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THE PANDEMIC IS NOW HERE AND WE HAVE WORK TO DO

PRESENTED TO THE CALGARY CHAMBER OF COMMERCE

**FAIRMONT PALLISER HOTEL
ALBERTA ROOM
133 - 9 AVENUE SW
CALGARY, ALBERTA**

**MONDAY, NOVEMBER 2, 2009
11:30 A.M. – 1:15 P.M.**

- Hello everyone, and thank you for inviting me here today to speak about our shared task, ***our shared responsibility***, to confront the challenges of H1N1, or Pandemic H1N1 2009 as our clinicians call it.
- H1N1 is now well and truly upon us. Our Emergency Departments are reporting increased demand, so much so that we have opened two new Influenza Assessment clinics – one in Edmonton and one here in Calgary at Richmond Road, to ease pressure on our Emergencies.
- Twenty-five new hospitalized cases of H1N1 as of last Friday bring the total to 258 since April, including 100 hospitalized cases in the last month.
- There have been 14 deaths in Alberta so far and nearly 100 across Canada.
- Today, our clinical leaders will announce a plan, for the period of the vaccine shortage, to focus on high-risk groups, including pregnant woman; children six months to less than five years of age; people under 65 with chronic health conditions; people living in remote and isolated communities; and health care workers.

- It will be a more phased approach to high risk populations and drop-in targeted clinics will still be the main vehicle for vaccine delivery to the eligible public with a rigorous approach to ensuring the supplies we do have as use to vaccinate those in these high risk groups.
- Let me first be clear on the reasons why this is necessary: Alberta expected to receive 220,000 doses of the vaccine a week, ramping up to 300,000-plus a week later this month.
- This week we expect to receive 81,000 doses and as yet we have not been advised what we can expect to receive next week.
- We had new information, a different set of circumstances, and we acted, quickly and responsibly.
- We've been criticized about our preparedness and I'll address that in a moment. I'll also talk a bit about what we are asking of you. But first let's talk about what's been accomplished.

- H1N1 didn't catch us unaware; we had time to plan for it. It is also important to remember that five days after we learned that the H1N1 vaccine would be available we had the first clinics up and running.
- We decided to move quickly to protect Albertans and today we are that much further ahead.
- Two days after we were advised by the province that all mass immunization clinics would be suspended due to the national shortage of vaccine, we had finalized a plan to delivery the limited supply of vaccine that we do have to high-risks groups.
- There was a tremendous response from Albertans to the availability of the vaccine in its first week and yes, that came with the price of long line-ups.
- But we have now vaccinated 372,000 people, far exceeding our expectations, including 63,000 health care providers and 32,000 First Nations and Inuit.
- This means that in just one week we have vaccinated 10% of Albertans. This obviously exceeded our

expectations, with the line-up consequences. But think about it, the more Albertans vaccinated, the harder it is for H1N1 to spread. We have not yet reached what public health leaders call 'herd immunity,' where so many are vaccinated that the infection doesn't spread, but every bit helps.

- As of today, we have about 190,000 doses available for these high risk groups.
- Every province is dealing with shortages, but it's also worth noting that Canada will be one of the first countries in the world to secure enough vaccine for its entire population, and that Canada is ahead of the rest of the world on a per capita basis on the distribution of vaccine to its population.
- Did I like seeing those line-ups? No. Did we do the right thing by opening the clinics as quickly as possible? Yes.
- We could have waited, added more clinics before opening, taken the additional time to bring in more staff, and probably not have subjected ourselves to as much criticism.

- If we erred, it was on the side of urgency. We did the right thing by moving as quickly as we could to vaccinate as many people as we could. Most of those who already have been vaccinated I hope would agree.
- Health promotion is and has been a key component of our health strategy, and educating people on how to protect themselves is a big part of that.
- With all the coverage of H1N1 in the news, it might seem as though pandemic planning has only been going on the past few months. In fact, health providers have been preparing the system and the province for a pandemic since the mid nineties.
- SARS was an educational experience for healthcare providers around the world, and that was very much the case here in Canada. We have adapted those lessons learned into our pandemic response.
- Pandemic planning and preparedness is coordinated jointly by Alberta Health and Wellness and Alberta Health

Services, and involves a range of partners, including other provincial ministries, municipalities, utility and transportation companies and professional organizations.

- Alberta's response plan is being used in co-ordination with the Canadian Pandemic Influenza Plan for the Health Sector, which was prepared in partnership by the federal, provincial and territorial governments and local municipal plans.
- The Public Health Agency of Canada has a big role too, including managing contracts for vaccine production, deciding how much to distribute to each province and when, distributing the vaccine to the provinces, in Alberta to Alberta Health and Wellness who in turn distribute it to cities and towns across the province for we, at Alberta Health Services to then vaccinate individuals.
- In short, we do not, should not, and cannot act unilaterally or in isolation. But I can say this without hesitation: For our part, Alberta Health Services is prepared to do whatever it takes to protect the health and well being of Albertans.

