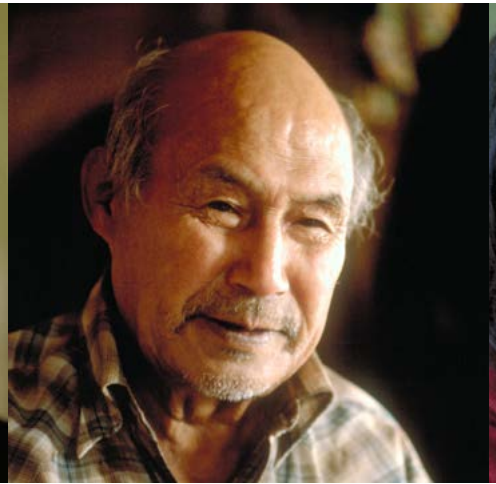
Communicable Disease Emergencies
Review of the Influenza A (H1N1) Pandemic

First Nations of Quebec Emergency Preparedness Plan

September 14, 2011

Lyne Bellemare


Canada

Presentation Outline

- **Summary of Federal Reports on Lessons Learned (PHAC and FNIHB)**
- **Results of the Evaluation of FNIH's Response to the H1N1 Pandemic**
- **Future Considerations**
- **Next Steps**
- **Conclusion**

Summary of Federal Reports on Lessons Learned (PHAC and FNIHB)

Reports on lessons learned

- Canada, Standing Senate Committee on Social Affairs, Science and Technology (2010). *Canada's Response to the 2009 H1N1 Influenza Pandemic*.
- Canada, Public Health Agency of Canada (2010). *Lessons Learned Review: Public Health Agency of Canada and Health Canada Response to the 2009 H1N1 Pandemic.*
- Health Canada's First Nations and Inuit Health Branch (FNIHB) (2010). *Debriefing report on the H1N1 pandemic* (internal document).
- First Nations and Inuit Health Directorate (FNIH) – Quebec Region, 2010. *Evaluation of Health Canada – FNIH's response to the H1N1 pandemic.*

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

Between February 19 and March 20, 2010

- **22/28 First Nations (FN) communities responded (78%)**
- **40 questions divided into 6 categories**

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

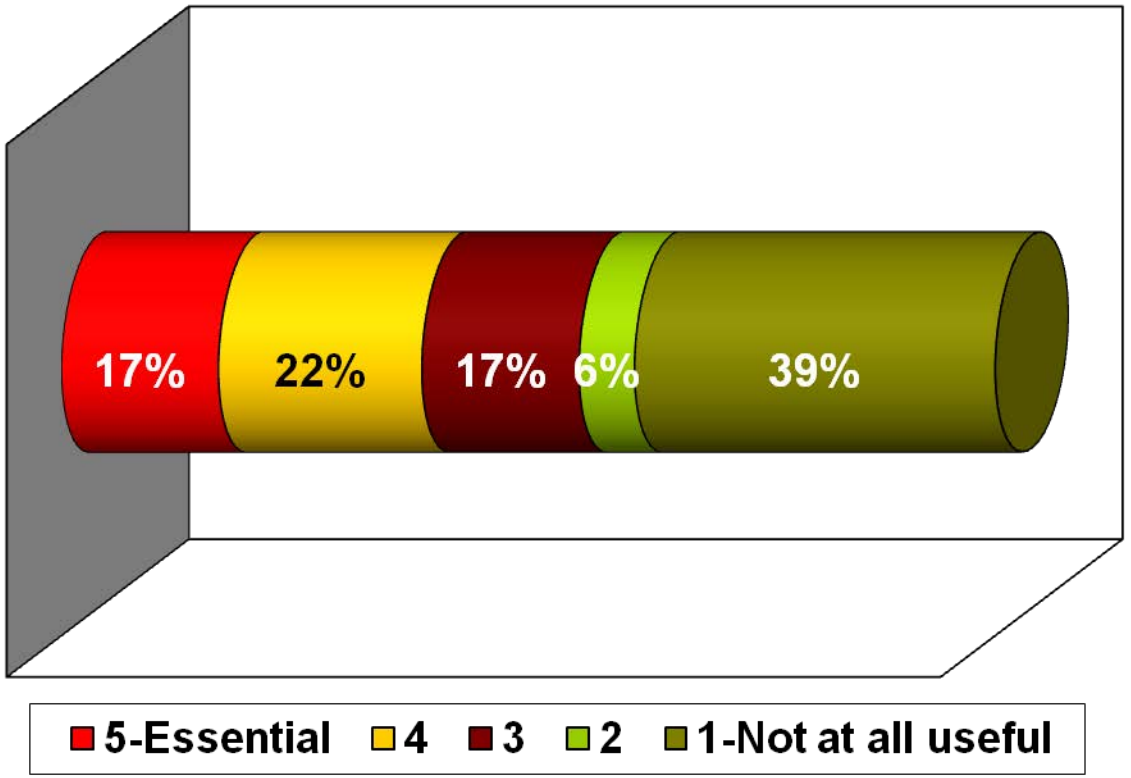
Presentation of the information

1. Human resource capacity (professional)
2. Clinical and public health practices
3. Roles and responsibilities
4. Internal/external communications
5. Collaboration
6. Organizational structure

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

1 – Human resource and professional capacity

Usefulness of Health Canada's provision for **surge capacity (HR)** for your community (n=18)



Average

2.72

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

1 – Human resource and professional capacity

Your comments

- Building on existing capacity and relationships (eg, surge capacity for mass vaccination clinics)
- Lack of trained staff in emergency preparedness and emergency measures / pandemic
- The same workers had many functions

