

Ebola Virus Disease Preparedness in Saskatchewan

Pacific Northwest Border Health Alliance

Annual Workshop

April 30, 2015

Select Milestones

- Mar 23, 2014 WHO Outbreak News: Ebola virus disease (EVD) in Guinea (49 cases, including 29 deaths)
- Jul 28, 2014 EVD case in Laos, Nigeria exported from Liberia
Two US health care workers infected with EVD in Liberia
SK Deputy CMOH initiates EVD provincial planning
- Jul 29, 2014 Federal Health Portfolio Operations Centre activated
(Level 2: increased vigilance)
- Jul 31, 2014 Travel Health Notices: warning against non-essential travel to Guinea, Liberia, Sierra Leone
- Aug 6, 2014 First meeting of Council of Chief Medical Health Officers to discuss EVD preparedness planning and preparedness

Select Milestones (2)

- Aug 8, 2014 EVD outbreak in West Africa declared public health emergency of international concern under IHR
- Sep 30, 2014 First EVD case diagnosed in Texas, USA
- Oct 22, 2014 First joint meeting of Public Health Network Council and Council of Chief Medical Health Officers to discuss EVD planning and preparedness
- Nov 10, 2014 Border measures under federal Quarantine Act implemented
- Apr 29, 2015 National collaborative approach to treatment and care of EVD patient tabled for approval at joint meeting of Public Health Network Council and Council of Chief Medical Health Officers

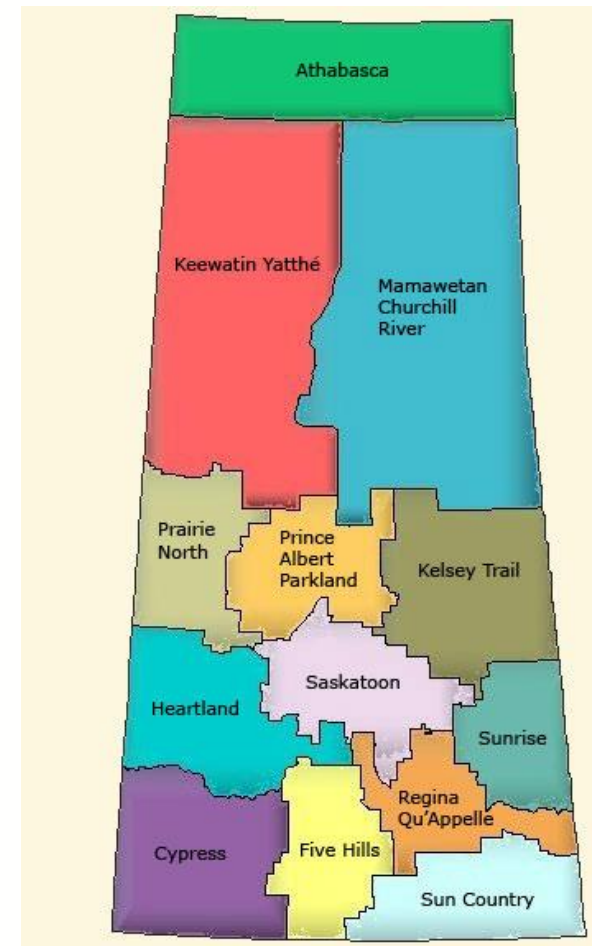
Saskatchewan Context

Population \approx 1.15 million

Area = 651,036 km²

13 regional health authorities

70 First Nations communities



Saskatchewan Health System

Regional health authorities

- Hospitals
- Health centres
- Emergency response services
- Community health services including public health

First Nations communities

- 61/70 communities affiliated with 9 tribal councils

Acute Health Care Services

- Emergency care provided by 65 health care facilities distributed across 13 regional health authorities
- In-patient hospital care provided by 61 hospitals with 3003 acute care beds distributed across 12 regional health authorities
- 9 hospitals with 114 ICU beds distributed across 4 regional health authorities
 - 81% (92/114) ICU beds are in Regina and Saskatoon
- 105 ground ambulance services
 - 277 licensed ambulance vehicles
 - 30 alternate emergency response vehicles

Acute Health Care Services (2)

- 2 air ambulance services
 - 3 King Air B200 aircraft (Saskatoon)
 - STARS helicopters (Saskatoon and Regina)
- Primary care services provided by MDs and RN practitioners
- 9 infectious disease specialists
 - 6 in Saskatoon (2 pediatric)
 - 3 in Regina
- Diagnostic laboratory testing
 - Malaria smears in Saskatoon and Regina

Other Considerations

- Rural and remote communities
- MD shortages
- Winter
- Flooding
- Fires

EVD Planning Assumptions

- High risk travellers returning to Canada detained at point of entry and not arrive in SK
- Two designated treatment centres
 - Regina General Hospital and St. Paul's, Saskatoon
- No provincial capacity for safe air ambulance transport
- Ground ambulance transport
 - One designated ambulance in each of Regina and Saskatoon
 - Serve 3-hour radius from their center capturing over 90% of the population

EVD Planning Assumptions (2)

- No provincial lab capacity to test for Ebola
 - Delay in confirming diagnosis
 - Transport of lab specimens to NML may require back-up plan for air service if normal courier flights not available
- Maximum capacity of 1 EVD patient in each of Regina and Saskatoon

Health system wide preparedness and response!

Focus of SK EVD Preparedness

- Identify and isolate person for whom diagnosis of EVD is suspected
- Do not start routine IV or draw blood
- Collect information for risk assessment
- Conduct risk assessment with ID physician and MHO
- Activate health system
- Transfer patient to Regina or Saskatoon for diagnosis and treatment

Outstanding Issues

- National collaborative approach to treatment and care
- Timely and safe air ambulance transportation
- Critical care team training
- Knowledge about and access to experimental treatments
- Reporting expectations to PHAC on case and contact investigation
- Health care worker human resource policies
- Preparedness plan premised on being notified of potentially exposed persons

Challenges

- Enormous duplication of efforts across the country to develop guidance
- Inadequate structures and processes to efficiently collaborate on acute health care issues across jurisdictions
- Personal protective equipment
 - Supply chain
 - Changing guidelines
 - Intra-provincial variation
 - Risk perception
 - Culture

ATTENTION



If you have traveled to Africa or
have been in contact with anyone
that has traveled to Africa
and you are ill or have a fever

Do not enter the clinic

Contact Disease Control at:
306-655-4612

or call the *HealthLine* at
811

for further direction

Legacy

- Translating Ebola-specific preparedness to generic viral hemorrhagic fever preparedness
- Travel history at triage in Emergency Departments
- Raising the bar on use of personal protective equipment
- Health system wide engagement

WHO Lessons Learned (or Observed?)

- New diseases and old diseases in new contexts must be treated with humility and an ability to respond to surprises
- Fragile health systems are quickly overwhelmed and collapse in the face of an outbreak
- Empower communities and respect culture
- Shared vulnerability means shared responsibility
 - Sharing resources and information
- Importance of capacity and the need to work in partnership to fill gaps in capacity

Source: *WHO leadership statement on the Ebola response and WHO reforms, Apr 16, 2015*

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