



# Pandemic Influenza Plan

January 2011

## **FOREWORD**

The Durham Region Health Department Pandemic Influenza Plan (DRHDPIP) outlines the actions to be carried out by the Durham Region Health Department (DRHD) as the lead in managing the response to a pandemic, in coordination with the Regional Emergency Management Office and other Regional Departments. The plan also sets out the linkages with local area municipalities, health care facilities and agencies in the Region for coordination of response.

For other Regional departments and local municipalities, procedures and checklists involving a response to an influenza pandemic should be based upon the Durham Region Pandemic Influenza Plan, which is part of the Region's emergency plans and is a supporting document to the Health Department plan. The regional plan is administered by the Durham Emergency Management Office (DEMO).

Holders of the plan are responsible for keeping it current by incorporating any amendments that may be issued in the future.

This plan was written by the Durham Region Health Department Pandemic Influenza Planning Committee under the authority of the Medical Officer of Health. Comments or suggestions relating to this plan should be directed to:

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# DURHAM REGION HEALTH DEPARTMENT PANDEMIC INFLUENZA PLAN

## 1.0 GENERAL

### 1.1 Background

1.1.1 Influenza is caused by two groups of viruses, namely Influenza A and B. The incubation period is usually one to three days and the disease is communicable from one day prior to onset of symptoms to five days after (seven days in children). Transmission is generally via droplet from respiratory secretions at a short distance (<2m). The other possible mechanism of transmission is by direct contact with contaminated surfaces. Influenza viruses are unique in their ability to cause sudden illness in all age groups on a global scale. Influenza is usually limited to the winter months in temperate climates (October – April) but does circulate year-round in tropical climates. Epidemic influenza occurs approximately every one to three years and is confined to a region or country. An outbreak on a world-wide scale of a new strain of influenza that is capable of causing serious illness is called a pandemic. There have been three pandemics in the last century, with the worst being the 1918-19 “Spanish flu” that caused over 20 million deaths worldwide and 549,000 deaths in the USA.

In April of 2009, the Public Health Agency of Canada (PHAC) issued alerts concerning clusters of individuals in Mexico with severe respiratory illness (SRI). Further investigations identified that a new strain of an influenza virus was circulating causing illness in Mexico and the United States as early as March 2009. The virus quickly spread to the rest of North America, South America and Europe. The World Health Organization (WHO) identified this new influenza virus as pandemic influenza A (pH1N1) 2009. On June 11, 2009, the WHO raised the pandemic alert to level six, recognizing that a global influenza pandemic was underway – the first pandemic of the 21<sup>st</sup> century. By the end of 2009, more than 200 countries world-wide had laboratory confirmed cases of pH1N1. From a more local perspective, Durham Region was one of the first health units in Ontario to identify a case of pH1N1 in mid April 2009, involving a traveler to Mexico. Within a few weeks, sustained community spread was evident. Ontario experienced two waves of pH1N1 activity in 2009, the first wave in early spring/early summer and the second wave in the fall. Certain areas were relatively spared during the first wave, but were more severely affected in the second wave. Overall, this pandemic was

much more moderate in terms of severe outcomes and societal disruption than was anticipated in our pandemic plan.

It is still unknown when the next influenza pandemic will occur. The vulnerability of the world to pandemic illnesses has been highlighted by the recent outbreak of pH1N1, causing severe respiratory illness on a world-wide scale. The potential for this or other novel illnesses in the future is ever present. The timing and pattern of the next influenza pandemic is unpredictable but a short lead time is likely. It has been estimated that the first peak in illness will occur two to four months after the virus arrives in Canada and the peak in mortality would occur one month later. Outbreaks will occur simultaneously and millions of people in Canada could become ill with the disease. Estimates of deaths range from 4,000 to 180,000 in Canada and therefore, the social impact could be devastating. During an outbreak, both material and human resources can become scarce. In Britain, during the 1957-58 (“Asian flu”) pandemic peak, there was a 20% absenteeism in the general population; one third of the health care staff for hospitals was absent. Historically, in pandemic influenza the highest attack rates occur in those <65 years representing the majority of health care workers and the general workforce, which is in contrast to the usual influenza season.<sup>1</sup> Therefore, there will likely be difficulties with human, as well as material, resources. In order to help coordinate the response, preparedness plans now exist at multiple levels including the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Health Canada, and the Ontario Ministry of Health and Long-Term Care (MOHLTC).