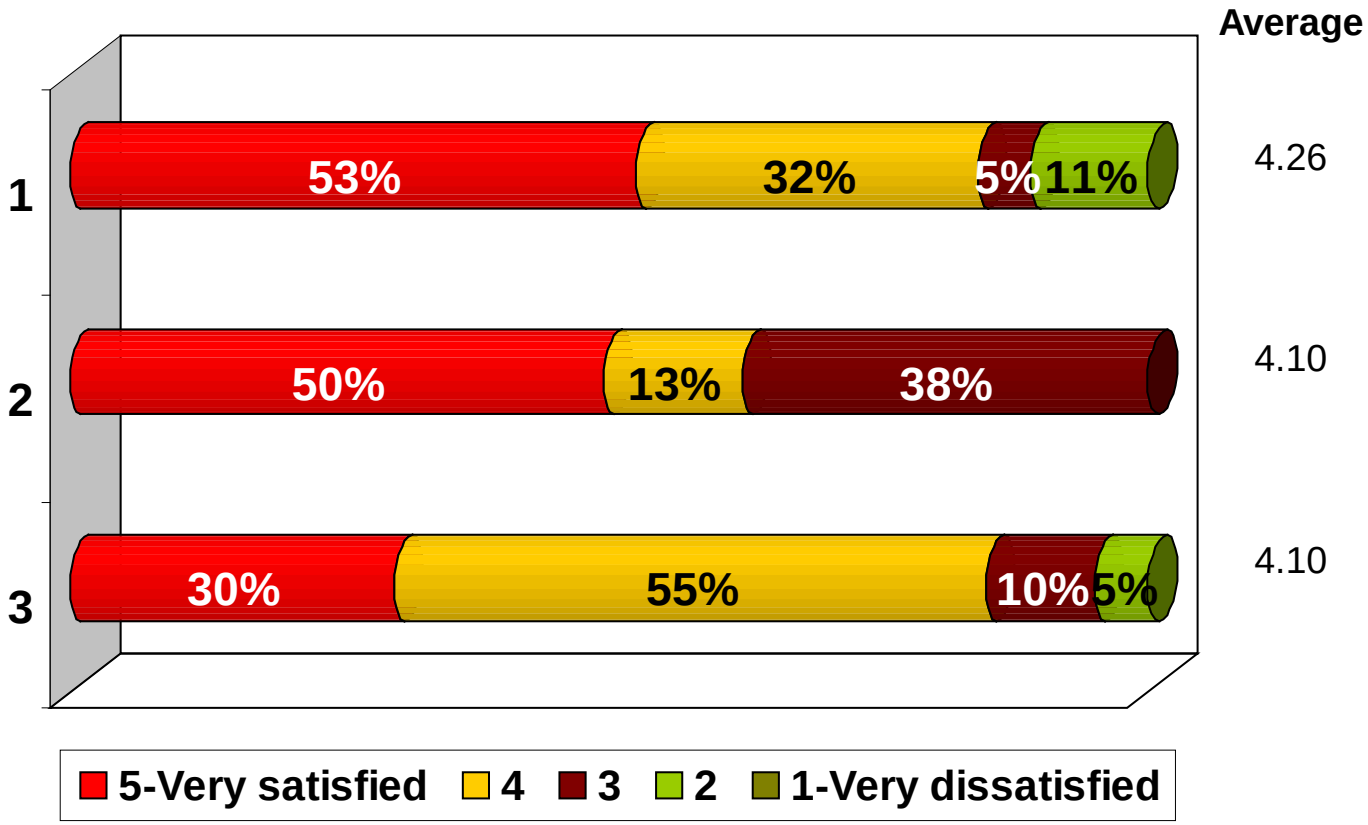
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

1: **Access to prehospital emergency care** during the pandemic (n = 19)

2: **Number of antivirals** received (n = 8)

3: **Storage conditions** in your facilities for personal protective equipment (n = 20)



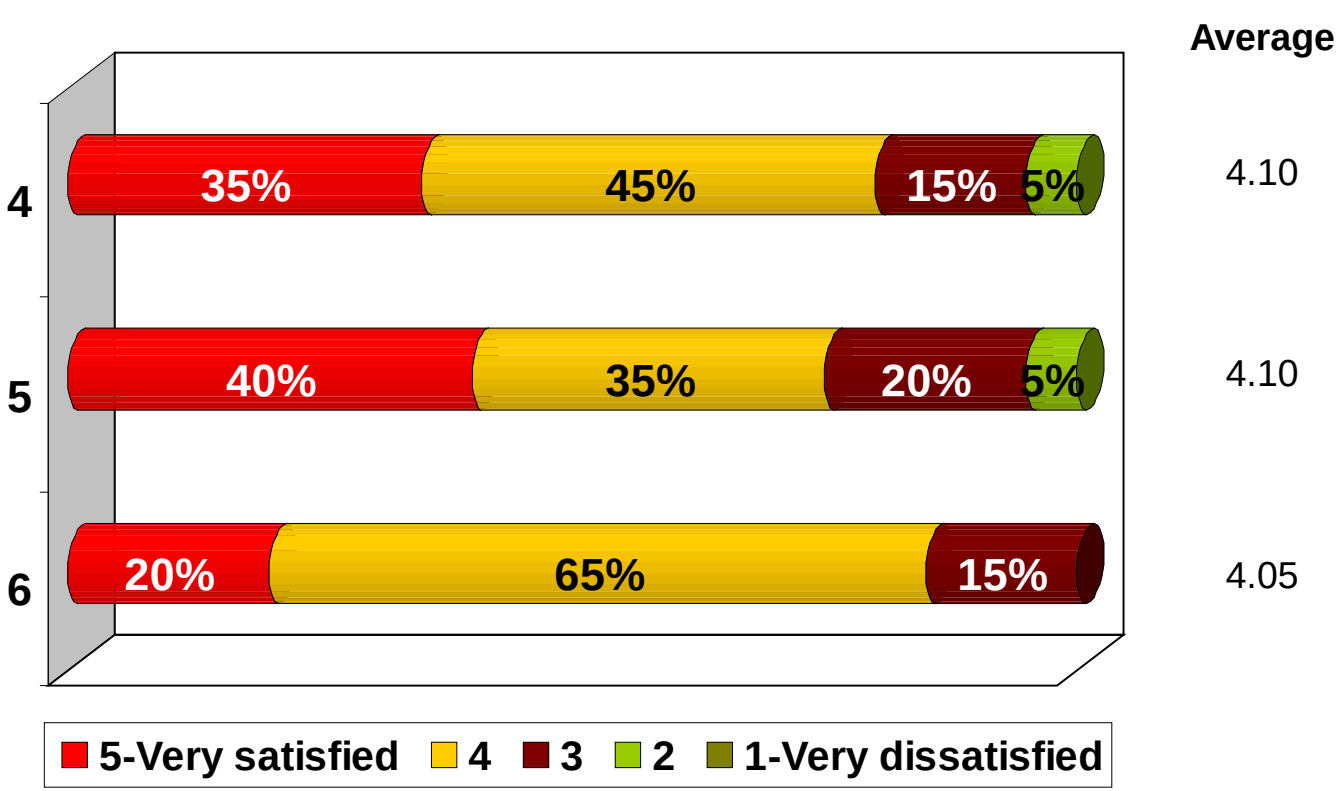
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

4: **Patient access to medical care** during the pandemic
(n = 20)

5: H1N1 i**mmunization training sessions** for nurses and other health care workers
(n = 20)

6: **Procedure for ordering and distributing personal protective equipment (PPE)**
(n = 21)



