

Breaking Down Barriers: Information Sharing During Pandemics and Emergencies

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Organization of PH in Canada

- 140 local/regional PH units serving populations of different sizes (600-2.4M) and areas (4-800,000 km²)
- Entities dedicated to PH in some jurisdictions
 - *Institut national de santé publique du Québec*
 - *British Columbia Centre for Disease Control*
 - (New Agency in Ontario)
 - *Public Health Agency of Canada*



Jurisdiction over Public Health

Constitution Act, 1867

Federal

- Criminal Law
- Quarantine and Marine Hospitals
- Peace, Order and Good Government
- Spending Power
- Navigation and Shipping
- Indians / Lands Reserved
- Trade & Commerce

Provincial

- Local or Private Matters
- Property & Civil Rights
- Establishment of Hospitals
- Education
- Spending Power
- Municipal Institutions
- Local Works



Infectious Diseases Reporting

Criteria	Provincial/ Territorial Statutes	Examples of Variation
Who reports	<p>Varies between provinces & territories</p> <p>—</p> <p>no national standard</p>	Varies from “anyone” to specific public health practitioners
Triggering Event		Varies from lab confirmed result to reasonable suspicion
Report recipient		Depends on provincial/territorial public health organizational structure
Disease definition		Lists differ; some include diseases that others do not; some include different decision making tools to determine if reportable
Scope, Timing of Reports		Varies from « as soon as possible » to fixed time frame and may depend on classification of disease



Shared Responsibility



Info Flows



The 'IM' Fit

- Data collection, use (and re-use), disclosure and retention
- Timely access to sufficiently detailed information
- Privacy and data protection
- De-identification & re-identification of sensitive information
- Data Quality



Issues & Gaps

- Few authorities to collect, use, retain and disclose personal information
- Inconsistent F/P/T legislative framework for emergencies, health surveillance, infectious disease reporting and management, and personal information protection
- Explicit information sharing agreements between F/P/T governments



From « Silos » to « Systems »

Principles for Public Health Information Sharing

- Identifiable personal information
- Anonymised/non-identifying information
- Aggregated information
- Cross-jurisdictional and international information sharing
- Data standards and quality assurance
- Interim measures
- Use of shared information for publication
- Ethics review
- Oversight
- Dispute resolution



From « Silos » to « Systems » (2)

Processes for Sharing Information During a Public Health Emergency

- Guiding principles
- Common definition of Public Health Emergency
- Notification process of a public health risk or emergency of inter-jurisdictional or national concern
- Coordination and determination of information to be shared
- Education/Communication to front line workers



From « Silos » to « Systems » (3)

In Progress/Next Steps

- *MOU on Sharing Information during a PH Emergency*
- Protocols/processes e.g. PH Emergency (declaration/termination), Notification of Parties
- Strategies to address legal/policy constraints
- Protocols, Guidelines and « Binding » Agreement(s), with communication strategy



Conclusion

“To paraphrase T.S. Eliot, we can never build systems so perfect that people no longer need to be good. But the greatest lesson of SARS in Canada is arguably that there is no excuse for tolerating systems so imperfect that bad things happen unnecessarily to good people.”

- National Advisory Committee on SARS and Public Health



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