

# **Perth County Influenza Pandemic Plan**

## **Chapter 1: Background and Overview**

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**TABLE OF CONTENTS**

**1.0 Introduction ..... 1-4**

**1.1 Aim ..... 1-5**

**1.2 Authority ..... 1-5**

**1.3 Plan Maintenance and Review ..... 1-5**

**1.4 Goal of the Response ..... 1-5**

**1.5 Potential Impact in Perth County ..... 1-6**  
*Table 1 – Estimated Impact of Pandemic Influenza for Perth County..... 1-7*

**1.6 Planning Assumptions ..... 1-8**

**1.7 Ethical Considerations ..... 1-9**

**1.8 WHO Planning Phases ..... 1-11**  
*Table 2 – Comparison Phases Published by WHO in 1999 and 2005..... 1-12*

**1.9 Avian Influenza and Pandemic Influenza ..... 1-13**

**1.10 Overview of Roles and Responsibilities ..... 1-14**  
*Table 3 – Pandemic Influenza Overview of Responsibilities..... 1-14*  
 1.10.1 Healthcare Sector Role ..... 1-14  
 1.10.2 Municipal Sector Role..... 1-15  
 1.10.3 Pandemic Unified Command..... 1-15  
*Table 4 – Perth County Pandemic Unified Command ..... 1-16*  
 1.10.4 Activation of Perth County Influenza Pandemic Plan..... 1-16  
 1.10.5 Activating Local Emergency Plans and Emergency Operations Centre..... 1-16  
 1.10.6 Declaration of a Local Emergency ..... 1-17

**1.11 Overview of Response Components ..... 1-17**  
 1.11.1 Pandemic Emergency Operations Centre..... 1-17  
 1.11.2 Surveillance ..... 1-17  
 1.11.3 Vaccines ..... 1-18  
 1.11.4 Antivirals ..... 1-18  
 1.11.5 Public Health Measures..... 1-18  
 1.11.6 Health Services ..... 1-19  
 1.11.7 Essential Services ..... 1-19  
 1.11.8 Communications..... 1-19

**1.12 Recovery ..... 1-20**

## 1.0 INTRODUCTION

Influenza pandemics are worldwide events that have taken place three to four times per century. They occur when a new influenza A virus appears that is capable of causing widespread illness and death in a susceptible world population. Their timing is unpredictable, though many experts feel that the next pandemic is overdue. The “Spanish flu” pandemic in 1918 was one of the world’s biggest catastrophes, with 20-60 million deaths worldwide. Subsequent pandemics in 1957 and 1968 were not as severe, though each had considerably greater impact than a “normal” bad flu season. It is not possible to predict the severity of the next pandemic, although the high mortality seen with H5N1 avian flu in Southeast Asia does not bode well should this virus mutate into the next pandemic strain.

The World Health Organization (WHO) urges every country to prepare for the next pandemic. This planning can help reduce morbidity, mortality and societal disruption, all of which were experienced first hand by countries that faced Severe Acute Respiratory Syndrome (SARS). It is recognized that an influenza pandemic is not just a health emergency but that it will have a profound impact on the community as well. Pandemic planning also translates into preparedness for other communicable disease emergencies and bioterrorism.

Canada was one of the earliest countries to begin pandemic planning and a comprehensive plan was published in February 2004<sup>1</sup>. The Ontario Ministry of Health and Long-Term Care (MOHLTC) subsequently published a pandemic health plan for Ontario<sup>2</sup> and pandemic planning is underway within other sectors of government. Local planning fits within the proposed federal/provincial response.

This plan is intended to guide the overall Perth County response to an influenza pandemic. It has been created by the Perth Emergency Planning for Healthcare Group (PEP) in collaboration with municipal partners. While the health care sector has the lead in a communicable disease outbreak, our SARS experience has shown that virtually all municipal and community organizations will have a part to play. It is particularly important that the plan clearly spell out roles and responsibilities, along with the management structure and communications protocols to be used. It is also intended that individual institutions, agencies and municipalities create detailed plans for the components of the response for which they are responsible.

