

H1N1 Flu in Manitoba

EXPERIENCES TO DATE AND FUTURE PLANS

SEPTEMBER 2009

Pandemic Influenza in Manitoba

Manitoba and the rest of Canada experienced the first wave of pandemic flu this spring and summer and are preparing for an expected second wave of disease this fall. The novel H1N1 pandemic influenza virus first appeared in Mexico and has since spread around the globe.

On April 30, 2009 the World Health Organization (WHO) raised the level of influenza pandemic alert from phase three to phase five out of a potential six levels. On June 11, 2009, the WHO declared the novel H1N1 influenza virus to be a pandemic and went to phase six.

The first Canadian cases were reported in British Columbia and Nova Scotia on April 26, 2009. Manitoba's first confirmed case was reported on May 3, 2009. On May 6, Alberta reported the first Canadian death linked to the H1N1 virus. Manitoba's first death linked to the virus was reported on June 16.

As a result of these events, Manitoba and provincial and federal partners implemented the Canadian Pandemic Influenza Plan in April. This national plan provides the framework for provincial plans and covers logistics such as the distribution of supplies, the use of antivirals, developing a new vaccine for Canadians, and sharing information and guidelines with the health care sector and the public. Manitoba has played an active role in developing the national plans in areas such as vaccines, the use of antivirals, infection control and occupational health guidelines, clinical care guidelines, laboratory guidelines and other aspects of a response to pandemic influenza.

Manitoba Health and Healthy Living's (MHHL) comprehensive pandemic plan and the individual plans of Manitoba's regional health authorities (RHAs) were in place and implemented this spring to deal with the pandemic. The plans were adaptable and flexible to respond to the H1N1 pandemic flu this spring and provide a guide for planning this fall's expected resurgence of H1N1 pandemic flu and the annual seasonal flu.

Manitoba's pandemic response includes close collaboration between regional health authorities, other health care organizations, First Nations and Metis groups and federal partners to respond to the H1N1 pandemic flu. Through an incident command system led by the Deputy Minister of Health and Healthy Living, there is daily work to assess, address and respond to emerging issues such as demands for medevacs, providing antivirals, ensuring health care workers have access to personal protective equipment, planning for surge capacity within hospital settings and providing clinical care guidelines for health care professionals and information for Manitobans concerned about the novel influenza virus H1N1.

Manitoba's Experience – Wave One

As of August 24, 2009, Manitoba had 886 laboratory confirmed cases of H1N1 flu and seven H1N1 related deaths. Of the 886 confirmed cases in Manitoba, 327 were First Nations or Metis people. Table 1 provides an overview of lab-confirmed cases by regional health authority (RHA). This only provides lab-confirmed case information, but does not capture all Manitobans who were ill with H1N1 pandemic flu, nor does it focus on severe illness, which is most important in understanding the disease.

The majority of people in Manitoba who have become ill did not require hospitalization or medical care. However, Manitoba has had severe illness and death associated with this virus.

TABLE 1 -
Manitoba's
H1N1 flu cases

RHA of residence	Confirmed H1N1 cases
Assiniboine	28
Brandon	46
Burntwood/Churchill	189
Central	26
Interlake	55
North Eastman	56
Nor-Man	58
Parkland	16
South Eastman	17
Winnipeg	395
Totals	886

In early June, Manitoba had an increase in the number of cases of severe respiratory illness. These were individuals who had to be admitted to intensive care units (ICU) and as many as 30 per cent of that patient group were people of Aboriginal descent.

