



# Pandemic Communications in British Columbia

*A strategy to guide effective and timely public health  
communications to all British Columbians during a pandemic period*

*November 2009*

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## EXECUTIVE SUMMARY

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Over the past century, there have been four pandemics: 1918, 1957, 1968 and 2009. In the case of the 2009 H1N1 pandemic, and in all future cases, appropriate communications and education will ensure the public, health care professionals and stakeholders know how to best protect their health and the health of others. It will also inspire continued confidence in the Province's response to the pandemic situation.

B.C.'s Pandemic Communications Plan incorporates procedures and methods to address the critical elements of communication. It provides templates and guidelines to best enable the provincial government to be timely, accurate and efficient in its communications both externally with the public and stakeholders, and internally within ministries and the B.C. public service.

This plan is based upon the experience gained during the 2009 H1N1 pandemic, but is generalised to guide communications during any future pandemic as well.

In the event of a pandemic outbreak in B.C., the strategy and recommendations laid out in this plan are intended to ensure people know that the Province is well prepared for large scale spread of flu – both with a health care system ready to respond (with health care response strategies and vaccines and antivirals as necessary) and business continuity plans for service delivery.

In a pandemic situation, the provincial government is responsible for delivering basic and vital information. The Province will be the lead on all external communications to the public, while health authorities will build on these communications on a regional level and provide regional support for local hospitals, clinics and health care professionals. In the pre-pandemic period, health authorities should also consider increased communications to health care professionals around training and

education in order to prepare them should a pandemic happen. Ministry divisions will be responsible for direct communications to other stakeholders, as appropriate.

Each organization should identify primary and backup spokespersons to respond to public communications requests throughout the pandemic period.

Significant consideration is to be given towards delivering the most up-to-date information to media, the public (including hard-to-reach and non-English speaking populations), health care professionals and stakeholder groups. This will allow these groups to, respectively, report the information accurately and in a timely manner, best protect themselves against the spread of the pandemic virus, be aware of the most current recommendations and protocols for treating those who have become sick, and be prepared for how to cope with the sector-specific impacts of a pandemic they may experience.

This information will be delivered in different forms appropriate for each audience, but will include website and social marketing, translations, print materials, public service announcements, media availablilites, news conferences and other forms. Coordination with internal and external partners, including those across Canada and in other countries will be helpful in delivering clear and accurate information to the public and avoiding competing or conflicting messages.

In order to deliver this clear message to all audiences around the province, consideration must be given to ensure consistency of message. In that vein, all communications and collateral materials should be based on the same messages and information provided by the Province. All educational material should also be in line with guidelines and protocols set out by the Province, as well as those by the appropriate health authority.

The public and stakeholder communications matrices within this Plan identify the needs of specific audiences, the information that audience needs to receive, how and when it should be delivered and which organization/division is responsible for accomplishing these communications.

Promoting timely, accurate and informative communications to the public, health care professionals, schools, employers and the community as a whole is essential to managing fears, mitigating issues and ensuring people across British Columbia receive consistent and effective messaging from the Province that is in line with both that being given by their health care professional and that coming from a national level.

Pandemic communications and education must arm the public and health care professionals with information to protect their health and the health of others. It must inspire confidence in the health system and government's response to the outbreak. B.C.'s Pandemic Communications Plan lays out the recommendations, methods and tools to best achieve these needs.

# 1. INTRODUCTION

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Pandemic planning has been going on for the past several years at the global, national, provincial and regional health authority levels. As a result, the Province of British Columbia is well prepared for large scale spread of influenza, both with a health care system ready to respond quickly, efficiently and appropriately, and with business continuity plans for service delivery. Government plays a key role, but so do individuals and communities in protecting themselves from the flu, especially in the case of a pandemic.

Timely and accurate communication is essential to informing and educating the public, and responding to public concerns and reaction to a spreading pandemic. Appropriate communication will ensure the public knows how to best protect their health and the health of others. It will also inspire continued confidence in the Province’s response to the outbreak.

## 1.1 Purpose

B.C.’s Pandemic Communications Plan incorporates procedures and methods to address the critical elements of communication and provides templates and guidelines to best enable the provincial government to be timely,

From the perspective of health care professionals (HCPs), health authorities (HAs) and other key stakeholders, effective coordination of messaging from the Province will help ensure they are receiving timely and relevant information to respond to a pandemic appropriately and effectively.

