

Pandemic (H1N1) 2009 Influenza A Situation Update for Partners

Simcoe Muskoka District Health Unit

September 3, 2009

[Current Situation](#)

[Surveillance](#)

[Public Health Measures](#)

[Vaccine](#)

[Antivirals](#)

[Flu Assessment Centres](#)

You will note that the H1N1 virus now has a new technical name i.e. pandemic (H1N1) 2009 (pH1N1) virus. For short you will see it referenced as pH1N1. We will use this term in our updates. For all public communications the health unit, along with the Public Health Agency of Canada and the Ministry of Health and Long Term Care, will continue to reference this as H1N1 flu virus.

We recently updated the H1N1 flu virus section (portal) of our website to make it easier to find information that has been developed for key audiences. The URL to the portal remains the same and is linked off the main page of our website i.e. www.simcoemuskokahealth.org. We recommend that you review the site for updates and check any links that you may have created to specific content that we have had posted. We also welcome and encourage you to link to our website from yours if you have one. This will help support employees and the public to stay connected to up-to-date information.

You will find a link to the all [previous biweekly updates](#) on our website. We will also continue to work with and communicate to partners through regular channels where they exist 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
Pandemic

Current Situation

World –pH1N1 virus has been reported in 177 countries from all six World Health Organization (WHO) regions and is now the prevailing influenza virus in circulation worldwide. Most countries in the temperate regions of the southern hemisphere, which are in the latter part of their typical influenza season, are reporting decreases in the numbers of people seeking care and being admitted to hospital. At this time the virus continues to circulate in countries in the northern temperate zones where it would normally be between influenza seasons. However, overall activity in these areas is declining. Tropical regions, which experience year-round transmission of influenza, are reporting increases in activity.

Overall, the impact and severity of pH1N1 appears to be slightly worse than a typical influenza season, with increased hospitalization requiring respiratory critical care. However, death rates associated with pH1N1 infection have been lower than what is typically seen with seasonal influenza. Older age groups appear to be less affected by this virus, which may in part explain the lower mortality.

Canada/Ontario – Influenza activity in Canada has been steadily decreasing since the peak experienced in the middle of June. In Ontario, influenza activity has also been declining over the past two months. However, the rate of consultation for influenza-like illness remains above expected levels for this time of year. The current rate of hospitalization associated with pH1N1 remains low with less than three admissions per 100,000 Ontario residents. The majority of hospitalized cases have fully recovered and many had pre-existing underlying medical conditions. Deaths associated with pH1N1 have been rare, with a rate of less than two deaths per 1,000,000 residents.

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

Surveillance

As the new school year begins, SMDHU will be working with local school boards to monitor student absenteeism in our area. The systematic collection of school absenteeism of higher than expected rates is noted to be an early prediction system for community levels of illness activity. The school boards are being asked to report absenteeism rates of 10 per cent or greater when noted in individual school's student population. The SMDHU response may include evaluation of the syndrome(s) causing the absences; provision of consultation related to communicable diseases, counseling and health education; direction regarding exclusions in the event serious illnesses or significant absenteeism is noted; provision of direction on cleaning and disinfecting practices.

The Public Health Agency of Canada, the Ministry of Health and Long Term Care, and the health unit have all released guidance documents that incorporate components of surveillance, infection control practices, education and communications. These can be found on the [H1N1 Schools and Post Secondary facilities section](#) of the health unit website.

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, child care centres, recreational camps and correctional facilities.

The H1N1 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 teleconferences and meetings.

Public Health Measures

This year it's 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 at this time is to follow these personal protection measures:

- Wash your hands frequently and well; or use alcohol-based hand sanitizer if soap & water is not available.
- Cough and sneeze into your sleeve or use a tissue.
- Clean shared surfaces.

- Stay at home if you are sick—which includes staying home from school, day care, work and activities you participate in outside of work and school hours.
- Find out about flu shots for both seasonal influenza and pH1N1.

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

Pregnant women and people with underlying conditions are at no higher risk of contracting the H1N1 flu than other people. And although the data is still coming in, they do appear to be at somewhat higher risk of developing complications from the H1N1 flu—just like they are at higher risk of complications from the seasonal flu. Pregnant women and people with underlying medical conditions should practice careful personal protection measures and contact their health care providers if they develop symptoms of the flu.

Vaccine

Seasonal Influenza Vaccine

Information remains unchanged from August 12th Update.

We expect to receive 50 per cent of our allotment by October 1st. Primary care offices should begin receiving their seasonal vaccine by early October.

The remainder of our supply should arrive shortly thereafter and we anticipate that our public flu clinics will begin mid October.

Seasonal flu vaccination will be promoted through the media and through materials available to workplaces. A key message will be stressing the importance of seasonal flu vaccination this year with the potential of it co-circulating with H1N1.

pH1N1 Vaccine

Information remains unchanged from August 12th Update.

The federal government announced that it will order enough pH1N1 vaccine to ensure that persons who are recommended to have the vaccine will receive it. Production is starting at this time and it will likely be available sometime in November.

Discussions on who will be recommended to have the vaccine are currently underway by the experts at the federal and provincial level. Because the supply is likely to be limited initially due to production capacity, the experts will also provide a list of priority groups for receiving the vaccine. The pH1N1 flu season in the southern hemisphere is being monitored closely and this experience will inform these decisions. We do not expect to have confirmation of the priority groups until September.

Details NOT yet known:

- The number of doses and the interval between doses that will be required for protection.
- The vaccine effectiveness.
- Whether pH1N1 vaccine can be given at the same time as a seasonal influenza vaccine.
- Whether public health will be responsible for all administration of the vaccine or if it will also be distributed through primary care settings.

SMDHU is currently planning for pH1N1 vaccination clinics late in the year, including public education and awareness. The Ministry of Health and Long-Term Care will also promote pH1N1 vaccination and will prepare the necessary information for primary care offices to support patient education and determination of priority.

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.