catastrophe, or real or suspected epidemic;
- Dispensing of clinical services in exceptional or temporary circumstances (including the vaccination of target populations).

If general practitioners are called upon to dispense services in other sectors of activity, professional activities are compensated in accordance with the provisions outlined in the general agreement.

For active specialists and those who have retired but still have the right to practise

Community health specialists are compensated in accordance with the provisions stipulated in Appendix 14 of the general agreement.

For other specialists, professional activities are compensated in accordance with the provisions outlined in the general agreement.

For retired general practitioners and specialists who have the right to practise, the reimbursement of liability insurance premiums will be possible as long as they do not already have such coverage.

The agreements with the physicians' federations will also apply.

Travel expenses and other working conditions

Alternate human resources who will need to travel to provide their services will have their travel and accommodation expenses reimbursed by the establishment requiring their services, in accordance with applicable rates.

Professional liability insurance

The liability insurance coverage that applies to regular employees will be extended to alternate human resources.

Occupational health and safety

Alternate human resources will enjoy the same protection measures as those provided to regular personnel.

Preparedness: manage worker movement	Head Contributor	Section	Tools	Comments
For all workers				
Ensure that each establishment has a labour plan in order to provide the required services to the population/patient groups in the event of a pandemic	ASSS	Cont		
Provide establishments with the necessary means to allocate and assign human resources	MSSS ASSS	Cont		
Health and social services network personnel				
Ensure that each establishment has identified the workers it has who can be assigned to other tasks under special circumstances	ASSS	Cont		
Ensure that the working conditions allow for worker mobility and availability	MSSS	Cont		
Alternate human resources				
Meet with professional orders to determine the procedures for working together with a view to getting their members involved	MSSS	Cont		
Invite the members of professional orders with the right profile to participate	Orders	Cont		
Register volunteers using an electronic form available on the Web	Orders	Cont		
Develop a national database of volunteers and create regional databases	MSSS	Cont		
Distribute the resources among the establishments of each territory	ASSS	Cont		
Ensure the availability of volunteers and inclusion on call-back lists	Establishments	Cont		
Inform network retirees of the procedures for becoming a volunteer	MSSS CARRA	Cont		
Invite students in the health fields to participate	MSSS MELS	Cont		
Invite workers who are not members of a professional order and who have worked for the network; enter the names of volunteers on call-back lists	Establishments	Cont		
Plan the contribution of alternate human resources and the organization of their work	Establishments	Cont		
Volunteers and relatives of users				
Ensure that each establishment has census mechanisms for mobilizing volunteers and the relatives of users	ASSS	Cont		
Ensure that each establishment has prepared plans for the functions and responsibilities regarding the participation of volunteers and the relatives of users	ASSS	Cont		

Response: manage worker movement	Head <i>Contributor</i>	Section	Tools	Comments
Alternate human resources				
Periodically validate the call-back lists	Establishments ASSS	Cont		
Evaluate the census process and the results achieved	MSSS ASSS	Cont		
Support the agencies in recruiting alternate human resources	MSSS ASSS	Cont		
Encourage the collaboration of professional orders	MSSS ASSS	Cont		

Recovery: manage worker movement	Head <i>Contributor</i>	Section	Tools	Comments
Evaluate the census process and the results achieved	MSSS ASSS	Cont		

The contribution of volunteers

Volunteers will also be called upon to perform tasks that do not require healthcare or social services training including, among other things, greeting and orienting people.

Making use of volunteers will initially involve determining the pool of people who can be mobilized, planning their contribution, creating a database of available people, keeping them informed and, lastly, organizing this category of resources.

The organization will consist of:

- Defining volunteers' areas of action by describing the tasks expected;
- Developing an operating system for mobilization;
- Identifying the sources of volunteer recruitment in collaboration with area resources.

Skill maintenance and development

An influenza pandemic will require specific skills in terms of knowledge, know-how and behaviours for all network personnel, including physicians, alternate human resources and non-network partners.

