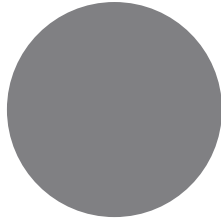
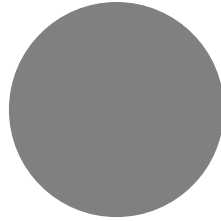
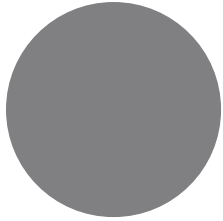


SUMMARY



QUÉBEC PANDEMIC INFLUENZA PLAN – HEALTH MISSION

A publication of:

**La Direction des communications du ministère de la Santé
et des Services sociaux**

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PREFACE

AN INFLUENZA PANDEMIC ON THE HORIZON

An influenza pandemic is an influenza epidemic that is limited in time but not in space, affecting populations over several continents. Phenomena of this kind can have a devastating effect on people and communities because of their potential to generate morbidity, mortality, major psychosocial impacts and a host of repercussions in all areas of society.

The experience with severe acute respiratory syndrome (SARS) and the recent natural disasters in Asia and New Orleans bear witness to the necessity of being able to depend on emergency measures plans that are integrated and available at the appropriate time. That is the reason for the *Québec Pandemic Influenza Plan* currently being developed. The plan discussed in this document is specific to the government's health mission, hence its title, *Québec Pandemic Influenza Plan—Health Mission (the Plan)*.

PLANS FROM HERE AND ELSEWHERE

The *Plan* outlines the issues surrounding an influenza pandemic as well as its potential impact on the health and social services network and on society. It sets out the basic principles of response, 24 strategies, and a series of concrete actions to be undertaken at the provincial level.

Regional health and social services agencies will then develop their *Regional Pandemic Influenza Plan* to coordinate activities in each region, after which each establishment at the local level will prepare a specific plan in line with its mission.

As mentioned previously, these influenza pandemic plans are being coordinated with planning exercises that cover other government missions, most of which are included in *Québec's National Civil Protection Plan*. In Canada, the federal government has prepared a national plan to be echoed by the provinces. Many countries have also put in place such plans under the stewardship of the global leader in this matter, the World Health Organization.

THE RISK OF AN INFLUENZA PANDEMIC IS REAL

Experts agree that an influenza pandemic is becoming ever more likely. Three of the four conditions required for a pandemic influenza virus to emerge are already in place:

1. the H5N1 virus currently active is a new strain;
2. we do not have any form of immunity to this virus;
3. to provoke a pandemic, the influenza strain must be sufficiently virulent;
4. the infection must be able to spread effectively from person to person.

The fourth condition has not yet come into play.

THE EFFECTS OF AN INFLUENZA PANDEMIC ON SOCIETY

An influenza pandemic has a strong potential to cause individual and psychosocial disruptions affecting individuals, spouses, families, work and education environments, cultural and recreational gatherings—in short, all of society's activities would be affected to varying degrees, as would the physical health of the population.

A REALISTIC BUT CONSERVATIVE FORECAST

For planning purposes, the Ministère in Québec has adopted the hypothesis that the first wave of an influenza pandemic would affect 35% of the population, over a period of eight weeks. In this model,

- 2.6 million people would be infected;
- 1.4 million people would need to consult a healthcare professional;
- 34 000 people would require hospitalization;
- 8 500 people may die.

A VACCINE IN THE OFFING

Vaccination is the best means of preventing influenza and avoiding the complications associated with it. Once the viral strain is identified, however, it may take three or four months, and perhaps longer, to produce a vaccine. The areas of the world exposed to the infection early on will not have a vaccine at their disposal to fight the first wave of the pandemic. In Canada and Québec, delaying the onset of the pandemic by a few months may enable us to have access to a vaccine. This scenario is possible, at least in theory.

Once a vaccine has been developed, it would only be made available gradually. Therefore, it is important to keep things in perspective: only basic means of prevention, such as handwashing, the judicious use of antivirals during the alert period and at the onset of the pandemic, close surveillance to raise the alarm and keep outbreaks under control, and a well-organized healthcare network will contribute to stemming the spread of the infection.

