

Pandemic Alert Update: May 13, 2009

Is this the new norm?

As of May 12th, the Public Health Agency of Canada (PHAC) reported that the total number of confirmed cases of H1N1 flu virus in Canada was **358**: British Columbia (83), Alberta (53), Saskatchewan (12), Manitoba (2), Ontario (113), Quebec (25), New Brunswick (2), Nova Scotia (64) and Prince Edward Island (3) and Yukon (1).

Ontario's Acting Chief Medical Officer of Health reports there are 3 new confirmed cases of H1N1 flu virus (human swine flu), bringing the total number of cases in Ontario to **114**.

The Ontario cases involve 59 males and 54 females with an age range of 1 to 62. The breakdown by health unit is as follows :

Toronto-34, York Region-20, Peel Region-17, Halton Region-11, Durham Region-7, Ottawa-6, Windsor-Essex-5, Sudbury and District-3, Simcoe-Muskoka District-2, Hamilton-2, Middlesex-London-1, Hastings and Prince Edward Counties-1, Waterloo Region-2, Oxford County-1, Wellington Dufferin Guelph-1, Leeds Grenville & Lanark-1.

Significantly, the Ministry of Health and Long-Term Care (MOHLTC) and Emergency Management Ontario (EMO) have indicated that the provincial response will not change even if the World Health Organization (WHO) goes to Phase 6, as Ontario cases are mild at this time. MOHLTC and EMO will not change their activation levels, and will react as appropriate to the Ontario reality, which is not necessarily linked to WHO's Phase alert system.

Public Health officials continue to emphasize that quarantines are not useful or appropriate for this pandemic event. The nature and spread patterns of Influenza virus's within our communities are such that mitigation of spread is vital through the adoption of those health and hygiene practices of washing hands frequently, using hand sanitizers when appropriate, coughing or sneezing into your sleeve, and staying at home if you're sick.

Clergy are reminded of the importance of practicing good hygiene preparing for and while conducting liturgies.

Please reference the Influenza Pandemic Response Plan, Appendix D, Liturgical Conduct, page 17. **Note: As of April 30th the practice of intinction is prohibited.**

Is there a role for faith communities within this current situation? Yes there is.

Terry Duguid, President and CEO of the International Center for Infectious Diseases located in Winnipeg, suggests that faith communities can play a significant part in public

health events such as this which go beyond the traditional roles of religious and spiritual support and comfort. These include:

- Faith leaders and community clergy are a trusted source of information. The Church can be part of that vital chain of ensuring that public health information is accurate, timely and contextual.
- Faith communities have knowledge and awareness of whom in their community is frail, isolated or vulnerable. Parishes and congregations are often the sole social contact for many and therefore can play a part in ensuring their safety and health.
- Congregations can volunteer with local public health and community service agencies in providing locations for clinics, public information meetings, delivering meals or running errands for individuals or families who may be ill.

Duguid emphasized that faith communities can be a vital part of a community which is educated and prepared for any health care emergency or influenza outbreak. By building local relationships with Public Health and Emergency Response agencies, faith communities can be part of this “new norm” of an increasingly interconnected world.

Additional related websites regarding faith communities and pandemic preparedness include:

International Centre for Infectious Diseases, Winnipeg: www.icid.com

Mennonite Church of Canada, Church Pandemic Resources:
www.churchpandemicresources.ca

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