

PANDEMIC RESPONSE PLAN



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Upper Grand District School Board

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Introduction

Annual influenza epidemics occur because the influenza virus is able to change enough to cause infections within the general populations despite varying levels of immunity from previous infections. The influenza virus is also capable of major genetic changes known as “antigenic shift.” Influenza pandemic will result when the genetic shift causes the sudden and unpredictable emergence of a new influenza virus to which the population has no immunity.

Influenza pandemic is essentially an outbreak occurring over a large geographical area, often worldwide, affecting an exceptionally large proportion of the population with elevated mortality rates. Three pandemics have occurred in the last century - the Spanish (1918), the Asian (1957) and the Hong Kong (1968). Most notably, the Spanish Flu pandemic of 1918 resulted in approximately 20 million deaths worldwide. Mortality rates were reduced in both the Asian and Hong Kong pandemics due to improved health care. Experts are certain that another pandemic will occur; although, the timing and pattern is unpredictable. Therefore, contingency planning is essential for an effective response.

The following conditions make influenza pandemic more likely:

- ✓ a new influenza virus showing antigenic shift
- ✓ a susceptible population
- ✓ evidence that the virus is transmitted from person to person
- ✓ evidence of the “new virus” virulence

Methods

A Steering Committee was established with representatives from the Human Resources, Health and Safety, Disability Management, and Communications Departments to develop a Draft Pandemic Response Plan. Members were assigned to liaise with Wellington-Dufferin-Guelph Public Health and the Board’s Plant Operations Department to deal with infection control and education (communication) needs.

The Draft Plan was reviewed by the Board’s Executive Committee and Leadership Team. It was also presented to the Families of Schools and Trustees.

Plan Overview

The plan is described in the same manner as local Public Health plans and the World Health Organization (WHO) pandemic phases to ensure clarity in public communication.

Inter-Pandemic Period

<i>PHASE 1</i>	<ul style="list-style-type: none">• No new influenza virus subtypes have been detected in humans.• An influenza virus subtype that has caused human infection is present in animals.
<i>PHASE 2</i>	<ul style="list-style-type: none">• No new influenza virus subtypes have been detected in humans.• However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

<i>PHASE 3</i>	<ul style="list-style-type: none">• Human infection(s) with a new subtype, but no human-to-human spread or at most rare instances in close contact only.
<i>PHASE 4</i>	<ul style="list-style-type: none">• Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adjusted to human hosts.
<i>PHASE 5</i>	<ul style="list-style-type: none">• Larger cluster(s) but human-to-human spread still localized, suggesting the virus is adapting to humans, but may not yet be fully transmissible (substantial pandemic risk).

Pandemic Period

<i>PHASE 6</i>	<ul style="list-style-type: none">• Pandemic Phase: increased and sustained transmission to the general public.
<i>PHASE 7</i>	<ul style="list-style-type: none">• Return to Inter-Pandemic Period.

Legal Basis

The Medical Officer of Health determines the actions needed to be taken to protect the population from a communicable disease (Health Protection and Promotion Act 1990). The Medical Officer of Health has the authority to issue an order if she/he is of the opinion upon reasonable and probable grounds that a communicable disease exists or may exist or that there is an immediate risk of an outbreak.

Medical Definition of Illness and Reporting Requirements

A reportable influenza case is defined by the lab confirmed or epidemiological link to a lab confirmed case. Symptoms of influenza must have all of the following:

- fever $> 38^{\circ}\text{c}$
- acute onset cough or sore throat, and
- malaise, myalgia (muscle discomfort) and /or fatigue

Testing

Nasopharyngeal secretions will be taken by swabs of aspirates by sentinel physicians recruited by the College of Physicians of Ontario.

UGDSB PANDEMIC PLAN

Inter-Pandemic Period

<i>PHASE 1</i>	<ul style="list-style-type: none"> • Educate Board's community on the importance on influenza and novel virus surveillance. • Educate Board's community on preventative measures to be taken, specifically cover coughs and sneezes, hand washing, and staying home if sick. • Promote annual flu immunization.
<i>PHASE 2</i>	<ul style="list-style-type: none"> • Review all infection control procedures, educate all plant staff on increased vigilance. * • Institute communication strategies to students and parents in the community.