Training needs will be identified based on the preparedness, response and recovery steps. As such, the Ministère identifies the national training needs and develops tools and a pedagogical development approach allowing for the acquisition of the required skills at the appropriate time. In addition, given its expertise and its important role in the field of skill development, the *Institut national de santé publique du Québec (INSPQ)* will be called upon to help.

Here are the main objectives being pursued for skill maintenance and development in the event of an influenza pandemic:

- Ensure that all stakeholders have the knowledge, know-how and behaviours that will allow them to fully play their role during each of the influenza pandemic periods, calling on the expertise of experts and the collaboration of health and social services agencies;
- Ensure the consistency of training material and minimize design and development efforts;
- Promote the designing of tools and a pedagogical approach allowing for the rapid acquisition of skills, taking into account the characteristics of the targeted clientele.

Preparedness: skill maintenance and development	Head Contributor	Section	Tools	Comments
Activity planning				
Ensure that skill maintenance activities are planned for the following personnel categories: <ul style="list-style-type: none"> • health and social services network stakeholders, including physicians • alternate human resources • non-network partners 	MSSS INSPQ ASSS Professional orders	Cont		
Identify the groups targeted by skill development activities Prepare the content of the activities Choose the pedagogical approaches adapted to the situation and the targeted clientele	MSSS INSPQ ASSS Professional orders	Cont		
Make the developed materials available to all the partners concerned	MSSS ASSS	Cont		

Response and recovery: skill maintenance and development	Head Contributor	Section	Tools	Comments
Activity coordination and monitoring				
Support the agencies in conducting national training activities	MSSS	Cont		
Evaluate development activities	MSSS ASSS	Cont		

STRATEGY NO. 23: MANAGE THE PROCUREMENT OF DRUGS, SUPPLIES AND EQUIPMENT

The Government of Québec may use specific powers in the event of a pandemic to protect public health. In this context, it may incur expenses and enter into contracts to procure, store and distribute medication, equipment and supplies that it deems necessary. It may make emergency purchases and circumvent the normal rules of procurement.

Obviously, in the event of an influenza pandemic, the procurement of non-critical products will follow the standards in effect in the network. As non-traditional healthcare sites will be under the umbrella of a healthcare establishment, they will be subject to the same administrative rules.

Out of concern for efficiency, the Ministère will coordinate procurement, providing appropriate, secure storage of critical products as well as a planned distribution and monitoring system, working with suppliers.

Manage the procurement of drugs, supplies and equipment

It is possible, depending on the severity of the influenza pandemic, that several countries will place embargoes on the products required. The transportation system for these products could also be subject to logistical and human weaknesses. It is therefore important that Québec plan an *a priori* procurement of resources that are essential to the health and social services network and non-traditional healthcare sites.

The procurement strategy for drugs, equipment and supplies required to fight an influenza pandemic sets out the following tasks:

- establish a formal list of essential products according to whether they are “critical” or “non-critical”;
- establish agreements with suppliers and gather the reserves of critical products required for the entire influenza pandemic with suppliers and/or in central warehouses of the health network;
- establish local reserves of essential products needed to maintain the network’s activities and to start up non-traditional healthcare sites, for a period of seven days;
- enter into contracts with manufacturers and suppliers to be sure to have a supply of flu vaccines and antiviral drugs.

Store products appropriately to guarantee their availability

As critical reserves of products are built up, their storage will be under ministerial control in order to guarantee availability and security.

Scarce antiviral drugs will also have to be securely managed because they will be in great demand. The same applies to doses of the flu vaccine, whose the availability will be limited at the beginning of production.

Distribute according to the public and priority groups

The potential shortage of certain products, the increase in demand for others and the need for quick intervention to minimize the impact of the influenza pandemic will require careful coordination of distribution operations. Crucial products will be distributed so that the public will be served but also, in the case of antiviral drugs and influenza virus vaccines, according to the number of people in each region who are members of priority groups. Security measures will be put in place to protect the distribution of vaccines and antivirals, particularly in the event of shortages.

