

# Influenza Pandemic Planning in Ontario

*Ontario School Boards' Insurance Exchange*

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# Influenza 101



# Characteristics of an Influenza Pandemic

## Requirements:

- Introduction of a novel (new) influenza virus
- Highly contagious: human to human transmission happens easily
- New virus causes serious illness and/or death
- Population has little/no immunity
- Occurs roughly three times a century and international impact
- Usually starts in southeast Asia

## Current Status:

- ✓ New virus established
- ✗ Limited transmission to date
- ✗ Limited spread to humans
- ✓ Avian flu with 50% mortality but. . .
- ✓ In place
- ✓ Overdue
- ✓ Began in southeast Asia

# World Health Organization – Pandemic Phases

Period	Phase	Description
<b>Interpandemic Period*</b>	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk* of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
<b>Pandemic Alert Period**</b>	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
<b>Pandemic Period</b>	Phase 6	Increased and sustained transmission in general population.
<b>Postpandemic Period</b>		Return to interpandemic period



# What's the Difference?

## Seasonal Influenza

- Disease of humans (primarily)
- prevalent in fall & winter: November-March peak
- Vaccine available
- Infection control

## Avian Influenza

- Disease of animals (primarily)
  - High pathogenic Asian strain
  - Low pathogenic NA strain
- Seasonal
- Vaccine questionable economic value
- Biosecurity

## Influenza Pandemic

- Disease of humans (primarily)
- 3 / century
- Vaccine dependent on identification of strain
- Infection control

# What's the Difference?

## Seasonal Influenza

- PPE dependent on mode of transmission

- Public message:

- Annual vaccine
- Handwashing
- Stay home if ill
- Seasonal flu not AI and not pandemic

## Avian Influenza

- PPE dependent on mode of transmission

- Public messaging:

- Biosecurity for producers
- Poultry products safe to eat
- Proper cooking of poultry products—sanitation of work surfaces
- AI not pandemic

## Influenza Pandemic

- PPE dependent on mode of transmission

- Public messaging

- Handwashing
- Stay home if ill
- Self-sufficiency
- Societal impacts
- PI not seasonal flu and not necessarily AI

# Important Reminders

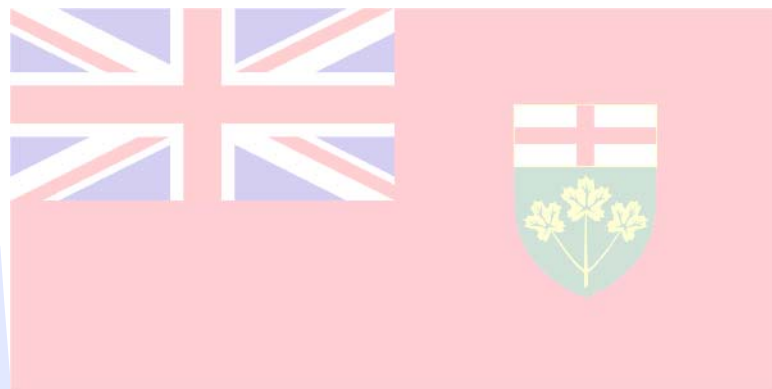
Influenza Pandemic  $\neq$  Seasonal Influenza

Influenza Pandemic  $\neq$  SARS

Influenza Pandemic  $\neq$  Avian Influenza

BUT

Important Lessons to be Learned from Each



# Ontario Perspective

# Legislative Framework

- Emergency Management Act
  - Enhancements proclaimed
  - MOHLTC lead ministry for:
    - human health, disease and epidemics; and health services during an emergency
  - Role of Commissioner of Emergency Management/EMO to support lead ministry
  - Health Protection and Promotion Act
    - Chief Medical Officer of Health responsible
- Ministry Emergency Operations Centre/EMU operational direction
- LHINs not engaged at this time