## **1.2 Goals**

1.2.1 The aim of this plan is to ensure that Durham Region Health Department (DRHD) is prepared to effectively respond to an influenza pandemic in Durham Region.

## **1.3 Objectives**

1.3.1 The objectives of the pandemic influenza plan are to:

- Minimize sickness and death from influenza illness.
- Minimize the social and economic impact of a pandemic in Durham Region.
- Implement an effective surveillance program at all phases of the pandemic.
- Implement public health measures as required by the MOHLTC.

- Implement vaccination dissemination and administration as soon as possible in compliance with the MOHLTC.
- Assist with the coordination of antiviral distribution to designated priority groups as per the MOHLTC.
- Ensure security of vaccine and anti-virals when in possession of the DRHD.
- Provide timely, credible information to health care professionals, the public and the media.
- Ensure maintenance of essential DRHD programs and services.
- Effectively manage anticipated reductions in DRHD staff.

## 1.4 **Scope**

- 1.4.1 This plan outlines the coordinated public health actions to be taken for the protection of the life and health of the residents of Durham Region in the event of an influenza pandemic outbreak.
- 1.4.2 This plan applies to the Durham Region Health Department.
- 1.4.3 Local area municipalities, school boards, health care institutions, and other organizations and agencies are encouraged to utilize this document in the preparation and coordination of their contingency plans with Durham Region. These plans should be reviewed and revised as required to complement this plan.
- 1.4.4 This plan is intended to coordinate with the Provincial and Federal plans. Hence, where these plans are still in progress (e.g., antiviral strategy), assumptions for DRHD plan have been developed wherever feasible.

## 1.5 **Legal Powers**

- 1.5.1 The Medical Officer of Health (and Associate Medical Officer of Health), under the Health Protection and Promotion Act (HPPA), R.S.O. 1990, have the authority to control communicable diseases including influenza and respiratory outbreaks in institutions and the power to identify, reduce or eliminate health hazards. Under the HPPA, Public Health Inspectors also have the authority to identify, reduce or eliminate health hazards.
- 1.5.2 The Regional Chair, as Head of Council, under the *Emergency Management and Civil Protection Act, R.S.O. 1990*, may declare that an emergency exists in the Region, or any part thereof, and may take action and make orders as he considers necessary to protect the property and the health, safety and welfare of the citizens.

## **2.0 REGIONAL PLANNING BASIS**

### **2.1 Regional Risk Assessment**

2.1.1 To understand the magnitude of the problem and to develop contingency plans, estimates on the potential impact of an influenza pandemic are required. No one can accurately predict when the next pandemic will occur, nor can they accurately forecast who will become ill and suffer adverse health outcomes. However, the Centers for Disease Control and Prevention (CDC) in Atlanta have developed a computer program to estimate impacts. These estimates are found in Annex A.

### **2.2 Regional Planning Basis**

2.2.1 An influenza pandemic will affect all of Durham Region and Ontario. For planning purposes, the worst case scenario must be used.

2.2.2 Little or no direct assistance will be able to be provided by neighbouring jurisdictions, or higher levels of government.

2.2.3 DRHD must plan to respond to an influenza pandemic using its own resources, supplemented by material resources that may be made available as per the MOHLTC's pandemic plan (e.g., clinic supplies).

2.2.4 The Durham Region Health Department Pandemic Influenza Plan (DRHDPIP) outlines the Health Department's response to and coordinates with the Durham Region's Pandemic Influenza Plan (DRPIP).

### **2.3 Regional Planning Assumptions**

2.3.1 The following are the planning assumptions that will apply to all pandemic influenza planning in the Region:

- Ontario will have a lead time of at most three months, possibly less, from the time a pandemic is first declared by the World Health Organization (WHO) to when it spreads to the province.
- Pandemic influenza usually spreads in two or more waves. A second wave could occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. The length of each wave is approximately six to eight weeks.

