

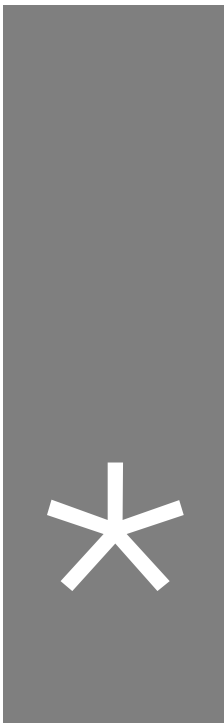


national  
union

report

Canadian  
Pandemic  
Planning

September 2006



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# 1

## What is a Flu Pandemic?

AN EPIDEMIC becomes a pandemic when a disease spreads easily and rapidly through many regions of the world and affects a large portion of the population in the areas to which it spreads.

In the case of flu—the chief type of pandemic of concern—the disease virus spreads like ordinary or seasonal flu, through physical contact with a source, living or inanimate, or through airborne droplets emanating from a living source.

The chief current concern over a possible pandemic is with avian flu, more particularly with strains of avian flu such as the H5N1 or H7N7 viruses. A pandemic is unlikely to break out through direct transmission from birds to humans, though there are a few possible cases of human to human transmission. What is more likely to happen is that humans become co-infected with an avian flu virus and an ordinary flu virus. The former then mutates into a new virulent strain and spreads rapidly into the general population.

The chances of this sort of thing happening cannot easily be calculated. The government view is that a pandemic is inevitable sooner or later and that it is estimated to kill between 11,000 and 58,000 Canadians, with the hospitalization of between 34,000 and 138,000 people. Considering that ordinary flu is responsible for the deaths of about 8,000 Canadians annually, we can see that a pandemic would result in a social and economic disaster for workers, citizens and communities alike. There is an obvious need for preparedness in the form of pandemic planning, including preventive measures, response and recovery, all of which are covered in the Canadian Pandemic Influenza Plan.

# 2

## Separating Fact from Fiction

PANDEMIC FICTION at one extreme consists of a belief that we face the imminent threat of total social loss and breakdown. At the other extreme, there is a belief that the threat is an illusion, foisted on us by drug companies pandering to apocalyptic religion. The real trouble is in between the two. The likelihood of a pandemic within a defined period of years cannot be calculated because the possible sources cannot all be identified in advance. The risk calculations for morbidity (proportion of the population who will become sick) and mortality (deaths) are highly variable and uncertain. This paper will take it that the Canadian government response to the pandemic threat is measured and appropriate in view of the current state of knowledge; the bigger question is whether it is in practice effective and efficacious enough.

A further uncertainty concerns the effectiveness of drug regimes for pandemics, which are of two types: vaccines and antivirals (anti-influenza drugs). A pandemic will likely be caused by a new or unfamiliar virus. Before a vaccine for a

pandemic virus can be developed, the strain has to be identified. It will then take probably four to five months to develop the vaccine and even longer, up to a year, before there is enough vaccine to treat the whole Canadian population. Since pandemics usually come in two or three waves, each lasting two or three months, it is quite likely there will be no vaccine available to meet the first wave. All the more reason for taking measures in advance to prevent the introduction and the spread of a pandemic virus.

Antivirals are used both for prophylaxis (protection against the appearance of symptoms) and treatment (mitigation of the effects of a disease). Governments routinely stockpile such antivirals. The trouble is that we cannot know in advance whether antivirals will be effective against new pandemic strains, nor whether there will be enough to meet the nature and the extent of the pandemic. An example is Tamiflu (oseltamavir) produced by Hoffman-La Roche. The efficacy of Tamiflu has been tested in seasonal prophylactic studies and postexposure studies in households. But the degrees of efficacy indicated, which vary in the studies conducted and which do not of course reach 100%, cannot be extrapolated automatically to a new, unknown pandemic virus. Further, since protection only lasts as long as dosing continues, Tamiflu is unlikely to be able to protect all of the people all of the time.