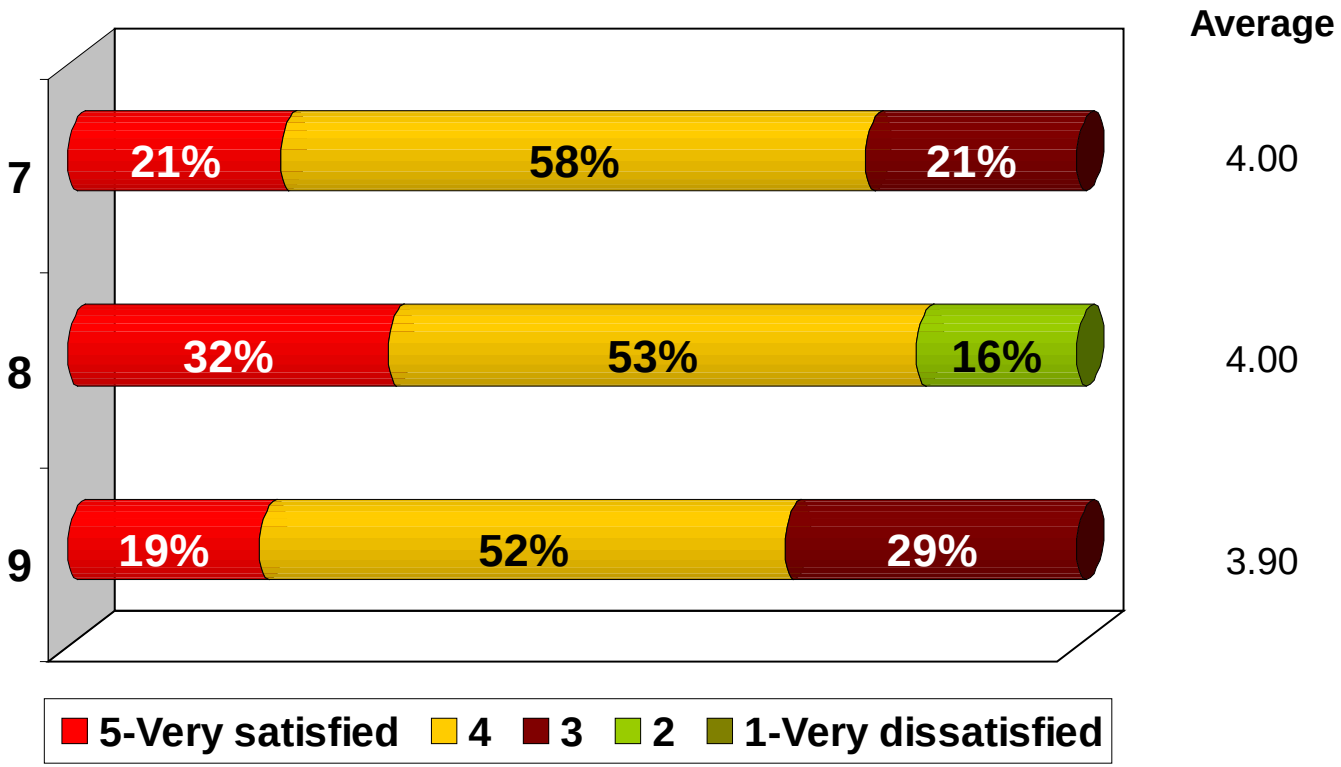
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

7: **Type of PPE** provided by Health Canada during the pandemic (n = 19)

8: **Supply of vaccination materials** from the Wendake Distribution Centre (n = 19)

9: **Quantity of PPE** provided by Health Canada during the pandemic (n = 21)



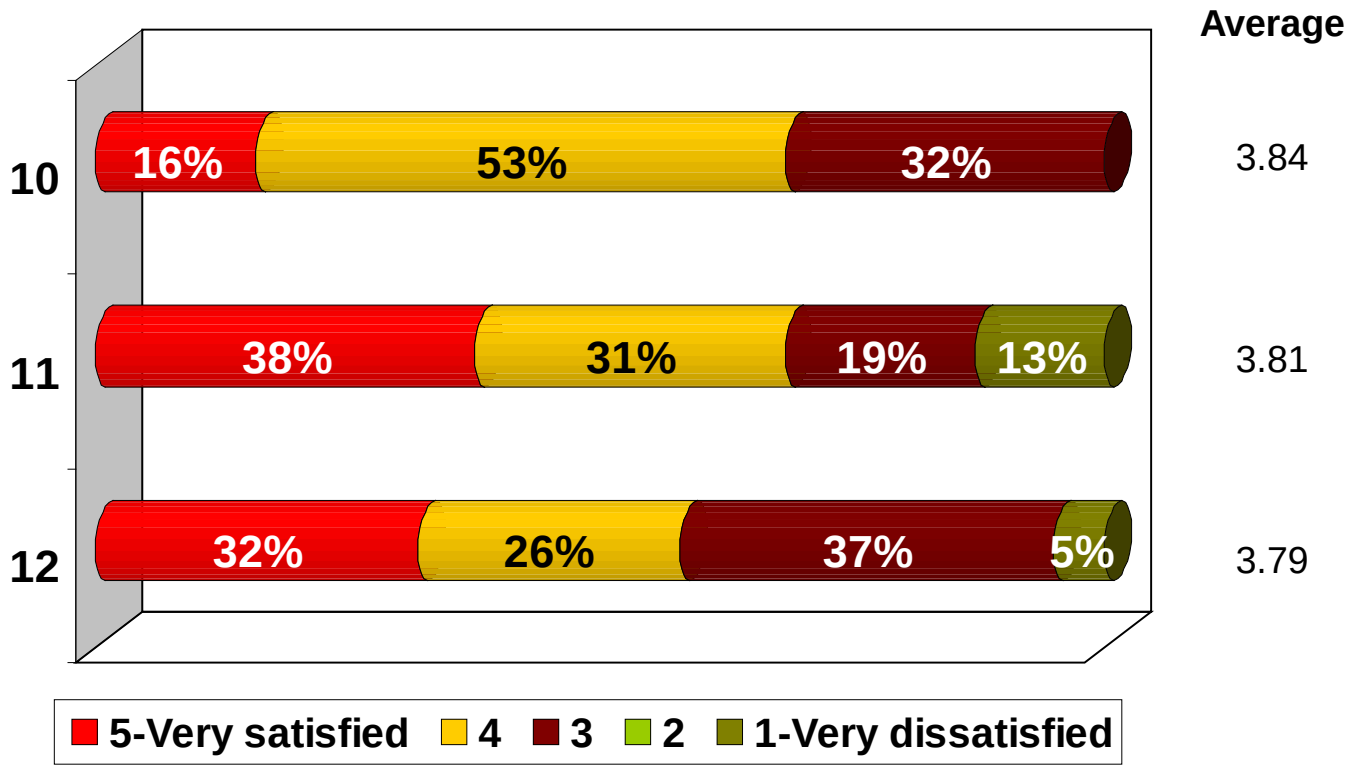
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

10: **Community visits** by Health Canada to help your community prepare for the pandemic (n = 19)

11: Training session by the CSSS on how to a**djust the N-95 filter respirator** and other personal protective equipment (PPE) (n = 16)

12: The **timing** of Health Canada's provision of **PPE** during the pandemic (Did you receive the supplies on time?) (n = 19)