According to a Conference Board of Canada report, pandemic communications—similar to all crisis communications—must incorporate a number of critical elements to be effective:

- Keep the message consistent.
- Establish a credible voice.
- Build trust and demonstrate empathy and caring.
- Be prepared to work in a 24-hour media cycle.<sup>1</sup>

accurate and efficient in its communications both externally with the public and many stakeholders, and internally within ministries and the B.C. public service.

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<sup>1</sup> Conference Board of Canada report, “Ready or Not: Effective Pandemic Response,” July 2009.

## 1.2 History

### Past Pandemics

According to the World Health Organization (WHO), a pandemic officially begins when three conditions have been met:

- A new influenza virus subtype emerges.
- It infects humans, causing serious illness.
- It spreads easily and sustainably among humans.<sup>2</sup>

The novel influenza virus can be spread through coughing and sneezing and infected people can share the virus even before they show symptoms. As international air travel continues to make it easier and faster for people to travel from region to region and from country to country, there remains unprecedented potential for an influenza pandemic to spread very quickly and affect many regions and countries at virtually the same time.

The WHO has set out six pandemic alert level phases to mark the state of virus outbreaks in the worldwide population.

- Phase 1: no viruses circulating among animals have been reported to cause infections in humans.
- Phase 2: an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans.
- Phase 3: an animal or human-animal influenza virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited

human-to-human transmission may occur under some circumstances.

- Phase 4: verified human-to-human transmission of an animal or human-animal influenza virus able to cause community-level outbreaks.
- Phase 5: human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent.
- Phase 6 (pandemic phase): community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5.

Over the past century, there have been four pandemics: 1918 (the so-called “Spanish Flu”), 1957, 1968 and 2009. Under the best circumstances – a “mild” pandemic – the WHO estimates the world could still experience an estimated 2 million to 7.4 million deaths.<sup>2</sup>

### The Novel H1N1 Virus in B.C.

In March 2009, cases of Influenza-Like Illness (ILI) were identified in Mexico; eventually, many of these would be the first confirmed cases of novel H1N1. Within a month, the novel H1N1 flu virus was reported within the United States, initially in California and Texas. On April 26, the first laboratory-confirmed case of novel H1N1 in Canada was reported in British Columbia.

Immediately upon becoming aware of the situation in Mexico, British Columbia’s preparations for pandemic planning were raised immediately to an operational level equal to what would be set up for phase 6.

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<sup>2</sup> [http://www.who.int/csr/disease/avian\\_influenza/avian\\_faqs/en/](http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/).

This meant:

- Increased surveillance activities (including laboratory testing);
- Increased communications; and
- Linking with public health colleagues at a provincial and federal level to ensure a consistent approach to managing the outbreak across Canada.

On June 11, the WHO raised the current level of pandemic alert to a phase 6, indicating the H1N1 outbreak was now, in fact, a true pandemic, albeit one of moderate severity. Internationally, this is a pandemic that has spread faster than ever before. According to the WHO, the novel H1N1 virus spread as widely in six weeks as past influenza pandemic viruses have spread in six months.

### 1.3 Scope and Strategy

Timely, accurate and informative communications to the public, all health care professionals, schools, employers and the community as a whole are essential to manage fears, mitigate issues and ensure people across British Columbia receive consistent and effective messaging from the Province that is in line with both that being given by their health care professional and that coming from a national level.

This plan forms the basis of a provincial health sector communications strategy to serve these needs. It addresses communications originating and flowing from the Province of B.C. to a primary level of audiences, including the general public, ministers, Members of the Legislative Assembly (MLAs) and cabinet, HAs, the Public Health Agency of Canada (PHAC) and other federal bodies, HCPs and school districts.

This plan also takes into consideration the form, method, frequency and level of communications from those organizations down to their stakeholders, and provides recommendations

Initially, the majority of lab-confirmed cases in British Columbia were relatively mild. The first H1N1-confirmed death in the province did not occur until July 13 – almost three months after the first case was identified in B.C. Also, during the initial outbreak in the spring, the spectrum of illness caused by the H1N1 flu virus was not substantially different than regular seasonal influenza, although it was abnormal in that it predominantly affected younger age groups. This was very similar to what was experienced in other provinces in Canada and in other countries where the virus was reported.

and tools where appropriate that may be useful to assist in further distribution of information originating from the Province.

