

ANNEX K: COMMUNICATIONS PLANNING - MINISTRY OF HEALTH/BCCDC

INTRODUCTION

An influenza pandemic occurs when a new influenza virus appears that is transmitted from human-to-human and against which humans have no immunity. This can result in several, simultaneous epidemics worldwide with large numbers of illness and death. The World Health Organization (WHO) experts are predicting that with the increase in global travel and goods, and with the increased numbers of people living in urban environments, when a new strain of influenza emerges it will spread rapidly around the globe.

Planning and preparation at all levels – provincial, regional, local and personal – is key to helping deal with and mitigate the effects of a pandemic. However, pandemics pose a unique set of problems, which distinguish them from other types of emergencies:

- it is likely a pandemic will originate outside of North America, and we may have advance warning of its arrival
- outbreaks will occur simultaneously across the country, preventing reallocation of human and other resources from one jurisdiction to another
- a pandemic could last for several months, which sets it apart from other emergencies which may last for several hours or days
- health care workers and other first responders will likely face a higher risk of infection than the general population, reducing response capacity
- widespread illness will increase the likelihood of personnel shortages in other key areas such as police, fire, utility and transportation services

The Province and the BC Centre for Disease Control (BCCDC) has developed the B.C. Pandemic Influenza Preparedness Plan to ensure the province is prepared to deal with this kind of event. Each B.C. ministry, Crown Corporation, Health Authority and local governments is also responsible for planning for a pandemic, with the requirement that their plans be consistent with British Columbia's. All provincial planning underway for pandemic influenza is consistent with the plans of both the World Health Organization (WHO) and the Public Health Agency of Canada (PHAC) Pandemic Plans and principles.

Participants involved in pandemic planning for British Columbia include:

- * Ministry of Health Services
- * Provincial Health Officer
- * British Columbia Centre for Disease
- * Provincial Emergency Program, Ministry of Public Safety and Solicitor General
- * Provincial Health Services Authority
- * Medical Health Officers
- * Public Health Nursing
- * Paramedics/Emergency Physicians
- * Ministry of Employment and Income Assistance
- * BC Coroner Service
- * BC Pharmacists Association

- * Union of BC Municipalities
- * Occupational Health and Safety Agency for Healthcare in B.C.
- * Funeral Association of B.C.
- * BC Professionals in Infection Control
- * Workers' Compensation Board
- * Public Health Agency of Canada
- * Health Canada

(Note: where an animal-borne flu strain is involved, Agriculture Canada, Canada Food Inspection and the BC Ministry of Agriculture and Lands will be informed and involved).

Communications planning is a vital part of pandemic planning. The Ministry of Health Public Affairs Branch (HPAB) is working with Health Authorities and other organizations to assist in the development of a coordinated response in the event of a pandemic. The B.C. government, Health Authority and local government pandemic communication plans must be compatible with the BC Emergency Management Structure (BCERMS). BCERMS provides a common organizational structure and control, and enhances communication between agencies responding to an emergency or disaster.

BACKGROUND

The WHO is a United Nations specialized agency for health, established in 1948. The organization is responsible for global surveillance of influenza virus. It has a network of 112 National Influenza Centres on all continents to monitor influenza activity and isolate influenza viruses.

Pandemics generally occur every 40 years, with the last in 1967. Experts at the WHO are predicting a global influenza pandemic could emerge in the near future. It is uncertain which influenza strain will emerge and how severe the impact will be. Avian flu virus has spread throughout the bird population in Southeast Asia and now parts of Europe. Over the last year, about 60 people have died in Southeast Asia from avian flu; this could be the emergence of a possible pandemic virus. With so much uncertainty, all planning is based on hypothetical situations.