Oseltamavir was licensed in 1999 for treatment of flu and for prophylaxis in December, 2003. The government has a stockpile of 16 million doses; some provincial and territorial governments may have additional stocks. As will be seen, the priorities accorded to workers differ in the cases of access to vaccines and to antivirals.

# 3

## Canadian Provisions and Programs for Dealing with Pandemics

BECAUSE OF THE constitution and political structure of Canada, pandemic planning is largely a matter of voluntary coordination between the levels of government, from the UN World Health Organization (WHO), through the federal, provincial and territorial governments down to municipal governments and their Chief Medical Officers of Health.

Since we are dealing with a possible national crisis and emergency, it seems regrettable that we do not have a strong central authority to direct both planning and response. The federal government does, however, have some important powers, such as the licensing and procurement of vaccines and antivirals, as well as strong authority over marine, air and ground transport, as well as ports of entry into Canada.

Consultations over the Canadian Pandemic Influenza Plan (CPIP) began in 2002.<sup>(4)</sup> The Plan was produced by the Pandemic

Influenza Committee (PIC), under the auspices of the Public Health Agency of Canada (PHAC). This Committee is essentially an intergovernmental committee with some NGO participation; it reports, directly or indirectly, to federal, provincial and territorial Ministers of Health. The goal of the preparedness and response provisions of the Plan is to minimize serious illness and overall deaths and to minimize societal disruption as a result of a pandemic. The Plan is updated periodically. There is a second project, delegated to the Canadian Public Health Association (CPHA) by the PHAC, *Strengthening Communications Capacity in the Non-Governmental Sector for Pandemic Influenza*. The Canadian Labour Congress is represented on the Steering Committee of the project, which is comprised of labour, business and NGOs. The project is due to report by March 31, 2007. In retrospect, it would have been better for labour to have played an integral part in the CPIP, rather than a supportive role ex post facto in the CPHA project.

Municipal governments have responsibilities under the CPIP. For instance, Medical Officers of Health “should” develop a predetermined and comprehensive strategy for closing and restricting public gatherings, including school closures. Directions to municipal authorities with the force of law would be given (if necessary) under provincial emergency legislation. This example underlines the “voluntary cooperation” aspect of pandemic planning. Public sector unions are advised to see whether provincial pandemic plans conform with the CPIP, whether they are being acted upon and implemented and whether governments are making full and appropriate use of their statutory powers.

Here again, one responsibility of provincial governments is to engage in prior discussion with professional organizations and unions regarding tasks outside routine job

descriptions during a pandemic.<sup>(2)</sup> This is part of the responsibility of provincial governments under CPIP to develop, adopt and regularly update pandemic contingency plans.

The CPIP lays down guidelines as to the allocation of vaccines and antivirals. There is some ambiguity in the CPIP as to whether it is a federal or a federal-provincial-territorial responsibility for the equitable distribution of flu vaccines. Ministers would certainly act on the recommendations of the Pandemic Influenza Committee. There are five Priority Groups for vaccination. Of these, the first priority group comprises workers broadly based in the Health Care and Public Health sectors - about 600,000 workers. The second is a group of about a million essential service providers, including emergency workers, emergency decision makers, utility workers, mortuary/funeral personnel and workers in public transport, plus those engaged in the transportation of essential goods such as food.<sup>(3)</sup>

For antivirals, there are, in order, eight priority groups: (1) hospitalized flu cases; (2) treatment of ill health care and emergency service workers; (3) treatment of high risk persons in the community; (4) prophylaxis of health care workers; (5) control outbreaks among residents in high-risk institutions; (6) prophylaxis of essential service workers; (7) prophylaxis of high-risk hospital patients other than flu cases; and (8) prophylaxis of high-risk persons in the community.<sup>(4)</sup> It has to be emphasized that decisions over the allocation to priority groups of both antivirals and vaccines are made by provincial governments, on the basis not only of the pre-determined schedule but availability, suitability (of antivirals) and emerging epidemiological data once the pandemic has begun. However, the CPIP recommended priority groups for pandemic antiviral use may change as the plan evolves over the coming months. For instance, it may not be necessary to prioritize groups for anti-

viral treatment if Canada is able to stockpile enough doses to cover everyone who may need treatment.

