



February 2010 ► Volume 3, Number 2



University of Toronto
Joint Centre for Bioethics



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

IN THIS ISSUE

- CanPREP News & Updates
- CanPREP Accepted at CBS
- Pandemic News
- New Publications
- Books
- Feature: Do Pandemics End?
- Upcoming Events and Conferences
- Other

Welcome to the CanPREP Pandemic Digest, a monthly summary of key pandemic headlines, events, and learning opportunities for collaborators and students. If you have questions, comments or contributions, please contact us at canprep@gmail.com. Previous editions are available at the [CanPREP archives](#).

CanPREP NEWS AND UPDATES

CanPREP Publication in the Canadian Medical Association Journal

[Physicians' Legal Duty to Treat and Legal Right to Refuse Work During a Pandemic](#) was published in the hardcopy February 9th 2010 issue of the Canadian Medical Association Journal. The article, written by Cara E. Davies, JD and Randi Zlotnik-Shaul, LL.M. PhD, outlines the legal duty to existing patients, non-patients, and the public. It also mentions the legal rights of physicians to refuse work in unsafe circumstances. Click the above link to be redirected to the pdf version of the article.



CanPREP Focus Groups

Another CanPREP focus group was held in February. This focus group was held with Circle of Care, a community based non-profit registered charity in Toronto. Services by this organization include homemaking and personal support, social work, and volunteer supported services. Over 450 staff and 300 volunteers work with Circle of Care.

The focus group brought together Circle of Care staff and volunteers. CanPREP was once again interested in finding out how community care services are dealing with the H1N1 influenza pandemic. Many interesting points arose during the day. The main reoccurring theme mentioned was that Circle of Care workers are always dealing with issues of scarce resources and priority setting on a day-to-day basis. They are continually forced to make decisions based on pre-set protocols – similar protocols that would be used during a major pandemic influenza situation. Thus, the H1N1 pandemic does not pose many new issues the organization has not already had to deal with.



The CanPREP project hopes that new research questions, and novel direction, will arise from analyzing the data from this focus group. Click [HERE](#) for more information on Circle of Care.

21st Canadian Bioethics Society Annual Conference

The 21st Canadian Bioethics Society annual conference will be held from June 9th-12th 2010 in Kelowna, British Columbia. The theme for this year's conference is 'Voices of Community.'

CanPREP has been accepted to present its pandemic research at this year's conference. More specifically, a student run workshop will be set up. This workshop will discuss the importance of public engagement and the role it plays in ethical deliberation, as well as report key findings and implications from the CanPREP national study, Town Hall and Stakeholder Forums. This research includes reflections of Canadian citizens, health care professionals, policy-makers, researchers, and so-called vulnerable populations.

Workshop participants will be engaged through our case study focus group methodology, which will highlight the beneficial tools available for the public engagement of ethical issues. Furthermore, workshop participants will be able to complete pre and post surveys that were administered in CanPREP Town Hall Forums, which will provide insight into the utility of moral deliberation.

Look out for more information on CanPREP @ CBS in future newsletters and at www.canprep.ca.

PANDEMIC NEWS

[WHO Disease Outbreak News: Swine influenza - Daily Situation Update](#)

World Health Organization

Daily Influenza A (H1N1) Update. Update includes worldwide confirmed cases and deaths, along with WHO travel recommendations.

[ProMED-Mail – The Program for Monitoring Emerging Diseases](#)

A global electronic reporting system for outbreaks of emerging infectious diseases & toxins, open to all sources. Subscribe to daily email updates. ProMED-mail is a program of the [International Society for Infectious Diseases](#).

[Cases of H1N1 Flu Virus in Canada](#)

Public Health Agency of Canada

A detailed daily update of swine flu cases in Canada – updated bi-weekly.

[WHO says too early to call end to H1N1 pandemic](#)

Globe and Mail

The panel deliberated for two hours on Tuesday and advised director-general Margaret Chan that while the virus is not circulating widely in many parts of the world, there's new transmission in West Africa and it's still unclear how the virus will spread when the southern hemisphere enters its winter months.

[H1N1 patients were younger and needed more care, study says](#)

Globe and Mail

Infection with the pandemic strain of influenza also resulted in markedly more cases that required treatment in intensive-care units and resulted in patients requiring mechanical ventilation to breathe. But, paradoxically, there were fewer deaths than a run-of-the-mill flu, according to an analysis by the Canadian Institute for Health Information.

[Canada to donate H1N1 vaccine to the WHO](#)

Canwest News Service

While the prevalence of H1N1 has waned in Canada, it's still going strong in parts of eastern Europe, South Asia and North Africa and countries in those regions are expected to be on the receiving end of Canada's donation.