TABLE 2 -
Cumulative
Confirmed novel
H1N1 Cases
by Level of Care

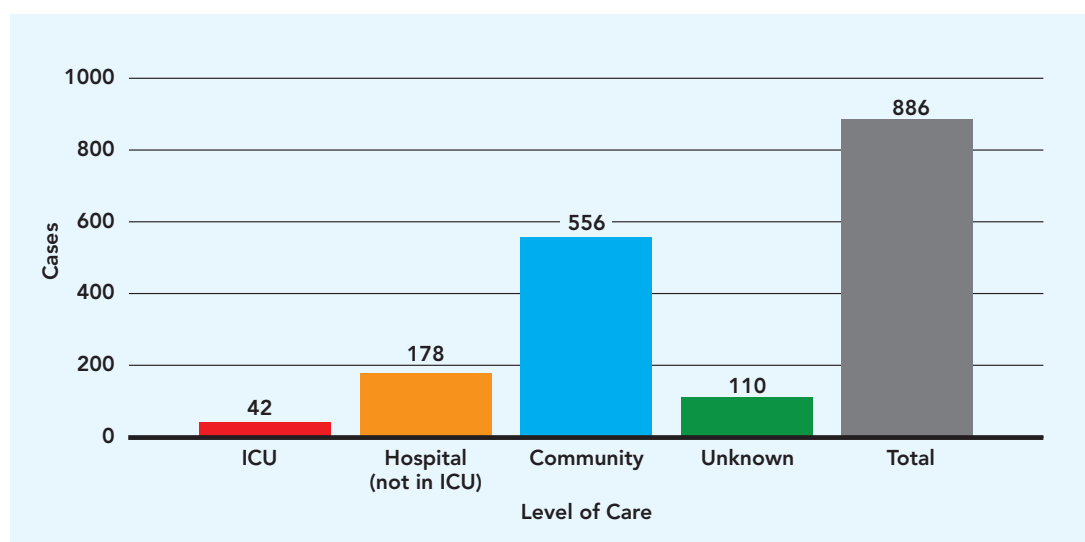


Table 2 looks at the level of care required. Unknowns refer to cases where there is no available information, but were generally cases that did not require hospitalization and were community-based.

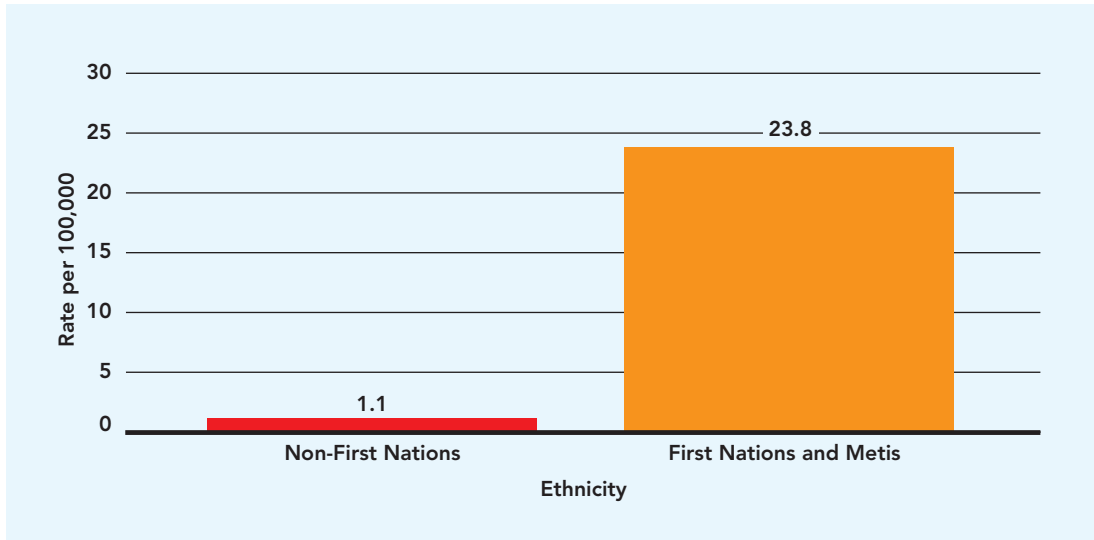


TABLE 3:
Crude Incidence of Severe Pandemic Influenza H1N1 by Ethnicity
Preliminary Analysis, August 2009

In Manitoba, during the first wave of H1N1 flu, the risk factors for severe illness have been:

- people with underlying medical conditions such as diabetes, lung disease or heart disease;
- people with immune disorders or receiving cancer treatment;
- pregnancy;
- obesity or malnutrition;
- social conditions, such as smoking, substance abuse or alcoholism; and
- Aboriginal ancestry.

To date, the data indicates that people under the age of 55 are more likely to develop severe illness.