In the schedule, prophylaxis of health and service workers is accorded a relatively low priority. It is possible to change this through negotiation and agreement. For instance, in May 2006, Toronto hospitals agreed to stock enough antivirals to protect all hospital staff in advance against infection. Professionals in the field have acknowledged this will lead to pressure from unions in regard to other hospitals. They have also suggested that the policy over antivirals in the CPIP does not yet reflect a “national consensus strategy”.

One limitation of the CPIP is that it gets weaker as we move further from immediate health concerns to the more general issue of “societal disruption”. There are, for instance, no planning provisions relating to the maintenance of operations or the resumption of business during a pandemic. In the public sector, this would be an obligation to plan for the maintenance of public services during a pandemic. The only mention of such a provision in CPIP is the existence of a plan to maintain pandemic capacity, operations and service in Health Canada. Really, the only proposed safeguard against societal disruption concerns the allocation of vaccines and antivirals.

# 4

## Future Developments

ON JULY 28, 2006 the Council of the Federation, which consists of provincial and territorial premiers, issued a communiqué,<sup>(5)</sup> part of which deals with pandemic preparedness (see Addendum 1).

One impetus for the deliberations was the increased federal funding as a result of the last Liberal government budget. Some of the provisions reinforce the existing programs in the CPIP, in the light of increased funding, such as the working groups on vaccines and antivirals as well as funding for adequate stockpiling of antivirals and other critical supplies.

The premiers evidently recognized the inadequacy of voluntary cooperation, since they called for a Memorandum of Understanding by the end of 2006, formalizing roles and responsibilities and also the effective disbursement of federal funds. The premiers use the phrase “effective command and control”, something that is usually anathema to conserva-

tive governments and usually a code word for dismantling or eviscerating social regulations.

There is also recognition that the existing arrangements to combat societal disruption are inadequate. The premiers committed themselves to “cross-sectoral planning to ensure that essential services, government workforce, and essential supply issues are addressed in the pandemic planning process”. Consultations over “critical infrastructure” will include NGOs and, by implication, labour. The communiqué recognizes that a pandemic will involve cross-border regional issues and calls on the federal government to ensure that the Canada-US border is not closed in the event of a pandemic.

# 5

## Gaps in the Pandemic Planning Program, Next Steps and Further Action

### **Recommendations**

- 1.** It is in the interest of public sector unions to ascertain whether the provincial government's pandemic planning reflects the terms of the CPIP and that it is being fully and effectively adopted.
- 2.** Provisions for communicable diseases in occupational health legislation are generally weak except in the case of British Columbia<sup>(6)</sup> and there are no requirements to engage in pandemic planning. This is particularly important for public sector workers since we aim to provide and maintain a good service to the public as well as to protect the interests of workers. Pandemic planning is a vital issue for unions and we can match the public relations with the reality: we are working in the public interest as well as for workers. We insist on the maintenance of service, whether the workers concerned are in routine government operations, "essential"

or emergency services. The National Union should work to ensure that the continuity of all government operations is a component of pandemic planning. Continuity of employment and services is contingent on a proper plan that fully protects the health and safety of employees.

- 3.** The National Union and its components should monitor and try to ensure that the terms of the Council of the Federation communiqué of July 28, 2006 are implemented over the next year. Labour should be part of the consultations on critical infrastructure promised by the premiers.
- 4.** In its education program, the National Union should consider adding pandemic planning to union education on health issues. This planning should include a bargaining agenda to promote effective planning and protect workers' rights, going beyond regulation, and in areas both inside and outside the CPIP. Since the CPIP gets weaker as it moves from immediate health issues to general societal disruption, the National Union may consider a segment on what the private sector calls the Business Continuity Plan.<sup>(7)</sup> For the public sector, business continuity would mean the maintenance of all types of government services during a pandemic.
- 5.** Components of the National Union should review contract language that deals with health and safety issues around pandemics and communicable diseases and other issues such as the transfer of health care workers across jurisdictions. They should also review the powers of the Chief Public Health Officer with respect to public health emergencies and collective agreements.

