

# Pandemic (H1N1) 2009 Influenza A Situation Update for Partners

## Simcoe Muskoka District Health Unit

December 15, 2009

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This is the final regular Situation Update we will be distributing to our partners. I want to take this opportunity to acknowledge the collective efforts of the health care community in the pH1N1 response. At the height of the second wave there was a seven-fold increase in demand for ambulatory care for influenza-like-illness compared to what is typically seen at this time of year. In addition to meeting the needs of these patients, many physicians and other health professionals provided vaccination to thousands of people.

As a health unit we strived to support the overall response, and we did receive excellent assistance to help us fulfill our roles—sharing key information and messages within your agencies and with the public, reporting cases and outbreaks, reinforcing and promoting the importance of personal protective practices and providing pH1N1 vaccination. Please accept my commendations and my expression of gratitude on behalf of the Simcoe Muskoka District Health Unit.

With the conclusion of our community vaccination clinics on Dec. 12<sup>th</sup> we look forward to resuming the range of our public health services over the next few weeks and into early 2010. You will be hearing further details directly from the staff in our agency who usually serve as our contact with you and your staff regarding our programs and services.

Over the next weeks we will be undertaking an evaluation of our pH1N1 response in order to update our pandemic influenza plan. We will be linking with some of you for input and feedback through this process.

If you have questions please contact your regular liaison at the health unit or call *Your Health Connection* at 721-7520 or 1 877-721-7520.

Sincerely,

Dr. Charles Gardner  
Medical Officer of Health

### ***Surveillance***

**Simcoe Muskoka** is currently experiencing sporadic influenza activity. The peak of influenza activity was likely reached during the first week of November and has been steadily declining since. It appears that influenza activity has now returned to expected baseline levels for this time of year. We anticipate seeing additional sporadic cases of pH1N1 influenza A over the coming weeks. There is no evidence that any seasonal influenza strains are currently circulating in Ontario.

Influenza-like illness (ILI) in the province, at the peak of the pandemic, was seven times higher than the expected baseline levels for the same time of year and a three to four times higher than what is normally seen at the peak of seasonal influenza activity. The timing of the peaks of influenza activity over the course of the pandemic did not follow what is usually seen with seasonal influenza, where activity in Ontario is highest between December and April.

In Simcoe Muskoka there have been a total of 98 hospital admissions for influenza A since the beginning of the pandemic, including 17 ICU admissions. The rate of hospital admission in Simcoe Muskoka for the second wave has been nearly 20 times higher than in the first wave. The overall hospitalization rate for pH1N1 influenza in Simcoe Muskoka was similar to that of the province as a whole and was within the expected range for seasonal influenza; however, ICU admissions for influenza A appear to be about twice as high as expected. The influenza A hospitalization rate among young children (less than five years of age) during the pandemic was six times higher than for all other age groups. Though influenza typically causes higher rates of hospitalization in young children, the rates seen this year from pH1N1 exceeded those of past influenza seasons.

While complications from influenza are usually greatest in the very young and very old, those 65 years of age and older were relatively spared with this pandemic with lower hospitalization rates than in past influenza seasons. The median age of our hospitalized cases over the course of the pandemic was substantially younger than for seasonal influenza, 26 years compared with 58 years.

The health unit was able to obtain the pH1N1 vaccination status for three quarters of our hospitalized cases in the second wave of the pandemic. Among those for which vaccination status was known, about 10 per cent reported having received the pH1N1 vaccine prior to becoming ill. However, all of these previously immunized hospitalized cases received their immunization less than two weeks prior to the onset of illness or were immunocompromised at the time of vaccination and were therefore unable to build an adequate immune response to be fully protected against infection. The use of antiviral drugs, like oseltamivir and zanamivir, with our hospitalized cases was also assessed. Antiviral treatment was initiated with 75 per cent of our hospitalized cases in the second wave of the pandemic. Of those treated with antiviral drugs, about half were treated within 48 hours of symptom onset.

There have been three deaths in Simcoe Muskoka where the individuals had confirmed pH1N1 diagnosis. In all cases the individuals had preexisting medical conditions. The annual number of deaths attributable to seasonal influenza A in Simcoe Muskoka is between five and 10. Once again, it appears that elderly were relatively spared with deaths as well as hospitalizations compared to past influenza seasons. It is important to note that, despite this, in the province as a whole (and consistent internationally), adults aged 65 and above still had the highest mortality rates of any age group from pH1N1 influenza. In Ontario, the median age of fatal pH1N1 cases was 55 years of age, much younger than the median age of 86 years for influenza deaths in Ontario between 2000 and 2005. The median age of the Simcoe Muskoka pH1N1 fatal cases was 53 years old.