It identifies the most common events (or “triggers”) that can be expected during a pandemic and provides an ideal communications response and responsibility for each, including which organization will be the lead, suggestions for messaging and a clear layout of approvals for materials.

This strategy addresses communications with regards to developments that may occur in the WHO’s pandemic alert level phases four through six. It does not address which communications must occur in each phase as these are not able to be sufficiently segmented into the alert phase categories.

This plan is intended to be a living document, easily adaptable to other emergency situations and continually fine-tuned and updated based on its effectiveness on the ground in future pandemic and emergency situations.

## Meeting Expectations

The goals of this plan are to address and meet the communications expectations of both internal and external audiences, including:

- To arm the public with information to protect their health.
- To inspire confidence in the health system and the Province's response to the outbreak.
- To ensure stakeholders are receiving timely, relevant information to mitigate issues management and support them in their communications initiatives.
- To ensure communications are aligned with other provincial and federal partners.

## Educating Stakeholders

This plan lays out a proactive strategy designed to educate the public, HCPs and other stakeholders about not only the threat of a pandemic virus, but also of general and specific ways they can protect themselves and serve others in a regular flu season. In Appendix B, there are also templates for public service announcements within B.C.

## 1.4 Governing Principles

In a pandemic situation, the provincial government is responsible for delivering basic and vital information. According to B.C.'s Crisis Communications Strategy, "[b]eyond this primary and vital function, the underlying message, demonstrated more than articulated, is that the government is in control, has a plan and is acting upon it. Providing timely, essential information the public and the media can count on will go a long way in delivering that message."<sup>3</sup>

## Desired Outcomes

In the event of a pandemic outbreak in B.C., the strategy and recommendations laid out in this plan are intended to ensure people know that:

- Pandemics are measured by the spread of a virus, not its severity;
- Good flu prevention practices will protect people and their families;
- The Province is well prepared for large scale spread of flu – both with a health care system ready to respond (with health care response strategies, vaccinations and antivirals as necessary) and business continuity plans for service delivery; and
- The effects of an influenza pandemic will be mitigated to ensure the safety of British Columbians and visitors before, during and after the 2010 Olympic and Paralympic Winter Games.

This plan lays out the key elements necessary to guide a coordinated provincial health sector communications response to a pandemic. It focuses on the process and messaging for external communications, while advising on internal communications that will be led by ministry or stakeholders.

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<sup>3</sup> British Columbia Crisis Communications Strategy for Major Provincial Emergencies, 2004  
[http://icw.publicaffairsbureau.gov.bc.ca/emergency\\_comm/downloads/comm\\_strategy\\_for\\_major\\_emergencies2004.pdf](http://icw.publicaffairsbureau.gov.bc.ca/emergency_comm/downloads/comm_strategy_for_major_emergencies2004.pdf).

## 1.5 Audiences

### Internal

Internal audiences for the Province of B.C. include:

- Ministers, MLAs and Cabinet
- Premier's Office
- All ministries
- Office of the Provincial Health Officer
- Crown Corporations

### External

As a pandemic is far-reaching in terms of scope and effect, there are a significant number of groups and individuals across all demographics that will be affected and interested in communications from the Province, including:

- General public
- Children
- Parents
- Seniors
- Women and pregnant women
- Individuals with underlying medical conditions
- First Nations
- Athletes
- HCPs
- Emergency first responders (BC Ambulance Service, fire, police)
- International, federal, provincial and municipal governments
- Media (provincial, domestic, international)
- Vulnerable populations (e.g. homeless, refugees, people with physical or language barriers, etc.)

