

Lambton County Pandemic Influenza Plan



Your partners in good health!



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INTRODUCTION

Influenza A viruses periodically cause worldwide epidemics, or pandemics, with high rates of illness and death. A pandemic can occur at any time, with the potential to cause serious illness, death and immense social and economic disruption throughout the world.

Experts believe that a future influenza pandemic is inevitable but the timing is unpredictable (Canadian Pandemic Influenza Plan, December 2003). Unlike most other emergency scenarios, a pandemic will not be a localized phenomenon and resources of all regions will be simultaneously strained. Lambton County must demonstrate a large degree of self-sufficiency over a prolonged period. Hence, contingency planning is essential for an effective response and mitigation and to minimize devastating effects.

The Lambton County Pandemic Influenza Plan (LCPIP) works in conjunction with Canada's and Ontario's Pandemic Influenza Plans. It has been created to provide guidelines for a coordinated, unified and controlled response to an influenza pandemic within Lambton County. All community members identified within the plan must be aware of the implications of pandemic influenza and their roles and responsibilities throughout an influenza pandemic. The LCPIP is a sub-plan of the County of Lambton Emergency Response Plan and responses and procedures follow the existing plan as much as possible. It must be noted, however, that **the authority for coordinating and responding to the community response to disease related emergencies lies with the Medical Officer of Health and Chief Medical Officer Health** (*Health Protection and Promotion Act, 1990 amended*).

The LCPIP is subject to modification based on directives from the federal and provincial governments, epidemiological factors associated with the influenza strain and to address community issues that may have impact on the plan.

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BACKGROUND

Epidemiology of Pandemic Influenza

(See *Pandemic Influenza Fact Sheet for more detail – Appendices*)

A new strain of the influenza A virus to which the population has little or no immunity can cause sudden, pervasive illness and death in all age groups on a global scale. A worldwide epidemic (outbreak) of Influenza A is called influenza pandemic. There have been three pandemics in the last century (1918-1919, 1957-1958 and 1968-1969) with the worst being the 1918-1919 “Spanish Flu” that caused 20-40 million deaths worldwide.

It is estimated that the next pandemic virus will arrive in Canada within three months after it emerges in another part of the world, but could be much sooner due to increases in the volume and speed of global air travel. An influenza pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within three to nine months of the initial outbreak wave and may cause more serious illness and deaths than the first. In any locality, the length of each wave of illness is likely to be six to eight weeks (Canadian Pandemic Influenza Plan, December 2003, Background, p. 3-4).

Estimated Impact of an Influenza Pandemic

In Ontario, economic costs are estimated at \$1.4 to \$2.5 billion in direct healthcare, and an additional \$10 to \$24 billion in societal costs.

The estimates were calculated using FluAid 2.0 software developed by the Centers for Disease Control Prevention (<http://www2a.cdc.gov/od/fluid/>). Based on **Lambton County’s** population projection of **132,473** and **Ontario’s** population projection of **12,392,721**. (2004 population projection based on 2001 Census data)

	Lambton County Estimated Totals	Ontario Estimated Totals
# Requiring Outpatient Care	10,585 – 24,700	990,974 – 2,312,272
# Requiring Hospitalization	250 – 582	22,276 – 51,978
# of Deaths	59 – 140	5,100 – 11,899

Source: Ontario Health Plan for an Influenza Pandemic, June 2005

These figures have been used to provide estimates of the low to high impact of an influenza pandemic on Lambton County for planning purposes (for example: the number of hospital beds needed). The impact is dependent on such factors as the severity of the virus, availability of a vaccine and anti-viral drugs. Special guidelines will need to be in place to address critical issues that will occur as service access is maximized and resources are depleted. Locating the resources that will be required, collecting the information that will be needed to educate stakeholders and citizens and identifying the service gaps that exist presently or will occur need to be addressed. It can be expected that:

- because the pandemic will be widespread with simultaneous outbreaks, Lambton County cannot rely on neighbouring resources to assist with its response
- there will be shortages of healthcare, emergency and essential services personnel due to illness
- essential services will be severely disrupted
- there will be shortages of equipment and supplies
- vaccine and anti-virals may be limited and not be readily available during the early stage of the pandemic
- will need to cope with large numbers of ill people, from all age groups, that will require treatment
- media and public scrutiny will be intense and unrelenting and fear will be abundant

Legislation

Emergency management in Ontario is governed by the **Emergency Management Act, RSO, 1990, Chapter E. 9**. Administration of the Act is assigned to the Solicitor General under whom the Chief of Emergency Management Ontario is responsible to coordinate, monitor and assist in the development and implementation of emergency management programs. He/She ensures those programs are coordinated with the emergency management programs and plans of the Government of Canada and its agencies. By Order in Council under the Act, the Ministry of Health and Long-Term Care (MOHLTC) is designated with lead responsibility for the provision of emergency health services, control of epidemics and response to large-scale adverse human health events.

Other stipulations under the **Emergency Management Act**:

- Section 2.1 (1) 2002 c. 14, s.4. **municipalities “shall develop and implement an emergency management program** and the council of the municipality shall by by-law adopt the emergency management program”.
- The emergency management program **shall consist of**,
 - (a) **an emergency plan** as required by section 3;
 - (b) **training programs and exercises** for employees of the municipality and other persons with respect to the provision of necessary services and the procedures to be followed in emergency response and recovery activities;
 - (c) **public education** on risks to public safety and on public preparedness for emergencies; and
 - (d) any other element required by the standards for emergency management programs set under section 14. 2002, c. 14, s. 4.
- **Municipal Emergency Plan** – Every municipality shall formulate an emergency plan governing the provision of necessary services during an emergency and the procedures under and the manner in which employees of the municipality and other persons will respond to the emergency and the council of the municipality shall by by-law adopt the emergency plan. 2002, c. 14, s. 5 (1).

Legal Powers: Declaration of Emergency and Termination

Under the **Emergency Management Act**:

- The Premier of Ontario may declare that an emergency exists throughout the province or in any part, may take action, and may issue orders to protect the health, safety and welfare of the inhabitants of the affected area
- The Premier of Ontario may at any time declare that an emergency has terminated
- The Head of Council of a municipality may declare that an emergency exists in the Region, or any part thereof, and may take action and make orders as he considers necessary to protect the property and the health, safety and welfare of the citizens.
- The Head of Council of a municipality may at any time declare that an emergency has terminated.

The Medical Officer of Health (MOH) or designate has the authority to control communicable diseases and **determines the actions needed to protect the community from a communicable disease** as outlined in the Health Protection and Promotion Act (HPPA), revised Statutes of Ontario, 1990, Chapter H.7. The MOH has the power to identify, reduce or eliminate health hazards.

In addition, the Medical Officer of Health has the authority to issue an order under Section 22 of the HPPA with respect to communicable disease if “he or she is of the opinion (upon reasonable and probable grounds) that a communicable disease exists or may exist, or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health”.

Influenza is a reportable and communicable disease as defined by the HPPA. Therefore, **health professionals must report diagnoses of influenza** meeting the case definition as outlined in 0.2.1 **to the local Medical Officer of Health or designate.**

PLAN OVERVIEW

Aim/Purpose of Plan

- To ensure that Lambton County is prepared to effectively respond to an influenza pandemic so as to protect the life, health and safety of the citizens of Lambton County.
- To ensure that the plan meets the requirements of the Canadian Pandemic Influenza Plan and the Ontario Pandemic Influenza Plan.

Goals and Objectives

Goal 1: Coordinate a Lambton County response to pandemic influenza.

Objectives:

1. a) To develop a plan that is flexible to account for the unknown epidemiology of a pandemic and the needs of different stakeholders (impact).
 - b) To provide education to stakeholders and the community about the impact of an influenza pandemic and regarding roles and responsibilities.
 - c) To provide a plan that is reviewed on an as-needed basis to ensure incorporation of new developments and best practices.
 - d) To provide an evaluated plan that is sufficiently clear and comprehensive to ensure operational viability and sustainability.
-

Goal 2: Minimize serious illness and deaths from a pandemic influenza in Lambton County.

Objectives:

2. a) Enhance surveillance systems for influenza in Lambton County.
 - b) To develop operational procedures for vaccine and antiviral delivery and administration.
 - c) To coordinate operational procedures for healthcare.
-

Goal 3: Minimize societal disruption in Lambton County as a result of pandemic influenza.

Objectives:

3. a) To ensure efficient interface and coordinate operational procedures for emergency measures within the community.
- b) To develop operational procedures for communications (internal/external) regarding pandemic information.

ROLES AND RESPONSIBILITIES

Community Health Services Department and Lambton County Pandemic Planning Committee

As outlined by the Ontario Ministry of Health, pandemic preparedness planning is a responsibility that is shared between the public health unit and local emergency response agencies. Local Medical Officers of Health have been given the responsibility of ensuring that pandemic plans are developed, tested and reviewed regularly in the inter-pandemic period.

