

August 26, 2009



Tripartite First Nations Health Plan

Dear First Nations Community Members,

RE: The Pandemic H1N1 Virus and Your Community

The Current Situation

The new H1N1 influenza virus is widespread in BC, so wherever we live we can expect to be exposed to it at some time this fall or winter. We are all aware of the health concerns posed by the Pandemic H1N1 virus, which first appeared in April of 2009. As you may be aware, some First Nations communities in Canada, especially those with high levels of overcrowding and high rates of underlying chronic disease have had more H1N1 activity and a greater than expected experience of H1N1 complications. The H1N1 virus predominantly infects younger age groups but at any age, those with underlying medical conditions are more likely to experience the more serious complications. Additionally, pregnant women in the fourth to ninth month of pregnancy and up to four weeks after birth are vulnerable to more severe impacts of the H1N1 virus.

In the majority of cases, First Nations individuals, like other Canadians are experiencing only mild to moderate influenza symptoms. There have been a number of BC First Nations cases of H1N1 both on and off-reserve and it is expected that the second wave of H1N1 this fall will result in more cases.

The First Nations Health Council, Health Canada, the Ministry of Healthy Living and Sport, and Regional Health Authorities have been working closely over the summer to ensure that the pandemic response for BC First Nations is both in place and well

coordinated. The roles and responsibilities of the partners, with regards to H1N1, are listed in the Appendix to this memo.

While individuals in BC, Canada and around the world are still becoming ill with H1N1, there is good news:

- First Nations communities in BC have worked to create Community Pandemic Plans. Ask your local health staff about your community's plan.
- Antiviral medications have been pre-positioned in remote and isolated First Nations communities in BC that have health care workers who can prescribe and dispense them safely. Antivirals are oral medications that individuals can take to help fight influenza when they are suspected or known to have influenza. In communities without a continuous health care worker on site, antivirals will be brought in with a health care worker depending on individual community situations.

Next Steps

- The Tripartite Partners, along with Regional Medical Health Officers, will conduct weekly teleconferences to coordinate efforts and discuss arising issues related to H1N1.
- The Tripartite Partners are completing an H1N1 Action Plan for First Nations Communities in BC 2009/2010.
- Planning for pandemic influenza vaccine clinics is ongoing among the Tripartite Partners and will progress as more information on the pandemic vaccine is known.

What can I do to keep my family safe?

Whatever your community, the best advice remains:

- Hand washing, when done correctly, is the single most effective way to prevent the spread of infectious diseases. Soap and water is the best way to clean hands and is superior to hand sanitizers. In communities with boil water advisories, the water is still fine for cleaning and hygienic purposes. Hand sanitizers may be used if there is no soap and water available.
- Sneeze and cough into your elbow or sleeve (not your hand), or use a tissue. After wiping or blowing your nose with a tissue, throw away the tissue and wash your hands. Keep your fingers away from your eyes, nose and mouth.
- Make sure all surfaces and items in your house are as clean as possible. Keep personal items separate if a household member is sick. Use a regular household disinfectant to clean surfaces around a person who is sick with influenza. Do not

share personal items like toothbrushes or drinks.

- Even in conditions of crowding or reduced access to water, cleaning your hands, proper cough hygiene, and cleaning of household surfaces will help prevent the spread of influenza.
- If you have influenza symptoms - fever, cough, runny nose, sore throat, body aches, fatigue - call your nursing station, or health centre or physician's office before going in for care. If you are experiencing shortness of breath or difficulty breathing, you should go see a nurse or doctor right away.
- If you have the influenza virus, you should stay home and isolate yourself from large crowds such as family and community members. If you are caring for a family member who is sick with H1N1 influenza symptoms, their contact with others should also be very limited - ideally with as few caregivers as possible. If possible, an ill family member should be in a separate bedroom from those who are not ill.
- As health leaders in your community, you can make sure your community has an up-to-date pandemic plan that meets your community's needs. Share the plan with your health team, community leaders (i.e. Chief and Council), and regional health authority to ensure you can work effectively together. Build partnerships with neighbouring communities to create a reciprocal support network in case you do not have enough community health worker support for the needs of your community.

For more information preventing H1N1 visit: www.fightflu.ca

Who Should You Contact with Your Questions about H1N1?

If you have questions about H1N1, the first place to start is with your local health providers (a doctor or a nurse).

For easy access to non-emergency health information and services, call Health Link BC at 8-1-1 or visit www.HealthLinkBC.ca online. Translation services are available in over 130 languages on request. For deaf and hearing-impaired assistance (TTY), call 7-1-1.

Provincial BC updates on H1N1 and links to general information and guidelines can be found on the BC Ministry of Healthy Living and Sport website: <http://www.gov.bc.ca/govt/swineflu.html>

For information on how you can get involved with your community's pandemic plan, please speak to your Health Director or Aboriginal Health Lead for your Regional Health Authority.

If you are a Health Care Worker or Health Director and require assistance with your community Pandemic Influenza Plan, please contact the FNIH Health Protection Directorate at (604) 666-1300.



