

The H1N1 Pandemic – How Ontario Fared A Report By Ontario's Chief Medical Officer Of Health

June 02, 2010

What Worked Well

Ontario's preliminary assessment of rates of death and hospitalization shows the province's rates were low relative to overall Canadian rates. Ontario's immunization coverage is higher than that of most countries in the world. Every person who wanted a vaccine received one.

Collaboration

- Federal-Provincial-Territorial response was collaborative.
- In Ontario, provincial and municipal governments, public health units and other health care stakeholders worked together towards the common goal of reducing the impact of the H1N1 pandemic.

First Nations Communities

- Ontario worked closely with the Chiefs of Ontario and First Nations leadership.
- Remote and isolated communities received advice, antivirals and vaccines in a timely manner.

Schools

- Schools stayed open through the work of the Ministries of Health and Long-Term Care and Education, School Boards, teachers and public health units.

Room for Improvement

Supply and capacity issues hampered the delivery of the H1N1 immunization program. Challenges amongst the health system structure were also identified.

Supply

- Supply of the vaccine was largely out of Ontario's hands which resulted in the province having little warning from the federal government about how much vaccine the province was going to receive and when.
- There was a mismatch between vaccine supply and demand: when vaccine demand was high supply was low and when demand was low vaccine supply was high.
- Long line ups at the beginning of the vaccine rollout process initially overwhelmed Ontario's ability to deliver the vaccine.
- Unfamiliarity with an adjuvanted vaccine resulted in vaccine safety concerns for many Ontarians.
- Large vaccine boxes resulted in storage and administration difficulties for health care providers.

Capacity

- The logistics of a mass immunization campaign in a short timeframe across the entire process proved to be more difficult than anticipated.
- Different vaccine delivery programs throughout the province resulted in inconsistent levels of service for Ontarians.

- Ontario lacked the capacity to electronically manage and track the immunization program.

Health System Challenges

- Local Health Integration Networks (LHINs) do not have a defined role in response to health emergencies.
- The province lacked the power to standardize vaccine delivery programs.

Recommendations

Ontario has the opportunity to use the lessons learned from the response to the H1N1 pandemic and to build on the current spirit of collaboration to ensure the province continues to be ready for future health emergencies. The report recommends:

- Ontario needs to review the provincial immunization system to determine what model of immunization delivery option would work best for Ontario. Ontario also needs a system to track vaccine distribution and uptake electronically.
- Ontario requires greater powers for the CMOH to ensure consistent delivery of public health programs during future health emergencies.
- Consideration should be given to structural changes to improve the health care system's response to a pandemic, or other emerging infectious disease.

Media Contacts:
Andrew Morrison, Ministry of Health and Long-Term Care, 416-314-6197

ontario.ca/health-news
Disponible en français