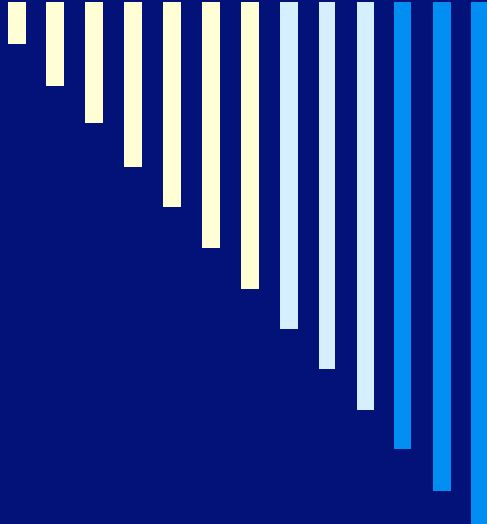


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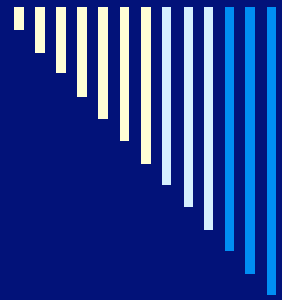
# The Path to More Effective and Efficient Outbreak Response

2008 Niagara Public Health Summit  
Making Healthy Communities Count

October 28, 2008  
Niagara Falls, Ontario

Marjolyn Pritchard, CPHI(C), BAA, MHSc  
Program Manager,  
Control of Infectious Diseases/Infection Control  
Toronto Public Health

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# Path to Effective/Efficient Outbreak Response

- ❑ TPH Past Outbreak Experiences
  - ❑ Process for identifying areas for improvement and incorporating into response plan
  - ❑ Changes implemented to date
  - ❑ Ongoing activities and future plans
-





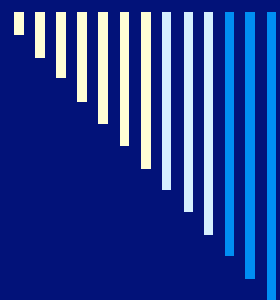
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# Outbreaks Reported Annually

- App. 350 outbreaks
  - Enteric/Respiratory outbreaks in long term care homes/retirement homes/hospitals/day nurseries
  - Community outbreaks – (larger events – food poisonings, large clusters of disease)

1-2 per year (on average) classified as  
LARGE outbreaks

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Outbreak Response

Small outbreak investigations

VERSUS

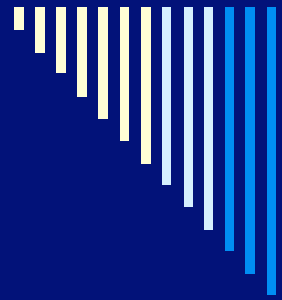
Large outbreak investigations

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# 'Large' Outbreaks/Events

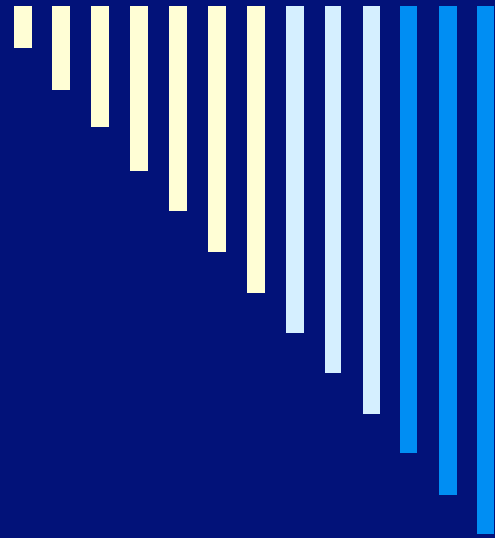
- 2001 - white powder (Anthrax)
  - 2002 - Hepatitis A (foodhandler), Shigella (pasta salad)
  - 2003 – SARS
  - 2005 – Legionnaires, Salmonella (bean sprouts)
  - 2006 – Measles, Pertussis, Botulism (carrot juice),  
Hepatitis B (x 2 -Hospital Dialysis unit, -LTCH),  
Hepatitis A (cluster in ethnic community)
  - 2007 – Mumps (east coast university students),  
VTEC (Picnic –ethnic community)
  - 2008 – Rabid puppies, Measles, Hepatitis A  
(foodhandler)
-