[Combine H1N1, seasonal flu vaccines: WHO](#)

CBC News

Defining when a pandemic ends remains unclear, said Michael Osterholm, a flu expert at the University of Minnesota. "If H1N1 comes back in a couple of months, is it a wave or is it just normal flu?" Osterholm asked. "There's no scoreboard for us to check that."

[New Seasonal Flu Vaccine to Contain H1N1 Strain](#)

NY Times

"If they have the vaccine strain which is already made up and can be used, then they're ahead of the game," Keiji Fukuda, the WHO's top influenza expert, told Reuters after a public WHO session attended by representatives of pharmaceutical companies.

NEW PUBLICATIONS (via .PDF links)

Silva DS, Nie JX, Rossiter K, Sahni SS, Upshur REG. [Contextualizing Ethics: Ventilators, H1N1 and Marginalized Populations](#). Healthcare Quarterly. 2010;13(1):32-36.

Arguedas A, Soley C, Lindert K. [Responses to 2009 H1N1 Vaccine in Children 3 to 17 Years of Age](#). NEJM. 2010;362(4):370-2.

Merchant RM, Leigh JE, Lurie N. [Health Care Volunteers and Disaster Response - First, Be Prepared](#). NEJM. 2010;Feb. [Epub ahead of print]

Davies CE, Zlotnik-Shaul R. [Physicians' legal duty of care and legal right to refuse to work during a pandemic](#). Canadian Medical Association Journal. 2010 Feb;182(2):167-70.

Smith MJ, Bernard C, Rossiter K, Sahni SS, Silva D. [Vulnerability: A Contentious and Fluid Term](#). The Hastings Centre Report. 2010; 40(1): 4-6.

Writing team for the Public Health Agency of Canada/Canadian Institutes of Health Research Influenza Research Network Vaccine Coverage Theme Group. [Why collect individual-level vaccination data?](#) CMAJ. 2010; 182(3): 273-74.

Zarychanski et al. [Correlates of severe disease in patients with 2009 pandemic influenza \(H1N1\) virus infection](#). CMAJ. 2010; 182(3): 257-64.

Pasma T, Joseph T. [Pandemic \(H1N1\) 2009 infection in swine herds, Manitoba, Canada](#). Emerg Infect Dis; [Epub ahead of print].

Loeb M, Earn DJD, Smieja M, Webby R. [Pandemic \(H1N1\) 2009 risk for nurses after trivalent vaccination](#). Emerg Infect Dis. 2010 Apr; [Epub ahead of print].

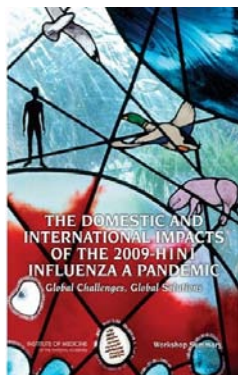
Risi GF, Bloom ME, Hoe NP, Arminio T, Carlson P, Powers T, et al. [Preparing a Community Hospital to Manage Work-related Exposures to Infectious Agents in BioSafety Level 3 and 4 Laboratories](#). Emerg Infect Dis. 2010; 16(3): 373-8.

Dapat C, Suzuki Y, Saito R, Kyaw Y, Myint YY, Lin N, Oo HN, et al. [Rare Influenza A \(H3N2\) Variants with Reduced Sensitivity to Antiviral Drugs](#). Emerg Infect Dis. 2010; 16(3): 493-6.

Hawkes N. [Why we went over the top in the swine flu battle](#). BMJ Observations. 2010; 340: c789.

Zarocostas J. [Head of WHO's vaccines advisory group defends its policy on competing interests](#). BMJ News. 2010;340:c987.

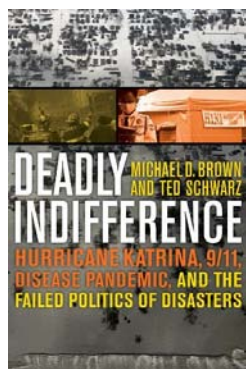
BOOKS



DOMESTIC AND INTERNATIONAL IMPACTS OF THE 2009 H1N1 INFLUENZA A PANDEMIC: GLOBAL CHALLENGES

David A Relman and Eileen R. Choffness (editors)

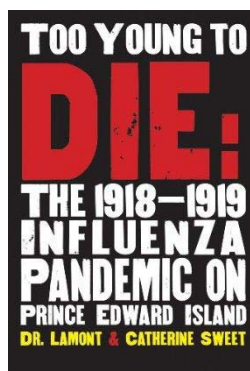
The *Domestic and International Impacts of the 2009-H1N1 Influenza A Pandemic: Global Challenges, Global Solutions* aimed to examine the evolutionary origins of the H1N1 virus and evaluate its potential public health and socioeconomic consequences, while monitoring and mitigating the impact of a fast-moving pandemic. The reporters for this workshop reported on the need for increased and geographically robust global influenza vaccine production capacities; enhanced and sustained inter-pandemic demand for seasonal influenza vaccines; clear "triggers" for pandemic alert levels; and accelerated research collaboration on new vaccine manufacturing techniques. This book will be an essential guide for healthcare professionals, policymakers, drug manufacturers and investigators.



