

PANDEMIC RESPONSE PLAN



Halton District School Board, 2009

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Backgrounder

Outbreaks of influenza have been known to occur for centuries, and three influenza pandemics have occurred in the previous century alone – the Spanish (1918), Asian (1957) and Hong Kong (1968) pandemics. The Spanish pandemic, in two short years, killed an estimated 20 million people worldwide with some experts reporting deaths as high as 40 million. Health Canada estimates in Canada 2 to 5 million people will require outpatient care and 11,000 to 58,000 people would die during an influenza pandemic. Children are the most likely to become infected with the illness but the elderly are particularly at risk of serious complications and death.

The World Health Organization (WHO) is predicting that another pandemic influenza will occur although the timing and pattern of the pandemic is unpredictable.

In terms of preparing for the impact of a pandemic in the work environment, it has been projected that up to 30 - 35% of the workforce may be absent due to the effects of this virus on individuals and families. This clearly identifies the importance for Halton District School Board to prepare plans to ensure continuity of essential services.

Based on information taken from previous pandemics, the impact of a pandemic influenza in Halton (based a population of 400,000 and a 35% attack rate) could be:

- 300,000 people become infected
- 140,000 people become clinically ill
- 60,000 people require outpatient care
- 1,200 people require hospitalization
- 400 deaths¹

Work has occurred at the federal level that has resulted in the development of a contingency plan, which reflects the role of the federal government in a pandemic influenza response. Similarly, at the provincial level, the Ministry of Health and Long-Term Care has undertaken a planning process in collaboration with various stakeholders for an Ontario response to a pandemic influenza.

Given the federal and provincial forecasts, municipalities across Ontario need to prepare for such an event. Halton Region, together with specific stakeholders, has been actively preparing for this event for several years so that Halton will be positioned to meet the challenges of a pandemic influenza, whenever it occurs.

The next step in this process was the development of business continuity plans to maintain essential services and/or functions during a pandemic emergency. For both government and business, there is an expectation from the public and from employees that services will continue as usual and uninterrupted. In this context, the experiences and disruptions created by the 2003 power outage and the SARS outbreak emphasize the benefits of the emergency planning process.

¹ Based on FLUAID 2.0: Centre for Disease Control software designed to provide a range of estimates of the impact of pandemic influenza available at <http://www2a.cdc.gov/od/fluaid/>.

The education sector, as well as other sectors, could be faced with the extremely high absenteeism rates during a pandemic influenza. For this reason, we have planned ahead to ensure that we have the capacity to maintain education service delivery during that time.

The following conditions make influenza pandemic more likely:

- H5N1 virus mutates to human to human contact
- Spreads from human to human

Methods

A HDSB Pandemic Working Group was convened and a review of our emergency procedures and infectious control procedures completed. The Working Group included representatives from the Director's Office/Communications, employee groups, Information Technology, Business Services, Facility Services, Human Resources, school administrators, and Health & Safety.

Legal Basis

The Medical Officer of Health determines the actions needed to be taken to protect the population from a communicable disease (Health Protection and Promotion Act 1990).

The Medical Officer of Health has the authority to issue an order if she/he 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.

What is Influenza?

Influenza is a highly contagious and common respiratory illness caused by a virus. The vast majority of influenza is transmitted from person to person by droplet spread, e.g. sneezing, coughing or by direct contact, e.g. shaking hands.

The period of communicability is believed to be from 24 hours before and up to 3 to 5 days after symptoms develop. Children and some adults may be infectious for 7 or more days after the onset of symptoms. The incubation period is 1 to 3 days.

Symptoms include the following:

- Sudden onset of fever, headache, chills, muscle aches, physical exhaustion and a dry cough,
- Subsequent onset of sore throat, stuffy or runny nose and worsening cough,
- Children may also feel sick to their stomach, vomit or have diarrhea,
- Elderly and immune compromised people may not develop a fever,
- Most people recover in 7 to 10 days.

Plan Overview

The plan is described in the same manner as local Health Unit plans and the World Health Organization (WHO) pandemic phases to ensure clarity and consistency in public communication.

