

24-25 Respiratory Illness Surge Preparedness

Middlesex London Ontario Health Team
(MLOHT)

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**Ontario
Health**

Intention of this slide deck

To provide OHT partners with the information they need to prepare for and respond to the upcoming respiratory illness season.



This slide deck covers 9 Functional Areas of Preparation¹:

1. [Surveillance, Modelling & Evidence](#)
2. [Risk, Communications and Public Health Advice](#)
3. [Vaccines](#)
4. [Testing](#)
5. [Outpatient Care and Therapeutics](#)
6. [Acute Care](#)
7. [Infection, Prevention, and Control \(IPAC\) and Outbreak Management](#)
8. [Supplies & Equipment](#)
9. [Health Human Resources](#)

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Section 1: Surveillance, Modelling and Evidence

Surveillance, Modelling and Evidence

- All health system partners are expected to maintain and review their surveillance resources and monitor and assess the progression and magnitude of the respiratory pathogen season.¹
- Provincial data on respiratory pathogen surveillance can be found via the [Ontario Respiratory Pathogen Bulletin](#) and the [Ontario COVID-19 Data Tool](#).¹
- To monitor respiratory illnesses in the Middlesex-London region, the Middlesex-London Health Unit provides an interactive Respiratory Dashboard, updated every Tuesday: [Middlesex-London Respiratory Surveillance — Middlesex-London Health Unit](#).
- All health care providers are expected to report the following to the local public health agency:
 - unusual clusters of ILI
 - confirmed outbreaks
 - cases of influenza (though we will receive these by lab report)
 - deaths due to COVID-19
 - cases of COVID-19 in an institution

1. [Ministry of Health - Seasonal Respiratory Pathogens Readiness and Response Guide – July, 2023](#)

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Section 2: Risk, Communication and Public Health Advice

Risk, Communication and Public Health Advice

- The Ministry of Health posts public information at ontario.ca.
- Public Health Unit communicates with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly¹ via its [weekly newsletter and regular webinars](#).
- The [Public Health Unit](#) communicates with the public on risk and appropriate public health measures.¹
- The Public Health Unit communicates with the public to mitigate hesitancy and misinformation and promote evidence-informed public trust and confidence in vaccines.¹
- All health system partners follow public health and ministry recommendations.

1. [Ministry of Health - Seasonal Respiratory Pathogens Readiness and Response Guide – July, 2023](#)

Risk, Communication and Public Health Advice

- **Share information about how patients can access care in the community this respiratory season**, including via Health811 and [Urgent Care Ontario](#).
- Visit the [Health811 resource hub](#) to access communications materials to promote awareness of the Health811 service.
- For those who have difficulty accessing the Health811 telephone service by dialing 8-1-1, it is also possible to reach the service by calling 1-866-797-0000 or by using the live chat function.

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Section 3: Vaccines

Vaccines

- The Public Health Unit undertakes preparedness planning and coordinates local vaccination programs to administer vaccines, including providing leadership for hard-to-reach populations¹
 - Health system partners who will be administering vaccine to eligible clients/patients/residents/health care workers can order vaccine via the Public Health Ordering System (PHOS). If you are not yet registered to use PHOS can complete the [online registration form](#).
- All health care providers should review vaccine policies and promote vaccination amongst clients, patients, residents and health care workers.
- All health care providers should conduct timely reporting of any adverse events following immunization to local public health unit.
- Information for the public about where vaccines are available locally is available here: [Immunization Clinic — Middlesex-London Health Unit](#) or the [pharmacy locator](#) webpage.