The framework of the plan is consistent with the general principles of emergency management and covers the preparedness, response and recovery phases of the response. As much as possible, the actual framework of the provincial plan has been adopted. The preparedness and response sections are organized into key components: Background and Overview, Pandemic Influenza and Incident Management System, Communications, Health Sector and Regional Infection Control Networks, Public Health Measures, Mass Vaccination and Antivirals, Surveillance, Mass Fatality Management

<sup>1</sup> <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

<sup>2</sup> MOHLTC Ontario Health Plan for an Influenza Pandemic. June 2005.

[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_plan.html](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)

and Volunteers. Pandemic planning is an ongoing process and this plan should be considered a living document.

## 1.1 AIM

The aim of the plan is to describe the arrangements made and procedures to be followed in Perth County in response to an identified or imminent influenza pandemic. The plan will describe the roles and responsibilities of municipal staff, health sector personnel, decision makers and others in preparing for and responding to a pandemic.

The pandemic plan will augment procedures currently in place in existing municipal and other agency emergency plans with information that is specific to influenza pandemic.

## 1.2 AUTHORITY

This pandemic plan is published as an annex to the County of Perth and Member Municipalities Emergency Management Plan, as authorized by Section 1.3 Authority, the Corporation of the City of Stratford Emergency Response Plan, and the Town of St. Marys Emergency Response Plan.

## 1.3 PLAN MAINTENANCE AND REVIEW

This plan will be reviewed for accuracy on at least an annual basis by members of the Perth Emergency Planning for Healthcare Group (PEP). The plan will be tested for effectiveness in whole or in part as deemed necessary by PEP. Maintenance of the plan is the responsibility of the Perth District Health Unit.

## 1.4 GOAL OF THE RESPONSE

The nationally-agreed upon goal for influenza pandemic preparedness and response is:

*First, to minimize serious illness and overall deaths and second, to minimize societal disruption among Canadians as a result of an influenza pandemic.*

## 1.5 POTENTIAL IMPACT IN PERTH COUNTY

While it is impossible to predict the impact of the next pandemic, modelers have provided us with some tools to use for planning purposes. FluAid<sup>3</sup> and FluSurge<sup>4</sup> are Centre for Disease Control (CDC)-developed Internet tools that allow us to look at a range of possible outcomes for our population. It is important to note that they are based on a moderate scenario (e.g. the 1957 and 1968 pandemics), not a severe event like the 1918 pandemic.

**Table 1** provides a range of estimates for illness needing medical care, hospitalizations and deaths in Perth County to use for planning purposes. As Table 1 indicates, using 2001 census data, the first wave of the pandemic would result in between 134 to 439 additional hospitalizations and up to 121 additional pandemic-related deaths. However, it is important to realize that the specific characteristics of the next pandemic and how it affects the population will not be known until it begins.

The WHO suggests that we plan for a range of attack rates (the proportion of the population that becomes ill). Previous pandemic experience suggests that up to three-quarters of the population will be infected by the new virus, with about half of those becoming clinically ill. Because pandemic waves of illness tend to be short and sharp, we can anticipate high rates of absenteeism in all sectors due to illness, threat of illness or need to care for ill relatives.

**For planning purposes, an attack rate of 35% has been chosen.**

In previous pandemics, a high proportion of deaths occurred in young previously healthy people. In 1918, almost all deaths were in the 20-45 year age group and in the next two pandemics one-third to one-half of deaths were in persons under age 65 years.