World Health Organization Pandemic *Preparedness* Period

PHASE 1: <i>Probability of Pandemic - uncertain</i>	<ul style="list-style-type: none"> No animal influenza virus circulating among animals has been reported to cause infection in humans.
PHASE 2: <i>Probability of Pandemic - uncertain</i>	<ul style="list-style-type: none"> 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: <i>Probability of Pandemic - uncertain</i>	<ul style="list-style-type: none"> An animal or human-animal influenza re-assortant 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: <i>Probability of Pandemic - Medium to high</i>	<ul style="list-style-type: none"> Human-to-human transmission of an animal or human-animal influenza re-assortant virus able to sustain community-level outbreaks has been verified.
PHASE 5: <i>Probability of Pandemic -High to certain</i>	<ul style="list-style-type: none"> The same identified virus has caused sustained community level outbreaks in at least two countries in one WHO region.

World Health Organization Pandemic *Response* Period

PHASE 6: <i>Pandemic in Progress</i>	<ul style="list-style-type: none"> 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.
<i>Post-Peak Period</i>	<ul style="list-style-type: none"> Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
<i>Possible new wave</i>	<ul style="list-style-type: none"> Level of pandemic influenza activity in most countries with adequate surveillance is rising again.
<i>Post-Pandemic Period</i>	<ul style="list-style-type: none"> Levels of influenza have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

World Health Organization Pandemic *Recovery* Period

PHASE 7	<ul style="list-style-type: none"> Return to Pandemic Preparedness period
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HDSB PANDEMIC PLAN

Pandemic Preparedness Period

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<i>PHASE 1: probability of Pandemic uncertain</i>	<ul style="list-style-type: none"> • No new influenza subtypes have been detected in humans • An influenza virus subtype that has caused human infection is present in animals 	<ul style="list-style-type: none"> • Educate Board’s community on the importance of influenza preparedness and new virus surveillance. • Educate Board’s community on preventative measures to be taken e.g. plan development, hygiene etiquette, etc. 	<ul style="list-style-type: none"> • Inform staff, students, parents, volunteers and other community support staff about the school’s pandemic plan development • Give consideration to how a school will communicate messages to all groups, e.g. newsletter, backpack, website • Place an emphasis on hygiene etiquette among staff and students and others

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<p><i>PHASE 2: Probability of Pandemic uncertain</i></p>	<ul style="list-style-type: none"> • No new influenza subtypes have been detected in humans • However, a circulating animal influenza virus subtype poses a substantial risk of human disease. 	<ul style="list-style-type: none"> • Review all infection control procedures, educate all staff on increased vigilance. Infection control includes practices and procedures used to prevent disease transmission, and includes knowledge and skills required to choose and maintain appropriate precautions. • The goal of enhanced control practices are to: • Endeavor to maintain a consistent, high standard of infection control in all settings • There are appropriate procedures in place to respond to an outbreak • Institute communication strategies to students and parents in the community • Ensure food service staff and custodial staff are trained with enhanced infection control techniques and review procedures for environmental cleaning of schools and workplaces • Provide regular updates to staff, students and the community. • Develop an emergency contact list for all employee groups within JWS 	<ul style="list-style-type: none"> • School administrators share their school response plans within their Family of Schools groups and School Councils • Make community agencies, volunteers and staff, students parents aware of the plan • Review school cleaning practices for inclusion of infection control measures • Maintain and update staff phone tree, community service provider contact information, and parent contact process and have a copy at home • Keep a list of issues/concerns and send to JWS team for response. • Provide regular updates to staff, students and the community.

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<p><i>PHASE 3: probability of Pandemic uncertain</i></p>	<ul style="list-style-type: none"> • Human infection(s) with a new subtype, but no human to human spread or at most, rare instances in close contact only. • An animal or human-animal influenza re-assortant virus has caused sporadic cases or small cluster of disease in people, but has not resulted in human to human transmission sufficient to sustain community-level outbreaks. 	<ul style="list-style-type: none"> • School-based plan template developed • Educate and reinforce reporting requirements by principals to Health Units • Encourage vigilance in hand washing techniques • Encourage use of all preventative programs • Reinforce cross-training of jobs to ensure essential services • Reinforce hygiene education programs • Enhanced training of all staff • Design additional planning for students with special needs, students in section 23 programs, as well as for students and their families who do not speak English as their first language. • Design the communications plans and process for the board and schools • Develop Q&A sheet for distribution • Explore learning continuity resources with Ministry of Education and HDSB School Program Services 	<ul style="list-style-type: none"> • Clarify roles and responsibilities of staff, parents and students • Complete School Operations Continuity Plan • Complete the development of the school plan • Implement good hygiene emphasis in school, e.g. hand washing, coughing & sneezing etiquette • Check that staff contact details are current • Brief key staff on roles and responsibilities • Distribute information fact sheets prepared by Health Department and distributed by HDSB Board Planning & Team • Provide input to learning continuity resources at the school and board levels • Check all students have 2 emergency contact numbers • Create plan for students with special needs

