

Seasonal Respiratory Pathogen Guide

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Health System Emergency Management Branch,
Ministry of Health

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Seasonal Respiratory Pathogens Guide

Background

In Ontario, seasonal respiratory pathogens, such as influenza and respiratory syncytial virus (RSV), historically circulate in highest numbers between November and April. As a result, the provincial health system¹ experiences increased demand for patient care during this time. Ontario is starting to observe a return to more typical seasonal patterns of circulation of respiratory pathogens, however COVID-19 patterns remain atypical and are expected to continue to overlap with seasonal pathogens.

The *Seasonal Respiratory Pathogens Guide* (the guide) is the Ministry of Health's plan to support health system readiness to respond to respiratory pathogens outbreaks and surges. The guide aligns with the [Chief Medical Officer of Health's 2022 Annual Report, Being Ready](#) to build on key lessons from the pandemic to ensure readiness for future outbreaks and pandemics, and integrate a health equity lens into readiness activities. The guide does this by building on previous respiratory season planning and leveraging key learnings from the COVID-19 emergency to establish a new, strengthened approach to readiness for the annual surge in respiratory pathogens and build ongoing resilience in the health system.

About the Guide

The *Seasonal Respiratory Pathogens Guide* sets expectations and accountabilities of health system partners to support readiness and response to seasonal respiratory pathogens. Expectations in the guide are part of an annual planning cycle, the goals of which are to build overall system readiness and resilience for seasonal surges of respiratory pathogens, and to reduce morbidity, mortality, and social and health system disruptions. If required, activities identified in the guide can be escalated to respond to public health emergencies or pandemics.

The guide supports preparedness for human seasonal respiratory pathogens as a whole and recognizes that the same systems, capacities, resources, and response structures can be used to respond to a variety of human respiratory pathogens. This approach is in alignment with the World Health Organization's (WHO) [Preparedness and Resilience for Emergency Threats Initiative](#).

Information in the guide includes:

- an overview of the annual planning cycle

¹ In this plan, the term "system" refers to all the organizations, agencies, employers, and providers (e.g., public health units, hospitals, etc.) that deliver health services in Ontario.

- expectations of all health partners for readiness and response activities in key functional areas of outbreak and surge response
- coordination with non-health sector partners to ensure a community approach to seasonal respiratory pathogen readiness
- an overview of the response structures to support the management of critical surges throughout the season
- baseline and surge scenarios to support planning
- resources to support readiness and response efforts of all health system partners

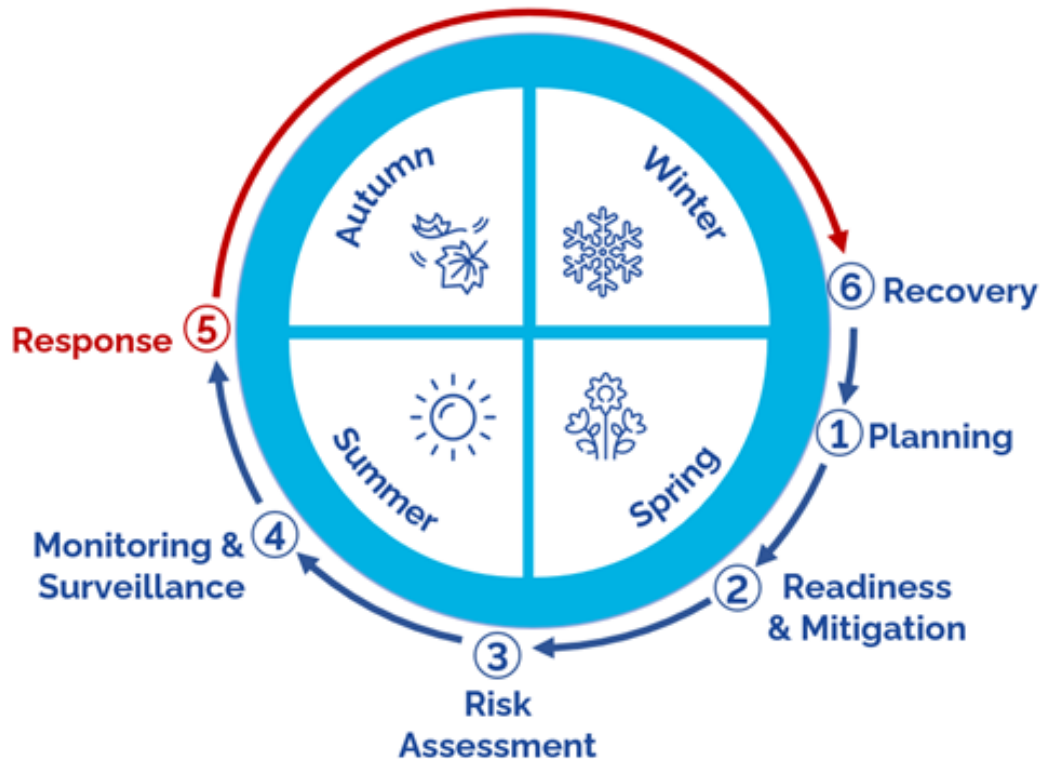
The guide is intended for health system agencies, organizations, employers and health care workers, such as Ontario Health (OH), public health units (PHUs), Public Health Ontario (PHO), hospitals, congregate care settings (e.g. Long-term Care Homes (LTCHs), supportive living settings), home care agencies, Ontario Health Teams, primary health care settings, midwife practices, pharmacies, paramedic services, health organizations in First Nation communities, Indigenous health service providers, and other health service providers. These health sector partners should identify opportunities to work closely with organizations responsible for health, including Indigenous health authorities and leaders, congregate living settings (e.g., LTCHs, retirement homes, correctional facilities, agricultural worker house, shelters, etc.), as well as communities, schools, workplaces, families, and individuals.

The guide will be reviewed annually and updated for the upcoming fall and winter seasons based on lessons learned from previous years.

Chapter 1: Annual Planning Cycle

The health system's readiness and response planning for respiratory pathogen season is part of an annual cycle (see Image 1). Each phase of planning includes activities for the ministry and health system organizations to effectively prepare for, and respond to, respiratory pathogens and critical respiratory pathogen surges.

Image 1: Annual Planning Cycle for Seasonal Respiratory Pathogens



Phase 1: Planning

- The Ministry of Health (the ministry) updates the *Seasonal Respiratory Pathogens Guide* and other planning tools, incorporating lessons learned from previous cycle to support the readiness and response planning of health system partners.
- Baseline and Surge scenarios are developed to support plans.
- The ministry establishes coordination structures to support provincial health system planning efforts.
- Regional and local health system organizations are expected to understand their roles and responsibilities for respiratory pathogen season planning (as indicated in this planning guide) and establish local/regional planning structures.

- All parties ensure the structure of their programs, plans and technical advisory groups meet the expectations as laid out in this guide and in consideration of local and regional needs.
- When planning, all organizations should take into consideration the unique needs of underserved populations and communities they serve.

Phase 2: Readiness & Mitigation

- All organizations test their plans against baseline and surge scenarios to identify gaps in planning efforts and mitigate risks identified.
- Readiness activities are undertaken to support expected response needs within the health system. This includes participating in provincial, regional or local exercises where available, and leading exercises within the organization's sphere of responsibility.
- In line with a continuous risk assessment process, readiness and mitigation activities are continuous and responsive to ongoing risk assessment.
- Readiness exercises and mitigation planning should consider impacts that could potentially widen disparities in health outcomes or disproportionately affect certain populations.
- As applicable, health system partners report to the Ministry of Health on the outcomes of their local and regional exercises.

Phase 3: Risk Assessment

- The ministry, in partnership with health system partners, identifies and communicates anticipated and potential risks, including evidence-informed predicted risk scenarios, to inform planning efforts for the upcoming respiratory season.
- Regional and local organizations conduct their own risk assessments based on regional and local considerations in their areas of responsibility.
- Risk assessments take into consideration the unique vulnerabilities of the communities served.
- Continuous process for all partners to monitor and identify known and emerging risks.

Phase 4: Monitoring and Surveillance

- The ministry continuously monitors overall health system impacts of respiratory pathogens.
- All partners undertake monitoring, surveillance and reporting of impacts based on organization responsibilities.
- The ministry communicates to health system partners key information and evolving risks throughout the season to support timely access to risk assessments and associated recommendations, and information on provincial response strategies.
- Regional and local organizations, in turn, share information with the ministry on local and regional risk monitoring and surveillance, associated response activities, and emerging issues regarding respiratory pathogen surges at the local level to inform provincial response strategies.

Phase 5: Response

- The ministry coordinates information sharing across partners to support the identification of emerging issues and inform local and regional response efforts.
- Regional and local health system organizations maintain situational awareness of respiratory season impacts, undertake response activities to mitigate impacts to the delivery of health services, and participate in response coordination efforts led by Ontario Health, public health units and/or the ministry.
- In a critical surge situation, the ministry provides provincial coordination of response efforts to mitigate surge impacts to the delivery of health services in Ontario.

Phase 6: Recovery

- All organizations conduct debriefs on the readiness and response efforts of the season and capture lessons learned to inform planning for the next season's respiratory pathogen surges.
- Recovery should include an assessment of the impact on underserved populations and strategies to mitigate similar impacts in future years.

Chapter 2: Readiness and Response Expectations

This chapter identifies the preparedness and response expectations and accountabilities of health system partners within the following key functional areas:

- [surveillance, modelling & evidence](#)
- [risk communications and public health advice](#)
- [vaccines](#)
- [testing](#)
- [outpatient care and therapeutics](#)
- [acute care](#)
- [infection, prevention & control and outbreak management](#)
- [supplies and equipment](#)

Readiness and response to seasonal respiratory pathogens utilizes and builds on resources within the existing health care system. All health system partners should review the expectations for readiness and response activities associated with these functional areas and integrate them into their planning for seasonal surges of respiratory pathogens. This includes ensuring that their continuity of operations plans allow them to increase their surge capacity when required and consider health human resources (HHR) for supporting surge capacity.