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<sup>3</sup> <http://www2.cdc.gov/od/fluid/default.htm>

<sup>4</sup> <http://www.cdc.gov/flu/flusurge.htm>

**Table 1: Estimated Impact of Pandemic Influenza for Perth County**

**Scenario 1: Attack Rate of 35%<sup>1</sup>**

	Most Likely*	Min**	Max**
Admissions to hospital	342	140	448
No. flu patients in ICU	14/wk	7 (1 <sup>st</sup> wk)	17 (peak)
No. flu patients on ventilators	7/wk	3 (1 <sup>st</sup> wk)	8 (peak)
Deaths	76	47	124
Outpatients	13,914	10,913	19,869

**Scenario 2: Attack Rate of 15%<sup>1</sup>**

	Most Likely*	Min**	Max**
Admissions to hospital	146	60	192
No. flu patients in ICU	6/wk	3 (1 <sup>st</sup> wk)	7 (peak)
No. flu patients on ventilators	3/wk	1 (1 <sup>st</sup> wk)	4 (peak)
Deaths	33	20	53
Outpatients	5,963	4,677	8515

**Scenario 3: Attack Rate of 25%<sup>1</sup>**

	Most Likely*	Min**	Max**
Admissions to hospital	245	100	320
No. flu patients in ICU	10/wk	5 (1 <sup>st</sup> wk)	12 (peak)
No. flu patients on ventilators	5/wk	2 (1 <sup>st</sup> wk)	6 (peak)
Deaths	54	33	88
Outpatients	9,938	7,795	14,192

<sup>1</sup> Assumes a six-week duration

\* FluSurge's "most likely" and FluAid's "mean" added together and divided by 2.

\*\* In cases where FluSurge and FluAid calculations are different, the number has been averaged.

Source: FluAid - <http://www2.cdc.gov/od/fluaid/default.htm>

FluSurge - <http://www.cdc.gov/flu/flusurge.htm>

Notes:

1. The model assumes no vaccine and no antivirals. We will not likely have vaccine for the first wave. An antiviral stockpile has not yet been established.

2. The population figures used for the model came from the 2006 census<sup>^</sup>:

0-19 years	19,970
20-64 years	43,090
65+ years	11,310

<sup>^</sup> Statistics Canada. 2006. Profile of Age and Sex for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census. 2006 Census Statistics Canada 94-575-XCB2006001 (accessed May 14, 2008).

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## 1.6 PLANNING ASSUMPTIONS

Throughout this document, the words “Perth County” are used to describe the geographical area that encompasses the seven local municipal councils: the Perth County Council; the Councils of the four lower tier municipalities of North Perth, West Perth, Perth East and Perth South; Stratford City Council and St Marys Town Council.

The Perth County Pandemic Plan is based on the following planning assumptions:

### a. The course of an influenza pandemic

There will be a lead-time of at most three months, and probably much less, between when a pandemic is first declared by WHO and when it spreads to Ontario.

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 illnesses and deaths than the first. In any locality, the length of each wave of illness is approximately six to eight weeks.

### b. Access to vaccines/antivirals

A vaccine will not be available for at least three to four months after the virus is identified, and will likely not be available for the first wave of illness. It may be available in time to mitigate the impact of the second wave.

Once available, the vaccine will be in short supply and high demand. Canada has a pandemic contract with its domestic manufacturer, which calls for the manufacture of 8 million doses a month over a four-month period. Local capacity should allow for administration of vaccine as fast as it is delivered.

In a pandemic caused by a novel virus subtype, everyone is likely to require two doses of vaccine, given 21 days apart, to induce immunity.

Stockpiles of antiviral drugs are being created; however, supplies will be very limited and be under government control.

Perth County will follow the national and provincial recommendations for priorities for vaccines and antiviral drugs. During the course of the pandemic, priority groups may change based on the epidemiology of the virus.

### c. System resources

Surveillance systems must be established in advance of a pandemic as there will be little time to augment capacity when a pandemic occurs.

During a pandemic, surveillance and laboratory testing capacity could be reduced due to illness and supply shortages.

To support individual organizations' emergency stockpiles, the MOHLTC will provide centralized purchase and distribution of certain personal protective equipment, vaccines/antiviral drugs and other clinical supplies through the Ontario Government Pharmacy and Medical Supply Service (OGPMSS).

Local institutions and agencies are expected to have four weeks of essential supplies on hand at all times.

The availability of health care workers during the pandemic could be reduced by up to one-third due to illness.

