

B Pandemic Influenza Planning Considerations in On-reserve First Nations Communities

1. Introduction

The national pandemic influenza plan provides a framework that will guide planning in all jurisdictions in Canada including on-reserve First Nations (FNs) communities¹. Annex B of the plan has been developed based on a request to Health Canada's First Nations and Inuit Health Branch (FNIHB) from the Pandemic Influenza Committee (PIC) to describe some of the unique issues related to pandemic planning in FNs communities.

Annex B outlines some of the key activities needed to have sufficient pandemic influenza planning for on-reserve FNs communities and proposes the respective roles and responsibilities of various jurisdictions.

On-reserve FNs pandemic influenza planning needs to be integrated into a seamless system of planning across all Canadian jurisdictions.

This Annex B document is the result of extensive consultation with key stakeholders. Input on the draft document was sought from FNIHB regional public health staff (including medical officers and nurses), members of the federal/provincial/territorial Pandemic Influenza Committee, the Centre for Emergency Preparedness and Response at the Public Health Agency of Canada, the Assembly of First Nations, and the National Aboriginal Health Organization. The document was refined based on comments received from all of these groups.

2. Current Status

Health Canada's First Nations and Inuit Health Branch (FNIHB) delivers public health services to the First Nations who live on non-transferred federal reserves. In transferred communities that have accepted funding and responsibility for public health services, FNIHB provides the funding, but FNs communities are responsible for providing the services. In order to do this, transferred FNs communities can hire their own public health professionals or enter into agreements with provincial or regional health authorities for the provision of these services. It is important to note that FNIHB requires transferred communities to have an emergency preparedness plan as a condition of receiving federal transferred funding for public health. However, those emergency preparedness plans do not address specific public health emergencies, such as pandemic influenza. FNIHB, through its regional offices, will assume an intermediary role between provinces and transferred communities.

¹ This document focusses on "on-reserve First Nations communities" living in the provinces for which there are concerns over clarity of roles and responsibilities for public health services (including pandemic influenza planning) among the various jurisdictions.

Provision of public health services, including pandemic influenza planning, to Inuit populations and to FN communities living in the Territories is primarily the responsibility of the territorial governments². Territorial governments provide public health services in an integrated fashion to all residents regardless of ethnicity.

Currently, the federal, provincial and territorial governments also share the delivery of other health services to the First Nations and Inuit population. Provinces provide universal insured health services (including physician and hospital services) to all citizens, including Aboriginal peoples on/off- reserve, except in remote isolated, isolated and some semi-isolated on-reserve communities where the primary health care is delivered by FNIHB-employed registered nurses.

While most of the FNIHB regions have been participating in the provincial committees for pandemic influenza planning, there are very few formal agreements between Health Canada FNIHB regional offices and the provincial governments on the management of outbreaks of pandemic influenza in FN communities. Nevertheless, progress has been made in this area.

All FNIHB regions have developed draft or final regional pandemic influenza plans or guiding frameworks to assist FN communities in developing their community pandemic influenza plans. Other FNIHB regions are in the process of negotiating roles and responsibilities with their respective provinces for dealing with pandemic influenza.

In some regions, meetings between FNIHB and FN to raise awareness of the need for community-level planning on pandemic influenza have occurred and, as a result, some communities have developed their community plans. In other regions, health directors from FN communities are engaged directly with their respective provincial/district/regional health authorities on pandemic influenza planning to clarify the issues of acute care and client management in the event of pandemic influenza outbreaks.

In practice, there have always been informal collaborations between provincial governments and FNIHB for management of public health emergencies and disease outbreaks in on-reserve FN communities. It is important to emphasize, however, that there are some gaps in these collaborations. For example, there have been occasions when FNIHB medical officers have not been notified by provincial/regional counterparts of cases of communicable disease (e.g. meningitis) occurring on a reserve and where FNIHB regional medical officers are the identified lead for the public health response to such cases. Furthermore, this informal collaboration with provinces and FNIHB regions has not been tested during a massive national public health emergency, such as pandemic influenza.

3. Outstanding Issues

Linkages with Provincial/Territorial (P/T) Public Health Authorities

- Formal agreements between provincial public health and FNIHB regional offices on co-ordination of roles and responsibilities during public health emergencies, including pandemic influenza.
- Formal agreements between provincial public health and FNIHB regional offices to include on-reserve FN numbers into the provincial/regional plans for purchase of antivirals, vaccines (when developed), and other relevant emergency supplies, and to clarify who would be the gatekeeper for these limited supplies/products.