Fall Vaccination Programs

Component	RSV (Adult)	Influenza	COVID-19	RSV (Infant)
Campaign Start	<p>Aug 2024: LTCHs and co-located RHs</p> <p>Late Sept 2024: All other eligible populations</p>	<p>End of Sept and Oct: LTCHs, hospitals, then all other high- risk populations</p> <p>End of Oct: General population</p>	<p>When new formulation arrives</p> <p>Oct: High risk</p> <p>End of Oct: General population</p>	<p>September – Pregnancy (Abrysvo)</p> <p>October – Infant (Beyfortus - exact date TBC – dates still being finalized as part of procurement process)</p>
Primary channel for administration	LTCHs & RHs Primary Care, PHU, Other (specialists, hospitals, Indigenous clinics)	Pharmacy, Primary Care, PHU, Other (RH, LTCH, workplaces, community paramedicine, health care agencies etc.)	Pharmacy, PHU (<2 years of age), Other (RH, LTCH workplaces, community paramedicine, health care agencies, primary care, etc.)	<p>Pregnancy (Abrysvo): Primary care, OB/Gyn, Midwives</p> <p>Infant (Nirsevimab):</p> <ul style="list-style-type: none"> In season: hospitals Out-of-season: Primary care, PHU (support); northern/remote nursing stations 2nd season high-risk: Pediatric specialists; out-patient hospital clinics, primary care
Professionals that can administer	Physicians, Nurse Practitioners, Nurses (RNs, RPNs) <i>Pharmacists & Pharmacy Technicians (private supply only)</i>	Pharmacists, Physicians, Nurse Practitioners, Nurses (RNs, RPNs), Midwives, Community Paramedics		Physicians, Nurse Practitioners, Nurses (RNs, RPNs), Midwives (only Abrysvo; not Beyfortus)

Flu Vaccines

The influenza vaccine is available to the public through primary care providers, public health units, pharmacies (for those 2 years of age and older), long-term care homes, workplaces, hospitals, and community health centres.

Priority populations for immunization (as soon as the vaccine becomes available):

Healthcare workers, first responders, individuals with significant exposure to birds or mammals, and the following individuals at high risk of influenza-related complications or who are more likely to require hospitalization, should be prioritized to receive the influenza vaccine as soon as vaccine is available:

- Residents, staff and care providers in congregate living settings (e.g. chronic care facilities, retirement homes)
- People 65 years of age and over
- All pregnant women
- All children 6 months to 4 years of age
- Individuals in or from First Nations, Métis or Inuit communities
- Members of racialized and other equity deserving communities
- Individuals 6 months of age and older with the following underlying health conditions:
 - Cardiac or pulmonary disorders
 - Diabetes mellitus or other metabolic disease
 - Cancer
 - Conditions or medication which compromise the immune system
 - Renal disease
 - Anemia or hemoglobinopathy
 - Neurologic or neurodevelopment conditions
 - Morbid obesity (body mass index of 40 or more)
 - Children and adolescents (6 months to 18 years) undergoing treatment with acetylsalicylic acid for long periods

Flu Vaccines continued...

- Flu vaccine is recommended for all people six months of age and older without contraindications.
- The following are particularly recommended to receive the influenza vaccine, once eligible (starting October 28, 2024):
 - Individuals capable of transmitting influenza to those listed in the section above and/or to infants under 6 months of age:
 - Care providers in the community
 - Household contacts (adults and children) of individuals at high risk of influenza related complications
 - Persons who provide care to children ≤ 4 years of age
 - Members of a household expecting a newborn during the influenza season
 - Those who provide services within a closed or relatively closed setting to persons at high risk of influenza related complications (e.g. crew on a ship)
 - People who provide essential community services
- Influenza vaccine may be administered at the same time as the COVID vaccine.
- Healthcare providers and facilities must use the [Public Health Ordering System \(PHOS\)](#) to order influenza vaccines.
- Information for the public about where vaccines are available locally is available here [Flu — Middlesex-London Health Unit](#) or the [pharmacy locator](#) webpage.

COVID Vaccines

Recommended high-risk and priority populations for COVID-19 immunization:

COVID-19 vaccination is **strongly recommended** for previously vaccinated and unvaccinated individuals who are at increased risk of SARS-CoV-2 infection or severe illness due to COVID-19:

- Adults 65 years of age or older
- Individuals 6 months of age and older who are/have:
 - Residents of long-term care homes and other congregate living settings
 - Pregnant
 - From First Nations, Métis and Inuit communities
 - Members of racialized and other equity-deserving communities
 - Underlying medical conditions that places them at higher risk of severe COVID-19, including children with complex health needs

Recommended populations for COVID-19 immunization (starting Oct. 28, 2024)

All other previously vaccinated and unvaccinated individuals (6 months of age and older) who are not at increased risk of SARS-CoV-2 infection or severe illness from COVID-19 (i.e., not listed above), are recommended to and may receive COVID-19 vaccine.