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<p><i>PHASE 4: probability of Pandemic medium to high</i></p>	<ul style="list-style-type: none"> • Small cluster(s) with limited human to human transmission but spread is highly localized, suggesting the virus is not well adjusted to human hosts. • Human-to-human transmission of an animal or human-animal influenza re-assortant virus able to sustain community-level outbreaks has been verified. 	<ul style="list-style-type: none"> • Develop alternate procedures to address continuity of instruction, e.g. web-based distance instruction etc. in the event of district school closures • Encourage parents to find alternate childcare options. • Comply with all Ministry of Health orders, including school closure procedures • Institute infection control procedures • Audit controls at other sites • Cross-training between essential services personnel • Provide regular updates to staff, students and community • Develop sick leave board policy for staff absences unique to a pandemic influenza • Develop board procedures for transporting students who become ill at school • Board to provide direction regarding completion of report cards at school level when staff absent 	<ul style="list-style-type: none"> • Provide input to learning continuity plans, other ways of maintaining the learning process, e.g. board websites, learning packages, etc. • Maintain links with community support networks and Family of Schools • Update and activate phone/email trees using key contact lists • Absence Check program –establish plan to deal with the surge increase in reported absences • Review school pandemic plan • Monitor field trip requests as directed by FOS Superintendent • Comply with board policy for transporting ill students • School Finances & Banking – put plan in place in the event that the two individuals authorized to sign school cheques are absent

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<p><i>PHASE 5: probability of Pandemic High to certain</i></p>	<ul style="list-style-type: none"> • Larger cluster(s) but human to human spread still localized, suggesting the virus is adapting to humans, but may not yet be fully transmissible (substantial pandemic risk). • The same identified virus has caused sustained community level outbreaks in at least two countries in one WHO region. 	<ul style="list-style-type: none"> • Institute communication plan across the system • Continue all procedures in PHASE 4 • Notify community of possible school closures and transportation cancellations • Restrict community, volunteers, visitors' access • Provide regular updates to staff, students and community • Prepare information package for non-English speaking community • Explore Ministry of Ed alternate learning web-based materials • Prepare sample letters for students, parents and community, as per MOH information • Develop an internal procedure for principal and staff use when dealing with suspect cases of pandemic influenza • Develop a notification process for schools to report number of absent students and staff on a timeline determined by the Medical Officer of Health 	<ul style="list-style-type: none"> • Ensure effective communication through briefings, emails, newsletters, websites with administrators, staff, students, parents, volunteers and community groups • Educate staff, students and parents about the difference between symptoms of common cold and influenza, importance of good hygiene practices, importance of staying home when ill (both students and staff) • Notify staff, students and parents of possible school closure and transportation cancellation • Alternate learning continuity plans in place for students @ Board direction • Inform students of alternate learning continuity plans • Report staff and student absences based on the Board notification process • Institute rigorous infection control methods