- We have made a commitment to spend upwards of \$100M to stop the spread of H1N1, minimize the severity of disease, and care for those who become infected. That includes ventilators, the vaccination program, drugs and medication and, of course, to treat those affected.
- This pandemic is unprecedented in the lifetime of almost every Canadian, and because it is unlike anything our younger generations have seen before, there is no immunity. Turning the tide on its spread will take extraordinary effort and extraordinary patience and understanding.
- Although the line-ups were frustrating, we chose mass vaccination for one important reason: to move as quickly as possible to vaccinate the largest number of people possible.
- As most of you in this audience are managers, I'd like to present you with some of the choices we made as part of our planning. In some cases I still don't know whether we made the right calls, but I stand by them. I'll let you be the

judge.

- Decision 1: On October 22 the Public Health Agency of Canada told us they would release the vaccine for use on 26 October. We decided to start vaccinating that day. Other provinces delayed vaccination to October 29. We chose to go early, even though we had start up problems. Right decision or not? A tradeoff here between early vaccination vs. smoother phase in. In this instance I would make the same decision again. Why? More people, being protected from H1N1 more quickly.
- Decision 2: to undertake most vaccination in Edmonton and Calgary through mass vaccination centers rather than smaller locations more evenly spread.
- But with a moment's reflection you will realize that the rate limiting factor, as economists like to say, is not the number of clinics but the number of nursing stations we have vaccinating people. By concentrating locations we could also respond quickly to the greater than expected demand. Here in Calgary for example, within two days after the first vaccination site was open we had increased from 95 nursing stations to more than 160 and added a

fifth mass vaccination site at the Olympic Oval.

- Another reason for big clinics is efficiency of moving people through. Those of you with any acquaintance with queuing theory will know that multiple queues, which are inherent with multiple small clinics, are less efficient than fewer queues. Larger clinics also minimize waste and localized shortages. Again, I'd make that same decision again. Why? Never mind queuing theory, the answer is simple: More people being protected from H1N1 more quickly.
- Decision 3: We advertized what our priority for vaccination was and hoped that only the high risk would come forward but we actually vaccinated all comers. Other provinces were stricter in this first week. Why did we do this? In part it was more efficient, we didn't have to vet people, and in any case people didn't come with evidence that they had a chronic condition and how do you query them in the open air, with no privacy, at the start of a huge line up?
- In part it was because we didn't know when we made this decision how little vaccine would be available this week;

we thought we'd have more. Had the unexpected NATIONAL supply problem not arisen; Alberta would have been on track to vaccinate a million people within three weeks – unprecedented anywhere.

- In part it was also to avoid 'line rage': you accompanied your mum or child, waited hours and then were told you wouldn't get vaccinated. It would have been almost an invitation for abuse of the men and women of Alberta Health Services who are putting themselves out for this task. We would not accept that risk.
- We had two serious security events last week and by Saturday the situation as you know was extremely tense. Would we have had more incidents if we'd adopted a tighter policy? Probably. How many? I don't know. So against this unknown risk of security events we have the known fact that we've run out of vaccine. Certainly, we've been extensively criticized for this decision but in my mind the choice was not clear cut. What would you have done?
- Decision 4: Public polling prior to the immunization campaign indicated that less than 40% of the population was interested in receiving the vaccine. However, polling

yesterday indicated that up to 80% of the population is interested in being vaccinated.

- When the Public Health Agency of Canada indicated through the national media that there was a supply issue for the next two weeks, line-ups at our clinics increased dramatically. On October 30 some clinics were closed earlier than expected. In some cases this was due to lack of vaccine. In other cases it was because of concerns over security and safety issues due to large numbers of people attending.
- So we made some assumptions, but were literally overwhelmed by the response. Although our estimates were off, so of course were those of the Federal government which allocates the vaccines to the provinces.
- So should we have added more clinics and planned on a bigger, quicker take up, meaning we would have run out of vaccine earlier in the week? The downside being that if we ramped-up early and overestimated the turn-out, we would have wasted scarce staff time . . . staff time we are certain to need later in the pandemic.

- Did we make the right call on this one? It's a judgment call and I'll again leave that one with you.
- What I can say with certainty is that, notwithstanding the long line-ups, more than 370,000 people in Alberta have been vaccinated and we have enough doses in hand to begin vaccinating high-risk groups, with the reasonable expectation that more vaccine is on the way, and a commitment from the Alberta government that every Albertan that wants the vaccine will get it.
- I think the public well understands the need to focus now on pregnant women and young children and others in high-risk groups. But our response is not all about vaccination. We've made innovations in treatment too. We are ready to begin this next phase late this week. The first two assessment clinics I mentioned earlier were up and running the day after we announced them, thanks to the planning done by our teams. When I signed off on the proposal for these clinics a couple of weeks ago, I was amazed at the detailed work which had been done, in this

case a 70 page document about how the clinics would work, who would do what how patients would flow and so on. I was amazed and impressed.

- So we've done a huge amount, I'm told we have provided in three days, one quarter of what we would normally deliver in a 6 to 8 week seasonal vaccine program.
- The temporary slowdown in supply of vaccines is just that - **temporary** - and we will start high risk, and general, vaccinations again soon, perhaps as early as next week but again, depending on supply.
- So please be patient. This is not in our hands. We will move as quickly as we can to vaccinate the greatest number of people with the resources we have.
- When we do have more vaccine, we will distribute it to university and college clinics and to clinics for municipal emergency workers, including first-responders such as fire and police.

