

Message from the IH Senior MHO – Dr. Andrew Larder

We are all aware of the threat of pandemic influenza. In Interior Health, plans to respond to this threat were developed following the release of British Columbia's *Pandemic Influenza Preparedness Plan* in 2003. The Interior Health plan was developed by internal stakeholders in a process overseen by the Infectious Hazards Emergency Response Planning Task Force. This plan outlined the various roles and responsibilities that needed to be filled to adequately respond to this global health emergency. In particular, it focused specifically on emergency management, surveillance, vaccine, antivirals, health services, and communications.

However, following recent and extensive revisions to both the federal and provincial pandemic influenza preparedness plans, it has been necessary to re-engage the Task Force to update the IH *Pandemic Influenza Preparedness Plan*. In particular, this update expands the documentation outlining the health authority's response structure, and provides more specific and expanded analysis of such planning elements as:

- Supplies and stockpiling considerations;
- Moving ethics forward;
- Physician engagement;
- First Nations planning;
- Alternative care sites and assessment centres;
- Health service area pandemic planning;
- Mass vaccination and antiviral distribution plans; and,
- Plan activation.

An influenza pandemic presents us with many uncertainties that make it extremely difficult for planners to develop detailed response measures. These uncertainties make it hard to assess the risk to Interior Health operations, our staff, the communities in which we live, and even the broader social fabric that supports us all.

There is growing concern, however, that both public and private sector organizations involved in planning for this global event are beginning to experience "pandemic fatigue." Attention is beginning to shift away from pandemic influenza planning as stakeholders consider the need to move to address other seemingly more urgent priorities. Organizations may also consider themselves "ready" as they have a formal plan on paper, regardless of the level of testing done to ensure it is operational. But the threat continues to be real. In fact, the World Health Organization has asserted that we are at the highest risk for a pandemic since 1968.

Completion of this version of the Interior Health PIPP does not mark the end our preparations to respond to this threat to our population's health. Our staff must be trained on their roles in a pandemic response and our ability to implement the plan must be tested by exercises.

This update to the Interior Health plan is just another step in our ongoing efforts to be ready to respond to a future influenza pandemic. I encourage you to review its contents and participate in the ongoing planning efforts as we continue to prepare for this global health threat.

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