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## IN THIS ISSUE

- CanPREP News & Updates
- CanPREP at NCCHPP Workshop
- Pandemic News
- New Publications
- Books
- Feature: Lessons Being Learned from H1N1 Outbreak
- 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](mailto:canprep@gmail.com). Previous editions are available at the [CanPREP archives](#).

## CanPREP NEWS AND UPDATES

### CanPREP Publication in BMC Public Health

[Canadian Survey on Pandemic Flu Preparations](#) was published on BioMed Central Public Health in March 2010. The article, written by several CanPREP team members, discusses results from CanPREP's National Telephone Survey in which a random sample of 500 Canadian citizens were surveyed. The aim of this survey was to obtain opinions on key ethical issues in pandemic preparedness and planning. Click the link above for free access to the full article.



### Public Health Ethics in Practice: Workshop on the practical impact of ethical frameworks and their relevance to decision-making during the H1N1 pandemic

On March 17<sup>th</sup>, the National Collaborating Centre for Healthy Public Policy (NCCHPP) held a workshop on public health ethics and H1N1 response. The day-long conference, held in Montreal, QB, brought together representatives from Canadian provinces and territories, along with individuals from key federal health agencies and international pandemic policy experts, to discuss the application and integration of normative ethical analysis within public health practice and policy.

The full-day conference consisted of facilitated discussions involving plenary discussions, break-out groups and report back exercises, and a questionnaire-based needs assessment and



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feedback instrument. Openness and productive exchange of information were the main goals of this workshop.

Three key questions were addressed during the workshop:

- How did existing ethical frameworks for pandemic planning and response assist, guide and/or constrain actual deliberation and decision-making during the H1N1 response?
- What are the implications of the existence of a variety of guides for ethical decision-making during a public health crisis?
- What support, resources, and access to expertise in terms of practical ethical guidance are needed by public health actors at territorial/provincial, regional, and local levels?

CanPREP team member, and Research Officer for the NCCHPP, Christopher McDougall, facilitated the 'Survey of Pandemic Plans and Related Policy Statements Containing Frameworks for Ethical Decision-Making' session at the workshop. CanPREP's Cécile Bensimon also presented on the importance of infectious diseases and ethics. She discussed the issues surrounding social distancing, duty to care, priority setting, risk management, and access to treatment.

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### **CanPREP's Second Stakeholder Forum**

The second Stakeholder Forum will be held on May 25<sup>th</sup>, 2010, by the CanPREP team at the Delta Chelsea in Toronto.

Since the World Health Organization declared a global influenza pandemic in June 2009, our research team, along with many of our stakeholders, launched into response mode. We now hope to bring together those who attended our first Stakeholder Forum in January 2009, as well as those who we have collaborated with us in the past two years, in order discuss research priorities from the last forum, CanPREP research since the first forum, and future directions.

Participants will be asked to indicate experiences from the perspective of their organization and from their personal perspective in regards to their experience with H1N1 response.

## 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.

### [Where did the flu go this winter?](#)

The Toronto Star

“There is nothing. There is no influenza at all right now except for a smattering of cases here and there,” said Dr. Michael Gardam, director of infectious disease control and prevention with the Ontario Agency for Health Protection and Promotion.

### [Vaccination study proves 'herd immunity' concept](#)

Times Colonist

Researchers at McMaster University in Hamilton, Ont., found there were 61 per cent fewer flu cases in isolated communities where children and adolescents received the seasonal influenza vaccine, compared to communities where children received an unrelated vaccine.

### [Critical illness as a result of influenza A/H1N1 infection in pregnancy](#)

BMJ News

Pregnant women, particularly those in the second half of their pregnancy, have a greatly increased risk of developing severe pneumonitis associated with pandemic H1N1. Despite evidence of an increase in maternal mortality after infection with H1N1, in the later phases of the pandemic its effect on pregnant women has been less than was initially anticipated.