Pandemic Alert

<i>PHASE 3</i>	<ul style="list-style-type: none"> • Educate and reinforce reporting requirements by principals to Health Units (10% of staff or students-see sample). • Encourage vigilance in hand washing techniques. • Encourage use of all preventative programs. • Reinforce cross training of jobs to ensure essential services, specifically where they are only done by one person. • Reinforce education programs. • Enhanced training of plant staff. • Define essential services.
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* Infection control includes practices and procedures used to prevent disease transmission, and the knowledge and skills required to choose and maintain appropriate precautions.

The goal of enhanced control practices are to:

- ✓ ensure a consistent, high standard infection control in all settings
- ✓ ensure there are appropriate procedures in place to respond to an outbreak

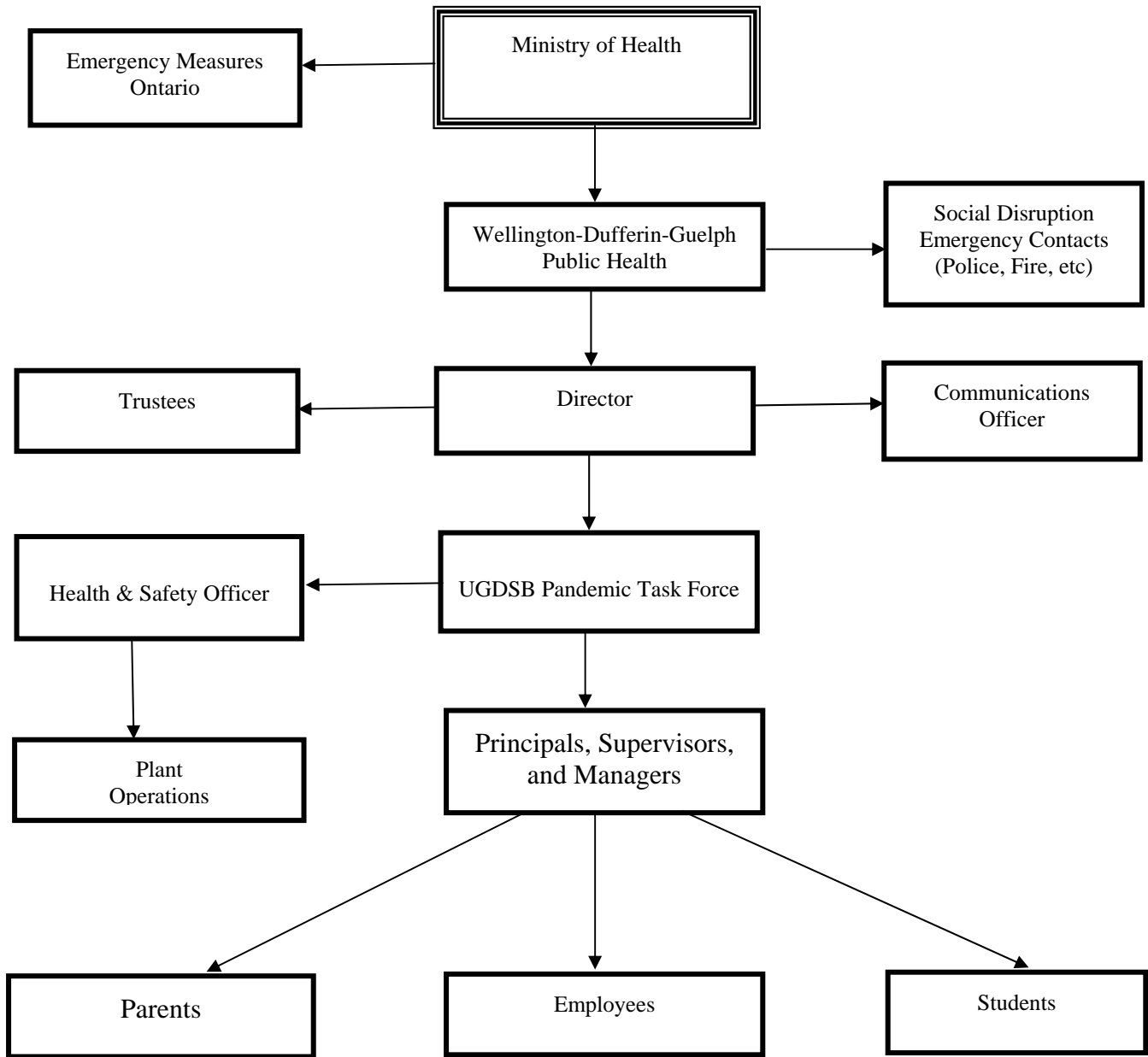
<i>PHASE 4</i>	<ul style="list-style-type: none"> • Encourage parents to find alternate daycare options. • Obey all Ministry of Health orders, including school closure procedures. • Audit infection control practices. • Institute infection control post closure procedures. • Audit controls at other sites. • Cross training of staff in schools and Board Departments. • Check with suppliers about costs and storage required, including expiry dates.
<i>PHASE 5</i>	<ul style="list-style-type: none"> • Institute communication plan PHASE 5 across the system. • Define essential services and how they will be performed. • Continue all procedures in PHASE 4. • Order supplies. • Notify community of possible closures. • Convene Task Force. • Restrict community, volunteers, and visitors' access. • Institute IT support off site for essential services i.e. Payroll.

