



The Pandemic Planner

A Monthly Newsletter for Health Care Professionals

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

June 2007

Summer has officially arrived! For many of us the season presents the opportunity to relax, enjoy the weather, take a vacation and reflect on our planning efforts and accomplishments since the start of the calendar year.

Over the last few months there has been significant activity and interest in planning at the community level. The *Pandemic Planner* has featured many local planning efforts, as well as community accomplishments. It has also highlighted how community initiatives focus more and more on an integrated planning approach and how local activity has contributed to the momentum we have gained in the field of pandemic planning.

This month's *Pandemic Planner* will feature more about local integrated planning. We hope you will find this month's issue of interest and that it continues to build momentum throughout the summer!

~ Allison J. Stuart, Director, Emergency Management Unit

What's New?

Community Pandemic Planning Survey

The May 2007 survey results are in and these latest findings clearly demonstrate the on-going progress of local interagency pandemic planning!

In the fall of 2005, local public health units assumed the leadership role in coordinating the development of local interagency health response plans for an influenza pandemic. The key to interagency planning success is the engagement and participation of all aspects of the local health care system such as, hospitals, long-term care homes, emergency medical services, community-based service providers and medical laboratories.

Highlights of the May 2007 survey findings are:

1. All 36 public health units are well underway in developing internal pandemic response plans for their health unit. A majority (over 80%) have already completed/released their first *public health unit* pandemic response plan;
2. Interagency planning is also well underway in the 36 public health unit catchment areas, with 63% of communities completing local *interagency* pandemic plans. This is an increase over this time last year when just under half of local public health units reported the completion of these plans; and
3. Interagency planning has not only involved the local health care sector. In many instances, local health units have engaged municipalities, funeral homes, faith communities and non-government organizations such as the Canadian Red Cross, St. John Ambulance, Salvation Army and social service agencies – truly advancing response readiness.

The survey has also revealed that a majority of interagency pandemic plans are addressing the importance of clearly defined roles and responsibilities, as well as surveillance, communications, mass vaccination and flu centre requirements.

To access and review local interagency plans, please visit: www.health.gov.on.ca/pandemic, and select "Local Planning" on the menu bar. To find out more about the latest survey results, visit www.health.gov.on.ca/pandemic. The findings are featured under "What's New".

Health Systems Improvement Act

Ontario's Health System Improvements Act (HSIA) received Royal Assent on June 14, 2007. Through this Act, many amendments have been made to the Health Protection and Promotion Act (HPPA), including new emergency public health powers. Of particular interest to health emergency planners are the supply chain power and the authority to issue directives to health organizations. These powers must be proclaimed by the Lieutenant Governor before they come into force.

The supply chain power is intended to be used to mitigate health risks in an emerging health crisis by securing appropriate medications (for example: vaccines, antivirals, antitoxins, antibiotics), and supplies (personal protective equipment). The amendment provides the Minister of Health and Long Term Care with the authority to acquire medications and supplies necessary for the health organization(s) to take immediate and decisive action in response to a health risk.

This new public health emergency power can only be exercised after Ontario's Chief Medical Officer of Health (CMOH) certifies that

there is an immediate risk to health, that the resources are necessary to address the risk, and that the regular procurement processes are insufficient and/or are unable to meet the imminent health needs of Ontarians.

Another important public health emergency power is a provision for the CMOH to issue directives on precautions and procedures. Directives may be issued to a health organization(s) to increase alertness and/or awareness of specific symptoms, to use personal protective equipment appropriate to the health risk to administer treatment or prophylaxis, and/or to take any other actions deemed necessary.

Directives will be developed by the Ministry of Health and Long-Term Care based on current scientific, technical, operational and occupational health and safety advice provided by the Scientific Response Team. This team is comprised of experts in infectious diseases, public health, health emergency management, administration and occupational health and safety.

The Important Health Notice (IHN) will not be replaced by directives. Where an IHN informs the health sector about an emerging health incident or health risk, the directive will inform the health sector on what to do.