# Evaluation of Outbreak Response

## Debriefing sessions

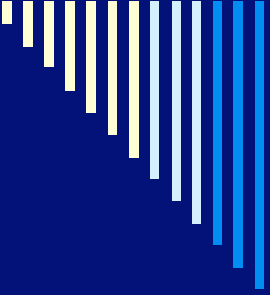
- Internal/external stakeholder participation
- Appreciative Inquiry
  - Identify unique features about the investigation
  - Major road blocks
  - What went well
  - Areas of improvement for future
- Debriefing reports prepared
- Lessons learned detailed in each report



Lessons aren't learned  
until behaviour  
is changed

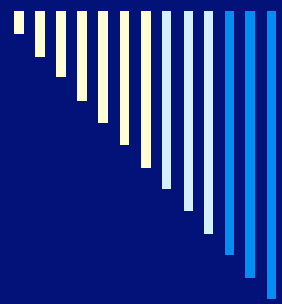
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# Results of the debriefing sessions

- Similar issues identified
  - Need for action – respond to recommendation
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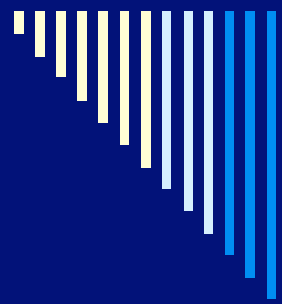
# Incorporate Recommendations into the TPH outbreak response plan

Created a committee to enhance outbreak response (2006)

Mandate – Develop an outbreak response plan to address significant communicable disease outbreaks/events.

Use the TPH Incident Management System model to guide planning.