Preparedness: material resources	Head <i>Contributor</i>	Section	Tools	Comments
Procurement				
Determine the procurement responsibilities of the <i>Comité directeur</i> , the agencies and the health and social services establishments, according to the phase of the pandemic, the nature of the product (critical or not) and the type of activity (continuity of activities or NTHS)	MSSS	Cont		
Make a list of essential products (supplies, materials and equipment required for providing care and services during a pandemic)	MSSS ASSS Joint procurement groups Establishment procurement services	Cont PubH PhysH		

Preparedness: material resources	Head Contributor	Section	Tools	Comments
Determine which among the essential products are critical (in other words, that could be subject to shortage, unavailable or whose price could increase dramatically during a pandemic) and which are non-critical	MSSS ASSS Joint <i>procurement groups Establishment procurement services</i>	Cont PubH PhysH		
Determine the quantity of reserves of critical products needed	MSSS ASSS Joint <i>procurement groups Establishment procurement services</i>	Cont PubH PhysH		
Determine the computing needs to manage the reserves of critical products	MSSS	Cont		
Enter into procurement agreements with suppliers in order to create reserves of the critical products necessary for the pandemic	Joint procurement groups MSSS	Cont		
Put in place an inventory monitoring procedure for reserves of critical products	MSSS ASSS	Cont		
Establish the procedure for ordering critical products	MSSS ASSS	Cont		
Storage				
Determine which of the critical products on reserve will be stored by suppliers and which will be stored by the MSSS	MSSS Joint <i>procurement groups Suppliers ASSS</i>	Cont		
Determine the level of security required and put in place the measures necessary to store vaccines and antivirals	MSSS ASSS	Cont PubH		
Identify the sites and conditions for storing critical products stored by the MSSS	MSSS ASSS	Cont		
Determine the level of responsibility and the role of the various players involved in storing critical products	MSSS ASSS Suppliers	Cont		
Establish agreements with the establishments whose facilities will be used to store reserves of critical products	MSSS ASSS	Cont		
Manage the storage of critical products: storage conditions, monitoring of expiry dates, inventory rotation, inventory taking, etc.	MSSS ASSS Suppliers	Cont		

Preparedness: material resources	Head Contributor	Section	Tools	Comments
Distribution				
Determine the level of responsibility and the role of the various stakeholders involved in distributing critical products	MSSS ASSS	Cont		
Establish the procedure for shipping critical products	MSSS ASSS Suppliers	Cont		
Establish the level of security required for the distribution of vaccines and antivirals	MSSS ASSS	Cont PubH		
Pilot NTHS				
Experiment with the standard NTHS model in four different regions	MSSS ASSS	Cont PhysH	Standard NTHS model	

Response: material resources	Head Contributor	Section	Tools	Comments
Procurement				
Monitor inventory reserves during the pandemic and make necessary adjustments to be able to continue to supply the network	MSSS ASSS Suppliers	Cont	Computer system	
Distribution				
Authorize the shipping of critical products, including vaccines and antivirals, to healthcare establishments	MSSS ASSS	Cont PubH	Computer system	
Distribute critical products to healthcare establishments	MSSS ASSS	Cont		

Recovery: material resources	Head <i>Contributor</i>	Section	Tools	Comments
Procurement				
Evaluate how the procurement strategy worked	MSSS <i>Joint procurement groups Suppliers ASSS</i>	Cont		
Modify the procurement strategy based on the evaluation, if necessary	MSSS	Cont		
Rebuild reserves of critical products in anticipation of the next wave of the pandemic, if necessary	MSSS <i>Joint procurement groups Suppliers ASSS</i>	Cont		
Storage				
Evaluate how the storage strategy worked	MSSS <i>Suppliers ASSS</i>	Cont		
Modify the storage strategy based on the evaluation, if necessary	MSSS	Cont		
Distribution				
Evaluate how the distribution strategy worked	MSSS <i>Suppliers ASSS</i>	Cont		
Modify the distribution strategy based on the evaluation, if necessary	MSSS	Cont		

STRATEGY NO. 24: USE RELIABLE INFORMATION RESOURCES

In its preparations, the Ministère has considered the need to quickly deliver applications to support its activities and data gathering, and has therefore opted to reuse and adapt the existing systems of the RTSS (*Réseau de télécommunications sociosanitaire*). Since needs will undoubtedly evolve in line with the epidemiological situation and the threat level associated with the pandemic, information resources will be developed using open-ended applications.