COVID vaccine may be administered at the same time as the Influenza vaccine.

COVID Vaccines continued...

COVID-19 vaccines available for fall 2024

- NACI recommends that only vaccines containing the latest selected strain should be used in fall 2024. Ontario will have two mRNA COVID-19 vaccines for the 2024/2025 season, Moderna and Pfizer, both targeting the Omicron KP.2 variant. Moderna will be the vaccine available for children 6 months to 11 years of age.
- The updated protein subunit COVID-19 vaccine, Novavax will not be available in Ontario for the 2024/2025 season.
- Community Pharmacies now administer 80% or more of all COVID vaccinations.
 - All pharmacies enrolled in the COVID-19 program will receive a survey in September on their plans to vaccinate certain populations (e.g., infants, children, homebound) during peak and off-peak periods.
 - Information collected will be shared with PHUs and used to update the Pharmacy Locator Tool and support the Provincial Vaccine Contact Centre (PVCC).
- Information for the public about where vaccines are available locally is available here: [COVID-19 Vaccine — Middlesex-London Health Unit](#) or the [pharmacy locator](#) webpage.

COVID-19 Vaccine Program Websites

Health care provider:

- [COVID-19 Vaccine Program | ontario.ca](https://www.ontario.ca/covid-19-vaccine-program)
- [Programme de vaccination contre la COVID-19 | ontario.ca](https://www.ontario.ca/programme-de-vaccination-contre-la-covid-19)

Public:

- [COVID-19 vaccines | ontario.ca](https://www.ontario.ca/covid-19-vaccines)
- [Vaccins contre la COVID-19 | ontario.ca](https://www.ontario.ca/vaccins-contre-la-covid-19)

COVID Vaccines for under 6 years of age:

- Children may receive COVID-19 vaccine at participating pharmacies or healthcare provider location.
- If primary care does not provide this vaccine, families with children between 2 to 5 years of age should be directed to call pharmacies to assess whether they provide COVID-19 vaccine to this age group; families with children between 6 months and 2 years of age should be directed to call the Public Health Unit to assess their vaccination options.

Respiratory syncytial virus (RSV)

- Respiratory syncytial virus (RSV) is a major cause of lower respiratory illness affecting the lungs and airways, particularly among infants, young children, and older adults.
- RSV often causes cold-like symptoms and is the most common cause of bronchiolitis, a chest infection that affects infants and toddlers.
- Individuals are most likely to catch RSV when the virus is most active. The RSV season in Canada is generally from November to April.
- All infants up to 12 months old, and children up to 24 months who are at high risk of severe illness from RSV are eligible for immunization.
- Immunization of infants is the recommended approach to protect them from RSV, however, a vaccine for pregnant individuals is also available, based on discussion with a health care provider.
- For the 2024-25 RSV infant RSV prevention program that will include all infants born during and outside of the RSV season and children under 2 years of age with high-risk medical conditions.
- RSV pre-F vaccine, Abrysvo, will be made available for pregnant individuals to protect newborns from RSV from birth until they are six months old.
- Certain high-risk adults aged 60 years and older may be eligible for the vaccine.
- Visit the [Ministry of Health's](https://www.canada.ca/en/health-canada/services/vaccines-and-immunization/immunizations/respiratory-syncytial-virus-rsv.html) webpage for further information on RSV and the RSV Vaccine Program.