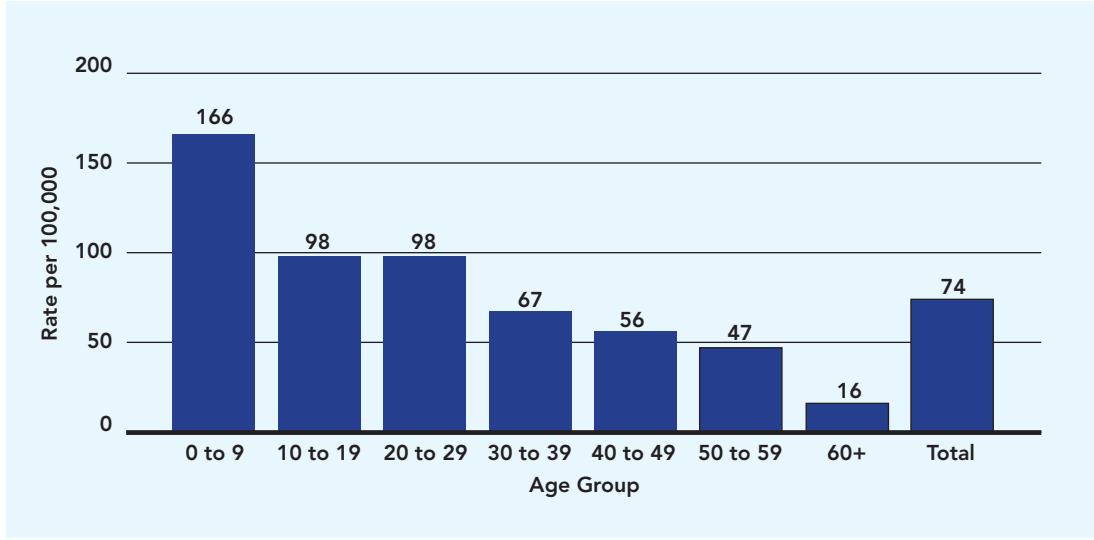


TABLE 4:
Crude Rates for Cumulative Confirmed novel H1N1 by Age Group

Wave One – The Health Care Sector

Since the new H1N1 pandemic flu virus was discovered in April, public health officials have vigilantly responded to the outbreak, updating and refining the public health response and providing information about what Manitobans can do to reduce their risk of illness.

This spring, the province invested more than \$12.4 million to address the emerging pandemic. Manitoba's incident command system drives the provincial health response to gather information, solve problems and provide direction. MHHL's role is to ensure a consistent approach across the province. It focuses on five key areas: logistics; planning; operations; finance; and communications. Through this structure, the health department monitors and responds to the growing knowledge about the H1N1 pandemic flu and the issues that arise around the province in managing a new strain of influenza. The incident command team and the respective sections meet frequently, often on a daily basis, to assess and resolve emerging issues. The structure also provides links to other experts, RHAs, and other provincial and federal jurisdictions to share information and best practices.

Regional health authorities implemented their incident command systems, which linked into Manitoba's incident command structure. All regions implemented their pandemic plans and were involved in Manitoba's response to the H1N1 pandemic flu. The role of the RHAs is to implement treatment and prevention measures and manage staff deployment to meet needs in a flexible and effective way. All regional health authorities reported increased activity as a result of the H1N1 virus, including increased activity in cases of flu-like illness in their emergency departments. RHAs applied the guidelines established by MHHL, including sharing guidelines with primary care practitioners and preparing their staff for the use of personal protective equipment, as recommended in Manitoba's guidelines.

Health Links – Info Santé (788-8200 or 1-888-315-9257) proved to be a valuable resource. The number of calls to this province-wide telephone health information service during the first wave increased significantly making this a valuable resource in providing personal advice and health information to Manitobans.

Hospitals and Intensive Care Units

Between April and July, RHAs managed increases in emergency room activity related to flu within existing operations. Plans to activate dedicated specialty clinics to address milder flu cases were put in place in all regions in case ER pressures increased, however, these clinics were not required in the spring. RHAs were able to manage increased patient demands within their existing systems.