### [H1N1 pandemic call to be reviewed](#)

CBC News

A group of outside experts will scrutinize the World Health Organization's response to the swine flu outbreak and will likely examine whether the term "pandemic" was appropriate for what turned out to be a mild disease, the World Health Organization said Monday.

### [Out of hours services would need to expand in more severe flu pandemic](#)

BMJ News

A GP doing home visits will typically see only 1.3 to 1.4 patients an hour. Dr Abrams has called for dedicated flu centres that would allow patients with flu-like symptoms to visit a GP out of hours and would help to identify and manage borderline cases to ease the strain on secondary care.

## NEW PUBLICATIONS (via .PDF links)

Ritvo P, Wilson K, Gibson JL, Guglietti C, Tracy CS, Nie JX, Jadad AR, Upshur REG. [Canadian survey on pandemic flu preparations](#). *BM Public Health*. 2010; 10(25).

Draper H, Sorell T, Ives J, Damery S, Greenfield S, Parry J, Petts J, Wilson S. [Non-Professional Healthcare Workers and Ethical Obligations to Work during Pandemic Influenza](#). *Public Health Ethics*. 2010; 3(1): 23-34.

Verweij M, Dawson A. [Shutting Up Infected Houses: Infectious Disease Control, Past and Present](#). *Public Health Ethics*. 2010; 3(1): 1-3.

Chong SA, Capps BJ, Subramaniam M, Voo TC, Campbell AV. [Clinical Research in Times of Pandemics](#). *Public Health Ethics*. 2010; 3(1): 35-38.

McConnell J. [Pandemic influenza: learning from the present](#). *Public Health*. 2010; 124(1): 3-4.

Kamigaki T, Oshitani H. [Influenza pandemic preparedness and severity assessment of pandemic \(H1N1\) 2009 in South-east Asia](#). *Public Health*. 2010; 124(1): 5-9.

Nicoll A, Ammon A, Amato A, Ciancio B, Zucs P, et al. [Mini-Symposium: Experience and lessons from surveillance and studies of the 2009 pandemic in Europe](#). *Public Health*. 2010; 124(1): 14-23.

Merin O, Ash N, Levy G, Schwaber MJ, Kreiss Y. [The Israeli Field Hospital in Haiti - Ethical Dilemmas in Early Disaster Response](#). *NEJM*. 2010; 362(11).

Cowling BJ, Lau LLH, Wu P, Wong HWC, Fang VJ, Riley S, Nishiura H. [Entry screening to delay local transmission of 2009 pandemic influenza A \(H1N1\)](#). *BMC Infect Dis*. 2010; 10(82).

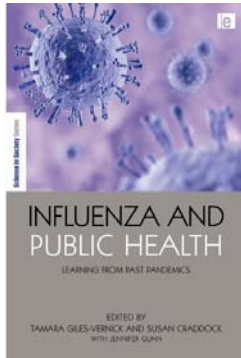
Kok G, Jonkers R, Gelissen R, Meertens R, Schaalma HP, de Zwart O. [Behavioral intentions in response to an influenza pandemic](#). *BMC Infect Dis*. 2010; 10(174).

Diederens BMW, Veenendaal D, Jansen R, Herpers BH, Ligtvoet EEJ, IJzerman EPF. [Rapid antigen test for pandemic \(H1N1\) 2009 virus \[letter\]](#). *Emerg Infect Dis*. 2010 May; [Epub ahead of print].

Capua I, Cattoli G. [One Flu for One Health](#). *Emerg Infect Dis*. 2010; 16(4): 719.

Campbell A, Rodin R, Kropp R, Mao Y, Hong Z, Vachon J, Spika J, Pelletier L. [Risk of severe outcomes among patients admitted to hospital with pandemic \(H1N1\) influenza](#). *CMAJ*. 2010; 182(4): 349-55.