Pandemic Period

<i>PHASE 6</i>	<ul style="list-style-type: none"> • Schools may be closed. Schools also may be commandeered to provide functions under the Ministry of Health/Municipalities such as clinics, information dissemination points, daycare centres. • Rigorous infection control procedures will be in place and staff access limited to essential services only.
<i>PHASE 7</i>	<ul style="list-style-type: none"> • Educate Board's community on the importance of influenza and novel virus surveillance. • Educate Board's community on preventative measures to be taken.

***It is important to note that pandemics are susceptible to waves.**

PANDEMIC RESPONSE DECISION-MAKING/COMMUNICATIONS FLOW CHART



All external communications are issued by the Medical Officer of Health. All internal communications and directives will be through the Director’s office.

ROLES AND RESPONSIBILITIES

Director

- ✓ *all communication from the Medical Officer of Health will be transmitted to the Director;*
- ✓ *the Ministry of Health will handle all media requests for information;*
- ✓ *ensure all communication directives are promptly communicated;*
- ✓ *monitor the status of the school communities;*
- ✓ *convene briefing sessions as needed;*
- ✓ *convene UGDSB Pandemic Task Force as needed.*

Communication and Public Relations

Below is a broad overview of the needs and responsibilities to be delegated and assumed in the event of a pandemic. These are broad areas of concern. Each of these areas of concern will be further broken down to specific tasks and delegation of responsibility in the following pages.

Public Relations of Board Operations

When a pandemic occurs, the key spokesperson to the media is the regional Medical Officer of Health, not the Board. The communication with media by the school board would address school or board-specific concerns as outlined below.

Medical Officer of Health

A critical area for the Board is that of public relations activities, including press releases, press conferences, radio and television advertisements, private presentations to such groups as Regional Councils, Municipalities, letters to parents, letters to ratepayers, letters to students, meetings of Student Councils, meetings of Parent-Teacher Associations and School Councils, all initiated and provided by the Board.

Director of Education/
Communications Officer

Communications

The UGDSB Pandemic Task Force will govern public relations and internal communication with respect to schools only during the period of a pandemic. It will not, other than for public relations purposes, deal with any matters related to Board operations.