In early June, Manitoba had a sharp increase in the number of patients with severe respiratory illness admitted to the intensive-care units (ICUs), more than in previous influenza outbreaks. The majority of the cases were people of Aboriginal descent. Many patients spent unusually long periods of time on a ventilator but most recovered with the support of ICU staff. The Winnipeg Regional Health Authority (WRHA) ordered 20 additional ventilators to provide additional capacity if needed. Today, Manitoba has 186 ventilators located across the province and can access 15 ventilators from a national stockpile. These were requested from the federal government in the spring, but not deployed.

Health Care Providers

In the first wave of this pandemic flu, health professionals went above and beyond when caring for people with some of the most severe cases of H1N1 pandemic flu. Since the pandemic began, health care providers across the province have been caring for people with symptoms of flu-like illness and making decisions about their care based on their professional judgment and expertise, and the guidance of infection, prevention and control protocols that are prepared and shared on an ongoing basis.

Staff across the province pulled together to care for their fellow Manitobans, using their skills, compassion and professionalism to adapt to ever-changing circumstances and increased workloads. Health care unions played an important role in problem-solving and providing flexibility to help manage new and unknown situations as they might arise in planning and responding to this situation.

The minister and department officials met with various physicians', nurses' and other health care professions to issue a call to action to encourage health care providers to assist temporarily in First Nations communities. More than 63 doctors, nurses and other health care providers stepped forward and 19 provided their time and expertise to ensure appropriate care was available in remote communities. This initiative slowed down through the summer as the need decreased, but will continue this fall.

Information about the H1N1 pandemic flu and how it has spread in Manitoba and other parts of Canada helps inform guidelines and fact sheets to help health care providers care for patients and respond to the H1N1 pandemic flu. These include guidelines on infection prevention and control, clinical management and laboratory testing.

Clinical care treatment and infection prevention and control guidelines for primary care providers - doctors, nurse practitioners, nurses and other health care providers - have been developed and shared with providers and will be updated as more is learned about this pandemic influenza.

Public Health and Surveillance

Public Health gathers and analyzes data through surveillance systems to better understand how the H1N1 pandemic flu is affecting Manitoba. This in turn informs decisions around clinical care guidelines, infection control measures and other responses. Public Health is tasked with tracking the disease and recommending the best possible responses for the public, for health care providers and for government. For example, Public Health recommends education and awareness about actions such as handwashing and cough and sneeze etiquette.

Through the Chief Provincial Public Health Officer, Manitoba's *Public Health Act* gives public health officials the powers to respond to the potential threat of any disease including H1N1 pandemic flu. The act allows for public restrictions and quarantines if required and other steps to prevent, reduce or eliminate a threat to public health. To date those powers have not been needed to manage H1N1 pandemic flu. However, if required, public health officials have the tools needed to take steps to protect the well-being of Manitobans.

Antivirals

Antivirals are used for the early treatment of influenza. If taken soon after a person gets sick with flu-like symptoms (within 48 hours), they may reduce the effect of flu symptoms, shorten the length of the illness and potentially reduce serious complications.

Clinical guidelines for health care providers identify who may be at greater risk for severe illness and may need antivirals as an early treatment. Antivirals can be prescribed by a physician or nurse practitioner, and the prescription can be filled at a pharmacy. These guidelines were updated in June to help health care providers decide who may be at greater risk for severe illness.

Anyone with a serious flu-like illness who requires hospitalization is given antivirals free of charge, just like any other medication given to hospitalized patients. There is also no charge for antivirals for any registered First Nations person, as they may have coverage through Health Canada - First Nations and Inuit Health.

Antivirals will be available through regular channels such as hospitals, nursing stations or in the community by prescription and the province will access its antiviral stockpile as needed.

In early June, the provincial government sent antivirals from the provincial pandemic stockpile to regional health authorities and to nursing stations around the province to ensure adequate supply for people with severe illness and/or risk factors for severe illness or for early treatment.

As the pandemic continues, all of this work will be continued and expanded to ensure health care services are available to all Manitobans.

Communities and Organizations

Manitoba is working to provide needed health care services for the H1N1 pandemic flu. In concert with the federal, provincial and regional governments, public health advice and information about precautions is being provided for all Manitobans.

