

# Ontario Health Plan for an Influenza Pandemic 2006



## **About Influenza (Seasonal and Pandemic)**

- Influenza is a contagious respiratory illness caused by a group of viruses:
  - Influenza A;
  - Influenza B; and
  - Influenza C (type C rarely affects human health)
- Common symptoms of influenza may include: fever, headache, aches and pains, fatigue and weakness, stuffy nose, sneezing, sore throat, cough, and nausea
  - In addition to the above, children may have vomiting and diarrhea
  - Elderly individuals may not show the usual range of symptoms; extreme malaise, fever and a mild cough may be evident
- The difference between the seasonal flu and influenza pandemic:

### Seasonal:

Most seasonal influenza (flu) are caused by types A and B and can cause mild to severe illness. The flu
season typically runs from October to April (may start earlier or end later each year)

### Pandemic:

- An influenza pandemic is a large and severe world-wide epidemic of the human influenza virus. It spreads
  easily and rapidly through many countries and affects a large percentage of the population
- Only influenza A viruses are associated with pandemics. Influenza pandemics arise when all four of the following occur:
  - A novel (new) influenza A virus emerges
  - The new virus can spread efficiently from human to human
  - · The new virus causes serious illness and death
  - The population has little or no immunity to the new virus



## Why Plan for an Influenza Pandemic?

### **Global Context:**

- Although no one can predict when the next influenza pandemic will hit, public health experts, officials, and organizations - including the World Health Organization (WHO) have warned that a global influenza pandemic is overdue.
- Asia, Africa and Europe are currently dealing with highly pathogenic H5N1 virus in domestic poultry and wild birds. It is possible that the current highly pathogenic H5N1 virus could mutate resulting in sustained human-to-human transmission.
- Because of farming practices and close contact between animals and humans, these
  potential events are more likely to occur first in China or Southeast Asia.

### **Ontario:**

- In the case of an influenza pandemic, appropriate pandemic planning can reduce:
  - the number of people infected (i.e., the extent of the outbreak),
  - the amount of illness, the number of deaths, and
  - the amount of socio-economic disruption.
- Every jurisdiction must be prepared to mobilize resources quickly and effectively to limit the impact of an influenza pandemic.



# **Pandemic Planning in Ontario**

 Pandemic planning in Ontario is an evergreen process. Each year, the provincial plan continues to be improved and updated.

### 2004:

- The Ministry of Health and Long-Term Care developed and released the first iteration of the influenza pandemic plan
- Working with 200 stakeholders in the health care sector, labour representatives and regulatory bodies, this first plan focused on context setting and roles and responsibilities

### 2005:

- The Ministry of Health and Long-Term Care released the second iteration of the pandemic plan in June 2005
- Working with over 300 stakeholders, the influenza pandemic plan built on the 2004 plan, and expanded to include operational/institutional direction. It was also re-organized and streamlined to assist the health care sector in undertaking pandemic planning activities

### 2006:

- The Ministry of Health and Long-Term Care release the third iteration of the pandemic plan Ontario Health Plan for and Influenza Pandemic (OHPIP) in September 2006
- Working collaboratively with over 400 stakeholders, the 2006 plan focuses on community response and planning and includes a number of enhancements and tools to support local activities



# **Influenza Pandemic Planning**

- Context for the Ontario's Health Plan for an Influenza Pandemic (OHPIP) and Health Care Sector Planning:
  - Activities correspond to the WHO pandemic phases (Inter-pandemic, Pandemic Alert and Pandemic)
  - Aligned with direction in Canadian Pandemic Influenza Plan (will be reviewed against updated Canadian Pandemic Influenza Plan when released)
  - Provides detail on federal, provincial and local roles/responsibilities and commitments
  - Outlines health emergency management approach (e.g. use of Incident Management System, role of Provincial Infectious Disease Advisory Committee and coordination with EMO/other levels of government)
  - Includes an ethical framework for decision-making
  - Focuses on the health care system's preparedness and readiness, including stocking supplies and equipment
  - Supports and guides community response and includes a number tools designed to undertake
    effective local planning and preparedness.
  - Continues to be updated and improved with emerging clinical, epidemiological, and operational information.