UGDSB Pandemic Task Force

Communications Liaison between UGDSB Pandemic Task Force and Principals/Vice-Principals

Principals and Vice-Principals shall refer to and shall receive from the Superintendents of Education or designate all directions and communications from the UGDSB Pandemic Task Force. The UGDSB Pandemic Task Force may choose to make direct communication by voice mail or e-mail. Principals and Vice-Principals will be expected to monitor voice mail and e-mail regularly throughout the school day.

Superintendents of Education

Communications/Electronic

Any electronic communications related to the pandemic will be approved in advance by the UGDSB Pandemic Task Force.

UGDSB Pandemic Task Force

Maintenance of Electronic Communications

Specific personnel may be required to maintain e-mail and the Board's public website to maintain ongoing communication and to ensure updates are communicated in a timely manner to schools, other staff and to the media and public.

UGDSB Pandemic Task Force/
Chief Information Officer

Visitors to Schools

In the event of a pandemic, caretakers may be authorized to monitor doors that may be open during school hours to ensure that unauthorized people are not present in the building. This plan is to be developed in advance, for rapid implementation only on the direction and order of the UGDSB Pandemic Task Force.

Superintendents of Education
Principals
Manager, Plant Operations

Liaison Responsibilities

Communications with the Ministry of Education, the Ministry of Labour, and other boards, would be effected only through the Director of Education and/or the Communications Officer.

Director of Education
UGDSB Pandemic Task Force
Communications Officer

Community Use of Schools

Night School and community school activities, specifically those which occur after normal school hours, would continue to be available to the community unless directed otherwise.

UGDSB Pandemic Task Force

A letter will be sent to all community school users and permit holders, to indicate that the pandemic may result in school closures.

Superintendent of Finance
UGDSB Pandemic Task Force

Where it is necessary to close a building to the public, every effort must be made to inform permit holders as early as possible.

Daily Reports

Superintendents of Education will monitor the situation on a daily basis and provide daily reports to the UGDSB Pandemic Task Force and make recommendations as required.

Superintendents of Education

Cancelling of Classes

A directive will be provided with respect to the cancelling of classes.

UGDSB Pandemic Task Force

UGDSB Pandemic Steering Committee

Purpose

To draft a Pandemic Response Plan.

Role

- a) to liaise with appropriate community agencies;
- b) to develop communication strategies;
- c) to initiate Business Continuity Plans for Board departments and schools;
- d) to work with Plant Operations staff to ensure appropriate infection control;
- e) to monitor the progression of the pandemic periods and phases as well as the situation worldwide;
- f) to work cooperatively with Wellington-Dufferin-Guelph Public Health to introduce a system wide pandemic education program.

Membership

Bonnie Evans, Superintendent of Human Resources and Plant Operations and Plant Operations
Jennifer Rose, Executive Officer of Human Resources
Maggie McFadzen, Communications Officer
Jim Bowie, Health and Safety Officer
Cheryl Mousseau, Disability Manager
Jackie Bartok, Executive Assistant to Supt of Human Resources and Plant Operations

UGDSB Pandemic Planning Committee

Purpose

To provide direction and guidance on operational issues in the Pre-Pandemic phases.

Role

- a) to ensure that the Pandemic Response Plan is operational within the system;
- b) to assist with the Business Continuity Plans and templates;
- c) to call on any and all staff as resource, as required.

Membership

Bonnie Evans, Superintendent of Human Resources and Plant Operations
James Alder, Manager, Plant Operations
John Shanks, Chief Information Officer
Jennifer Rose, Executive Officer of Human Resources
Maggie McFadzen, Communications Officer
Four Principals (one from each family)
Murray Shannon, Principal, Continuing Education
Greg Seguin, General Manager, Wellington – Dufferin Student Transportation Services
Jim Bowie, Health & Safety Officer
Cheryl Mousseau, Disability Manager
Union Representatives
Jackie Bartok, Executive Assistant to Supt of Human Resources

UGDSB Pandemic Task Force

Purpose

The purpose of the Pandemic Task Force is to provide direction and guidance to the Board and staff in the event of a community pandemic during the Pandemic Period phases.