Health system partners are expected to participate in provincial, regional and/or local exercises, as applicable, and lead exercises within their organizations' sphere of responsibility. These exercises should practice plans against risk scenarios and identify where plans should be adjusted accordingly. Additionally, in line with a continuous risk assessment process, readiness and mitigation activities should be responsive to ongoing risk assessment and plans adjusted throughout the season.

A key part of seasonal respiratory pathogen readiness also includes mitigating health inequities. Health organizations should collaborate with their local health system partners to coordinate planning and readiness activities for respiratory pathogens. This may include [Ontario Health Teams](#) (where available), given that they are uniquely positioned to support strategies to integrate preparedness in the local health system and improve health equity for underserved populations.

Additionally, all health partners should develop ongoing collaborative partnerships with other organizations within their communities that support the needs of equity-seeking or

underserved populations. By working with these organizations throughout the year to address ongoing health inequities, communities can be healthier and more resilient during respiratory pathogen season. As part of their readiness activities, all health system partners should identify opportunities to work with organizations that serve members of society that are at high-risk of respiratory pathogen infection. This includes Indigenous health authorities, community organizations and leaders representing underserved populations, congregate care settings, as well as other high-risk congregate settings such as schools, shelters, and assisted living settings. This also includes initiatives for equity-deserving populations.

Surveillance, Modelling and Evidence

Surveillance is the systematic ongoing collection, collation, analysis, and interpretation of data with timely dissemination of information to those who require it in order to take action.² Surveillance and monitoring is key to prevention, detection and monitoring; it is also key to identify those most at risk of infection and of suffering poor health outcomes, with particular consideration of health impacts on Indigenous, Black, and other racialized, low-income, and newcomer populations.

Effective surveillance supports a shared risk awareness across the system. It enables health system partners to implement appropriate interventions to reduce morbidity and mortality based on modelling and evidence generated from the surveillance data. The objective of respiratory pathogen surveillance is to provide decision-makers with the necessary information to determine when and how to respond, and to evaluate the effectiveness of the response. Specifically, surveillance helps inform decisions related to ramping up and adjusting the health sector's respiratory pathogen response functions.

All health system partners are expected to maintain and review their surveillance resources and monitor and assess the progression and magnitude of the respiratory pathogen season. Partners should adjust their readiness and response activities based on the data and models generated from local, regional and/or provincial surveillance.

Provincial data on respiratory pathogen surveillance can be found via the [Ontario Respiratory Virus Tool](#). Health system partners may connect with their public health unit (PHU) and/or Ontario Health (OH) region to learn more about available surveillance data sources and information specific to their jurisdiction.

² Last, J.M. (Ed). A dictionary of Epidemiology, Fourth Edition. Oxford University Press, United States, 2001.

Expectations

Table 1: Surveillance, Modelling and Evidence Roles & Responsibilities

Lead Organization	Expectations
Ministry Of Health (Ministry)	<ul style="list-style-type: none"> • Develop and support the provincial surveillance approach. • Communicate expected impacts to provincial partners to facilitate their preparedness and response efforts.
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Provide scientific and technical advice on the approach to provincial surveillance. • Monitor and analyze the spread, severity and intensity of respiratory pathogen activity internationally, nationally and provincially. • Support local surveillance in collaboration with Public Health Units, Infection Prevention and Control (IPAC), Ontario Public Health Emergency Science Advisory Committee (OPHESAC), Ontario Immunization Advisory Committee (OIAC). • Report publicly on provincial seasonal respiratory pathogen activity. • Share surveillance information with the Public Health Agency of Canada and National Microbiology Laboratory as required and to support national surveillance efforts.
Ontario Health	<ul style="list-style-type: none"> • Supports the ministry with modeling and forecasting health system pressures. • Conduct hospital bed capacity surveillance at a provincial level. • Provide PHO and local PHUs with modeling, forecasting and surveillance information from the hospitals and health system as needed to inform their surveillance activities at provincial and local levels.
Public Health Units (PHU)	<ul style="list-style-type: none"> • Monitor and interpret local, provincial, national, and international data for local relevance with a health equity lens to inform and support the Chief Medical Officer of Health's (CMOH) ongoing surveillance. • Communicate expected impacts to local partners to facilitate their preparedness and response efforts. • Conduct surveillance on seasonal respiratory pathogens and outbreaks designated as Diseases of Public Health Significance.

Lead Organization	Expectations
Long-term care homes and other congregate care settings	<ul style="list-style-type: none"> • Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i>. • Monitor residents and staff for symptoms of seasonal respiratory pathogens and initiate assessment and testing when appropriate.
Hospitals	<ul style="list-style-type: none"> • Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i>. • Report data on critical care clients through the Critical Care Information System (CCIS), as applicable. • Support provincial acute care bed capacity surveillance.
All health care providers	<ul style="list-style-type: none"> • Report cases and unusual clusters of influenza like illness activity to the local Medical Officer of Health, as required under the <i>Health Protection and Promotion Act</i>.

Risk Communications and Public Health Advice

The timely sharing of risk analysis based on data collected from surveillance and monitoring activities is required to support effective readiness and response strategies and minimize the impact of respiratory pathogens on the broader health system. The ministry communicates with health system partners throughout the season to promote shared situational awareness of the risk and expected impact of circulating respiratory pathogens to support regional and local decision making.

In parallel, the ministry requires information from local and regional health system partners to understand the effectiveness or challenges of readiness and response activities in relation to the circulating respiratory pathogens. This helps the ministry understand the impact of the respiratory season on Ontario, the progress of response strategies, and identify when escalation of response coordination efforts may be required.

All health system partners should be aware of the risk analysis communication strategies in place at local, regional, and provincial levels to support situational awareness and decision making. Throughout respiratory pathogen season, health system partners should adjust their readiness and response strategies based on information shared between partners, and coordinate changes to strategies with partners as necessary.

Of particular importance is the communication between the ministry and public health units (PHUs) given the role that PHUs play in communicating risk and coordinating local response activities, including public health measures, during respiratory pathogen season.

Expectations

Table 2: Risk Communications and Public Health Advice Roles & Responsibilities

Lead Organization	Expectations
Ministry Of Health (the ministry)	<ul style="list-style-type: none"> • Communicate provincial risk analysis, expected severity and expected impacts regarding circulating respiratory pathogens to health system and non-health system partners at regular intervals via situation reports, health partner teleconferences, the ministry website and other methods, as relevant. • Develop and communicate provincial response strategies and recommendations for health partner activities to minimize the impact of respiratory pathogens on the health system, as necessary. • Collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.
Public Health Ontario (PHO)	<ul style="list-style-type: none"> • Develop regular risk assessments for the ministry on respiratory pathogen activity, including severity and impacts on specific populations. • As relevant, communicate risk analysis to public health and health system.
Ontario Health (OH)	<ul style="list-style-type: none"> • Contribute to the ministry’s risk communication and response strategies by sharing information on provincial and regional health system challenges and strategies. • Contribute to and communicate provincial recommendations and response strategies; provide additional interpretation and guidance as required. • Coordinate with local and regional health partners, including public health, on the development of guidance resources. • Liaise between the ministry and OH health system partners for information and communicating needs and concerns to the ministry. • Support and share sector-specific best practices.

Lead Organization	Expectations
Public Health Units (PHU)	<ul style="list-style-type: none"> • Communicate with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly. • Contribute to the ministry’s risk communication and response strategies by sharing information on local risk analysis. • Communicate and reinforce local, regional and provincial recommendations and response strategies. • Communicate with the public on risk and appropriate public health measures. • Issue local public communications to mitigate hesitancy and misinformation and promote evidence-informed public trust and confidence in vaccines.
All health system partners	<ul style="list-style-type: none"> • Follow public health and ministry recommendations. • Communicate and reinforce public health recommendations and other response strategies with clients, patients, and residents.

Public Communications

Public information will be posted by the ministry on [ontario.ca](https://www.ontario.ca), the Ministry of Health’s social media channels and through other public methods of communication as required. Public information may include information on seasonal respiratory pathogens, conditions, and risks, how to access vaccines for respiratory pathogens and public guidance to help prevent the spread of respiratory pathogens.

The ministry works with health sector agencies and organizations, such as Ontario Health, and public health units to support alignment of public communications, where relevant and appropriate.

Local and regional health system agencies and organizations may issue public communications on conditions in their communities on their websites, through social media channels and in partnership with other community groups and organizations.

In planning public communications, all partners should plan and implement strategies and approaches to effectively and meaningfully communicate with underserved communities. For example, partners could work with First Nation community health centres and Indigenous Services Canada to develop harmonized, culturally appropriate messaging for health promotional materials for Indigenous communities.

Vaccines

The objective of Ontario's vaccine response for respiratory pathogens is to minimize the spread of disease and reduce morbidity and mortality through the implementation of safe and effective vaccine programs. Vaccines are an essential component of the readiness for and response to respiratory pathogens. The National Advisory Committee on Immunization (NACI) and the Ontario Immunization Advisory Committee (OIAC) make recommendations on the use of vaccines, informing Ontario's publicly funded vaccine programs.

Ontario's publicly funded vaccine programs are a key component of disease prevention for seasonal respiratory pathogens such as influenza, COVID-19, and RSV. The table below identifies the expectations of health system partners for Ontario vaccine programs. Specific responsibilities may vary based on the program. Partners should familiarize themselves with their role in specific vaccine programs.

In the context of limited vaccine supply, both short and longer-term prioritization will be required to protect the highest risk and targeted settings to meet the goals of reduced transmission, morbidity and mortality as well as reduced impacts on the health and critical sectors. The ministry will apply consistent methodologies and principles, supported by scientific data and recommendations of committees like NACI and OIAC as well as other experts as required, to distribute limited supply in a fair and equitable manner. Decisions on prioritization will be publicly available.

The ministry is committed to reviewing vaccination strategies for seasonal respiratory pathogens regularly and updating programs on a timely basis in response to new evidence and expert advice.

In addition to English and French, communications regarding any provincial mass vaccination programs will accommodate other languages to support access for all Ontarians.

All health partners should work to increase health worker and the general public's acceptance of vaccines and refine approaches to ensure vaccination of different segments of the population, such as high-risk groups and equity-seeking populations.