- Attack rate (significantly clinically ill – i.e., off work for  $\geq \frac{1}{2}$  day) is approximately 35%.
- A vaccine will not be available for at least four months after the virus is identified and will likely not be available for the first wave.
- Once available, the vaccine will be in short supply and high demand.
- The federal and provincial governments will stockpile antivirals.
- Because Ontario will not have a large enough initial supply of vaccine to immunize everyone, the province may set priorities for who receives limited vaccine and antiviral drugs after consideration of the national policy.
- The availability of health care workers during the pandemic could be reduced by up to one-third and the health care system will have to supplement existing resources through a variety of mechanisms.
- Non-life threatening health services will be significantly curtailed, consolidated or suspended completely.
- The pandemic will impact the provision of priority services by the Regional Municipality of Durham.

## **2.4 Concept of Operations**

- 2.4.1 Refer to the Durham Region Pandemic Influenza Plan for the current structure.
- 2.4.2 In Durham Region, the Medical Officer of Health (MOH) has the overall responsibility for directing the public health response to an influenza pandemic. The MOH will direct health operations from the Health Operations Centre (HOC).
- 2.4.3 Based on the projected effect on Durham Region, the Chair, on the advice of the Medical Officer of Health or as directed by the Province, will declare a Regional emergency under the *Emergency Management and Civil Protection Act* and fully activate the Regional Emergency Operations Centre (REOC).
- 2.4.4 The Medical Officer of Health will implement public health measures and manage the health response to the outbreak. The role of the other Regional departments will be to support the Health Department efforts and to maintain essential services in the Region. Coordination for support to the Health Department and the maintenance of essential services will take place in the REOC.
- 2.4.5 All Municipal Emergency Operations Centres (MEOC) as well as operations centres in Regional departments will be activated.

2.4.6 A provincial emergency will likely be declared before the strain of influenza appears in Ontario. In Ontario, the overall response will be managed from the Provincial Emergency Operations Centre (PEOC) with the MOHLTC providing command and control services for the health care sector.

## **2.5 Priority Programs and Services**

2.5.1 During a pandemic, DRHD may have to scale back some other programs and services in order to meet influenza-related needs. The DRHDPIP will include a resource reallocation and redeployment of staff. The Department maintains a list of priority programs and services (excluding Emergency Medical Services). The adjustment of services provided will take into consideration the phase and severity of the pandemic. This has been used by the DRHD to define the scaling up and down of Health Department programs and services and will be used for pandemic planning purposes.

2.5.2 Emergency Medical Services (EMS) is an essential service.

2.5.3 Within the Regional organizational structure, outside the Health Department, priority services include:

- Durham Regional Police Services – crime prevention, crime investigation, traffic operations, 911 system.
- Works Department – water, sewer, traffic signal control, road maintenance (depending on the situation), facilities (HVAC systems, life safety systems), fleet maintenance (EMS, Works).
- Social Services – homes for the aged, financial assistance to persons in need, assistance to developmentally handicapped adults, cheque processing and distribution, reception centre (nuclear emergency), evacuee centres (nuclear or non-nuclear).
- Regional Emergency Management Structure – staff of the Regional Control Group and for the Regional Emergency Operations Centre, staff for the Social Services and Works operations centres.

2.5.4 Outside the Regional organizational structure:

- It is recognized that the Health Department will need to partner with organizations outside of the Health Department organizational structure. These would include, for example, acute care hospitals, long-term care facilities and other community health care providers.

## 3.0 HEALTH PLAN IMPLEMENTATION

### 3.1 Pandemic Phases

3.1.1 The Health Department has organized its pandemic influenza plan to be consistent with the current WHO 2005 pandemic phases:

- **Phase 1:** Interpandemic Period – No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
- **Phase 2:** Interpandemic Period – No new influenza subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
- **Phase 3:** Pandemic Alert Period – Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
- **Phase 4:** Pandemic Alert Period – Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
- **Phase 5:** Pandemic Alert Period – Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
- **Phase 6:** Pandemic Period – Increased and sustained transmission in general population.
- **Postpandemic Period** – Return to Interpandemic Period.

3.1.2 To help guide pandemic planning and response in Canada, the Public Health Agency of Canada (PHAC) has developed a numbering system to reflect pandemic influenza activity in Canada:

- 0 indicates no activity in Canada.
- 1 indicates low activity and low risk in Canada.
- 2 indicates higher activity and risk in Canada.