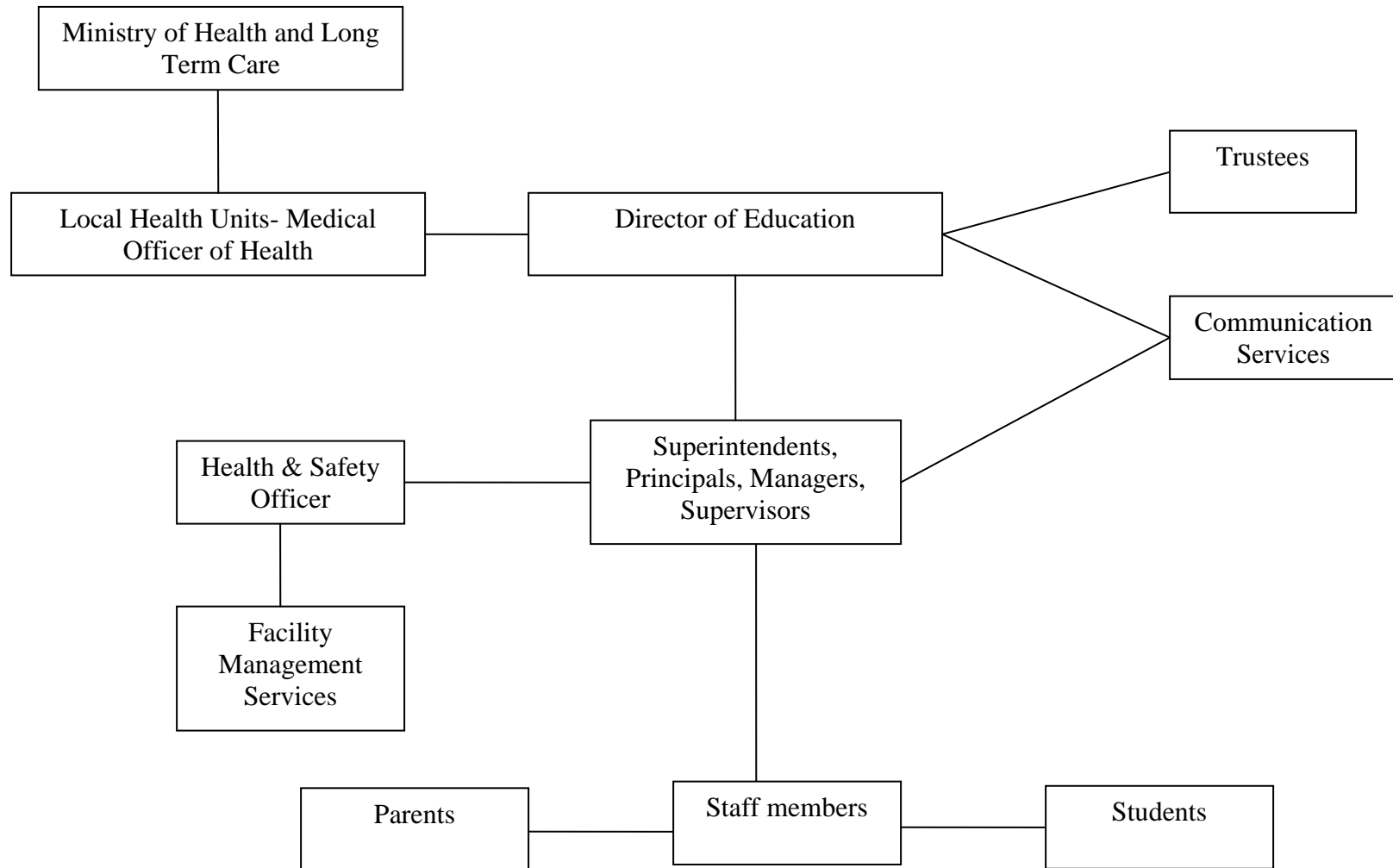
Pandemic Response Period

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<p><i>PHASE 6:</i> Pandemic in progress</p>	<ul style="list-style-type: none"> • Increased and sustained transmission to the general public in at least one other country in another WHO region • Post Peak Period – levels in most countries with adequate surveillance have dropped below peak levels • Possible new wave – levels rising again • Post pandemic period – levels have returned to seasonal flu levels. 	<ul style="list-style-type: none"> • Individual school/business/system plan implemented • Strict restriction on community, volunteers and visitor access • In all likelihood, schools will be closed • Transportation cancelled • If schools are closed, Medical Officer of Health may use schools to provide functions such as information clinics, dissemination points, triage centres, community clinics, immunization and/or quarantine centres • Rigorous infection control procedures in place and staff access limited to essential services only. • Maintain regular situational updates with all members of the school community through postings on the board website • Collaborate with local agencies in making school facilities available for the pandemic response effort. 	<ul style="list-style-type: none"> • Medical Officer of Health determines school closures • Secure the premises • Post notices of closure on all entry points of the building • Maintain regular situational updates with staff and parents through the school/board website.