Efforts will focus on three areas:

- access to the RTSS
- deployment of operations support tools
- deployment of decision support tools

Ministerial heads will also have access to a tracking system that compiles data from existing systems. The indicators required for tracking and assessing the situation will allow users to view and analyze data in real time.

IT specialists will provide support and share their expertise in data processing tools with the managers of the health and social services network.

The Ministère's Information Resources Branch plans to suspend its regular activities during a pandemic in order to respond quickly to the department's needs.

The telephone network can simultaneously process several inbound and outbound calls. All health and social services network authorities should have the phone numbers for non-traditional health-care sites on hand.

In terms of IT communications, an RTSS connection will be required for each non-traditional healthcare site in order to allow each establishment's internal applications to continue being used.

Preparedness: information resources	Head Contributor	Section	Tools	Comments
Infrastructure of internetworked communication				
Establish a procedure for NTHS to connect to the RTSS	MSSS GTQ	Cont		
Set up network connections for NTHS	ASSS Establishment MSSS GTQ	Cont		
Operations support tools				
Develop operations support tools: <ul style="list-style-type: none"> • L01 – Mobilization of human resources • K31 – Distribution of documents • Distribution of documents • C29 – OSCQ labels • Procurement management 	MSSS	Cont Comm		
Tailor existing tools to pandemic-related needs	MSSS	Comm Cont PsyR PhysH PubH		
Supply documentation on operations support tools	MSSS	Comm Cont PsyR PhysH PubH		
Decision support tools				
Computerize information gathering tools	MSSS	PubH PsyR	GESTRED and others	
Adapt existing information gathering tools, including: <ul style="list-style-type: none"> • J74 – Emergency room report 	MSSS	PhysH PubH	GESTRED and others	
Develop management operating reports	MSSS	Coord	Cognos	
Supply documentation on information gathering tools	MSSS	PsyR PhysH PubH		

Response: information resources	Head Contributor	Section	Tools	Comments
Infrastructure of internetworked communication				
Establish NTHS connections to the RTSS when they open their doors	ASSS <i>Establishment</i> MSSS GTQ	Cont		
Ensure that the RTSS functions properly	MSSS	Cont		
Operations support tools				
Deploy operations support tools, including: • L01 – Mobilization of human resources • K31 – Distribution of documents • C29 – OSCQ labels • Procurement management	MSSS	Cont Comm		
Maintain operations support tools, including: • L01 – Mobilization of human resources • K31 – Distribution of documents • C29 – OSCQ labels • Procurement management	MSSS	Cont Comm		
Develop new tools	MSSS	Comm Cont PsyR PhysH PubH		
Adapt existing tools to the situation	MSSS	Comm Cont PsyR PhysH PubH		
Decision support tools				
Deploy and provide support for information gathering tools and the ministerial operating report	MSSS	Coord		
Process and extract data on an ad hoc basis	MSSS	Coord	Cognos, SAS and others	
Maintain existing information gathering tools	MSSS	Coord		
Develop new information gathering tools	MSSS	Comm Cont PsyR PhysH PubH	GESTRED and others	
Adapt existing information gathering tools	MSSS	Comm Cont PsyR PhysH PubH	GESTRED and others	
Create and adapt management operating reports	MSSS	Coord		

Recovery: information resources	Head <i>Contributor</i>	Section	Tools	Comments
Infrastructure of internetworked communication				
Terminate NTHS connections to the RTSS	ASSS <i>Establishment</i> MSSS GTQ	Cont		
Operations support tools				
Decision support tools				
Support the compilation, merging and analysis of the data gathered for the production post-mortems	MSSS	Coord Comm Cont PsyR PhysH PubH		

CONCLUSION

Influenza pandemics are a recurring event, and the risk of a fresh episode is on our doorstep. Through our preparations, we are working to reduce the potential impact of this phenomenon, even though we are unable to determine its onset or extent with certainty. In this context, every link in the chain is critical, which is the reason we want to build a comprehensive vision of our activities.