# **Roles and Responsibilities**

- Each iteration of the OHPIP includes details on roles and responsibilities which are key to effective planning measures:
  - Federal Government
    - Vaccine/antiviral procurement and supply to provinces/territories
    - International liaison with World Health Organization (WHO) and other national agencies (e.g. US Centers for Disease Control)
    - · Focus on coordination and consistency across the country
  - Provincial Government
    - Establishment of provincial influenza plan
    - Consults Ontario's health stakeholders and works collaboratively to develop and update the plan
    - Ensures it is aligned with the Canadian Influenza Pandemic Plan
    - Provide overall direction and advice on local preparedness and response activities for an influenza pandemic (no direct statutory authority to require compliance)
    - OHPIP reflects health response; other sectors/ministries develop own annexes
  - Local Government
    - Led by local public health units, establishes local influenza pandemic contingency plans in alignment with the OHPIP
    - · Provides input, advice and required surveillance data to provincial health authorities



### **2006 OHPIP**

### The goals of the OHPIP are:

- Minimize serious illness and overall deaths
- Minimize societal disruption in Ontario

### The strategic approach of the OHPIP is:

- Be ready -comprehensive planning
- Be watchful –active screening and monitoring
- Be decisive act quickly and effectively
- Be transparent communicate

The 2006 OHPIP is organized into three parts which reflect and incorporate the goals and the approach:

- Part I: The Context for Planning for an Influenza Pandemic
- Part II: System-Wide Issues, Activities and Tools
- Part III: Setting-Specific Issues, Activities and Tools



# Part I: The Context for Planning for an Influenza Pandemic

- This section provides basic information about influenza and pandemics and summarizes the impact that an influenza pandemic would have on Ontario in terms of the number of people who will become ill and need some form of health care
- It outlines the context, goals, purpose and objectives of influenza pandemic planning and readiness in Ontario and describes how to use the 2006 OHPIP
- This section is key to understanding the importance of planning and the relationships between federal, provincial and local levels, as well as defining clear roles and responsibilities
- For example:
  - The Federal government has the responsibility of vaccine procurement and supply, and will take
    the lead role in establishing national policy of prophylaxis (which will inform a provincial policy)
  - Ontario will identify clusters of respiratory infection. In addition to routine influenza surveillance,
     Ontario has an established active screening and surveillance program an early warning system
     – that will identify individuals with febrile respiratory illness (FRI) including influenza like illness
     (ILI)
  - Local public health units are responsible for developing local contingency plans and undertaking active surveillance activities



### Part II: System-Wide Issues, Activities and Tools

- The first part of this section focuses on monitoring for an influenza pandemic outbreak, as well as on-going surveillance requirements, managing the spread of influenza, infection prevention and control (including occupational health and safety), and workforce capacity needs
  - Surveillance -- Detecting and Monitoring the Spread of Influenza this is key to effective planning. This section describes the surveillance activities in place now to monitor influenza in Ontario and detect a pandemic virus strain, as well as those that will be added, enhanced or curtailed during a pandemic
  - Public Health Measures -- Managing the Spread of Influenza: describing the public health measures that Ontario may use during a pandemic, and the factors that will determine which measures are used
  - Infection Prevention and Control and Occupational Health and Safety: setting out the range of steps that the public, health care organizations and health care providers can take to prevent the spread of influenza and to protect the health workforce (hand hygiene, cough and sneeze etiquette, personal protective equipment (PPE) such as gloves, eye protection, facial protection). NOTE: this chapter will be updated when a provincial policy on PPE (i.e., masks) is complete
  - Optimizing Deployment of the Health Workforce: describing a competency-based approach to health human resources planning for a pandemic, and the steps that planners, employers and health care providers can take to make the most effective use of knowledge and skills during an influenza pandemic



## Part II: System-Wide Issues, Activities and Tools Con't

- Part II also identifies, describes and outlines critical activities and tools that are required in an influenza pandemic, including:
  - Antivirals and Vaccines: setting out the policies for antiviral and vaccine supply, distribution
    and use, and describes the steps Ontario will take to acquire and distribute antivirals and
    vaccine during a pandemic, including stocking enough antivirals to treat 25% of Ontario's
    population (as recommended by the WHO) by 2007-08. Currently, Ontario has enough
    antivirals to treat 10% of the province's population
  - **Equipment and Supplies**: describing the steps that Ontario and health care organizations will take to ensure an adequate, secure supply of equipment and supplies during a pandemic. Currently, the province has resources in place to stock a four-week supply of equipment, such as gloves, masks and gowns
  - Influenza Assessment, Treatment and Referral Centres: describing temporary Flu Centres that Ontario will establish, if required, during a pandemic to give the public easy one-stop access to assessment, information, treatment and referral services. The Flu Centres will also help reduce the demands on primary care providers and acute care hospitals, allowing them to focus on meeting the needs of people who need that level of care
  - Communications: describing the steps that the Ministry of Health and Long-Term Care will
    use to communicate with the public, health care workers and other stakeholders during an
    influenza pandemic



# Part III: Setting-Specific Issues, Activities and Tools

- The section of the plan sets out actions, guidelines and activities for specific health care facilities such as public health units (the influenza pandemic planning leads in communities), laboratories, and acute care setting.
  - **Public Health Services:** setting out the steps the public health system will take to manage the demand for services during an influenza pandemic
  - Laboratory Services: describing how the laboratory system will function during a pandemic, including tests that will be provided and those that may be curtailed or reduced
  - **Community Health Services:** providing preliminary information on community health services during a pandemic; to be developed
  - Acute Care Services: setting out approaches that acute care hospitals can use to manage their resources during a pandemic, including determining who will be admitted to critical care
  - Paediatric Services: providing preliminary information on the impact of pandemic on health services for children; to be developed
  - Long-Term Care Homes: setting out guidelines for long-term care homes designed to protect residents and staff during a pandemic, and continue to provide high quality care