² Seven Inuit communities and two Innu communities in Labrador fall under FNIHB's public health programming.

- Clear protocols for on-reserve FNs communities to access the anti-virals, vaccines and other emergency supplies in a coordinated fashion with the provinces.
- Communication protocols between FNIHB regional offices, transferred bands and provinces on issues related to communicable diseases and other public health concerns.

Legal Authority

- Clarity among the provinces, regional health authorities, the First Nations, and FNIHB regional offices on the legally recognized medical officer of health for each on-reserve FNs community.

Resources

- Capacity at the FNIHB regional level and at the FNs community levels to deal with outbreaks of pandemic influenza due to limited public health infrastructure for FNs communities and shortage of public health human resources.
- Surveillance, epidemiology and influenza vaccination program data of on-reserve population for proper pandemic planning.

4. Next Steps

While FNIHB is working on assessing and addressing the issue of public health infrastructure and the deficiency of public health human resources in FNs communities and at FNIHB regional levels, it is crucial that planning for management of pandemic influenza in FNs communities be a coordinated effort involving all jurisdictions. The on-reserve FNs communities, with the support of FNIHB and provincial/regional health authorities, are responsible for developing their community pandemic influenza plans. However, the successful implementation of these plans requires a coordinated effort involving all key stakeholders (i.e. the FNs communities, FNIHB and provincial/regional health authorities). FNIHB regional offices would lead in facilitating the process among stakeholders.

Table 1 illustrates some of the key activities required for adequate pandemic planning for on-reserve populations. It includes proposed roles and responsibilities of the various jurisdictions who will be facilitating the planning or be involved in the planning. This table was developed because for public health issues of on-reserve populations, the multiple jurisdictional involvement has often created confusion over roles and responsibilities. To effectively deal with pandemic influenza outbreaks in on-reserve FNs communities, the roles and responsibilities of the various jurisdictions must be clear to all in advance.

Table 1: The Key Activities and Proposed Roles and Responsibilities of Partners on Management of Pandemic Influenza in On-reserve First Nations Communities

<p>1. FNs Communities</p>
<p>1.1 Develop community pandemic influenza plans in collaboration with the respective FNIHB region and/or the local/regional health authority, specifically:</p> <ul style="list-style-type: none"> a) identify provincial/regional Medical Officer of Health (MOH) for the community and establish formal arrangements for ongoing MOH services; b) identify partners and clarify their roles and responsibilities; c) enhance community awareness; d) train front line staff³; e) enhance community surveillance activities for early detection of influenza-like illness (ILI); f) enhance triage/screening capacity; g) develop capacity for patient isolation in health care facilities in FNs communities; h) implement infection control guidelines and public health measures at the time of pandemic, in consultation with FNIHB regional medical officers, regional health authorities, and in accordance with the national pandemic plan; i) develop and regularly update communication plan; j) maintain ongoing stock and inventory of emergency supplies (e.g. masks, gloves, etc.); k) calculate and regularly update the number of individuals (within FNs communities) in each priority group for vaccines and antivirals; l) plan for mass immunization, in collaboration with FNIHB regional medical officers, and/or provincially recognized medical officers of health; m) communicate and discuss with health authorities in neighbouring municipalities the transfer of severe pandemic influenza cases to hospitals and ensure equitable access for such cases; n) assess the current means of patient transportation to provincial/regional health care system (when required) and examine their appropriateness during pandemic influenza (i.e. identify the gaps and develop strategies to address them); o) plan ahead of time to ensure maintenance of essential services⁴ in the community; p) develop a contingency plan to enhance the knowledge of FNs people on how to deal with situations when there are severe shortages of health care workers and health care services⁵ as a result of pandemic influenza; q) develop formal partnership agreements between FNs communities to allow for mutual aid; r) institute emergency response team; s) participate in simulation exercises with the respective neighbouring municipalities for testing of preparedness and response plan for pandemic influenza at the community level; and t) actively participate in local pandemic influenza planning (in neighbouring municipalities) to facilitate coordination of efforts and integration with provincial/regional systems in dealing with pandemic influenza.

