



Public Health
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Canada

Pandemic Planning for COVID-19

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PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



COVID-19 Response Builds on Influenza Pandemic Plans

- The *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector* (CPIP), tested and refined following the 2009 H1N1 pandemic, is an FPT consensus document that provides planning guidance to prepare for and respond to an influenza pandemic (<https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector.html>)
- CPIP provides a proven framework and strong foundation that is being adapted to inform recommendations for Canada's COVID-19 response
- The COVID-19 response also takes account of:
 - The *North American Plan for Animal and Pandemic Influenza* (NAPAPI), a platform for Canada-US-Mexico collaboration and coordination which is currently focused on continent-wide health system capacity, supply chains and communications (<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/nml-pndmc-nflnz/index-en.aspx>)
 - The *FPT Public Health Response Plan for Biological Events*, an overarching governance framework to guide FPT public health responses to biological events, is currently activated to ensure a coordinated pan-Canadian response (<https://www.canada.ca/en/public-health/services/emergency-preparedness/public-health-response-plan-biological-events.html>)

CPIP Objectives will apply to COVID-19

1. Minimize serious illness and overall deaths by:

- reducing the spread of infection through promotion of individual and community actions;
- protecting the population through provision of pandemic vaccine and implementation of other public health measures; and
- providing treatment and support for large numbers of persons while maintaining other essential health care.

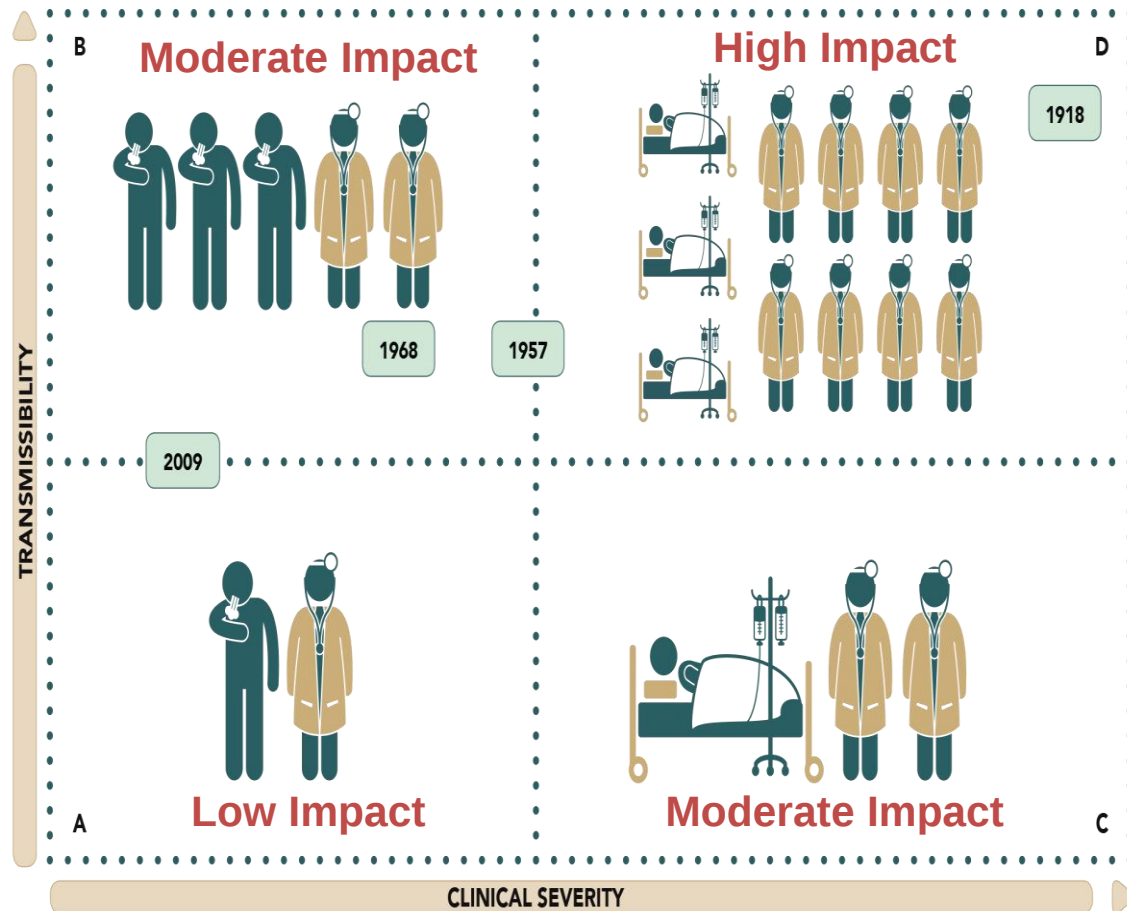
2. Minimize societal disruption by:

- supporting the continuity of health care and other essential services;
- supporting the continuation of day-to-day activities as much as possible and promoting a return to normal community functioning as soon as possible;
- maintaining trust and confidence through
 - support of evidence-informed decision-making via the collection, analysis and sharing of relevant public health surveillance data and other scientific information; and
 - communication of appropriate and timely advice to decision-makers, health professionals and the public; and
- supporting a coordinated response by working collaboratively with all levels of government and stakeholders.

CPIP: SCALABLE APPROACH TO INFLUENZA PANDEMIC PREPAREDNESS

B) High transmissibility / low virulence; worse than seasonal influenza in terms of numbers ill; expected to stress health care services through sheer volume. High absenteeism would put all sectors and services under pressure.

A) Low transmissibility / low virulence; comparable to moderate to severe seasonal influenza outbreaks; might be expected to stress health care services.

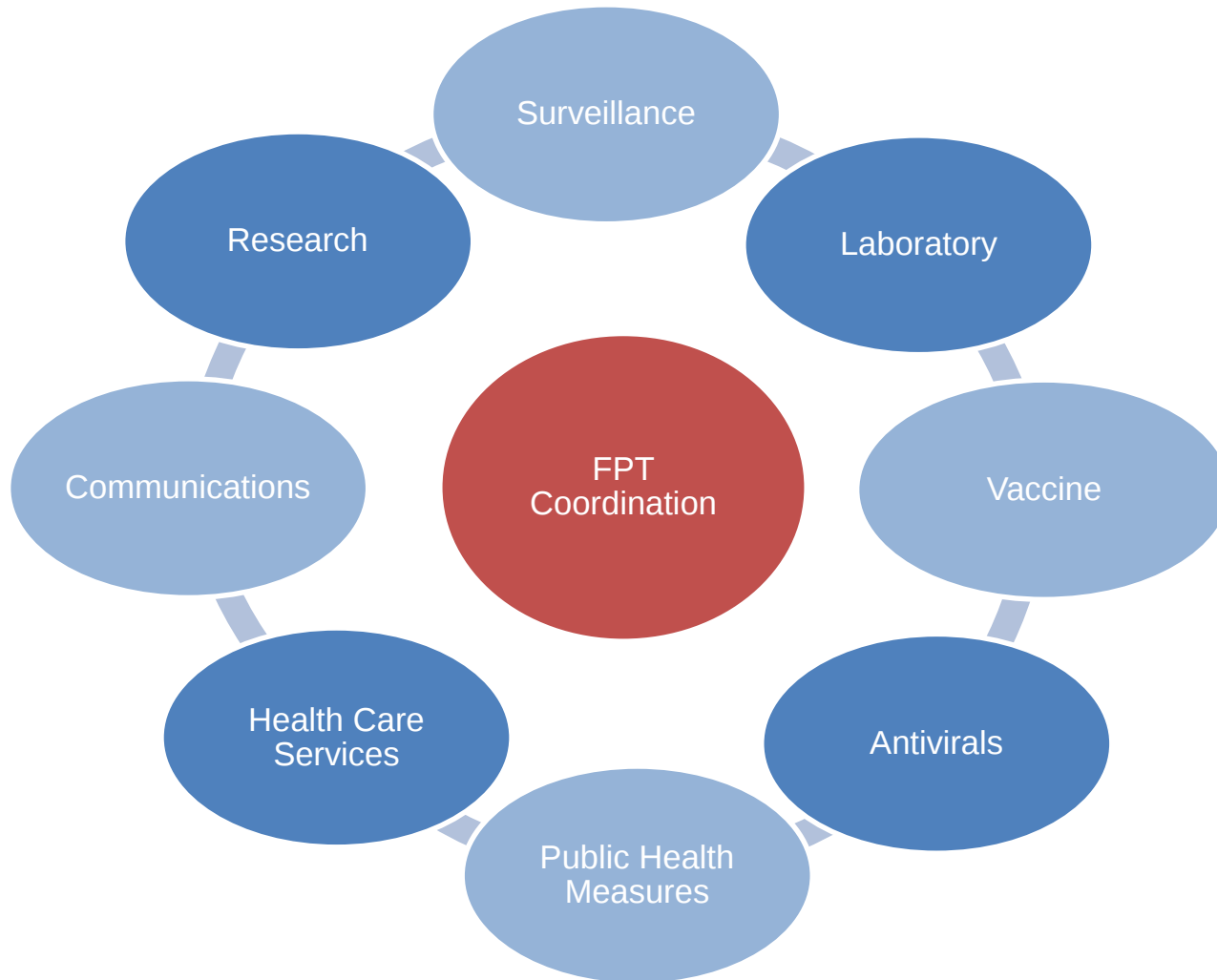


D) High transmissibility / high virulence; much worse than seasonal influenza outbreaks. Would cause severe stress on health care services, high absenteeism and would put all sectors and services under extreme pressure.

C) Low transmissibility / high virulence; worse than seasonal influenza outbreaks in terms of severe clinical illness; expected to stress critical care health services, high virulence could cause significant public concern and lead to people staying home from school/work.

*1918 Spanish Flu; 1957 Asian Flu; 1968 Hong Kong Flu; 2009 H1N1 Flu
2019 COVID-19... too soon to map

