HASTINGS PRINCE EDWARD Public Health

Seasonal Respiratory Pathogens Readiness and Response Debrief Survey Results

August 12, 2024

Seasonal respiratory pathogens (i.e., COVID-19, influenza, and respiratory syncytial virus) continue to be a threat and can cause significant seasonal pressures on health system resources. As part of a responsive health system, it is critical to gather lessons learned each year to inform planning, preparedness, and the response for the next season. The Ministry of Health emphasizes the importance of this reflection and cyclical approach as part of their Annual Cycle for Seasonal Respiratory Pathogens. The cycle includes planning, risk assessment, readiness and mitigation, monitoring and surveillance, response, and recovery.

In alignment with the recovery and planning stages, Hastings Prince Edward Public Health (HPEPH) created a survey (Appendix A) to reflect on the 2023-2024 respiratory season in Hastings and Prince Edward Counties (HPEC). The survey was distributed between June 10 to 28, 2024 to local health system partners (e.g., hospitals, congregate care settings, home care agencies, primary health care settings, etc.). The survey was intended to serve several purposes, including:

- Help inform Ministry of Health planning
- Help HPEPH prepare in advance of the 2024-2025 respiratory season
- Help improve HPEC health system partners' ability to respond (where possible)
- Improve HPEPH activities to better meet the needs of health system partners (where possible)

Analysis

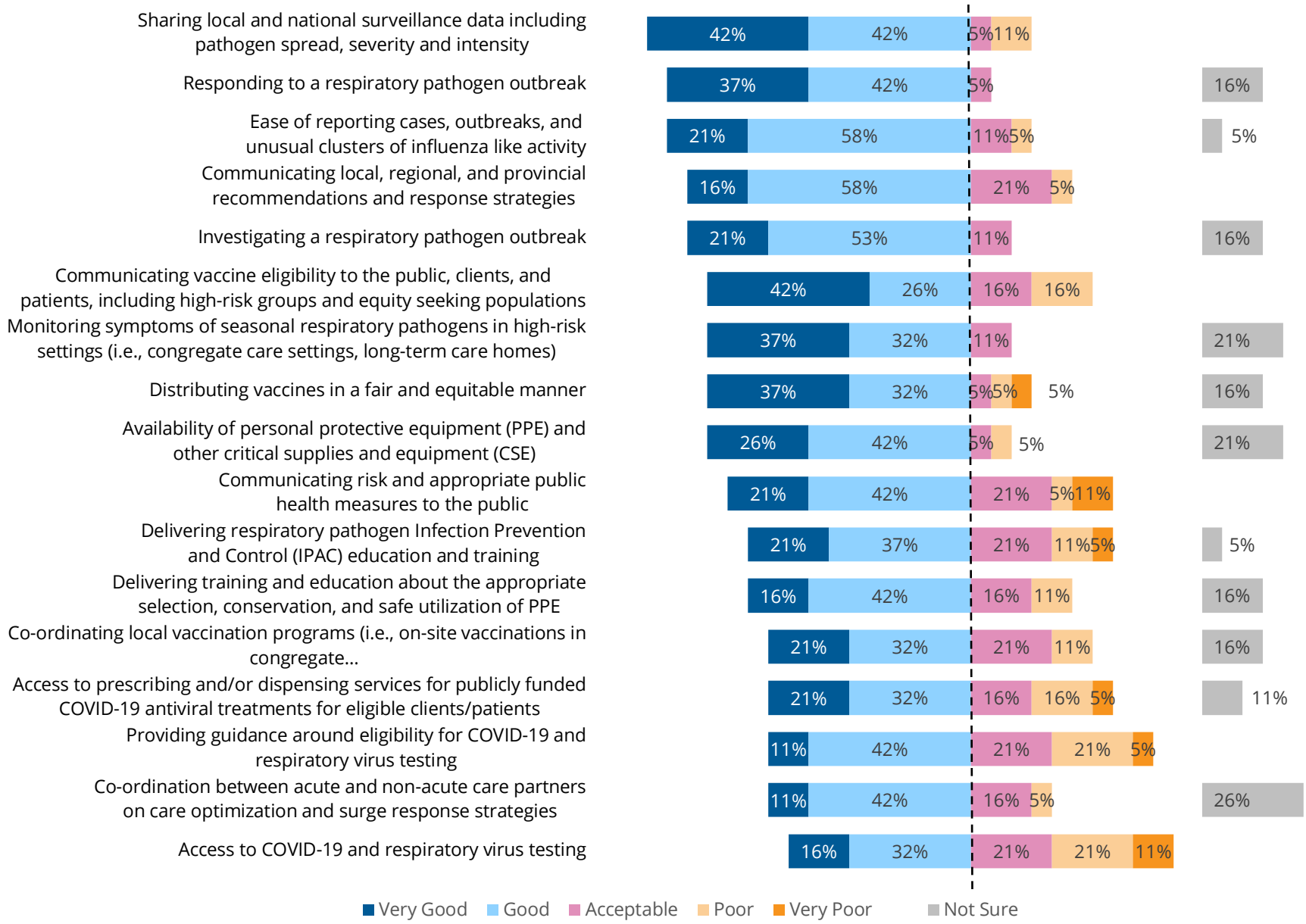
The survey received 19 responses. Thirty-seven per cent of respondents were from congregate care settings (e.g., long-term care homes, supportive living settings), 16 per cent were from hospitals, 11 per cent were from home care agencies, and 11 per cent were from other respondents (i.e., retirement homes, as well as home and community care support services).