Pandemic Recovery Period

Phases	<i>World Health Organization</i>	<i>HDSB Board-wide Plan</i>	<i>School-based Plan</i>
<i>PHASE 7</i>	<ul style="list-style-type: none"> • Return to Pandemic Preparedness Period 	<ul style="list-style-type: none"> • Return to pandemic preparedness period • Transitioning to normal operations • Schools will implement recovery phase of their plan • Arrange debrief of pandemic event for staff and students • Activate trauma and/or grief counseling services as necessary for schools • Evaluate effectiveness of the plan • Continue to update and maintain the plan • Continue to educate the Board community about the importance of influenza virus surveillance and preventative measures. 	<ul style="list-style-type: none"> • Return to pandemic preparedness period • Arrange debriefing of pandemic event for staff and students • Assess staff capacity to resume normal operations and contact board Pandemic Working Group for assistance • Evaluate effectiveness of school pandemic response plan and make necessary modifications • Return to normal cleaning procedures

PANDEMIC RESPONSE FLOW CHART: COMMUNICATION PLAN



Communication

Below is a broad overview of the needs and responsibilities to be delegated and assumed in the event of a pandemic. These are broad areas of concern. Each of these areas of concern will be further broken down to specific tasks and delegation of responsibility in the following pages.

Board Operations	Responsibility
When a pandemic occurs, the key spokesperson to the media is <u>the regional Medical Officer of Health, not the Board</u> . The communication with media by the school board would address school or board-specific concerns as outlined below:	Medical Officer of Health
A critical area for the Board is that of communication activities, including media releases, media conferences, radio and television advertisements, private presentations to such groups as Regional Councils, Municipalities, letters to parents, letters to ratepayers, letters to pupils, meetings of Student Councils, meetings of Parent-Teacher Associations and School Councils, all initiated and provided by the Board. Develop a communication plan with key system messages.	Director of Education / Associate Director of Education and Communications Manager Pandemic Working Group
Communications The Pandemic Working Group will govern external and internal communication with respect to schools only during the period of a pandemic and liaison with regional organizations.	Pandemic Working Group
Communications liaison between Pandemic Working Group and Principals/Vice-Principals Principals and Vice-Principals shall refer to and shall receive from the F.O.S. Superintendent or designate all directions and communications from the Pandemic Working Group except to the extent the Pandemic Working Group may choose to make direct communication by voice mail or email. Principals and Vice-Principals will be expected to monitor voicemail and e-mail regularly throughout the school day.	Family of Schools (FOS) Superintendents
Communications/electronic Any electronic communications related to the pandemic to be approved in advance by the Pandemic Working Group.	Pandemic Working Group
Maintenance of electronic communications Specific personnel may be required to maintain e-mail and the Board’s public Web site to maintain ongoing communication and to ensure updates are communicated in a timely manner to schools, other staff and to the media and public. Provide Trillium support to monitor student absences.	Pandemic Working Group / Information Technology
Visitors to schools In the event of a pandemic, school staff will be authorized to monitor doors that may be open during school hours to ensure that unauthorized people are not present in the building. This plan is to be developed in	Family of Schools (FOS) Superintendents Principals

advance, for rapid implementation only on the direction and order of the Pandemic Working Group.	
Board Operations	Responsibility
Liaison responsibilities Communications with the Ministry of Education, Ministry of Health & Long Term Care, Ministry of Labour, and other boards, would be effected only through the Director of Education.	Director of Education Pandemic Working Group
Community Use of Schools Night School and community school activities, specifically those which occur after normal school hours, would continue to be available to the community unless directed otherwise. A letter needs to be sent to all community school users and permit holders to indicate that the pandemic may result in school closures. Where it is necessary to close a building to the public, every effort must be made to inform permit holders as early as possible.	Director of Education Pandemic Working Group
Daily reports FOS Superintendents will monitor the situation on a daily basis and provide daily reports to the Pandemic Working Group, and make recommendations as required.	Family of Schools (FOS) Superintendents
Cancelling of classes A directive should be provided with respect to the cancelling of classes and alternate learning opportunities.	Pandemic Working Group

ROLES AND RESPONSIBILITIES

Director

- all communication from the Medical Officer of Health will be transmitted to the Director
- the Medical Officer of Health will handle all media requests for information
- provide timely information to the Chair of the Board and Trustees on matters related to board-specific flu pandemic issues
- approve all system communications and directives
- ensure all communication directives are promptly communicated
- monitor the status of the school communities
- convene briefing sessions as needed
- convene monitoring Pandemic Working Group, as needed
- provide regular updates to the system to assure confidence.