The Community Health Services Department (CHSD) becomes the lead agency in dealing with an outbreak. The principal roles of the CHSD are surveillance, administering vaccines and antivirals, communicating health advice to the community and to support local efforts to respond and manage the event.

The Lambton County Pandemic Planning Committee was established in May 2000. It was anticipated that committee members would assist with the development of local pandemic plans, advocate for pandemic planning within their own places of employment and be responsible for managing the response for an influenza pandemic. Refer to Appendix (*to be inserted later*) for the Lambton County Pandemic Planning Committee's Terms of Reference.

It is intended that the Lambton County Pandemic Planning Committee will be a standing committee that will meet regularly in the inter-pandemic period to test, review and revise the LCPIP.

During a pandemic, the Pandemic Planning Committee will become a working group under the leadership of the Medical Officer of Health. This Pandemic Working Group will likely meet on a regular basis during a pandemic at the call of the Medical Officer of Health. The Group will develop and implement situation-specific strategies for responding to the pandemic within Lambton County. If it is formed, it may be necessary to review and adjust the membership of the Pandemic Working Group to include other agencies or elected community officials to ensure proper representation and flow of information to the municipal and County Control Groups as well as other members of the various pandemic sub-committees.

MANDATE:

1. To provide advice, expertise and recommendations, liaison and other activities associated with the pandemic and post-pandemic periods to support and promote the public safety, security, and health mandates of all orders of government.
2. To liaise with the Ministry of Health and Long-Term Care (and, if necessary, federal government Pandemic Flu Committee) in order to track pandemic influenza.
3. To monitor local conditions (number of cases), make recommendations to the board of health and local councils on activating the local pandemic influenza contingency plan.

4. To serve as the primary coordinating body for the provision of public safety, security, and health services.
5. To oversee communication and approve communication messages.
6. To allocate public health resources as required.
7. To liaise with E.M.O. and other provincial agencies on the status of the event, response activities, and requirements for provincial (or federal) support, advice, and assistance.

Responsibilities of the Medical Officer of Health

In this plan, tasks identified to be the responsibility of the Medical Officer of Health will either be completed by the Medical Officer of Health or designated alternate.

Specific Responsibilities:

- Implements and activates the CHSD Emergency Response Plan and the Lambton County Pandemic Influenza Plan (LCPIP)
- Ensures that an assessment of the emergency situation is made from an epidemiological and public health perspective
- Coordinates emergency activities of the CHSD as part of the County of Lambton Emergency Response Plan (municipal emergency response group)
- Integrates response with municipal, regional and provincial authorities
- Ensures public briefing on the situation and advises the community on matters pertaining to public health
- Advises other rescue/response services in disasters and emergencies, while not directly involving the health department, but having potential public health implications
- Monitors long term effects from a public health aspect
- Ensures that the emergency plans (CHSD Emergency Response Plan and LCPIP) are evaluated and revised as necessary

Scope of Lambton County Pandemic Influenza Plan

This plan provides guidelines on how to implement and maintain the plan and actions to be taken for the effective management of an influenza pandemic for the protection of the life, health and safety of the citizens of Lambton County. It complements both the existing Community Health Services Department (CHSD) and the County of Lambton Emergency Response Plans. Local area municipalities, school boards and other organizations are encouraged to use this document in the preparation of their contingency plans. It is recognized that this plan will require updating on a regular basis because of changes in the development of medications, changes in demographics and as other new information becomes available.

The plan has been designed to define roles and responsibilities during each of the six phases of pandemic influenza, as defined by the World Health Organization (WHO). (See following table)

World Health Organization (WHO) Alert Phases

INTERPANDEMIC PERIOD

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 or disease 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.

PANDEMIC ALERT PERIOD

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.

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).

PANDEMIC PERIOD

Phase 6. Pandemic phase: increased and sustained transmission in general population.

POSTPANDEMIC PERIOD

Return to inter-pandemic period.

In preparation for a response to pandemic influenza, the Community Health Services Department has established an organizational structure that includes a Lambton County Pandemic Planning Committee that oversees five Sub-Committees or Response Teams.

The roles and responsibilities for each of the Sub-Committees or Response Teams are defined by each phase (before, during and after a pandemic). The sub-committees focus on the following aspects:

- Surveillance and Laboratory Services
- Vaccine and Antiviral Delivery and Administration
- Health Care Preparedness
- Community Emergency Preparedness and Response
- Communications

PANDEMIC PERIOD – Phase 6

Lambton County Stages of Readiness:

- **Pandemic Confirmed: Scenarios**
Scenario #1:
Pandemic Confirmed Outside Canada

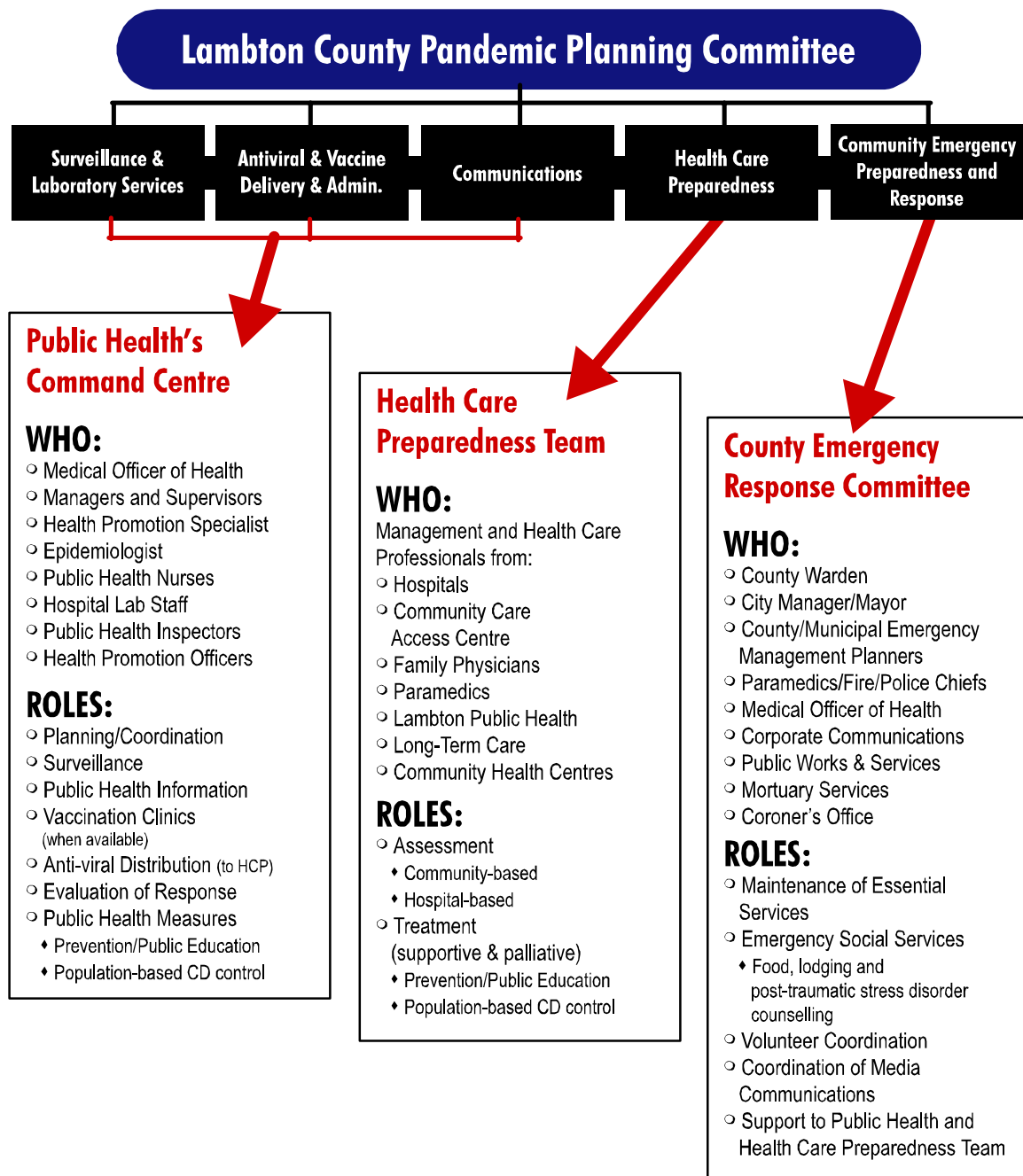
- Scenario #2:
Pandemic Confirmed Within Canada

- **Pandemic in Lambton County - First Wave**
Recovery period between waves

- **Pandemic in Lambton County - Second Wave**

Organizational Structure for Response to Pandemic Influenza in Lambton County

During the pre-pandemic planning phase, the role of the Lambton County Pandemic Planning Committee (LCPPC) is to consult with various key stakeholders to coordinate a regional response to pandemic contingency planning and integrate pandemic planning with existing emergency planning procedures. The LCPPC coordinates the five Sub-Committee/Response Teams (described below) and the Lambton County's pre-planning and response to pandemic influenza, including surveillance, communication, vaccine/antiviral delivery and administration and continuance of healthcare, emergency and essential services.