CHALLENGES IN HEALTH AND SOCIAL SERVICES

The wide and rapid spread of influenza among the Québec population will raise some major challenges for the health and social services network, its partners and other stakeholders.

The most obvious challenges include increased patient traffic, the management of health and social services network personnel in the face of absences due to illness, the coordination of several social partners, the procurement of drugs, supplies and equipment at a time when many countries will also be needing the same products, and the importance of communications under such circumstances.

THE THREE COMPONENTS OF ACTION

The *Plan* sets out three components of action: preparedness, response and recovery. These components are in step with the periods established by the World Health Organization that are currently being applied to monitor the evolution and imminence of the pandemic.

THE STRUCTURE OF THE PANDEMIC INFLUENZA PLAN—HEALTH MISSION

The *Plan* begins with a preface that is mainly devoted to explaining the influenza pandemic. The first chapter covers basic concepts and the organizational structures that will be put into play to deal with the influenza pandemic. The second and final chapter contains 24 response strategies. Each strategy involves several activities that are timed according to the three components of action, namely preparedness, response and recovery.

CHAPTER 1 – BASIC CONCEPTS IN THE FIGHT AGAINST AN INFLUENZA PANDEMIC

The concepts in the *Plan* are set out to enable workers in the health and social services network, and their partners to acquire a common vision of the strategies put forward. They include three principles of response, identify four groups of stakeholders and advocate three rules of governance.

THE THREE PRINCIPLES OF RESPONSE

FIRST PRINCIPLE: STRATEGIES THAT MATCH THE FUNCTIONS OF THE NETWORK

In the event of an influenza pandemic, the mission of the health and social services network is to preserve the life, health and well-being of the people. This mission addresses five areas of activity:

- Protect the health of the population (public health);
- Provide medical care (physical health);
- Ensure people’s psychosocial well-being (psychosocial response);
- Provide clear, pertinent and mobilizing information (communication);
- Keep the network working (maintaining services).

The 24 strategies in the *Plan* are based on these areas of activity.

SECOND PRINCIPLE: ADOPT A TOP-DOWN DECISION-MAKING PROCESS

In the event of a pandemic, the *ministère de la Santé et des Services sociaux* assumes a leadership role and coordinates all government responses that are related to “health”. The line of authority in effect at such a time follows a coordination model that goes from top to bottom, commonly called the “top-down” model. This simple line of authority works from the minister down to the CEOs of the agencies, and from these CEOs down through to the GDs of the establishments. Faced with this health threat, in accordance with the *Act respecting health services and social services*, the Québec National Public Health Director and the public health directors will assume the responsibilities handed down to them.

THIRD PRINCIPLE: DELIVER A HIGHLY EFFECTIVE ORGANIZATION

In the context of an influenza pandemic, the organizational structure of the *ministère de la Santé et des Services sociaux* is under the authority of the deputy minister responsible for coordination, finance and equipment, who, in turn, is under the direct authority of the deputy minister in office. This coordination structure mobilizes all of the Ministère’s departments. The *Plan* also sees to the necessary operational ties with the *Organisation de la sécurité civile du Québec*.

FOUR GROUPS OF STAKEHOLDERS

The groups of stakeholders defined in the *Plan* are citizens, informal caregivers, various workers, and decision makers, starting with elected officials.

THREE RULES OF GOVERNANCE

The *Plan* establishes three rules of governance for the purposes of guiding the actions of all players who assume one or more roles during an influenza pandemic: *protection, solidarity and responsibility*.

CHAPTER 2 – STRATEGIES AND ACTIONS

STRATEGIES FOR DEALING WITH THE FIVE AREAS OF ACTIVITY ADDRESSED BY THE NETWORK'S MISSION

As mentioned previously, all the strategies in the *Plan* are divided into five sections based on the five areas of activity addressed by the health and social services network.