Superintendents/Pandemic Working Group

1. Purpose

The purpose of the Pandemic Working Group is to provide direction and guidance to the Board and staff in the event of a community pandemic.

Superintendents/Pandemic Working Group (cont'd)

2. Basic Goals

The basic goals of the Halton District School Board during a pandemic are to:

- a) ensure systematic coordinated response that ensures the safety of students, staff in schools and the Board
- b) ensure clarity and consistency in all communications
- c) provide a forum for effective problem solving
- d) minimize any detrimental effect to the system
- e) collaborate with community agencies as necessary
- f) encourage an expeditious and normal return to school functions
- g) foster and maintain positive community relationships

3. Basic Organizational Objectives

To ensure the Board is responsive rather than reactive. The Working Group will facilitate the process to ensure orderly school closures, audit infection control, monitor communications, respond to requests for services by community agencies and ensure all processes are followed prior to facilities opening.

Pandemic Working Group Membership

- Director of Education
- School & Community Liaison
- Communications Manager
- Manager, Director's Office
- Purchasing Agent
- Manager of Payroll & Benefits
- Manager of Transportation
- Manager of Human Resources
- Coordinator of Occupational Health and Safety
- Regional Supervisor, Plant Operations
- Manager, Information Technology
- Trustee

Role of Working Group

1. to make rapid responsive decisions;
2. assume responsibilities for and assist communications and information dissemination,
3. to delegate spokespersons as required;
4. To advise and make recommendations to Administrative Council; and
5. to make decisions and give clear directions to meet all contingencies.

Principals, Supervisors, Managers

- inform students, staff and parents about the symptoms and measures to be taken to reduce exposure
- request that symptoms be reported to the principal, manager or supervisor
- contacting the local Health Units to report outbreaks in the school
- follow all safe schools and school closure procedures
- follow all communication directives
- maintain contact with superintendents
- identify issues for Working Group problem solving
- facilitate and co-operate with community agencies in school utilization issues

Principals/Managers/Supervisors have enhanced responsibilities (Education Act, Occupational Health & Safety).

Facility Services Department:

Existing services will be prioritized in context with need to:

- develop, implement and evaluate infection control methods
- train department staff with enhanced infection control methods
- monitor infection control methods
- institute and inspect all post closure and pre opening procedures
- assist community agencies as necessary
- provide enhanced security as warranted

Employees:

The control of influenza is the responsibility of all employees of the Halton District School Board. Maintaining proper immunizations, applying hygiene principles when exposed to viruses, bacteria and body fluids requires knowledge, vigilance and personal responsibility.

When an outbreak occurs, communication is essential. Employees play a vital role in educating and disseminating accurate information. All enquires should be directed promptly to your direct principal/manager/supervisor.

Essential Services: Facility Services, Human Resources, Information Technology, business Services, the Director's Office

Principals/managers/supervisors are expected to report to work. Where their safety may be in jeopardy, the Working Group will advise. Some sites may be appropriated by community agencies ie. Triage centres, information depots, crucial supply lines, therefore, adequate staffing must be maintained.

Regular employees' salary will be maintained at the Board office or by a remote site by the Manager of Payroll Services or designate.

All Facility Services personnel will be essential.

Quarantine

Employees placed in quarantine by the Medical Officer of Health will remain absent from work until cleared by the Medical Officer of Health except where the Director of Education, in consultation with the Medical Officer of Health, has recommended to the contrary.

Education Programming

In consultation with the local Health Units, an education program has been designed to:

1. Augment prevention initiatives
2. Ensure a consistent, sustained approach
3. Ensure wide circulation of preventative materials

Brochures, sample letters to parents and posters have been designed to appeal to wide ranges of audiences (samples attached).