Part A: Reflecting on the 2023-2024 respiratory season

When asked to reflect about how well HPEC health system partners did collectively, the top three actions that partners felt were done very good or good were sharing local and national surveillance data; responding to respiratory pathogen outbreaks; and the ease of reporting cases, outbreaks, and usual clusters of influenza-like activity (84 per cent, 79 per cent, 79 per cent respectively, Figure 1).

Some of these high ratings were affirmed with qualitative feedback as several written responses commended HPEC's approach around outbreak communication, support, and guidance. Respondents also felt infection, protection, and control (IPAC) training around hand washing and sanitizing was done well. Another strength identified was vaccine roll out. Respondents indicated the vaccine roll out was done efficiently with good communication, supply, as well as organization. In general, respondents stated that communication was done well, with several respondents lauding HPEPH for their email updates and bulletins.

Figure 1. Rating* of local and regional health system response during the 2023-2024 respiratory season



* Some ratings may total 100 per cent plus or minus 1 per cent due to rounding.

The actions that respondents felt had the greatest room for improvement were providing guidance around eligibility for COVID-19 and respiratory virus testing; coordinating between acute and non-acute care partners on care optimization and surge response strategies; and access to COVID-19 and respiratory virus testing (53 per cent, 53 per cent, 48 per cent respectively rated very good or good, Figure 1).

Respondents felt that more information and communication were needed when it came to vaccine need, importance, frequency, access, and eligibility. Some respondents wanted more information specifically about the respiratory syncytial virus (RSV) vaccination, as well as quicker updates on the roll out of new vaccines or changes in protocols. With regards to testing, respondents wanted better access or guidance around public testing, especially with the reduced availability of rapid antigen tests. Better guidance and information were also requested for schools and congregate care settings. For schools, respondents wanted protocols and guidelines they could reference to help inform parents and school staff about how to handle respiratory illnesses and when to stay at home. For congregate care settings, more information was needed around vaccine clinics for their staff and occupants, especially in retirement homes. Additionally, respondents requested stronger messaging around the importance of masking to reduce circulation of respiratory illnesses, as well as more consistent messaging when it came to topics such as outbreak management.