The PHAC activity level number will be used with the WHO phase number to confirm the level of pandemic activity in Canada.

### 3.2 Notification Procedures

- 3.2.1 The MOH or designate will be responsible for determining the pandemic phase of Durham Region and will notify internal and external stakeholders.
- 3.2.2 Sources of information to be used in deciding the pandemic phase include:
- WHO surveillance data.
  - Health Canada/Public Health Agency of Canada surveillance data (i.e., FluWatch).
  - MOHLTC surveillance data.
  - Local surveillance data.

### **3.3 Response Actions**

- 3.3.1 Detailed operational plans have been developed for each WHO Phase and are described in the following Annexes:
- Surveillance (Annex D).
  - Antivirals and Vaccine (Annex E).
  - Communications (Annex F).
  - Public Health Measures (Annex G).
  - Health Department Operations (Annex H).
  - Assessment Centre Operations (Annex I).

Briefly, the response actions are outlined below for each phase:

#### *Interpandemic Period – Phases 1-2*

- The Health Department will participate in routine influenza programs and services as mandated by the MOHLTC including:
  - Universal influenza immunization program.
  - Influenza surveillance using:
    - Respiratory disease outbreaks in institutions investigations.
    - Community outbreak investigations, including school absenteeism /day nursery absenteeism.
    - Sporadic influenza case investigations.
    - Febrile respiratory illness/severe respiratory illness (FRI/SRI) investigations.
  - Public and health care professional communications/ education about the influenza season and infection prevention and control (e.g., handwashing).
- Health Department staff will monitor the epidemiology of influenza from their normal workplaces.
- The DRHDIIP will be reviewed and updated at least annually.

- All staff will be trained on the DRHDPIP.
- Key stakeholders will be made aware of the plan.
- Health Department will maintain and update as required a pandemic influenza web page with the current DRHDPIP, influenza information and resource links.

#### *Pandemic Alert Period – Phases 3-4*

- Same as Interpandemic Period Phases 1-2, plus:
  - Meeting of the DR Pandemic Influenza Planning Committee to update plans and procedures at each increase in Phase and/or at least quarterly (e.g., staffing numbers, contact numbers, etc.).
  - Enhanced surveillance of worldwide situation.
  - Identification of priority groups as necessary for allocating antivirals and/or vaccines.
  - Enhanced communications.
  - Review of vaccine and antiviral status.

#### *Pandemic Alert Period – Phase 5*

- Same as Pandemic Alert Period Phases 3-4, plus:
  - Review plans for vaccine and antiviral storage, distribution, and administration.
  - Update staff on pandemic plans and procedures.

#### *Pandemic Period – Phase 6 (not in North America): Partial Activation*

- Same as Pandemic Alert Period Phase 5, plus:
  - Enhance local surveillance.
  - Enhance local communications.
  - Review public health measures with health care stakeholders as appropriate.
  - Monitor vaccine progress (earlier Phase if appropriate).
  - Monitor provincial and federal antiviral dissemination plans.
  - Review vaccine/antiviral distribution plans.
  - Update medical directives (earlier Phase if appropriate).
  - Confirm locations for vaccine/antiviral administration.
  - Coordinate with police for vaccine/antiviral security.
  - Partial activation of the HOC.
  - Partial activation of the REOC (as per DEMO).

#### *Pandemic Period – Phase 6 (in North America): Full Activation*

- Same as Pandemic Period Phase 6: Partial Activation, plus:
  - Full activation of annexes for appropriate phase.
  - Full activation of the HOC.
  - Full activation of the REOC (as per DEMO).

- Enhanced surveillance implemented (as per MOHLTC requirements).
- MOH will advise the Regional Chair regarding the status of an emergency in the Region in accordance with the *Emergency Management and Civil Protection Act*.

Postpandemic Period

- Return to appropriate Interpandemic Period phases.

### **3.4 Declaration of a Regional Emergency**

3.4.1 As the virus spreads and essential services are threatened, it is the responsibility of the Regional Chair to consider the declaration of an emergency for Durham Region. The timing is flexible and will depend on the effects to essential services. Advice on the timing of the declaration of a Regional Emergency will be provided to the Chair by the MOH.

