

October 20, 2009

The influenza season is upon us, and as we are all aware, the new H1N1 influenza virus is becoming widespread. Northern Health expects this second wave of H1N1 to be the predominant virus to circulate this season.

We anticipate the pandemic influenza season to be mild - moderate, and the pandemic, when it arrives, to last approximately eight weeks. The predominant influenza virus that will be in circulation will be H1N1. We expect H1N1 cases will peak in October 2009, and vaccinations will arrive after this main wave. If the season is consistent with New Zealand and Australia, we will have a mild-moderate season, with slightly more visits to general practitioners and slightly more hospitalizations and uses of our region's intensive care units.

NORTHERN HEALTH'S STRATEGY

Northern Health has developed several strategies to deal with the H1N1 influenza season. The following five strategies have either already been, or are currently being, implemented throughout the Northern Health region:

1. Emergency Operations Committees
2. Reducing the spread of H1N1 in society
3. Continuity of care
4. Antivirals
5. Vaccination campaign

Emergency Operations Committees

The Emergency Operations Committee (EOC), chaired by the Chief Executive Officer, is responsible for the management of disasters or threats in the North, one of which is the H1N1 pandemic. Each of the three health service delivery areas (northeast, northwest and northern interior) has an EOC, and key members of each of these, along with senior management, comprises one NH-wide EOC. Various EOC members have responsibilities with regard to the management of the pandemic. The group oversees several sub-committees that are responsible for advising and supporting the EOC on particular aspects related to the pandemic.

Reducing the spread of H1N1 in society

The strategy to reduce the spread of H1N1 in society consists of several public campaigns, focused around prevention and self-management. These include:

- Proper hand washing techniques
- Illness etiquette (i.e. sneezing/coughing etiquette)
- Social isolation (i.e. staying at home for 7 days if H1N1 symptoms are present)
- Knowing when to stay home and when to go to the hospital

These campaigns will be implemented through a variety of means, including:

- Use of Northern Health website
- Promotion materials (i.e. posters, letters etc) to be provided to schools, community organizations and partners
- Use of local and regional media, by means of news releases, advertising, cable spots, radio interviews, and opinion editorials.

Continuity of care

Northern Health will ensure the continuity of care in health institutions by several measures, including triage and infection control.

- Triage measures: On initial triage or direct admission, patients will be screened for influenza-like illness (ILI) symptoms, and should the patient display these symptoms, staff will be required to follow additional infection control procedures (as stated below).
- Infection control measures: Infection control guidelines have been provided to all NH health care workers, and include protocols for patient isolation and personal protective clothing. These procedures will be followed for their safety and that of the patients.

Northern Health has implemented staff campaigns to communicate all procedures related to the continuity of care, and staff will receive training sessions to ensure knowledge of triage and infection control measures.

Antivirals

Early treatment with oseltamivir (Tamiflu) is recommended for:

- All patients (including children) with moderate to severe clinical influenza-like illness regardless of whether they are admitted to hospital
- Individuals with high risk conditions who become ill with influenza, including:
 - Adults (including pregnant women) and children with chronic health conditions
 - Healthy children under the age of two
 - Healthy pregnant women

Northern Health recommendations for the use of Tamiflu will remain consistent with provincial and national action plans, and necessary indications for use will be adjusted as required based on information from the BCCDC and Public Health Agency of Canada. General Practitioners will be informed of the specific criteria for prescribing antivirals and the proper office procedures associated with this.

All Northern Health hospitals have at least a small supply of Tamiflu; most remote First Nations communities have received their stock from the First Nations and Inuit Health Branch of Health Canada (FNIH); and Northern Health will be documenting a weekly inventory report.

Vaccination campaign

Vaccination against seasonal influenza will:

- Be targeted in October for those aged 65 years and older and residents of long term care facilities beginning mid-October;
- For others at higher risk of influenza complications the seasonal vaccine will be offered following the November-December delivery and administration of the H1N1 vaccine (i.e. seasonal trivalent influenza vaccine will be offered to eligible persons in early 2010). More details on this latter offering will be forthcoming.

H1N1 vaccine is anticipated to be available by mid-November with the possibility of earlier emergency release. Early indications are that a single dose might be adequate for older children and adults. Younger children (age to be determined) may need two doses given three weeks apart.

Please note that vaccination schedules are currently in flux. To find the most current information regarding both seasonal and H1N1 immunization availability, please check the Northern Health website at www.northernhealth.ca.

The Public Health Agency of Canada (PHAC) has released the H1N1 vaccine sequencing (i.e. priority list of those that will benefit most from immunization, and those that care for them); however, PHAC assures there will be sufficient H1N1 vaccine available in Canada for everyone that needs and wants to be immunized. The federal government is aiming to immunize 70% of the population. People in the following high-risk groups will benefit most from immunization:

- Persons with chronic medical conditions
- 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

WHAT YOU CAN DO - For your business, your staff, and yourself

During this influenza season, it is expected that emergency rooms and doctors' offices will be more consistently busy. In order to manage this issue, Northern Health asks you for your cooperation in the following:

- **Stay healthy:** Reduce your chances of catching the flu by taking care of your personal health and hygiene. This can be done by practicing proper hand washing techniques and coughing/sneezing etiquette, getting your flu shot, and avoiding crowds. Other tips for staying healthy can be found on www.northernhealth.ca.
- **Know what to do if someone gets sick:** It is important to go home if you get sick. The Public Health Agency of Canada recommends that people with influenza-like illness should self-isolate (i.e. stay home) until symptoms are resolved and they are able to participate fully in day to day activities.
- **Be considerate of the healthcare system:** Many employers require their staff to produce a physician's note in the event of time off for illness. However, during pandemic times, doctors' offices can get extremely busy, suggesting that this may not be the most efficient way of dealing with HR issues during sick leave. **Please ensure that employees are not required to produce a physician's note for influenza like illness while the H1N1 outbreak is proceeding.**

For more information regarding Influenza, H1N1 and ways to keep you, your family and staff safe, visit the following websites:

- Northern Health: www.northernhealth.ca
- Public Health Agency of Canada: www.fightflu.ca

Sincerely,



David Bowering MD, MHSc
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