

Ministry of Health

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Ministère de la Santé

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Dear health system partners,

In advance of the expected annual increase in health system demand due to the approaching influenza season, the ministry would like to provide an overview of actions we are taking to help partners mitigate and prepare for health system pressures. While concerns have been raised regarding the early season Australia has experienced in 2019, it is unclear what this means for Ontario given our very different preceding season and inter-season activity. Monitoring and preparedness for any early or unusual influenza activity in 2019-20 has begun and will continue throughout the season as per usual. This is also a year of change in the health system, and it is important that all parts of the system work together to manage the potential impact.

We are updating the annual ministry [Planning Guide for Respiratory Pathogen Season](#), expected to be released by end of September. The guide will include sector-specific resources, planning considerations/expectations and recommended practices. This guide will also include an overview of response actions undertaken by the Health System Emergency Management Branch (HSEMB) throughout the influenza season.

HSEMB will hold its annual Respiratory Pathogen Surge Knowledge Exchange Webinar in October with partners from across the Ministry, Public Health Ontario (PHO) and other health system partners to provide an overview of the upcoming influenza season and readiness activities, highlight process changes from last year, and answer any questions. An invitation for this webinar will be sent to health system partners.

Recommendations for health care providers in Ontario

The following are recommendations for health care providers in preparation for an increase in influenza activity which may exacerbate the demand for health care services, especially over the holiday season:

1. Offer the influenza vaccine:

All health care workers should get the influenza vaccine and encourage their patients to be vaccinated, based on the age-appropriate vaccines recommended in the Universal Influenza Immunization Program (UIIP) and the appropriate product monograph. The ministry has issued separate communications on the details on the UIIP including vaccine product mix and supply at the provincial level. Please encourage all patients 6 months and

older without contraindication to be vaccinated against influenza when the vaccine becomes available.

2. Offer early antiviral treatment to symptomatic patients at high risk of complications:

Timely administration of antivirals is recommended for patients at high risk of influenza complications who present with influenza-like symptoms, regardless of immunization status, when there is evidence of influenza circulating in their community. Information on circulating strains in the community can be found in the [Ontario Respiratory Pathogen Bulletin](#) published weekly by Public Health Ontario or through consultation with your [local public health unit](#). When influenza is known to be circulating in the community, laboratory confirmation of influenza is not required prior to administering antiviral medication. Treatment should ideally start within the first 12 to 24 hours of symptom onset; effectiveness is reduced when treatment is initiated more than 48 hours after onset but may be considered. Please see PHO's recently updated [guidance](#) and [fact sheet](#) on antiviral usage for more information.

Encourage all people with influenza-like illness (ILI) who are at high risk for influenza complications to seek prompt care. Clinicians may also consider plans for timely antiviral drug access for patients at high risk of influenza complications, such as providing advance prescriptions to be filled when symptoms occur.

Public health units will again be able to order a small supply of antivirals to support local outbreak management. Pre-positioned antivirals can be used for long-term care home and retirement home influenza outbreaks to ensure that the medications can be initiated as quickly as possible for prophylaxis and treatment. The ministry will be providing further communication to public health units on how to order antivirals.

3. Prepare for an increased demand for health care services and outbreaks:

Acute care: Prepare for an increase in emergency room visits, hospital admissions and need for intensive care beds. Prepare for use of antiviral medications when influenza is circulating in the community. Antiviral medications should be used for emergency room and outpatient clinic patients with influenza-like illness and risk factors for influenza complications, and patients being admitted with influenza-like illness. In addition, planning should be undertaken to rapidly detect nosocomial outbreaks of influenza and initiate antiviral treatment for patients with influenza-like illness, as well as initiating antiviral prophylaxis for all other patients on the affected unit. Unvaccinated staff members and those vaccinated in the preceding two weeks, who are required to work on the affected unit should also receive antiviral prophylaxis.

Primary care: If possible, keep your offices open during the holiday season to accommodate the anticipated increase in influenza activity. If your office will be closed, make efforts to inform your patients about alternate clinics in your community where they can go to seek care in case they develop ILI and require medical attention and/or are candidates for antiviral treatment because of risk factors for complications (e.g., include messaging on your office voicemail system, provide information on your office website,

email information to patients, direct patients to contact TeleHealth). Follow [best practices/examples](#) related to influenza infection prevention and control (e.g., staff immunization, personal protective equipment indications, environmental cleaning, healthy workplace policies) and advise patients of measures to prevent acquisition and transmission of respiratory infections via signage at reception (e.g., hand hygiene, cover your cough, self-screening).

Long-term care: Prepare to detect and respond to outbreaks over the influenza season, including the rapid provision of antiviral medications to all residents and staff as appropriate. Ensure that you have protocols in place for managing influenza and other respiratory outbreaks at your home, which include protocols to communicate with your local public health unit should an outbreak be suspected. Processes should also be in place to rapidly obtain antiviral medications for treatment of residents with influenza-like illness and for prophylaxis of other residents in the outbreak affected area of the home. The sooner antiviral medications are initiated in an influenza outbreak, the quicker the outbreak will be controlled, limiting the risk for residents. Antiviral medications are also recommended for unvaccinated staff members and for those vaccinated in the preceding two weeks. Contact your local public health unit for more information regarding antiviral prophylaxis recommendations for staff and reimbursement processes. Visit the ministry [website](#) to locate your local public health unit and for guidance via [Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes](#).

4. Monitor influenza and surge activity in your community:

Health care providers should be aware of influenza and other circulating respiratory viruses circulating in your community. This information is available through your [local public health unit](#) and weekly reports by Public Health Ontario.

- The [Ontario Respiratory Pathogen Bulletin](#), which contains information about influenza and other respiratory pathogens
- The [Laboratory Based Respiratory Pathogen Surveillance Reports](#), which contain information including circulating respiratory pathogens
- The [Acute Care Surge Monitor](#), which monitors surge in acute care facilities on an hourly basis via ED visits and admissions
- The [Ontario ILI Mapper](#), which offers a visual representation of ILI activity in acute care settings.

5. Advise patients of measures to prevent acquisition and transmission of influenza infection:

- Receive the influenza vaccine as soon as possible once it becomes available and ensure that household contacts are also vaccinated.
- Clean hands frequently with alcohol-based hand rubs or soap and water;
- Stay home if you are ill with new onset cough and fever;
- Stay at least 2 meters (6 feet) away from people who are ill with influenza or ILI;
- Avoid touching your face;
- Frequently clean commonly touched surfaces;

- Cough and sneeze into a tissue and dispose immediately and clean your hands; if no tissue is available cough into your sleeve, not your hands.

We thank you for your continued efforts to prevent and mitigate the impacts of influenza this year.

Should you have questions, please direct them to the Health System Emergency Management Branch at emergencymanagement.moh@ontario.ca. As a reminder, the ministry's 24/7 Health Care Provider Hotline is 1-866-212-2272.

Yours truly,

A handwritten signature in cursive script that reads "D Williams".

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Attachments

c: Dr. Peter Donnelly, President and CEO, Public Health Ontario