3.4.2 The provincial government may also declare a provincial emergency.

### **3.5 Surveillance**

3.5.1 A regional influenza surveillance and monitoring system will:

- Review and update case definitions as per Public Health Agency of Canada and the MOHLTC.
- Detect the entry and escalation of an influenza pandemic in Durham Region.
- Continue to track the spread of the influenza virus through the community, after initial detection.
- Confirm resolution of activity and monitor for recurrence of activity in the Durham Region.

3.5.2 The Health Department will focus on clinical surveillance of influenza-like illness in order to detect the arrival of influenza promptly and to provide timely information on influenza activity locally. The surveillance system may include:

- Sentinel Physician Reporting.
- Sentinel School and Day Nursery Reporting.
- Sentinel Workplace Reporting.
- Hospital/Urgent Care/Medical Clinic Reporting.
- University/College Health Centre Reporting.
- Sentinel Emergency Room Reporting.
- Febrile respiratory illness admissions.

- All cause mortality in hospitals.
- ILI/Respiratory Reporting from Emergency Medical Services Call Database.
- Long-Term Care Facility Statistics and Reporting.
- Community Case Reports.
- Social/economic impact assessment.
- Encourage stakeholders to develop and maintain a database for healthy recovered and skill set/occupation (potential human resource).
- Encourage other information gathering systems (Federal and Provincial) such as vaccine efficacy and provincially mandated local primary care providers and emergency department ILI activity reporting system.
- Other data collection systems will be investigated (i.e., TeleHealth Ontario).
- Flu Centre/Assessment Clinic Reporting.

3.5.3 The surveillance program will be flexible and scalable so that routine surveillance can be expanded quickly with the arrival of the influenza virus in the Region. The surveillance plan has three phases: Interpandemic Period, Pandemic Response Period and the Postpandemic Period.

3.5.4 The Provincial and Federal Pandemic Influenza Plans will be coordinating laboratory services which potentially will include:

- Viral culture, PCR testing, antigen testing and serology results.
- Antiviral resistance and antimicrobial resistance trends (i.e., risk of secondary infections).

### **3.6 Antivirals and Vaccines**

3.6.1 In the event of a public health emergency such as a widespread outbreak of a pandemic influenza, it may be necessary to rapidly provide vaccines or other preventative medications such as, antivirals, to a large number of people.

3.6.2 Under the guidelines and recommendations of the WHO, and the MOHLTC, the goals are to protect the population of Durham Region by providing safe, effective emergency mass immunization /preventative supplies, if needed, to appropriate priority groups as quickly as possible; thereby reducing serious illness and overall deaths.

3.6.3 Under the guidelines of the OHPIP, the Influenza Clinics Procedure Manual outlines the actions to be carried out by Durham Region

Health Department for the distribution and administration of vaccines; in order to prepare and respond to an influenza pandemic in Durham Region.

3.6.4 The Influenza Clinics Procedure Manual contains the written procedures for the receipt, transport, storage, delivery, distribution and administration of influenza vaccines in the event of an influenza pandemic. The manual also includes the arrangements for monitoring the safety, privacy and effectiveness of the program and to maintain the reporting requirements as requested by the MOHLTC.

3.6.5 Currently, the MOHLTC is revising the Antiviral plan under the OHPIP.

### **3.7 Communications**

3.7.1 The MOH will provide up-to-date health information and advice to the health care stakeholders, the media and the public in a timely manner.

3.7.2 Communications planning and operations for a pandemic comprise the following components:

- Target audiences and channels of communication defined.
- Public information/public directives.
- Media plan.
- Public inquiry.
- Rumour control.
- Staff information.
- Presentations and resource materials.
- Health/medical information to the health care community.
- Web page links to information.
- Coordination with other local health units.

### **3.8 Public Health Measures**

3.8.1 In addition to the use of antivirals and vaccines to combat the spread of the pandemic virus, other infection prevention and control measures must be implemented.

3.8.2 At the onset of a pandemic, procedures or guidelines will be reviewed and circulated to groups who will have a key role in the prevention of the spread of the virus.