Lambton County Pandemic Planning

Sub-Committee Roles and Responsibilities

1. Surveillance and Laboratory Services:

ROLE: The role of the Surveillance & Laboratory Services Team is to enhance surveillance systems for influenza, including sentinel physicians sampling, outbreak monitoring at Long-Term Care and child care facilities and absenteeism monitoring at schools and the Region.

GOAL: To enhance surveillance systems for influenza in Lambton.

OBJECTIVES:

- a) To enhance current reporting from all sectors, including sentinel physicians, ER's, Walk-ins, Institutions, mortality data, etc.
- b) To enhance workplace reporting of respiratory related event impact (closures, service reductions.)
- c) To increase lab surge capacity, recruitment of additional labs for rapid testing, guidelines for influenza testing
- d) To enhance existing influenza surveillance system
- e) To set up a communication system to disseminate surveillance information to all stakeholders

2. Health Care Preparedness:

ROLE: The role of the Health Care Preparedness Team is to coordinate operational procedures for health care response and resources in order to cope with large numbers of ill people that will require care and treatment during the pandemic.

GOAL: To coordinate operational procedures for health care response to a pandemic emergency.

OBJECTIVES:

- a) To coordinate health care resources in the community to deal with pandemic-related pressures, including:
 - Opening flex beds as necessary
 - Enabling early discharge to home care or long term care facility
- b) To identify existing surge capacity at local level, and possible alternative health care facilities.
- c) To identify possible alternative health care workers and possible roles.
- d) To discuss possible stockpiling of drugs and supplies.
- e) To plan support services for health care workers and for patients.

3. Community Emergency Preparedness and Response:

ROLE: The role of the Community Emergency Preparedness and Response Subcommittee is to ensure that emergency and essential services have developed operational procedures for emergency measures specific to a pandemic event and that they address high rates of absenteeism due to illness.

GOAL: To ensure efficient interface and coordinate operational procedures for emergency measures within the community.

OBJECTIVES:

- a) To enhance current emergency measures procedures specific to a pandemic public health emergency.
- b) To enhance roles and responsibilities of emergency response agencies specific to a pandemic emergency including:
 - Use of external facilities for pandemic purposes.
 - Activation of Regional Emergency Measures structure in support of a pandemic emergency.
 - Procedures for use of extra-ordinary actions in response to a pandemic emergency.
- c) To develop a pandemic specific emergency control structure, (pandemic working group, declaration of emergency, etc.)
- d) To develop a specific pandemic emergency operations structure (pandemic operations center, site management, etc.)
- e) To educate current emergency measure stakeholders regarding “risk specific” pandemic emergency measures
- f) To liaise with emergency responders regarding maintaining essential emergency/community services
- g) To co-ordinate with municipal emergency measures structures regarding pandemic emergency resources and municipal-regional emergency management strategies

4. Antiviral and Vaccine Delivery and Administration:

ROLE: The role of the Vaccine/Antiviral Team is to develop operational procedures for vaccine/antiviral delivery and administration (i.e., receive, store, transport and administer vaccine/antiviral at mass public clinics).

GOAL: To develop operational procedures for vaccine and antiviral delivery and administration.

OBJECTIVES:

- a) To develop procedures for acquisition, transport, storage, security and delivery for vaccines and antivirals.
- b) To develop strategies for mass immunization clinics (facilities, staffing, education, marketing, security, etc.)
- c) To develop strategies for anti-viral management, (prioritizing distribution according to Provincial/Federal guidelines)

- d) To develop procedures for volunteer management
- e) To develop protocols for data maintenance, logistics, etc.
- f) To develop a protocol for monitoring and reporting any/all adverse events.
- g) To provide for vaccine and anti-viral security during transport and storage
- h) To work with the Communications sub-committee to establish a communications strategy to disseminate information and educate the public.

5. Communications:

ROLE: The role of the Communications Team is to develop operational plans for communicating pandemic information to various key stakeholders (internal and external) before, during and after a pandemic; to provide timely information to professionals, the public and the media; and to monitor and address misinformation.

GOAL: To develop operational procedures for communications (internal/external) regarding pandemic information.

OBJECTIVES:

- a) To develop procedures for educating the public
- b) To develop education material regarding “self-care” and reducing the spread of influenza
- c) To develop communications strategies regarding mass immunization clinics
- d) To develop a strategy for maintaining public confidence in Lambton County health services
- e) To develop a plan for misinformation and rumor management.
- f) To assist other subcommittees with developing their message(s) and distributing through the various channels.

EMERGENCY ALERTING GUIDELINES

In pandemic influenza, the World Health Organization (WHO) will first identify an antigenic shift. The Population and Public Health Branch (PPHB) will obtain information about the new influenza strain and will begin to develop a vaccine for the influenza strain. This process can take up to six months or more to complete. The Ministry of Health & Long Term Care (MOHLTC) will inform Medical Officers of Health of the impending pandemic.

Historically, pandemic influenza originated in Asia, thus providing the County of Lambton with some advanced warning about the pandemic. As the pandemic escalates in scale, the Medical Officer of Health and the Lambton County Pandemic Planning Committee will determine when to implement various stages of the Lambton County Pandemic Influenza Plan and the Community Health Services Department Emergency Response Plan, and whether to contact or convene emergency response groups and have the County of Lambton Emergency Response Plan implemented. Area municipalities will also be prepared to implement their Emergency Plans if required. The following call-out procedure will be followed to implement or place on standby the Lambton County Pandemic Influenza Plan:

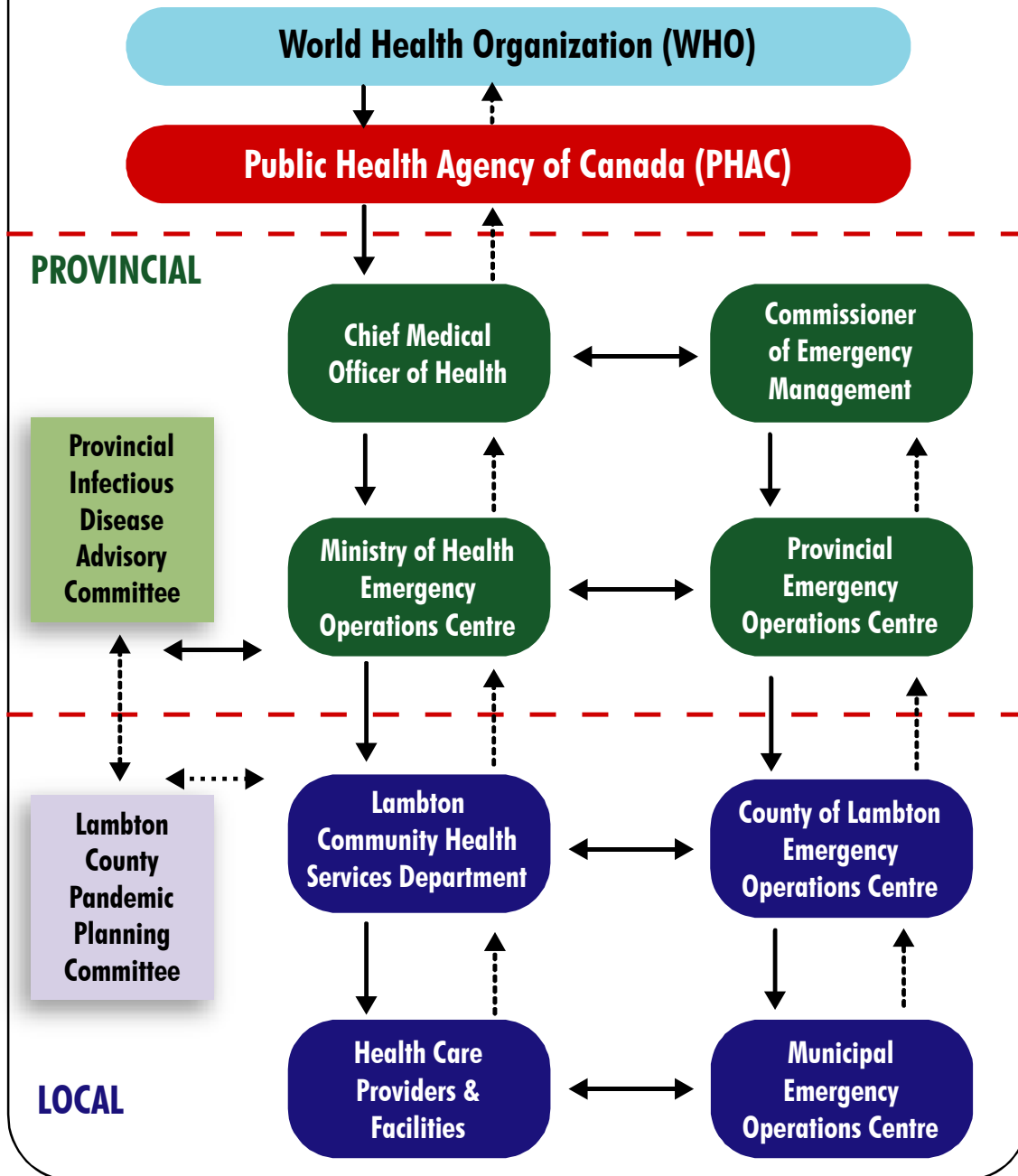
1. The Medical Officer of Health or alternate or designate will be notified of influenza by the Ministry of Health and Long-Term Care (MOHLTC) indicating that there is a confirmation of a pandemic.
2. The Medical Officer of Health or alternate or designate will request that the Lambton County Pandemic Planning Committee (LCPPC) be contacted, and to either remain on standby or report to the Community Health Services Department. The Medical Officer of Health or alternate or designate will act as a liaison between the MOHLTC and the LCPPC.
3. The Medical Officer of Health or alternate or designate will activate the Lambton County Pandemic Influenza Plan and the Community Health Services Department Emergency Response Plan.
4. The Medical Officer of Health's designate (or Community Health Services Department Manager or Supervisor who receives the advisory) will immediately notify the General Manager, Social and Health Services Division, County of Lambton and other members of the CHSD Emergency Response Plan Team, notifying them of the emergency and expected response required. They may be advised to assemble at the Community Health Services Department to determine the scope of the emergency.