## **NOTES**

- (1)** Canadian Pandemic Influenza Plan (CPIP), February 2004, Public Health Agency of Canada website, [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)
- (2)** CPIP, Section 3, Preparedness; Planning and Preparedness Checklists
- (3)** CPIP, Annex D
- (4)** CPIP, Annex E
- (5)** [www.councilofthefederation.ca/pdfs/Communique-July28-ENG.pdf](http://www.councilofthefederation.ca/pdfs/Communique-July28-ENG.pdf)
- (6)** See Canadian Labour Congress, *The Prevention and Control of Communicable Diseases in the Workplace Strategy Paper*, December, 2005. This document, in English and French, has an extensive bibliography of sources for communicable diseases of all sorts.
- (7)** See, e.g., Canadian Manufacturers and Exporters, *Pandemic Backgrounder*, April, 2006, [www.cme-mec.ca](http://www.cme-mec.ca)

## **ADDENDUM #1**

### **Council of the Federation** **COMMUNIQUE**

**ST. JOHN'S, July 28 2006** — At the Council of the Federation meeting, Premiers explored ways to advance key priorities such as post-secondary education and skills training and transportation infrastructure. Premiers also discussed the diverse economic challenges and opportunities facing provinces and territories and focused on issues and initiatives that have an impact on the health and well-being of Canadians.

#### **PANDEMIC PREPAREDNESS**

Premiers believe that pandemic influenza constitutes one of the most serious threats over the next generation and emphasized the importance of being prepared in the event of a major outbreak. Provincial and territorial governments have taken steps to improve their individual preparedness and believe that there are a number of actions that federal, provincial and territorial governments can take together that would improve the country's capacity to respond to a future pandemic. Canadian governments must:

- establish a dedicated national expert group to explore options for vaccine development that can result in the delivery of effective vaccines in the shortest possible time;
- ensure long term funding arrangements for maintenance and replenishment of the stockpile of antivirals, antibiotics and other critical supplies including personal protective equipment, and for vaccine purchase;
- take steps to ensure an adequate supply of antiviral medications;

- develop partnerships between private industry and public research facilities and scientists to support and expedite research and development of innovative technologies to diversify and complement the vaccine and antivirals components for pandemic response;
- ensure that protocols for regional containment of a pandemic are in place, both within Canada, and with neighbouring US states; and,
- complete, by the end of 2006, a Memorandum of Understanding to formalize the roles and responsibilities in pandemic preparedness and response, including funding. This will ensure effective command and control and address issues of communications and coordination in the management of pandemics.

Premiers welcomed the funding for pandemic preparedness announced by the federal government in this year's budget and want to work with the federal government to ensure the most effective use of these funds.

Premiers recognize that pandemic planning is not just a health issue and affirmed their commitment to cross-sectoral planning to ensure that essential services, government workforce, and essential supply issues are addressed in the pandemic planning process.

Premiers noted the importance of ensuring the preparedness and the protection of critical infrastructure essential to health, safety and economic well being. Premiers agreed that provincial/territorial Ministers responsible for Emergency Management will develop, in consultation with private, non-governmental and government organizations in their jurisdictions, a strategic approach to critical infrastructure that improves situational awareness of all hazards, including pan-

demic, through evaluating risk, developing partnerships, and information sharing.

Premiers call on the federal government to work with the U.S. government to ensure that borders remain open should a pandemic occur and that U.S. manufacturers will not embargo the delivery of contracted hospital supplies, particularly essential supplies, during a pandemic.