Key Elements of Pandemic Response



GOC Supports PTs in Pandemic Response

The GoC exercises leadership and works collaboratively with PTs to facilitate their pandemic planning and response efforts such as:

- Securing access to pandemic vaccines via contracting designed to maintain domestic pandemic vaccine self-sufficiency and also ensure fast-track access to additional product on the open market
- Operationalizing PT mutual aid agreements to allow health care professionals to temporarily move across jurisdictions
- Providing guidance on resource prioritization (e.g. intensive care beds, ventilators)
- Assisting PTs with bulk procurement of essential supplies and medicines
- Conducting national disease surveillance to inform response efforts
- Developing guidance to inform individuals and communities on controlling the spread of illness
- Supporting laboratory testing for PTs with lower levels of capacity
- Investing in research to advance development of medical countermeasures (including applying regulatory discretion to ensure their safe and timely deployment for Canadians)
- National voice to communicate with Canadians and key stakeholders

Federal Populations

- GoC will also exercise its responsibilities to ensure the health needs of federal populations are met, including:
 - First Nations on-reserve (inclusive of First Nations who have assumed responsibility for health services under a transfer agreement)
 - active members of Canadian Forces
 - federal offenders or inmates of federal penitentiaries
 - refugee claimants, protected persons, detainees under the Immigration and Refugee Protection Act, rejected refugee claimants, and other specified populations
 - consular staff at missions abroad