<https://www.ontario.ca/page/respiratory-syncytial-virus>

RSV Vaccine Older Adult

- Those eligible for the publicly-funded high-risk older adult RSV vaccine program include adults aged 60 years and older who are also:
 - residents of long-term care homes, Elder Care Lodges, or retirement homes
 - patients in hospital receiving alternate level of care (ALC) including similar settings (for example, complex continuing care, hospital transitional programs)
 - patients receiving hemodialysis or peritoneal dialysis
 - recipients of solid organ or hematopoietic stem cell transplants
 - those experiencing homelessness
 - those who identify as First Nations, Inuit, or Métis
- During the upcoming 2024–25 RSV season, those aged 60 years and older and don't qualify for publicly funded RSV vaccine can still purchase the vaccine with a prescription from their family doctor or other primary care provider.
- The RSV vaccine can be co-administered with other seasonal vaccines. Co-administration is encouraged to help reduce the impacts of the respiratory season.

RSV Vaccine Infant

- Monoclonal antibody immunization is currently funded for RSV prevention in infants and children who are residents of Ontario and meet any of the following criteria:
 - born in 2024 prior to the RSV season (the National Advisory Committee on Immunization specifically recommends that infants 8 months of age or less be immunized)
 - born during the 2024–25 RSV season
 - children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season, following discussion with a health care provider, including:
 - chronic lung disease of prematurity (CLD), including bronchopulmonary dysplasia/chronic lung disease
 - hemodynamically significant congenital heart disease (CHD)
 - severe immunodeficiency
 - Down Syndrome/Trisomy 21
 - cystic fibrosis with respiratory involvement and/or growth delay
 - neuromuscular disease
 - severe congenital airway anomalies impairing the clearing of respiratory secretions

RSV Vaccination in pregnancy

- Giving the monoclonal antibody to an infant is the recommended approach over vaccination in pregnancy to protect infants. This is based on the:
 - efficacy (how well it works)
 - duration of protection
 - safety profile of the monoclonal antibody, Beyfortus®
 - recommendations from the National Advisory Committee on Immunization (NACI)
- An RSV vaccine, Abrysvo®, may be recommended for pregnant people who do not wish to or are not able to protect their infant using the monoclonal antibody.
- Generally, only 1 product is recommended to protect infants. In alignment with the National Advisory Committee on Immunization, Beyfortus® is the preferred product to protect infants. Receiving both Abrysvo® and Beyfortus® is not expected to provide additional benefit.
- The RSV vaccine will be available to people who are 32 to 36 weeks pregnant and who will deliver near the start of or during the RSV season. Being vaccinated during pregnancy helps your immune system create antibodies that protect the baby from RSV from birth until 6 months old.
- You must be a resident of Ontario to be eligible for the publicly funded program.

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Section 4: Testing

Testing

- Test to treat philosophy -- focus those who may receive treatment.
- Publicly funded COVID-19 testing are only available to:
 - Ontarians eligible for COVID-19 treatment (i.e., symptomatic individuals who are immunocompromised, or 65 years of age or older, or those with high-risk medical conditions).
 - People in high-risk and some congregate living settings (including long-term care homes) and other specific populations to support outbreak prevention and management.
- Swab kits for PCR (Polymerase Chain Reaction) tests can be completed at participating pharmacies, select primary care settings and hospitals.
- The antigen test ordering pathway for eligible health system partners will continue to be through the [PPE Supply Portal](#).
- Long-term care homes and some congregate living settings can also order rapid antigen tests for use to support outbreak prevention and management, consistent with relevant provincial guidance or at the discretion of public health unit staff.

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Section 5: Outpatient and Therapeutics

Outpatient Care and Therapeutics

- Eligibility for Paxlovid treatment:
 - [Symptoms](#) that are consistent with COVID-19;
 - A positive lab-based PCR, rapid molecular, or rapid antigen test;
- The prescribing occurs within five days of symptom onset;
- The individual receiving the prescription is;
 - 60 years of age or older
 - 18 years of age or older and is immunocompromised
 - 18 to 59 years old and at a higher risk of severe COVID-19 outcomes including having chronic medical conditions (such as diabetes, heart or lung disease) or inadequate immunity against COVID-19 (i.e., not up-to-date on vaccines).
- Eligible patients can access Paxlovid treatment via their primary care provider, walk-in clinic, Urgent Care, or local pharmacy.
- For outpatients, covered by the Ontario Drug Benefit (ODB) program and can be ordered from a community pharmacy with a Limited Use (LU) code. There may be some cases where a patient may not have coverage.
- For inpatients, the hospital pharmacy can order at no cost to the hospital.