SECTION ONE: PROTECT THE HEALTH OF THE POPULATION (PUBLIC HEALTH)

STRATEGY NO. 1: ENSURE EPIDEMIOLOGICAL MONITORING AND SURVEILLANCE

Surveillance is the ongoing and integrated process of gathering, analyzing and disseminating virological and epidemiological data that serve to guide actions and evaluate their impact. Surveillance activities during an influenza pandemic will include the monitoring of the antiviral strategy and vaccination coverage, the surveillance of adverse reactions subsequent to vaccination and the administration of antivirals, as well as the monitoring of public health measures.

STRATEGY NO. 2: APPLY MEASURES TO PREVENT AND CONTROL INFECTIONS

Successfully fighting the influenza pandemic will depend on compliance with measures for preventing and controlling infection transmission between people, beginning with awareness activities to promote handwashing. Various preventive measures will also be put into practice in all environments, including, among others, medical clinics, pharmacies, the workplace, daycare facilities and schools. These actions will be coordinated according to the three components of the pandemic.

STRATEGY NO. 3: USE ANTIVIRALS FOR PREVENTIVE PURPOSES

Antivirals are the only specific means available for countering a pandemic virus in the absence of a vaccine. There are now antivirals that, under certain conditions, can be used to prevent or treat influenza. The *Plan* details the use of antivirals during the alert period, at the start of a pandemic and during a declared pandemic, particularly before a vaccine is available.

STRATEGY NO. 4: VACCINATE THE POPULATION

When vaccine production begins, the number of doses available will be insufficient to cover the entire population. Therefore, people who are part of the priority groups recommended by experts, based on epidemiology and the impacts observed, will be the first to have access to the vaccination. In the months following the identification of a pandemic viral strain, the entire population will be offered the vaccine against influenza, potentially as a two-step vaccination. In Québec, between 11 and 14 million doses of vaccine (75% to 90% of the population) are expected to be administered. This vaccination will be available in mass vaccination centres capable of vaccinating up to 320 people per hour, or 2 500 people every eight hours, according to the model in the *Plan*.

STRATEGY NO. 5: IMPLEMENT PUBLIC HEALTH MEASURES

The key measures defined in the *Plan* include health education, restrictions on certain public gatherings and special measures for travellers. Other measures concern the management of confirmed cases and people who have come into contact with these cases, with a view to protecting their surrounding environment.

SECTION TWO: PROVIDE MEDICAL CARE (PHYSICAL HEALTH)

STRATEGY NO. 6:

ACT UPSTREAM OF ESTABLISHMENTS THROUGH SELF-CARE

Considering that the health and social services network will work to carry out intensive screening and reduce the number of non-seriously ill patients in establishments to the greatest extent possible, the population will be encouraged to remain at home. Self-care guides will be made available to the population.

STRATEGY NO. 7:

ADAPT HOME SUPPORT SERVICES

People who are identified as being vulnerable, either due to their physical condition or their degree of isolation (those who do not receive any assistance from friends, family or an informal caregiver), will be able to register for a home support service that will check on the state of their health and prioritize their admission, if required. The population will be provided with information on ways to access these services, including easy telephone access.

STRATEGY NO. 8:

ENSURE ACCESS TO INFO-SANTÉ AND INFO-SOCIAL

Info-santé and Info-social are telephone services that will play a major role during a pandemic. To avoid call overflow, the government will use other telephone services to screen questions from the population and direct callers to the appropriate resources as efficiently as possible.

STRATEGY NO. 9:

SET UP PREHOSPITAL EMERGENCY SERVICES

The various components of the prehospital service chain, including dispatch centres, first responders and ambulance services, will play a crucial role during a pandemic. Calls from the population will be handled as part of regular dispatch centre and regional call centre operations. However, the scale of the pandemic could justify special procedures, such as the setting up of a provincial centre to regulate inter-establishment transfers, in order to validate and authorize transfers from the health and social services network.

STRATEGY NO. 10:

COORDINATE THE DELIVERY OF HEALTHCARE

The *Plan* sets out four levels of access to healthcare and services requiring specific actions to adapt regular operations to a pandemic situation, and maintain emergency operations that are both related and unrelated to the pandemic. The four levels are: front-line services, emergency services and units, hospital activity and critical care.

STRATEGY NO. 11:

TREAT PATIENTS USING ANTIVIRALS

In light of a possible shortage of antivirals and the opinion of experts, the Ministère will prioritize the administration of antivirals according to a person's vulnerability and the pandemic's severity. This prioritization will be revised in relation to the pandemic, its attack rate, the virulence of the viral strain, and the actual or expected clinical response to the antivirals provided.

STRATEGY NO. 12:

DEPLOY NON-TRADITIONAL HEALTHCARE SITES

Should regular healthcare facilities be unable to meet the needs created by the pandemic, opening up non-traditional healthcare sites will serve to treat those whose health does not allow them to rely on home support services. These sites will carry out screening and evaluation, provide treatment, and direct and admit people who have the flu and meet certain criteria. Non-traditional sites will be associated with an establishment, as determined by the Ministère.

STRATEGY NO. 13:
DISPOSE OF REMAINS EFFECTIVELY

An influenza pandemic could result in a significant number of deaths over a relatively short period of time. The *Plan* includes special mechanisms to address this situation, in cooperation with business organizations in the funeral home sector.

**SECTION THREE:
ENSURE PEOPLE’S PSYCHOSOCIAL WELL-BEING
(PSYCHOSOCIAL RESPONSE)**

STRATEGY NO. 14:
COORDINATE PSYCHOSOCIAL SERVICES

An influenza pandemic will affect people’s physical integrity; their psychosocial dimension will also be affected considerably. The psychosocial impacts will be felt not only in those who are ill, but also in those close to them, such as friends and family, and throughout society. Social services, together with community resources, strive to ensure the well-being of Québec’s population by preparing to fight the influenza pandemic, supporting the population as the infection spreads, and facilitating the return to normal life.

STRATEGY NO. 15:
IDENTIFY PATIENT GROUPS

The psychosocial identification of patient groups will serve to determine and assess the psychosocial impacts of the pandemic with a view to guiding the actions of various players. This exercise will provide answers to the following questions: Who is affected by the pandemic? How is the pandemic experienced from a psychosocial perspective at the local, regional and provincial levels? Psychosocial identification will also be used to establish mechanisms for referrals and access to service.

STRATEGY NO. 16:
PROVIDE SERVICES TAILORED TO THE SITUATION

Psychosocial services will support people in seeking solutions and various communities in taking care of their members. The strategy focuses on people’s autonomy and the solidarity among communities in the belief that initiative, cooperative self-help and mutual support will contribute to lessening the pandemic’s impact.

In terms of the means to be used, psychosocial workers will adopt a variety of approaches: *regular interventions* (personal, family and group crises, respite measures, etc.), *interventions specific to the pandemic* (information sessions, activities promoting social solidarity, etc.), *remote interventions* (Info-santé and Info-social telephone services, Internet forums, etc.) and *self-assessment / self-help*, with tools that are easy to understand and use.

STRATEGY NO. 17:
PROVIDE THE POPULATION AND PARTNERS WITH ADVICE

The advisory aspect of psychosocial activities will inform and raise awareness among partners about the psychosocial impacts of their decisions and actions, inform the population about self-evaluation and self-help, and foster social mobilization and solidarity among citizens.

SECTION FOUR: PROVIDE CLEAR, PERTINENT AND MOBILIZING INFORMATION (COMMUNICATION)

STRATEGY NO. 18: ENSURE HEALTH AND SOCIAL SERVICES NETWORK RESOURCES AND PARTNERS ARE WELL INFORMED

A lack of information inevitably leads to rumours, interpretation and misinformation. As such, it will be important to ensure that network workers share the same vision, have information that is relevant to their contribution and develop the confidence to deal with the influenza pandemic. The *Plan* promotes the idea of *information relayers* among network personnel. This strategy will help effectively reach tens of thousands of people in the network, disseminate a coherent message, involve managers and their teams throughout the entire process, obtain rapid feedback, and adjust to local communication realities.