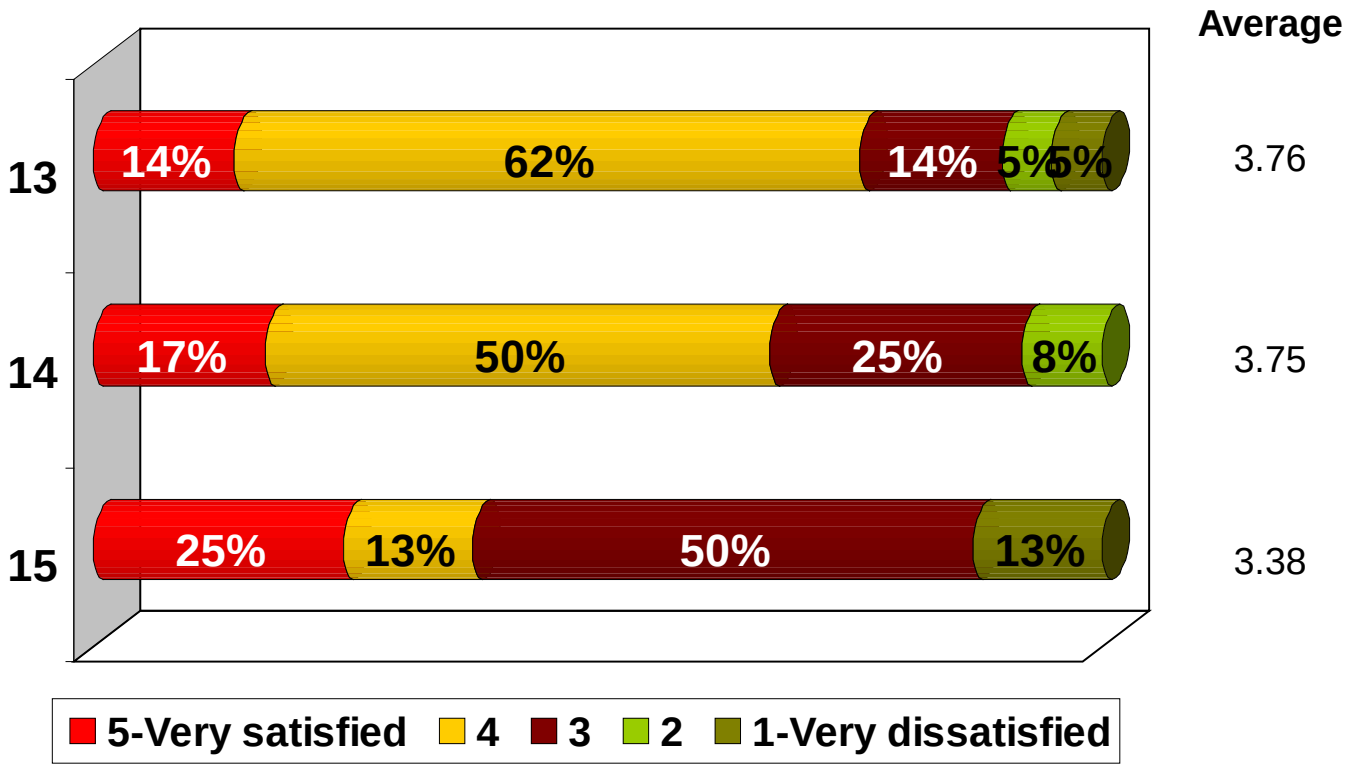
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

13: **Quebec Influenza Training Program** (n = 21)

14: **Workshops** provided by HC (2006-2007) to help your community prepare for the pandemic (n = 12)

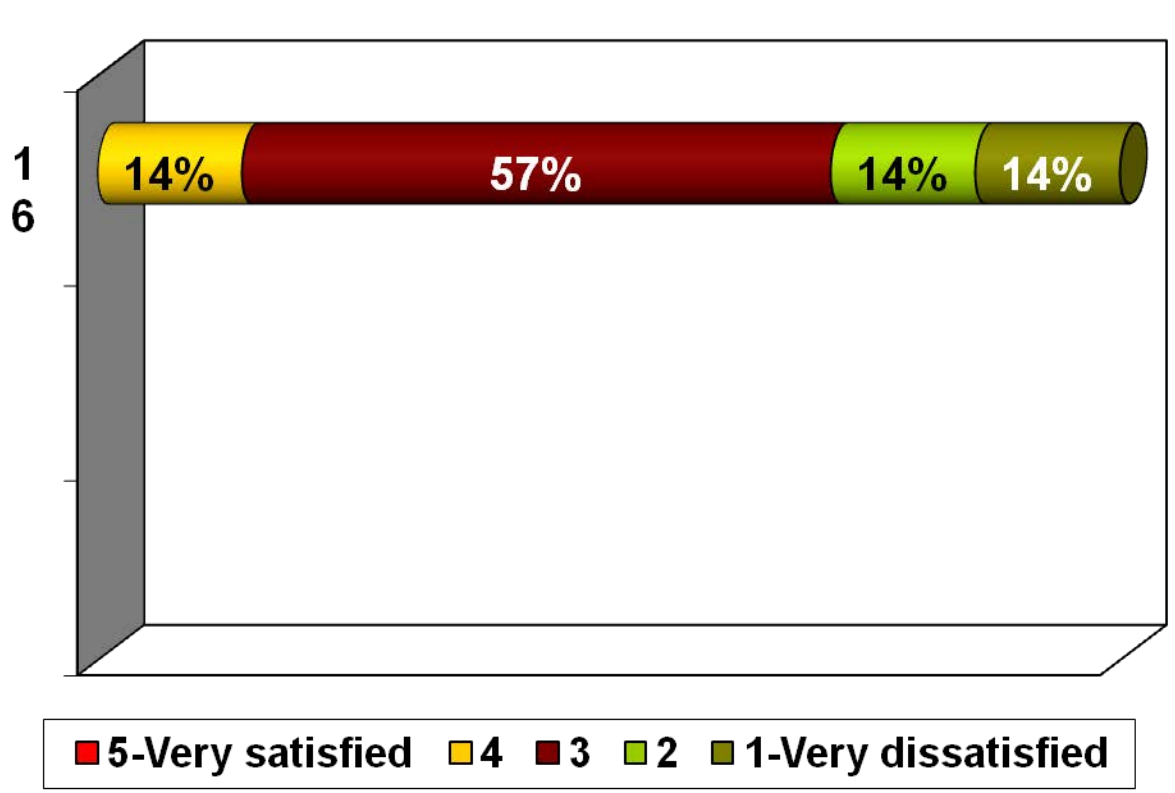
15: **Antiviral delivery schedule** (n = 8)



Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

16: **Degree of preparation and training received** to prescribe and distribute antivirals (n = 7)



Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

2 – Clinical and public health practices

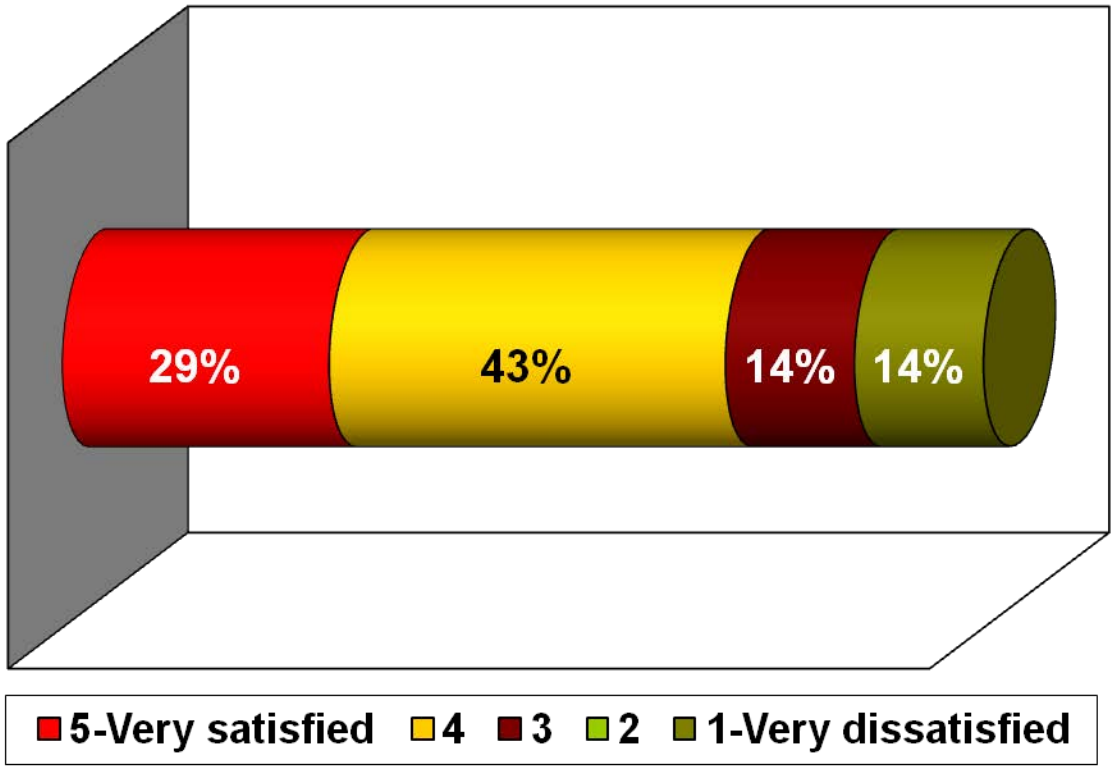
Your comments

- Surveillance and monitoring of sometimes difficult cases
- Rapid changes in scientific information = difficult clinical decision making
- Offloading of certain activities = sometimes difficult to catch up
- Vaccine shortage = vaccination delays

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

3 – Roles and responsibilities

Intervention or response during the pandemic was well coordinated or organized in the **various organizations** involved in First Nations health (n = 7)



Average

3.71

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

3 – Roles and responsibilities

Your comments

- Use of existing structures and mechanisms
- Preliminary clarification of roles and responsibilities among partners (since 2006) resulted in very good coordination
- Working groups among partners of the various bodies preparing for the pandemic
- Numerous (new) partners involved during response, whose roles and responsibilities were not always well defined
- Workers' individual responsibilities not always clear
- Duplication of vaccination data input (at the FN and provincial levels)

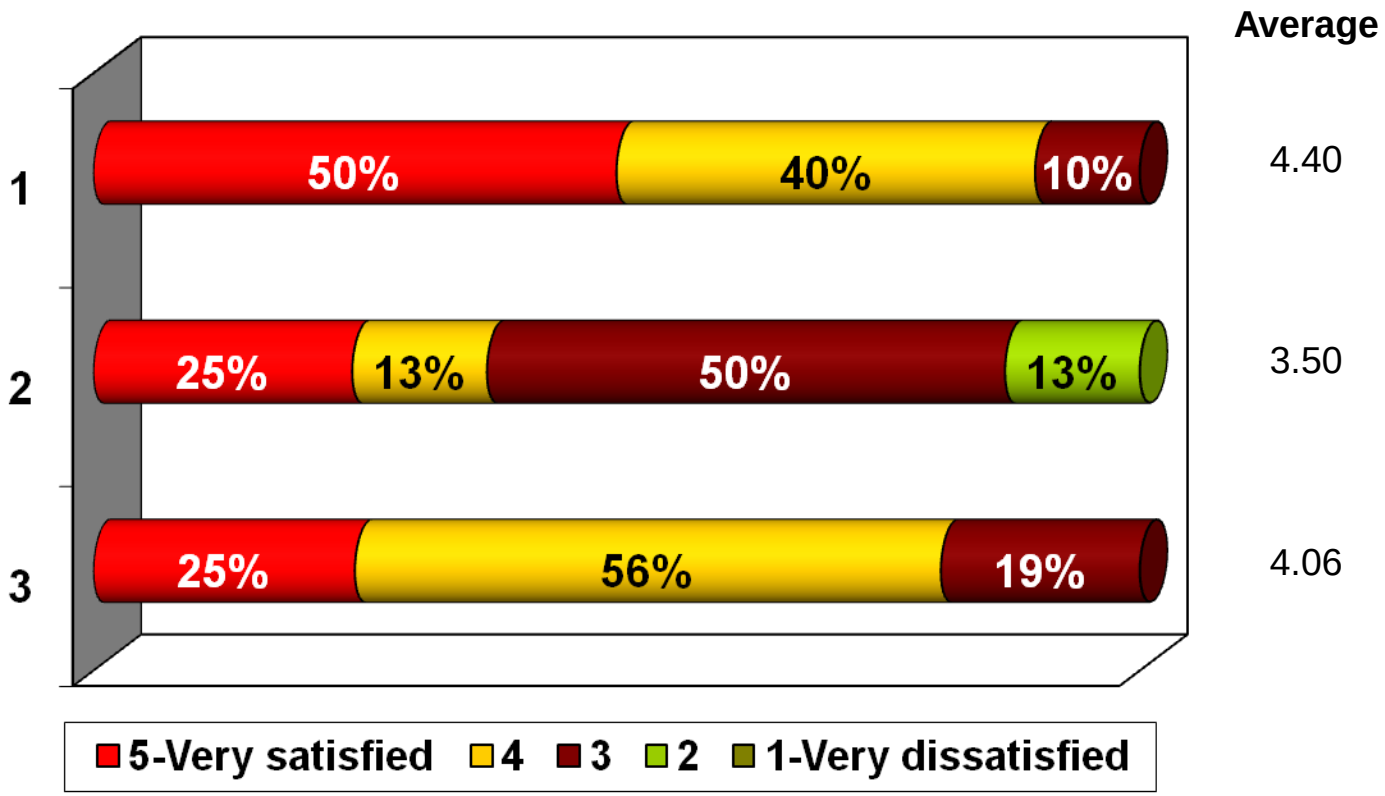
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

4 – Internal/external communications

1: **Translation** of Government of Quebec documents provided by Health Canada during the pandemic **(n = 10)**

2: Were the English versions of relevant documents received **on time**? (n = 8)

3: **Health Canada's responses** to requests and questions during the pandemic (n = 16)