Overall, our experience in Simcoe Muskoka with pH1N1 was consistent with that of the province and with the international experience:

- a dramatic increase in ambulatory cases at periods of time atypical for seasonal influenza,
- a dramatic reduction in mortality in seniors compared with past influenza seasons, with a resultant decrease in overall mortality,
- an increase in severity in younger populations, particularly those with preexisting medical conditions or pregnancy.

## ***Public Health Measures***

Although the pH1N1 illness peak period is past, there are still people in our communities who remain susceptible to the pH1N1 virus—and to seasonal influenza viruses. It remains important to promote and reinforce the personal protection messages of hand hygiene, cough and sneeze etiquette, cleaning shared surfaces, and staying home from work, school and community activities when ill.

Now that the peak pH1N1 period is over, the demand on primary care health services related to influenza-like illness is significantly reduced. The request to employers to defer the requirement for doctor's notes to confirm absenteeism is now lifted.

You can still find poster, decal and tip sheet materials (English and French) that you can order from the health unit and other promotional materials (poster & video) that you can download on our website. Here is the link.

<http://www.simcoemuskokahealth.org/Topics/InfectiousDiseases/InfectionPrevention/orderresources.aspx>.

Our web link to multi-language information and material that is available from the Public Health Agency of Canada and the Ontario Ministry of Health and Long-Term Care is still posted. See the link

<http://www.simcoemuskokahealth.org/Promos/HumanSwineFlu/H1N1InfoMultilanguages.aspx>.

## ***Seasonal and pH1N1 Vaccine***

Through our efforts combined with those of family health teams, participating family physicians, hospitals, long-term care facilities, emergency medical services (EMS), and the North Simcoe Muskoka Community Care Access Centre (NSMCCAC), pH1N1 influenza vaccine was provided to approximately two thirds of those at highest risk (80,000 of the 115,000 highest-risk people) within two weeks of the onset of the campaign on October 26<sup>th</sup>.

To date over 166,000 doses of pH1N1 vaccine have been made available to our residents through the health unit and other vaccine delivery agents. Of these, over 82,000 doses have been provided to family physicians, another 24,000 through hospitals, long-term care facilities, EMS, NSMCCAC, First Nations and Corrections, recently another 1100 through workplace-based clinics, and close to 59,000 doses have been provided directly to the public in the vaccination clinics hosted by the Simcoe Muskoka District Health Unit.

For the past six weeks, more than 90 percent of the staff of the health unit was deployed in the operation of these clinics. Despite this, the participation of many other individuals and agencies in throughout Simcoe Muskoka was also needed to provide the timely vaccination required to effectively respond to the pH1N1 influenza pandemic. Because of our collective efforts, many residents of Simcoe Muskoka have been spared infection and possible severe illness or even death.

Our community influenza vaccination clinics ended on December 12<sup>th</sup> (with the exception of four cancelled clinics that have been rescheduled clinics in small communities on Dec. 16<sup>th</sup>). Following this, both seasonal and pH1N1 vaccines are being provided by a number of employers, by over 90 per cent of family physicians in Simcoe Muskoka, and will also be provided by participating community pharmacies. Starting in January, members of the public who do not have a family physician will be able to get both pH1N1 and seasonal influenza vaccination by appointment at the immunization clinics hosted in local offices of the Simcoe Muskoka District Health Unit.

## ***Flu Assessment Centres***

Local hospitals, family health teams, family physician offices and urgent care clinics need to be commended for their response to the seven-fold increase in demand for ambulatory care for influenza-like illness during the height of the second wave of the pandemic, and to sustained heightened demand that occurred over many weeks this fall. Health care practitioners adapted in ways that worked for their facility or practice and provided Simcoe Muskoka patients the care they needed.

The flu assessment centre in Barrie operated from November 16<sup>th</sup> to 29<sup>th</sup> to expedite medical assessment and treatment of patients with influenza-like-illness. This essential service provided much needed relief during surge demands at hospital emergency departments and at urgent and primary care clinics when transmission of pH1N1 pandemic influenza was near its peak. During the time of its operation, almost 250 people were seen at the centre, with 59 assessed on the first day. The centre served a very important role in safeguarding health during the second wave of the pH1N1 influenza in Simcoe County.

The centre was the outcome of over two years of planning by the Assessment Centre Subcommittee of the Simcoe Muskoka Health Sector Emergency Planning Committee, who laid down the conceptual groundwork and operational design. In the end, the final successful push for the launch of the centre was the result of efforts from individuals representing Royal Victoria Hospital, the County of Simcoe, Simcoe Muskoka District Health Unit, Barrie and District Family Health Team, North Simcoe Community Care Access Centre, and the City of Barrie.

*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.*