



National Collaborating Centre
for Infectious Diseases

Centre de collaboration nationale
des maladies infectieuses

2009 H1N1 Influenza Pandemic Debrief

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Montréal, Quebec

Rapid Knowledge Translation during the 2009 Influenza Pandemic

- Knowledge translation in times of urgent information need during public health emergencies
- NCCID launched the *Purple Paper* in November 2009
 - Summarize weekly peer-reviewed H1N1 literature pertinent to public health
 - Contextualize research findings for the Canadian situation
 - “2009 H1N1 Influenza Pandemic Debrief Series” introduced in the 9th issue (February 1, 2010)



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- All MOHs and associate MOHs from local jurisdictions across Canada
- MOHs in the First Nations and Inuit Health Branch, Health Canada
- Questionnaire with 5 open-ended questions



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1. What would you do again in a similar public health emergency?
2. What would you NOT do again in a similar public health emergency?
3. What was the most difficult situation your organization experienced?
4. What was the most important lesson learned?
5. What were your most important sources of information?



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2009 H1N1 Pandemic Debrief: Ethical Issues

1. Tension between actual needs in the community and top-down directives that address perceived/anticipated needs
2. Allocation of limited resources
3. Communication



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Tension between actual needs and perceived needs

- “Would reflect seriously on not enforcing centrally driven ‘rules and regulations’ that made no scientific sense and were not in the best interests of the citizens served by our health unit.”
- “Would be more likely to respond to local needs instead of following provincial direction if not felt to be in the best interest of our local community.”



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Allocation of Limited Resources: Vaccines

Adherence to priority groups

- **Do again:** “Vaccinate the priority groups against H1N1.”
- **Not do again:** “Allow all comers to get vaccine. It should be strictly targeted to the current priority group.”
- **Not do again:** “ Vaccinate the healthy general public against H1N1.”



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Allocation of Limited Resources: Vaccines (Cont'd)

More flexibility in determining priority groups

- “Turning people away who wanted the vaccine but were not in the priority group...”
- “Knowing that we could and should have expanded the vaccination campaign with regard to eligibility criteria, but being asked to stay with provincially set criteria.”
- “Managing the eligibility criteria e.g. having to keep elderly people with chronic diseases from getting the vaccine.”



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Allocation of Limited Resources: Critical Care

- “Pressure on critical care beds, combined with absenteeism at the acute care end of the spectrum.”



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Communication

- “There was lack of clarity around locus of decision- making ability about vaccine release and we made local decisions that subsequently had to be reversed.”
- “Impact of fear on demand for service. Must manage fear/anxiety as part of emergency response.”
- “The multiple attempts and requests for information from several sources distracted from the response effort.”
- “Uncertainty. We did not know when we were going to begin and when the next change from PHAC or the Ministry of Health was going to occur.”



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Thank You



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