- Vaccine will also be available in the coming weeks for community physicians should they wish to administer it in their offices or clinics. But again, when we have reached the greater part of those people in high risk groups, we urge you not to wait too long – especially if you are part of a high-risk group. The number of people vaccinated will have a direct impact our ability to curtail the spread of H1N1.
- Unfortunately there will be more deaths, particularly among people at with pre-existing conditions and those at higher risk. And yet, it has been reported that many Canadians are not convinced that they should take the vaccine.
- Dr. David Megran, our Senior Physician Executive, expressed this better than I can in a recent commentary: “We respect the right of individuals to decide not to be vaccinated. But please bear this in mind: Immunization protects not only you, but your family, your friends, your colleagues, your community.

- H1N1 will be the predominant strain of influenza this season and it is virtually certain at some point you will come in contact with someone who has H1N1.
- Many will become sick, and while it is true that the vast majority will recover, there will be those who will become sick enough to require hospitalization. And unfortunately, there will be some who die from contracting H1N1.
- If you are not immunized, and you do fall ill, there is also a significant risk you will pass the illness on to those who might not be able to withstand influenza.
- That is the nature of a pandemic and it is hard truth we must face – now, while it can be contained.”
- As I said at the beginning of this talk, our pandemic plan also focuses on education and prevention, including frequent handwashing, and staying home when you’re sick. This is key in preventing the spread of any virus or infection, including H1N1.

- For example, as the pandemic escalates and there are lots of people sick, the health system won't necessarily work the way it usually does.
- As the pandemic progresses, Alberta Health Services is committed to providing the services necessary to meet priority health needs.
- It is true that demand for health services during this pandemic could threaten to exceed our resources. Higher rates of infection would increase the pressure on our emergency rooms, as well as medical equipment such as ventilators.
- I also mentioned that an increase in H1N1 cases will put more pressure on our emergency rooms across the province.
- So part of pandemic planning has been to develop a prioritization framework: what can we defer or delay as we face this, our highest priority challenge. So, when the crunch comes, we will also explore the option of scaling back work which can be deferred, for example, by

delaying elective surgery to free up staff and resources to handle H1N1 cases.

- Everyone at Alberta Health Services knows we may call on them to “step up” as things unfold. H1N1 will be our primary focus for the immediate future.
- As pandemic planning is indeed everybody’s business, the effectiveness of a pandemic influenza response is not the responsibility of any single person or organization.
- So let’s conclude by talking about what we need of you. Everyone has a role to play and can make a huge contribution to facing the pandemic.
- The first thing businesses need to understand is the impact a pandemic can have on day-to-day operations.
- Prepare for the challenges you might face if a quarter of your employees can’t work because they are sick or caring for a family member who has fallen ill.

- At the same time, other businesses on which you rely could be facing the same absentee rates. Goods and services you source locally or from abroad may not be available.
- Studies show that employees tend to turn to their employer for guidance during emergencies, so clear and frequent communication is essential.
- The best way for you to navigate a pandemic is through prevention and education. Just as our pandemic plan has a focus on prevention, yours should too.
- The first thing I'm asking you to do is protect your employees' health and that of you and your families. It's good business sense and it helps us too.
- You can create a healthy work environment by encouraging healthy behaviours at all times. Post tips about how to stop the spread of germs: through hand-washing, and covering coughs and sneezes with your elbow, not your hands.

- There is also the issue of staff coming to work when they are sick. I know in today's society we seem to have a "tough it out" philosophy, but people coming to work when they're sick are surefire method of spreading the virus.
- Your staff need to be reassured that it is okay, and actually preferred, that they stay home when they are experiencing flu-like symptoms.
- If your staff are determined to continue working, consider providing them with the tools they need to work from home – such as remote access to their office computer, for example.
- Please review your policies regarding sick notes for employees. Physician offices are facing the consequences of the pandemic already, so may not be in a position to provide sick notes for employees with mild illness, or test for mild illnesses, as this would put additional strain on their (and our) resources.
- We ask all employers to give their employees the time to get vaccinated when we start up again.

- Go to our website to get the most current information.
- Rest assured, however – you are not being left to your own devices. Health officials and all levels of government are working together to provide you with the most up to date information possible, including where and how you access services and receive vaccinations.
- We will provide weekly updates – daily and as needed – of the progress of H1N1 and the immunization effort.
- Use that information to protect yourself, your staff, your business, and your community.
- I have apologized for the long line-ups but I cannot apologize for the inability of our frontline staff and leaders to do the impossible. I want to commend them for extraordinary effort and I hope Albertans will do the same.
- The men and women of Alberta Health Services showed last week they can do extraordinary things. You can have no idea how proud I am of them and of their efforts. So

before we turn to questions, I'd like you to join me in showing your appreciation for their fantastic efforts so far in fighting this pandemic.

- And now I'd be pleased to answer your questions.

END