

**GUIDE TO INFLUENZA PANDEMIC  
PREPAREDNESS FOR FAITH  
GROUPS**

Ontario Ministry of Health and Long-Term Care

May 2006

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This Guide was developed in consultation with the Ontario Multifaith Council on Spiritual and Religious Care.

## 1.0 Introduction

### 1.1 Purpose of the guide

The *Guide to Influenza Pandemic Preparedness for Faith Groups* is intended to support the influenza pandemic preparedness efforts of faith groups and faith-based service providers. The objectives of the guide are as follows:

- To encourage faith groups and faith-based services providers to prepare for an influenza pandemic;
- To promote collaboration among faith groups and faith-based service providers with public health officials, local municipal emergency management coordinators, and other community-based organizations;
- To encourage faith groups and faith-based service providers to analyze their faith practices and rituals to ensure they adhere to the principles of infection control during an influenza pandemic; and,
- To encourage faith groups and faith-based service providers to analyze the critical services they deliver and develop alternate means of service delivery during a pandemic.

Although this guide is a good starting point, faith groups and faith-based service providers will need to do additional work to prepare their religious community for an influenza pandemic. Faith organizations have many practices and services that are specific to the faith community they serve; therefore, time and energy must be spent analyzing each practice and service with respect to the impact of an influenza pandemic. Faith groups and faith-based service providers are encouraged to undertake preparedness work with advice and guidance from local public health

officials and municipal emergency management coordinators.

### 1.2 Background on influenza

#### *What is influenza?*

Influenza, more commonly known as the flu, is a highly contagious respiratory illness caused by a virus.

#### *What is a pandemic?*

A pandemic is distinguished by its scope. It becomes a worldwide epidemic, or *pandemic*, when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population where it spreads.

#### *What is avian influenza?*

Avian influenza refers to a large group of different influenza viruses that primarily affect birds. The vast majority of avian influenza viruses do not infect humans. However, some of these viruses can infect humans and potentially cause significant illness.

#### *How does an influenza pandemic start?*

The viruses that cause influenza are constantly changing. A pandemic starts when a new strain of influenza virus emerges that is different from common strains of influenza. Because people have no immunity to the new virus, it can spread quickly and infect hundreds of thousands of people. Pandemic influenza strains often develop when an animal or bird virus mixes with a human virus to form a new virus.

#### *What is the contagious period?*

Influenza can be contagious for 24 to 48 hours before any symptoms arise and for five days after the onset of symptoms. This means you could spread the virus without knowing you are infected.

***What is the difference between ordinary influenza and pandemic influenza?***

A pandemic influenza can appear very similar to seasonal influenza. Because people have little or no immunity to a pandemic influenza virus, the spread of the disease can occur more quickly than with an ordinary influenza.

The symptoms are the same: fever, headache, aches and pains, tiredness, stuffy nose, sneezing, sore throat and cough. However, they can be much more severe with a pandemic influenza and affect people who do not normally suffer as much from seasonal influenza – such as younger, healthy adults. For example, in the 1918 and

1919 pandemic, the death rate was highest among healthy adults.

Both ordinary influenza and pandemic influenza are spread in the same way. The influenza virus is spread when someone with influenza coughs or sneezes, and droplets containing the virus come in contact with another person’s nose, mouth or eyes. It can also be spread when people with influenza cough or sneeze into their hands and contaminate things they touch, such as a door handle. Other people can become infected if they touch the same object and then touch their face. Table 1 summarizes the differences between ordinary versus pandemic influenza.

Table 1. Ordinary vs. Pandemic Influenza

ORDINARY INFLUENZA	PANDEMIC INFLUENZA
Ordinary influenza happens every year.	Pandemic influenza happens only two or three times a century.
Ordinary influenza is usually around from November to April – and then stops.	Pandemic influenza usually comes in two or three waves several months apart. Each wave lasts about two to three months.
About 10% of Ontarians get ordinary influenza each year.	About 35% of Ontarians may get pandemic influenza over the course of an outbreak.
Most people who get ordinary influenza will get sick, but they usually recover within a couple of weeks.	About half of the people who get pandemic influenza will become ill. Most will recover, but it may take a long time. And some people will die.
Ordinary influenza is hardest on people who don't have a strong immune system: the very young, the very old, and people with certain chronic illnesses.	People of any age may become seriously ill with pandemic influenza, depending on the virus.
In a normal influenza season, up to 2,000 Ontarians die of complications from influenza, such as pneumonia.	During an influenza pandemic, Ontario would see many more people infected and possibly many more deaths.
There are annual influenza shots that will protect people from ordinary influenza.	There is no existing vaccine for pandemic influenza. It will take four to five months after the pandemic starts to develop a vaccine.
There are drugs that people can take to treat ordinary influenza.	These same drugs may also help people with pandemic influenza but we may not have a large enough supply for everyone and we will not know their effectiveness until the virus is identified.