IHNs are distributed through email and fax to over 34,000 listed recipients. IHNs are also posted online and can be downloaded from several sections on the ministry's website, including: www.health.gov.on.ca, www.health.gov.on.ca/pandemic or www.health.gov.on.ca/emergency.

The Emergency Management Unit (EMU) is developing an online 'directive toolkit'. The toolkit will provide additional information on directives, such as their purpose, format and method of distribution. Like the IHN, directives would also be available online once issued. Information on where directives can be accessed will be communicated with the health sector and stakeholders in the near future.

More information and updates on supply chain power and directives will be featured in future issues of the Pandemic Planner. To access the HSIA, go to: www.ontla.on.ca (select "Bills & Lawmaking" from the menu bar, then select "Status of Legislation" and choose Bill 171).

Avian Influenza Wild Bird Surveillance

Ontario is participating once again in the annual Canada-wide avian influenza surveillance program. As part of this ongoing surveillance, Ontarians are being asked to report any dead wild birds to their local public health unit. In addition to testing for West Nile Virus, some of the dead birds collected will be tested for avian influenza by the Canadian Cooperative Wildlife Health Centre.

While avian influenza viruses have been detected in wild bird populations in Canada, the strains found to date have been low pathogenic and pose low to no risk to domestic poultry populations, backyard birds or the public.

For more information on the nation-wide avian influenza surveillance program, please visit: http://wildlife1.usask.ca/en/aiv/aiv_reports_2006.php.

Information on avian influenza can also be found at: www.health.gov.on.ca/avian or at: www.ontario.ca/birdflu.

You Asked...?

- At every National Emergency Stockpile System (NESS) training course offered by the EMU, participants (first responders, municipalities, social services organizations) are encouraged to become involved in health emergency planning within their communities. For more information on the NESS, please visit: www.health.gov.on.ca/emergency (select "Emergency Preparedness for Health Care Providers" from the menu, then select "Emergency Programs, Services and Support").
- It is anticipated that the fourth iteration of the Ontario Health Plan for an Influenza Pandemic will be released summer 2007. The plan features new chapters on Emergency Medical Services, Mental Health and Addictions as well as updates to existing guidelines and chapters.

Local Profile

Toronto Public Health released its own influenza pandemic plan in the fall of 2005 and an interim update in March 2006. The health unit continues to explore best practices based on the most recent science and information available and anticipates the release of the next iteration of its plan in fall 2007.

The health unit's efforts in pandemic planning has also included training for the city's occupational health and safety staff and representatives, as well as its own health unit staff. Training has focused on pandemic planning, personal preparedness and the roles and responsibilities of the health unit in responding to an influenza pandemic.

Like other health units in Ontario, Toronto Public Health has also taken the initiative to work collaboratively with the local health sector, as well as volunteer organizations, the education sector, social services and non-profit and business communities to develop guidelines for sector specific influenza pandemic planning.

For more information, please visit: <http://www.toronto.ca/health/pandemicflu/index.htm>.

Important Dates: July 2007

- **July 8 – 11, 2007** – 17th World Conference on Disaster Management will be held in Toronto. For more information, please visit: <http://www.wcdm.org/>.

Useful Resources

"Factors that make an infectious disease outbreak controllable" - The aim of this study is to identify general properties of emerging infectious agents that determine the likely success of public health measures in controlling outbreaks. To access the article, please visit: <http://www.pnas.org/cgi/reprint/0307506101v1.pdf>.

"The effect of public health measures on the 1918 influenza pandemic in U.S. cities" - This study considers how non-pharmaceutical public health measures can be used to contain or mitigate a future pandemic. To access the article, please visit: <http://www.pnas.org/cgi/reprint/0611071104v1>.

"Time variations in the transmissibility of pandemic influenza in Prussia, Germany, from 1918-19" – This paper reanalyzes the temporal distribution of pandemic influenza in Prussia, Germany, from 1918-19. To access this paper, please visit: <http://www.tbiomed.com/content/pdf/1742-4682-4-20.pdf>.