Expectations

Table 3: Vaccines Roles & Responsibilities

Lead Organization	Expectations
<p>Ministry of Health</p>	<ul style="list-style-type: none"> • Lead the provincial vaccine strategy, including Ontario’s Universal Influenza Immunization Program (UIIP), COVID-19 vaccine program, and RSV prevention program. • Lead the annual Health Care Worker Influenza Immunization Initiative. • Integrate emergent vaccines into provincial strategies, in partnership with PHO, OIAC, and NACI. • Determine eligibility for vaccines and communicate and work with partners to apply it consistently for fair and equitable access. • During times of limited vaccine supply, prioritize vaccine distribution in a fair and equitable manner based on evidence and expert recommendations; make decisions and associated rationale on prioritization publicly available. • Provide vaccine guidance to regional and local partners on priority populations. • Monitor provincial vaccination coverage, effectiveness and safety; review vaccination strategies on a regular basis, updating based on new evidence and expert recommendations. • As relevant to the vaccination program, manage the procurement, allocation, and distribution of vaccine products to vaccine providers (e.g., public health units, pharmacies, primary care providers, hospitals, long-term care homes), including inventory monitoring and wastage control. • Engage and collaborate with partners, including the federal government, other provinces and territories, public health units, Indigenous health partners, pharmacies, and health care providers on vaccine programs. • Collaborate with federal, provincial, and territorial partners to share and coordinate response across activities, as required. • Maintain a vaccination program communication strategy that includes communications to different segments of the population (e.g., high-risk groups and equity seeking populations) and accommodation for other languages in addition to English and French.

Lead Organization	Expectations
<p>Public Health Ontario (PHO)</p>	<ul style="list-style-type: none"> • Provide evidence-based advice on vaccine program implementation in Ontario, priority populations and clinical guidance. • Report coverage and safety data to federal stakeholders. • Provide secretariat support to the OIAC. • Analyze vaccination data to assess vaccine coverage rates. • Support investigations and analyze data to assess vaccine safety (i.e., adverse events following immunization). • Support assessment of vaccine effectiveness and program impact. • Provide information on vaccines, and the importance of vaccinations and being “up to date” with all vaccinations (including respiratory pathogen vaccinations) to support health system communications with the public and patients. • Support vaccine acceptance communication by providing scientific advice and vaccine safety information to stakeholders.
<p>Public Health Units (PHU)</p>	<ul style="list-style-type: none"> • Communicate with the public on the importance of vaccinations and being “up to date” with all vaccinations (including respiratory pathogen vaccinations). • Undertake preparedness planning and coordinate local vaccination programs to administer vaccines, including providing leadership for hard-to-reach populations. • Support access to on-site vaccinations in congregate care settings (e.g., long-term care homes). • Receive, investigate, and conduct local surveillance on reports of adverse events following immunization. • Manage inventory and distribution of vaccine to local immunization providers, including wastage monitoring and controls. • Conduct annual cold chain inspections and monitor compliance for UIIP, COVID-19 and other vaccine storage and handling (VSH) sites, including excursion investigation and management as required. • Maintain plans to support rapid initiation of mass immunization clinics in the event they are required.

Lead Organization	Expectations
Community Immunization Providers (e.g., pharmacies, primary care providers, hospitals)	<ul style="list-style-type: none"> • Communicate with clients, patients, residents, and health care workers on the importance of vaccinations and being “up to date” with all vaccinations (including respiratory pathogen vaccinations). • Administer vaccine to eligible Ontarians as per ministry guidance and recommendations. <ul style="list-style-type: none"> ○ For primary care providers that do not administer vaccine, counsel patients on vaccinations and advise where patients can get vaccinated. • Conduct timely reporting of patient vaccination data per established processes, including COVID-19 vaccination data in COVaxON. • Conduct timely reporting of any adverse events following immunization to the local public health unit. • Manage inventory and cold chain of vaccine supply, including wastage controls. • Collaborate with public health units on local vaccine programming. • Collect and report data on influenza immunization coverage for hospitals and long-term care.
All health care providers	<ul style="list-style-type: none"> • Review vaccine policies and promote vaccination amongst clients, patients, residents, and health care workers. • Conduct timely reporting of any adverse events following immunization to local public health unit.

Testing

Testing facilitates the timely detection of respiratory viruses to support early clinical and public health intervention, treatment and infection prevention and control measures. Additionally, testing supports the collection and analysis of surveillance data about respiratory pathogen activity (e.g., viral strains, prevalence, and geographical distribution) to inform response strategies.

All health sector partners involved in testing must understand eligibility guidelines for respiratory pathogen testing, including:

- [COVID-19 Provincial Testing Guidance | Ministry of Health](#)
- [Respiratory Viruses \(including influenza\) | Public Health Ontario](#)

- [Coronavirus Disease 2019 \(COVID-19\) – PCR | Public Health Ontario](#)

Following the winddown of standalone COVID-19 testing infrastructure on March 31, 2024 (e.g., Clinical Assessment Centres/ Assessment Centres), foundational roles for molecular testing (clinical assessment, specimen collection, processing, testing, and reporting of results) have transitioned to established healthcare pathways.

Expectations

Table 4: Testing Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	<ul style="list-style-type: none"> • Set eligibility for publicly funded tests in consultation with partners, work with experts on testing, and issue testing guidance. • Communicate information to laboratory and health sector partners on testing strategies. • Provide strategic oversight of the COVID-19 testing program, working in partnership with PHO and OH.
Public Health Ontario (PHO) Public Health Ontario Lab (PHOL)	<ul style="list-style-type: none"> • Provide diagnostic and genomic testing for respiratory pathogens. • Collect, analyze, report, and communicate laboratory surveillance information. • Provide leadership on public health testing, including the Ontario COVID-19 Genomic Network and surveillance for emerging variants. • Assist hospital and community laboratories with implementation of respiratory pathogen molecular testing, upon request, including support for verification and validation of testing. • Issue recommendations for testing algorithms to be used across the laboratory network. • Point of care tests evaluation role (for tests approved/licensed by Health Canada). • As applicable, work in coordination with OH and lab system partners as part of the long-term care/retirement home respiratory virus testing initiative.

Lead Organization	Expectations
<p>Ontario Health</p>	<ul style="list-style-type: none"> • Coordinate the Provincial Diagnostic Network, including operational coordination of the Ontario Respiratory Pathogens Genomics Program. • Collect, analyze, report, and communicate laboratory surveillance information. • Coordinate the Provincial Respiratory Virus Testing Program (PRVTP) to facilitate increased access to combined COVID-19, influenza, and RSV testing for residents of long-term care and retirement homes. • Building on the success of the laboratory sector’s response to COVID-19, coordinate and develop an Ontario Laboratory Medicine Program (OLMP) which will provide strategic and operational coordination for laboratory medicine services.
<p>Supply Ontario</p>	<ul style="list-style-type: none"> • Deploy molecular and point of care testing supplies to partners and stakeholders in accordance with eligibility criteria developed in partnership with the Ministry of Health and Ontario Health.
<p>Laboratory System Partners (e.g., hospital and community laboratories)</p>	<ul style="list-style-type: none"> • Conduct respiratory pathogen testing or transfer eligible samples to a lab that provides respiratory pathogen testing. • Support whole genome sequencing initiatives for surveillance and outbreak support and report results. • As applicable, work in coordination with OH and PHO as part of the Long-term care/ retirement home respiratory testing initiative. • As applicable, work in coordination with OH and PHO as part of the COVID-19 diagnostic network.
<p>Health Care Providers and specimen collection locations</p>	<ul style="list-style-type: none"> • Provide testing to patients in alignment with eligibility and clinical decision making. • Refer to health care provider for prescription/or prescribe treatments based on testing results, as clinically appropriate. • Adhere to guidance related to specimen collection and guidelines for safe transport.

Lead Organization	Expectations
Public Health Units (PHU)	<ul style="list-style-type: none"> • Make recommendations on testing during outbreaks.
All health care providers	<ul style="list-style-type: none"> • Share information with patients and clients on when and how to access testing for clinical care and treatment. • Test patients according to provincial guidance.

Outpatient Care and Therapeutics

Ontario’s approach to outpatient care and treatment services during seasonal respiratory pathogen surges is to utilize and build on the existing health care system. During seasonal respiratory pathogen surges, outpatient settings may implement surge strategies to meet the increased demand for outpatient care and treatment. These settings may also be called upon to implement additional temporary services to support the response to seasonal respiratory pathogen surges in the broader community. Health organizations should collaborate with their local health system partners to coordinate the planning and response to address outpatient supports during surges.

Access to treatment may first require testing. All health care providers should be ready to share information on testing access to support access to treatments. Refer to the testing section for additional information on readiness and response expectations related to testing.

Health organizations provide various care and treatment services for respiratory pathogens including telephone assessments through [Health811](#), virtual and face-to-face assessment and treatment in primary care settings, emergency departments, and home and community care settings. Individuals living in First Nations communities may access primary health care through either community-based programs, which vary by First Nation community, or through external providers.

Expectations

Table 5: Outpatient Care and Therapeutics Roles & Responsibilities

Lead Organization	Expectations
<p>Ministry of Health (Ministry)</p>	<ul style="list-style-type: none"> • Develop recommendations for provincial health system outpatient care, testing, and treatment strategies, including therapeutics distribution strategies. • Work with Ontario Health to provide clinical guidance on antiviral treatments for health services providers, primary care, and community pharmacies. • Develop eligibility for respiratory pathogen treatment for health system partners. • Monitor provincial supply and usage of antivirals to support sufficient supply and distribution to target populations. • Maintain influenza antiviral stockpile and facilitate pre-positioning of influenza antivirals in public health units in the late summer to support outbreaks management when regular supply channels are limited. • When local supplies are insufficient, deploy supplies and equipment from the provincial influenza antiviral stockpile to support outpatient care and treatment. • Fund and support use of RSV prophylaxis for high-risk infants. • Facilitate access to national antiviral stockpiles (where available) when provincial supplies are depleted. • In collaboration with the federal government, monitor supplies for auxiliary treatments (e.g., common antibiotics, anti-fever medications) to identify and address potential shortages.
<p>Public Health Ontario (PHO)</p>	<ul style="list-style-type: none"> • Provide scientific and technical advice on the effectiveness and use of antivirals and participate in relevant committees. • Monitor antiviral resistance in collaboration with the National Microbiology Laboratory.

