

Pandemic (H1N1) 2009 Influenza A Situation Update for Partners

Simcoe Muskoka District Health Unit

September 18, 2009

[Current Situation](#)

[Surveillance](#)

[Public Health Measures](#)

[Vaccine](#)

[Antivirals](#)

[Flu Assessment Centres](#)

The Simcoe Muskoka District Health Unit (SMDHU) is currently preparing for the delivery of its seasonal and pH1N1 influenza vaccine programs. As the Province finalizes procedures for the pH1N1 vaccine, we will provide information and requirements to primary care practitioners for the delivery of vaccinations to their patients. Physicians are in the best position to provide vaccine to their patients and have done excellent work in doing so since 2000 as part of the Universal Influenza Immunization Program. I invite primary care practitioners to continue to be important partners in ensuring our population is protected against pH1N1 flu through vaccination; however, it is important to know that the province will require data tracking and reporting on the vaccine recipients that will pose challenges for the participation of primary care practitioners. We are reviewing the potential means of managing these requirements and we will communicate further on this matter as we learn more. Further details about this are provided in the Vaccine section below.

General information about the pH1N1 flu virus is updated regularly on the [pH1N1 flu virus portal](#) of our website. We recommend that you visit the site often for the most current information. You will also find a link to [previous biweekly updates](#) on our website.

We will continue to work with and communicate to partners through usual channels to support ongoing planning and updates. If you have questions please contact your regular liaison contact or call *Your Health Connection* at 721-7520 or 1 877-721-7520.

Sincerely,
Dr. Charles Gardner
Medical Officer of Health

Current Situation

World – Pandemic H1N1 (pH1N1) influenza virus continues to be the predominant circulating strain of influenza, both in the northern and southern hemisphere. Antiviral susceptibility testing indicates that the pH1N1 virus remains sensitive to the antiviral drugs oseltamivir and zanamivir, but resistant to amantadine and rimantadine. Antigenic and genetic testing suggest that seasonal influenza vaccination will provide little to no protection against pH1N1.

In the southern hemisphere, most countries appear to have passed their peak of influenza activity and have either returned to baseline levels or are experiencing localized activity; however, some

later affected regions are still reporting high levels of influenza activity similar to or greater than influenza activity in past seasons. Mortality and hospitalizations from influenza has not been elevated above previous seasons in adults 60 years and older; however, deaths associated with pH1N1 are higher in adults 25 to 59 years as compared with seasonal influenza. Most countries in tropical areas continue to see increasing or sustained high levels of influenza activity with some countries reporting moderate strains on the healthcare system. In temperate areas of the northern hemisphere, influenza and respiratory disease activity remains low overall, with some countries experiencing localized outbreaks.

Canada/Ontario – Overall influenza activity in Canada continues to decline, but remains slightly above the expected levels for this time of year. Those under one year of age have had the highest rate of hospitalization (33.8 per 100,000) followed by children between 1 and 4 years of age (12.5 per 100,000). In comparison, the highest rates of death from pH1N1 are among those over 65 years of age (4.4 per 1,000,000).

Influenza activity in Ontario has closely mirrored that of the country as a whole. The per cent of influenza laboratory tests that were positive for pH1N1 has been less than five per cent for the month of August, which was down considerably from the peak of more than 40 per cent in June. The majority of health units continue to report “sporadic” influenza activity across the province. The rate of influenza-like illness (ILI) in patients seen by sentinel physicians was above the range that is expected for this time of year.

Simcoe Muskoka – Locally, we continue to see sporadic influenza activity with no active institutional or community outbreaks. We have one case of pH1N1 that is continuing to recuperate in hospital.

Surveillance

SMDHU continues to monitor for influenza-like illness through local reports to public health from primary care settings (hospitals, physician offices), long term care facilities, schools, child care centres, recreational camps and correctional facilities.

The pH1N1 Response Team at the health unit is monitoring the pH1N1 situation in Canada and around the world for new information and updates through key websites and through participation in Ontario Ministry of Health and Long-Term Care (MOHLTC) teleconferences and meetings.

Public Health Measures

This year is a different flu season. This fall and winter there will be two types of flu viruses circulating - seasonal flu viruses and the new pH1N1 virus. The key message for everyone is to follow these personal protection measures:

- Wash your hands with soap and water thoroughly and frequently; or use alcohol-based hand sanitizer if soap and water are not available.
- Cough and sneeze into your sleeve or use a tissue.
- Clean shared surfaces.
- Stay at home if you are sick.
- Talk to your health care provider about seasonal and pH1N1 flu vaccines.

