

Briefing Note  
H1N1 Pandemic Influenza A  
October 2009

**Introduction**

According to the World Health Organization (WHO) the Influenza A (H1N1) virus is currently at Pandemic Phase 6, which means it has become a widespread human infection. This year's flu season (October – March) is upon us and we are being warned that the severity of the pandemic Influenza A virus may escalate, potentially resulting in 20 – 25% absenteeism in the workforce.

As it is incumbent upon each municipality to have a Pandemic Influenza Plan, this brief has been written to provide you with background information on the H1N1 virus and important resources for creating a Pandemic Influenza Preparedness Plan.

**Background**

Influenza A (H1N1) is a new virus that has never before circulated among humans. It is not related to any previous or current human seasonal influenza viruses. H1N1 is spread between people, in the same way as the seasonal flu - by coughing or sneezing. The virus can be inhaled, passed on by hand, or picked up from contaminated surfaces.

To prevent spread, it is suggested that people who are ill should cough/sneeze into their sleeve, stay home when they are unwell, clean their hands regularly (wash with soap or hand sanitizer) and distance themselves from healthy people

Signs of H1N1 are similar to that of the seasonal flu - fever, cough, headache, muscle and joint pain, sore throat, runny nose, and sometimes vomiting and diarrhea. It is recommended that a person should seek medical attention immediately if they experience shortness of breath, difficulty breathing, or has a high fever.

The concern with H1N1 is that it is a new virus, which means that people have not built up any immunity to it. As well, it seems to be as contagious as seasonal influenza, and is spreading fast - especially among people ages 10 to 45. The severity of the disease ranges from very mild symptoms to severe illnesses that can result in death.

**WHO Information**

According to the World Health Organization (WHO), as of 25 October 2009, worldwide there have been more than 440,000 laboratory confirmed cases of pandemic influenza H1N1 2009 and over 5700 deaths reported to WHO.

WHO reports that the number of human cases of pandemic (H1N1) 2009 is still increasing substantially in many countries, and even in countries that have already been affected for some time.

Currently, we are in Phase 6 of the Influenza A Pandemic, which WHO defines as widespread human infection. At the present time, WHO considers the overall severity of the influenza pandemic to be moderate which means that:

1. Most people recover from infection without the need for hospitalization or medical care.
2. Overall, national levels of severe illness from influenza A (H1N1) appear similar to levels seen during local seasonal influenza periods, although high levels of disease have occurred in some local areas and institutions.
3. Overall, hospitals and health care systems in most countries have been able to cope with the numbers of people seeking care, although some facilities and systems have been stressed in some localities.

### **Pandemics Are Unpredictable**

The severity of pandemics can change quickly and can differ by location or population. A pandemic is an unpredictable event both in terms of its severity and timing. As we head into the fall/winter months (October – March) there is a concern that the H1N1 virus may become more severe than what we experienced previously. An increase in severity could mean up to 25% of the workforce falls ill and that our resources would be stretched beyond our capabilities. Future severity assessments would reflect one or a combination of the following factors:

- changes in the virus,
- underlying vulnerabilities, or
- limitations in health system capacities.

As WHO is conducting close monitoring of the disease globally it is sending out the message that we need to be prepared on all fronts and ready to activate our Pandemic Influenza Plans if necessary.

### **Resources**

Below are links to a couple of Pandemic Influenza Plans that are most relevant to the Ontario Fire Service:

#### **1. The Provincial Coordination Plan for an Influenza Pandemic, 2006.**

EMO has worked with other provincial ministries and their stakeholders to develop a Provincial Coordinating Plan for an Influenza Pandemic This plan provides the framework for sectors, outside of health, to respond to an influenza pandemic and focuses on maintaining critical infrastructure and meeting human needs. Included in this plan are the roles and responsibilities of every ministry during an influenza pandemic.