Lead Organization	Expectations
<p>Ontario Health</p>	<ul style="list-style-type: none"> • Operate the Ontario Health Infectious Diseases Advisory Committee and provide clinical guidance on therapeutics. • Work with the ministry, local health care providers and organizations to ensure the needs of underserved populations are met. • Coordinate with local and provincial partners to ensure expanded access to services in response to a system wide surge.
<p>Public Health Units (PHU)</p>	<ul style="list-style-type: none"> • Participate in pre-positioning option for influenza antivirals based on local risk assessments. • Support local communications on access to outpatient care and treatment, as required.
<p>Hospital and Community Pharmacies</p>	<ul style="list-style-type: none"> • Procure antivirals (for COVID-19 and influenza) through normal supply chains. • Provide timely access to prescribing and/or dispensing services for publicly funded antiviral treatments to eligible clients/patients.
<p>Home and Community Care</p>	<ul style="list-style-type: none"> • Provide care and treatment services for clients and patients in home and community care settings. • Support delivery of antivirals dispensed from community-based pharmacy to clients and patients in home and community care settings. • Administer outpatient COVID-19 treatments (e.g., intravenous remdesivir) to eligible patients.

Lead Organization	Expectations
<p>Long Term Care Homes</p>	<ul style="list-style-type: none"> • Discuss potential treatment options (e.g., Paxlovid, Remdesivir, oseltamivir) with residents and caregivers in advance of potential infection. • Prioritize assessments for residents who may be eligible for antivirals, including pre-assessing residents for eligibility for antivirals in advance of a positive test or symptoms. • Develop plans for accessing treatment (for example with LTCHs’ primary pharmacy provider) to ensure rapid access. • For further information on expectations around the role of Long-term care in COVID-19 therapeutic access, please refer to the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units.
<p>All health care providers</p>	<ul style="list-style-type: none"> • Continue to provide health care services for affiliated clients/patients, with enhanced access during peak respiratory activity. • Pre-assess high-risk patients for COVID-19 and influenza treatments to ensure timely treatment in case of infection. • As applicable, administer RSV prophylaxis for eligible infants. • Implement continuity of operations plans to expand surge capacity to provide care and treatment services for affiliated and potentially non-affiliated clients.

Acute Care

Acute care services (i.e., paramedic services and hospitals) provide the urgent, necessary services required to treat illness that can lead to death or disability without rapid intervention. Seasonal respiratory pathogens can result in increased demands for these services.

Given the expected increase in demand for acute care services during seasonal respiratory pathogen surges, acute care service organizations should work with Ontario Health and regional health system partners to maintain strategies to optimize the delivery of health services and ensure continuity of services during surges in respiratory pathogen infections.

Expectations

Table 6: Acute Care Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health (Ministry)	<ul style="list-style-type: none"> • Provide provincial policy decisions that support acute care surge capacity, including pediatrics.
Ontario Health	<ul style="list-style-type: none"> • Support surge management planning and readiness with hospitals, including pediatrics. • As needed, develop guidance and/or direction for hospitals to support surge management planning and optimization of health service delivery, including pediatrics. • Collaborate with the ministry and hospitals on health human resource strategies. • As needed, convene regional and/or provincial response tables to support optimization of health service capacity.
Hospitals	<ul style="list-style-type: none"> • Maintain and implement surge capacity management plans (e.g., alternative patient care and staffing models) to support and equitable response to increased demands while maintaining other services and ensuring patient safety and care. • Monitor seasonal respiratory pathogen risks and associated surge impacts. • Coordinate with other acute care and non-acute care partners on care optimization and surge response strategies, as necessary. • Work with Ontario Health Regional Tables to collaborate, plan and implement surge strategies.
Paramedic Services	<ul style="list-style-type: none"> • Maintain and implement surge strategies to support capacity across the province. • Monitor seasonal respiratory pathogen risk and associated surge impacts; coordinate with ministry, acute care, and other health partners on surge response strategies, as necessary.

Infection Prevention & Control and Outbreak Management

Infection prevention and control (IPAC) measures and outbreak management processes are key to mitigating and managing respiratory pathogen surge. Implementation of IPAC and outbreak management practices are crucial for the protection of patients, residents, clients, health sector employers, health care workers and visitors. IPAC Hubs were established across the province to build capacity and strengthen IPAC practices in congregate living settings (CLSs). Through the provincewide network of local IPAC Hubs, CLSs have a formal and coordinated pathway to access IPAC expertise and support.

Foundational IPAC practices are implemented by health system partners throughout the year, at all times. Health partners should have foundational IPAC practices in place with supporting policies for these practices. Supporting policies may include a system for auditing and providing feedback on IPAC practices. Health sector employers are also required to have effective [Occupational Health and Safety](#) (OHS) programs and practices in place. Health sector employers should ensure that health workers have a solid understanding of OHS and IPAC practices.

Foundational IPAC and OHS practices in addition to effective outbreak management practices are particularly important in the early phase of a respiratory pathogen outbreak when there are only a small number of cases and there may be an opportunity to contain the virus and slow spread.

To support outbreak management, the ministry provides guidance as part of the [Ontario Public Health Standards](#) on outbreak management in community, health care, and congregate care settings in addition to case and contact management guidance for all Diseases of Public Health Significance. Setting specific outbreak protocols should also be available to support Outbreak Management Teams should an outbreak be detected. Public Health Ontario also provides [additional outbreak management resources](#).

To mitigate the impact of community outbreaks, community-level public health infection prevention measures may be used. These measures are non-pharmaceutical interventions that slow the spread of a communicable disease in the community. Routine local public health measures are recommended by PHUs throughout the year. Examples of routine public health measures include recommendations for hand hygiene, respiratory etiquette, and environmental cleaning, and indoor air quality. Additional public health measures to address seasonal respiratory pathogen outbreaks may be implemented, as required, to further mitigate impacts (e.g., restricting access to locations with active outbreaks). Public health measures implementation is supported by the guidance provided in the [Ontario Public Health Standards](#).

Expectations

Table 7: Infection Prevention & Control and Outbreak Management Roles & Responsibilities

Lead Organization	Expectations
<p>Ministry Of Health</p>	<ul style="list-style-type: none"> • Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations. • Support the use of case and contact management guidance and outbreak management guidance by public health units for specific settings to support outbreak response, as outlined under the Ontario Public Health Standards. • Support PHUs during large scale (e.g., multi-jurisdictional) investigations with respect to coordination, policy interpretation, and communications. • If required to manage significant and overwhelming respiratory pathogen community spread, develop a provincial public health measures strategy based on national recommendations and in consultation with provincial and local partners; support PHUs and provincial ministries to implement public health measures in a wide range of settings.

Lead Organization	Expectations
<p>Public Health Ontario (PHO)</p>	<ul style="list-style-type: none"> • Develop foundational and respiratory pathogen-specific IPAC guidance and recommendations. • Provide secretariat support for the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC). • Provide scientific and technical expertise to PHUs to support case and contact management, outbreak investigations, and data entry. • Advise on and support laboratory testing for outbreaks, in coordination with the provincial testing network partners. • Collaborate with ministry and health system partners on a coordinated approach to strengthening IPAC programs and outbreak management in all health care settings. • As required, provide scientific and technical advice on local and/or provincial public health measures strategies; provide advice to PHUs to support the implementation of public health measures.
<p>Public Health Units (PHU)</p>	<ul style="list-style-type: none"> • Proactively promote and reinforce ministry IPAC and outbreak management guidance locally, and in accordance with the Infectious Diseases Protocol and the Institutional/Facility Outbreak Management Protocol. • In collaboration with the congregate living setting (CLS), investigate, support and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable. • Make collaborative decisions about the management of outbreaks. • As required, direct local public health measures to mitigate spread of respiratory pathogens during an outbreak.

Lead Organization	Expectations
<p>All health care provider organizations (e.g., hospitals, long-term care homes, other congregate care settings, community care settings)</p>	<ul style="list-style-type: none"> • Review and implement an IPAC and OHS program in accordance with associated ministry and PHO guidance. • Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable. • Ensure the required Personal Protective Equipment (PPE) is available and properly used, including training on its use for staff and that PPE is available for visitors, as needed. • Report suspected outbreaks or unusual respiratory events to the local public health unit, as applicable. • Follow any sector-specific guidance on IPAC.
<p>IPAC Hubs (support CLSs)</p>	<ul style="list-style-type: none"> • IPAC Hubs do not directly lead or manage outbreaks in CLSs but are available to support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs. • Provide IPAC expertise and support to CLSs. • Deliver IPAC education and training. • Support the development of IPAC programs, policies and procedures within sites and organizations. • Support assessments, audits and provide recommendations to strengthen IPAC programs and practice. • Mentor those with responsibilities for IPAC within CLSs. • Support CLSs to implement IPAC recommendations. • Host communities of practice and networking opportunities for CLSs. • CLSs that IPAC Hubs support include: long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing.

Supplies and Equipment

Reliable access to supply chains for critical supplies and equipment (CSE) is an important part of emergency readiness. Health care providers may access the provincial stockpile of available products to ensure appropriate stock rotation of inventory. Where products are not available in the provincial stockpile, providers are to communicate requirements to Supply Ontario for consideration for adding to the

stockpile. For products not available in the provincial stockpile, health care providers are reminded to leverage their regular supply chains and incorporate general supply chain best practices and risk management strategies into their planning, such as:

- including supply chain management in broader organizational planning related to fall respiratory season, particularly for Personal Protective Equipment (PPE)
- monitoring product demand, managing inventory and planning for vendor engagement at an organizational level or through Shared Service Organizations (SSOs) and Group Purchasing Organizations (GPOs)
- planning for potential disruptions in access to supplies and mitigating any impacts to patient care
- working with local health care and supply chain partners to share information and incorporate supply chain best practices

Conservation and appropriate use of PPE are important. A range of conservation strategies and hazard controls (e.g., engineering controls, administrative controls) should be implemented, where possible. Organizational planning for inventory management should involve discussions with infection control leads, occupational health leads, and joint health and safety committees, where applicable.