Other key stakeholder groups and organizations, including both those within British Columbia and those on a national level, include but are not limited to:

- Agriculture Canada
- BC Business Council
- BC Coroners Service
- BC Health Emergency Management Council
- BC Medical Association
- BC Nurses Union
- BC Government and Service Employees' Union
- BC Pharmacy Association and community pharmacy staff
- BC Reproductive Health Network
- BC Vital Statistics Agency
- Canadian Food Inspection Agency
- Chambers of Commerce
- College of Physicians and Surgeons of BC
- College of Registered Nurses of BC
- College of Pharmacists of BC
- Community sentinel physicians
- Corrections BC
- Department of National Defense
- Epidemiologists within HAs
- Funeral Service Association of B.C.
- HealthLink BC (HLBC)
- Health authorities and medical health officers
- Health Canada (including First Nations and Inuit Health)
- Health Employers Association of BC
- Hospital Employees Union (HEU)

- Occupational Health and Safety Agency for Healthcare in BC (OHSAH)
- Public Health Agency of Canada
- Public Health Nurses
- Provincial Emergency Program
- Provincial Infection Control Network of BC (PICNet)
- Regional HAs and all agencies under the Provincial Health Services Authority (PHSA)
- Researchers who work on influenza
- School districts
- Post-secondary educational institutions
- Union of BC Municipalities
- VANOC
- Worksafe BC

## 2. ROLES AND RESPONSIBILITIES

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### 2.1 Public Affairs Bureau

The Province, through the Public Affairs Bureau (PAB) in the Ministry of Healthy Living and Sport (MHLS) and the Ministry of Health Services (MHS), will be the lead on all external communications to the public. This includes the release of news releases and regular information bulletins, as well as protocols around timing and method of how and when information will be released publicly. PAB will also play a role in the internal communication process for technical and educational information going out to physicians, nurses, other HCPs and organizations and other stakeholder groups.

As MHLS is the provincial lead for pandemic preparedness and includes prevention and mitigation activities, MHLS PAB will be lead on the majority of pandemic-related communications issues.

MHS monitors the status of the provincial health system and oversees contingency planning to ensure sufficient capacity to respond to any emergency. It ensures that steps to minimize the spread of pandemic influenza within health care facilities are taken. Steps such as ensuring consistent infection control procedures, equipment and supplies are critical to successful mitigation of pandemic influenza across the province. MHS PAB will be the lead for any files or issues falling under these areas and will support MHLS PAB as necessary in pandemic communication response.

In order to ensure consistent and accurate messaging, any and all communications coming out through HAs and the BC Centre for Disease Control (BCCDC), including those from medical health officers (MHOs), should be shared with the designated PAB shop before being distributed to media or the public. PAB will coordinate with federal (PHAC)

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*“One benefit of having clearly defined roles is that decisions can be made quickly and ‘on the fly.’*

*...Having a nimble decision-making process in a time of crisis will be important.”*

*Conference Board of Canada  
“Ready or Not: Effective Pandemic Response”  
July 2009*

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communication partners to ensure messaging in B.C. is consistent with that being given throughout the country and around the world.

In the event of a pandemic, MHLS PAB will also lead the establishment of a communications working group that will include one representative from each of the HAs, as well as BCCDC. This group will meet weekly until the worst of the pandemic is over or it is no longer needed. It will guarantee 24-hour turnaround for comments on any and all messaging going out from HAs, BCCDC, specialist clinician groups in various HAs, etc.

PAB will also be responsible for building and maintaining a web presence that will be the main resource for the public and all other stakeholders and partners to link to for the most current and up-to-date information. This site will contain links to all appropriate partners and resources, including HLBC, BCCDC and others.

In the event of a public service campaign, the corporate communications division of PAB will take the lead on the creation of any public service announcement (PSA) materials. This same division will work with partners to determine scope, reach and length of this campaign.

## 2.2 Office of the Provincial Health Officer

Under the *Public Health Act*, the Provincial Health Officer (PHO) “is the senior public health official for British Columbia” and provides independent advice to the Minister of Healthy Living and Sport, the Minister of Health Services, other ministries and the public on public health issues and population health. During a pandemic, the PHO provides public health and policy recommendations on many aspects of the provincial response, including, but not limited to:

- When or if schools should be closed;
- When and how doctors should prescribe antivirals and how they should be made available;
- How a vaccine will be made available to the public; and
- Appropriate response level based on potential virulence of outbreak.