Goals

The basic goals of the Upper Grand District School Board during a pandemic are:

- a) ensure systematic co-ordinated response that attempts to ensure the safety of students and staff;
- b) ensure clarity in all communications;
- c) to provide a forum for effective problem solving;
- d) to minimize any detrimental effect to the system;
- e) to collaborate with community agencies as necessary;
- f) to encourage an expeditious and normal return to school functions;
- g) to foster and maintain positive community relationships.

Objectives

To ensure the Board is responsive rather than reactive, the UGDSB Pandemic Task Force will plan orderly closures, audit infection control, monitor communications, respond to requests for services by community agencies, and ensure all processes are followed prior to facilities re-opening.

Membership

Martha Rogers, Director of Education

Bonnie Evans, Superintendent of Human Resources and Plant Operations and Plant Operations

Heather Boswell, Superintendent of Program

David Euale, Superintendent of Education

Rosemary Fyfe, Superintendent of Education

Erin Kelly, Superintendent of Education

Linda Benallick, Superintendent of Education

Janice Wright, Superintendent of Finance

John Shanks, Chief Information Officer

Jennifer Rose, Executive Officer of Human Resources

Maggie McFadzen, Communications Officer

Role

- a) to make rapid responsive decisions;
- b) to give clear direction to meet all contingencies;
- c) to assume responsibilities for and assist communications and information dissemination;
- d) to delegate spokespersons as required; and
- e) to advise and make recommendations to the Board.

UGDSB Board/Public Health Education Committee

Purpose

The purpose of the Board/Public Health Education Committee is to ensure there is an education component in the pandemic response process.

Role

- a) to educate staff, students, parents, and families about the “Don’t Get Sick” campaign and keep them up-to-date;
- b) to ensure that the Board-wide community is educated about the issues related to the flu pandemic.

Membership

Jim Bowie, Health & Safety Officer

Cheryl Mousseau, Disability Manager

James Alder, Manager of Plant Operations

4 Principals (one from each family)

Jan Craig, Manager of Lifestyles & Communication, Wellington-Dufferin-Guelph Public Health

Brad De St. Aubyn, Public Health Nurse, Wellington-Dufferin-Guelph Public Health

Principals, Supervisors, Managers

- ✓ inform students, staff and parents about the symptoms and measures to be taken to reduce exposure;
- ✓ request that symptoms be reported to the principal, manager or supervisor;
- ✓ contact Public Health and their Superintendent of Education to report outbreaks in the school;
- ✓ contact the Disability Manager to report an outbreak of fever, acute onset of cough, and/or sore throat, malaise, and myalgia (muscle discomfort) and/or fatigue;
- ✓ follow all safe schools and school closure procedures;
- ✓ follow all communication directives;
- ✓ maintain contact with Superintendents;
- ✓ identify issues for UGDSB Pandemic Task Force problem-solving;
- ✓ facilitate and co-operate with community agencies in school utilization issues.

Health and Safety Officer

- ✓ provide consultative advice to the UGDSB Pandemic Task Force;
- ✓ maintain contact with Plant Operations to ensure infectious control audits are complete;
- ✓ maintain links with other school boards for enhanced problem solving;
- ✓ maintain contact with the Joint Health and Safety Committee.

Plant Operations

- ✓ implement infection control program;
- ✓ train identified personnel on enhanced infection control procedures;
- ✓ audit infection control program;

- ✓ institute and inspect all post-closure and pre-opening procedures;
- ✓ assist community agencies as necessary;
- ✓ provide enhanced security as warranted.

Employees

The control of influenza diseases is the responsibility of all employees of the Upper Grand District School Board. Maintaining proper immunizations, applying hygiene principles when exposed to viruses, bacteria, and body fluids requires knowledge, vigilance, and personal responsibility.

Principals/Managers/Supervisors have enhanced responsibilities (Education Act, Occupational Health & Safety).

When an outbreak occurs, communication is essential. Employees play a vital role in educating and disseminating accurate information. All enquires should be directed promptly to your direct principal/manager/supervisor.