**What are the phases of an influenza pandemic?**

The World Health Organization (WHO) has identified six phases of an influenza pandemic. These phases allow a step-wise approach to preparedness planning and

response leading up to declaration of the start of a pandemic. Canada and Ontario are using the WHO pandemic periods and phases. Table 2 identifies and describes the pandemic periods and phases.

Table 2: WHO Phases of an Influenza Pandemic

Period	Phase	Description
<b>Interpandemic Period*</b>	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk* of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
<b>Pandemic Alert Period**</b>	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
<b>Pandemic Period</b>	Phase 6	Increased and sustained transmission in general population.
<b>Postpandemic Period</b>		Return to interpandemic period

Source: World Health Organization, 2005.

\* The distinction between phase 1 and phase 2 is based on the risk of human infection or disease from circulating strains in animals.

\*\* The distinction between phase 3, phase 4 and phase 5 is based on the risk of a pandemic.

**1.3 Importance of preparing**

Pandemic preparedness is an important activity that all community-based organizations should undertake before an influenza pandemic arrives in Ontario. There are many good reasons why faith groups and faith-based service providers should prepare for a pandemic:

- Once an influenza pandemic virus arrives in Ontario, it will be more difficult to start preparing;
- Members of the congregation will turn to faith group leaders for support and answers during a pandemic - by planning in advance, these leaders will be better prepared to give their support;
- Faith groups and faith-based service providers must minimize the spread of infection by an influenza pandemic

virus to protect the health of their staff, volunteers, and community members;

- Faith groups and faith-based services providers must make extra efforts to protect the vulnerable members of their community (e.g., homeless, elderly, physically or mentally ill, new immigrants to Canada, and others) who rely on them for basic necessities (e.g., medical care, food, shelter, mental health, social supports); and,
- Faith groups and faith-based service providers will be better able to support the response of the greater community in which they are located if they are prepared in advance.

**1.4 Factors to consider**

The challenge of planning for an influenza pandemic is that there are many things we

won't know until the pandemic actually happens. Nonetheless, we know from historical experience and current scientific research that an influenza pandemic will have serious health effects in the general population and will cause significant disruption to the social, economic, and security concerns of affected jurisdictions. The following assumptions can be used when preparing for an influenza pandemic:

**Vaccines**

- Since it takes at least four to five months to produce vaccine after the pandemic virus has been identified, vaccine will not be available in the first wave of the pandemic.
- When vaccine does become available, it will be in short supply and high demand.

**Antivirals**

- Antivirals will be in short supply.
- Ontario is aiming to procure enough antiviral to treat approximately 25% of the population.

**Severity of the Virus**

- The severity of the virus won't be known until the pandemic actually arrives. For the purposes of planning, you can assume that 35% the population will be sick (off work/school for at least 0.5 day) at some point during the life of the pandemic.

**Impact on the Health Care Sector**

- The availability of public health and health care workers will be reduced due to illness, concern about disease transmission in the workplace, and care-giving responsibilities.
- Non-life-threatening health services and public health programs will be significantly reduced or stopped completely.
- Standards of health practice may have to be adapted to meet pandemic demands.

**Impact on your Faith Community**

- There may be a significant loss of people and specific expertise/skill sets within your faith group or faith-based service organization during a pandemic as a result of staff/volunteers absences due to personal and/or family illnesses and school, business, and public transportation closures.
- During a pandemic, as with any type of emergency, there will be an increased demand for faith groups and faith-based organizations to provide mental/spiritual health and social services.
- During a pandemic there will be an increased need for faith leaders to address rumours, misinformation, fear, and anxiety.

**2.0 Get Started**

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is commitment to prepare for an influenza pandemic from the highest levels in your faith organization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign staff members to develop, maintain, and act upon an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish a realistic work plan and timeline for completion.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Define the organizational structure that will be used during a pandemic, including key contacts with back-ups, roles and responsibilities, and reporting structures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the trigger that will activate your influenza pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local authorities to understand their plans and what they can provide, share your plan and what your faith group is able to contribute, and take part in their planning. Assign a point of contact to maximize communication between your organization and the local public health unit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish relationships with other faith groups and community-based organizations to share lessons learned and help your locality prepare for an influenza pandemic.