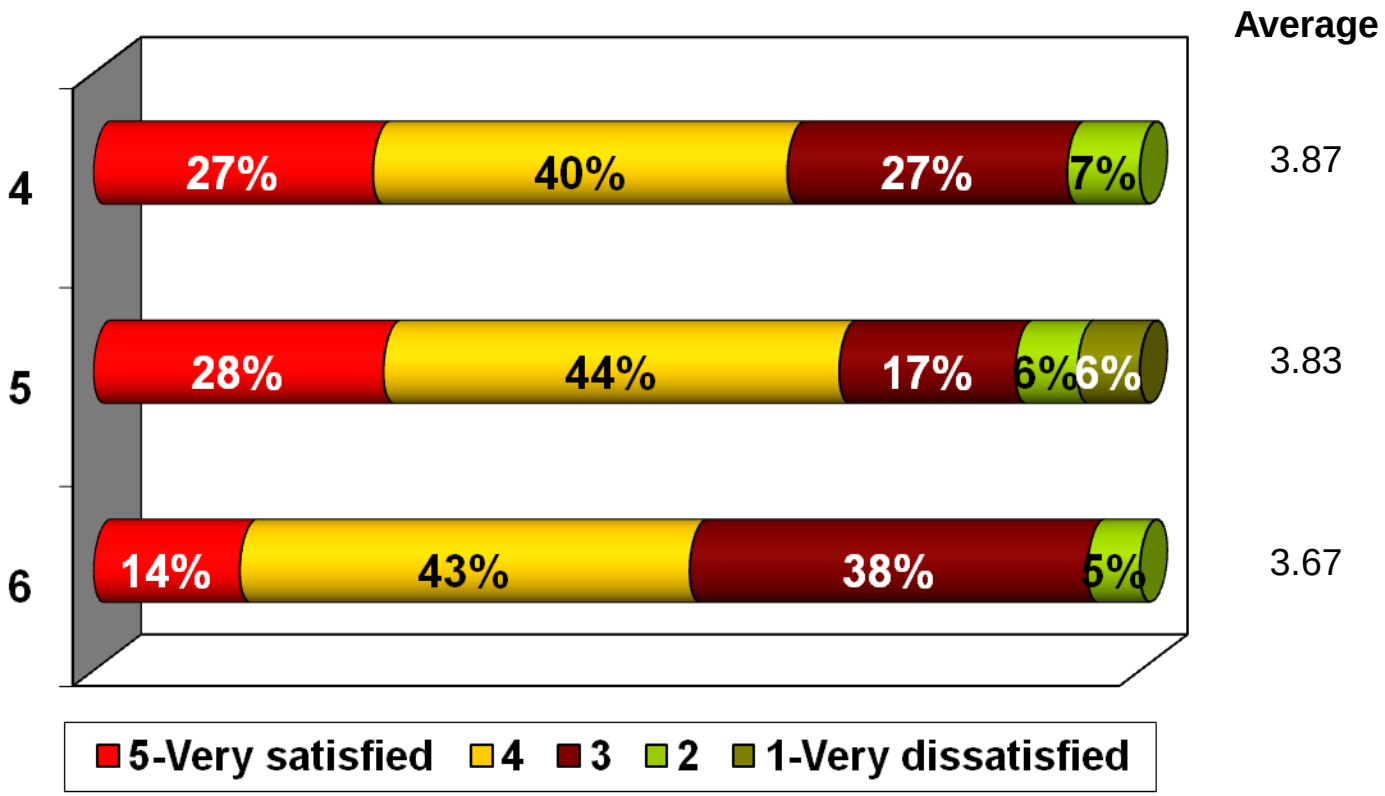
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

4 – Internal/external communications

4: Support services provided by the Client Services Centre (**1-888 line**) (n = 15)

5: **Health Canada's recommendations for medical transportation** of patients infected by the H1N1 virus (n = 18)

6: **Usefulness or relevance of information materials** provided by Health Canada during the pandemic (n = 21)



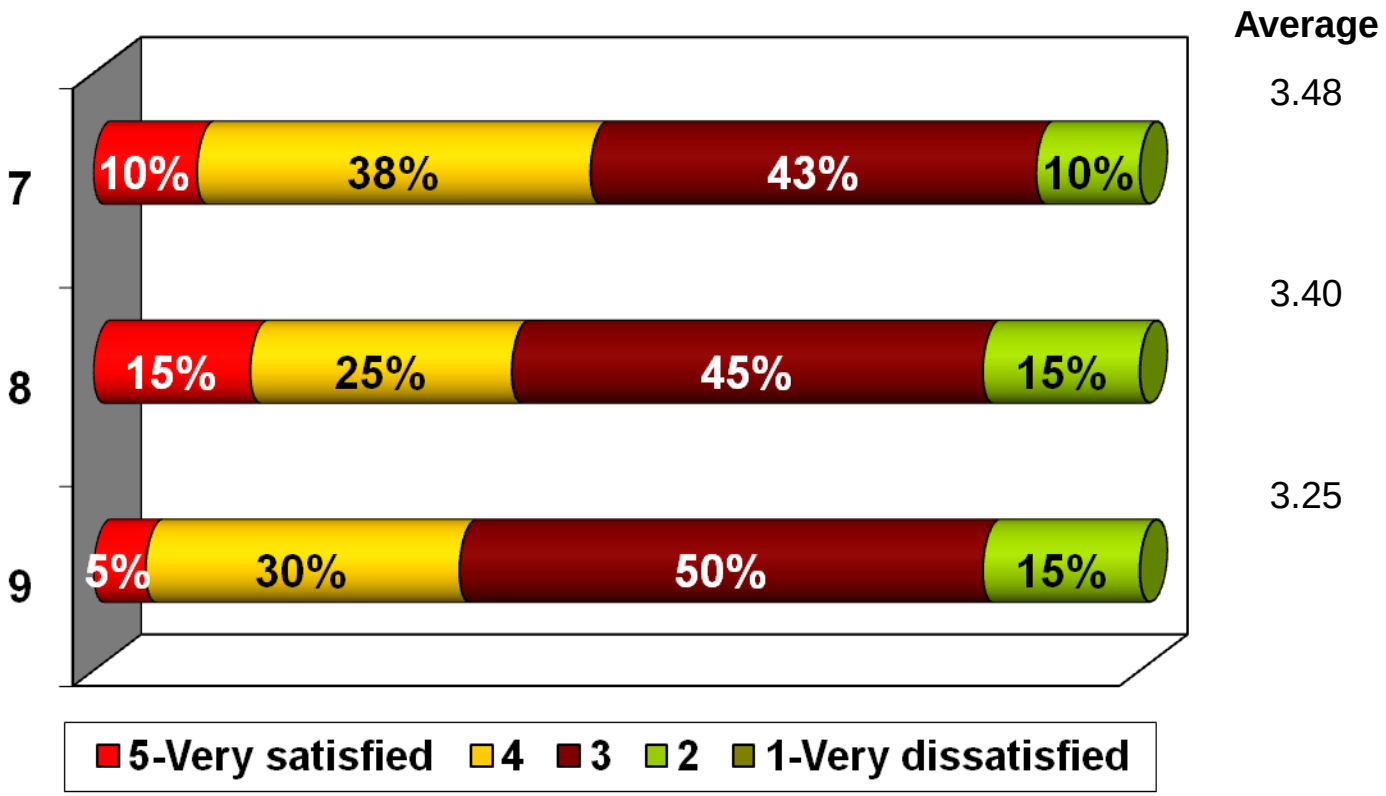
Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

4 – Internal/external communications

7: **Timing** of Health Canada's provision of information materials during the pandemic (Was required information received on time?) (n = 21)