Essential Services (Phases 1-5)

Principals/managers/supervisors are expected to report to work. Where their safety may be in jeopardy, the Task Force will advise. Some sites may be appropriated by community agencies i.e. triage centres, information depots, crucial supply lines; therefore, adequate staffing must be maintained.

Payroll services may be performed at a remote site if required.

Designated employees in the Information Technology Department may be needed to maintain the Board's website and to assist Public Health in the event of illness of their employees.

All Plant Operations personnel will be essential.

Quarantine (Phase 6)

Employees placed in quarantine by the Medical Officer of Health will remain absent from work until cleared by the Medical Officer of Health except where the Director of Education, in consultation with the Ministry of Health, recommend to the contrary.

Employees may be required to supply documentation (medical certificates) for short periods of absence.

Education Programming (Phases 1-6)

In consultation with Public Health, an education program will be designed to:

1. Augment prevention initiatives (hygiene program).
2. Ensure a consistent, sustained approach.
3. Ensure wide circulation of preventative materials.

Brochures, sample letters to parents and posters will be designed to appeal to wide ranges of audiences (samples attached).

Infection Control Procedures (Phases 1-5)

The Plant Operations Department will develop, in consultation with a Certified Infection Control Consultant, enhanced procedures that will be instituted when the situation warrants. Equally important is developing additional training to ensure understanding and compliance with all procedures.

Phase 1

- Educate caretakers (posters on hand washing);
- Emphasize the importance of proper cleaning techniques, and proper washroom sanitation through Supervisors, memos, etc;
- Stress the importance of regular disinfection of contact surfaces such as door hardware and light switches;
- Continued use of the disinfectant cleaner, PerDiem, or its equivalent.

Phase 2

- Train custodial supervisors and head caretakers on a more elaborate approach to washroom sanitation with emphasis on chemical contact time and workflow procedures;
- Order and stock one gallon of concentrated PerCept per school in readiness;
- Supplies will also be stocked above normal usage.

Phase 3

- Mentors to train head caretakers and caretakers on new procedures;
- Choose an “Infection Control Person” in each high school to perform the regular sanitation and disinfection of contact surfaces. This will place emphasis on the importance of this duty and ensure proper techniques are followed. This practice will also prevent cross contamination since the same equipment can be used strictly for sanitation.
- Implement the enhanced practices with continued use of PerDiem.

Phase 4

- Promote a concentrated effort by all staff to prioritize the disinfection of contact surfaces whilst letting some other duties lag;
- Introduce the new disinfectant PerCept into the system as a second wave of attack against a more resistant virus;
- Disconnect hand dryers and reinstall paper towel dispensers for a 4-month period;
- Order and supply all washrooms with paper towels.

Phase 5

- Assuming a school closes, the crew will report to the closed school and wash all contact surfaces to prepare the school for re-opening;
- If areas of the school are used as treatment centres, volunteers will be sought to don gowns, gloves and masks deemed appropriate to clean and disinfect these areas;
- Retrain staff if necessary.

Sample memo

MEMO TO: Principals, Supervisors, Managers, and Superintendents
FROM: Martha Rogers, Director of Education
DATE:
SUBJECT: Pandemic Alert

We have entered into what is called by the World Health Organization a “pandemic alert” phase. We would ask that you do the following:

1. Report directly to your local Health Unit when 10% of your students and staff are absent.

Wellington-Dufferin-Guelph District Health Unit
(519) 821-2370 extension 2231
Janice.walters@wdghu.org

It is not necessary that you determine if the reason for the 10% absence is related specifically to the flu or other causes. This practice will serve as an early warning system for the area.

2. Notify Jim Bowie, Health & Safety Officer, at 822-4420 extension 879 or by e-mail at jim.bowie@ugdsb.on.ca of the same.

We thank you for your co-operation.

INFLUENZA AND THE FLU VACCINE

WHAT IS INFLUENZA?

Influenza (the flu) is a serious illness. It is caused by influenza A and B viruses and occurs in Canada every year. Influenza causes fever, cough, headache, muscle soreness, sore throat, and stuffy nose. Influenza can lead to pneumonia. It can also make other illnesses worse, especially chronic illness that affect the lungs and heart.