The health unit is preparing a fall communications campaign with media, print and web-based materials to promote these key messages. We will be posting the resources on our website to support ordering and downloading of materials for print. The local campaign will augment the public communications strategies planned by the MOHLTC and the Public Health Agency of Canada (PHAC) that will be underway early this fall.

The MOHLTC has released guidelines on the prevention and management of pandemic (pH1N1) 2009 influenza virus in colleges and universities that incorporate components of surveillance, infection control practices, education and communications. The guidelines can be found on the [H1N1 Schools and Post Secondary Facilities](#) section of the health unit website.

Recent guidelines from PHAC state there is no need at this time to cancel mass gatherings like worship services, festivals or sports events, but simple measures can be taken to help control the risk of spreading pH1N1 flu virus. These include:

- Event organizers should ensure there are adequate handwashing stations and hand sanitizers for event participants and that there is signage to remind people of the pH1N1 flu virus and proper handwashing technique.
- Organizers of large-scale events should consider the capacity of the host community to respond if there was an outbreak of pH1N1 flu virus, and/or the capacity of the community to respond to another emergency in light of current healthcare and infrastructure demands to respond to pH1N1.

Vaccine

Seasonal Influenza Vaccine

The Universal Influenza Immunization Program (UIIP) is still under discussion at this time. In anticipation of a similar program to that of past years, SMDHU has scheduled seasonal influenza immunization clinics in Simcoe Muskoka from October 21st to November 21st. They will be held all day on Wednesdays and Saturdays in six different geographical locations. The schedule will be published on our website as soon as it is finalized.

pH1N1 Vaccine

SMDHU is planning for a large pH1N1 public health immunization clinic campaign, likely to take place in November once vaccine is released. The federal government has ordered enough pH1N1 vaccine for any Canadian that needs and wants to be immunized. Yesterday it announced the groups chosen to receive pH1N1 vaccine in the first sequence (those who would benefit most from immunization and/or those who care for them). These priority groups are:

- persons with chronic medical conditions under the age of 65
- pregnant women
- children 6 months to less than 5 years of age
- persons residing in remote and isolated settings or communities
- health care workers involved in pandemic response or who deliver essential health services
- household contacts or caregivers of those at high risk who cannot be immunized
- populations otherwise identified as high risk

Others who would benefit from immunization include:

- Adults over 65 years of age and over
- Healthy children 5 to 18 years of age
- First responders to emergencies (fire, police)
- Swine and poultry workers
- Healthy adults between 19 and up to 64 years of age (this age group is at increased risk for severe pH1N1 disease)

The groups in each of the two categories are not listed in priority sequence. Provinces and territories are expected to use the guidance for planning purposes and will interpret it based on local circumstances and realities.

The MOHLTC is requiring all health units to provide information on each person receiving the pH1N1 vaccine. A new Immunization Information System (IIS) developed by the Niagara Regional Health Unit will be used across the province. The IIS will capture all required information at the clinic site using a card swipe system for driver's licenses and/or health cards. This information can also be entered manually if necessary. The IIS will be a significant improvement to the collection and management of clinic information for vaccine programs. The health unit is now actively involved in preparing for this implementation including the assignment of staff, training preparation and the deferring of other planned IT priorities.

Community health care providers (long term care and other facilities) will also be able to administer the pH1N1 vaccine (obtained from the health unit) provided they comply with the MOHLTC information reporting requirements. Health unit staff will develop a paper-based system for their use once the requirements are finally defined. The health unit encourages the participation of physicians and other community health care providers to deliver pH1N1 vaccines and will work with them to comply with all requirements. To accomplish vaccination of the Simcoe Muskoka population in a reasonable time period, SMDHU staff will be redeployed to the vaccine program. This will have significant impact on other public health programs during this period.

Antivirals

Information remains unchanged from August 12th Update.

Treatment with antivirals is currently only recommended for the following groups:

- Influenza-like illness (ILI) in people at risk of complications
- ILI in people with complications requiring hospitalization

Antivirals must be taken within 48 hours after the onset of symptoms of influenza to be most effective.

The most recent information indicates that the pH1N1 virus causes illness and complications similar to those of seasonal influenza. Access to antivirals in the community for pH1N1 is the same as during the regular flu season, through primary care settings (i.e. physician offices, walk-in clinics and through hospitals if emergency care is required).

Should this system become overwhelmed, then other provisions for rapid access are under discussion at the ministry level.

Flu Assessment Centres

Information remains unchanged from August 12th Update.

Locally, plans for designated flu assessment centres are under development with a number of local partners. A Simcoe Muskoka plan will be prepared in case the primary care system is overwhelmed and additional system support is required.

Situation updates are distributed to a broad range of health unit partners including health care professionals, health sector emergency planners, community service providers (including those who work with vulnerable populations), educators and day care providers.