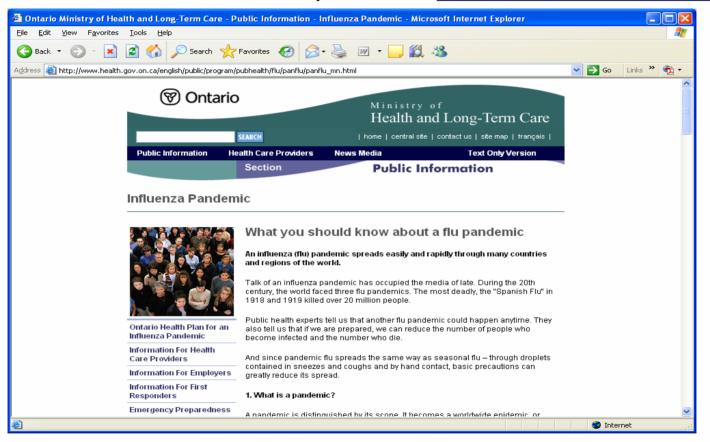
# **On-going Planning**

- The OHPIP is a living document. It is be reviewed annually (or more often if required) and revised to reflect current knowledge and best practices.
- Currently the Ministry of Health and Long-Term Care is working to develop:
  - A First Nations chapter that would describe the operational roles and responsibilities among the Ontario Ministry of Health; First Nations and Inuit Health Branch, Health Canada; and First Nations Communities in responding to an influenza pandemic
  - A chapter on the pre-hospital sector and will include plans for land and air ambulance services
  - Further development of the Community Health Services chapter to guide community health facilities and services in planning for an effective response to pandemic
  - Provincial policy on personal protective equipment (i.e., masks)
  - Provincial policy on prophylaxis and priority groups (which will be based on a national policy)



## Other Related Pandemic Planning Initiatives

### Information and Communication Improvements –www.health/gov.on.ca/pandemic





### Other Related Pandemic Planning Initiatives – Con't

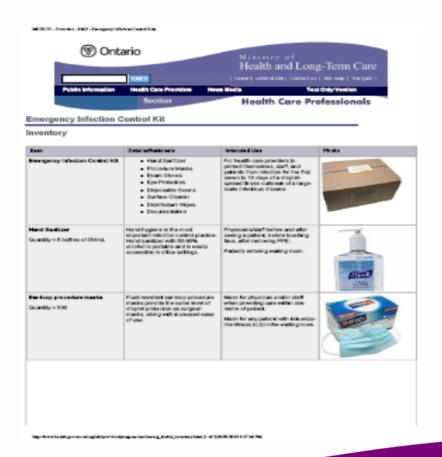
# Information and Communication Improvements – the Pandemic Planner A monthly newsletter for heath care providers





### Other Related Pandemic Planning Initiatives – Con't

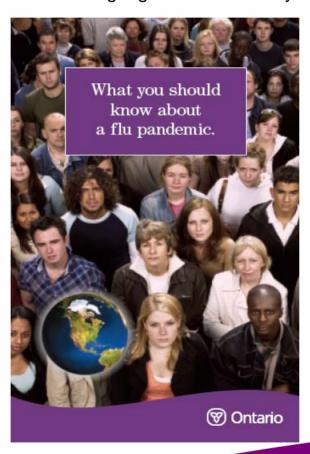
Emergency infection control kits for licensed community physicians, midwives, Community Health Centres and Aboriginal Health Access Centres





# Other Related Pandemic Planning Initiatives - Con't

Approximately 3.5 million copies of the public brochure *What you should know about a flu pandemic* have been distributed to physician offices, hospitals, public health units, drugstores and other stakeholders. It is also available for download in 24 languages on the ministry web site: www.health.gov.on.ca/pandemic.





### **Resources & Contact information**

### Pandemic planning (including the 2006 OHPIP):

web site: <a href="http://www.health.gov.on.ca/pandemic">http://www.health.gov.on.ca/pandemic</a>

### **Emergency Management Unit:**

Web site: <a href="http://www.health.gov.on.ca/english/public/program/emu/emu\_mn.html">http://www.health.gov.on.ca/english/public/program/emu/emu\_mn.html</a>

email: emergency.management@moh.gov.on.ca

### Ministry of Health and Long-Term Care:

web site: www.health.gov.on.ca

Media Inquiries: (416) 314-6197 or 1(888) 414-4774

**Public Inquiries:** (416) 327-4327 or 1(800) 268-1153