Maintaining a dependable stockpile of personal protective equipment (PPE) and critical supplies and equipment (CSE) is key to being ready to respond to increased demand for supplies during respiratory pathogen surges.

Accessing Provincial PPE and CSE Resources

Provincial supply chain support is available to address systemic supply chain risks as global supply chain disruptions continue to impact Ontario's health system. Current supports include ongoing access to the provincial emergency stockpile for PPE and CSE, including the provincial ventilator pool.

Healthcare organizations that require support to continue to provide services during respiratory virus outbreaks and critical surges can access provincial PPE and CSE stockpiles. To enquire about or order supplies from the provincial PPE and CSE stockpiles, health care providers should use the [PPE Supply Portal](#).

To respond to increases in critical care activity due to seasonal surges, the ministry maintains a provincial ventilator stockpile as a health system resource. Hospitals can request access to the Provincial Ventilator Stockpile following the instructions provided in the [Ontario's Ventilator Stockpile Guidance Document](#).

Expectations

Table 8: Supplies and Equipment Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	<ul style="list-style-type: none"> • Provide recommendations on the stockpiling of PPE and CSE within the health system. • Manage, in coordination with Critical Case Services Ontario, the provincial ventilator stockpile. • Alert the Public Health Agency of Canada of critical supplies and equipment shortages. • Facilitate access to the National Emergency Strategic Stockpile (NESS) when required.
Supply Ontario	<ul style="list-style-type: none"> • Working closely with the Ministry of Health and other government partners, operate and manage Ontario’s personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpiles and supply chain. • Maintain ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles. • Alert the ministry to critical supplies and equipment shortages. • Facilitate access to the NESS when provincial PPE and CSE supplies are depleted.
Ontario Health	<ul style="list-style-type: none"> • In coordination with provincial ministries and Supply Ontario, support the planning and provide clinical guidance. • Work closely with the ministry on responding to health supply shortages, leveraging OH’s regional coordination role.
All health care provider organizations (e.g., hospitals, long-term care homes, other congregate care settings, community care settings)	<ul style="list-style-type: none"> • Maintain a supply of PPE and CSE. • Provide health care workers with training and information on the appropriate selection, conservation and safe utilization of all PPE. • Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care.

Chapter 3: Coordination with Non-Health Sector Partners

Effective readiness and response for respiratory pathogens also requires coordination with other sector partners (e.g., municipalities, educational institutions, congregate living settings, workplaces). While other sector partners are responsible for developing and communicating guidance to their own sectors, health system partners should collaborate with their community partners purposefully to practice and sustain preparedness for respiratory pathogens.

Collaborative networks should be part of ongoing preparedness efforts to ensure that all partners have a clear understanding of their roles and work together to improve readiness. As part of their readiness activities, all health sector partners should identify opportunities to work closely with organizations responsible for health, including Indigenous health authorities and leaders, congregate living settings (e.g., retirement homes, correctional facilities, agricultural worker house, shelters, etc.), as well as communities, schools, children camps, workplaces, families, and individuals. As noted in the [Chief Medical Officer of Health 2022 Annual Report, Being Ready](#), “collaborative partnerships respect and build on community strengths, including trusted community leaders who have an in-depth understanding of how their communities work, and the barriers they face”.

The Ministry of Health (the ministry) and public health units have important roles to undertake in this regard. Key responsibilities of their coordination role with non-health sector partners are indicated in the chart below and should be part of respiratory pathogen readiness and response planning.

Table 9: Coordination with Non-Health Sector Partners

Lead Organization	Expectations
Ministry of Health (the ministry)	<ul style="list-style-type: none"> • Share planning, risk and response information related to seasonal respiratory pathogens with Emergency Management Ontario (EMO). • Liaise with key ministry partners to support health system readiness and response including the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) on Occupational Health and Safety advice. • Collaborate with other ministry partners regarding seasonal respiratory pathogens.
Emergency Management Ontario	<ul style="list-style-type: none"> • Coordinate with provincial ministries to support readiness in non-health sectors.
Other Provincial Ministries	<ul style="list-style-type: none"> • Develop organizational/sector-specific plans, or frameworks, where relevant informed by the ministry's Seasonal Respiratory Pathogens Readiness and Response Planning Guide and other MOH resources, where relevant.
Supply Ontario	<ul style="list-style-type: none"> • Working closely with key partners, operate and manage Ontario's personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpile and supply chain. • Maintain ordering and distribution channels for non-health sector entities to access provincial PPE and CSE stockpile.

Lead Organization	Expectations
<p>Public Health Units</p>	<ul style="list-style-type: none"> • Establish local networks with key community partners to support readiness and response for seasonal respiratory pathogens in highest risk settings. • Issue guidance and public health messaging to support readiness and response of non-health sector entities. • Liaise with non-health sector municipal and regional partners to advise and respond to questions on seasonal respiratory pathogen readiness and response activities. • Coordinate with partners to respond to institutional or community outbreaks. • Receive reports on respiratory illness (e.g., outbreak reports, positive tests in congregate care settings) to inform local level response measures. • Lead local implementation of public health measures; liaise with non-health sector partners regarding public health measures, as required.
<p>IPAC Hubs (support some CLSs)</p>	<ul style="list-style-type: none"> • Support non-health sector congregate living settings according to IPAC Hub roles and responsibilities – see Chapter 2: Readiness and Response Expectations, Infection Prevention & Control and Outbreak Management, IPAC Hubs roles and responsibilities.

Chapter 4: Response and Recovery

Response

The objectives of response activities throughout respiratory pathogen season are to:

1. Minimize serious illness and overall deaths
2. Minimize disruption of health services in Ontario as a result of respiratory pathogen season

To support response efforts throughout the respiratory pathogen season, health system partners are expected to have strong regional and local coordination strategies in place.

The Ministry of Health (the ministry) will support regional and local response efforts through risk analysis communications as applicable (see Chapter 2 section: [Risk Analysis Communications](#) for additional details).

In addition to the above, the ministry will establish coordination points as required to monitor the impacts of respiratory season on the health system and associated mitigation via regional and local response activities.

All decision makers at the provincial, regional and local level are responsible for ensuring that the processes they use and decisions that they make are based on evidence, legislation, the precautionary principle, and health equity. Partners can refer to the [Ministry Emergency Response Plan](#) (MERP) for more information on the principles that guide the ministry's decision making during an emergency.

Critical Respiratory Pathogen Surge

In the event of a critical surge, the ministry will support provincial coordination of response activities as outlined by the MERP. This includes supporting collaboration, sharing of critical risk information and situational awareness, policy direction and decision making on health system mitigation activities to maintain health services, and directing the acquisition and deployment of resources. To facilitate these activities, the ministry may activate its Ministry Emergency Operation Centre (MEOC).

The following are considered in determining the need for provincially-led response coordination:

- number of affected jurisdictions within Ontario
- coordination with other provincial or federal jurisdictions
- impact on continuity of operations of the health system
- morbidity/ mortality implications of the threat
- public attitudes and behaviors

Multiple areas of the ministry are involved in responding to respiratory season surges. The Health System Emergency Management Branch will lead the coordination of ministry activities (as required, via the MEOC) in collaboration with the ministry's Executive Lead for the response and other ministry program areas.

Recovery

Following respiratory pathogen season, all partners should undertake an evaluation or debrief process to document lessons learned and incorporate these findings into the planning for the next respiratory pathogen season.

Appendix A: 2024-2025 Respiratory Pathogens Risk Outlook

For 2024-2025, the risk from influenza, respiratory syncytial virus (RSV) and other respiratory pathogens is expected to be more similar to pre-pandemic year respiratory seasons, although there is still a risk of atypical timing of peaks of activity and increased impact on pediatric and elderly populations. The overall risk to Ontarians of COVID-19 has been diminished through factors such as increased immunity, high vaccination rates and the availability of tools such as antivirals to manage the impacts of the virus. However, COVID-19 is a continuously evolving virus which, combined with other seasonal respiratory pathogens, continues to be a threat to the health and wellbeing of Ontarians. Additionally, COVID-19 is anticipated to contribute to surge pressures on health system resources and continues to follow atypical patterns of activity.

Since spring 2022, the response to COVID-19 in Ontario has shifted away from emergency response structures to a response that reflects a longer-term approach to managing and living with COVID-19. This includes incorporating COVID-19 and potential surges due to new variants-of-concern with increased severity and atypical patterns of activity into the routine planning considerations for seasonal respiratory pathogen readiness and response.

The ministry will continue to closely monitor key respiratory pathogen activity indicators, including international surveillance, to inform ongoing risk assessment for seasonal and surge respiratory pathogen activity. Information from these risk assessments will be regularly communicated to inform readiness and response efforts across the system.

2024-2025 Planning Scenarios

To support health system planning activities, the following scenarios have been developed. All health system partners should review their program specific planning assumptions and activities against each scenario to ensure their readiness activities and response plans can address each of the following scenarios. Additionally, health system partners should consider in their planning any subsequent risk assessment communications from the ministry, Public Health Ontario and/or Ontario Health on anticipated respiratory pathogen activity for the upcoming Fall and Winter seasons.

Partners should also be prepared to support the response to other infectious diseases managed throughout the year which may also coincide with increased respiratory pathogen activity (e.g., pertussis, measles, etc.). Partners should review their continuity of operations plans to support surge response planning.

Baseline scenario

- Seasonal peak(s) of influenza, including both influenza A and influenza B peaks of activity. Based on the 2023-24 season, it is anticipated that peaks of activity will be more similar to pre-pandemic season.
- Seasonal peaks of RSV and other respiratory pathogens with the potential for early and extended RSV activity, and increased burden of illness from other respiratory pathogens.
- Ongoing, similar COVID-19 activity and burden as the 2023-24 season.