The WHO has issued a global alert that governments should have pandemic preparedness plans in place. They have established six phases to define the on-set of a pandemic and help guide nations in their planning:

Interpandemic (before the on-set of a pandemic)

- Phase 1 – no influenza viruses have been detected in humans
- Phase 2 – a circulating animal influenza virus poses a substantial risk of human disease

Pandemic Alert (human infection with new virus)

- Phase 3 – human infection with a new virus but no human to human spread
- Phase 4 – small localized human to human transmission
- Phase 5 – larger localized human to human transmission

Pandemic Period (on-set of a pandemic)

- Phase 6 – increased and sustained transmission in the general population.

The WHO has determined that we are currently between Phase 2 and 3. The identification of the beginning of a pandemic could come from either the WHO's global surveillance network, or from an individual country's health care system where health care professionals are already on the alert. If human to human transmission is first identified in an individual country, it will be the responsibility of that country's health care system to inform the WHO, which will in turn make the global determination and relay that information to countries around the world. In Canada, PHAC will be responsible for making the national declaration, with each province's Provincial Health Officer taking the lead in their jurisdiction.

In the event of a pandemic, communication responsibility and information flow are outlined in the following way:

- The BC Ministry of Health, through the Office of the Provincial Health Officer (PHO), is the lead in the province in the event of a pandemic/communicable disease outbreak. The PHO is the main provincial spokesperson and is responsible, with advice from BC Centre for Disease Control (BCCDC) for the decision to declare a pandemic in the province.
- The Ministry of Health Emergency Management Branch, in conjunction with the Provincial Emergency Program (PEP) under the Ministry of Public Safety and Solicitor General, is responsible for ensuring plans at the provincial, regional and local level are activated. B.C.'s well-tested emergency management structure has established, functional links between ministry emergency operations and the provincial emergency management structure.
- The Public Affairs Bureau (PAB), Ministry of Health, will have primary responsibility for communications support for the PHO. It will work closely with emergency communication contacts at PAB headquarters and PEP to promote coordination and understanding of roles between public health agencies and the agencies responsible for consequence management.
- The British Columbia Crisis Communications Strategy for Major Provincial Emergencies outlines current provincial emergency and disaster communications principals and protocols. It recognizes the importance of coordinating public communications in affected areas, and for linking up all engaged partners under the British Columbia Emergency Response Management Structure.
- Medical Health Officers, in consultation with the PHO and Health PAB, are the designated spokespeople in their provincial region of responsibility.
- The BCCDC will provide technical medical support to the PHO. Information will be shared on a consistent and immediate basis between these offices.
- PHAC will support provincial efforts and continue to lead anti-viral acquisition and vaccine development. PHAC will also continue to link with the WHO for monitoring and surveillance.

Experts predict that it will be between one to six months between the time an influenza pandemic is first identified globally and the time the outbreak begins in B.C. Within three months of the virus arriving in the province, it is expected most communities will be affected. It is anticipated that the pandemic will occur in waves, striking different parts of the province at different times. The estimated impact of a pandemic on B.C. is:

- more than three million people will be infected

- as many as 1.8 million will be clinically ill
- up to 18, 500 will need hospital care, and
- as many as 6,800 people could die from related complications. (Source: BC Pandemic Preparedness Plan May 2005).

A prolonged pandemic influenza event will impact directly or indirectly a large part of the provincial population and will require ongoing cross-government support at the provincial level. Throughout this event, the PHO along with the Executive Director of PEP will advise and make recommendations on response and strategic management to the key provincial ministers.

AUDIENCES

External

- Public; those directly affected by the pandemic
- Aboriginal communities
- Ethnocultural communities
- Major employers
- Regional, national and international media
- Community emergency social services
- Local government emergency services/public works
- Police/RCMP
- Utilities companies -- Terasen Gas, Telus, BC Hydro
- First responders
- Essential service workers
- Industry representatives (pharmaceutical sector, medical supply sector, etc)
- Non-government organizations (Red Cross, BCMA, BC Pharmacy Association, BC Nurses Association, BC Dental Association)

Internal

- Federal, provincial, territorial and international health agencies
- Health care professionals
- Infectious disease experts
- B.C. Health Authorities/Medical Health Officers
- BC Ambulance Service
- Emergency Health Services
- Fire Departments
- MLAs and legislature
- Federal, provincial, territorial and international governments

OBJECTIVES

HPAB is responsible for working in partnership with the BCCDC, health authorities and regional and local agencies to:

- provide a coordinated provincial communications response to the pandemic
- support the Provincial Health Officer in his role as lead spokesperson.
- inform British Columbians about pandemic influenza, its effects and the provincial response
- educate the public, media, health authorities, local governments and stakeholders about provincial:
 - communications networks that are in place to disseminate information in the event of a pandemic
 - structures in place to assist in the event of a pandemic.
 - role in the coordination of information around a pandemic.