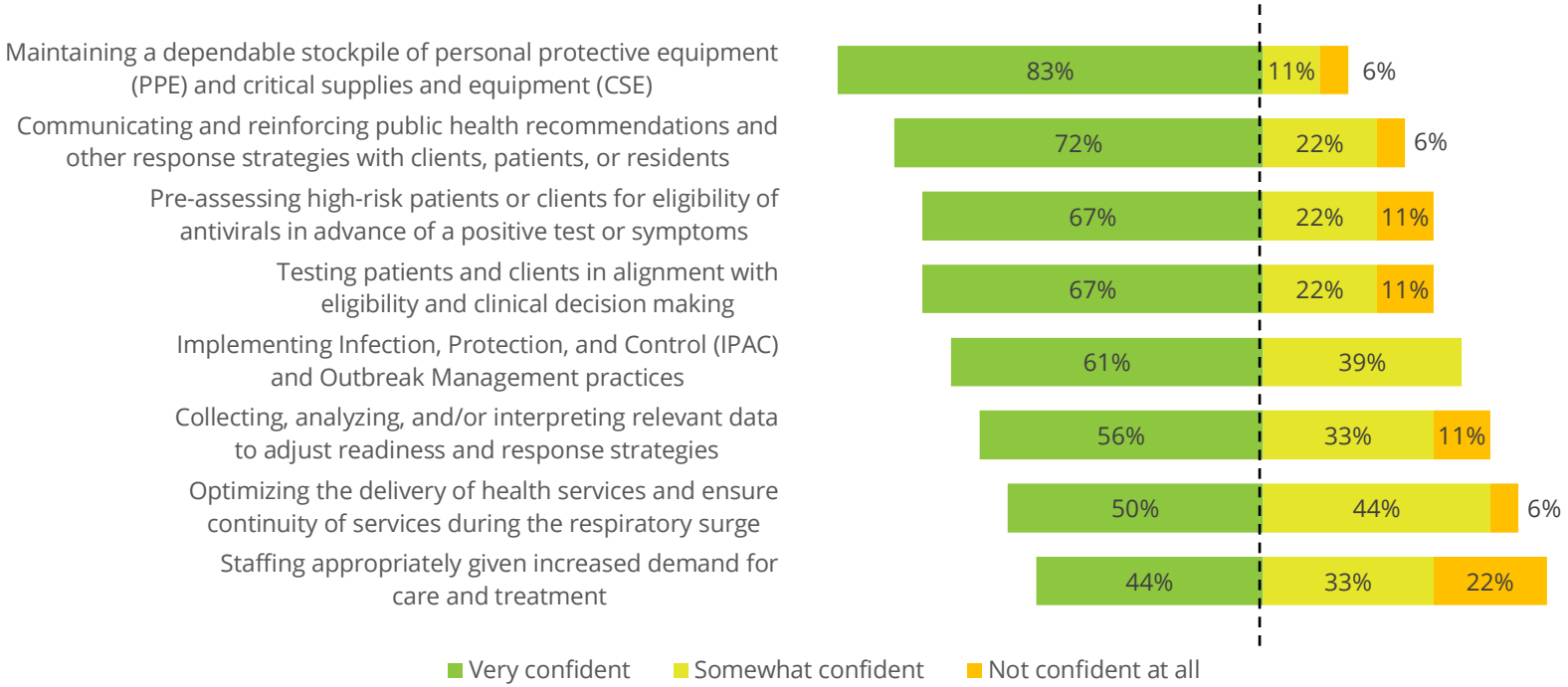
Part B: Planning for the 2024-2025 respiratory season

Respondents were asked to consider a potential scenario (Appendix A, Part B) related to a respiratory season and gauge their readiness and ability to respond to the scenario.

Seventy-seven per cent of respondents indicated that they had an internal emergency plan, policy, framework, and/or procedure to respond to the potential scenario. When asked to rate their confidence regarding several areas important during a response, respondents felt they were most confident in maintaining a dependable stockpile of personal protective equipment and critical supplies and equipment (83 per cent were very confident, Figure 2) and least confident in staffing appropriately given increased demand for care and treatment (44 per cent were very confident). When asked what would make them more confident in staffing appropriately, respondents stated that staffing is always an ongoing challenge; however, it may be helpful if they received more support to help with auditing, ensuring delivery of PPE, and environmental cleaning. One respondent suggested it would be helpful to have an agency that was available for back up support, especially during outbreaks.

