
DATE: August 5, 2009

REPORT TITLE: **PANDEMIC PREPAREDNESS AND RESPONSE FOR PANDEMIC (H1N1) 2009**

FROM: Janette Smith, Commissioner of Health Services
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RECOMMENDATION

To provide an overview of Health Services preparedness and response activities to protect Peel residents against Pandemic (H1N1) 2009 influenza, which continues to circulate in Canada and worldwide;

And further, that interim funding for the cost of pandemic preparedness and response for pandemic (H1N1) be drawn as needed from the General Government Working Fund Reserve, R1250 for up to \$1.65 million at the discretion of the Chief Financial Officer and Commissioner of Corporate Services.

REPORT HIGHLIGHTS

- The first cases of novel H1N1 influenza in Ontario were reported in April 2009. As of July 31, 2009, 695 confirmed cases have been reported in Peel Region including 65 hospitalizations and 4 deaths.
- In response to the geographical spread of H1N1 (Human Swine) Flu, the World Health Organization moved to pandemic alert phase 6 on June 11, 2009.
- Peel Public Health developed a Pandemic Plan in 2007: it outlines activities intended to respond to outbreaks which could be very severe, causing many hundreds of deaths and massive social disruption. As the current pandemic unfolds, it appears most likely that there will be a second wave of cases in the fall, but that its severity is uncertain and may not be much more than that of the influenza seen each winter season.
- As required by the Ministry of Health and Long-Term Care (MOHLTC), Peel Public Health is preparing for mass immunization, and for Influenza Assessment Centres (as described in the accompanying reports), and is also implementing enhanced surveillance.
- It is estimated that the maximum costs for H1N1 preparedness is \$1.65 million.

DISCUSSION

1. Background

The first cases of novel H1N1 influenza in Ontario were reported in April 2009. As of July 31, 2009, 695 confirmed cases have been reported in Peel Region, including 65 hospitalizations and 4 deaths, two of whom had underlying medical conditions. This underestimates the true number of cases as not all cases are confirmed through laboratory testing, especially since

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a policy change in June reserved testing only for hospitalized cases or for those at high risk for complications.

In response to the geographical spread of H1N1 (Human Swine) Flu, the World Health Organization moved to pandemic alert phase 6 on June 11, 2009.

Although the current level of H1N1 activity is higher than that typical of regular or "seasonal" influenza at this time of year, it has dropped off considerably from its peak in May-June. H1N1 activity has now shifted, as predicted, to the Southern Hemisphere, where the mortality has varied between the same as, to twice that of seasonal influenza. Consistently in all countries in both hemispheres, the pattern of illness varies from that of seasonal influenza in that those over sixty years of age are rarely affected and there are occasional deaths from primary influenza pneumonia in children and young adults.

Pandemic planning activities are based on the Pandemic Influenza Plan for the Health Sector in Peel, 2007, which builds on the Ontario Health Plan for an Influenza Pandemic, 2008 (OHPIP). These include: surveillance, mass immunization, health services preparedness, healthcare coordination, public health measures, influenza assessment centres, and mass immunization.

2. Proposed Direction

Surveillance

To monitor the spread and change in virus activity, Peel Public Health is working with local partners on a variety of enhanced surveillance initiatives. This includes monitoring of school absenteeism through our Public and Separate school boards, daycare absenteeism through Regional daycares, and workplace absenteeism through the Region of Peel. It also includes surveillance for influenza-like illness among sentinel physicians within Peel Region.

Peel Public Health is also monitoring hospital indicators, such as emergency department visits and hospital admissions, to detect any increases in influenza activity. This will help us monitor the capacity of our local hospitals to cope with increased pressures, and may serve as a trigger for opening influenza assessment centres.

The Ministry of Health and Long-Term Care (MOHLTC) and Ontario Agency of Health Protection and Promotion (OAHPP) have a number of studies underway to determine the extent of influenza spread in the population; to determine the groups at higher risk of being infected with H1N1, and those at higher risk of complications; and to evaluate the effectiveness of a pandemic H1N1 vaccine.