- contact information for assistance in the event of a pandemic.
- inform the public and media about where to access information
- inform the media about protocols in emergency situations

Health Authority Communications

HA Communications is responsible for working with HPAB and local stakeholders to:

- develop and test communication plans and networks for use at the regional, local and facility levels for all three pandemic phases
- ensure that local media and other key stakeholder, such as municipal governments and emergency responders, are aware of and involved in the planning process
- support the development of a provincial infrastructure for the dissemination of influenza-related information

STRATEGIES

PHASE	STRATEGIES
Phase 1 - no influenza viruses have been detected in humans	Promote annual influenza immunization campaign Strategies: <ul style="list-style-type: none"> ● Promotional materials ● Provincial launch event ● Website with general information on flu vaccination, eligibility and links to the Health Authorities
Phase 2 & 3 – a circulating animal influenza virus poses a substantial risk of human disease – human infection with a new virus but no human to human spread	<ul style="list-style-type: none"> ● Develop a provincial website dedicated to pandemic influenza ● Develop a pandemic video for education and awareness ● Review capacity of health information lines ● Review and update emergency contact lists and information sharing systems ● Test emergency and communication networks ● Stage technical briefings for the media, external experts and other stakeholders ● Inform the public, media and health care officials of the provincial pandemic and emergency response plans ● Demonstrate leadership and coordination between jurisdictions ● Continue communication with national and international partners ● Liaise with Health Authorities to assist in developing regional and local communications plans

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	<ul style="list-style-type: none"> • Development of communication materials/tools to support public and media information, education, awareness, preparedness and prevention • Continue to promote the importance of the annual influenza vaccine
<p>Phase 4 & 5 - small localized human to human transmission – larger localized human to human transmission</p>	<ul style="list-style-type: none"> • Ensure that hospitals and health care professionals around the province are alerted • Increase public and media education and awareness on preventative measures and pandemic preparation • Continue to promote the importance of the annual influenza vaccine
<p>Phase 6 – increased and sustained transmission in the general population</p>	<p><i>News Conference</i></p> <ul style="list-style-type: none"> • PHO declares the pandemic has reached British Columbia • Issue province-wide news release <p>Website</p> <ul style="list-style-type: none"> • Provincial website with comprehensive pandemic information • Regional websites with local information <p>Daily Conference Calls</p> <ul style="list-style-type: none"> • Daily conference calls with key provincial players (Health Authorities, hospitals, community care, public health, BCCDC, PEP and PHAC and Health Canada) <p>Media Briefings</p> <ul style="list-style-type: none"> • Establish regular media briefings (federal, provincial, regional) • Ensure public and media receive appropriate, timely accurate information <p>Toll-free Line</p> <ul style="list-style-type: none"> • Call centers for public information (1-800 numbers) • Establish a media center <p>Communications Systems</p> <ul style="list-style-type: none"> • Provide media, public and stakeholders with regular updates • Work with the PHO, BCCDC, PHAC, health authorities and local government to establish key messages, key spokespeople and media availability • Share surveillance data with national and international partners • Use broad-based network for disseminating information including key agencies and stakeholders in getting the message out • Modify communications plan as needed

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Post Pandemic - no evidence of any human infection due to the pandemic strain	<ul style="list-style-type: none">• PHO conducts news conference declaring an end to the pandemic• Review of emergency management structure and operations during pandemic• Surveillance continues along with international and national partners
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