DEADLY INDIFFERENCE: HURRICANE KATRINA, 9/11, DISEASE PANDEMICS AND THE FAILED POLITICS OF DISASTERS

Michael D Brown and Ted Schwarz

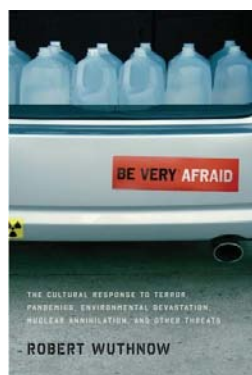
This is the first book by a former high government official about the realities of both natural and manmade disasters as they impact the public. Free from excuses, the book begins with Brown's experience during Hurricane Katrina, the largest federal response to a natural disaster in U.S. history. The realities of dealing with disasters are discussed in this timely book, one that warns us of calamities yet to come as Brown and Schwarz soberly detail what disasters are preventable and what, tragically, will not be.



TOO YOUNG TO DIE: THE 1918-1919 FLU PANDEMIC ON PRINCE EDWARD ISLAND

Lamont Sweet (PEI's Deputy Chief Health Officer) and Catherine Sweet

History shows that the influenza pandemic of 1918–1919 was the most devastating outbreak of communicable disease ever experienced. Its spread was rapid, worldwide, and the death rate was unprecedented. Indeed, the death rate exceeded the casualties from the First World War. Today, experts are working around the clock in an attempt to manage the H1N1 pandemic. Although the world has changed greatly since 1918, particularly in the areas of health services and transportation, planners often refer back to 1918–1919 to see what lessons can be learned. How did this strain of influenza arrive? How did it spread? What age group experienced the highest death rate? What measures were taken to control it? What did government do? The media? And, finally, with modern medicine for support, would the same or similar influenza result in as high a rate of severe illness and death as it did in 1918–1919?



BE VERY AFRAID: THE CULTURAL RESPONSE TO TERROR, PANDEMICS, ENVIRONMENTAL DEVASTATION, NUCLEAR ANNIHILATION, AND OTHER THREATS

Robert Wuthnow

In *Be Very Afraid*, Wuthnow examines the human response to existential threats--once a matter for theology, but now looming before us in multiple forms. Nuclear weapons, pandemics, global warming: each threatens to destroy the planet, or at least to annihilate our species. Freud, he notes, famously taught that the standard psychological response to an overwhelming danger is denial. In fact, Wuthnow writes, the opposite is true: we seek ways of positively meeting the threat, of doing something - anything--even if it's wasteful and time-consuming.

FEATURE: Do Pandemics End?

H1N1 influenza virus circulation in Ontario and Canada has virtually disappeared. This is also the case for many other jurisdictions around the world, particularly in the developed world. Recently the World Health Organization (WHO) has been under considerable pressure to declare the pandemic over. In a press release on February 24th, 2010 the WHO stated that it was not ready to say that the pandemic has peaked and claimed that it was too early to declare that the worst of the pandemic is over. Many have questioned this judgment.

This decision will ultimately be made by Dr. Margaret Chan, Director General of the WHO on the advice of the Emergency Committee consisting of 15 members. It is a classic case of making an important policy decision in circumstances of considerable uncertainty. Many have criticized the declaration of H1N1 as a pandemic virus. Others have argued that greater attention must be devoted to the distinction between extended geographic spread of a virus and severity of population impact in the definition of pandemic phases. These are issues that can be more fully debated in the near future.

The WHO's perspective on the pandemic and whether we have reached a post-pandemic stage has important implications for emergency planning and health planning in all health systems globally. Claims by certain infectious disease experts that this has been a mild pandemic or a "pandemic dud" undervalue what is required for co-ordinated public health response. H1N1 has now been documented in over 200 countries and territories around the world and there is a direct attribution of 16,226 deaths. The mortality figures are likely an underestimate, and morbidity figures are not yet available. We must consider it good fortune that it was not more severe.

The seeming mildness so far of H1N1, in no way justifies claims that the response was incorrect or disproportionate. To be honest, I find expressions of disappointment at low mortality rates rather macabre. It must be recognized that in Canada, at least, mortality was mostly of those in the younger age groups and pregnant women. These are individuals who would not expect to face mortal risk from influenza.