In dealing with a virulent infection and handling a large number of infected people, the health and social services network must be ready to provide the public with the expected healthcare and psychosocial assistance.

Institutions often distinguish themselves in emergency situations because they reveal unexpected aspects of their essence or because the people who work there simply surpass themselves.

It is our hope that the pandemic influenza plans currently being prepared by the government, agencies and establishments will inspire those who will one day be called upon to administer them, and that these plans will contribute to adequately serving the citizens who will turn to their health and social services network when the pandemic strikes.

Good luck to you all with your preparations!

APPENDIX A

COMPLEMENTARY INFORMATION ON THE INFLUENZA VIRUS AND INFECTIONS IN BIRDS

The influenza virus

Influenza, commonly called the flu, is caused by the influenza virus, an RNA virus with a fragmented genome belonging to the *Orthomyxoviridae* family. There are three types of influenza viruses: A, B and C. Only influenza A, which is genetically unstable, has the ability to mutate and cause pandemics.

There are different strains of the influenza A virus. The strains are classified according to the proteins found on the virus surface: hemagglutinin (H1 to H16) and neuraminidase (N1 to N9).

Transmission through contact: direct contact, with infected secretions, and indirect contact, with objects contaminated by infected secretions.

Transmission through droplets: projected 1 metre or less by coughs and sneezes.

Airborne transmission: non-standard mode of transmission and under special circumstances. Asymptomatic individuals.

Virus survival: 5 minutes on hands, 8 to 12 hours on clothing and paper, 24 to 48 hours on hard surfaces. Incubation period: short, from 1 to 3 days. Contagiosity: 24 hours before symptoms begin and up to 7 days after symptoms begin.

From seasonal human influenza to an influenza pandemic

Every year, the influenza virus undergoes minor changes that are called “antigenic drift.” This process provokes seasonal influenza epidemics. A vaccine is produced annually and adjusted to the strains that are circulating. Each season, influenza can affect between 5% and 20% of the population. Vulnerable populations include the elderly, young children and individuals with a chronic disease. Every year in Québec, the flu causes 1,000 to 1,500 deaths.

About three occurrences per century

Major changes, called “antigenic shift,” occur and cause an influenza pandemic once every 30 to 40 years. A pandemic is an epidemic on a global scale. During an influenza pandemic, up to 50% of the population may be infected. There is an increase in complications and mortality. This increase can affect a healthy population.

The pandemics of the 20th century: 1918 – the Spanish flu: H1N1, 20 to 40 million deaths, particularly among individuals 20 to 40 years of age; 1957 – the Asian flu: H2N2, 2 million deaths; 1968 – the Hong Kong flu: H3N2, 1 million deaths.

Table 88 – Comparison between seasonal influenza and pandemic influenza

	Seasonal human influenza epidemic	Influenza pandemic
Cause	Minor changes	Major changes
Frequency	Every year	Every 10 to 40 years
0% of population infected	5% to 20%	Up to 50%
When	From autumn to the end of spring Peak in January-February	Any time In waves (1-2-3)
Immunity	Present in a portion of the population	Little or none
Deaths in Québec	1,000 to 1,500/year	Estimated at 8,500
Vaccine	New vaccine every year: 1 dose	Probably none before 3 or 4 months. 2 doses. Gradual administration based on priority groups.
Antivirals	Outbreaks mainly in CHSLD	Based on priority groups