## 2.3 Cabinet

During a pandemic, the role of cabinet is to consider the information provided by the PHO and the Deputy Minister Steering Committee

## 2.4 Deputy Minister Steering Committee

The DMSC is made up of deputy ministers, assistant deputy ministers and other representatives from MHS, MHLS and other key government ministries. During the early weeks of the 2009 novel H1N1 outbreak (before WHO declared it a pandemic), in the absence of formal cabinet ministers (due to the pre-election interregnum period), the Committee was established to facilitate expedited decision-making on operational pieces, including those surrounding antivirals and immunization, as well as school closures and financial decisions.

Representatives from PAB will sit on the DMSC and provide insight and advice from a

The PHO (supported by BCCDC) will also lead communications to physicians around guidelines and operational information.

The Deputy Provincial Health Officer supports the work of the PHO, acting in place of the PHO when required.

Under the direction of the PHO, the Aboriginal Health Physician Advisor provides expert medical advice, support and guidance regarding aboriginal health, policy development, programs and other initiatives.

All communications materials developed surrounding the pandemic outbreak and originating from the Province, including news releases, fact sheets, information bulletins, etc., must be approved by the PHO or designate before being made available to the public to ensure accuracy. This approval process will be initiated and managed by MHLS PAB.

(DMSC) to provide final funding, policy and operational decisions on the provincial response to a pandemic.

public communications perspective. Currently, the following ministries are represented with members on the DMSC:

- Premier’s Office
  - Deputy Minister to the Premier
- Ministry of Healthy Living and Sport
  - Deputy Minister
  - Assistant Deputy Minister
  - Provincial Health Officer
  - Deputy Provincial Health Officer

- Ministry of Health Services
  - Deputy Minister
  - Assistant Deputy Minister(s)
- Ministry of Public Safety and Solicitor General
  - Deputy Minister
- Public Affairs Bureau
  - Deputy Minister
  - Communications Director, MHLS
  - Communications Director, MHS

With regards to communications, the DMSC is responsible for making recommendations to cabinet on policy and funding related to the management of the pandemic outbreak. Many of these recommendations will require the Province (through the appropriate ministry and PAB shop) and HAs to communicate with the public and HCPs once the policy decisions are made final.

## 2.5 Health Authorities

Health authorities (HAs) will work in tandem with MHLS and MHS in order to provide regional support for local hospitals, clinics and HCPs.

HAs will also build on the communications coming from the PHO and the Province by responding to media requests for interviews locally. MHLS PAB will share key messages with HAs and in order to best ensure all outgoing communications are consistent throughout B.C. For any public health information related to the pandemic that is community-specific, the appropriate health authority will develop and release information as it sees fit, in consultation with MHLS PAB. Each HA will also designate a representative to participate in the MHLS PAB-led communications working group to discuss and approve any messaging related to the pandemic.

As well, the communications divisions of the respective HAs are expected to provide current and accurate case status information to MHLS PAB as required for external communications events (such as the daily news conference or information bulletin updating). This includes ensuring that patients and/or their families are notified prior to releasing information (specifically around deaths) to the public.

HAs also have the responsibility of educating HCPs in each specific region about the pandemic virus and protection and prevention methods for both HCPs and patients. This HCP education should take place both in the pre-pandemic period and during any pandemic in order to ensure that HCPs are prepared for what they may face, that they know about all the work that has been done to prepare for any potential pandemic (including risk assessments, engineering controls, and personal protective equipment) and that any pandemic is put in appropriate perspective. This proactive work is fundamental in making the worksite safe as well as in employees understanding and believing that they are safe and will not be putting themselves or their families at risk by going to work. It may also result in a higher uptake among HCPs of any pandemic vaccine when/if it becomes available.

The Occupational Health and Safety Agency for Healthcare in B.C. (OHSAH) has responsibility, in consultation with the Health Employers Association of British Columbia (HEABC), to provide training for affiliate long term care and home and community care organizations not directly served by HAs.

## 2.6 BC Centre for Disease Control

The BC Centre for Disease Control (BCCDC) will provide technical information on the pandemic virus through surveillance, detection, treatment, prevention and consultation services. BCCDC investigates and evaluates the occurrence of communicable diseases in B.C. and is the provincial reporting centre for reportable cases and categories of communicable diseases.

BCCDC will also be responsible for communicating technical updates on the pandemic virus to physicians and other HCPs as necessary. These communications will be developed in partnership with the PHO and

## 2.7 Medical Health Officers

From a communications perspective, medical health officers (MHOs) should be spokespersons for the regional health authority on a local level. They can also provide local context for media and the public with regards to provincial decisions and announcements.