The health care system will have to supplement existing health human resources, including emergency health services, through a variety of mechanisms.

Non-life-threatening health services will be significantly curtailed, consolidated or suspended completely, including laboratory and diagnostic testing.

#### **d. Managing a pandemic**

A provincial emergency will likely be declared early in the onset of a pandemic, and could be declared before the pandemic strain of influenza appears in Ontario.

The overall provincial response during a declared provincial emergency will be managed from the Provincial Operations Centre, with the Emergency Management Unit. The MOHLTC will provide command and control services for the health care sector and the Ministry itself.

The local response will be coordinated using an Incident Management System approach. A joint health and municipal Pandemic Unified Command (P.U.C.) will be used to lead the response.

Decisions about declaring a local emergency and using local resources will be made according to the characteristics and anticipated severity of the pandemic.

## **1.7 ETHICAL CONSIDERATIONS**

Ontario has adopted an ethical framework to assist in making planning decisions for the pandemic. This framework is based upon work by Dr. Jennifer Gibson of the Joint Centre for Bioethics, University of Toronto.

A summary of these principles follows:

Authorities who are charged with making decisions during an influenza pandemic will encounter greater cooperation and compliance if the process is:

Open and transparent  
Reasonable  
Responsive  
Accountable

Ontario's pandemic response will be based on the following core ethical values:

**Individual Liberty:** The respect for autonomy is enshrined in our laws and practice. If it becomes necessary to restrict individual liberty in order to protect the public from serious harm, restrictions will be in proportion to the risk, will be applied without discrimination and will employ the least restrictive means necessary to achieve public health goals.

**Protection of the Public from Harm:** Public health authorities have an obligation to protect the public from serious harm. This may result in actions such as containment strategies or isolation. Public Health authorities will weigh the benefits of protecting the public versus the loss of liberty of some individuals. In addition, all stakeholders will be made aware of the medical reasons, the benefits and the consequences of such actions. Public Health will establish mechanisms for these decisions to be reviewed or appealed.

**Privacy:** Individuals have a right to privacy. If it becomes necessary to override this right during pandemic to protect the public from serious harm, authorities providing leadership provincially and locally will determine whether the intended good justifies the potential harm of suspending privacy rights. Disclosures will be limited to only the information required to achieve legitimate public health goals and only if there are no less intrusive means to achieve these goals. Efforts to prevent the stigmatization of any group or individual will be made.

**Equity:** Criteria will be used to assure that as much equity as possible is preserved between the needs of influenza patients and other patients requiring care. In addition, if decisions need to be made about who gets treatment and who doesn't, a fair and transparent decision-making process will be established.

**Duty to Provide Care:** Health care workers have an ethical duty to provide care and respond to suffering. The province will provide leadership in working with stakeholders, regulatory colleges and labour associations to establish practice guidelines and fair dispute resolution processes.

**Reciprocity:** Society has an ethical responsibility to support those who face a disproportionate burden in protecting the public good. During pandemic, the greatest burden will fall on health care workers and their families. Decision-makers will take steps to ease the burdens on health care workers, patients and their families.

**Trust:** Trust is an essential part of the relationship between elected officials and citizens, between health care workers and patients, between organizations and their staff, etc. During pandemic, some people may perceive measures taken to protect the public from harm as a betrayal of trust. For this reason, all stakeholders are encouraged to participate in the planning process and all decisions made should be transparent and ethical.

**Solidarity:** Solidarity between and amongst all stakeholders will be critical in dealing with a pandemic. Solidarity requires good communication and open collaboration. It should be modeled between partners and amongst stakeholders in the interest of promoting the health of the general public.

**Stewardship:** Institutions and individuals entrusted with governance over scarce resources should be guided with the notion of stewardship, which includes protecting and developing one's own resources, and being accountable for public well-being.