This spring the H1N1 flu was province-wide and has likely been present in every community in Manitoba. To date, there have been no public health reasons to close schools, community centres or other public gathering places or to avoid travel to any community. If there is a public health reason to take steps to limit public contact, then those steps will be taken.

Key information about H1N1 pandemic flu has been provided, including:

- information for Manitoba school divisions and child care centres on the H1N1 flu virus, including precautions people can take and how to take care of someone with the virus;
- specific advice for businesses directly affected by the H1N1 pandemic by establishing a helpline to answer questions from businesses and other organizations about H1N1; and
- sharing information with the agricultural producers and local veterinarians about the H1N1 virus.

In addition, the Chief Provincial Public Health Officer and MHL sent letters to physicians, health care providers, health care organizations, school divisions, universities, municipalities, businesses, chambers of commerce, child care centres, First Nations communities and business and labour organizations to provide information about the current human pandemic H1N1 influenza situation. Information was also widely sent through government departments and government stakeholders.

The province provides accurate and timely information through regular news bulletins, media briefings, interviews and newspaper and radio advertising. Manitobans can contact Health Links-Info Santé (788-8200 or 1-888-315-9257) for up-to-date information about the flu as well as medical advice for people experiencing flu-like symptoms.

Information about the virus, the precautions Manitobans can take to avoid getting sick and public health measures are also available on the provincial government website in English and French.

First Nations and Metis Communities

Manitoba Health and Healthy Living is working closely with First Nations and Metis leadership, and the First Nations and Inuit Health of Health Canada to support health care services in First Nation and Metis communities. The federal government is responsible for providing health care services to most First Nations communities, including public health services to address a pandemic.

Throughout May and June, pockets of increased illness occurred in remote northern communities, resulting in a stronger provincial response. A number of First Nations residents came to Winnipeg from their communities by air ambulance for treatment of severe respiratory illness. Steps were taken to address the situation:

- To support First Nation communities, the province provided additional doctors and supplies. In June, the province responded to a request from First Nations and Inuit Health for supplies, which included antivirals and:
 - 2,640 N-95 respirator masks;
 - 9,000 surgical masks; and
 - 858 litres of hand sanitizer.
- Beginning in June, the Manitoba government partnered with the Assembly of Manitoba Chiefs, Manitoba Keewatinowi Okimakanak, the Southern Chiefs Organization, Manitoba Metis Federation and the federal government to provide training sessions to First Nations and Metis emergency managers to support ongoing preparedness and responses at the community level.
- Manitoba set up a tri-partite table involving the province, the federal government and First Nations and Metis organizations to support ongoing communication and problem-solving efforts around H1N1 flu response.
- In mid-June, the provincial government began co-ordinating a centralized dispatch of air ambulances to improve services on an interim basis. This freed up nurses in northern communities to provide care rather than arranging air ambulance services.

- In July, the province appointed Dr. Catherine Cook as an Aboriginal health advisor on H1N1 flu issues to work with First Nations and Metis communities, leadership organizations and the federal government to further strengthen communication, co-ordination and response to H1N1 influenza.
- The province has also developed ads and information targeted to First Nations communities, including working with the Assembly of Manitoba Chiefs to develop and distribute posters on flu prevention.

Going Forward – Fall and Winter 2009-2010

It is difficult to predict exactly what will happen during the fall flu season, but it is expected that the H1N1 pandemic flu virus will continue to be present in communities across the province. Based on the experience of the spring and what has occurred in the southern hemisphere during their traditional flu season, it is anticipated that the disease will continue to be relatively mild for most Manitobans. It is however, important to plan for expected severe disease as there are still unknowns about this pandemic flu.

This fall, the province is investing more than \$47 million to deal with the next wave of the H1N1 pandemic flu. Activities underway or planned include:

- 1. Protecting Manitobans – Prevention:** more than \$21.8 million to purchase, store and distribute vaccine for pandemic H1N1 influenza;
- 2. Caring for Manitobans:** more than \$5.7 million to increase intensive care and surgical capacity by hiring staff, purchasing more equipment and supplies, and for additional supplies of antivirals;
- 3. Supporting the Front Lines:** more than \$16.8 million to purchase additional masks, gloves, gowns and other protective equipment for health care providers;
- 4. Working for Manitobans:** more than \$3.1 million for laboratory testing equipment, additional public health staff and to provide information to the public about the pandemic and personal precautions; and
- 5. Keeping Manitobans Moving:** from home flu kits and workplace preps, there is a role for everyone to prepare for H1N1 pandemic flu.