Working with the PHO, MHOs are also responsible for determining response to local outbreaks, including decisions on school, day care and other closures.

## 2.8 HealthLink BC

HealthLink BC (HLBC) has the responsibility to communicate and provide accurate health advice to individual members of the public who call the 811 line or who visit the HLBC website. HLBC spokespersons will also respond to media requests specifically around HLBC role and services. MHLS and MHS PAB will share any relevant key messages and strategic advice with HLBC as appropriate. HLBC also has the responsibilities of communicating up-to-date information to the

with key messaging developed by MHLS and MHS PAB, but can be distributed through BCCDC.

BCCDC has a number of spokespersons on issues related to pandemic preparedness and response, working closely with the PHO and the Province to craft and deliver key messaging to the public and media.

In addition, BCCDC houses a Public Health Emergency Management program which supports its counterparts at HAs and the Province, including within the context of pandemic influenza.

MHOs will work in tandem with communications staff in their regional health authority to ensure they are kept apprised of any public health decisions or events that will impact the greater community. They will work with the PHO to ensure the messages delivered on a local level align with those coming both provincially and nationally.

For local or community-specific media requests, the appropriate MHO will act as the key spokesperson for their jurisdiction.

nurses and other workers who staff the phone lines to ensure the correct and current information is being passed along to the public.

As well, the communications divisions of HLBC is expected to provide current and accurate information to MHLS PAB as required for external communications events (such as the daily news conference or information bulletin updating).

## 3. PROTOCOLS AND GUIDELINES

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### 3.1 Meeting the Needs of the Key Players

#### Minister's Offices

Most provincial ministers' offices will have a significant stake and interest in any pandemic outbreak in British Columbia, including:

- Premier of British Columbia
- Minister of Healthy Living and Sport
- Minister of State for the Olympics and ActNow BC
- Minister of Health Services
- Minister of Education
- Minister of Public Safety and Solicitor General
- Minister of Citizens' Services
- Minister of Labour
- Minister of Tourism, Culture and the Arts
- Minister of Small Business, Technology and Economic Development

The needs of all of these offices will be fairly similar. In general, they will require ongoing, regular and timely communications briefings of the current situation in the province. The communications directors in the individual ministries will be responsible for these briefings.

While the lead spokesperson from the Province will generally be the Provincial Health Officer, ministers and, in particular, the Premier and the Minister of Healthy Living and Sport, will need to be provided with a set of Q&As and key messages should they be asked to respond to questions. Templates provided in Appendix B can provide the basis of these key messages and can be adapted to fit the situation as necessary.

#### Health Authorities

British Columbia's six HAs all have similar communications needs, including:

- Direction and approval from PAB on external communications materials they have developed for a local audience;
- Shared key messages and communications tactics to ensure an integrated and coordinated communications approach with that of the Province; and
- Timely updates on communications and operational decisions from the provincial government and PAB, especially when it may result in media queries to the local health authority.

#### HealthLink BC

HealthLink BC provides a different kind of front line service than on-the-ground healthcare workers. For people who think they may be sick, or those who are looking to self-diagnose, HLBC – through the 8-1-1 line and [www.healthlinkbc.ca](http://www.healthlinkbc.ca) – is a valuable resource.

If the public has concerns or questions, or are feeling ill, they can speak directly with a nurse 24 hours a day, 7 days a week by calling 8-1-1, or they can visit the website to try and determine if their symptoms match those common to the pandemic virus. At the peak of the H1N1 outbreak, HLBC's call volume had increased approximately 250 per cent and its home page views more than tripled to almost 4,000. This evidence reinforces the fact that it's critical that HLBC be informed early on of any changes to provincial messaging or any new information that should be made available to the public.

## Media

As a whole, media will be looking for the most up-to-date information surrounding the outbreak, even before it may be declared a pandemic. A shortage of new and timely information could potentially drive media to use other sources (some that may be less-than-credible) to get their facts. In the best case, this could potentially cloud or be counterproductive to the message the Province and public health officials are promoting; in the worst case, it could be just plain wrong and create baseless fear or misunderstanding about the situation.