5. The Chairs, or their alternates, of the five LCPIP Sub-Committee Teams (Communications, Surveillance, Vaccine/Antiviral, Health Care Preparedness and Community Emergency Preparedness and Response) will contact the members of the Teams or their alternates.
6. At each level of notification, staff will be informed to remain on stand-by or take specific action steps to respond to the emergency. Brief but pertinent details of the emergency will be provided (i.e., type of emergency, location, magnitude, response required, assigned tasks).
7. Close the loop and report to the Medical Officer of Health or designate on the status of the alert fan-out.

Notes:

1. *When a situation requires an extraordinary response, the responsibility for coordinating that response is that of the Municipal Control Group.*
2. *Ensure that everyone is notified and keep the MOH informed*

Emergency Management Structure for Lambton County's Pandemic Response



INTER-PANDEMIC PERIOD

The World Health Organization (WHO) continually assesses the level of alert from novel influenza viruses during inter-pandemic periods. **WHO will announce each phase.**

A new pandemic virus may first be detected from significant and rapidly spreading outbreaks. But, it is important for effective planning to have a process which defines responses to alternative possibilities, such as the recognition of a new virus which does not spread and cause a pandemic, and the early detection of low-level spread of a true pandemic virus.

The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and/or other scientific information. (Source: World Health Organization)

INTERPANDEMIC PERIOD - 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 or disease is considered to be low.

- ❑ Review and prepare for the steps in Phase 2

INTERPANDEMIC PERIOD - 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.

2.1 Surveillance & Laboratory Services:

- ❑ Case definitions are to be established, reviewed, and updated as recommended by the provincial and federal government.
- ❑ Monitor global, federal, and provincial influenza surveillance data web sites.
- ❑ Develop and plan surveillance policies and procedures for a pandemic.
- ❑ Encourage and educate the medical community about the importance of surveillance and when to initiate viral testing.
- ❑ Microbiology Lab Department at Bluewater Health and at Public Health Lab will have communication and contact with Community Health Services Department (CHSD) pertaining to positive lab results of reportable diseases.
- ❑ Develop protocols/guidelines for prioritization of laboratory services during times of high service demand and staff shortages.
- ❑ Monitor, collect, and forward all communicable disease reports and outbreaks to all pertinent data bases e.g. RDIS, IPHIS.
- ❑ Develop/improve communication mechanisms for the rapid and timely exchange of surveillance information between all stakeholders.

- ❑ Have communications with local physicians, Lambton-Kent schools, daycares, workplaces and pharmacies and local physicians pertaining to surveillance.

2.2 Health Care Preparedness:

- ❑ Pandemic influenza plan in place and tested

2.3 Community Emergency Preparedness and Response:

- ❑ Participate in the development of pandemic policies and guidelines through the CHSD Pandemic Planning Committee and participate in training exercises to test the Lambton County Influenza Pandemic Plan.
- ❑ Develop a list of essential community services and key contacts. An essential service is any which, if discontinued, would pose a serious threat to public safety or would interfere with the ongoing response to a pandemic. Essential and emergency service providers will be provided with information and strongly encouraged to develop business continuity plans of their own to ensure that their operations will continue during a pandemic. These internal plans may consider such matters as “cross-training” of personnel and supervisors and establishing minimum service and staffing levels to be maintained during a pandemic in light of a possible absentee rate of 50% due to illness.
- ❑ Recommendation made to consider stockpiling essential supplies.

2.4 Antiviral and Vaccine Delivery and Administration:

Antivirals

- ❑ Develop contingency plans for the storage, distribution and administration of antivirals within Lambton County

Vaccines

Vaccination is the primary means to prevent disease and death from influenza during a pandemic. The objectives of vaccine preparedness are:

- ❑ to provide a safe, effective vaccine program for all Lambton County citizens
- ❑ to allocate, distribute and administer vaccine to the appropriate groups of people
- ❑ to monitor safety and effectiveness of vaccination programs.

Vaccine Management Focus: Enhance Lambton County’s capacity to manage large-scale immunization program.

- ❑ Develop contingency plans for the storage, distribution and administration of vaccines within Lambton County
- ❑ Continue to provide and promote the Universal Influenza Immunization Program.
- ❑ Continue to increase the use of the influenza vaccine during the inter-pandemic period within the community
- ❑ Monitor the proportion of the public being vaccinated during the annual flu campaign to help determine if the promotional campaign is being effective. If the proportion is down from previous years, re-think/revise the promotional campaign
- ❑ Increase annual influenza vaccination coverage rates in NACI priority groups.

- ❑ Increase annual influenza vaccine coverage rates among health care workers and essential services workers.
- ❑ Ensure high-risk patients (as defined by NACI) receive the **pneumococcal vaccine** (or increase pneumococcal vaccination coverage rates in NACI priority groups).
- ❑ Encourage physicians to maintain lists of all high-risk patients. Maintaining lists of high-risk patients will save time in the event of a pandemic.
- ❑ Fact sheets on Pandemic and influenza will be maintained on the CHSD web site and reviewed or updated annually.
- ❑ Yearly in-service of all CHSD staff to increase surge capacity during a pandemic

2.5 Communications:

Dissemination of timely and accurate information will be one of the most important facets of the pandemic response. A multi-component communications plan is essential to ensure that all groups including; health care providers, community officials, media and general public obtain the information they require. A broad-based communication system will need to be established in the preparedness period taking into account that different target audiences will need different types of information and different levels of detail.

- ❑ Identify an official spokesperson for responding to information requests from key target groups and the media at different stages of readiness. This will be the Medical Officer of Health (or designate).
- ❑ Develop sample key messages for use in each stage of readiness.
- ❑ Identify key target groups and appropriate media channels.
- ❑ Sensitize key target groups to the potential for pandemic influenza.
- ❑ Circulate copies of the Pandemic Influenza Response Plan to key stakeholders and post on the Health Department's Web Site.
- ❑ Develop list-serves or group fax numbers for external partners and facilities such as Long-Term Care Facilities, retirement homes, nursing agencies, home care agencies, hospitals and EMS agencies, etc.
- ❑ Define potential team members for the Communications Sub-Committee, drawing communication specialists from county departments, municipalities, hospitals, school boards and industry.
- ❑ Select local news broadcast station to be the principal source for local information about the pandemic, its impact and the key public services being maintained.

PANDEMIC ALERT PERIOD

PANDEMIC ALERT - 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.

The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information. (Source: World Health Organization)

3.1 Surveillance & Laboratory Services:

- Continue surveillance and laboratory practices as in Phase 2.
- Investigate, update, monitor, and provide support and consultation pertaining to outbreaks in Long Term Care Facilities (LTCFs), Bluewater Health and any other type of institution.
- Gather data related to absenteeism rates from schools, daycares, and workplaces.

3.2 Health Care Preparedness:

- Ensure that estimates of health care personnel capacity are current, and by work type, setting.

3.3 Community Emergency Preparedness and Response:

- Participate in meetings of the Pandemic Planning Committee when called by the Medical Officer of Health.
- Maintain contact lists for human resources, supplies and equipment related to the continuity of emergency and essential services.

3.4 Antiviral and Vaccine Delivery and Administration:

Vaccine Focus: Mitigation of potential complications of influenza through use of current vaccine resources

- Continue to promote pneumococcal vaccination of NACI recommended “high-risk” groups (to reduce the incidence and severity of secondary bacterial pneumonia).
- Continue with the delivery of vaccine/vaccine programs.

3.5 Communications:

- Work with partners to improve the local, provincial and federal informatics infrastructure to support the potential information campaign (hardware and software).
- Monitor media coverage and respond to misinformation.

PANDEMIC ALERT - 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.

This phase will exist when it has been confirmed that two or more human infections have occurred with a new virus sub-type, but the ability of the virus to readily spread from person-to-person and cause multiple outbreaks of disease leading to epidemics remains questionable.

4.1 Surveillance & Laboratory Services:

- Continue surveillance and laboratory practices as in Phase 3.

4.2 Health Care Preparedness:

- Pneumonia vaccine offered.
- Education of staff re: flu swabs, testing, review secondary assessments, infection control procedures and any additional precautions.
- Supplies in place: dietary, gloves, masks, cots, clinic supplies.
- Each department to provide updated staff lists and numbers to Emergency response officer who will maintain updated lists.

4.3 Community Emergency Preparedness and Response:

- Participate in meetings of the Pandemic Planning Committee when called by the Medical Officer of Health.
- Hold meetings of the Community Emergency Preparedness and Response Sub-committee as necessary.
- Maintain contact lists for human resources, supplies and equipment related to the continuity of emergency and essential services.

4.4 Antiviral and Vaccine Delivery and Administration:

Antiviral Focus:

- Review educational material regarding antivirals and update/adapt as needed.

Vaccine Focus: Inventory and resource assessment and preparation (legal, educational, etc.).

- Conduct initial availability assessment of supplies (e.g. syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass clinics).
- Update list of currently qualified vaccinators and potential vaccinators.
- Review educational materials regarding administration of vaccines and adapt/update as needed.
- Ensure that any legal issues that may impede rollout of a mass immunization program are addressed.

4.5 Communications:

- ❑ Establish when, who and what to communicate to the public and other audiences, with emphasis on existing influenza prevention messages and WHO/Health Canada updates on international situation.
- ❑ Monitor media coverage and respond to misinformation.

PANDEMIC ALERT - 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).

This phase will exist when human transmission of the virus sub-type has been confirmed through clear evidence of person-to-person spread in the general population, such as secondary cases resulting from contact with an index case, with at least one outbreak lasting over a minimum two week period in one country. Identification of the new virus sub-type in several countries, with no explanation other than contact among infected people, may also be used as evidence for significant human transmission.

5.1 Surveillance & Laboratory Services:

- Continue surveillance and laboratory practices as in Phase 4
- Review, educate, update, and provide consultation for health care workers about importance of surveillance and their role.
- Educate re etiology, prevention, management, diagnosis, communicability of Febrile Respiratory Illnesses (FRI) as to the potential threat of a Pandemic.
- Ensure adequate supplies for testing influenza, FRI.

5.2 Health Care Preparedness:

- Accurate numbers of staff to Lambton Community Health Services for antivirals and vaccines
- Develop non regulated health worker position to enhance staffing options
- Bluewater Health to dialog with ambulance/Voyageur re: increased transfers
- Bluewater Health to dialogue with Central Ambulance Communications Center re: off-site triage center
- Update list of caregivers, job descriptions reviewed, meet with unions, Lambton College and volunteers
- Ensure infection control and surveillance standards are uniformly applied
- Plan to mobilize human and financial resources
- Review and update numbers of hospital beds and supplies
- Plan for medications, supplies and equipment potentially needed for the response
- Detailed facility-level plans for providing health services during a pandemic, including the type of care to be provided at different settings and the triage at these sites, human resources, material and financial resources needs and directions regarding prioritizing patient care will be developed.
- Continue to collect and monitor health care services use and demand
- Confirm appropriate occupational health and safety measures in place and communicated
- Education of staff re Pandemic Plan
- Confirm childcare option for staff

5.3 Community Emergency Preparedness and Response:

- ❑ Advise the County and local municipal Control Groups to be on alert and review pandemic protocols with these Groups.
- ❑ Meet with essential and emergency service providers to educate them about the “risk-specific” pandemic emergency measures being undertaken locally. Encourage these groups to review and update their business continuity plans.
- ❑ Confirm with Community Emergency Preparedness and Response Subcommittee members that human resources, supplies and equipment are in place to provide continued emergency and essential services.

5.4 Antiviral and Vaccine Delivery and Administration:

Antiviral Focus: Planning for antiviral drug distribution and tracking

- ❑ Develop orientation for health professionals brought in to administer antiviral
- ❑ Review estimates of the number of people who fall within each of the priority groups for receipt of antiviral drugs (i.e., high risk groups, health care workers, emergency service workers, specific age groups) and access strategies
- ❑ Ensure infrastructure is in place to track who is receiving the drugs for the purpose of treatment and prophylaxis

Vaccine Focus: Mass campaign infrastructure

- ❑ Develop orientation for health professionals brought in to administer vaccines; i.e., if large volumes of vaccine are available for administration or if large numbers of health care professionals have become ill with the disease.
- ❑ Ensure infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e. re-call and record-keeping procedures)
- ❑ Review estimates of the number of people who fall within each of the priority groups for vaccination (i.e., high risk groups, health care workers, emergency service workers, specific age groups) and access strategies
- ❑ Order supplies and equipment as needed

5.5 Communications:

- ❑ Work with MOHLTC on specific public education messaging
- ❑ Participate in Crisis Communication health partner network
- ❑ Implement plans/mechanisms for ongoing communications with all relevant audiences, including media, key opinion leaders, stakeholders, employees
- ❑ Monitor media coverage and respond to misinformation.

PANDEMIC PERIOD

PANDEMIC PERIOD - PHASE 6:

Pandemic phase: increased and sustained transmission in general population.

The Pandemic will be declared when the new virus sub-type has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality is likely in at least one segment of the population. Onset shall be defined as that point in time when WHO has confirmed that a virus with a new haemagglutinin sub-type compared to recent epidemic strains is beginning to spread from one or more initial foci. Depending on the amount of early warning, this phase may or may not have been preceded by *phases 3-5*.

(Health Canada Note: This is likely to occur in Canada after the WHO declaration of a pandemic but may occur sooner if the novel virus emerges in Canada or is rapidly imported after its emergence outside Canada).

This section has been divided based on how the situation relates to Lambton County at the time WHO declares Pandemic Period – Phase 6.

Lambton County Stages of Readiness:

- **Pandemic Confirmed: Scenario #1 and #2**
 - Scenario #1: Pandemic Confirmed Outside Canada
 - Scenario #2: Pandemic Confirmed Within Canada
- **Pandemic in Lambton County - First Wave**
 - Recovery period between waves
- **Pandemic in Lambton County - Second Wave**

Pandemic Confirmed: Scenario #1 and #2

6.1 Surveillance & Laboratory Services:

Scenario #1: Pandemic Confirmed Outside Canada

- Continue surveillance and laboratory practices as in Phase 5.
- Review and update case definition of pandemic influenza as recommended by the provincial and federal government.
- Enhance surveillance and monitoring through calling schools, daycares, LTCFs, pharmacies, workplaces and Bluewater Health.
- Encourage testing for persons meeting case definitions for pandemic FRI/ influenza.
- Collect specimens on persons meeting case definitions for pandemic FRI/ influenza in LTCFs.
- Review, educate, update, and provide consultation for health care workers about importance of infection control measures and of surveillance and their role during a pandemic influenza outbreak.
- Educate stakeholders about the cause of the flu pandemic, prevention, management, communicability of the pandemic.

Scenario #2: Pandemic Confirmed Within Canada

- Continue surveillance and laboratory practices
- Implement outbreak procedures as per Infection Control Guide to Respiratory Outbreaks in Long Term Care Facilities, October 2004.
- Microbiology Lab Department at Bluewater Health, Public Health Lab, and MOHLTC will have communication and contact with CHSD pertaining to positive lab results of pandemic influenza reports.
- Monitor, collect, and forward all pandemic influenza reports and outbreaks to all pertinent databases.
- Communicate rapidly and timely exchange of surveillance information between all stakeholders.
- Investigate, update, monitor, and provide support and consultation pertaining to pandemic outbreaks in Long-Term Care Facilities, Bluewater Health and any other type of institution.
- Gather data related to absenteeism rates from schools, daycares, and workplaces.

6.2 Health Care Preparedness:

Community action: state of readiness

Enhanced surveillance

Scenario #1: Pandemic Confirmed Outside Canada

- Increase supply inventory
- Apply to MOHLTC for off site facilities (St Pat's School, LCCVI)
- Confirm insurance coverage for off site facilities

- Review /modify/ distribute detailed facility level plans for providing health services during a pandemic, including type of care to be provided at different settings and triage, human resources, material and financial resources needs and directions regarding prioritizing patient care
- Plan for medications, supplies and equipment potentially needed for the response
- Confirm childcare option for staff
- Clinical protocols developed and reviewed by ER, Internal medicine, Pediatrics and CCC. Criteria for ventilator use and critical care bed developed and approved
- Education of public about pandemic flu, visitor restrictions
- Remove Triage guidelines reviewed, pandemic protocols set
- Remove Implement protocols/guidelines for prioritizing laboratory services during times of high service demand and staff and supply shortages
- Access sources of additional HCWs and volunteers, initiate orientation and training
- Acquire extra supplies needed to provide medical care in nontraditional sites and open nontraditional sites as needed
- Co-ordinate services with bordering areas to avoid migration to centers of perceived enhanced services
- Confirm mass fatalities plan
- Form resources committee with representation from ER, respiratory, triage clinic/family practice, bed officer, pharmacy, physicians and SPD for ongoing monitoring of supplies on a daily bases

Scenario #2: Pandemic Confirmed Within Canada

- Administration to anticipate changes to services provided
- Administration to anticipate increased demand on services and resources
- Nurse to screen in emergency and triage center, volunteer at restricted entrances and security at all entrances
- Administration to decide when triage center off site is opened and alternate care center opened
- Administration to decide when visitor restrictions started

6.3 Community Emergency Preparedness and Response:

Scenario #1: Pandemic Confirmed Outside Canada

- Assemble the County Control Group to discuss the developing situation outside Canada. If County staff and resources are being utilized to prepare for a possible spread of pandemic to Canada and in turn, Lambton County, it may be advisable to activate the County's Emergency Response Plan. **Activation of the Plan does not mean that a declaration of emergency has been made.**
- Meet with local municipal officials and essential and emergency providers (Community Emergency Preparedness and Response Sub-committee) to advise them of the situation developing outside of the country and explain the need to prepare locally for the anticipated spread to Canada and Lambton County.

Scenario #2: Pandemic Confirmed Within Canada

- ❑ If not already done under Scenario #1, advise activation of the County Control Group and Emergency Response Plan based on information and advice from the Medical Officer of Health.
- ❑ Local municipalities will again be advised of their potential role in a pandemic response and of the necessity to review reception centre plans and business continuity plans and to place staff on standby.
- ❑ Essential and emergency services will be apprised of the pandemic situation developing within Canada and advised to prepare to implement their business continuity plans.

6.4 Antiviral and Vaccine Delivery and Administration:

Scenario #1: Pandemic Confirmed Outside Canada

Antiviral Focus: Strategic and controlled use of antivirals

Antiviral Management Strategies

Based on local epidemiology and available supplies, consider administering antiviral prophylaxis and treatment to priority groups to prevent illness or reduce the severity of illness, as antiviral supplies are available. Antiviral is particularly valuable during the time period when vaccine is in development or in short supplies.

- ❑ Administer the antivirals for treatment e.g. Oseltamivir (Tamiflu) according to the Ontario Guidelines (*in development stage*).
- ❑ Communicate with bordering jurisdictions to facilitate awareness of any antiviral distribution plans.
- ❑ Communicate to physicians, pharmacists, health care providers, partner agencies and the general public the rationale for priority groups as determined by the National Antivirals Working Group. The procedure for medication dispensing will also be communicated.
- ❑ Provide orientation for health professionals brought in to administer antiviral

Vaccine Focus: Preparation/Implementation of mass immunization clinics

Note: It is possible that there will be no vaccine available during all or part of the pandemic, or there will be an initial shortage of vaccine, because once the novel virus is detected, it normally takes up to six months to develop a new vaccine and additional time to manufacture and distribute it.

If there is no vaccine, it will be critical to take measures to prevent the spread of the disease. Antiviral and/or pneumococcal vaccine (for treatment rather than prevention) or their combination will be used to help prevent and reduce the severity of the disease and will be administered to priority groups depending on availability. Antiviral is particularly valuable during the time period when vaccine is in development or in short supplies.

The CHSD Immunization Team is responsible for receiving, storage and distribution of vaccine and antiviral agents. The administration of the vaccine may

need to be under the exclusive control of the CHSD if supplies are small and the eligibility criterion is specific. Vaccine in control of the CHSD would permit careful monitoring for cold chain, and waste of vaccine would be prevented. If the vaccine is available in large amounts and a criterion is easily verified (such as age), then distribution to the community for administration could be considered; i.e., to hospitals, LTCFs or other facilities where there are controlled environments and qualified staff to administer the vaccine.

Vaccine Management Strategies

- Assemble the Lambton County Pandemic Planning Committee.
- Modify/refine nationally defined priority target groups depending on local circumstances
- Modify/refine other aspect of federal/Ontario guidelines, as needed for local application
- Review and modify if necessary, plans for vaccine security (i.e., during transport, storage and clinic administration)
- Provide orientation for health professionals brought in to administer vaccines; i.e., if large volumes of vaccine are available for administration or if large numbers of health care professionals have become ill with the disease.

When vaccine is available....

- Activate immunization clinic capability
- Implement streamlined Vaccine Associated Adverse Events (VAAE) surveillance, in collaboration with PPHB
- Communicate with bordering jurisdictions to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible
- Communicate that proof of vaccination of health care and emergency workers will require before they are permitted to provide services to the public. Green Influenza Immunization cards are used for this proof.
- Notify suppliers and back up suppliers of the expected need for large volumes of supplies and make arrangements accordingly.

Scenario #2: Pandemic Confirmed Within Canada

Antiviral Focus: Strategic use of antiviral drugs

- Ongoing consideration of antiviral use based on priority groups, available supplies and local epidemiology
- Monitoring of antiviral availability, demand, distribution and uptake
- Ongoing monitoring for adverse drug reactions

Antiviral Medication Priorities

The strategies outlined in this document are based on the assumption that the Ministry of Health and Long Term Care will provide antiviral medications to local health units for dispensing (as outlined by the National Antivirals Working Group). If this is not the case, the role of the CHSD will be to provide information about antiviral medication and where medications can be accessed.

Antiviral Management Strategies

- Antivirals will be stored at the CHSD. Local police may be required to provide security for antiviral medications. Quantities received and issued will be monitored through the Bio-inventory System.
- The CHSD will maintain a supply of antiviral medications for the purpose of controlling influenza outbreaks in closed institutions. The CHSD will screen and approve all orders for antivirals from institutions experiencing outbreaks.
- Records will be kept on all individuals receiving antiviral medications. Data collected on each person will include: name, gender, date of birth, address, allergies, date issued, amount issued, lot number and expiry date. The data collection forms for antivirals will be kept in a binder according to each distribution site.
- Community health care workers and essential service providers will receive antiviral medications at CHSD. Eligibility criteria will be maintained and employment identification will be required. Public health nurses, under the authority of the Medical Officer of Health, will dispense medications.
- Hospital health care workers will be issued antivirals at the worksite by hospital occupational health nurses and staff nurses under the authority of the Medical Officer of Health. Individuals obtaining antivirals must meet the eligibility criteria. Employment identification will be required.
- Communicate to physicians and pharmacists that antiviral medications should only be prescribed for treatment of seriously ill patients within 48 hours of illness. Physicians will be required to fax a prescription for seriously ill patients to the CHSD. The CHSD will screen and dispense antivirals to physicians if eligibility criteria are met.

Vaccine Focus: Vaccine Development. Preparation and/or implementation of mass immunization clinics

If vaccine is available (see information previous to Scenario #1)

- Receive and store vaccine at specified locations as outlined in the Vaccine Cold Chain Protocols
- Collect and compile reports of total people immunized with one and/or two doses
- Ongoing VAAE surveillance

Vaccine Management

It is expected that there will be an initial shortage of vaccine. Since our supply of vaccine is not known at this time, this plan accounts for three possible vaccine supply scenarios. However, it is also possible that no vaccine will be available for the duration of the pandemic.

General Vaccine Management Strategies:

The following tasks apply to all vaccine supply scenarios.

- ❑ Assemble the Lambton County Pandemic Planning Committee to review the immunization plan that corresponds to the appropriate scenario. Ensure that human resources and logistics are in place to begin vaccinating. Obtain proof of vaccination for vaccinators.
- ❑ All persons receiving vaccine will be given an immunization record with a date to return for a second dose (if second dose is required)
- ❑ Records will be kept on all individuals receiving vaccination. Data collected on each person will include; name, gender, date of birth, address, allergies, date issued, dose, route, lot number and expiry date. The data collection forms will be kept in a binder according to each distribution site.
- ❑ If supplies are limited, vaccine will be stored at the CHSD until dispensed or administered. Quantities received and issued will be monitored through the Bio-inventory System. Local police may be required to provide security as needed.

Vaccine Administration Strategies

The following scenarios are hypothetical. All Canadian jurisdictions will be using the same priority list to target eligible persons.

Scenario 2A: Severe Vaccine Shortage

There is a limited supply of vaccine (severe shortage). The CHSD is only able to vaccinate selected groups, considered most important for health care and overall infrastructure (priority groups). Perhaps 5-10% of the population would be targeted for vaccination (approximately 6350 to 12,700 people). In this scenario, the impact of the virus on most of the population would be severe resulting in a major strain on health services. Public fear and protest are likely. Disruption of civil order should also be expected.

The following strategies will be initiated:

- ❑ Hospital health care workers will be vaccinated at work site clinics. Vaccine will be administered by hospital occupational health nurses and CHSD staff nurses under the authority of the Medical Officer of Health. Eligibility criteria will be strictly enforced and employment identification will be required.
- ❑ Public health workers, physicians, other community health care workers (LTCF, nursing homes, home care and other community care facilities, pharmacies, laboratories), emergency medical service providers (ambulance and paramedic services) will be vaccinated at designated CHSD Clinics. * If there is enough vaccine then essential service providers (police, firefighters) will also be vaccinated.
- ❑ Public health nurses will administer the vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be enforced and employment identification will be required.

Scenario 2B: Moderate Vaccine Shortage

Although vaccine supply is still limited, there is more vaccine available than in scenario A (moderate shortage). In this scenario, the CHSD would also attempt to ensure vaccination of groups considered at risk because of medical conditions. Perhaps 25% of the population (approximately 31,750 people) would be targeted for vaccination in this scenario. This vaccination program would most closely resemble the normal high-risk influenza vaccination campaigns. The general population, including school aged children and working adults would still be affected.

The following strategies will be initiated:

- ❑ Hospital health care workers will be vaccinated at work site clinics. Hospital occupational health nurses and staff nurses will administer vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be maintained.
- ❑ Residents of long term care facilities, homes for the aged and nursing homes will be vaccinated on site. Long term care facilities nurses will administer vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be maintained.
- ❑ *Individuals at high-risk of severe or fatal outcomes following influenza infection (persons with high risk medical conditions and persons over 65 years of age meeting the eligibility criteria, children 6 months to 23 months of age and pregnant women) will be vaccinated at health unit clinics.*
- ❑ Public health workers, physicians, other community health care workers (LTCF, nursing homes, home care and other community care facilities, pharmacies, laboratories), emergency medical service providers (ambulance and paramedic services), essential service providers (police, firefighters) will be vaccinated at designated CHSD Clinics. Public health nurses will administer the vaccine under the authority of the Medical Officer of Health. Eligibility criteria will be maintained and employment identification will be required.

Scenario 2C: No Vaccine Shortage

There is no shortage of vaccine and the Health Unit is able to provide vaccine to the entire population. Perhaps greater than 90% of the population would be vaccinated (approximately 114,275 plus people).

If it is decided to distribute the vaccine within the community for administration, the following strategies will be initiated:

- ❑ Vaccine will be distributed to all hospitals, nursing homes, community health centers, long term care facilities and homes for the aged. Nursing staff of the listed institutions will be responsible for administering the vaccine to their own staff and patients.
- ❑ Vaccine will be distributed to family physicians so they may vaccinate their own patients.
- ❑ The CHSD will provide vaccination clinics throughout Lambton County. Public health nurses will administer vaccine. Lay volunteers will also be utilized to assist with clinic functioning.

6.5 Communications:

Scenario #1: Pandemic Confirmed Outside Canada

- Continue ongoing communication with provincial partners
- Establish ongoing communications with health care workers, media, partners and public regarding:
 - level of readiness
 - the preparedness of Ontario's health system
 - the potential decrease in service availability
 - alternative care sites
- Continue local influenza immunization campaign focusing on specific target groups including the general public, health care workers and local community support networks – incorporating reference to international situation
- Provide information to physicians, pharmacists, hospitals and other health care providers re: the potential pandemic surveillance results, the expected clinical disease and clinic information through:
 - Presentations by the Medical Officer of Health or designate
 - Group faxes from the Health Department
 - Develop an article for a local Health Professionals newsletter or memo
- Establish a pandemic influenza information line.
- Activate the local news broadcast station to be the principal source for local information about the pandemic, its impact and the key public services being maintained.
- Monitor media coverage and respond to misinformation.

Scenario #2: Pandemic Confirmed Within Canada

- Continue to work with MOHLTC to ensure consistent communications messages and tactics across the province
- Alert and provide updates to key target groups to the status of the pandemic:
 - local partners
 - MOHLTC
 - key audiences
- Advise county departments, municipalities, hospitals, EMS, other health care facilities, school boards and industry to activate their internal emergency response plans.
- Establish the Communications Sub-Committee at the Community Health Services Department (CHSD).
- Compile fact sheets, media releases and templates.
- Provide a separate (unpublished) phone number dedicated for physicians, pharmacists and partner agencies requiring information from the Health Department.
- Update the Pandemic Influenza Information line and the Health Department website to include all data relevant to the pandemic.
- Establish Public Enquiry Centre (Access Community Health Services Department: 1-800 line with recorded message, website and trained staff)
- Place advertisements in the local media to inform the public of key contact information: contact numbers, websites, clinic information and recommended health measures.
- Evaluate local communication strategy and modify as required
- Monitor media coverage and respond to misinformation.

PANDEMIC PERIOD - PHASE 6 (continued)

Pandemic in Lambton County - First Wave

Pandemic Influenza Virus detected in Lambton County for the first time – first wave

The increase in outbreak activity in the initially affected countries or regions has stopped or reversed (end of first wave), but outbreaks and epidemics of the new virus are still occurring elsewhere.

During the 'recovery' period between waves (when influenza activity has stopped or reversed), **preparations** are made for a '**second**' wave of illness that generally occurs 3-9 months following the initial pandemic.

6.1.1 Surveillance & Laboratory Services:

- Continue surveillance and laboratory practices outlined in the Pandemic Confirmed scenarios.
- Facilitating a list of immune workers that may be strategically deployed

POST FIRST PANDEMIC WAVE IN LAMBTON COUNTY

(Recovery period between waves)

- Continue surveillance and laboratory practices outlined in the Pandemic Confirmed scenarios.

6.2.1 Health Care Preparedness:

Community action: emergency status, full activation of plan, mass casualties

- Cancel elective surgeries and ambulatory services
- CCAC to increase early discharge referrals
- Anticipate use of alternate care center and open center as required, education of staff
- Dietary on standby for increase demand, paper supplies
- Community education: alternate care center and walk-in clinic
- Nurse to screen in emergency and triage center, volunteer at restricted entrances and security at all entrances
- Prioritize laboratory services
- Monitor capacity of mortuary/burial services as well as need for social and psychological services for families of victims
- Decide when triage center off site is opened and alternate care center opened
- Start visitor restrictions

POST FIRST PANDEMIC WAVE IN LAMBTON COUNTY

(Recovery period between waves)

- Restock and regroup
- Lift visitor restrictions between waves
- Closure/reduction in use of alternate care sites and overflow sites
- Anticipate resumption of routine laboratory services
- Develop projections for future laboratory requirements
- Evaluate, modify and report on the use of social and psychological services
- Track stocks of medications and equipment and supplies, consider how to deal with shortfalls with future waves

- ❑ Identify recovered health care workers for returning to work
- ❑ Resume operations and out patient clinics as possible

6.3.1 Community Emergency Preparedness and Response:

Pandemic Influenza Virus detected in Lambton County for the first time – first wave

It is probable that a County-wide emergency will be declared by the Warden of Lambton County if a pandemic appears in Lambton County. It is possible that individual municipalities will also declare, depending on their required level of response (i.e. setting up reception centres).

The County's emergency response will be directed and controlled by the officials as set out in Section 2.1 of the County Emergency Response Plan. This Group will coordinate the overall County response to situations which will arise either as a direct or indirect result of the pandemic event. It is likely that local municipal Community Control Groups will also assemble to deal with matters specific to their municipalities and provide resources and assist with the overall County response. Thus, the County and local Community Control Groups will need to work together during an emergency of such magnitude.

In responding to an emergency, one agency generally assumes the "lead". In the case of a pandemic emergency, the direct response (vaccinations, issuance of public health orders etc.) will be headed by the Medical Officer of Health. As stated elsewhere in this Plan, the Health Protection and Promotion Act gives the Medical Officer of Health the authority to control communicable diseases and determine the actions necessary to gain that control. Therefore, one of the most important roles of the County Control Group will be to support the efforts of the Medical Officer of Health and the Community Health Services Department by coordinating and obtaining resources, equipment and assistance. The Control Group will also coordinate the response to the secondary effects caused by the pandemic (i.e. continued provision of essential services in the face of 50% absenteeism).

Given that a pandemic will likely persist for several months, the County Control Group will not likely be required to meet on a daily basis after the initial onset of the pandemic. Given the long-term nature of such an event, most Control Group members would be required, and in fact better able to direct their agencies from their own offices. Similarly, the Medical Officer of Health will likely direct the local public health response from the Community Health Services building located at 160 Exmouth Street in Point Edward.