Respiratory surge scenario

- Overlapping peaks of respiratory pathogen activity with increased burden on pediatric populations, and possible increased burden on elderly, long-term care home, and retirement home populations.
- Similar to the ‘triple threat’ of 2022-23, there are pressures on the health system and surge response mitigation activities (e.g., high resource demands).

Appendix B: General Roles and Responsibilities

All health system partners have general roles and responsibilities that they undertake to support Ontario's health system readiness for respiratory pathogen season and associated surges. This includes health system partners from the local, regional, provincial, national, and international level. Health system partners should have a clear understanding of their roles and responsibilities and be ready to act on these before a respiratory outbreak occurs. Throughout the year, partners should work together to continually improve readiness.

Below is summary of general roles and responsibilities for key health system partners.

International

The World Health Organization (WHO) conducts global surveillance and provides timely guidance to the Public Health Agency of Canada (PHAC) and international organizations on infectious diseases including seasonal respiratory pathogens with the potential to cause outbreaks. The WHO is also responsible for recommending the virus strains that should be included in respiratory pathogen vaccines.

National

The Public Health Agency of Canada (PHAC) works to protect the health and safety of Canadians. Its activities focus on preventing chronic diseases, preventing injuries and responding to public health emergencies and infectious disease outbreaks. In collaboration with provinces and territories, PHAC facilitates Canada's national response to respiratory pathogens. PHAC is responsible for tracking the spread of pathogens (surveillance), supporting research, and plays a lead role in vaccine and anti-viral procurement, allocation and distribution to provinces and territories. The organization is the primary liaison with international organizations such as the Centres for Disease Control and Prevention (CDC) in the United States and the WHO. PHAC develops national plans (in conjunction with provinces) on health system emergency preparedness.

National Advisory Committee on Immunization (NACI) is a committee of experts in the fields of pediatrics, infectious diseases, immunology, pharmacy, nursing, epidemiology, pharmacoconomics, social science and public health that makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada.

Health Canada is the federal department responsible for helping Canadians maintain and improve their health. Health Canada is the federal regulator responsible for

ensuring access to safe and effective drugs and health products. It regulates and licenses vaccines and therapeutics.

Indigenous Services Canada (ISC) funds or directly provides services for First Nations and Inuit that supplement those provided by provinces and territories, including primary health care, health promotion and supplementary benefits.

Provincial

Ministry of Health (the ministry) is the steward of the provincial health system. The many programs within the ministry play critical roles in planning, funding, and coordination of health services to ensure that all Ontarians have timely access to the right care at the right time, and that the system is well equipped to respond to and manage disruptions and emergency events.

Ontario Health (OH) is an agency of the ministry responsible for coordinating and connecting Ontario's health care system, to make it more efficient and support the delivery of the best possible patient-centered care.

Public Health Ontario (PHO) is an agency of the ministry which provides expert scientific and technical advice on health protection, infection prevention and control, health promotion, and public health emergency preparedness. PHO leads the provincial disease surveillance strategy and operates the province's public health laboratories. PHO also supports the development of knowledge translation tools and offers training opportunities to supplement ministry recommendations and response strategies.

Supply Ontario operates and manages the provincial stockpile of personal protective equipment and critical supplies and equipment. This includes maintaining access to ordering and distribution channels to ensure provision of supplies when supply chains are disrupted.

Local

Public Health Units (PHUs) deliver health promotion, health protection, and disease prevention public health programs. PHUs undertake a variety of activities per the Ontario Public Health Standards to prevent, eliminate and decrease the effects of health hazards in their communities. They ensure a consistent and effective response to public health emergencies and emergencies with public health impacts within their jurisdictions and collaborate with other PHUs. This includes roles in surveillance, coordination of local care and treatment, implementation of public health measures and provision of public health services. They work closely with community partners to support readiness and response to health hazards at the community level.

Primary Care is the first point of contact between a patient and the health care system and includes illness prevention, health promotion, diagnosis, treatment, and rehabilitation and counselling.

Home and community care supports in-home and community-based care for Ontarians. This includes services such as care coordination, nursing, occupational therapy, personal support, medical supplies and equipment and more that contribute to supporting the overall health and well-being of their clients.

Hospitals work with other parts of the health care system to provide 24-hour care to patients, including emergency, acute, surgical, specialized chronic care, and rehabilitation.

Paramedic Services provide 24-hour pre-hospital emergency and non-emergency care and transportation to and between hospitals for ill or injured individuals, and offers public education programs to promote rapid and appropriate use of emergency medical resources in time of need.

Pharmacies provide drug prescription services, as well as medication checks and guidance. Pharmacies also support vaccine administration and support non-prescription healthcare services.

Ontario Health Teams are a model of integrated, population health-based care delivery, where health and community care providers work together as one team for their population, even if they are not in the same organization or physical location. As of May 2024, there are [58 approved Ontario Health Teams](#) across the province.

Infection Prevention and Control (IPAC) Hubs provide IPAC expertise and support to congregate living settings. They deliver IPAC education and training, host communities of practice and networking opportunities to CLSs, support the development of IPAC program, policy and procedures, support assessments, audits and provide recommendations to strengthen IPAC program and practices, mentor those with responsibility for IPAC, support the development and implementation of outbreak management plans, and support CLSs in implementing IPAC recommendations.

Health Liaison Organizations (provincial associations, unions, and regulatory bodies) are key liaisons between their members and the Ministry of Health and help ensure information dissemination on provincial readiness and response strategies.

Health Sector Workers and Employers are responsible for delivering a range of health programs, complying with the Occupational Health and Safety Act, and activating continuity of operations plans and strategies to maintain services during health emergencies.

Appendix C: Resources

The following sections contains resources that may be helpful to health system organizations as part of their readiness and response activities. This list of resources is not inclusive. Health system partners should consider additional resources that may assist with their readiness and response activities.

Recognizing that links may be updated by the organizations that develop these resources, health system partners are encouraged to link directly with the organization indicated if they are having difficulty accessing a resource.

Surveillance, Monitoring and Evidence

Provincial Resources:

- [Ontario Respiratory Virus Tool](#) provides provincial surveillance data on respiratory pathogens.
- [Acute Care Enhanced Surveillance \(ACES\) System | KFL&A Public Health](#) provides real-time syndromic surveillance for the Province of Ontario. ACES monitors triage (emergency department visits) and inpatient (admissions to hospital) records from over 95% of Ontario's acute care hospitals.

Federal Resources:

- [FluWatch | Public Health Agency of Canada](#) is Canada's national surveillance system that monitors the spread of the flu and other flu-like illnesses on an ongoing basis. Physicians, nurse practitioners and registered nurses who are involved in primary care can also contribute to FluWatch by becoming FluWatch sentinel practitioners.
- [Weekly Influenza Reports | Public Health Agency of Canada](#) contain information on influenza activity in Canada posted every Friday.

Public Communications

- Information will be posted on [ontario.ca](#), the Ministry of Health's social media channels and through other public methods of communication as required.

Vaccines

- [The National Advisory Committee on Immunization \(NACI\)](#) makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable diseases for whom vaccination should be targeted. It also provides ongoing and timely medical, scientific, and public health advice for programs

relating to immunization. Its recommendations are used to inform Ontario's immunization programs.

- [The Ontario Immunization Advisory Committee \(OIAC\)](#) provides evidence-based advice to Public Health Ontario on vaccines and immunization matters including vaccine program implementation in Ontario, priority populations and clinical guidance.
- [Universal Influenza Immunization Program \(UIIP\) | Ministry of Health](#) provides publicly funded influenza vaccine for individuals aged 6 months or older who live, work or attend school in Ontario.
- [Immunization \(Vaccines\) | Public Health Ontario](#) provides expertise in immunization and vaccine-preventable disease control.
- [COVID-19 Vaccine-Relevant Information and Planning Resources | Ministry of Health](#) provides resources for health system partners on COVID-19 vaccination.
- [COVID-19 Vaccines | Public Health Ontario](#) provides scientific expertise, data and resources for the successful implementation of COVID-19 vaccine programs.

Testing

- [COVID-19 Provincial Testing Guidance | Ministry of Health](#) provides provincial guidance on testing eligibility and processes.
- [Respiratory Viruses \(including influenza\) | Public Health Ontario](#) provides testing information related to respiratory viruses; the testing indications include an eligibility breakdown for persons requiring testing for respiratory viruses.
- [Coronavirus Disease 2019 \(COVID-19\) – PCR | Public Health Ontario](#) provides testing information related to COVID-19.
- [Ontario COVID-19 Testing Locations | Ontario.ca](#) provides users with a tool to identify their closest testing and assessment centre.

Outpatient Care and Therapeutics

- [Health811](#) connects Ontarians with a registered nurse day or night for free, to receive secure and confidential health advice and get connected to the care required.
- [COVID-19 Treatment | Ontario Health](#) provides health care provider resources on COVID-19 treatments.
- [COVID-19 Antiviral Treatments | Ontario.ca](#) provides the public with information on COVID-19 antiviral treatments and how to access them.

- [Respiratory Syncytial Virus \(RSV\) | Ministry of Health](#) provides an overview of RSV and treatment options.

Infection Prevention & Control and Outbreak Management

- [Ontario Public Health Standards | Ministry of Health](#) provide public health protocols for infectious diseases and institution/facility outbreaks.
- [Infection Prevention and Control \(IPAC\) | Public Health Ontario](#) provides a number of resources for health system partners to support the implementation of IPAC practices.
- [Respiratory Diseases | Public Health Ontario](#) provides resources to support public health prevention and control on a variety of respiratory pathogens.
- [Recommendations for outbreak Prevention and Control in Institutions and Congregate Living Settings April 2024](#)
- [IPAC Considerations for Infectious Respiratory Diseases for Community Practices | Ontario College of Family Physicians](#) provides IPAC guidance, including screening, masking, PPE, physical distancing, cleaning, and ventilation for community practices.