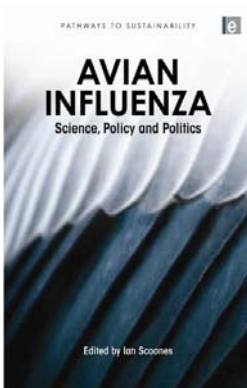
## BOOKS



### **INFLUENZA AND PUBLIC HEALTH (SCIENCE IN SOCIETY SERIES)**

Tamara Giles-Vernick, Susan Craddock, and Jennifer Gunn

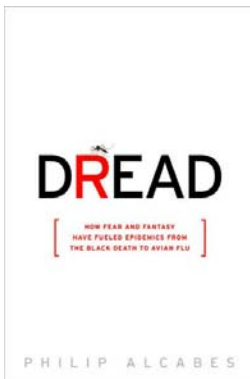
This book investigates past influenza pandemics in light of today's, so as to afford critical insights into possible transmission patterns, experiences, mistakes, and interventions. It explores several pandemics over the past century, from the infamous 1918 Spanish Influenza, the avian flu epidemic of 2003, and the novel H1N1 pandemic of 2009, to lesser-known outbreaks such as the 1889-90 influenza pandemic and the Hong Kong Flu of 1968. Contributors to the volume examine cases from a wide range of disciplines, including history, sociology, epidemiology, virology, geography, and public health, identifying patterns that cut across pandemics in order to guide contemporary responses to infectious outbreaks.



### **AVIAN INFLUENZA: SCIENCE, POLICY, AND POLITICS**

Ian Scoones

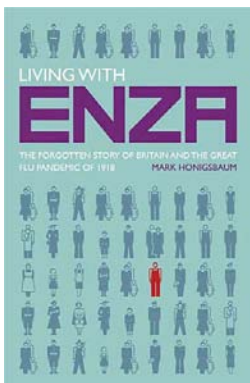
This book explores how virus genetics, ecology and epidemiology intersect with economic, political and policy processes in a variety of places - from Bangkok to Washington, to Jakarta, Cairo, Rome and London. It focuses on the interaction of the international and national responses - and in particular the experiences of Cambodia, Vietnam, Indonesia and Thailand. It asks how effective is the disease surveillance and response system - can it respond to a new pandemic threat? The comparative analysis reveals the challenges and limitations of a technocratic, centralised response, and the need to take seriously local contexts. Drawing from these experiences, the book concludes with a discussion of future prospects and challenges, examining in particular what a 'One World, One Health' approach.



### **DREAD: HOW FEAR AND FANTASY HAVE FUELED EPIDEMICS FROM THE BLACK DEATH TO AVIAN FLU**

Philip Alcabes

Deaths from epidemic disease are rare in the developed world, yet in our technically and medically advanced society, an ever-present risk of disease has created an industry out of fear. As Philip Alcabes persuasively argues in *Dread*, our anxieties about epidemics often stray from the facts on the ground. In a fascinating exploration of the social and cultural history of epidemics, Alcabes delivers a different narrative of disease—one that requires that we reexamine our choice of enemies, and carefully consider the potential motivation of epidemic alarm-bells to further medical, moral, or political campaigns.



### **LIVING WITH ENZA: THE FORGOTTEN STORY OF BRITAIN AND THE GREAT FLU PANDEMIC OF 1918**

Mark Honigsbaum

This book tells the story of the Great Influenza pandemic. Drawing upon various sources, the book traces the course of the forgotten influenza pandemic of 1918. There are no competing books addressing the 1918 flu pandemic from this angle. With bird flu constantly in the news, this book questions whether we're any more ready now than we were then. It is written by an experienced author, writing regularly in newspapers. 'Never since the Black Death has such a plague swept over the face of the world,' commented the "Times", '[and] never, perhaps, has a plague been more stoically accepted.' When the Great Influenza pandemic finally ended, in April 1919, 228,000 people in Britain alone were dead.

## FEATURE: Lessons Being Learned from H1N1 Outbreak

The majority of Pandemic H1N1 influenza cases might have been mild in the Middlesex-London area, but the local health unit considers this a learning experience - call it a test run - for a more severe pandemic outbreak.