8: **Quantity** of information materials **provided by Health Canada** during the pandemic (n = 20)

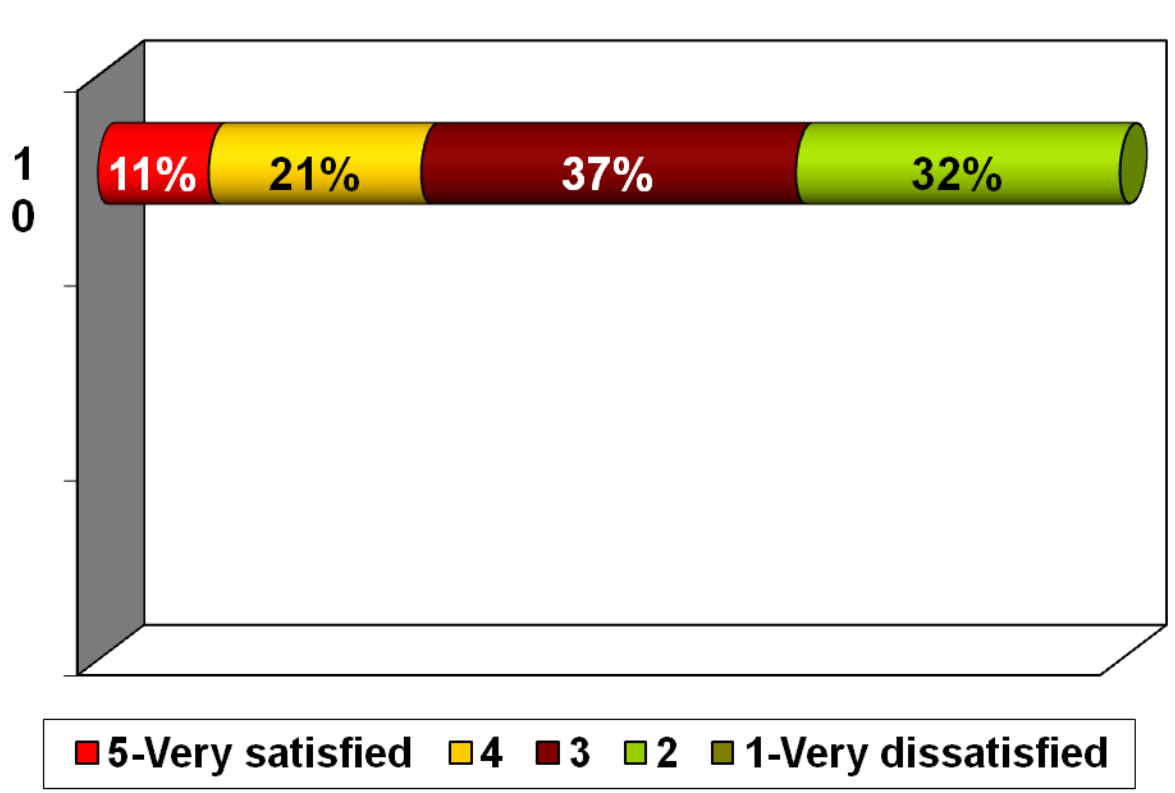
9: **Total quantity** of information received from **all sources** during the pandemic (n = 20)



Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

4 – Internal/external communications

10: **Consistency** of information received from Health Canada, the Quebec Department of Health and Social Services (MSSS) and other sources during the pandemic (n = 19)



Average

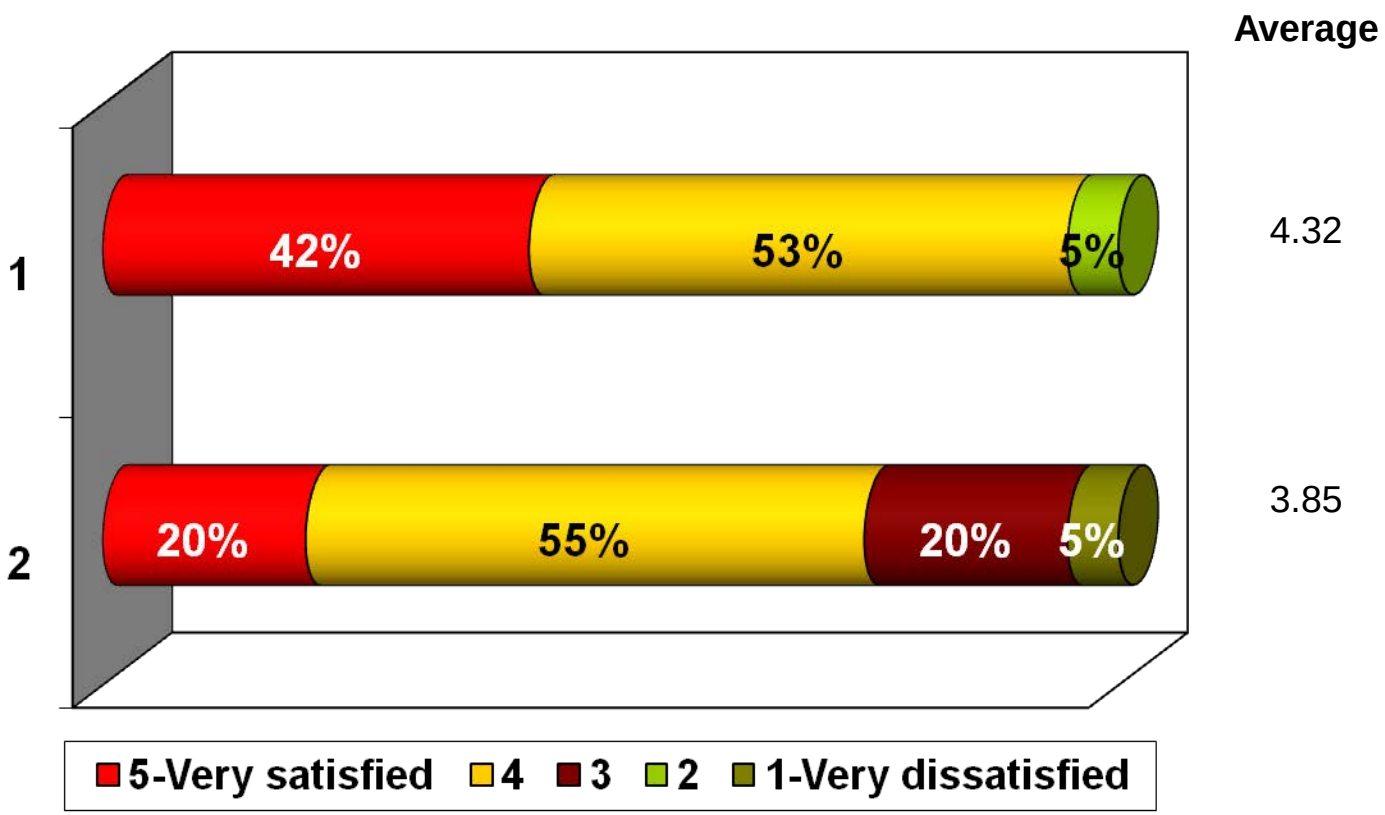
3.11

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

5 – Collaboration

1: Your community's c**ollaboration** with **your local ASSS and CSSS** during the pandemic (n = 19)