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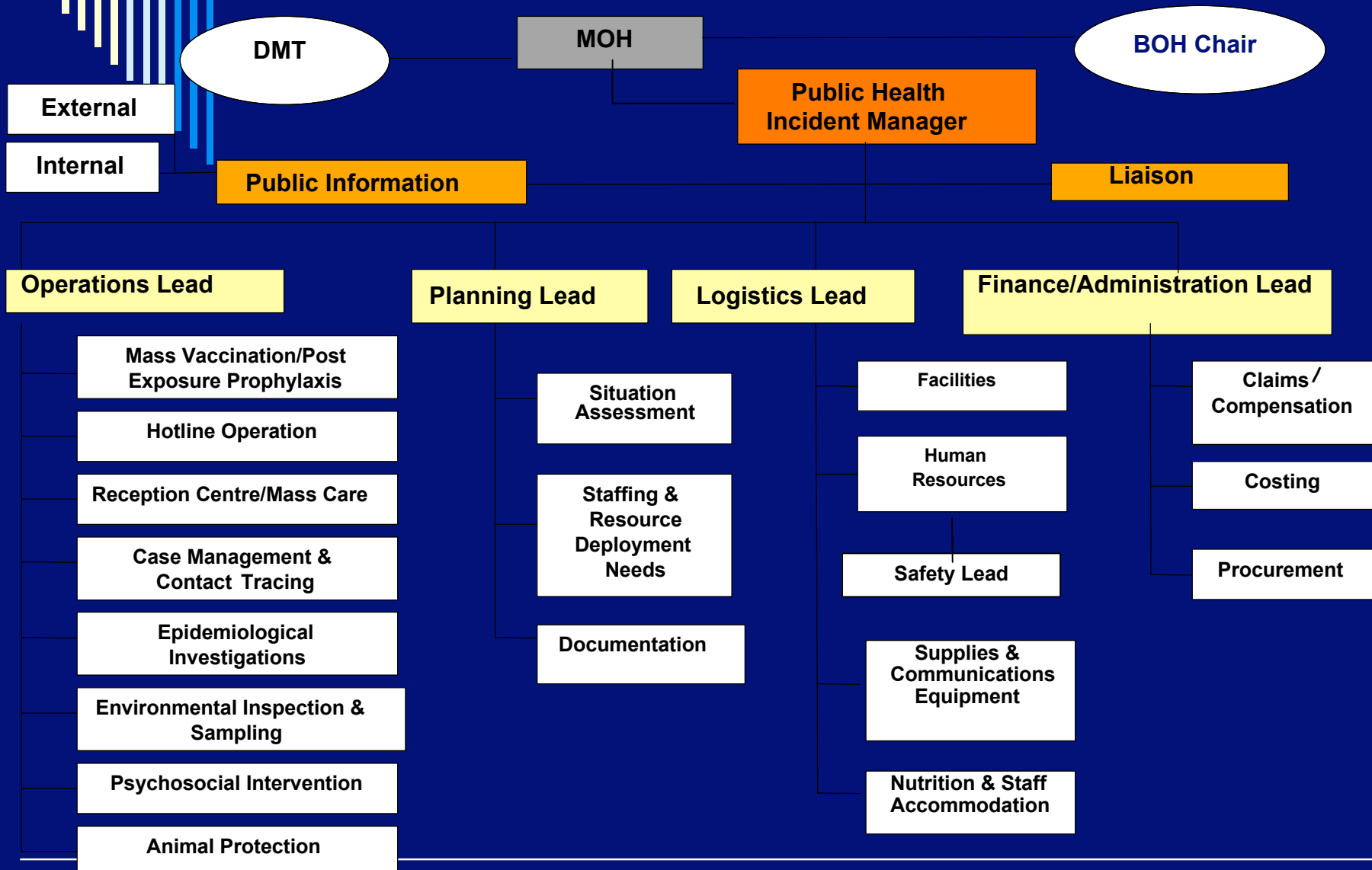


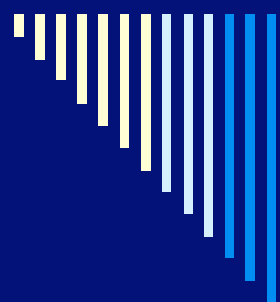
# Introduction of Incident Management System (IMS) to Toronto Public Health

2003 – IMS introduced into TPH

- Emergency Planning and Preparedness (EPP) team created a video explaining various components of IMS
- Road show – EPP staff attended all team meetings to introduce IMS to TPH staff.
- Managers received additional training to increase familiarity with the IMS structure.

# Toronto Public Health Incident Management System





# Work of the Outbreak Response Planning Committee

- Establish terms of reference
- Benchmarking
  - with other HUs/organizations regarding OB/emergency response
    - 3 Ontario HUs – London, Ottawa, Peel
    - 1 Canadian HU- Vancouver
    - 3 American PH org.– New York City, Chicago, Los Angeles
    - one non-health related emergency responder - Canadian Interagency Forest Fire Centre



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## Use IMS model to guide planning

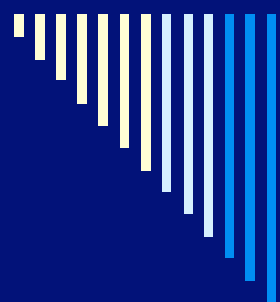
- ❑ Incorporating recommendations from debriefing sessions.
  - ❑ Organized recommendations from all debriefing sessions – by IMS function/sub-function
  - ❑ **Refined Checklists.** (Focus on Command, Operations and Planning)
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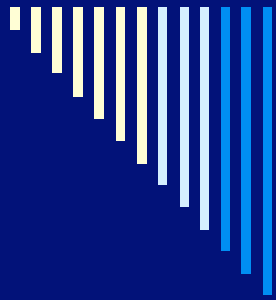
## Use IMS model to guide planning