Influenza spreads very easily from infected person to others through coughing and sneezing. It is also spread by direct contact with contaminated surfaces or objects like unwashed hands, clothes, toys, eating utensils, etc. after they have been contaminated by the flu virus.

WHAT IS FLU VACCINE?

Influenza vaccine provides adults and children with active immunity against the influenza virus. It is not produced from human blood or blood products.

The vaccine cannot give you the flu because it does not contain live virus.

HOW WELL DOES INFLUENZA VACCINE PROTECT AGAINST THE FLU?

- It protects about 70 percent of people who get a flu shot. You can still get the flu, but you will be less sick than if you were not vaccinated. In elderly people, this vaccine can prevent pneumonia in about 6 out of 10 people and can prevent death in more than 8 out of 10 people.
- Less than 1 out of 3 people have some pain at the spot where the needle is given. This lasts up to 2 days. Some people get muscle aches and fever and feel tired for a day, or two after the needle.

DO NOT GET THE FLU VACCINE IF YOU HAVE ANY OF THE FOLLOWING:

- Severe allergy to eggs.
- Allergy to thimerosal (a preservative added to the influenza vaccine (0.01%) to keep the vaccine from spoiling).
- An active neurological disorder or a history of Guillain-Barre Syndrome.

NOTE: Pregnancy and breast-feeding is not considered a contraindication to vaccination.

Call your doctor if any of these symptoms happen within three days after the needle:

- hives
- swelling of the mouth or throat
- trouble breathing, hoarseness or wheezing
- paleness, weakness, a fast heart beat or dizziness
- red eyes, respiratory symptoms (ORS), facial swelling or a combination of these within 24 hours of receiving the vaccine and lasting 48 hours
- any other unusual condition or serious reaction to the vaccine

PREVENTING INFLUENZA

WHAT CAUSES INFLUENZA?

Influenza (the flu) is caused by a virus.

WHO IS AT RISK OF GETTING INFLUENZA?

Anyone can get influenza.

WHAT ARE THE SYMPTOMS?

Influenza usually causes at least 2-3 of the following:

- fever
- aches and pains
- fatigue
- headache
- cough
- sore throat
- stuffy or runny nose

HOW IS IT SPREAD?

Influenza is spread in the following ways:

- through the air by coughing and sneezing
- on hands, cups, cutlery, tissues or other objects that have been in contact with the mouth or nose

HOW CAN I AVOID CATCHING INFLUENZA?

- try and avoid contact with infected family and friends
- do not share eating or drinking utensils
- practice basic personal hygiene such as regular hand washing

NOTE: Adults are infectious (can spread influenza) for 5 days after symptoms appear. Children are infectious up to 7 days. Influenza virus can live on surfaces 24-72 hours.

DO ANTIBIOTICS HELP?

Antibiotics do not work against viruses, so they do not work against influenza. Some people with influenza may need antibiotics for secondary infections caused by bacteria.

RELENAZA ® AND TAMIFLU (protection against influenza)

WHAT ARE ZANAMIVIR AND OSELTAMIVIR?

Zanamivir (Relenza®) and oseltamivir (Tamiflu®) are two new anti-viral drugs that are effective against both influenza A and B. Zanamivir is available as a powder that is inhaled. This may be difficult for older people. Oseltamivir is a pill. Both antiviral agents inhibit a necessary viral enzyme, which is required by the influenza virus to multiply, spread from cell to cell and eventually to other people. Both drugs may be used to:

- prevent influenza (prophylaxis) 70%-80% effective
- treat influenza to decrease the severity of symptoms

Zanamivir and oseltamivir should be given within 36-48 hours of onset of illness.

SIDE EFFECTS

Zanamivir:

People with asthma or chronic obstructive lung disease may experience irritation of the breathing passages and are not generally prescribed this medication.

