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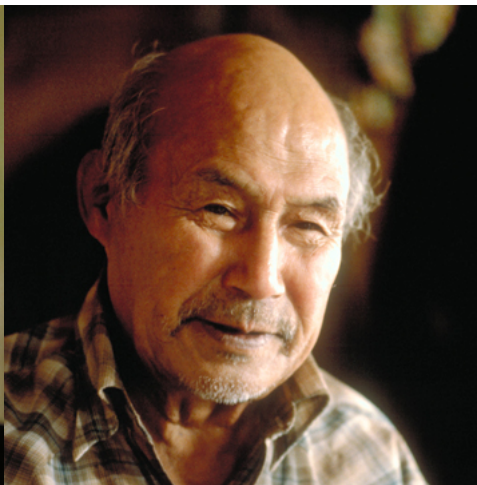
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Lessons Learned from H1N1 National Perspective

Presentation to Quebec Region
September 14, 2011



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Outline

- Background
- Planning and Response
- Successes
- Health Portfolio Review and Recommendations
- Senate Committee Review and Recommendations
- Areas of Action
- Conclusion



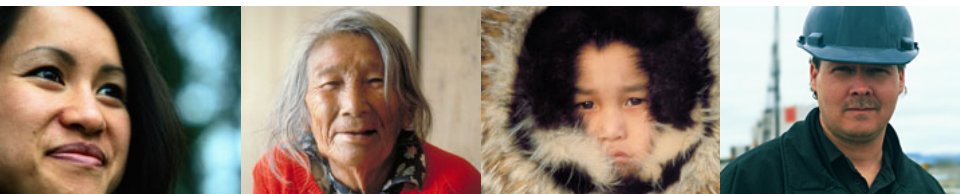
Background

- Health Canada recognizes the amount of time and efforts that all levels of government including First Nation communities dedicated to the 2009 H1N1 pandemic response.
- H1N1 pandemic's impact was limited due to:
 - strong collaboration with Federal/Provincial/Regional partners and First Nations leadership; and
 - ongoing pandemic preparedness activities in communities since 2006.



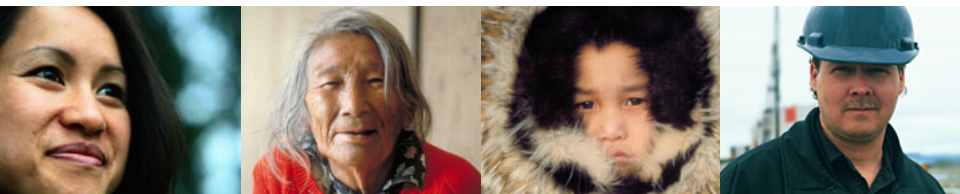
Planning and Response

- Health Canada advocated for:
 - Antiviral pre-positioning in remote and isolated communities.
 - Vaccine priority groups to include the First Nations.
 - Inclusion of First Nation considerations in national/provincial public health and clinical guidance documents.
- During H1N1, Health Canada procured additional personal protective equipment (PPE) supplies for healthcare workers; a process remains in place this fiscal year for communities to access these supplies.



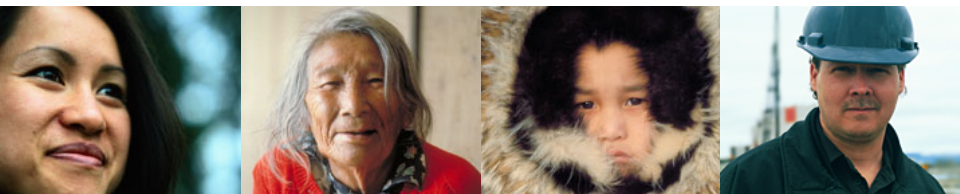
Successes- Community Level

- The level of preparedness in communities:
 - 80% of communities had pandemic plans in place before H1N1; 87% had tabletop tested at least one component of their plans (e.g., mass immunization plans).
 - In the fall 2009, the second wave of the pandemic, 98% of communities had pandemic plans in place.
- Prepositioning of antivirals in remote and isolated communities.
- The roll-out of the mass vaccination clinics
 - Overall uptake was 64% for on-reserve First Nation communities; significantly higher than the overall Canadian population.



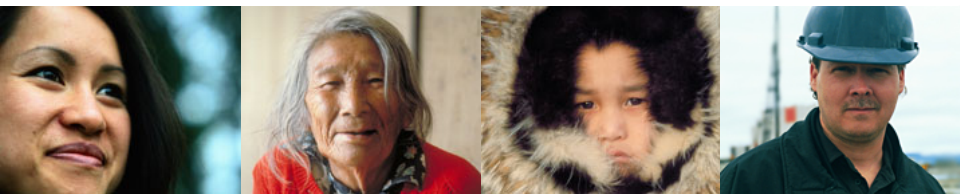
Pre-positioning Antivirals & Mass Immunization Clinics

Region	Antiviral Pre-Positioning	Mass Immunization Clinics
British Columbia	23 communities	Mix of regular and mass immunization clinics
Alberta	3 communities	All communities
Saskatchewan	13 communities	All communities
Manitoba	24 communities	All communities
Ontario	30 communities	Mix of regular and mass immunization clinics
Quebec	2 communities	All communities
Atlantic	None; no nursing stations	Mixture of on-reserve clinics and communities accessing provincial clinics.