[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_docs/pcpip.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_docs/pcpip.pdf)

## **2. Ministry of Community Safety and Correctional Services Influenza Pandemic Plan, 2008.**

As stated on the OFM website: The Ministry of Community Safety and Correctional Services Influenza Pandemic Plan was developed in consultation with the Ministry Pandemic Working Group, to address the processes and strategies required to fulfill the roles and responsibilities assigned to the Ministry in the Provincial Coordination Plan for an Influenza Pandemic and to ensure continuity of Ministry critical services.

[http://www.health.gov.on.ca/en/public/programs/emu/pub/pan\\_flu/mcscs\\_pip\\_20080624.pdf](http://www.health.gov.on.ca/en/public/programs/emu/pub/pan_flu/mcscs_pip_20080624.pdf)

## **3. Pandemic Influenza: Best Practices and Model Protocols, August, 2007, US Department of Homeland Security: (US Fire Administration)**

The US Fire Administration hosted a three-day forum (February 23-25, 2007) on Pandemic Influenza that was sponsored by the Department of Homeland Security. This document is a synopsis of the input received from Federal, State, local, territorial, and tribal emergency medical services (EMS), fire, emergency management, public works, and sector-specific participants attending the forum. The document has specific Model Protocols for the Fire Service on page 34.

[http://www.usfa.dhs.gov/downloads/pdf/PI\\_Best\\_Practices\\_Model.pdf](http://www.usfa.dhs.gov/downloads/pdf/PI_Best_Practices_Model.pdf)

## **4. The Ontario Health Plan for an Influenza Pandemic (OHPIP), 2008, 4<sup>th</sup> edition.**

Ontario's experience with SARS has made this plan a template for other jurisdictions (one being Middlesex-London) and will tell you how the Provincial government intends to deal with the pandemic from the Health Sector point of view.

[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/ohpip2/preface.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/preface.pdf)

**5. Canadian Pandemic Influenza Plan for the Health Sector, 2006.** Although the Federal plan focuses on the Health Sector it is the plan that the Provinces and Territories have used as a template and will show you how the Federal government intends to deal with the pandemic from the Health Sector point of view.

<http://www.phac-aspc.gc.ca/cpip-pclcpi/pdf-e/cpip-eng.pdf> .

## **6. World Health Organization – Pandemic H1N1, 2009**

The WHO website provides global updates on H1N1 as well as general information about the virus, safe practices etc.

<http://www.who.int/csr/disease/swineflu/en/>

**7. “Catch It. Bin It. Kill It.”** This is the Public Service Announcement video that the UK National Health Service is currently circulating.

[www.youtube.com](http://www.youtube.com) and then search for ‘Catch It. Bin it. Kill it.’

**8. “Why Don’t We Do It In Our Sleeves”?** A highly entertaining and educational video about proper coughing/sneezing practices.

<http://www.coughsafe.com/media.html>

## **Additional Resources:**

IAFC Emergency Medical Services Section: H1N1 Virus Influenza Virus  
<http://www.iafc.org/displaycommon.cfm?an=1&subarticlenbr=1107>

Public Health Agency of Canada:  
[http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php?utm\\_source=phac-goc-departments-eng&utm\\_medium=banner&utm\\_content=swineflu-landing-page&utm\\_campaign=swineflu](http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php?utm_source=phac-goc-departments-eng&utm_medium=banner&utm_content=swineflu-landing-page&utm_campaign=swineflu)

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

WSIB Flu Resources:  
[http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/flu\\_resources](http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/flu_resources)

## **Is Your Fire Department Prepared?**

In Section 1: XV1 of the Canadian Pandemic Influenza Plan it states that it is the responsibility of each municipality to have a Pandemic Influenza Plan in place:

“Unlike other public welfare emergencies, an influenza pandemic will impact on multiple communities across Canada simultaneously. Each local jurisdiction must be prepared to respond in the context of uncertain availability of external resources and support. Therefore, contingency planning is required to mitigate the impact of an influenza pandemic through planning and preparation by the co-ordinated efforts of all orders of government in collaboration with their stakeholders”.