Supplies and Equipment

- [PPE Supply Portal](#) should be used by health system partners to request PPE and CSE from provincial stockpiles. A Frequently Asked Questions document is available on the supply portal web page to address any questions regarding PPE or CSE access.
- [Ontario's Critical Care Ventilator Stockpile | Critical Care Ontario](#) is a provincial ventilator stockpile which is intended to help hospitals manage unexpected increases in demand for critical care ventilation resources, ensuring that all patients receive appropriate treatment in a timely manner. It is a component of the Ontario Surge Capacity Management Plan.

Appendix D: Summary of Chapter 2 Organizational Expectations

The following sections provides each organization a summary of expectations as outlined in Chapter 2 above. Health partners should refer to the relevant section of Chapter 2 for additional context and details.

All Health System Partners and Health Care Providers

Expectations	
Surveillance, Modelling and Evidence	<p>As applicable:</p> <ul style="list-style-type: none"> • Maintain and review surveillance resources and monitor and assess the progression and magnitude of the respiratory pathogen season. • Adjust readiness and response activities based on the data and models generated from local, regional, and provincial surveillance. • Report cases and unusual clusters of influenza like illness activity to the local Medical Officer of Health, as required under the <i>Health Protection and Promotion Act</i>.
Risk Communications and Public Health Advice	<p>As applicable:</p> <ul style="list-style-type: none"> • Be aware of the risk analysis communication strategies in place at local, regional, and provincial levels to support situational awareness and decision making. • Adjust readiness and response strategies based on information shared between partners and coordinate changes to strategies as necessary. • Follow public health and ministry recommendations. • Communicate and reinforce public health recommendations and other response strategies with clients, patients, and residents.
Vaccine	<p>As applicable:</p> <ul style="list-style-type: none"> • Review vaccine policies and promote vaccination amongst clients, patients, residents, and health care workers. • Conduct timely reporting of any adverse events following immunization to local public health unit.

Expectations	
Testing	<p>As applicable:</p> <ul style="list-style-type: none"> • Understand testing eligibility guidelines. • Share information with patients and clients on when and how to access testing for clinical care and treatment. • Test patients according to provincial guidance. • Provide testing to patients in alignment with eligibility and clinical decision making. • Refer to health care provider for prescription/or prescribe treatments based on testing results, as clinically appropriate. • Adhere to guidance related to specimen collection and guidelines for safe transport.
Outpatient Care and Therapeutics	<p>As applicable:</p> <ul style="list-style-type: none"> • Be ready to share information on testing access to support access to respiratory pathogen treatments, as required. • Continue to provide health care services for affiliated clients/patients, with enhanced access during peak respiratory activity. • Pre-assess high-risk patients for COVID-19 and influenza treatments to ensure timely treatment in case of infection. • As applicable, administer RSV prophylaxis for high-risk infants. • Implement continuity of operations plans to expand surge capacity to provide care and treatment services for affiliated and potentially non-affiliated clients.
Infection Prevention & Control (IPAC) and Outbreak Management	<p>As applicable:</p> <ul style="list-style-type: none"> • Review and implement an IPAC and OHS program in accordance with associated ministry and PHO guidance. • Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable. • Ensure the required Personal Protective Equipment (PPE) is available and properly used, including training on its use for staff and that PPE is available for visitors, as needed. • Report suspected outbreaks or unusual respiratory events to the local public health unit, as applicable. • Follow any sector-specific guidance on IPAC.

Expectations	
Supplies and Equipment	<p>As applicable:</p> <ul style="list-style-type: none"> • Maintain a supply of PPE and CSE. • Provide health care workers with training and information on the appropriate selection, conservation, and safe utilization of all PPE. • Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care.

Ministry of Health

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Develop and support the provincial surveillance approach. • Communicate expected impacts to provincial partners to facilitate their preparedness and response efforts.
Risk Communications and Public Health Advice	<ul style="list-style-type: none"> • Communicate provincial risk analysis, expected severity and expected impacts regarding circulating respiratory pathogens to health system and non-health system partners at regular intervals via situation reports, health partner teleconferences, the ministry website and other methods, as relevant. • Develop and communicate provincial response strategies and recommendations for health partner activities to minimize the impact of respiratory pathogens on the health system, as necessary. • Collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.

Expectations	
<p>Vaccines</p>	<ul style="list-style-type: none"> • Lead the provincial vaccine strategy (including Ontario’s Universal Influenza Immunization Program (UIIP), COVID-19 vaccine program, and RSV prevention program). • Lead the annual Health Care Worker Influenza Immunization Initiative. • Integrate emergent vaccines into provincial strategies, in partnership with PHO, OIAC, and NACI. • Determine eligibility for vaccines and communicate and work with partners to apply it consistently for fair and equitable access. • During times of limited vaccine supply, prioritize vaccine distribution in a fair and equitable manner based on evidence and expert recommendations; make decisions and associated rationale on prioritization publicly available. • Provide vaccine guidance to regional and local partners on priority populations. • Monitor provincial vaccination coverage, effectiveness and safety; review vaccination strategies on a regular basis, updating based on new evidence and expert recommendations. • As relevant to the vaccination program, manage the procurement, allocation, and distribution of vaccine products to vaccine providers (e.g., public health units, pharmacies, primary care providers, hospitals, long-term care homes), including inventory monitoring and wastage control. • Engage and collaborate with partners, including the federal government, other provinces and territories, public health units, Indigenous health partners, pharmacies, and health care providers on vaccine programs. • Collaborate with federal, provincial, and territorial partners to share and coordinate response across activities, as required. • Maintain a vaccination program communication strategy that includes communications to different segments of the population (e.g., high-risk groups and equity seeking populations) and accommodation for other languages in addition to English and French.

Expectations	
Testing	<ul style="list-style-type: none"> • Set eligibility for publicly funded tests in consultation with partners, work with experts on testing, and issue testing guidance. • Communicate information to laboratory and health sector partners on testing strategies. • Provide strategic oversight of the COVID-19 testing program, working in partnership with PHO and OH.
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Develop recommendations for provincial health system outpatient care, testing, and treatment strategies, including therapeutics distribution strategies. • Work with Ontario Health to provide clinical guidance on antiviral treatments for health services providers, primary care, and community pharmacies. • Develop eligibility for respiratory pathogen treatment for health system partners. • Monitor provincial supply and usage of antivirals to support sufficient supply and distribution to target populations. • Maintain influenza antiviral stockpile and facilitate pre-positioning of influenza antivirals in public health units in the late summer to support outbreak management when regular supply channels are limited. • When local supplies are insufficient, deploy supplies and equipment from the provincial influenza antiviral stockpile to support outpatient care and treatment. • Fund and support use of RSV prophylaxis for high-risk infants. • Facilitate access to national antiviral stockpiles (where available) when provincial supplies are depleted. • In collaboration with the federal government, monitor supplies for auxiliary treatments (e.g., common antibiotics, anti-fever medications) to identify and address potential shortages.
Acute Care	<ul style="list-style-type: none"> • Provide provincial policy decisions that support acute care surge capacity, including pediatrics.

Expectations	
IPAC and Outbreak Management	<ul style="list-style-type: none"> • Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations. • Support the use of case and contact management guidance and outbreak management guidance by public health units for specific settings to support outbreak response, as outlined under the Ontario Public Health Standards. • Support PHUs during large scale (e.g. multi-jurisdictional) investigations with respect to coordination, policy interpretation, and communications. • If required to manage significant and overwhelming respiratory pathogen community spread, develop a provincial public health measures strategy based on national recommendations and in consultation with provincial and local partners; support PHUs and provincial ministries to implement public health measures in a wide range of settings.
Supplies and Equipment	<ul style="list-style-type: none"> • Provide recommendations on the stockpiling of PPE and CSE within the health system. • Manage, in coordination with Critical Case Services Ontario, the provincial ventilator stockpile. • Alert the Public Health Agency of Canada of critical supplies and equipment shortages. • Facilitate access to the National Emergency Strategic Stockpile (NESS) when required.

Public Health Ontario

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Provide scientific and technical advice on the approach to provincial surveillance. • Monitor and analyze the spread, severity and intensity of respiratory pathogen activity internationally, nationally and provincially. • Support local surveillance in collaboration with Public Health Units, Infection Prevention and Control (IPAC), Ontario Public Health Emergency Science Advisory Committee (OPHESAC), Ontario Immunization Advisory Committee (OIAC). • Report publicly on provincial seasonal respiratory pathogen activity. • Share surveillance information with the Public Health Agency of Canada and National Microbiology Laboratory as required and to support national surveillance efforts.
Risk Communication and Public Health Advice	<ul style="list-style-type: none"> • Develop regular risk assessments for the ministry on respiratory pathogen activity, including severity and impacts on specific populations. • As relevant, communicate risk analysis to public health and health system.
Vaccines	<ul style="list-style-type: none"> • Provide evidence-based advice on vaccine program implementation in Ontario, priority populations and clinical guidance. • Report coverage and safety data to federal stakeholders • Provide secretariat support to the OIAC. • Analyze vaccination data to assess vaccine coverage rates. • Support investigations and analyze data to assess vaccine safety (i.e., adverse events following immunization). • Support assessment of vaccine effectiveness and program impact. • Provide information on vaccines, and the importance of vaccinations and being “up to date” with all vaccinations (including respiratory pathogen vaccinations) to support health system communications with the public and patients. • Support vaccine acceptance communication by providing scientific advice and vaccine safety information to stakeholders.

Expectations	
Testing (includes Public Health Ontario Lab)	<ul style="list-style-type: none"> • Provide diagnostic and genomic testing for respiratory pathogens. • Collect, analyze, report, and communicate laboratory surveillance information. • Provide leadership on public health testing, including the Ontario COVID-19 Genomic Network and surveillance for emerging variants. • Assist hospital and community laboratories with implementation of respiratory pathogen molecular testing, upon request, including support for verification and validation of testing. • Issue recommendations for testing algorithms to be used across the laboratory network. • Point of care tests evaluation role (for tests approved/licensed by Health Canada). • As applicable, work in coordination with OH and lab system partners as part of the Long-term care/ retirement home respiratory virus testing initiative
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Provide scientific and technical advice on the effectiveness and use of antivirals and participate in relevant committees. • Monitor antiviral resistance in collaboration with the National Microbiology Laboratory.
IPAC and Outbreak Management	<ul style="list-style-type: none"> • Develop foundational and respiratory pathogen-specific IPAC guidance and recommendations. • Provide secretariat support for the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC). • Provide scientific and technical expertise to PHUs to support case and contact management, outbreak investigations, and data entry. • Advise on and support laboratory testing for outbreaks, in coordination with the provincial testing network partners. • Collaborate with ministry and health system partners on a coordinated approach to strengthening IPAC programs and outbreak management in all health care settings. • As required, provide scientific and technical advice on local and/or provincial public health measures strategies; provide advice to PHUs to support the implementation of public health measures.