- Linkages between IMS functions/sub-functions defined
  - Sample agendas for response meetings
  - Task lists detailing specific activities (incorporated into program P and Ps)
-



# Communicable Disease Outbreak Response Policy and Procedure

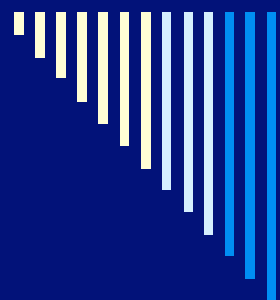
- Criteria for implementing IMS for outbreak response
  - within specific program, and
  - expanding to CDC & TPH
- IMS staff/mgmt assignments
- Training - staff/mgmt
- Worker protection
- Documentation Standards
- Debriefing after each event



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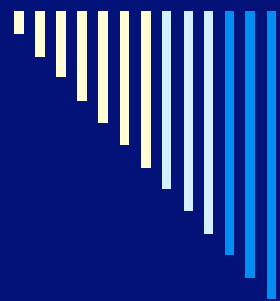
Toronto Public Health (TPH)  
Divisional Management Team  
(DMT) Endorsement

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# Status Report

- ❑ Revised checklists => TPH emergency plan
  - ❑ IMS function/sub-function roles assigned
  - ❑ IMS training for non union staff
  - ❑ Safety – high priority (Mask Fit testing)
  - ❑ Improved internal communications
  - ❑ Hotline Set up
  - ❑ Mass immunization
  - ❑ Defined the responsibilities of Lab Lead
  - ❑ Development of data collection tools, policies and procedures
-



# Status Report

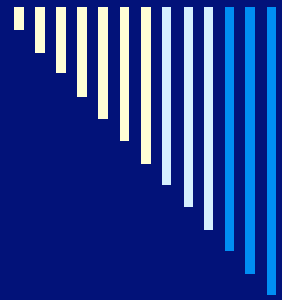
- ❑ Improved data collection and analysis
- ❑ Expanded Epi team (post SARS)
- ❑ Using iPHIS for tracking/reporting on all cases/contacts
- ❑ Enhanced report generation through iPHIS
- ❑ Enhanced iPHIS skills clerical/investigation staff (ongoing)
- ❑ Incorporation of QA processes during/after response
- ❑ Hospital Liaison Unit (CDLU – Post SARS)



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# Status Report

- ❑ Improved documentation (electronic folders located on shared drive to ensure access)
  - ❑ Regular use of IMS for small 'e' emergencies
  - ❑ More effective use of the Planning function (within IMS)
  - ❑ Overall improved understanding of how IMS enhances outbreak response (managers and staff).
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# Future Activities

- Development of a staff scheduling IT program
  - Ongoing IMS training including table top exercises
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# Final thoughts

- Assign a 'champion' within your organization for outbreak response planning
  - Assess effectiveness of outbreak responses (past and present)
    - What worked well (keep doing that)
    - Areas for improvement (Identify what, how and who will implement required changes.)
  - Look for opportunities to practice using response model
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# Acknowledgements

Karen Beckermann – Research Consultant

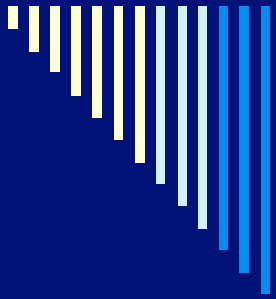
Barbara Yaffe – Director CDC, TPH

Michael Finkelstein – AMOH, TPH

Faron Kolbe – CIDIC manager –  
iPHIS/Panorama lead

Members of the TPH Outbreak Response  
planning committee.

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Marjolyn Pritchard

416 -338-8352

E- mail address: [pritchrd@toronto.ca](mailto:pritchrd@toronto.ca)