STRATEGY NO. 19: INFORM THE POPULATION AND RAISE AWARENESS

Information and awareness activities will provide the population with facts and basic information on the progress of preparations, the reasons for preparing for the pandemic and how to do so. The preparation phase is crucial: the population will cooperate more readily during a pandemic if it has been adequately prepared to deal with such an eventuality.

STRATEGY NO. 20: MOBILIZE THE NETWORKS

Mobilizing the networks will also be essential. This will occur on three levels:

1. the mobilization of network authorities including the network's health and social services agencies, establishments and personnel;
2. the mobilization of other government departments and networks (elected officials, for example) that will need to address their own client groups;
3. the mobilization of major medical and employer associations, labour unions, members of professional orders, community resources and other groups in society.

STRATEGY NO. 21: CREATE COMMUNICATION INFRASTRUCTURES DEDICATED TO THE FIGHT AGAINST THE INFLUENZA PANDEMIC

Two infrastructures created specifically for the fight against the pandemic will be put in place to meet communication needs: a *Strategic communications coordination unit* and a *Communications operations centre*.

The *Strategic communications coordination unit* will maintain an ongoing exchange of information with government authorities, regional and local bodies, and network partners.

The *Communication operations centre* will prepare information campaigns and meet the need for information on the influenza pandemic. As soon as the emergency level warrants it, the centre will operate 24 hours a day, seven days a week.

SECTION FIVE: KEEP THE NETWORK WORKING (MAINTAINING SERVICES)

STRATEGY NO. 22: MANAGE WORKER MOVEMENT

In the face of a personnel shortage, the *Plan* provides for workers to be added in network establishments and private clinics as well as at non-traditional healthcare sites, and takes into consideration the additional resources required to carry out mass vaccination. Working with the Ministère, agencies and professional orders, each establishment in the network will draw up a list of alternate human resources in all categories, meaning people who are willing to support regular personnel during an influenza pandemic.

These volunteer resources are former network employees (retired or active), public service and agency employees, recent graduates, students and personnel working outside the network. Under the *Plan*, the working conditions of these resources will be similar to those of regular network employees.

Volunteers will also be called upon to perform tasks that do not require healthcare or social services training including, among other things, greeting and directing people, and doing manual work.

STRATEGY NO. 23: MANAGE THE PROCUREMENT OF DRUGS, SUPPLIES AND EQUIPMENT

The strategy for procuring the drugs, equipment and supplies needed to deal with the influenza pandemic calls for drawing up a formal list of essential products based on *critical* and *non-critical* classification, supplier agreements, and stockpiling crucial products that will be needed throughout the entire influenza pandemic.

Critical products will be distributed according to the population being served, but also, in the case of antiviral drugs and influenza virus vaccines, according to the number of people in each region who are part of priority groups. If there is a shortage, special security measures will be put in place to protect the storage and distribution of vaccines and antivirals.

STRATEGY NO. 24: USE RELIABLE INFORMATION RESOURCES

In order to quickly deliver data collection applications, the Ministère plans to adapt existing RTSS (*Réseau de télécommunications sociosanitaire*) systems. Since needs will undoubtedly evolve in line with the epidemiological situation and threat level associated with the pandemic, information resources will be developed using open-ended applications.

Efforts will focus on three areas: access to the telecommunications network (RTSS), the implementation of operations support tools and the implementation of decision-making support tools.

CONCLUSION

Influenza pandemics are a recurring event, and the risk of a fresh episode is on our doorstep. Through its preparations, the government is working to reduce the potential impact of this phenomenon, even though its onset and extent cannot be determined with certainty. All plans are therefore works in progress. In dealing with a virulent infection and handling a large number of infected people, the health and social services network must be ready to provide the population with the healthcare and psychosocial assistance expected. That is the very aim of the *Québec Pandemic Influenza Plan—Health Mission*.

Québec, March, 2006