13. Public Health Services

> Public health was and is where the largest numbers of lives are saved, usually by understanding the epidemiology of a disease – its patterns, where and how it emerges and spreads – and attacking it at its weak points. This usually means prevention. … Public Health measures lack the drama of pulling someone back from the edge of death, but they save lives by the millions.
>
> The Great Influenza, John M. Barry

Public health units will play a key role in all pandemic periods. They also play an essential role in providing other services that protect the public from a range of other diseases and health risks, and many of these services would have to be maintained during a pandemic. The recent Capacity Review of Ontario's public health system highlighted the shortages and gaps in the public health system now, and recommended changes that will help ensure all health units across the province have the "critical capacity for improved effectiveness and emergency and surge response."

This section describes the influenza-related services public health provides, and provides a framework for planning and managing public health services during an influenza pandemic.

13.1 Services during the Interpandemic and Pandemic Alert Periods

During the interpandemic period, public health services/activities include:

- promoting and managing the seasonal influenza immunization program
- year-round surveillance of
  - influenza-like illness (ILI)
  - institutional respiratory outbreaks
  - laboratory reports/integrated Public Health Information System (iPHIS)
  - influenza vaccine coverage rates in hospital staff, long-term care home residents/staff
  - adverse vaccine reaction reporting
- providing education for health care workers, health care settings and the public
- working with provincial and federal public health authorities to develop policy on influenza immunization, outbreak management and preparing for health emergencies. (For more information on these activities, see Chapters 5 and 6.)

In the late alert period, particularly when the only influenza cases in Ontario are imported cases (i.e., people arriving in Canada from a country with influenza clusters) public health units will use aggressive measures to slow the spread of the virus and buy some additional time:

- case and contact follow up
- education, communication
- reinforcing risk reduction strategies (For more information on public health measures, see Chapter 6).

13.2 Services during the Pandemic Period

In the event of a pandemic (Pandemic Phase 6), health units will be expected to play a major role in coordinating the local response. This will put intense pressure on health unit resources (human, financial, and physical), and health units will have to determine the most effective way to use their resources.

Influenza-related Activities

In terms of influenza-related activities, health units will continue most prepandemic public health activities during the pandemic phase as appropriate; however case and contact follow up will be discontinued and surveillance activities will be modified (See Chapters 5 and 6). Health units will focus on education, communication (local information hotline), implementation of community based public health measures, institutional outbreak management and surveillance activities.

Other Public Health Programs and Services

During a pandemic, health units may have to "scale back" some other programs and services (including mandatory health program activities) in order to meet influenza-related needs.

Pandemic plans prepared by health units will include resource reallocation/ redeployment plans that will:

- identify the additional activities required during a pandemic
- determine which critical services/program components must be continued throughout the pandemic
- identify activities that can be reduced or curtailed
- identify local staff who could be recruited/redeployed without jeopardizing delivery of identified key services/program components
- manage workloads for all staff: those involved in pandemic activities and those responsible for routine public health services/activities
- prioritize work/requests for non-emergency services
- streamline the "wind-down" phase of the pandemic by bringing back services in order of importance to public health needs.
- To assist local public health units in planning for a pandemic, Chapter 13A Public Health Services Tools includes estimates of the impact of an influenza pandemic by health unit.

13.3 Planning Non-Influenza Activities during a Pandemic

To ensure some consistency across the province in the availability of public health services during a pandemic, OHPIP has identified four levels of program components/activities in a public health unit:

1. **Must Do** – critical services, cannot be deferred or delegated.
2. **High Priority** – do not defer if possible or bring back as soon as possible.
3. **Medium Priority** – can wait if pandemic is not too long.
4. **Low Priority** – can be brought back when the pandemic is over.

When deciding which activities are "must do" or "high priority" and which ones are

"medium" to "low" priority and can be scaled back during a pandemic, public health units will use the Ethical Framework for Decision Making (see Chapter 2). They will also consider the following factors for identifying both critical services that must be maintained and services that could be reduced or curtailed.