3 Should include training of front-line health care workers on diagnosis and care, infection control, public health measures, surveillance and communication.

4 Such as maintenance of fire-fighting/policing, maintenance of water/energy/food availability, management of mass fatalities.

5 Should include monitoring of illness, provision of care at home and use of infection control measures and communication.

2. FNIHB Regions

- 2.1 Develop FNIHB regional pandemic influenza plans, in consultation with FNs communities and FNs regional organizations, and integrate with provincial systems where possible. More specifically:
- 2.1.1 Develop formal agreements, through negotiation, with provincial health authorities to clarify and co-ordinate mutual roles and responsibilities for:
 - a) procurement and distribution of vaccine/antivirals/emergency supplies (e.g. supplies for diagnosis, treatment, infection control, immunization);
 - b) enhanced surveillance capacities, in conjunction with provincial system, with the ability to separate out surveillance data for on-reserve FNs;
 - c) assistance with public health/medical care services in overwhelming situations;
 - d) clarity on the legally recognized medical officer of health for each FNs reserve;
 - e) two-way communication on case reporting;
 - f) defined roles and responsibilities of provincial/regional vs FNIHB public health authorities on needed activities for pandemic influenza preparedness and response; and
 - g) establishment of a means of transportation for respiratory specimens to provincial public health laboratories, when necessary.
 - 2.1.2 develop partnership with INAC at the regional level towards integration of health emergencies with the overall emergency preparedness planning;
 - 2.1.3 develop communications plans;
 - 2.1.4 identify partners and clarify their roles and responsibilities;
 - 2.1.5 participate in simulation exercises with province(s) for testing of preparedness and response plan for pandemic influenza at FNIHB regional level;
 - 2.1.6 partner with FNIHB Headquarters to develop educational material;
 - 2.1.7 identify current means of distribution of supplies to FNs communities and examine their appropriateness in health emergencies, such as pandemic influenza (i.e. identify gaps and develop strategies to address them);
 - 2.1.8 identify and address the financial, human resource and legislative gaps in the current system;
 - 2.1.9 plan for mass immunization of priority groups with pandemic influenza vaccine (when available);
 - 2.1.10 support training of front-line staff in communities;
 - 2.1.11 inform community leaders about pandemic influenza and its implications for their communities;
 - 2.1.12 support and facilitate community planning by raising awareness, providing training sessions on planning, and providing educational material to FNs community leaders and regional FNs organizations;
 - 2.1.13 provide public health services/recommendations/advice to FNs communities;
 - 2.1.14 plan for provision of rapid diagnostic tests to health care facilities, if necessary;
 - 2.1.15 provide names and contact information of FNIHB regional leads on pandemic influenza to other partners;
 - 2.1.16 keep track of number of individuals (within FNs communities) in each priority group for vaccination; and
 - 2.1.17 develop regional surveillance capacities (to be integrated with provincial system).

3. FNIHB Headquarters

- 3.1 Develop an overarching framework for Branch pandemic influenza preparedness and response plan, specifically:
 - a) combine regional and HQ plans into FNIHB organizational pandemic influenza plan;
 - b) based on the national pandemic influenza plan, develop generic training modules for community front-line health care workers and community leaders that are clear and culturally appropriate;
 - c) develop a cross-regional human resource mobilization plan (from HQ to FNIHB Regions);
 - d) develop communications plan; and
 - e) develop capacity for central data compilation and analysis to determine the overall burden of disease for FNIHB clientele.
- 3.2 Support and facilitate FNIHB regional pandemic planning by providing coordination and resources.
- 3.3 Work with provincial officials to clarify federal and provincial legislation and authorities in the event of pandemic influenza on reserves.
- 3.4 Identify national partners and work with them to define various roles and responsibilities.
- 3.5 Link with national FN leaders/organizations to increase awareness of pandemic influenza and the necessity for community planning.