Respondents offered several suggestions on what would make them more confident in other areas. For IPAC and outbreak management practices, respondents suggested the provision of local classroom courses to assist alternate learners, as well as more training/resources that were responsive and addressed changes in practices. For optimizing the health services and ensuring continuity of services during the respiratory surges, respondents suggested receiving hospital data specific to long-term care and retirement home settings so they could use this information to help minimize transfers to hospitals. Another respondent suggested greater access to Paxlovid was necessary for the elderly population. For pre-assessing high-risk patients or clients, as well as testing patients or clients for eligibility, respondents suggested pre-assessment and testing should be done with greater frequency (i.e., quarterly) and suggested it would be helpful if emergency room staff were able to identify respiratory cases before they were admitted. One respondent also suggested it would be helpful if multiplex testing was extended beyond four cases where secondary pathogens were suspected.

Figure 2. Confidence* responding to seasonal respiratory season in different areas



* Some confidence ratings may total 100 per cent plus or minus 1 per cent due to rounding

Conclusion

As in any pathogen response, gathering lessons learned provides insightful information to strengthen approaches and build resilience in a health care system. Respondents' reflections provided helpful suggestions and potential action items for the 2024-2025 seasonal respiratory season.

Acknowledgement

HPEPH would like to thank the respondents who took the time to answer the Seasonal Respiratory Pathogens Readiness and Response Debrief survey. The feedback they provided is invaluable to inform future respiratory pathogen planning, preparedness, and response.

For more information about this report

Please contact Roberto Almeida, HPEPH Infectious and Communicable Diseases Manager, ralmeida@hpeph.ca

Appendix

Appendix A: Survey

Preamble

Seasonal respiratory pathogens (i.e., COVID-19, influenza, and respiratory syncytial virus) continue to be a threat and can cause significant seasonal pressures on health system resources. Since the COVID-19 pandemic, the circulation of seasonal respiratory pathogens has followed an atypical pattern with infection rates starting earlier, lasting longer, and illness being more severe in certain populations. The Ministry of Health (MOH) has set out expectations and accountabilities for health system partners (e.g., Ontario Health, Public Health Ontario, public health units, hospitals, congregate care settings, home care agencies, primary health care settings, etc.) based on learnings from previous respiratory seasons and the COVID-19 pandemic to build system readiness and resilience for seasonal surges of respiratory pathogens. These expectations and responsibilities highlight the need for a community approach during the seasonal respiratory responses.

To help gather lessons learned from the 2023-2024 respiratory response, Hastings Prince Edward Public Health (HPEPH) has created the following survey to:

a. Reflect on local and regional health system partners' 2023-2024 season respiratory response
b. Understand local and regional health system partners' readiness to respond to the 2024-2025 season respiratory pathogens

This survey will take about 30 to 40 minutes to complete. This survey is voluntary, and your responses will be kept confidential. Information from this survey will be shared with the MOH to inform their planning, as well as shared back to local and regional health system partners to better understand our community approach to the respiratory season.

If you have any questions about this survey, please contact Roberto Almeida, HPEPH Infectious and Communicable Diseases Manager at ralmeida@hpeph.ca.

Demographics

1. What type of organization do you work in?
    - ○ Hospital
    - ○ Congregate care setting (e.g., long-term care home, supportive living setting)

- ○ Home care agency
- ○ Primary health care setting
- ○ Pharmacy
- ○ Paramedic service
- ○ Other, please specify: _____

Part A: Reflecting on the 2023-2024 Respiratory Season

When answering the following questions, think not only about what your own agency/organization has done, **but what we have done collectively as health system partners** (e.g., Ontario Health, Public Health Ontario, public health units, hospitals, congregate care settings, home care agencies, primary health care setting etc.) to serve the Hastings and Prince Edward Counties population.