# Assumptions for all Sectors

- All Ontarians at risk; communities may be affected at different times
- Little lead time before first wave of 8 weeks hits, followed within 3-9 months by second wave
- Attack rate of 35% means approximately 1/3 of population will get sick at some point during duration of pandemic
  - Peak absenteeism of 20-25% suggested by modeling
  - Additional absenteeism due to caregiving role, fear
- Vaccine not available in first wave, then initially in short supply and high demand
- Antivirals in short supply
- Community infrastructure may be affected intermittently: scarcity of food; power outages; fuel shortage; etc

# Over-Arching Tools

- Canadian Pandemic Influenza Plan (Public Health Agency of Canada)
  - Updated version to be released this fall
- Ontario Health Plan for an Influenza Pandemic (MOHLTC/EMU)
- Provincial Coordination Plan for an Influenza Pandemic (EMO)
- Influenza Pandemic Planning Guidelines for Municipalities (EMO)
- Influenza Pandemic Plan for the OPS (MGS)
  - To be developed
- Local Pandemic Plan for Health Care Sector (Local Public Health Unit)

# Ontario Health Plan for an Influenza Pandemic (OHPIP): Overview

## Goals:

- Minimize serious illness and overall deaths through appropriate management of Ontario's health care system
- Minimize societal disruption in Ontario as a result of influenza pandemic

## Strategic Approach:

- Be ready – establish comprehensive contingency plans at provincial and local level
- Be watchful – practice active screening and monitor emerging epidemiological and clinical information
- Be decisive – act quickly and effectively to manage the epidemic
- Be transparent – communicate with health care providers and Ontarians

# Updates in OHPIP 2006

- Antiviral strategy:
  - Stockpile to treat 25% of the population
  - Prophylaxis strategy to be developed based on national consultation
- Occupational health and safety chapter:
  - Hierarchy of Controls
  - Personal Protective Equipment – provincial policy decision on use of masks pending
- Communications manual
- Surge capacity for health care workers
- Public health measures

# Updates in OHPIP 2006 (cont'd)

- Sector-specific:
  - Pandemic Lab Manual: tests available; recommended tests; etc
  - Pandemic Plan for Long-Term Care Homes
  - Paediatric chapter
  - First Nations chapter
  - Triage and critical care
  - Community strategy

# Influenza Pandemic Communications

## Influenza Pandemic



### **Ontario Health Plan for an Influenza Pandemic**

### **Information For Health Care Providers**

### **Information For Employers**

### **Information For First Responders**

### **Information For Faith Groups**

### **Emergency Preparedness**

### **Emergency Infection Control Kit**

### **Printable Fact Sheets in 24 languages**

## What you should know about a flu pandemic

**An influenza (flu) pandemic spreads easily and rapidly through many countries and regions of the world.**

Talk of an influenza pandemic has occupied the media of late. During the 20th century, the world faced three flu pandemics. The most deadly, the "Spanish Flu" in 1918 and 1919 killed over 20 million people.

Public health experts tell us that another flu pandemic could happen anytime. They also tell us that if we are prepared, we can reduce the number of people who become infected and the number who die.

And since pandemic flu spreads the same way as seasonal flu – through droplets contained in sneezes and coughs and by hand contact, basic precautions can greatly reduce its spread.

It is important to note that avian influenza is not the same as an Influenza Pandemic. Information on avian influenza is [available here](#).

### **The Pandemic Planner**

Starting August 2006, the Emergency Management Unit, Ministry of Health and Long-Term Care will be issuing the Pandemic Planner. As a monthly newsletter for health care professionals, the Pandemic Planner will provide information and updates on pandemic planning and preparedness. [The first edition of the newsletter](#) is now available in PDF format.



# The Pandemic Planner

A Monthly Newsletter for Health Care Professionals

Emergency Management Unit, Ministry of Health and Long-Term Care

August 2006

We are pleased to release the first issue of the *Pandemic Planner* – the Emergency Management Unit's (EMU) monthly newsletter for health care professionals and organizations involved with pandemic planning. Each month, the newsletter will provide information and updates on pandemic planning, preparedness and related initiatives locally, provincially and internationally. In addition to being issued electronically, the *Pandemic Planner* will be posted on the Ministry of Health and Long-Term Care's web site at: [www.health.gov.on.ca/en/hlt/shc/ehc/emergency/ehc/emergency/emergency\\_planner.html](http://www.health.gov.on.ca/en/hlt/shc/ehc/emergency/ehc/emergency/emergency_planner.html). We appreciate hearing your comments and suggestions for the newsletter. Please provide feedback through the Ministry's web site at the web address above.

– Allison J. Shaw, Director, Emergency Management Unit

## What's New

### *Ontario Health Plan for an Influenza Pandemic:*

Over the past year, over 400 stakeholders from the health care sector, government and labour dedicated their time, effort and expertise to update of Ontario Health Plan for an Influenza Pandemic (OHPID). The Ministry is finalizing the 2006 iteration of the plan.

We would like to thank all the members of the OHPID Steering Committee, the sub-committees and working groups, for their dedication, commitment and efforts on this important planning initiative.

The EMU will be sending out notices to stakeholders when the plan is released. We also encourage everyone to watch the Ministry of Health and Long-Term Care's web site for the posting of this important plan at:

[www.health.gov.on.ca/en/hlt/providers/preparedness/emergency\\_planner.html](http://www.health.gov.on.ca/en/hlt/providers/preparedness/emergency_planner.html)

### *Emergency Management and Preparedness Institute:*

The EMU, in partnership with the Registered Nurses Association of Ontario (RNAO), Centre for Professional Nursing Excellence, will be hosting the first Emergency Management and Preparedness Institute. This week long session starts on September 17<sup>th</sup> and runs through to September 22<sup>nd</sup>, 2006.

Details on the Emergency Management and Preparedness Institute, including registration, can be found on the RNAO's web site at: [www.rnao.org/](http://www.rnao.org/)

### *Operational Plan: Outbreak of Avian Influenza:*

The EMU has also been actively engaged in the planning and monitoring for the possible entry of the highly pathogenic H5N1 avian influenza (AI) virus into wild birds and domestic poultry populations in Ontario. While AI is not the same as a human influenza pandemic, it is important that we be prepared for the potential economic and health impacts of an AI outbreak.

The EMU has led the development of an operating plan to be used to monitor, protect and treat the impact of AI on poultry farm workers and others who may be at risk. The document will outline the roles and responsibilities of provincial and federal agencies, and include contact lists, check lists and Personal Protective Equipment (PPE) information.

This operating plan had been distributed to key stakeholders for review and feedback.

### Useful Web Resources:

<http://www.fidworld.com/infocare.aspx> - FIDworld provides consulting services on workplace health and well-being. The firm has developed information on pandemic planning for employees and business.

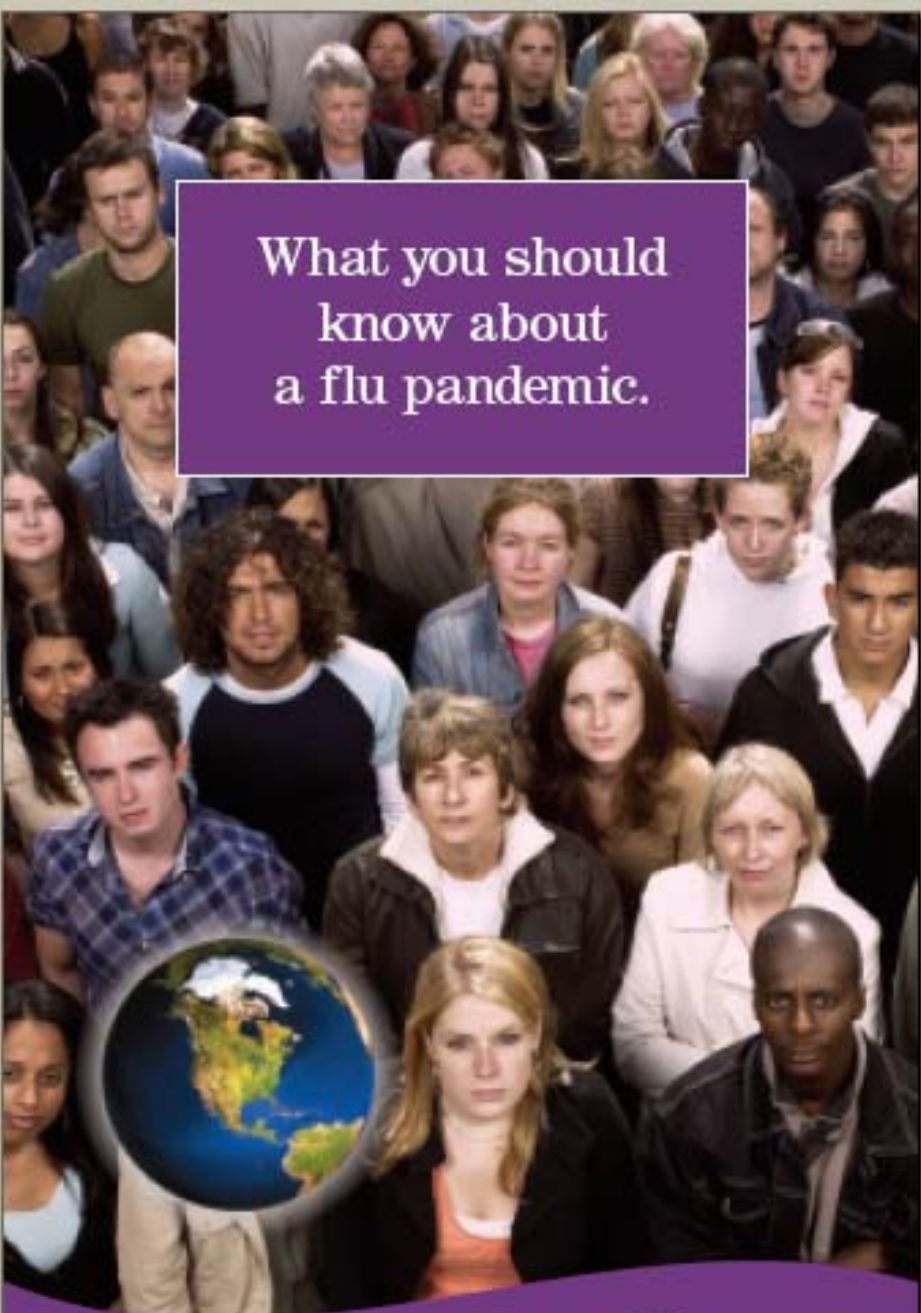
<http://www.confederation.ca> - The Conference Board of Canada issued a report "A State of Unpreparedness: Canada's Organizational Readiness for a Pandemic". To access the report, sign in through the e-library section of the web site.

[http://www.nyc.gov/html/doh/html/ehc/pandemic\\_planning.html](http://www.nyc.gov/html/doh/html/ehc/pandemic_planning.html) - New York City's updated Influenza Pandemic Plan.



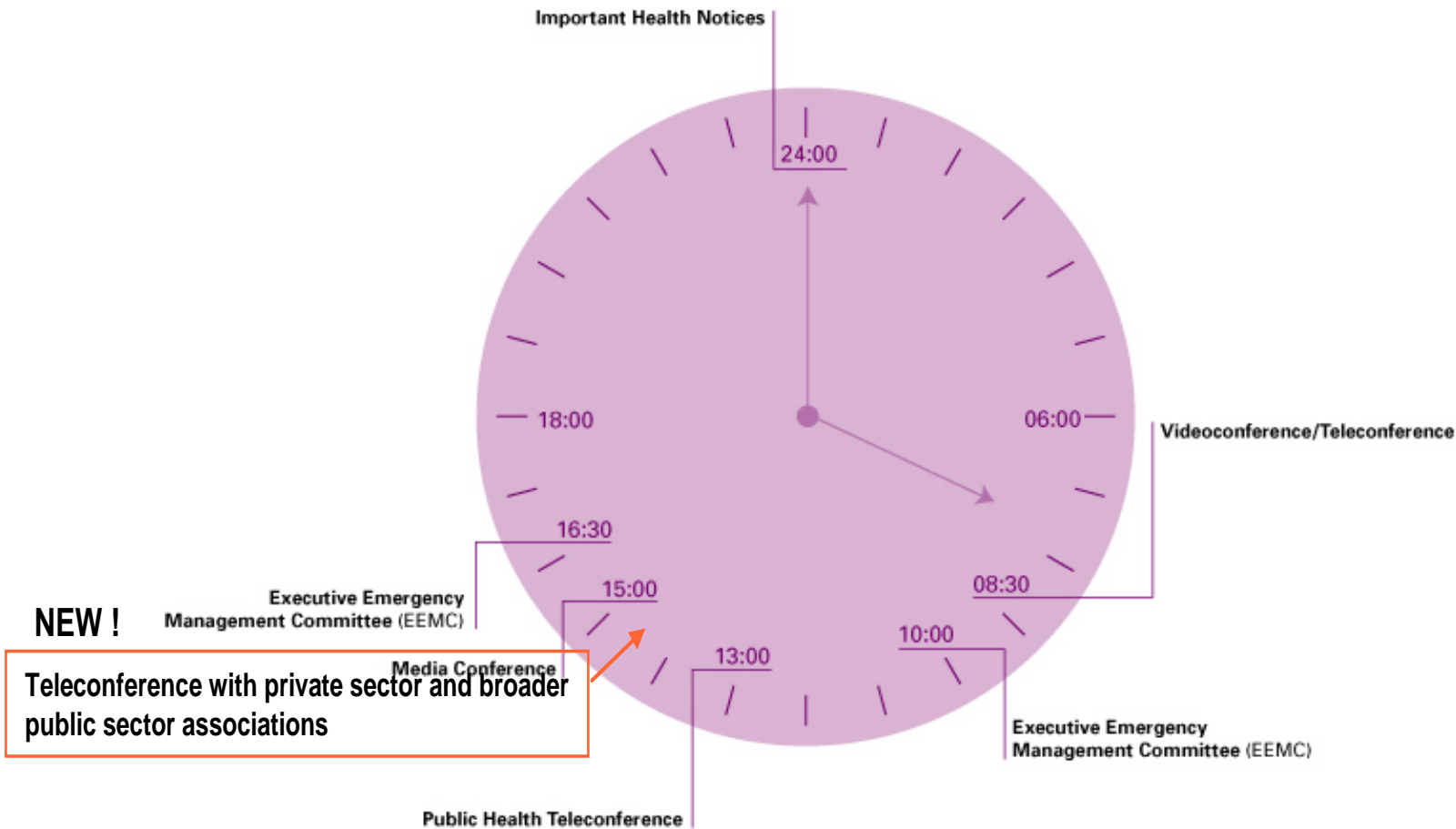
Ontario

Ontario

A large, diverse crowd of people of various ages and ethnicities. In the lower-left foreground, a small globe is overlaid, showing the continent of North America.

What you should  
know about  
a flu pandemic.

# Information Cycle



# Important Health Notice

## Information for Healthcare Professionals Outbreak in Toronto

February, 2006  
Volume 1, Issue 1  
Page 1 of 1

Dear Colleagues:

The following is being provided to update you on the outbreak in Toronto:

- the case definition remains: sudden onset of fever with malaise, with or without runny nose and nasal congestion or cough
- currently 89 patients and 21 health professionals listed as ill and 42 have been admitted to hospital for treatment. Some patients are improving. (Please note: these numbers will change and are provided only for context)
- Laboratory testing for a wide range of illnesses is being carried out with no positive test results as yet. SARS, avian flu and influenza have been ruled out
- updated control measures are as follows:
  - hospitalized patients are in isolation with droplet precaution
  - as hospitalized patients become ready for discharge they will be discharged with no additional measures required
  - patients with symptoms not requiring hospitalization are being sent home with instructions to follow until symptoms pass:
    - hand hygiene
    - cough etiquette
    - spatial separation
    - if they don't feel well, stay home from work/school

### Highlights:

- Updated control measures for individuals with a febrile respiratory illness
- Updated personal protective equipment measures for staff
- At the request of the Chief Medical Officer of Health and the Medical Officer of Health for the City of Toronto, the Provincial Infection Disease Advisory Committee (PIDAC) reviewed protection measures and confirmed that the hospitals involved and Emergency Medical Services use gowns, aprons, masks, eye protection and gloves when in contact with patients afflicted by the Seven Oaks outbreak. These precautions are set out in PIDAC's publication, *Preventing Febrile Respiratory Illnesses: Protecting Patients and Staff*
- Hospitals in the Greater Toronto Area have been and are expected to continue to be responsive to requests for access to available isolation beds

Please contact your local public health unit should you have any questions.

(original signed by)

Dr. Nicola Baccaro, Chief Medical Officer of Health and Assistant Deputy Minister

(original signed by)

Allison J. Stewart  
Director, Emergency Management Unit



# Important Health Notice

← *“Highlights” text box - public health and infection control measures*

← *Details of outbreak - case definition, number of cases, detailed control measures*

← *Signed by CMOH, EMU*



# Role of Secondary and Elementary Schools



# Issues for Consideration Secondary and Elementary Institutions

## **Business Continuity**

- Is there a business continuity plan?
- Does it deal with emergencies that are of this duration and where people are the vulnerability?
- Will classes continue? What about co-op/ placements?
- What will be done about the academic year?
- Have staff/students/parents been informed, updated on expectations and planning?

## **Infection Control**

- Have enhanced infection control policies and procedures been developed (i.e. social distancing, cough etiquette, handwashing)?
- Have staff/students/parents been informed?

# Issues for Consideration Secondary and Elementary Institutions

## Community Engagement

- Is the organization part of local pandemic planning committees?
- How can the organization support the broader community response?
  - Surveillance?
  - Space?
  - Staff/volunteers?



**Let's Get Personal...**

# Personal Preparedness

- Be informed
- Stay healthy:
  - Hand washing
  - Cough/sneeze etiquette: cover mouth and nose; dispose of tissues; wash hands
  - Avoid overcrowding when possible during outbreak
- Identify contingency plans:
  - Daycare unavailable
  - Food shortages
  - Limited fuel
  - Caring for the ill at home
- Reach out:
  - Support of neighbours, friends and family who may have difficulty managing in a pandemic

# Resources

## Emergency Management Unit:

<http://www.health.gov.on.ca/pandemic>

## WSIB:

[http://www.wsib.on.ca/wsib/wsibsite.nsf/public/flu\\_resources](http://www.wsib.on.ca/wsib/wsibsite.nsf/public/flu_resources)

## CDC:

<http://pandemicflu.gov/plan/pdf/businesschecklist.pdf>

# Contacts:

**For questions, contact  
Emergency Management Unit staff at:**

1 866 212-2272                      Healthcare Providers Hotline

1 866 331-0339                      Employers' Health Hotline

Email: [emergencymanagement@moh.gov.on.ca](mailto:emergencymanagement@moh.gov.on.ca)