Oseltamivir

- mild gastrointestinal symptoms
- take with food
- 1-3% of nursing home residents report headaches
- people who have difficulty swallowing, mix with 10cc of warm water

PRECAUTIONS:

If pregnant or breast-feeding, discuss with your physician.

Motherrisk #1-800-267-1373

Tamiflu is **not** indicated for either treatment or prophylaxis of influenza in children less than thirteen years of age.

Facts about Influenza Pandemic

Influenza pandemics occur when all four of the following occur:

- A new influenza A virus is detected.
- Human-to-human transmission happens easily.
- The new virus causes serious clinical illness and death.
- The population has little or no immunity to the virus.

Influenza Pandemic

- An influenza pandemic occurs when a new influenza virus appears against which the human population has little or no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illnesses.
- Unlike many other viral respiratory infections (i.e. the common cold), the flu causes severe illness and life-threatening complications in many people.
- The influenza virus is divided into three groups: A, B, & C. Type C rarely causes human illness. Only influenza A is associated with pandemics.
- With the increase in global transportation and communications, as well as urbanization and overcrowded conditions, epidemics of a new influenza virus are likely to spread quickly around the world.
- Outbreaks of influenza in animals, especially when happening simultaneously with outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses to create a new virus, which affects humans.

Influenza Symptoms

Influenza is caused by a flu virus which infects the respiratory tract (nose, throat, lungs). It usually starts suddenly and may include these symptoms:

- Fever
- Muscle pain and weakness
- Headache
- Tiredness
- Dry cough
- Sore throat
- Runny or stuff nose
- Diarrhea and vomiting (seen especially in children)

Facts about Influenza Pandemic Vaccine and Antiviral Drugs

If an influenza pandemic occurs in Ontario, a vaccine will not be available at the start of the pandemic, as the virus will be new. It can take four to five months for a vaccine to be developed against a new flu virus.

Antiviral drugs may be used to help lessen the impact of the pandemic and may be effective in very early treatment.

What's the Difference between Vaccines and Antivirals?

- **Vaccines** are the primary means to prevent illness and death from regular seasonal influenza. They cause the production of antibodies against the flu virus included in the vaccine, providing immunity against the virus.
- **Antivirals** are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and reduce the serious complications of influenza.
- **Antivirals** will likely be the only medical intervention during the initial pandemic response.
- **Antivirals** work by reducing the ability of the virus to reproduce but do not provide immunity against the virus.
- **Antiviral** protection is virtually immediate when taken for prevention and lasts as long as the medication is taken.
- An actual vaccine against a pandemic cannot be manufactured until the virus has emerged.

Vaccine Preparation

- ID Biomedical, the domestic supplier of vaccine, will manufacture vaccine that is specific to the pandemic strain.
- The vaccine will be distributed equitably throughout Canada, based on ID Biomedical's capacity to produce the vaccine.

Availability and Use of a Vaccine

- Individuals may need up to two doses of the pandemic vaccine approximately one month apart, as most people will have no prior exposure to the pandemic strain.
- Ontario's plan is to obtain enough vaccine for the entire population but, during the early stages of a pandemic, vaccine will be in short supply.
- In this situation, the vaccine will be provided through special clinics to those at risk of influenza complications and those most likely to transmit influenza to high-risk groups.

Availability and Use of Antivirals

- The federal government contributed \$24 million towards the creation of a national antiviral stockpile.
- The national antiviral stockpile will be used to treat and protect identified priority groups agreed upon by a national expert advisory committee on influenza pandemic.

- The federal government is responsible for approving and licensing antivirals.
- In preparation for a pandemic when availability of antivirals is limited, both the federal and the Ontario government have begun to create an antiviral stockpile.
- Antivirals will be directed at treating those at high risk of complications or death due to influenza who present with influenza-like illness within 48 hours of onset of symptoms.
- Ontario will be adopting priority groups set nationally. These priority groups may change based on age and risk groups most affected by the pandemic, its severity, and other factors.

For more information:

www.health.gov.on.ca

or call toll free:

Health Care Provider's Hotline 1-866-212-2272