

Health Emergency Management and an Update on Pandemic H1N1

Tiffany Jay
Emergency Management Branch
Ministry of Health and Long-Term Care
February 18, 2010



Emergency Management

- Emergency/disaster occurs when impact on community exceeds its coping resources
- Goal: resilient communities
- Emergency management includes:
 - Prevention/Mitigation
 - Planning
 - Response
 - Recovery
- Business continuity

Levels of Government

- Municipal role
 - Response to emergencies generally initiated locally (fire, police, EMS)
 - Health sector plays a significant role: EMS, public health, hospitals
 - Potentially other municipal resources (social services, public works) involved
- Provincial role
 - Support the local response, coordinate if local response is overwhelmed
 - For some emergencies, response is initiated provincially (e.g. nuclear facility accident)
- Federal role
 - Support the provincial response if requested
 - For some emergencies, federal government participation is automatic (terrorism, international emergencies, emergencies involving First Nations)

Regulatory Framework in Ontario

- Emergency Management and Civil Protection Act:
 - Emergency powers to support management of a declared provincial emergency
 - Definition of an emergency includes dangers caused by disease or health risk
 - Order In Council responsibilities for Ministry of Health and Long-Term Care specific to human health, disease and epidemics and health services during an emergency
- Health Protection and Promotion Act
 - Emergency powers when there is an immediate and serious, or immediate risk to the health of persons in Ontario

Ontario Disasters/Events and Health Impacts

Emergencies in Ontario:

Hurricane Hazel



**Mississauga Train
Derailment**



Ice Storm



Health Impacts:

- Paramedics as first responders; care for the injured; monitoring of impacts of disruptions to sewage systems and drinking water
- Area hospitals and LTC facilities evacuated
- Hospitals became shelters in some communities; availability of services in the home compromised; emergency services delayed

Ontario Disasters/Events and Health Impacts

Emergencies in Ontario:

SARS



Power Blackout



**Peterborough
Flood**



Health Impacts:

- Major impacts on health human resources, service delivery, wait times; public health management of outbreak, quarantine, contact tracing
- Community/home supports not available (dialysis, oxygen supplies, etc); access to power for HVAC and services compromised; cold chain compromised
- Evacuation of LTC facility; monitoring of drinking water, clean-up; monitoring for disease outbreaks; ongoing monitoring for mould

What is a 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
- World Health Organization has developed system to identify pandemic risk
 - Divided into phases (phase 1 – 6) that highlight pandemic risk levels
- Based on history, influenza pandemics typically happen in 2 or more waves, spread out over 12 – 18 months

Pandemic H1N1 Highlights


- April 28, 2009: first confirmed case of H1N1 in Ontario
- World Health Organization went from phase 3 to 5 in five days:
 - Phase 3 April 24; Phase 4 April 27; Phase 5 April 29
- Phase 6 “pandemic” was declared on June 11, 2009
 - H1N1 is a novel virus with extensive geographic spread; however, WHO classification does not account for severity
- As of February 6, 2010, Ontario has:
 - 8,789 laboratory confirmed cases
 - 1717 hospitalized cases
 - 128 deaths
- Ontario has experienced two waves of illness

Pandemic H1N1 Highlights (cont'd)

- Ministry worked with a wide-variety of partners to implement a number of response measures (cont'd):
 - Measures to expand capacity of primary care services and support the establishment of flu assessment centres
 - Deployment of provincial stockpiles of antiviral medication for treatment
 - Deployment of provincial stockpile of supplies and equipment to health care providers to protect health workers
 - Distribution of additional ventilators to support critical care capacity

Pandemic H1N1 Highlights (cont'd)

- Ministry worked with a wide-variety of partners to implement number of response measures:
 - Enhanced surveillance activities with local public health units to monitor the spread of influenza across Ontario
 - Issued medical guidelines for the health care system on how to treat H1N1 and as we learned more about this novel virus
 - Delivered H1N1 vaccine program, of which Ontario achieved approximately 40% population uptake
 - Supported public education campaigns on how to stay healthy and where to get the seasonal and H1N1 influenza vaccine
 - Created guidelines on public health measures for non-health care settings, including faith-based groups



Ministry of Health and Long-Term Care
Guidance on Public Health Measures for the Pandemic H1N1
Influenza Virus for Faith-Based Groups

Version: 1
Date: December 1, 2009

Background
Every fall there is some kind of flu going around. But this year it's a different flu season – with the new pandemic H1N1 influenza virus as well as seasonal flu viruses circulating.

Highlights
This document aims to provide guidance to faith-based groups on public health measures that can be used to control the spread of an influenza, including the H1N1 flu.