So how do we go forward? I think we have an opportunity, in the aftermath of the second wave, to commence constructive conceptual thinking on the meaning of an influenza pandemic. I have often wondered why our definition of influenza pandemics focuses only on the impact of an influenza virus on its first pass through a population. H3N2, the previous pandemic virus from 1968, had a 40 year run as the regular seasonal influenza virus. Scant concern over the annual excess morbidity and mortality associated with seasonal influenza was raised in the media, or even in health planning circles. My early research in influenza epidemiology demonstrated the significant seasonal morbidity, particularly in seniors, associated with circulating seasonal influenza virus. That people were content with the expectation of high morbidity and mortality from a seasonal influenza strikes me as an example of how easy it is to forget the impact of viral infections in populations.

Alas, we have been here before. Pre-SARS there were very few interested in ethical issues associated with viral respiratory pathogens, and while SARS drew many people's attention to the impact that novel pathogens can have on health systems, it did not take long in the aftermath of SARS for any lessons learned to be largely forgotten. There was an upswing of interest in 2005 when H5N1 influenza virus showed evidence of becoming a significant global threat. By 2007 people were talking about pandemic fatigue and again forgetfulness was the order of the day. While no one had predicted the emergence of an H1N1 influenza virus from Mexico, it did galvanize attention and brought media, health planners, and health systems to focus their attention on it. I fear in the aftermath of H1N1, if concerted efforts in planning and response are trivialized we will once again fall into a pattern of forgetfulness and neglect of influenza. Influenza is a protean organism. Its viral ecology and evolutionary biology are poorly understood. There is a risk that influenza will come back more virulent or a different strain emerge. This is something for which we need public health systems and health planners to be eternally vigilant. Critics can carp and skeptics can have their say but it is imperative that health systems be prepared to face challenges, often on short

notice and with insufficient information, to face challenges posed by infectious diseases. I would not expect less from our public health leaders.

Perhaps it is time to think about an integration of severity and geographic spread of our conceptualization of the staging of the pandemic viruses. Nonetheless I think it has been a remarkable synergy of molecular biology, information technology, and global cooperation that allowed us to get such a clear and precise picture of its emergence, spread, and impact in populations. These systems need to be encouraged to greater attention in other components of global health.

We can only end a pandemic when we truly understand influenza. In that regard, we are a long way from calling it a day.

Contributed by Ross E.G. Upshur, on behalf of the Canadian Program of Research on Ethics in a Pandemic

UPCOMING EVENTS AND CONFERENCES

- **The Annual CAHSPR Conference** in Toronto, ON, May 10-13, 2010.

[\[http://www.cahspr.ca/Conferences/tabid/78/language/en-US/Default.aspx\]](http://www.cahspr.ca/Conferences/tabid/78/language/en-US/Default.aspx)

The Annual CAHSPR Conference brings together over 400 of Canada's leading researchers, decision makers, managers and trainees to exchange ideas and share findings from the most recent studies in health services and policy research.

- **21st Canadian Bioethics Society Annual Conference** in Kelowna, BC, June 9-12, 2010.

[\[http://en.cbskelowna2010.ca\]](http://en.cbskelowna2010.ca)

The theme of the 2010 Canadian Bioethics Society Conference is "Voices of Communities" focusing on voices of patients and families, voices of professionals and voices of the vulnerable.

- **Public Health in Canada: Shaping the Future** in Toronto, ON, June 13-16, 2010.

[\[http://www.cpha.ca/en/conferences/conf2010.aspx\]](http://www.cpha.ca/en/conferences/conf2010.aspx)

On the occasion of the 100th anniversary of the founding of the Canadian Public Health Association (CPHA), public health practitioners from across the country and around the world will meet in Toronto to celebrate a century of achievements and to shape the future of public health.

- **9th Canadian Immunization Conference, Immunization: A Global Challenge for the 21st Century** in Québec City, QC, December 5-8, 2010.

[\[http://www.phac-aspc.gc.ca/cnic-ccni/2010/index-eng.php\]](http://www.phac-aspc.gc.ca/cnic-ccni/2010/index-eng.php)

Every two years, the Conference brings together researchers and scientists; physicians; nurses; pharmacists; vaccine experts; health promoters; and health policy makers to expand knowledge on immunization and learn about the latest developments in immunization research, innovation and practice.

FEEDBACK

Questions or comments? Interested in submitting something to the Digest? Looking to highlight your organization/institution's current pandemic influenza ethics work? [Contact us at canprep@gmail.com](mailto:canprep@gmail.com)