Ontario Health

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Supports the ministry with modeling and forecasting health system pressures. • Conduct hospital bed capacity surveillance at a provincial level. • Provide PHO and local PHUs with modeling, forecasting and surveillance information from the hospitals and health system as needed to inform their surveillance activities at provincial and local levels.
Risk Communications and Public Health Advice	<ul style="list-style-type: none"> • Contribute to the ministry’s risk communication and response strategies by sharing information on provincial and regional health system challenges and strategies. • Contribute to and communicate provincial recommendations and response strategies; provide additional interpretation, and guidance as required. • Coordinate with local and regional health partners, including public health, on the development of guidance resources. • Liaise between the ministry and OH health system partners, for information and communicating needs and concerns to the ministry. • Support and share sector-specific best practices.
Testing	<ul style="list-style-type: none"> • Coordinate the Provincial Diagnostic Network, including operational coordination of the Ontario Respiratory Pathogens Genomics Program. • Collect, analyze, report, and communicate laboratory surveillance information. • Coordinate the Provincial Respiratory Virus Testing Program (PRVTP) to facilitate increased access to combined COVID-19, influenza, and RSV testing for residents of long-term care and retirement homes. • Building on the success of the laboratory sector’s response to COVID-19, coordinate and develop an Ontario Laboratory Medicine Program (OLMP) which will provide strategic and operational coordination for laboratory medicine services.

Expectations	
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Operate the Ontario Health Infectious Diseases Advisory Committee and provide clinical guidance on therapeutics. • Work with the ministry, local health care providers and organizations to ensure the needs of underserved populations are met. • Coordinate with local and provincial partners to ensure expanded access to services in response to a system wide surge.
Acute Care	<ul style="list-style-type: none"> • Support surge management planning and readiness with hospitals, including pediatrics. • As needed, develop guidance and/or direction for hospitals to support surge management planning and optimization of health service delivery, including pediatrics. • Collaborate with the ministry and hospitals on health human resource strategies. • As needed, convene regional and/or provincial response tables to support optimization of health service capacity.
Supplies and Equipment	<ul style="list-style-type: none"> • In coordination with provincial ministries and Supply Ontario, support the planning and provide clinical guidance. • Work closely with the ministry on responding to health supply shortages, leveraging OH's regional coordination role.

Supply Ontario

Expectations	
Testing	<ul style="list-style-type: none"> • Deploy molecular point of care testing supplies to partners and stakeholders in accordance with eligibility criteria developed in partnership with the Ministry of Health and Ontario Health.

Expectations	
Supplies and Equipment	<ul style="list-style-type: none"> • Working closely with the Ministry of Health and other government partners, operate and manage Ontario’s personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpiles and supply chain. • Maintain ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles. • Alert the ministry of critical supplies and equipment shortages. • Facilitate access to the NESS when provincial PPE and CSE supplies are depleted.

Public Health Units

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> • Monitor and interpret local, provincial, national and international data for local relevance with a health equity lens to inform and support the Chief Medical Officer of Health’s (CMOH) ongoing surveillance. • Communicate expected impacts to local partners to facilitate their preparedness and response efforts. • Conduct surveillance on seasonal respiratory pathogens and outbreaks designated as Diseases of Public Health Significance.
Risk Communications and Public Health Advice	<ul style="list-style-type: none"> • Communicate with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly. • Contribute to the ministry’s risk communication and response strategies by sharing information on local risk analysis. • Communicate and reinforce local, regional, and provincial recommendations and response strategies. • Communicate with the public on risk and appropriate public health measures. • Issue local public communications to mitigate hesitancy and misinformation and promote evidence-informed public trust and confidence in vaccines.

Expectations	
Vaccines	<ul style="list-style-type: none"> • Communicate with the public on the importance of vaccinations and being “up to date” with all vaccinations (including respiratory pathogen vaccinations). • Undertake preparedness planning and coordinate local vaccination programs to administer vaccines, including providing leadership for hard-to-reach populations. • Support access to on-site vaccinations in congregate care settings (e.g., long-term care homes). • Receive, investigate, and conduct local surveillance on reports of adverse events following immunization. • Manage inventory and distribution of vaccine to local immunization providers, including wastage monitoring and controls. • Conduct annual cold chain inspections and monitor compliance for UIIP, COVID-19 and other vaccine storage and handling (VSH) sites, including excursion investigation and management as required. • Maintain plans to support rapid initiation of mass immunization clinics in the event they are required.
Testing	<ul style="list-style-type: none"> • Make recommendations on testing during outbreaks
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Participate in pre-positioning option for influenza antivirals based on local risk assessments. • Support local communications on access to outpatient care and treatment, as required.
IPAC and Outbreak Management	<ul style="list-style-type: none"> • Proactively promote and reinforce ministry IPAC and outbreak management guidance locally, and in accordance with the Infectious Diseases Protocol and the Institutional/Facility Outbreak Management Protocol. • In collaboration with the congregate care setting, investigate, support and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable. • Make collaborative decisions about the management of outbreaks. • As required, direct local public health measures to mitigate spread of respiratory pathogens during an outbreak.

Long-term Care Homes and Congregate Care Settings (CCSs)

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i>. Monitor residents and staff for symptoms of seasonal respiratory pathogens and initiate assessment and testing when appropriate.
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> Discuss potential treatment options (e.g., Paxlovid, Remdesivir, oseltamivir) with residents and caregivers in advance of potential infection. Prioritize assessments for residents who may be eligible for antivirals, including pre-assessing residents for eligibility for antivirals in advance of a positive test or symptoms. Develop plans for accessing treatment (for example with LTC homes' primary pharmacy provider) to ensure rapid access. For further information on recommendations for antiviral and therapeutics, see Recommendations for outbreak Prevention and Control in Institutions and Congregate Living Settings, Appendix B Antivirals and Therapeutics April 2024

Hospitals

Expectations	
Surveillance, Modelling and Evidence	<ul style="list-style-type: none"> Report cases and outbreaks to the local Medical Officer of Health as required under the <i>Health Protection and Promotion Act</i>. Report data on critical care clients through the Critical Care Information System (CCIS), as applicable Support provincial acute care bed capacity surveillance.

Expectations	
Acute Care	<ul style="list-style-type: none"> • Maintain and implement surge capacity management plans (e.g., alternative patient care and staffing models) to support and equitable response to increased demands while maintaining other services and ensuring patient safety and care. • Monitor seasonal respiratory pathogen risks and associated surge impacts. • Coordinate with other acute care and non-acute care partners on care optimization and surge response strategies, as necessary. • Work with Ontario Health Regional Tables to collaborate, plan and implement surge strategies.

Paramedic Services

Expectations	
Acute Care	<ul style="list-style-type: none"> • Maintain and implement surge strategies to support capacity across the province. • Monitor seasonal respiratory pathogen risk and associated surge impacts; coordinate with ministry, acute care, and other health partners on surge response strategies, as necessary.

Home and Community Care

Expectations	
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Provide care and treatment services for clients and patients in home and community care settings. • Support delivery of antivirals dispensed from community-based pharmacy to clients and patients in home and community care settings. • Administer outpatient COVID-19 treatments (e.g., intravenous remdesivir) to eligible patients.

Community Immunization Providers

Expectations	
Vaccines	<ul style="list-style-type: none"> • Communicate with clients, patients, residents, and health care workers on the importance of vaccinations and being “up to date” with all vaccinations (including respiratory pathogen vaccinations). • Administer vaccine to eligible Ontarians as per ministry guidance and recommendations. <ul style="list-style-type: none"> ○ For primary care providers that do not administer vaccine, counsel patients on vaccinations and advise where patients can get vaccinated. • Conduct timely reporting of patient vaccination data per established processes, including COVID-19 vaccination data in COVaxON. • Conduct timely reporting of any adverse events following immunization to the local public health unit. • Manage inventory and cold chain of vaccine supply, including wastage controls. • Collaborate with public health units on local vaccine programming. • Collect and report data on influenza immunization coverage for hospitals and long-term care.

Laboratory System Partners (e.g., hospital and community laboratories)

Expectations	
Testing	<ul style="list-style-type: none"> • Conduct respiratory pathogen testing or transfer eligible samples to a lab that provides respiratory pathogen testing. • Support whole genome sequencing initiatives for surveillance and outbreak support and report results. • As applicable, work in coordination with OH and PHO as part of the Long-term care/ retirement home respiratory testing initiative. • As applicable, work in coordination with OH and PHO as part of the COVID-19 diagnostic network.

Hospital and Community Pharmacies

Expectations	
Outpatient Care and Therapeutics	<ul style="list-style-type: none"> • Procure influenza antivirals through normal supply chains. • Dispense antivirals to eligible clients and patients. • Provide timely access to prescribing and/or dispensing services for publicly funded COVID-19 antiviral treatments (e.g., Paxlovid [nirmatrelvir/ritonavir]) to eligible clients/patients.

IPAC Hubs

Expectations	
IPAC and Outbreak Management	<ul style="list-style-type: none"> • IPAC Hubs do not directly lead or manage outbreaks in CLSs but are available to support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs. • Provide IPAC expertise and support to CLSs. • Deliver IPAC education and training. • Support the development of IPAC programs, policies and procedures within sites and organizations. • Support assessments, audits and provide recommendations to strengthen IPAC programs and practice. • Mentor those with responsibilities for IPAC within CLSs • Support CLSs to implement IPAC recommendations. • Host communities of practice and networking opportunities for CLSs. • CLSs that IPAC Hubs support include: long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing.