

STAFF REPORT INFORMATION ONLY

Pandemic Influenza Preparedness Update

| Date: | May 5, 2008 |
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| To: | Board of Health |
| From: | Medical Officer of Health |
| Wards: | All |
| Reference Number: | |

SUMMARY

The report provides updated information on the epidemiology of influenza and outlines the progress Toronto Public Health has made in its preparedness activities since the last report to the Board of Health.

Financial Impact

There are no financial implications arising form this report.

DECISION HISTORY

At its meeting of April 25, 26 & 27, 2006, Toronto City Council endorsed the Toronto Pandemic Influenza Plan. A revised version of the plan, now titled the Toronto Public Health Plan for an Influenza Pandemic, was received by the Board of Health at its meeting of October 15, 2007. The Board of Health has requested that the Medical Officer of Health provide monthly verbal updates and quarterly written reports on the status of preparedness for an influenza pandemic. This is the second quarterly report for 2008.

ISSUE BACKGROUND

Influenza is a highly contagious respiratory illness caused by a virus which is constantly changing. An influenza pandemic occurs when there is an abrupt and major change in the protein structure of the Influenza A virus, resulting in a new subtype. Since people have little or no immunity to this new strain, it can spread quickly causing outbreaks. When outbreaks occur worldwide the event is called a pandemic. The exact nature of the next pandemic virus and illness will not be known until it emerges. Influenza pandemics tend to occur in two or three waves over a period of months to a year or more. An effective vaccine would likely take four to six months to become available. Because health care

services in Toronto are currently working at or near capacity, a severe pandemic could overwhelm the health system.

A strain of avian influenza known as H5N1 has been spreading in bird populations globally. To date, there is no evidence that this virus has the ability to spread efficiently from person to person.

Toronto Public Health (TPH) is the lead health agency for pandemic influenza planning, preparedness and response in the City of Toronto. Local planning is based on the most recent Canadian Pandemic Influenza Plan (CPIP) (released in December 2006) and Ontario Health Plan for an Influenza Pandemic (OHPIP) (released in July 2007).

TPH is responsible for the local planning and delivery of disease surveillance and reporting, health risk assessment and communications, public health measures such as case and contact investigation and management, liaison with hospitals and other agencies, the distribution and administration of antiviral medication and vaccine, supporting Toronto Emergency Management Program Committee (TEMPC) operations at the Toronto Emergency Operations Centre, and ensuring psychosocial supports. In addition, the Ministry of Health and Long-Term Care (MOHLTC) has directed TPH to lead the planning of influenza assessment, treatment and referral centres - to be known as community flu centres - and play a coordinating role in the broader health care sector in the city.

COMMENTS

A) Surveillance Update

The World Health Organization (WHO) pandemic alert phase remains at Phase 3. This means that there are cases of human infection(s) with a new subtype, but no human-to-human spread or at most, rare instances of spread to a close contact. There is currently no pandemic or highly pathogenic H5N1 avian influenza in North America.

Human Cases

As of April 17, the WHO reports a total of 30 cases of H5N1 avian influenza for 2008. To date, the WHO has confirmed human infection in fourteen countries. Of the 2008 cases the median age is 23 years (range: 1.8 to 44 years) and the majority are male. All confirmed cases with known exposures in 2008 are believed to have acquired their infection following contact with diseased birds. The case fatality rate in 2008 for confirmed cases is 76.6% to-date.

Animal Cases

From January 2003 to January 2008, a total of 61 countries have identified highly pathogenic H5N1 infection in domestic and/or wild birds. There have been no cases identified in Canada.

B) Update on TPH & City of Toronto Planning & Preparedness

The progress achieved in planning and preparedness is summarized in Attachment 1, grouped under headings which reflect TPH core activities related to pandemic influenza:

- 1. TPH internal planning and preparedness.
- 2. City of Toronto planning and preparedness.
- 3. Linkages with the health care system.

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SIGNATURE

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ATTACHMENTS

Attachment 1: Pandemic Influenza Planning Status (April 24, 2008)