## 1.8 WHO PLANNING PHASES

The WHO has identified the following phases of an influenza pandemic. These phases were revised in 2005 to address the possibility of a prolonged existence of an influenza pandemic potential, as experienced with the persistence of H5N1 in Asian poultry flocks from 2003 onwards. The new WHO framework also provides for the simultaneous occurrence of different pandemic threats in different countries, as was the case in 2004 with poultry outbreaks of H7N3 in British Columbia and H5N1 in Asia.

**Table 2** presents the 2005 WHO pandemic framework, consisting of six phases over three periods: interpandemic, pandemic alert and pandemic. The WHO plan identifies objectives and actions for both the World Health Organization and national governments for each phase. Canada and Ontario have adopted these phases to help guide contingency planning and preparedness.

Perth County Pandemic Plan  
Chapter 1: Background and Overview

PHASE	DESCRIPTION	MAIN ACTIONS				
		Planning & Coordination	Situation Monitoring & Assessment	Communications	Reducing the Spread of the Disease	Continuity of Health Care Provision
PHASE 1	No animal influenza virus circulating among animals have been reported to cause infection in humans	Develop, exercise, and periodically revise national influenza pandemic preparedness and response plans.	Develop robust national surveillance systems in collaboration with national animal health authorities and other relevant sectors	Complete communications planning and initiate communications activities to communicate real and potential risks	Promote beneficial behaviours in individuals for self protection. Plan for use of pharmaceuticals and vaccines	Prepare the health system to scale up
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat					
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks					
PHASE 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified	Direct and coordinate rapid pandemic containment activities in collaboration with WHO to limit or delay the spread of infection	Increase surveillance. Monitor containment operations. Share findings with WHO and the international community	Promote and communicate recommended interventions to prevent and reduce population and individual risk	Implement rapid pandemic containment operations and other activities; collaborate with WHO and the international community as necessary	Activate contingency plans
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region	Provide leadership and coordination to multisectorial resources to mitigate the societal and economic impacts	Actively monitor and assess the evolving pandemic and its impacts and mitigation measures	Continue providing updates to general public and all stakeholders on the state of pandemic and measures to mitigate risk	Implement individual, societal and pharmaceutical measures	Implement contingency plans for health systems at all levels
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region					
POST PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels	Plan and coordinate for additional resources and capacities during possible future waves	Continue surveillance to detect subsequent waves	Regularly update the public and other stakeholders on any changes to the status of the pandemic	Evaluate the effectiveness of the measures used to update guidelines, protocols, and algorithms	Rest, restock resources, revise plans and rebuild essential services
POST PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance	Review lessons learned and share experiences with the international community. Replenish resources	Evaluate the pandemic characteristics and situation monitoring and assessment tools for the next pandemic and other public health emergencies	Publicly acknowledge contributions of all communities and sectors and communicate the lessons learned; incorporate lessons learned into communications activities and planning for the next major public health crisis	Conduct a thorough evaluation of all interventions implemented	Evaluate the response of the health system to the pandemic and share the lessons learned

## 1.9 AVIAN INFLUENZA AND PANDEMIC INFLUENZA

The influenza virus that has been spreading around the world, affecting poultry flocks and occasionally infecting humans, may or may not become the virus that triggers a new human influenza pandemic. However, there is a possibility that the virus may travel via migratory bird routes and infect poultry here in Perth County.

A Foreign Animal Disease Emergency Plan exists for Canada which involves all three levels of government (national, provincial and local) and 13 different Ministries within Ontario. The lead agency in the response is the Canadian Food Inspection Agency (CFIA). Avian Influenza is a reportable disease, federally, in Canada. Any veterinarian suspecting it as a cause of poultry die-off would contact the CFIA immediately.

If the CFIA activates its response plan, a cascade of events would occur, including:

- the activation of the provincial emergency command centre
- the establishment of a unified Command structure at the University of Guelph
- the activation of the local municipal response
- the quarantine of the affected farm
- the establishment of a movement restriction zone up to 5 kms around the farm
- the destruction of birds
- communication to the public

In Perth County, the Public Health Unit and the Ministry of Labour would address the health effects on humans and the protection of workers.

If humans become infected and ill with Avian Influenza, the public health unit and local hospitals and physicians would oversee the care and follow-up of both the affected patient/s and any potential contacts. This would most likely include treatment and prevention with antiviral medications, quarantine of those who may have been infected, and isolation of anyone diagnosed with the illness.

The presence of Avian Influenza in Perth County, even if it is transmitted to an exposed poultry worker or farmer, should not be interpreted as the start of the pandemic. The WHO phases are an important aid to understanding the different phases of influenza pandemic and recognizing which criteria must be met in order for risk to escalate to the next level.

## 1.10 OVERVIEW OF ROLES AND RESPONSIBILITIES

In Perth County, the agencies appearing in **Table 3** will have the lead responsibility for key components of the pandemic plan. The third column identifies all those with a role to play in each part of the response.

**Table 3: Pandemic Influenza Overview of Responsibilities**

	<b>Lead</b>	<b>Others involved</b>
Management	Medical Officer of Health	combined PUC plus representatives from the municipal and health sectors
Surveillance	Health Unit	hospitals, labs, doctors, schools, workplaces
Vaccines	Health Unit	hospitals, LTCF, doctors, police (security)
Antivirals	Health Unit	hospitals, doctors, pharmacies, employers with essential workers, police (security)
Public Health Measures	Health Unit	health care providers, media, schools, day cares, etc
Health Services	Hospitals	CCAC, EMS, doctors, LTCF, pharmacies, labs
Emergency Response	Municipalities	social service agencies, business, community, schools, EMS, fire, coroners, public works, police
Communications	Health Unit	individual agencies as agreed

### 1.10.1 Health Care Sector Role

Representatives of the health care sector shall participate in the planning and preparation for the pandemic through participation in the Perth County Emergency Planning for Healthcare Group (PEP), chaired by the Medical Officer of Health.

During an influenza pandemic, the health care sector will provide input into the Pandemic Unified Command (PUC), and leadership in key areas of the response. The health care sector shall be responsible for ensuring that access to health services is maintained during the duration of the pandemic. The health care sector will promote the provision of health services in a manner that is responsive to the needs of individuals and communities in Perth County and supports the integration of services and facilities within Perth County.

### **1.10.2 Municipal Sector Role**

Municipal representatives also participate in the planning and preparation for a pandemic through participation in the Perth County Emergency Planning for Healthcare Group (PEP).

Municipalities within geographical Perth County are essential participants and leaders in a coordinated pandemic response. In the face of a pandemic influenza outbreak, the municipalities shall activate necessary contingency plans and set priorities for:

- continuing local government and maintaining administrative support
- maintaining public safety services (fire, EMS, police)
- maintaining the integrity of essential public works, municipal services such as water treatment and delivery, waste management, garbage disposal and utilities
- working with the Health Unit in providing information and advice to the public via regular announcements and prepared communications
- closing public buildings where deemed in the best interests of public safety and in order to minimize the spread of infection
- assist in the establishment of alternative care facilities, triage centres, antiviral storage and distribution facilities, and immunization clinics as requested to facilitate the provision of health services to the public
- coordinate with local businesses to maintain service to the community, particularly those services involving access to pharmaceuticals, retail food purchases, fuel and other commerce as necessary
- assist with the increased demand for morgue and burial services
- coordinate and direct social services and local agency support to the municipal response
- coordinate travel restrictions as mandated provincially or required locally
- provide support to the PUC

### **1.10.3 Pandemic Unified Command**

Under the Health Protection and Promotion Act, the authority for coordinating the community response to disease-related emergencies lies with the Perth District Health Unit's Medical Officer of Health.

Chaired by the Medical Officer of Health, the Pandemic Unified Command (PUC) will parallel the role of an Emergency Control Group in providing leadership and decision-making throughout the span of the pandemic. It will be composed of the MOH, Hospital CEOs and Municipal CAOs and supported by Communications Officer, Safety Officer and Liaison Officer as well as Administrative Support.