GOC Support for Health System Preparedness

- As the emphasis of the outbreak response shifts from containment (“keeping the disease out of Canada”) to mitigation (“limiting its spread, impacts and treating those that fall ill”), PTs will count on GoC support to manage increased demand on their health systems, including:
 - **Managing scarce resources**
 - Engage with PTs to identify supply vulnerabilities and options for addressing them
 - Develop pan-Canadian guidance on ethical allocation/prioritization of resources
 - Conduct market risk assessments and develop procurement strategies for critical items in short supply (e.g. personal protective equipment)
 - Incent domestic suppliers to anticipate and reply to capacity shortages
 - **Providing guidance for health care settings**
 - Infection Prevention and Control; Clinical Management of Cases
 - **Overseeing deployment of a national vaccine strategy**
 - Should a COVID-19 vaccine become available, the GoC would assist PTs to secure timely access to safe and adequate supplies on behalf of Canadians

Enhanced Surveillance

- The transition from containment to mitigation entails a shift in surveillance objectives:
 - In **containment**, individual cases are analyzed in depth to understand disease characteristics to prevent wide-spread transmission and inform guidance
 - In **mitigation**, population-level analysis is conducted to identify signals, understand trends, geographic spread, clinical severity, and pressure on the health care system
- Canada has established influenza surveillance networks and systems that are being mobilized to provide information on COVID-19 for paediatric and adult populations:
 - **Hospital-based networks** that already provide information on severe cases of disease such as intensive care unit admissions and deaths
 - **Community-based networks** that provide information on cases that are less severe and managed in doctor's offices
 - **Citizen-informed initiatives** such as *FluWatchers*, an application that uses crowdsourcing to track influenza-like-illness symptoms

Providing Critical Laboratory Support

- The National Microbiology Laboratory (NML) operates critical diagnostic testing programs that protect human health and undertake research to advance scientific knowledge, improve diagnostics and develop therapeutics
- The NML's primary activities to date have focused on developing methods and conducting diagnostic testing for all regions of Canada, and initiating research on this novel pathogen
- As more cases occur, NML COVID 19 testing capacity will be extended to front-line settings to identify early evidence of spread within Canada

Research and Medical Countermeasures

- The GoC is supporting the WHO's research roadmap to enhance global coordination, support transparent global research and innovation priority setting, and build common research platforms (e.g. CIHR research funding)
- Canada is focusing efforts on priority COVID-19 research to better understand:
 - Virus characteristics including transmissibility and severity
 - Biomedical countermeasures (e.g. diagnostics, treatment options and vaccine development)
 - Social countermeasures (reducing stigma and addressing misinformation)
 - Susceptibility of animal populations and transmission between humans and animals
- Health Canada has a regulatory role to review vaccines and treatments such as antivirals

Public Health Measures

- Public health measures (PHM) are non-pharmaceutical interventions that can be taken by individuals and communities to help prevent, control or mitigate COVID-19 transmission (e.g. homes, workplaces, public and educational settings)
- While accountability for PHM implementation is most often within PT jurisdiction based on regional/local conditions, national guidance helps ensure a consistent, mutually reinforcing approach that builds public trust in the overall pandemic response
- In **containment**, Canada has focused its efforts on case identification and contact management and has issued the following guidance:
 - *Public health management of cases and contacts associated with COVID-19*
 - *Instructions on self-isolating in the home or co-living setting (e.g.. Dormitories)*
 - *Public Health Guidance for Schools (K-12) and Childcare Programs (COVID-19)*
- In **mitigation**, Canada will focus on broader PHMs to mitigate disease spread, delay or reduce peak virus activity and subsequent demand on health care services

Learning from Past Experience

- Response needs to be adaptable and scalable
 - Local context and circumstances will drive local responses
- Acknowledge the unique needs of different populations
 - Indigenous, rural and remote communities, vulnerable Canadians, linguistic minorities and new Canadians have special needs that should be accommodated
- Federal and provincial/territorial roles complementary but different
- Development of guidance documents should be through collaborative process
- Need to rigorously apply risk communications principles (i.e. provide timely, relevant, accessible, consistent and complete information in multiple formats tailored to audience needs)
- Response approach needs to be values-based and sustainable