Pandemic Planning Committee

During a pandemic, the Pandemic Planning Committee will become a working group under the leadership of the Medical Officer of Health. This Pandemic Working Group will likely meet on a regular basis during a pandemic at the call of the Medical Officer of Health. The Group will develop and implement situation-specific strategies for responding to the pandemic within Lambton County. If formed, it may be necessary to review and adjust the membership of the Pandemic Working Group to include other agencies or senior elected officials to ensure proper representation and flow of

information to the municipal and County Control Groups as well as other members of the Community Emergency Preparedness and Response Sub-committee.

- ❑ It will be necessary to assemble the County Control Group and consider declaring a County emergency.
- ❑ Police services may be required to provide enforcement if public health restrictions are implemented at the direction of the Medical Officer of Health. Orders may include: travel restrictions, curfews and closing of schools and day nurseries.
- ❑ It may be necessary to provide for the delivery of food, medical supplies and other life support needs for persons confined to their homes because of illness or quarantine. In order to minimize overcrowding in local hospitals and Alternate Care Facilities, the sick will be encouraged to remain at home and healthy family members entreated to care for them.
- ❑ Coordinate with local municipalities to establish and setup Alternate Care Centres, Walk-in Clinics and Vaccination Clinics as directed by the Medical Officer of Health.
- ❑ Refrigeration trailers may be needed to store corpses should morgues and mortuaries be filled. It is probable that these refrigeration units will have to be purchased.
- ❑ Police Officers or security guards may be required to guard local vaccine storage and distribution sites after hours. Such sites would include hospitals, Community Health Services offices and vaccination clinics.
- ❑ The O.P.P. and Sarnia Police (or security guards) may be required to maintain order at vaccination clinics and antiviral dispensing sites.
- ❑ Children's Aid Society, Lambton Rural Child Care and Social Services may be called upon to make arrangements for children whose parents (or other family members) cannot care for them due to illness or death. If a sufficient number of placement families are not available, it may be necessary to establish temporary, dormitory-type accommodations.

POST FIRST PANDEMIC WAVE IN LAMBTON COUNTY

(Recovery period between waves)

- ❑ Allow Community Control Group members to recuperate and reorganize. Initiate preparations for the Second Wave, based on learnings from the response to First Wave.

6.4.1 Antiviral and Vaccine Delivery and Administration:

Antiviral Management Strategies

- ❑ Distribute antiviral medications to the target priority groups as determined by the National Pandemic Influenza Committee (NPIC).

Vaccine Focus: Vaccine coverage, efficacy and safety

Vaccine Management Strategies

- ❑ Continue vaccinating target populations as determined by the National Pandemic Influenza Committee (NPIC).
- ❑ *If vaccine was not available during earlier phases see the Pandemic Confirmed scenarios.*

If vaccine was available and administered in earlier phases...

- Expansion of vaccine programs to cover population not yet immunized
- Summarize and report coverage data (with one and/or two doses) and VAAE data
- Ongoing VAAE surveillance
- Restocking of supplies and resumption of routine programs
- Review/revise guideline and/or protocols used during the mass campaigns

POST FIRST PANDEMIC WAVE IN LAMBTON COUNTY

(Recovery period between waves)

Antiviral Focus: Evaluation of antiviral use if applicable

- Perform inventory assessment and ongoing monitoring of antiviral availability.

6.5.1 Communications:

- Continue to work with MOHLTC to ensure consistent communications messages and tactics across the province
- Maintain ongoing communications with:
 - local partners
 - MOHLTC
 - key audiences
- Prepare for rotation of communications staff to ensure 24/7 coverage, if necessary.
- Activate the designated broadcast station.
- Hold daily (or as necessary) media briefings at the Health Department.
- Activate the Public Enquiry Centre.
- Collaborate with Emergency Response staff in accordance with the County of Lambton Emergency Response Plan.
- Prepare/hold regular briefings for key stakeholders, e.g., local members of the legislature, physicians, municipal/county council, 1st responders, etc.
- Regularly update the Pandemic Influenza Information line and the Health Department website.
- Evaluate local communication strategy and modify as required
- Monitor media coverage and respond to misinformation.

POST FIRST PANDEMIC WAVE IN LAMBTON COUNTY

(Recovery period between waves)

- “Stand down” the Communications Sub-Committee.
- Appoint a recovery media spokesperson.
- Develop recovery media release for dissemination to media/post on website and Pandemic Influenza Information Line.
- Prepare summary report.
- The communication strategies outlined in the Pandemic First Wave would continue in the event of a ‘second wave’.
- Evaluate local communications strategy

PANDEMIC PERIOD - PHASE 6 (continued)

Pandemic in Lambton County - Second Wave

Second or later waves of the Pandemic (Second wave in Lambton County)

Based on past experiences, at least a second severe wave of outbreaks caused by the new virus would be expected to occur within 3-9 months of the initial epidemic in many countries.

(Health Canada Note: may affect different segments of the population)

6.1.2 Surveillance & Laboratory Services:

- Continue surveillance and laboratory practices as outlined in the First Wave information
- Evaluate the response to the first wave and take measures to improve the response to the second wave.

6.2.2 Health Care Preparedness:

Community Action: Emergency Status

- Continue restocking and revising pandemic plan
- Implement activities as stated in updated guidelines
- As per previous steps under Pandemic Period

6.3.2 Community Emergency Preparedness and Response:

- The tasks outlined in the First Wave.

6.4.2 Antiviral and Vaccine Delivery and Administration:

Antivirals

It is expected that antiviral supplies would be depleted at this time. However, if antiviral medications are still available, the health department will continue to dispense them as outlined in the First Wave information.

- Continue to administer vaccine and antiviral.
- Replenish equipment, supplies and consumables.
- Purchase additional equipment and supplies.
- Evaluate the response to the first wave and take measures to improve the response to the second wave.

Vaccine Management Strategies

- Continue to vaccinate in anticipation of a "second wave" if vaccine supplies permit.

6.5.2 Communications:

- Continue ongoing communications (See First Wave information)

POST-PANDEMIC PERIOD (Recovery Section)

Return to interpandemic period.

WHO will report when the Pandemic Period has ended, which is likely 2-3 years. The indications for this will be that the indices of influenza activity have returned to essentially normal inter-pandemic levels, and that immunity to the new virus sub-type is widespread in the general population. Major epidemics would not be expected again until antigenic variants begin to emerge from the prototype pandemic strain.

(Health Canada description: Post Pandemic/Recovery – return of the seasonal “epidemic” cycle with major disease impact on the elderly and very young).

7.1 Surveillance & Laboratory Services:

- Confirm pandemic declared over.
- Resume routine ongoing influenza surveillance.
- Evaluate lab surge capacity, data collection, infection control practices, surveillance costs, and laboratory and surveillance practices and adjust protocols as needed.

7.2 Health Care Preparedness:

- Close alternate care center and off site triage
- Restart elective surgeries and ambulatory care reopens
- Departments return to previous assignments
- Return to self screening at entrances
- Review/activate aftercare/recovery plans and guidelines

7.3 Community Emergency Preparedness and Response:

Deal with the aftermath of the pandemic:

- Work to restore government, public agencies and essential services to pre-pandemic levels.
- Lambton County Social Services may be faced with an increase in clients because of the loss of primary or secondary family-income earners.
- The Sarnia-Lambton Children’s Aid Society may be required to find placements for newly orphaned children.
- Health Care and Social Workers, Emergency Responders, Community Control Group members, etc. may require post traumatic stress counselling/extended leave.
- “Wind-down” County and municipal Emergency Operations Centres.

7.4 Antiviral and Vaccine Delivery and Administration:

- Return exposed or wasted vaccine to Government Pharmacy.
- Dispose of bio-hazardous waste with a licensed carrier.
- Dispose of used medical supplies (syringes, needles, vaccine vials, and used medical supplies).
- Evaluate and adjust protocol as needed

7.5 Communications:

- Monitor media coverage and respond to misinformation.

MAINTAINING AND EVALUATING

Lambton County Pandemic Influenza Plan (LCPIP)

The LCPIP will be reviewed and updated on a regular basis because of factors such as, directives from governments, changes in the development and delivery of medications, community issues impacting the plan, and changes in regional emergency response plans.

The Medical Officer of Health or designate is responsible for appointing a custodian of the plan. The custodian is responsible for co-ordinating, updating, maintaining and testing the plan.

- (a) Test, review and revise the plan once per year. The test may be co-ordinated with the annual exercise for the Lambton County Emergency Response Plan.
- (b) Review and update the internal staff contact list two times per year.
- (c) Review and update the internal resource list one time per year.
- (d) Submit plan revisions to the Lambton County Pandemic Planning Committee and Medical Officer of Health for approval.
- (e) On approval of revisions, distribute the revisions to LCPPC members plus to all persons on the distribution list for copies of the plan.
- (f) Provide staff training as required. New staff will be informed of their roles and responsibilities in pandemic influenza.

The Medical Officer of Health or designate will appoint a staff person to sit on the Lambton County Emergency Response Planning Committee as the representative of the Community Health Services Department.

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