Influenza Assessment Centres and Mass Immunization

Planning for influenza assessment centres and mass immunization for Peel residents is underway, as described in separate reports to Council.

Health Services Preparedness Activities

Peel Public Health is liaising with corporate partners and participating in regional emergency planning and response activities with Police, Fire, Paramedic Services, as well as representatives from the City of Brampton, Mississauga and Caledon.

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Pandemic preparedness activities underway for Health Services include reviewing business continuity plans and determining what are essential services during this time. Health Services is also assessing requirements for stockpiling, storage and fit testing of personal protective equipment (PPE) for staff in conjunction with Human Resources Occupational Health and Safety.

The MOHLTC has stated that all health providers, including Health Services, are responsible for procuring PPE stockpile for the first four weeks of a pandemic wave. We recommend an eight week stockpile for additional safety. After this time period, the MOHLTC PPE stockpile can be accessed through the Ministry Emergency Operations Centre.

Staff has procured a site for storage and shipping of PPE required for Public Health, Long Term Care and Paramedic Services. PPE requirements include masks (surgical and N95), gloves, gowns and goggles.

Healthcare Coordination

Public health units have been designated to undertake coordination of the healthcare sector activities if required during a pandemic emergency. This will be effected through the Health Sector Coordinating Committee, chaired by the Medical Officer of Health. Coordination of preparations is effected through the MOHLTC and the Ontario Hospital Association. Physicians are receiving communications through several channels.

Public Health Measures

Recommendations for measures to reduce exposure to H1N1 virus, such as "social distancing" are outlined in the Pandemic Plan, and will be elaborated and communicated as required, in cooperation with the MOHLTC and other health units, in order to provide consistent advice across the province.

A communications plan is being prepared: this will encompass the provision of advice to the public and public and private organizations, advertising Peel Public Health services, and the services of the Customer Contact Centre.

Antiviral Medications

The Provincial stockpile has sufficient doses of two antiviral medications – Tamiflu and Relenza, to treat 25 per cent of the population. This will probably be released free of charge through pharmacies for dispensing against a prescription. Prescribing antivirals will be a major function of the Flu Assessment Centres.

Some resistance to Tamiflu has already been detected, but it is unlikely that this will become widespread during the next wave.

FINANCIAL IMPLICATIONS

Program staff and finance have been working together to ensure that processes are in place to track and monitor the costs of activities related to Pandemic (H1N1) influenza.

Current known or projected maximum costs for the H1N1 preparedness for the Health Services Department are summarized in the table below:

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Item	Estimated Maximum Cost
PPE stockpile purchase, storage and fit testing	\$582,865
Preparation for mass immunization clinics	\$725,000
Preparation for Influenza Assessment Centres	\$263,004
Other: internal support services, computers	\$ 80,106
Total	\$1,650,975

The MOHLTC has committed verbally to reimburse all costs for Influenza Assessment Centres and Mass Immunization, and to provide some products and services directly. Details are awaited.

The costs shown are for expenditures before H1N1 activity requires the implementation of the measures described. The funds of up \$1.65 million will be drawn from the General Government Working Fund Reserve, R1250, as needed. Operational costs will be estimated when more information becomes available and will be reported to Council.

CONCLUSION

Health Services has enhanced its ability to monitor the progression of the pandemic and is fully engaged in preparedness activities, such as planning for mass immunization, and flu assessment centres, and ensuring that the residents of the Region of Peel have access to information and measures to prevent illness. The Region is also taking the necessary steps to ensure continuity of essential services and protection of its employees.

Health Services will report to Council at a future date regarding the status of the H1N1 pandemic and Peel Public Health's response to mitigating the impact of this pandemic on Peel Region.

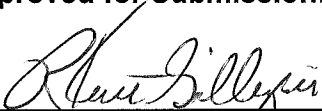


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Approved for Submission:



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