



December 11, 2006

Mr. David McGuinty, MP  
House of Commons  
Ottawa, ON K1A 0A6

Dear Mr. McGuinty:

Experts agree that future influenza pandemics are inevitable. The health impact of a pandemic in Canada estimates that between 34,000 and 138,000 people would require hospitalization and between 11,000 and 58,000 people would die in Canada during an influenza pandemic, based on a model cited in Canada's current Pandemic Influenza Plan.

"Are we ready for the next pandemic?" was the question posed at the Canadian Federation of Nurses Unions' November 28<sup>th</sup> MP Breakfast.

Two experts on the topic of pandemic planning gave their opinions: Dr. Eilish Cleary, Manitoba Officer of Health Emergency Preparedness and Response with the Office of the Chief Medical Officer of Health in Manitoba Health and the Manitoba representative on the Canadian Pandemic Influenza Committee; and Dr. Raymond Tellier, a Microbiologist at the Hospital for Sick Children in Toronto and an Associate Professor at the University of Toronto.

Dr. Cleary gave an overview of the differences between annual, avian and pandemic influenza, and components of a response. Dr. Tellier shared evidence he has compiled recently about the airborne transmissibility of the influenza virus, making the case we are not yet ready, particularly in regards to the protection of health care workers during a pandemic.

### **Pandemics 101**

- A pandemic is an epidemic that affects all parts of the world.
- A pandemic influenza will be a new strain of virus, so there is little or no specific immunity in the population, and could potentially cause more severe disease.
- Avian influenza virus is primarily a disease of birds. A small number of humans have contracted the infection from very close contact with sick birds, resulting in severe symptoms and death in over half of the cases. It does not spread easily from person to person. There is global concern that if it were to develop the ability to do so, it could cause a human pandemic.
- Planning assumes that the virus causing an influenza pandemic will have the normal characteristics of human influenza virus. This means that it will be spread from person to person by close contact and that it will be a community spread disease. Once established in a community it tends to spread rapidly, in the home, the work place, at grocery stores, etcetera.

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### **Planning for a Pandemic**

- The impact of an influenza pandemic will not be known until the virus emerges and begins to spread. All people will be equally vulnerable to infection, although not necessarily to severe outcomes. This means that if a pandemic is severe, it could cause societal disruption as a result of up to 25% the workforce being absent from work at the peak of the pandemic.
- In the past, public health measures such as restricting gatherings, closing borders, etcetera, have not been shown to be effective in preventing the spread of influenza. Consideration will be given to those measures which may be useful depending on the epidemiology of the virus at the time of the pandemic. We must be prepared by having structures and mechanisms in place to allow rapid assessment and decision making.
- An effective response plan to a pandemic must primarily ensure that populations are as healthy as possible to begin with, as healthy people and communities have much more resilience to all emergencies, including a pandemic.
- A plan must also enhance our health and public health infrastructure to enable a flexible and effective response. Specific interventions include rapid preparation of a vaccine and vaccination of all Canadians as soon as a vaccine can be developed, which may take several months following the identification of the virus. Any activity which can reduce the lag time in producing a specific vaccine will greatly enhance our ability to minimize serious illness, overall deaths and societal disruption, which is the goal of pandemic planning. Until a vaccine is produced, Canada has a stockpile of antiviral drugs which will be used for treatment of those who become ill.
- The Public Health Agency of Canada is currently undertaking a consultative and scientific review of the infection control recommendations for pandemic influenza.
- Fear will be a significant feature of any infectious disease outbreak. Good leadership and communication will play a vital role in a response. Even a small number of cases could result in personal, professional and even political conflicts. Now is the time to look to the values that we will bring individually and collectively to a health emergency to allow the best possible response on behalf of Canadians and the rest of the world.

### **Protecting Health Care Workers in Case of an Influenza Pandemic**

- A review of scientific literature from the last decades on the aerosol (airborne) transmissibility of an influenza virus in the journal *Emerging Infectious Disease*, November 2006, concludes that aerosol transmission of influenza can be an important mode of transmission.
- Aerosols are readily produced by coughing or sneezing and can infect people not wearing an appropriate personal protective equipment (PPE).
- Surgical masks were designed to protect the patient from infection by the surgeon. Surgical masks do not reliably protect the wearer against aerosols.
- An N-95 respirator, at minimum, has been recommended by the World Health Organization for pandemic avian influenza and in the French, Australian and US pandemic influenza plans; the British pandemic influenza plan also recommends N95 when undertaking aerosolizing procedures.

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- N-95 respirators can be about 5 times more costly than surgical masks, and they require a training and fitting program. But the financial and human cost that would be involved, should a widespread infection of health care workers occur early in the pandemic, would be much higher.

Governments must take pandemic planning seriously. *“Whatever improvements have been made to our capacity to respond to natural or man-made disasters, four and a half years after 9/11, we are still not fully prepared...all people involved, at all levels of government, were trying their best to save lives and ease suffering, their best just wasn’t good enough.”* – The Final Report of the Select Bipartisan Committee to Investigate the Preparation and Response to Hurricane Katrina.

For copies of the speakers’ PowerPoint presentations or the CFNU position paper *“Safety is Not Negotiable”*, please visit [www.cfnu.ca](http://www.cfnu.ca).

Sincerely,



Linda Silas, RN, BScN  
President

CFNU’s next Hot Topic Breakfast is February 6<sup>th</sup>, 2007. The topic is the health of nurses. Is there a hot health issue important to your constituents? Contact Pamela Foster, Director of Campaigns and Communications, at 613-526-4661, x228, or at [pfoster@nursesunions.ca](mailto:pfoster@nursesunions.ca) with your suggestions.