These investments will focus on prevention, treatment and care to help reduce the risk of people getting sick, while providing health care services for people who do become ill with H1N1 pandemic flu.

Manitoba's incident command system will continue to quickly assess and respond to the H1N1 flu this fall, in partnership with RHAs and Health Canada, First Nations and Metis communities, and other partners. Substantial planning has taken place over the summer to prepare for another wave of the disease and the delivery of vaccine, for both the usual seasonal flu and the H1N1 pandemic flu. RHAs and other health organization have been busy during the summer to update pandemic plans based on the experiences of the first wave of disease.

Protecting Manitobans – Prevention

Vaccination is one of the most effective way to protect the public from pandemic H1N1 influenza. Influenza vaccine causes the body to produce antibodies to fight the flu virus, and increases immunity or protection from the virus. The vaccine contains inactive virus, so it cannot cause influenza.

Universal H1N1 Vaccine

Manitoba is expecting to receive 1,825,745 does of H1N1 flu vaccine when it is ready, as ordered through the federal government, for Manitobans who want or need the vaccine, and would benefit from the immunization.

The province, the RHAs and Health Canada's First Nations Inuit Health are already planning mass immunization clinics at a regional and local level to provide the vaccine to Manitobans once it is ready. RHAs are engaged with local organizations like arenas, community centres, schools and seniors' housing centres to plan for immunization clinics. Volunteers will play a key role in immunization clinics. Interested people should contact their RHA for more about how they can help. Advertising, media announcements and web-based information will keep Manitobans up-to-date about the latest information.

The vaccine is expected to arrive in batches over a period of a few weeks. The scientific data is currently being reviewed nationally to identify who will need the vaccine first because of risk associated with severe disease and an individual's role in responding to H1N1 flu. Manitoba's Chief Provincial Public Health Officer will determine Manitoba's list of who needs the H1N1 vaccine the most based on provincial evidence and taking into account advice from the Public Health Agency of Canada and the World Health Organization. Manitoba has already identified First Nations and Metis populations as an important population to focus on given the Manitoba experience during the first wave of H1N1 pandemic flu in the spring.

Seasonal Flu Vaccine

Once again this year, the province is promoting the seasonal flu vaccine program to protect Manitobans against other flu strains that may be circulating in Canada. A seasonal flu vaccination campaign occurs every year. In the fall, there may be two vaccine campaigns – one for the usual seasonal flu and the second for the H1N1 pandemic flu. This will depend on the delivery of vaccine and plans will be adapted for either joint or separate seasonal/ H1N1 flu vaccine programs.

Caring For Manitobans

Expanding ICU capacity

Manitoba has 183 intensive care unit (ICU) beds available and this will add an additional 10 beds – six for adults and four for children in Winnipeg. Additional frontline staff, diagnostic tests, supplies and equipment will be available to put these beds into action as needed. There are also contingency plans to further increase ICU capacity if needed, potentially doubling the capacity to care for patients on ventilators.

Manitoba experienced an unusual demand for ICU services this spring and many people required long-term support on ventilators, which is unusual with influenza. These additional beds will help the health care system cope with the potential demand and reduce the impact on services in other areas of the health care system. In addition to the ICU beds, there are 186 ventilators and 122 isolation rooms to treat those who are severely ill with the flu.

Both Winnipeg and Brandon regional health authorities are finalizing plans to convert other specialized beds (post-surgery/surgical recovery rooms) into ICU beds as required. If there are sudden increases in the number of patients who are severely ill and require ICU care, then these specialized beds will be quickly converted from their usual use to provide more intensive care capacity.

Surge Capacity

MHHL and the regional health authorities' plans for providing health care services this fall include:

- managing the availability of acute care beds;
- reducing the spread of infection in hospitals and other health care facilities;
- participating in a mass provincial vaccination program; and
- distributing antivirals as per provincial guidelines.