2: **Your community's readiness?** (n = 20)



Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

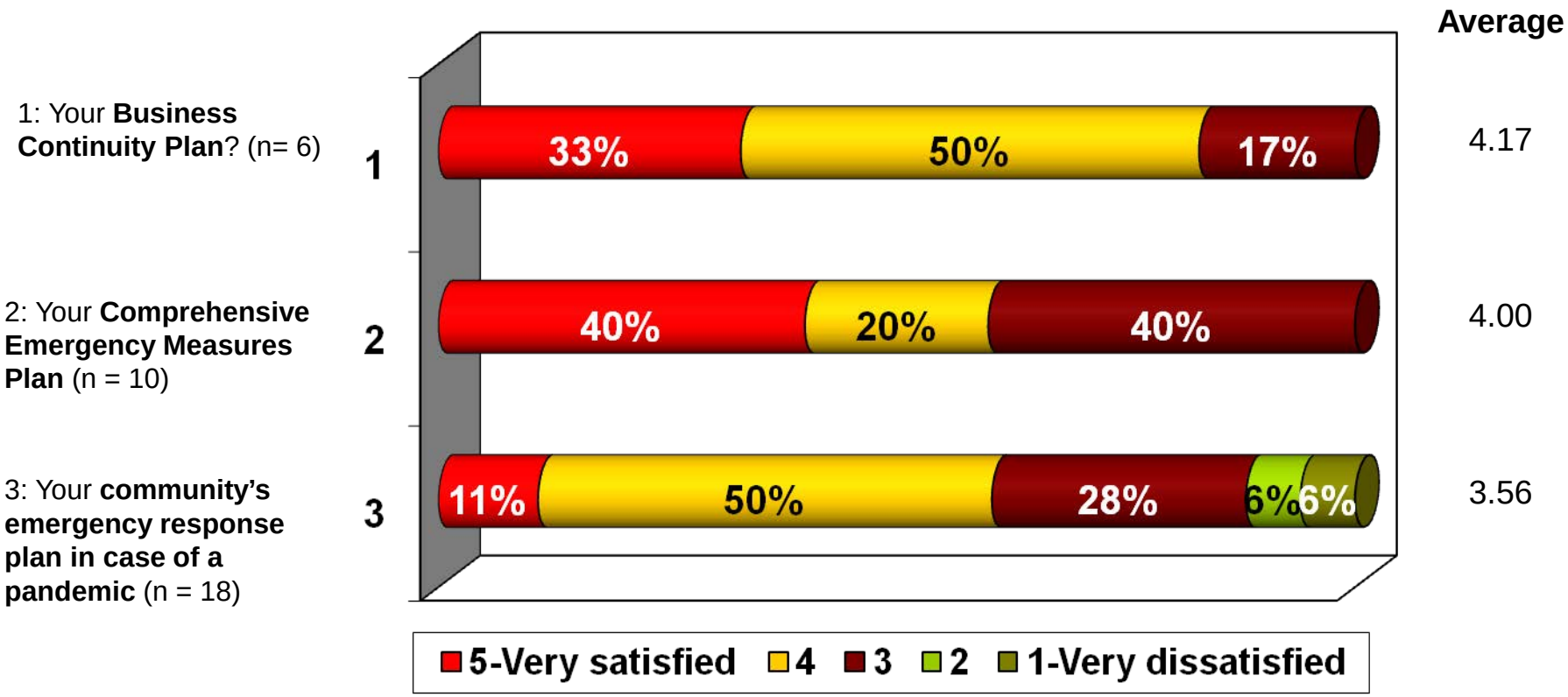
5 – Collaboration

Your comments

- Teamwork among people who demonstrated strong leadership in a dynamic and rapidly changing environment
- A clear purpose and common goal by all stakeholders to protect public health
- Support from the CSSS for vaccination data entry and the fit testing for the N-95 masks for FN personnel
- Disparities between the ASSS/CSSS with respect to support and training offered to First Nations

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

6– Coordination



Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

6– Coordination

Your comments

- Majority of FN interviewed said they were satisfied with their level of preparedness
- Creation of effective coordination mechanisms between the CSSS and the FN: conference calls, liaison officers, on-site visits, vaccination data entry support, etc.
- Budgets released by HC to hire additional personnel / purchase equipment
- Alignment of FN with their provincial partners (CSSS) more difficult at first, especially for vaccination
- Lack of rooms for patients with flu-like syndrome (FLS)

Results of the Evaluation of FNIH's Response to the H1N1 Pandemic

Main challenges

- Convince people to be vaccinated
- Isolate suspicious cases (crowded conditions)
- Weigh the information disseminated through the media in light of the local situation
- Continue to offer services during the crisis
- Motivate and support the population with respect to infection control measures (long term)
- Language barrier
- The population either does not take the crisis seriously or becomes fearful and starts to panic
- Last-minute training for a large number and various types of health care workers

Future Considerations

- Become involved in a federal-provincial-territorial process for developing a severity index (low, medium, high).
- Revision of business continuity plans requires attention at all levels. Although the H1N1 pandemic did not result in significant absenteeism, it is recommended that other scenarios be evaluated.
- Increase the awareness of the population and teach them how to be better *prepared* for emergencies, ie, achieve greater co-operation during crises.

Future Considerations (cont'd)

- Analyze the training needs of individuals involved in all response levels in order to develop and implement customized training plans (respiratory protection, infection prevention and control, emergency management, outbreak management, antivirals, etc).
- Increase use of technology to deliver necessary training.
- Increase surveillance and outbreak management capability (customized data input system) at the local level.
- Have only one vaccination data input system.
- Limit the number of communicators during crises.

Future Considerations (cont'd)

- Integrate lessons learned during the H1N1 crisis into current public health initiatives, including those related to tuberculosis and syphilis.
  - For example:

    communication strategies and the governance structure used during the H1N1 crisis could be adapted to other problems such as HIV and tuberculosis.

Next Steps

- Update comprehensive emergency response plans / **communicable disease emergencies** according to the severity index.
- Incorporate recommendations made in various reports on **lessons learned**.
- Continue to support FN in operationalizing their **Communicable Disease Emergency Plan**.
- Continue to clarify roles and responsibilities among key partners.
- Continue to coordinate the plans with local partners (ASSS/CSSS).
- Continue to train FN personnel.

Next Steps (cont’d)

CARRY OUT OUR PLANS!

Conclusion

“H1N1 was the first pandemic of the Internet Age; the first pandemic with a 24-hour news cycle; the first pandemic with its own chat groups and listservs; the first pandemic where we could trace the spread of a virus around the globe in real time; the first pandemic influenza virus whose genome we could decode in the blink of an eye.”

“The leaders in public health have reason to be proud of their response to H1N1. But their work is not done until they have done a thorough post-mortem . . .”

André Picard, The H1N1 post-mortem, May 2010

THANK YOU FOR YOUR ATTENTION!