Background
Here are some facts about H1N1 influenza:

- H1N1 influenza is a new version of the flu virus.
- The symptoms of the H1N1 flu virus are similar to the symptoms of seasonal flu. They include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have also reported diarrhea and vomiting with H1N1 flu.
- H1N1 flu spreads like any other flu virus, mainly from person to person through coughing, sneezing, or direct contact (touching). People can become infected by touching objects or surfaces with flu viruses on them and then touching their mouth, nose or eyes.
- Infected people may be able to infect others beginning 1 day before symptoms develop and up to 7 days after becoming sick.
- Children and people who are very ill may be able to infect others for up to 10 days. That means that individuals may be able to pass on the flu to someone else before they know they are sick, as well as while they are sick.

Highlights

- Most people born before 1957 are at a lower risk of getting H1N1 flu.
- Although H1N1 is a relatively mild strain, flu can still be a serious illness, especially for people with conditions that increase their risk of complications.

Many faith-based organizations have developed pandemic influenza plans, which contain guidelines specific to their organizational structure, worship, rituals and patterns of pastoral care. Faith-based organizations should use these existing



www.health.gov.on.ca/en/ccom/flu/h1n1/pro/docs/faith_guidance.pdf

Pandemic H1N1 Highlights (cont'd)

- Faith-based organizations played a number of important roles in the response to the H1N1 pandemic
 - Linking with public health units and other key health organizations for information, updates
 - Communicating health information effectively
 - Supporting immunization efforts
 - Linking vulnerable and hard-to-reach populations to vital information and resources
 - Expanding and adjusting organizational activities to help people stay healthy
 - Supported education to support healthy behaviours

Current Status

- Most illness has been mild, with low rates of hospitalizations and deaths
- Hospitalization has occurred most frequently in children and young adults
- Risk factors for complications includes pregnancy and chronic medical conditions, such as lung disease
- Illness does not typically occur in persons over the age of 60, probably as a result of residual immunologic memory from H1N1 exposure in 1957

Current Status (cont'd)

- Significantly less pH1N1 activity occurring in Ontario and Canada
 - Lab-confirmed cases are lower
 - Influenza consultation rates with physicians are lower
 - Respiratory illness calls to Telehealth Ontario are lower
- Ministry and local level are slowly winding down response measures, based on surveillance information
- H1N1 and seasonal influenza vaccines continue to be available
 - Continuing communications encouraging vaccine uptake
 - Some immunization clinics were re-opened in January or are by appointment only

Current Status (cont'd)

- Difficult to predict what will happen next
 - Cases of influenza likely to continue over the rest of the flu season
 - H1N1 expected to continue to be main circulating strain, but seasonal strains may also circulate
 - Potential resurgence of H1N1 may result in third wave of illness in individuals that remain susceptible to the virus
- Ontario remains vigilant
 - Continue to monitor influenza activity across the province
 - Continue to encourage open dialogue between stakeholders/ partners on response and recovery activities

Looking Forward


- Ministry is taking this opportunity to review provincial response to H1N1
 - Identify best practices/ lessons learned and update provincial response plans
 - Will be engaging with key health system partners/stakeholders at all levels during review process
- Faith-based organizations could take this opportunity to review their response to H1N1
 - Consider best practices/ lessons learned that may apply to:
 - Annual flu season;
 - Another influenza pandemic; and/or,
 - Another type of emergency (e.g., infection diseases outbreak, weather-related emergencies, etc.)

Looking Forward (cont'd)

- As part of this review, faith-based organizations may want to consider the following areas:
 - Collaboration between faith-based organization and other local, provincial, and national partners/stakeholders
 - Communication with community members on how to stay healthy, how to access the vaccine, etc.
 - Efforts to provide emotional comfort and support to community members
 - Efforts to help vulnerable and hard-to-reach community members
 - Efforts to protect the health of community members, clients, staff, and/or volunteers
 - Collaboration with health officials/organizations on response activities (e.g., mass immunization strategy)
 - Modifications to faith practices to stop the spread of influenza (e.g., environmental cleaning, changes to religious services, etc.)

Personal Preparedness

- Be informed
 - Know the risks that may impact your family/community/workplace
- Stay healthy:
 - Hand washing
 - Cough/sneeze etiquette: use arm not hand
- Identify contingency plans:
 - Have an emergency kit at home
 - 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 an emergency



Be Prepared: Make a Plan

Discuss Emergency Planning with your family
Emergencies, such as a fire, a severe storm, a flood or power outage, often occur without warning. Your best defense in protecting yourself and your family during an emergency is knowing what to do and planning ahead. Discuss your plan with your family. The following guide will help you get started. Keep this guide with your emergency kits for quick reference.
Please review your plan every six months to ensure it's up-to-date.

Emergency Phone Numbers

911

Police/fire/ambulance


Family doctor

Pharmacy

Animal hospital

Out-of-town contact
1-800-268-9017/416-813-5900

Ontario Poison Centre



Questions?

Emergency Management Branch

416-212-0822 or 1-866-331-0339

Emergencymanagement.moh@ontario.ca

MOHLTC H1N1 website

www.ontario.ca/flu

ServiceOntario INFOLine

1-866-532-3161