Factors to Consider When Ranking the Priority of Public Health Services

Public health programs/activities that have one or more of the following factors must continue to be provided during a pandemic

- The activity is **mandated by legislation** to be directly provided by public health **within a specified time frame** AND **addresses a high health risk**. For example:
    - Does the activity involve a health hazard, or is it likely to be a health hazard, requiring same day assessment and initiation of action within 24 hours?
    - Does the activity involve an assessment of a reported suspect/confirmed infectious disease case/outbreak?
    - Does the activity involve an assessment of a high risk mother requiring a first response within 24 hours?
    - Does the activity involve a potential for "rabies transmission"?
    - Does the activity involve a response to an adverse drinking water test result that requires immediate action in accordance with Ontario Drinking Water Standards?
- There is a high risk that staff will **lose their professional qualifications** and/or put themselves in a position of negligence if the intervention is not provided in a timely way (i.e., duty of care). For example:
    - will not providing the service endanger citizens' health and safety (e.g., communicable disease case and contact follow up)?
- The activity is **required at certain times** of year or at a certain point in the disease/illness cycle. For example:
    - will not providing the service at a certain time endanger citizens' health and safety (e.g., post exposure prophylaxis for blood borne exposure, providing emergency contraceptive medication)?
- The activity is **necessary to eliminate an imminent threat** to public health or the health of an individual exposed to the threat.
- There is a high risk of **legal liability** from not providing the intervention. For example:
    - If the service were not provided, would it constitute negligence?
    - Will not providing the service endanger citizens' health and safety?

Factors to Consider When Developing a "Scale Back" Plan

The number of public health services that have to be scaled back and the extent to which they are reduced or curtailed will depend on the phase and severity of the

pandemic. When developing and implementing their plans, public health units will take into consideration:

- the epidemiology of the outbreak locally/regionally (i.e., burden of illness, mortality, impact on certain populations, pandemic "priority groups", health care worker illness/absenteeism)
- absenteeism of public health staff due to illness and caregiving
- coverage for "single incumbent" positions, such as the Medical Officer of Health
- local public health capacity, including ability to reallocate/redeploy resources (e.g., from non-communicable disease to communicable disease control); to off-site locations (e.g., working from home)
- local needs including skill sets, financial and physical resources needed for pandemic activities (i.e., surveillance, antiviral distribution, mass vaccination clinics, case management, public health measures and urgent/non-urgent communication with health care professionals, other key stakeholders in pandemic management and the public) as well as those required to maintain other "must do" and "high priority" programs and services
- the potential increase in demand for public health services at different stages of the pandemic response (e.g., as soon as a vaccine becomes available, two to three million doses of vaccine will have to be administered each month until Ontario's population is fully immunized)
- local health care, emergency response and social support capacity
- the "spin-off" effects of scaling down or suspending certain programs/activities
- the availability of assistance from other jurisdictions (staff and resources may be redeployed in earlier phases as well as the pandemic phase to respond to pandemic needs)
- direction or guidance from provincial or federal governments
- the potential impact of repeated waves (e.g., the priority of some medium or lower ranked activities may change over time).

Table 13.1 includes *examples* of services/program components that should be considered when ranking priorities and developing a scale-back plan. More work will be done at the provincial level, in consultation with local health units and other stakeholders (i.e., schools, hospitals, long-term care homes, professional associations) to identify -- by program/service area and by program component -- activities that can be scaled back during public health emergencies such as an influenza pandemic.

13.4 Next Steps

The public health system will continue to develop plans for public health services during a pandemic, taking into account the impact of the recommendations of the Capacity Review Committee and the current review of Mandatory Public Health Programs and Services.

Table 13.1: Examples of Public Health Program Components to Consider Maintaining/Curtailing

Program/Service	Consider Maintaining	Consider Reducing or Curtailing
Routine vaccinations programs	**infant primary series**	**other routine vaccination programs**
Tuberculosis program	**active case follow-up and outbreak management**	**other activities**
Vaccine preventable diseases	**case management of specific VPDs (e.g., meningitis, measles, rubella)**	**other activities**
Travel clinics	**for urgent and unavoidable travel**	**for non-urgent travel needs**
School programs	**pandemic related activities**	**other activities**
STI programs	**case management and contact tracing**	**other activities**
Sexual health programs	**urgent birth control services**	**other activities**
Injury prevention programs		**all activities**