Outpatient Care and Therapeutics

- Remdesivir is an antiviral medication that must be taken intravenously (IV) and is administered as a three-day course.
- Eligibility for Remdesivir treatment:
- Individuals with COVID-19 with a positive test result (e.g., PCR or rapid antigen test) who are at high risk of severe illness (including hospitalization) and cannot take Paxlovid due to a drug interaction or contraindication can receive remdesivir via the HCCSS pathway.
- Remdesivir should be initiated within 7 days of symptom onset.
- Eligible patients can access Remdesivir treatment via [Home and Community Care Support Services](#).
- Is still available at no charge to the patient.

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Section 6: Acute Care

Acute Care and Paramedic Services



- Hospitals and Paramedic Services monitor seasonal respiratory pathogen risks and associated surge impacts and coordinate with partners on surge response strategies, as necessary.¹

1. Ministry of Health - Seasonal Respiratory Pathogens Readiness and Response Guide – July, 2023

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Section 7: Infection Prevention and Control (IPAC) and Outbreak Management

Infection, Prevention & Control (IPAC)

IPAC Hubs support congregate living settings, including long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing and; they¹:

- Deliver IPAC education and training
- Host communities of practice and networking opportunities for CLSs
- Support the development of IPAC programs, policies and procedures within sites and organizations
- Support assessments, audits and provide recommendations to strengthen IPAC programs and practice
- Coach those with responsibilities for IPAC within CLSs
- Support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs
- Support CLSs to implement IPAC recommendations

To connect with our local IPAC Hub Support:

Email ipachub@mlhu.on.ca

Monday to Friday 8:30 AM to 4:30 PM

Infection, Prevention & Control (IPAC)

All health care provider organizations should¹:

- Review and implement an IPAC and Occupational Health and Safety (OHS) program in accordance with associated ministry and PHO guidance.
- Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable.
- Ensure the required Personal Protective Equipment (PPE) is available and properly used, including training on its use for staff and that PPE is available for visitors, as needed
- Follow any sector-specific guidance on IPAC.

Outbreak Management

- All health care provider organizations should¹:
 - Report confirmed outbreaks or unusual respiratory events to the local public health unit, as applicable:
 - Monday to Friday 8:30 AM to 4:30 PM
 - Email fdc@mlhu.on.ca
 - Call 519-663-5317
 - Fax 519-663-8241
 - Weekdays after 4:30 PM, weekends, or holidays
 - Call 519-663-5317 and select the option for our on-call triaging service
 - Fax and fdc@mlhu.on.ca are not monitored after hours
- Public Health collaborates with congregate living settings (CLSs), investigates, supports and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable.¹

Suspected Outbreak

- Effective September 23, 2024, acute care, LTC, RH, and other CLSs will no longer be required to report suspect respiratory outbreaks to MLHU.
- Facilities should still investigate acquisition and transmission risk and implement outbreak control measures.
- MLHU remains available to provide support, please contact us if you have any questions or concerns.
- Confirmed outbreaks must still be reported.

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Section 8: Supplies and Equipment

Supplies and Equipment

All health care provider organizations should ¹;

- Maintain a dependable stockpile of personal protective equipment (PPE) and critical supplies and equipment (CSE).
- Provide health care workers with training and information on the appropriate selection, conservation and safe utilization of all PPE.
- Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care [Register](#) and order supplies through the [Provincial PPE Supply Portal](#).
- Organizations who experience issues with supplies via this portal can email the Ministry of Public and Business Service Delivery Point of Contact (MPBSD PoC) at SCO.Supplies@ontario.ca and CC: karen.m.bell@ontariohealth.ca and tammy.meads@ontariohealth.ca.

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Section 9: Health Human Resources

Health Human Resources

All health care provider organizations should:

- Maximize health human resource (HHR) capacity by utilizing innovative models of care and expanded scopes of practice where needed.
- Implement strategies to maximize influenza and COVID-19 vaccine uptake among health care providers, patients, residents, clients, and caregivers.
- Encourage patients and clients to access [Health811](#) for non-urgent health inquiries and questions.
- Ensure patients are aware of services available through pharmacies, including influenza and COVID-19 vaccines, COVID-19 treatment, and treatment for minor ailments.
- Share information about available [mental wellness supports for health care workers](#).