How prepared are you? Does your municipality have a Pandemic Influenza Plan? Do you have a Pandemic Plan for your fire department?

Your plan should include:

- Education materials – guidelines/training for infection control, Personal Protective Equipment (PPE) procedures etc.
- Providing seasonal influenza vaccines to first responders and immediate family members
- Criteria for work exclusion and/or fitness to work
- Strategies for Reduction in services
- Strategies for Work reassignments
- Alternative response staffing strategies and tactics to address reduced manpower, station/center closure, or community quarantine
- Employee screening for symptoms.

## **Summary**

- Globally, we are in Phase 6 of Pandemic Influenza A.
- There a possibility that the second wave of the pandemic will hit hard during the flu season this fall/winter.
- Fire Departments need to have a plan in place and be prepared.

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and Correctional Services**

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**Memorandum To: All Chiefs of Police  
Commissioner Julian Fantino  
All Fire Chiefs**

**Subject: H1N1 Response and Vaccination Clinics**

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The impact of the second wave of the pandemic is being experienced across Ontario. Over the coming days, we will all be called upon to support the provincial pandemic response through the actions we are taking in our communities.

We can provide leadership by ensuring that we and our staff follow the direction provided by the Chief Medical Officer of Health and Ministry of Health and Long Term Care who is leading the pandemic response for the province of Ontario on the Stay Healthy campaign.

Where staff become sick or feel the on-set of symptoms, they are encouraged to use the influenza self assessment tool available on the Ministry of Health's website to help them make informed decisions about the type of care required, if any. This self assessment tool is available at <http://www.health.gov.on.ca/en/ccom/flu/h1n1/public/tools/assessment/default.aspx>. Staff can also contact TeleHealth (1-866-797-0000 TTY: 1-866-797-0007), Service Ontario (1-800-476-9708) or their family physician for advice.

The Federal government in partnership with chief public health officers from all provinces and territories, developed the sequenced groups (i.e. those most at risk) for vaccination based on scientific evidence. The province of Ontario is currently operationalizing the vaccination of these sequenced groups. Over the next few weeks, public health units across the province will be running mass vaccination clinics within their communities. They may also ask local physicians to administer the vaccine. Contact your local public health unit for vaccination specifics in your jurisdiction.

Those who have been identified as being at higher risk for complications from H1N1, or their caregivers, are in the following groups and will be given priority access to the vaccine.

- People under 65 with chronic conditions;
- Pregnant women;
- Healthy children 6 months to under five years of age;
- People living in remote or isolated communities;
- Health care workers; and
- Household contacts and care providers of persons at high risk who cannot be immunized or may not respond to vaccines.

After this initial group is dealt with, a number of other groups have been identified as benefiting from receiving a vaccination. These include:

- First responders;
- Adults 65 years of age and over;
- Healthy children five to 18 years of age;
- Swine and poultry workers; and
- Healthy adults between 19 and 64 years of age.

It is anticipated that the vaccine will be available to **everyone**, including first responders, as soon as vaccine supply becomes available. Staff should be encouraged to get vaccinated as it is the best way to stay healthy and prevent the spread of the disease.

A province-wide advertising campaign will be launched next week to remind people of the importance of getting the H1N1 flu vaccine. The campaign features Chief Medical Officer of Health Dr. Arlene King and includes print, radio and online ads.

For more information about the actions that the province is taking to respond to the H1N1 pandemic, I would encourage you to go to the Ministry of Health and Long Term Care's internet site at <http://www.health.gov.on.ca/en/ccom/flu>.

More information on sequence groups is available at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/vacc/vacc-eng.php>

Thank you for your support during this critical time.

Sincerely,

Dan Hefkey  
Assistant Deputy Minister and Chief  
Emergency Management Ontario

- cc. Ian Davidson, Commissioner of Community Safety  
Glen Murray, Assistant Deputy Minister, Public Safety Division  
Doug Crawford, Deputy Fire Marshal, Office of the Fire Marshal  
Deputy Chiefs, Emergency Management Ontario