Successes- National Level

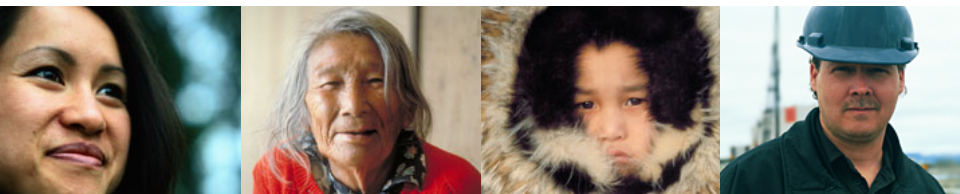
- Collaboration with all levels of government including First Nations leadership.
- Appointment of Senior Medical Advisor in Health Canada to oversee the H1N1 pandemic response for on-reserves.
- Representation at the federal/provincial/territorial Special Advisory committee (SAC), along with representation on all sub-working groups of the SAC (e.g., Remote and Isolated Working Group).
- Ensuring consistency in communications to all stakeholders and partners, including First Nation leadership and on-reserve First Nation communities.



Health Portfolio Recommendations

In 2010, the Health Portfolio (Health Canada and Public Health Agency of Canada) undertook a review of the response to H1N1 to gain an understanding of what worked well and identify areas for action. The recommendations being:

- Further strengthen federal/ provincial/territorial capacity to prepare for and respond to pandemic influenza.
- Continue to clarify, communicate and practice federal emergency management roles, responsibilities and mechanisms with particular attention to sustainability of response capacity and decision making roles.
- Improve the Health Portfolio's ability to communicate science to various audiences.



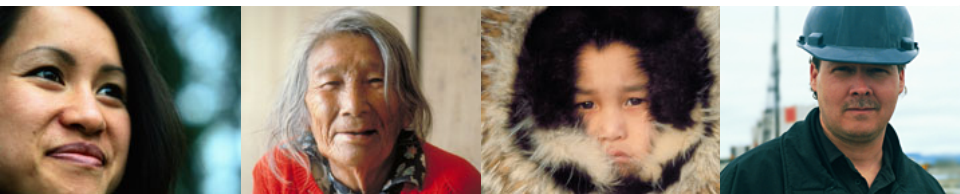
- Honourable Leona Aglukkaq, Minister of Health, requested that the Senate Committee undertake a review of Canada's response to the 2009 H1N1 influenza pandemic.
- In the fall of 2010, a hearing was held with representation from federal, provincial and territorial governments, healthcare professions, First Nations and Inuit, and research organizations.
- Final report included 17 recommendations; 3 of which were specific to First Nations.



Senate Committee Recommendations

Recommendations to Health Canada and the Public Health Agency of Canada:

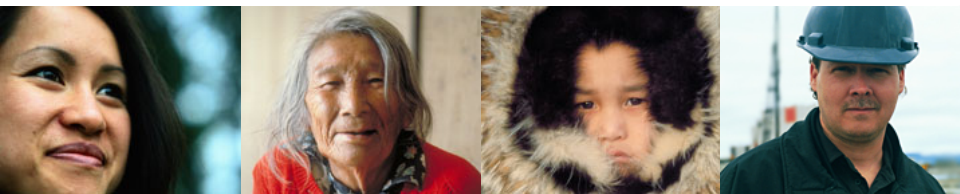
- To work collaboratively with other government departments to decrease the vulnerability to communicable diseases and improve the public health infrastructure.
- To improve reporting systems for surveillance, data collection and analysis.
- To clarify the federal government's role in a public health emergency



Areas of Action

Areas of action include:

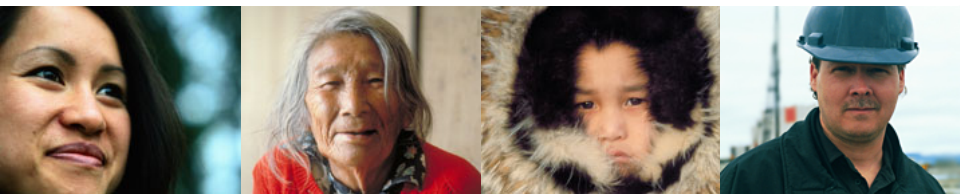
- Ensuring timely availability of public health guidance for First Nation communities, as well as guidance tailored to remote and isolated communities.
- Responding to local issues by using regional spokespeople.
- Engaging in federal/provincial efforts to address barriers for the movement of health professionals during a public health emergency.
- Ongoing work with Aboriginal Affairs and Northern Development Canada in the area of Emergency Management.



Conclusion

As a result of H1N1, the level of preparedness has significantly increased. First Nations and Inuit Health Branch efforts continue to focus on:

- preparedness including clarification of roles and responsibilities;
- adapting and scaling of plans for communicable disease emergencies;
- incorporating pandemic plans into communities' all-hazard emergency plan;
- guidance on the logistics of implementing pandemic plans; and
- external communications.





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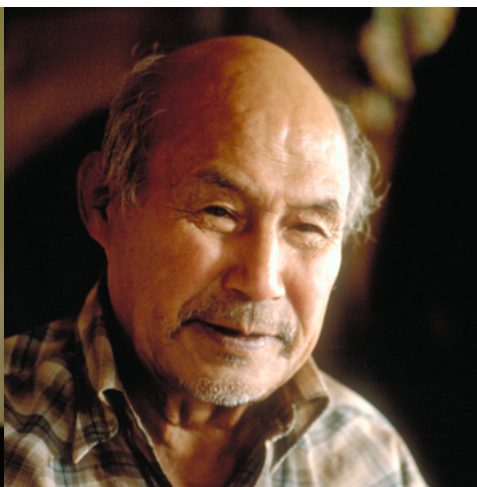
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Thank You

Questions?



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