Challenges faced during the Pandemic H1N1 influenza outbreak in the community have taught the Middlesex-London Health Unit many lessons in how to successfully organize mass immunization campaigns.

Bryna Warshawsky, Associate Medical Officer of Health for the health unit, presented a final summary on the Pandemic H1N1 Influenza at the Board of Health meeting Feb. 18. Warshawsky outlines the number of cases reported in the area, as well as the health unit's response to raise public awareness and conduct its vaccination campaign.

Warshawsky says Pandemic H1N1 influenza was more widespread than the numbers indicate. The reported number of cases may be skewed because most people with symptoms did not seek medical attention and only a select few were tested, as recommended by the health unit.

"We really have no idea of the number of cases in our community," she says. "There actually were a large number of people who got ill; we know that from looking at school absenteeism. At the peak of the disease there were a lot of people who were sick ... Many people just managed at home and never needed to seek medical care. "What this points out to us is how fast influenza can spread in the community and how many people can get sick in a short period of time."

The first local resident with a laboratory-confirmed case of Pandemic H1N1 was reported on May 6 and his infection was reportedly acquired during travel to Mexico. By the end of summer, there were 23 laboratory-confirmed cases and 29 influenza A cases likely to be the Pandemic H1N1 strain. This was relatively mild compared to other areas of the province.

The second wave hit in early October and the numbers steadily decreased through December. In total, 224 laboratory-confirmed cases of Pandemic H1N1 influenza and 167 influenza A cases likely to be Pandemic H1N1 were reported among Middlesex-London residents. Of this number, 92 people were hospitalized and eight people died – most had underlying medical conditions.

From Oct. 26, when the vaccine became available, until Dec. 17 the health unit ran 111 large community clinics and several smaller clinics for selected populations. In January, five 'catch-up' clinics were held for those unable to receive the vaccine in the previous months.

A total of 105,287 Pandemic H1N1 influenza vaccinations were provided as of Jan. 29, as well as 21,274 seasonal influenza vaccinations. Both vaccines are still available at select locations in the Middlesex-London area.

One of the unique challenges of organizing a vaccination campaign of this size was the limited supply of the vaccine during the first few weeks it was available. Typically the health unit provides an influenza vaccine to whomever wants it, however the limited availability necessitated the implementation of eligibility criteria.

"We had to be sure the people we were vaccinating were the appropriate people according to the eligibility criteria that were established federally and provincially. That was hard because they were also a different group than you would normally expect to prioritize a vaccine to," says Warshawsky.

Running a total of 116 community clinics required a large amount of staff and volunteers, and collaboration with community partners.

For the first time the health unit used Twitter to notify social media users about developments in its response to the outbreak, along with rapidly changing information, such as wait times at immunization clinics.

The health unit also published a weekly surveillance report from Sept. 11-Dec. 20, and resumed Jan. 11 until present to inform the public about the spread of the virus in the community. A dedicated H1N1 section on the website was created to post information.

The London Transit strike, which occurred during the immunization campaign, potentially limited access for some who rely on public transportation.

The total cost of the campaign as of Dec. 31 was more than \$1.9 million, which will be reimbursed by the Ministry of Health and Long-Term Care.

“Overall I think it was a very successful campaign. It focused a lot on communication and we’ve been refining those all along, using the new mechanisms and tools and we were able to communicate frequently,” says Warshawsky.

“We were able to vaccinate a large number of people and we could have done that more rapidly if we’d had the vaccine available. We were limited by the vaccine supply.”

It is unlikely to have another wave of the illness this flu season because of the number of people vaccinated and the amount of people who have already contracted the virus and have built up immunity, she says. However, it is possible it will return next flu season.

A formal evaluation, including debriefing with the Incident Management Team, an online survey of staff and health unit volunteers is underway. To view the complete report click [here](#).

Many thanks to Heather Travis from Western News, The University of Western Ontario, for the contribution of this article.

## 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.

- **21<sup>st</sup> 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 21<sup>st</sup> 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)**