4. Provincial Public Health Authorities

- 4.1 Work with First Nations and FNIHB regional offices during the development of provincial pandemic influenza plans to define roles and responsibilities, coordinate efforts, and prevent gaps in the management of pandemic influenza in FN communities.
- 4.2 Develop formal agreements, through negotiation, with FNIHB regional offices to incorporate on-reserve FN people into the provincial planning activities, where possible, and specifically for:
 - a) procurement and distribution of vaccine/antivirals/emergency supplies (e.g. supplies for diagnosis, treatment, infection control, immunization);
 - b) enhanced surveillance capacities with the ability to separate out surveillance data specific to on-reserve FNs;
 - c) two-way communication on case reporting;
 - d) facilitation of on-reserve FN communities' access to federal emergency services such as the National Emergency Stockpile System (NESS) and the Health Emergency Response Team (when it is established) when community and FNIHB resources are overwhelmed and where available⁶;
 - e) if PH capacity permits, assistance in the provision of PH services to FN communities when community and FNIHB resources are overwhelmed⁷; and
 - f) clarity on the legally recognized medical officer of health for each FN reserve.
- 4.3 Ensure equitable access to hospital care for transferred, severe pandemic influenza cases.
- 4.4 Work with federal officials to clarify federal and provincial legislation and authorities in the event of pandemic influenza on reserves.
- 4.5 Develop communication plan (with FNIHB regional offices and other key players).

⁶ FNIHB regional offices must make such requests to the provincial public health authorities, which would provide such services through coordination with the Centre for Emergency Preparedness and Response (CEPR).

⁷ For provinces that do not have a public health service delivery mandate at the provincial level, these responsibilities could be relevant to regional health authorities.

5. Centre for Emergency Preparedness and Response (CEPR)

- 5.1 Communicate with FNIHB regularly and effectively on matters related to emergency preparedness and response.
- 5.2 Provide timely opportunities to FNIHB to input into the federal/provincial/territorial (FPT) Networks on Emergency Preparedness and Response and provide regular and timely feedback to FNIHB on developments at the FPT Networks on Emergency Preparedness and Response that affect FNIHB's progress on emergency planning (including pandemic influenza planning).
- 5.3 Invite FNIHB to FPT Network on Emergency Preparedness and Response when the focus of discussion has implications for FNIHB HQ, FNIHB regions, and FNs communities with regard to pandemic influenza planning. This will ensure that FNIHB, CEPR and Provincial health/social services authorities work together in an integrated/coordinated manner to prevent gaps and duplications when managing outbreaks of pandemic influenza in FNs communities.
- 5.4 In situations where FNIHB's regional capacity (including provincial aid) is exhausted, CEPR could deploy available Health Emergency Response Team (HERT), when it is established, to FNs communities (through provincial systems of deployment) to assist FNIHB regional health professionals in responding to public health emergencies, such as pandemic influenza⁸.
- 5.5 Through provincial system for access to the National Emergency Stockpile System (NESS) within a province, provide access to the federally-controlled pharmaceuticals and other emergency supplies/services for FNs communities.
- 5.6 Facilitate linkages between FNIHB and provincial authorities to discuss and clarify the provincial roles and responsibilities in FNs communities access to NESS and HERT, as per letter of agreement between Centre for Emergency Preparedness and Response, the Public Health Agency of Canada, and the First Nations and Inuit Health Branch, Health Canada.
- 5.7 Provide courses/training on pandemic planning and setting up clinics for mass immunization.
- 5.8 Provide technical consultations to FNIHB staff on development of educational modules and courses on pandemic influenza for community health care providers and other first responders in FNs communities and facilitate on-line delivery of courses through existing mechanisms.
- 5.9 Provide technical assistance to FNIHB HQ for development and testing of preparedness and response plan for pandemic influenza (e.g. taking part in federal/national simulation exercises).

5. Conclusion

The management of a predictable pandemic influenza in FNs communities will require a coordinated effort involving all levels of government. Considerations of the unique needs of FNs communities must be reflected in plans at the local, P/T and federal levels. The goal of pandemic influenza preparedness and response is: "First, to minimize serious illness and overall deaths, and second to minimize societal disruption among Canadians as a result of an influenza pandemic." These goals will only be achieved if strategies and specific plans for FNs communities are integrated within the pandemic plans of all jurisdictions.

⁸ It is expected that federal assistance would be available to on-reserve FNs communities and the rest of the province in an equitable fashion.

Note: INAC (Indian and Northern Affairs Canada) has responsibility for overall emergency preparedness. In the event of a health emergency, including pandemic influenza, INAC's role is to facilitate communication with First Nations and support Health Canada and the Public Health Agency of Canada when required.