The PUC will ensure adequate coordination of services and resources (personnel, supplies, equipment) throughout geographical Perth County, and will

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ensure an effective and efficient response to, and recovery from a pandemic event.

**Table 4: Perth County Pandemic Unified Command**

<b>Health Sector</b>	<b>Municipal Sector</b>
Medical Officer of Health	Perth County CAO
Huron Perth Healthcare Alliance CEO	Stratford CAO
Listowel Memorial Hospital CEO	St. Marys CAO

#### **1.10.4 Activation of Perth County Influenza Pandemic Plan**

The Medical Officer of Health has primary authority to determine that pandemic activity exists within the boundaries of Perth County. However, the declaration of a pandemic-related emergency may be made prior to the presence of influenza activity within Perth County by provincial authorities. The Medical Officer of Health may decide to activate the Pandemic Plan and notify municipal authorities and all members of the PUC before a Provincial pandemic-related emergency has been declared. Once declared, each member of the PUC will be expected to ensure that the Pandemic Response Plan is activated for each respective sector or agency.

*See Appendix A: PUC Contact List (confidential).*

#### **1.10.5 Activating Local Emergency Plans and Emergency Operations Centre**

The activation of a pandemic response will be initiated by a top-down approach from the Medical Officer of Health (MOH) and the Pandemic Unified Command (PUC). As provincial directives and declarations are made, the MOH in conjunction with the PUC will determine the need for the preparation or response to a local pandemic event.

The PUC has the overall authority in regards to the management of the pandemic event. However, each municipality is responsible for the maintenance and provision of essential services and may be required to assist other sectors with personnel, supplies and equipment. In that regard, each municipality's Emergency Control Group (ECG) and Emergency Operations Centre (EOC) will be activated as per the local Emergency Management Plan through communication with the PUC.

### **1.10.6 Declaration of a Local Emergency**

Under the Emergency Management and Civil Protection Act, only the municipal Head of Council or designate has the authority to declare a local emergency. A local declaration may be ordered as municipal services are suspended, volunteers are utilized, and to expedite the distribution of emergency public information.

## **1.11 Overview of Response Components**

### **1.11.1 Pandemic Emergency Operations Centre**

In the event of an influenza pandemic, the Perth County Pandemic Unified Command (PUC) will convene at the Tim Taylor Lounge at the Rotary Complex Stratford. During an influenza pandemic, the Pandemic Emergency Operations Centre will ensure access to:

- meeting/teleconference rooms for the Pandemic Unified Command
- a communications and support staff area
- rooms for other groups as required.

In addition, the Perth District Health Unit, located at 653 West Gore Street in Stratford, will be the site for vaccine storage for the community, infectious disease surveillance activities, distribution of public health related information, antiviral coordination (potentially), as well as the site for planning, coordination and implementation of all public health measures, including the coordination of community immunization clinics.

Municipalities will be advised to activate their respective emergency response plans and emergency operations centres as per the direction of the PUC.

### **1.11.2 Surveillance**

The purpose of surveillance is to detect the arrival of the pandemic influenza virus in Perth County and to track its progress and level of activity through the county. This information is needed to guide the timing of use of antiviral drugs and to prepare for and monitor health care services. Modification of the regular annual influenza surveillance is likely in several respects:

- addition of workplace absenteeism surveillance (if schools are closed)
- timely reports of hospitalizations and deaths due to influenza
- use of laboratory sampling in accordance with provincial direction.

It is not anticipated that individual cases will be reported or tracked, other than those that are lab confirmed.

In Perth County, the Perth District Health Unit will direct surveillance by collaborating with laboratories, physicians, health care facilities, workplaces and schools to collect, report and analyze relevant epidemiological data. Rapidity of data transfer and feedback will require prepared and dedicated staff in hospitals as well as the Health Unit.

