

STAFF REPORT INFORMATION ONLY

H1N1 Update

Date:	December 1, 2009
To:	Advisory Committee on Long-Term Care Homes and Services
From:	General Manager, Long-Term Care Homes and Services
Wards:	All Wards
Reference Number:	

SUMMARY

On November 3, 2009, the Long-Term Care Homes and Services Division began holding on-site H1N1 vaccination clinics for staff, in the ten (10) homes and at Metro Hall. In total, the division held over 100 hours of staff vaccination clinics. These clinics allowed homes' and community programs' staff to access their priority sequence to the H1N1 vaccine Arepanrix without the long line-ups encountered at many Toronto Public Health (TPH) clinics throughout the city. The H1N1 staff vaccination clinics were staffed by paramedics from Toronto Emergency Medical Services (EMS) along with a St. Elizabeth's Health Care nurse and the Infection Prevention and Control (IPAC) Nurse Manager in each home. The final worksite clinic was held November 27, 2009. At this time, the homes' staff vaccination rate for pH1N1 is on average 60 percent.

Staff were reminded of the importance of receiving the H1N1 influenza vaccination. Influenza remains one of the most serious illnesses that can affect seniors with compromised health conditions. Infection control specialists are clear that the best way to offer protection from serious complications of the flu for individuals, their families and the division's residents and clients is through immunization. The H1N1 flu virus that has emerged this year is no different, in that those with compromised health conditions are more at risk of complications from the H1N1 flu.

On November 10th, the Province announced the release of H1N1 vaccine for seniors over 65 years of age living in long-term care homes. Based on date of receipt of the vaccine in the various homes (November 23rd to 27th timeframe), resident vaccinations were staggered across the division. All homes have started to vaccinate residents, and will continue to do so until all residents providing consent have received their vaccination.

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Financial Impact

There are no financial implications arising from this report outside of the approved 2009 operating budget.

COMMENTS

Pandemic H1N1 influenza is believed to have been circulating in Toronto in the second wave, since approximately the first week of October 2009. TPH officials have indicated that from an epidemiological perspective, they think that the second wave peaked the week of November 2, 2009. This is based on declining absenteeism rates from schools and emergency rooms.

The Long-Term Care Homes and Services Division has a comprehensive Pandemic Plan, which has been in place since August 2008 and is reviewed and updated as required. The plan includes an ongoing requirement for N-95 mask fit testing for staff every two years. The homes maintain compliance with fit testing at over 80 percent of staff at any given time. As part of our pandemic stockpile, the division maintains an eight (8) week supply of N-95 masks.

Management in the various homes and community programs continue to be on heightened vigilance and monitoring for Influenza like Illness (ILI) amongst residents, clients, families, staff, volunteers and visitors.

As we complete the end of the second wave of the H1N1, it is important to note that the divisional pandemic plan has been enhanced based on the changing scientific evidence of the H1N1 experience. Revisions to the pandemic plan will continue to be reviewed by the various Joint Health and Safety Committees (JHSC) and IPAC Nurse Managers to ensure that safety requirements are addressed.

H1N1 has caused frequent illness in Toronto since it first appeared in April 2009. Fortunately, the severity of illness has been limited and mortality has been relatively uncommon. As the virus continues to circulate in Toronto, during a second wave of infection, the division has worked to ensure that staff and residents have ease of access to vaccination and that the division has a comprehensive plan to continue operations.

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SIGNATURE

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