### 3.0 Develop Communication Strategies

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify sources for reliable, up-to-date information on influenza pandemic (e.g., public health unit, Ministry of Health and Long-Term Care, etc.). Make this information available to individuals in your organization and others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish relationships with local public health officials who are able to provide accurate and timely information before and during a pandemic.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Widely distribute information on influenza to staff, volunteers, faith group members, and others before and during a pandemic. Topics that should be covered include signs and symptoms, how it is spread, and ways to protect yourself and your family (e.g., hand hygiene, cough etiquette, family preparedness plans, how to care for ill persons at home, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure the information you communicate is appropriate for the culture(s), language(s), and reading level(s) of your staff, volunteers, and faith group members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Include basic information about pandemic influenza in sermons, classes, trainings, staff meetings, newsletters, and on your website.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a plan to communicate with staff and volunteers during a pandemic. Communication tools may include websites, widely distributed phone messages, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop plans to communicate with faith group members during a pandemic, especially with any members of your community who have special needs (e.g., homeless, disabled, elderly, mentally or physically ill, persons who don't speak English, new immigrants to Canada, etc.). Communication tools may include websites, flyers, local newspaper announcements, widely distributed phone messages, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share information about your pandemic plan with staff, volunteers, faith community members, and others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider and your faith group's unique contribution to addressing rumours, misinformation, fear, and anxiety among community members both before and during an influenza pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise staff, volunteers, and community members to follow information provided by public health officials.



## 4.0 Prevent the Spread of Influenza

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure staff and volunteers have been trained in basic hand hygiene (hand washing and the use of alcohol-based hand cleaner) and cough etiquette principles (covering your cough/sneeze with your arm or a tissue, disposing of the tissue, and practising hand hygiene).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the amount of supplies and resources needed to promote hand hygiene and cough etiquette to your faith community members. Consider how these materials will be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Analyze your facility cleaning practices to ensure you are limiting the spread of influenza. Develop facility cleaning policies to be used before and during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the amount of supplies needed to properly clean your facility during a pandemic and consider how they will be obtained.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate your faith community's usual activities and services to identify those that may facilitate the spread of the influenza virus from person to person (e.g., practices that bring members within 1 metre/3 feet contact, practices that involve hand-to-hand or hand-to-face touch, use of objects during worship that are touched by many people, etc.). Set up policies to modify these activities in order to prevent the spread of pandemic influenza.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop strategies that encourage persons with influenza symptoms to remain at home rather than visit your facility in person.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promote yearly influenza vaccination for staff, volunteers, and faith community members.

## 5.0 Anticipate the Impact of a Pandemic

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of an influenza pandemic on your faith group's normal functions. Identify all the services and activities your faith group delivers and determine whether they will have an increased demand, decreased demand, or modified/altered demand during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop plans to ensure delivery of activities and services that have an increased or modified/altered demand.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for staff and volunteer absences during a pandemic due to personal and/or family illnesses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider focusing your faith group's efforts during a pandemic on providing services that are most needed during an emergency (e.g., mental/spiritual health, social services, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine the potential impact of a pandemic on outside resources that your faith group depends on to deliver its services (e.g., supplies, transportation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and train essential staff and volunteers required to carry on your organization's work during a pandemic. Include back up plans and cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider how to use existing technology to assist you in delivering services and communicating with staff, volunteers, and faith group members (e.g., website, phone hotlines, answering machines, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stockpile essential supplies that will be needed during a pandemic (e.g., alcohol-based hand cleaner, facial tissues, liquid pump soap, cleaning agents, etc.).

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop staff leave policies for personal illness or care for sick family members during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop mandatory sick-leave policies for staff and volunteers suspected to be ill. Staff and volunteers should remain at home until their symptoms resolve and they are physically ready to return to duty.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure the increased needs of vulnerable individuals in your faith group (e.g., homeless, disabled, elderly, mentally or physically ill, persons who don't speak English, new immigrants to Canada, etc.) are accounted for in your pandemic plan.

## 6.0 Review and Update the Plan

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test your influenza pandemic plan using an exercise or drill and review and revise your plan as needed.

### Acknowledgements

This guide contains material drawn from the following sources:

*WHO checklist for influenza pandemic preparedness planning.* World Health Organization, 2005. Accessed May 10, 2006 at [who.int/csr/resources/publications/en/](http://who.int/csr/resources/publications/en/); go to "Influenza" and then "WHO checklist for influenza pandemic preparedness planning".

*Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist.* Department of Health and Human Services USA and the Centre for Disease Control, January 9, 2006. Accessed May 10, 2006 at [pandemicflu.gov/plan/faithcomchecklist.html](http://pandemicflu.gov/plan/faithcomchecklist.html).

*What you should know about a flu pandemic.* Ontario Ministry of Health and Long-Term Care, 2006. Accessed May 10, 2006 at [health.gov.on.ca/pandemic](http://health.gov.on.ca/pandemic).