Summary of Referenced Resources and Additional Resources

Planned Provincial Initiatives*:

Seasonal Viral Response

- PCR testing for eligible populations meeting provincial turnaround time targets
- Support the expansion of IPAC Hub services to congregate living settings with a focus on proactive, preventative support
- Antiviral/drug therapy guidance and resources for adults with mild to moderate COVID-19 and with severe to critical COVID-19
- Update supporting resources
- Leverage the Community Ambassador role & wellness clinics to connect & provide culturally responsive outreach and education about respiratory illness

Primary Care

- Work with NPLCs/CHCs/FHTs to support surge capacity (including newly funded teams)
- Understand and support primary care availability/coverage for patients over the holiday period
- Regular communication to support primary care practices/providers through fall surge, including updates on COVID-19, influenza and RSV vaccine administration
- Share messaging about where patients can access care for cold, cough and flu this fall/winter
- Support implementation of expanded RSV infant prophylaxis program in primary care
- Leverage regional OHT/PCN development and maturity to action fall surge planning and vaccination delivery

Access and Flow

- Reduction in ALC volumes
- Flexible LTC admission thresholds from hospitals during surge
- Support LTC and RH to prevent hospital transfers related to intravenous therapy and wound care (e.g. Community paramedicine, NLOTs)
- Utilize provincial and regional IMS structures to identify where capacity exists to support patient transfers/load balancing required
- Home First approach
- Regional approach to support coordination and communication of urgent care access over the winter period

Emergency Department Support

- Continue daily reporting of ED closures and monitoring ED volumes
- Engage hospitals on ED performance measurements and monitoring program to enhance patient flow performance
- Continue with ED nursing recruitment, retention, and workforce strategy program including expanding capacity for nurse education resources
- Expand access to the Emergency Nursing Pediatric course to improve care of pediatric patients
- Mature the ED Peer-to-Peer program to stabilize and support rural, northern and Indigenous populations
- Expand access to P4R program

Paediatrics








- Hospitals to prepare surge plans to optimize pediatric bed capacity and utilization
- Continue to operate rapid assessment clinics and implement team-based models of care
- Continue to implement a pediatric surgical hub and spoke model with large community hospitals
- Ramp up surgical day unit procedures and prepare to operationalize non-conventional spaces to support patient flow
- Put provincial structures in place that can be converted into IMS structures if needed, enabling system load balancing

Health Human Resources

- Support capacity-building across health care sectors (e.g. Maximize the use of available regional and provincial HHR supports, including recruitment and retention incentives, education/training funding, staffing supports, and other HHR initiatives)
- Strengthen the Nursing Workforce (e.g. Facilitate workforce entry for inactive and internationally educated nurses through the reimbursement of licensure and registration fees)
- Support the Acute and Primary Care sectors through key HHR initiatives (e.g. Practice Ready Ontario)
- Deliver the newly enhanced PSW Incentive Program for LTC and HCC
- Provide urgent short-term physician coverage through the suite of locum programs

* This list provides some examples of the work in each of the areas to support the health system during fall surge

Referenced & Additional Provincial Resources

Resource	Location/Link
Ministry of Health - Seasonal Respiratory Pathogens Readiness and Response Guide (July/23)	Ministry of Health - Seasonal Respiratory Pathogens Readiness and Response Guide
Public Health Ontario – Ontario Respiratory Virus Tool	Ontario Respiratory Virus Tool Public Health Ontario
Ontario Health West – Primary Care Checklist	 Primary Care Checklist 2024
Fall Memo	 Fall Operational Memo OH 2024
Flu Vaccine Resources	   Flu Fact Sheet_General Flu Fact Sheet 65+ Flu Fact Sheet 6mo to 64
Covid Vaccine Resources	  Covid Vaccine Fact Sheet v1 2024 Covid General VSH 2024