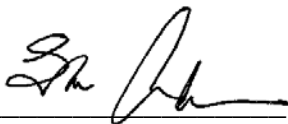
Andrew Hazlewood
Assistant Deputy Minister
Population and Public Health
Ministry of Healthy Living
and Sport
1515 Blanshard St RBB4-2
Victoria BC
V8W 3C8



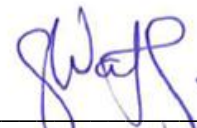
Joe Gallagher
Chief Executive Officer
First Nations Health
Council
1205-100 Park Royal South
West Vancouver BC
V7T 1A2



Bruce Cuddihey
A/Regional Director
General
Health Canada- BC Region
235-757 West Hastings St
Vancouver BC
V6C 3E6



Evan Adams, MD
Aboriginal Health Physician
Advisor
Ministry of Health (Office of
the Provincial Health Officer)
1515 Blanshard St., 4th Floor
Victoria, BC
V8W-3C8



for Marcus Lem, MD,
MHSc, FRCPC
Director, Health Protection
Health Canada – FNIH BC
Region
406 – 1138 Melville Street
Vancouver, BC
V6C 4S3



APPENDIX

Who is Responsible for What? The Roles of Governments and Health Authorities

Governments share the responsibility for providing services to First Nations people.

The Federal Government

Health Canada –First Nations and Inuit Health (FNIH)

- FNIH is responsible for ensuring health services are provided to First Nations on-reserve communities in BC, including services related to H1N1.
- The FNIH Health Protection team is regularly involved in the control of infectious disease and outbreak response with First Nations on-reserve.
- The FNIH Health Protection team is working with First Nations communities to educate and ensure support in developing and updating their pandemic influenza plans.
- FNIH has ordered additional personal protective equipment (e.g. gowns, masks and gloves) to be used by health and home care workers in First Nations communities.
- FNIH guidelines for using personal protective equipment are available to health centres. The guidelines describe precautions health care workers and the community can take to protect themselves against influenza.
- FNIH has pre-positioned antiviral medications along with guidelines for their treatment to remote and isolated First Nations communities that have health care workers who can prescribe and dispense them safely.
- FNIH provides continual updates to FNIH nurses, transfer nurses and Health Directors working in First Nations communities through various communication mechanisms (i.e. by email, teleconferences, faxes, and internet websites).
- In collaboration with the Regional Health Authorities, FNIH has established a surveillance tool and system to track cases of influenza like illness (ILI) and H1N1 in First Nations communities in BC. This monitoring system will support early recognition and response to H1N1 in communities.

Public Health Agency of Canada (PHAC)

- PHAC and Health Canada both report to the Federal Minister of Health, Leona Aglukkaq.

- PHAC has the overall national lead in coordinating the response to the H1N1 pandemic, while Health Canada - FNIH has a specific role with respect to First Nations communities.
- The roles of PHAC include:
 - National public health leadership: Chief Public Health Officer
 - National management of emergency medical equipment and supply stockpile
 - Antiviral stockpile and vaccine production
 - National surveillance
 - National communications
- In the event of a pandemic, such as H1N1, PHAC takes the lead in coordinating a response. Working closely with Health Canada's headquarters and regions and provincial health ministries, PHAC's role is to prevent and control infectious disease and make recommendations and guidelines.
- PHAC is responsible for acquiring and distributing vaccines to the provinces and territories – including supplies for First Nations.

Indian and Northern Affairs Canada (INAC)

- INAC has a bilateral agreement with the provincial government to work closely with provincial partners in an emergency response situation.
- INAC supports the primary departments' efforts to address and manage the consequences of the emergency situation, specifically, the disruptions to community-level critical services delivered by First Nation communities.
- In the case of an influenza pandemic threat on-reserve, INAC is responsible for:
 - Ensuring the continuity of essential services in communities
 - Sharing opportunities for transportation as required and in support of FNIH
 - Supporting development, testing and updating of emergency management plans
 - Supporting FNIH in areas such as facilitating the search for extra storage requirements in the communities for pandemic-related supplies

The Provincial Government

British Columbia Ministry of Healthy Living and Sport

- The Ministry of Healthy Living and Sport, through the Provincial Health Officer (PHO), is the lead in the province in the event of a pandemic outbreak. The Ministry includes the Aboriginal Health Branch.
- The PHO is the main provincial spokesperson and may delegate responsibilities to the BC Centre for Disease Control.

- The Aboriginal Physician Advisor works closely with the PHO and provides policy guidance.
- The PHO - in consultation with Medical Health Officers, FNIH, and the Aboriginal Health Physician Advisor - is responsible for recommendations on, if and when, antiviral medications will be distributed to BC communities, including First Nations.
- The PHO and the Ministry work closely with provincial and federal partners and are also responsible for implementing the provincial influenza plan.

Regional Health Authorities

- The Regional Health Authorities' (RHA) primary role is to ensure that BC residents have access to a coordinated network of high-quality specialized health care services. RHAs are responsible for planning and implementing the response to an influenza pandemic, with direction from the provincial and federal governments.
- Medical Health Officers are responsible for the control and management of infectious disease outbreaks in British Columbia. They have the ability and authority to make local decisions that are in the best interest of the population, community or individual.
- RHAs are the lead agencies at the local and regional levels and implement the RHA pandemic influenza response plan, often in cooperation with individual First Nations.
- RHAs coordinate the distribution of medications and supplies and organize immunization clinics once vaccines are available. First Nations' input into these plans is welcomed. RHAs will be distributing the pandemic vaccine to First Nations communities and/or their health centres as they would for the seasonal influenza vaccine.

The First Nations Health Council

- The First Nations Health Council is working with BC First Nations to implement the Tripartite First Nations Health Plan; the Tripartite Health Plan was signed in June, 2007 to improve the health and well-being of First Nations people in BC.
- Health Council staff work closely with federal and provincial partners to ensure a coordinated approach to pandemic planning and response for First Nations communities and may advocate for communities as the need arises.
- The Health Council plays an important role in keeping First Nations health directors, staff and leadership informed through its work in communities and through regular communication.