3.8.3 Procedures must be in place for the following:

- Guidelines for hospitals and long-term care facilities with respect to infection prevention and control during a pandemic.
- Procedures for other health care workers (i.e., doctors, clinics, laboratories).
- Procedures for schools, workplaces, day nurseries, places of public assembly.

3.8.4 The MOH will distribute the above procedures when available from the MOHLTC.

3.8.5 As the effects of the pandemic progress in the Region, in coordination with the CMOH, the MOH may consider the imposition of precautionary or protective measures including:

- Closing schools and day nurseries.
- Banning public events such as sports/cultural gatherings.
- Closing public centres such as recreation complexes,
- Closing cinemas, theatres, and bars.
- Reducing personnel at workplaces to critical process staff.
- Closing work places.
- Where appropriate, consultation with the Regional Emergency Operation Center (REOC) will occur.

### **3.9 Health Department Operations**

3.9.1 The Health Department Operations includes the following areas:

- Plans for DRHD service continuity.
- Identification of core critical services.
- Prioritization of core critical services.
- Plans for re-allocation of staff to support pandemic response.
- Identification of areas of surge capacity potential during a pandemic.
- Identification of support for areas dealing with surge capacity.
- Identification of impact on service delivery based upon varying levels of staff absenteeism.

### **3.10 Emergency Mortuary Arrangements**

3.10.1 DRHD will maintain an up-to-date list of all funeral homes in Durham Region. When directed, a reporting system will be established with the funeral homes. This reporting system will ensure that Durham Region can track the effectiveness of the funeral homes in meeting any increased requirements.

### **3.11 Natural Death Surge Planning Strategy**

3.11.1 DRHD will assist in developing appropriate local strategies for dealing with the expected surge in natural deaths during an influenza pandemic. The Office of the Chief Coroner will be expected to provide guidance and advice with local planning efforts and discussion at the local level will include the Regional Supervising Coroner, local funeral service providers, cemetery and crematoria operators who will play key roles in the efficient short-term storage, handling, and disposition of remains.

### **3.12 Assessment Centre Operations**

3.12.1 As per direction from the MOHLTC and the 2008 OHPIP, primary health care services is to be the first line of medical care during a pandemic; however, if the health care system became overwhelmed a community Flu Assessment Centre (FAC) is to be planned. The purpose of a FAC is to provide residents access to assessment, diagnosis, and treatment of influenza-like illness (ILI). Referral to other services (hospital/home care); provide access to self care information, supportive care advice to ease symptoms and distribution of antivirals may also be available at an FAC.

3.12.2 During the 2009 H1N1 Pandemic, the DRHD collaborated with community stakeholders including hospitals, exploring the options of a community FAC. It was decided by all involved stakeholders that the establishment of emergency room diversion plans to assist in providing medical care in Durham Region would be implemented during current and future infectious disease outbreaks/pandemics as necessary.

3.12.3 Currently, the MOHLTC is revising the Assessment Centre Annex under the OHPIP to evaluate the need for Assessment Centres in the future.

## List of Acronyms

AMOH	Associate Medical Officer of Health
AVE	Adverse Vaccine Events
BIOS	Bioinventory System
CCAC	Community Care Access Centres
CDC	Centre for Disease Control (Atlanta, USA)
CPIP	Canadian Pandemic Influenza Plan
DEMO	Durham Emergency Measures Office
DRHD	Durham Region Health Department
EMS	Emergency Medical Services
HOC	Health Operations Centre
HCW	Health Care Worker
HPPA	Health Protection and Promotion Act
HR	Human Resources Department
ILI	Influenza-Like Illness
iPHIS	integrated Public Health Information System
LTCF	Long Term Care Facility
MICV	Management and Inventory Control of Vaccine
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
NACI	National Advisory Committee on Immunization
NP	Nasopharyngeal Swabs
OGP	Ontario Government Pharmacy
PEOC	Provincial Emergency Operations Centre
PHN	Public Health Nurse
PIP	Pandemic Influenza Plan
PPE	Personal Protective Equipment
PSA	Public Service Announcement
REOC	Regional Emergency Operations Centre
RDIS	Reportable Disease Information System
SSOC	Social Services Operations Centre
SSS	Sentinel Surveillance System
WHO	World Health Organization