Planning for potential surges in the number of people who need care includes:

- increasing intensive care capacity;
- establishing specialized clinics for milder cases of flu;
- moving services and staff from one facility to another to ensure continuity of care;
- prioritizing patients for personal-care home beds;
- redirecting non-urgent surgical procedures to other facilities during times of heavy demand; and
- monitoring basic air ambulance and Lifeflight capacity to support the efficient dispatch of these resources if there is a surge in demand.

Currently, it is expected that surgery schedules will remain on track. However, depending on the situation this fall, there is the possibility that other areas of the health care system will have to reduce services. This could affect elective surgeries, hospital visitors and the

way ERs manage patients. All RHAs have essential services plans to keep priority health care services in place while reducing others if circumstances require such action. All options are being carefully examined in consultation with health care professionals and RHAs. It will be important to ensure health care professionals are able to respond to the demands of the pandemic flu.

In addition, the department will collaborate with RHAs and FNIH of Health Canada to strengthen primary care services.

First Nations and Metis

Manitoba has agreed to work with First Nations and Metis organizations a number of key areas:

- **Medicine Kits:** The province is supporting the distribution of home-based medicine kits through the Assembly of Manitoba Chiefs that will be distributed this fall. Manitoba is providing medical advice, funds and other supports as needed for the kits to be distributed to First Nations, Metis and Northern Affairs communities.
- **Sharing information:** The tripartite table will continue to support ongoing communication and problem-solving efforts around H1N1 flu response.
- **Vaccination:** Health Canada is taking the lead in arranging flu vaccinations for both seasonal flu and H1N1 flu shots for First Nations communities, and the RHAs are providing support.

Dr. Catherine Cook will continue her work as an Aboriginal health advisor on H1N1 flu issues. Regular meetings will be held between First Nations organizations and the Manitoba Metis Federation (MMF), the province and the federal government to identify problems and develop solutions. First Nations communities have also identified incident commanders who can link into the provincial incident command structure as needed.

Antivirals

In Manitoba antivirals are for treatment of people with a severe respiratory illness or for people at risk of severe disease. Antivirals are for short-term treatment but are sometimes confused with vaccine. Only vaccine provides long-term protection and immunity.

The province has developed guidelines for health care providers to guide their use of antivirals, which are updated as new scientific information becomes available.

Decisions about using antivirals are made by physicians and other health care providers on a case-by-case basis. If a person needs antivirals, the provider will issue a prescription. Manitoba's Pharmacare program is also covering antivirals. Health Canada and other federal populations also have prescription drug coverage through federal programs.

As with all prescription medications, the decision about what drugs to prescribe and when to prescribe them is made by the patient's health care provider after an examination and consideration of the severity of symptoms and risk.

Manitoba has a provincial stockpile of antivirals, established in partnership with the federal government. It is based on Manitoba’s population and is intended to serve all Manitobans. This stockpile is available to regional health authorities and Health Canada if additional supplies are required to care for people who need antiviral treatment. Manitoba currently has 176,000 treatment courses of antivirals in addition to the usual supply found in hospitals, clinics and other health care settings.

The province would purchase additional antivirals to ensure enough are available to care for people in need if required.

Supporting the Frontlines – Working with Health Professionals

Protective Equipment

Manitoba has purchased and distributed a range of protective equipment for health care providers, including masks, gowns, eye shields and gloves and is buying more. This stockpile is over and above the normal supplies that the health care system buys and stocks for normal operations. Manitoba currently has enough supplies for the health care system to last eight weeks if there is a disruption in the normal supply chain or delivery problems in the fall.

Current Manitoba Supply Stockpile (over and above normal supplies)	
N-95 respirators	2,198,240
Surgical masks	28,358,000
Hand sanitizer	29,016 bottles
Gowns	1,895,000
Eye protection	3,101,700
Gloves	731,000
Tamiflu	176,000 treatment courses

TABLE 5

In addition, supplies such as needles, gloves, small spot bandages and cotton balls are in storage ready for use in delivering vaccine to Manitobans.

The province has purchased additional hand sanitizer supplies for the regional health authorities. Manitoba also assisted Health Canada in providing hand sanitizer for several northern communities.