Infection Control Methods

Facility Services has developed a priority schedule of maintenance. Additional training regarding infection control procedures is in place.

FACTS ABOUT INFLUENZA PANDEMIC VACCINE AND ANTIVIRAL DRUGS

If an influenza pandemic occurs in Ontario, a vaccine will not be available at the start of the pandemic, as the virus will be a new strain. It can take four or five months for a vaccine to be developed against a new flu virus. Antiviral drugs may be used to help lessen the impact of the pandemic and may be effective in very early treatment.

Differences Between seasonal influenza and pandemic influenza:²

Seasonal Flu	Pandemic Flu
Occurs every year	Occurs every 30 to 40 years
Occurs during the winter	Occurs at any time of the year
For most people, it is an unpleasant but not life-threatening infection	Some people will not recover even with medical treatments.
Most people recover within one to two weeks without requiring medical treatment	Due to the higher severity of illness, there is a greater risk of death
The very young, the very old and people with chronic illness are most at risk of serious illness	People of every age may be at risk of serious illness
Vaccine is available in advance	Vaccine will not be available in advance
Annual vaccination is recommended for those at risk of serious illness	The whole population will be vaccinated when vaccine becomes available
Antiviral drugs are available to treat those at special risk	Antiviral drugs are likely to be in limited supply and will be used to best effect according to how the disease develops.

What's the difference between vaccines and antivirals?

- **Vaccines** are the primary means to prevent illness and death from regular seasonal influenza. They cause the production of antibodies against the flu virus included in the vaccine, providing immunity against the virus.
- **Antivirals** are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and reduce the serious complications of influenza.
- **Antivirals** will likely be the only medical intervention during the initial pandemic response.
- **Antivirals** work by reducing the ability of the virus to reproduce but do not provide immunity against the virus.
- **Antiviral protection** is virtually immediate when taken for prevention and lasts as long as the medication is taken.
- An actual vaccine against a pandemic cannot be manufactured until the virus has emerged.

² Adapted from:

Department of Health (England) "Pandemic Flu: Frequently Asked Questions", October 19, 2005 retrieved from <http://www.dh.gov.uk>

Ministry of Health and Long Term Care "Differences between seasonal or "annual" influenza and the influenza pandemic" Fact Sheet.

Vaccine Preparation

- ID Biomedical, the domestic supplier of vaccine, will manufacture vaccine that is specific to the pandemic strain
- The vaccine will be distributed equitably throughout Canada, based on ID Biomedical's capacity to produce the vaccine.

Availability and use of a vaccine

- Individuals may need up to two doses of the pandemic vaccine approximately one month apart, as most people will have no prior exposure to the pandemic strain
- Ontario's plan is to obtain enough vaccine for the entire population but, in the early stages of a pandemic, vaccine will be in short supply.
- In this situation, the vaccine will be provided through special clinics to those at risk of influenza complications and those most likely to transmit influenza to high risk groups.

Availability and use of antivirals

- The federal government contributed \$24m towards the creation of a national antiviral stockpile
- The national antiviral stockpile will be used to treat and protect identified priority groups agreed upon by a national expert advisory committee on influenza pandemic
- The federal government is responsible for approving and licensing antivirals
- In preparation for a pandemic when availability of antivirals is limited, both the federal and the Ontario governments have begun to create an antiviral stockpile.
- Antivirals will be directed at treating those at high risk of complications or death due to influenza who present with influenza-like illness within 48 hours of onset of symptoms.
- Ontario will be adopting priority groups set nationally. These priority groups may change based on age and risk groups most affected by the pandemic, its severity and other factors.

Resource information Sources

Halton Regional Health Department:

http://www.halton.ca/health/programs/infectionctrl/pandemic_influenza.htm

Ontario Health Plan for an Influenza Pandemic:

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip_mn.html

Ministry of Health and Long Term Care: <http://www.health.gov.on.ca>

Emergency Management Ontario:

http://www.mpss.jus.gov.on.ca/english/pub_security/emo/about_emo.html

Health Canada: http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/fly-grippe_e.html

Federal Pandemic Plan: <http://www.phac-aspc.gc.ca/spip-pclepi/index.html>

Center for Disease Control Affected Population Projections: <http://www2a.cdc.gov/od/fluaid>