2. How would you rate our local and regional health system's response for the 2023/24 respiratory season in the following areas:

Action	Very Good	Good	Acceptable	Poor	Very Poor	Not sure
Sharing local and national surveillance data including pathogen spread, severity and intensity	○	○	○	○	○	○
Ease of reporting cases, outbreaks, and unusual clusters of influenza like activity	○	○	○	○	○	○
Monitoring symptoms of seasonal respiratory pathogens in high-risk settings (i.e., congregate care settings, long-term care homes)	○	○	○	○	○	○
Communicating local, regional, and provincial recommendations and response strategies	○	○	○	○	○	○
Communicating risk and appropriate public health measures to the public	○	○	○	○	○	○
Communicating vaccine eligibility to the public, clients, and patients, including high-risk groups and equity seeking populations	○	○	○	○	○	○

Distributing vaccines in a fair and equitable manner	○	○	○	○	○	○
Co-ordinating local vaccination programs (i.e., on-site vaccinations in congregate care settings, health care worker influenza immunization initiative, etc.)	○	○	○	○	○	○
Access to COVID-19 and respiratory virus testing	○	○	○	○	○	○
Providing guidance around eligibility for COVID-19 and respiratory virus testing	○	○	○	○	○	○
Access to prescribing and/or dispensing services for publicly funded COVID-19 antiviral treatments for eligible clients/patients	○	○	○	○	○	○
Co-ordination between acute and non-acute care partners on care optimization and surge response strategies	○	○	○	○	○	○
Delivering respiratory pathogen Infection Prevention and Control (IPAC) education and training	○	○	○	○	○	○
Investigating a respiratory pathogen outbreak	○	○	○	○	○	○
Responding to a respiratory pathogen outbreak	○	○	○	○	○	○
Availability of personal protective equipment (PPE) and other critical supplies and equipment (CSE)	○	○	○	○	○	○
Delivering training and education about the appropriate selection, conservation, and safe utilization of PPE	○	○	○	○	○	○

3. List and describe three actions, processes, and/or protocols that were done well during the 2023/24 respiratory season and should be continued by local and regional health system partners in serving the Hastings and Prince Edward Counties population (e.g., vaccine roll out, clinical service access, communications about the respiratory virus).

4. List and describe three actions, processes, and/or protocols where there is room for improvement by local and regional health system partners in serving the Hastings and Prince Edward Counties population during the 2024-2025 respiratory season (e.g., vaccine roll out, clinical service access, communications about the respiratory virus).

Part B: Planning for the 2024-2025 respiratory season

The following section describes a potential scenario related to a respiratory season; it may not reflect the actual 2024-2025 respiratory season. When answering these questions, consider the readiness and response of **your organization/agency only**.

Scenario:

It is Sept. 15, 2024, and there has been an early season rise in influenza detected in the province with the positivity rate at 4%. The RSV positivity rate is <5% and the rates of COVID-19 hospitalization and admission are ongoing and at similar rates to the past few months. There have been reported increases in hospital and long-term care/retirement home respiratory outbreaks, Acute Care Enhanced Surveillance (ACES) respiratory ED visits, and ACES respiratory admissions. An influenza vaccine will not be available for high-risk populations for another two weeks.

5. Does your organization have an internal emergency plan/policy/framework/procedure that you would employ during this scenario?
   - ○ Yes
   - ○ No

6. Based on the scenario described above, how confident do you feel in responding to the seasonal respiratory season with regards to the following areas:

Action	Very confident	Somewhat confident	Not confident at all
Collecting, analyzing, and/or interpreting relevant data to adjust readiness and response strategies	○	○	○
Communicating and reinforcing public health recommendations and other response strategies with clients, patients, or residents	○	○	○
Maintaining a dependable stockpile of personal protective equipment (PPE) and critical supplies and equipment (CSE)	○	○	○

Pre-assessing high-risk patients or clients for eligibility of antivirals in advance of a positive test or symptoms	○	○	○
Testing patients and clients in alignment with eligibility and clinical decision making	○	○	○
Optimizing the delivery of health services and ensure continuity of services during the respiratory surge	○	○	○
Staffing appropriately given increased demand for care and treatment	○	○	○
Implementing Infection, Protection, and Control (IPAC) and Outbreak Management practices	○	○	○

Note: for each question that is responded as somewhat confident, not confidential at all, a branching logic will pop up asking them what they need to increase their confidence (i.e., "What would you make more confident in _____?")

7. Do you have any additional comments?

To align with the survey's purpose to better understand our community approach to the respiratory season, we also want to provide resources and connect partners with each other to learn from each other's best practices. If you are interested in this, please provide your organization's name.

8. What organization do you work for? (Optional) _____