In addition, the province will strengthen primary care services and continue to provide the most up-to-date scientific advice through guidelines and protocols for health care professionals.

Working for Manitobans

Through an incident command system led by the Deputy Minister of Health and Healthy Living, staff work daily to assess, address and respond to emerging issues related to H1N1. This structure connects to RHAs, the federal government, First Nations and Metis governments, and other organizations to gather information, solve problems and provide direction. It provides the flexibility to adapt quickly to any new situations.

Sharing Information

Public health measures and clinical care guidelines will continue to be updated as more is learned about this influenza virus to ensure all health care providers have the latest information on the pandemic.

Information for the public about the pandemic and precautions to protect themselves and their families will be available throughout the fall. New advertising campaigns will provide information on precautions and how to care for yourself and others if you get sick. Some key activities include:

- H1N1 pandemic flu household guide for all Manitoba households;
- information campaigns about the seasonal vaccine shot and H1N1 pandemic flu vaccine shot;
- information about infection prevention and control;
- translating cough etiquette and handwashing information into 17 languages;
- targeted communications with First Nations and Metis leadership and communities; and
- targeted communications for pregnant women, businesses, municipalities and others.

The province will continue to issue regular news bulletins, take part in media briefings and interviews and provide information on the provincial government website and through Health Links-Info Santé (788-8200 or 1-888-315-9257).

What Every Manitoban Can Do

- Have a home flu kit with a thermometer, facial tissues, soap, ibuprofen or acetaminophen – do not give ASA to children.
- Be familiar with flu symptoms and what steps you should take - check the H1N1 pandemic flu household guide that will be mailed in September.
- Have someone who can help you out if you become ill and be ready to help out others who might need some support when they're not feeling well. This would include plans for caring for children, picking up groceries or other daily tasks.

Keeping Manitoba Moving

From preparing a flu kit for home to planning for potential illness in the workplace, all Manitobans can prepare for a second wave of H1N1 pandemic flu.

Communities and Organizations

It is recommended that pandemic plans should be in place or in development for Manitoba businesses to address possible issues such as higher-than-usual employee absenteeism, transportation problems or disruptions in receiving needed supplies.

Provincial officials will continue to provide advice to Manitoba businesses and workplaces throughout the pandemic. Basic information on the pandemic will be updated as new scientific evidence becomes available. The provincial helpline for businesses and other organizations will continue to operate to provide specific information to individual businesses. The number is 1-866-351-3180.

Manitoba government departments have each developed business continuity plans to ensure that government can continue to provide vital services during a pandemic influenza outbreak. Many departments are also working with their key stakeholders and organizations to expand the level of preparedness across the province. Departments are also sharing information about H1N1 through their contacts.

Schools have been asked to remain vigilant for flu-like illness in students and staff. Schools should continue to contact their public health nurse at their local community area office to report unusually high absenteeism.

Schools are encouraged to include infection prevention and control as part of daily classroom life, including putting information about cough etiquette and hand washing throughout schools and ensuring hand hygiene supplies, such as soap and water, are readily available. Children who are feeling well do not need to stay home. Children and staff who are ill should stay home until they feel better and have no flu-like symptoms.

Parents/guardians are encouraged to have back-up plans for child care. Child care plans should consider:

- child care arrangements if your child is sick and unable to attend school;
- child care arrangements if a parent/guardian is sick and requires support after school-hours, including a designated person(s) to pick up children if you are unavailable.

MHHL and Manitoba's Emergency Measures Organization (EMO), are working with municipalities and First Nations and Metis organizations to ensure critical services that protect people, property and the environment such as emergency services, water, waste and garbage collection continue.

Conclusion

Manitoba's pandemic plan is a flexible, adaptable framework to assess, address and respond to the H1N1 pandemic flu. The ultimate goal is to protect the health of all Manitobans. The importance of working closely with RHAs, health organizations, First Nations and Metis groups and the federal government will continue to guide Manitoba's efforts. The health care sector has updated its plans for H1N1 pandemic flu through the summer based on the experiences of the spring and is prepared for the anticipated fall wave of H1N1 pandemic flu.

The most up-to-date information will be available at www.manitoba.ca through the H1N1 flu site.