### **1.11.3 Vaccines**

Vaccine against the pandemic strain will be supplied to each Health Unit in an equitable fashion as soon as it becomes available. Eventually there will be enough vaccine for everyone. It is likely that two doses of vaccine will be required, at a three-week interval to get good protection. The Perth District Health Unit is responsible for planning and implementing the immunization of priority groups and the public as quickly as possible. The Health Unit will ensure that high-risk groups receive immunization as mandated by the province. If there is no influenza activity at the time that the vaccine arrives, vaccine may be supplied to health care institutions and family doctors by the Health Unit, as in normal seasons; however, if influenza activity is present and the health care system is overwhelmed, the Health Unit will take on the entire campaign.

### **1.11.4 Antivirals**

A national stockpile of antiviral drugs to treat influenza is being created, consisting primarily of oseltamivir (Tamiflu). As these drugs will be in very short supply, they will be under public health control to be used according to national and provincial priorities. Antivirals will be used for treatment of hospitalized patients, outpatients who are severely ill or at high risk of complications, and for treatment of ill health care workers and essential workers. Drug prophylaxis (preventive therapy) may also be available for selected health care workers, essential service workers and key decision-makers in order to maintain an effective pandemic response. The Perth District Health Unit will ensure that antivirals are distributed and utilized in accordance with the provincial pandemic plan.

### **1.11.5 Public Health Measures**

Public health measures include case and contact management, infection control, public education, and community disease containment strategies. Based on WHO recommendations, attempts to contain a pandemic through aggressive individual case and contact management would only be attempted during the alert stages or when the first cases reach Canada (WHO Phases 3 to 5). Unlike SARS, the epidemiology of influenza makes it impossible to stop its spread, though measures like closures of schools and public places and cancellation of events might slow it down, thereby buying time until vaccine is available. The Medical Officer of Health has authority for such measures.

### **1.11.6 Health Services**

The health care sector is responsible for maintaining access to health care during the pandemic, both for persons with influenza and for those with other life-threatening problems. It is anticipated that even with expansion of facilities and services, the demand may be overwhelming and a triage approach needed. Efforts to preserve hospital beds for the most severely ill will include instruction in self-care at home for mild-moderate illness, and enhanced home care services. Long term care homes will be expected to manage severely ill residents without transfer to hospital and possibly accept additional residents. Special outpatient flu assessment centres may be established to protect emergency rooms from being overwhelmed. Measures to protect the health of health care workers include infection control measures and priority access to vaccine and antivirals.

### **1.11.7 Essential Services**

If the pandemic strain is virulent, an influenza pandemic will be a community emergency as well as a health emergency. The high illness rates that could develop will threaten all community and business services. Municipalities are responsible for maintaining essential services including burial of victims and for providing emergency social assistance for disrupted individuals and families. They should also play a key role in ensuring continuing access to critical services like pharmacy, petrol, food and banking.

### **1.11.8 Communications**

A federal/provincial pandemic communications network has been created to ensure consistent messages about the progress of the pandemic and control measures are used. Local communication will be coordinated through the Pandemic Unified Command (PUC) and be consistent with the federal and provincial messages.

The Perth District Health Unit will provide timely and relevant communication to all stakeholders and the community prior to the declaration of a pandemic emergency. Upon declaration of the pandemic and initiation of the PUC, the Health Unit will make its communication resources available to the PUC. Communication resources from all involved sectors shall be pooled for the duration of the pandemic response to create a Perth County Communications Unit to support the PUC.

## 1.12 Recovery

The post pandemic period, following phase 6, will be a period of recovery and review. It is anticipated that the pandemic will occur in waves of 6 to 8 weeks duration, with an interpandemic period of undeterminable length in between.

One of the major roles of the Pandemic Unified Command (PUC), is to plan for recovery, even while in the throws of pandemic. This will facilitate a quicker return to business as usual. Depleted inventories will require stockpiling, and interrupted schedules will need to be reorganized. Debriefing so that policies and procedures can be modified and “lessons learned” incorporated will all need to be done during the recovery phase of the pandemic.

As we have seen post September 11<sup>th</sup>, and post-SARS, the processes of re-telling and interpreting are integral to any human experience. In the case of a severe pandemic, the recovery will go on, in many ways, even into and beyond the next wave of the outbreak.