In today's 24-hour multimedia cycle, there is no downtime: with the emphasis on breaking news and the ability to post stories instantly online, reporters are no longer as restricted by publication or newscast times. To that end, the greatest ongoing need of media is for new information – any information – or a new twist on old information that can provide new or updated angles on the story.

## Public

The general public has a variety of needs depending on each individual's interest, situation and stake in the information being sent out. Overall, the public needs to receive the most up-to-date information in a timely manner in order to allow British Columbians to best protect themselves against the spread of the novel virus.

This information can be conveyed through a number of means: the media, the Province's website dedicated to the pandemic situation, social networking tools, the HLBC website and 811, collateral material (posters/brochures) and, potentially, a marketing or public service campaign.

The public must also know how to deal with the virus, should they become sick or overly concerned or distressed. Do they go to the emergency room? Do they stay home? Where

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*"Today's 24-hour media environment has all but eliminated the idea of a news cycle. In a crisis situation, the media may be covering the story around the clock. This leaves a great deal of print space, TV time, and discussion to fill.*

*...if the media do not have access to a spokesperson from the organization, they will seek others from outside to comment on the crisis."*

*Conference Board of Canada  
"Ready or Not: Effective Pandemic Response"  
July 2009*

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can they go to find out more information? Where do they find stress kits? The earlier this information is made available, the better chance the Province has to address and alleviate fears and ensure people follow the correct protocols that have been put in place by the health care system to manage this outbreak situation.

It's also crucial that the public be made aware anytime the situation has changed. For example: if the virus has become more or less severe; if the advice for prevention or treatment has been revised; if antivirals are deemed necessary and are going to be made available; when a vaccine is being created and distributed.

An integrated and coordinated communications approach led by the Province, with input from all key public health partners, will keep the public best informed of any developments during a pandemic outbreak.

## Doctors and Nurses

B.C.'s doctors and nurses have different needs than the general public. They must be informed of what the message is that the Province and the HAs are sending out to the public and how that will change health care protocols and procedures in offices, clinics and hospitals: if that message is for people to go to the emergency room (ER), then ER and acute care staff must be ready to deal with larger volumes

than normal; if the message is for the public to call ahead to their family doctor before visiting the clinic, community-based physicians must be prepared to handle higher volumes of calls and walk-in patients. They also need current and up-to-date information on clinical care issues.

These HCPs also need to know where they'll be receiving this information from. There needs to be a clear path of information flow to communicate policy decisions that are made at a provincial level and how they will impact doctors and nurses on the front lines. In some cases, it will be through the College of Physicians and Surgeons or the BC Medical Association (BCMA). In others, information and routine updates will be made available on the Office of the Provincial Health Officer website.

Information to doctors and nurses must also emphasize their crucial role in both proactive and reactive response. Communicating information about prevention, such as encouraging doctors to consider immunization and early organization of antiviral prescriptions to their chronically ill patients, can help mitigate pressures on the health care system during a rise in pandemic virus cases.

These HCPs will also need education and training on how they can protect themselves and their families in order to allow them to focus on treating members of the general public. A proactive vaccination education campaign focused on increasing uptake among HCPs will be led by ESCG in coordination with health authorities.

### **All Health Care Professionals**

As the larger group encompassing doctors and nurses, all HCPs have the need to be educated about protection and prevention methods and guidelines around a pandemic situation. During a non-pandemic period, proactive education should be organized and led by the individual HAs.

During a pandemic, the focus should shift more towards communicating new recommendations or changes in guidelines that may occur. Even with that shift, there remains a need for ongoing education of HCPs. HAs generally promote this kind of education and information through posters and brochures available within clinics, hospitals and emergency rooms.

Both prior to and during a pandemic, it's important that HCPs know their workplace is safe. Education and ongoing communication to HCPs is essential to them understanding and believing they are safe and that they will not be putting themselves and their families at risk.

In the education and communications process, it is also important to affirm and reaffirm that the pandemic virus is or is not a community-acquired disease, and one that is more or less likely to be contracted in the course of everyday life (i.e. in the supermarket, on public transportation, at public events, etc.) than in the workplace at hospitals, clinics and other health facilities.

Continued and regular education of and communication to HCPs may also serve as a precursor for a higher uptake of the pandemic vaccine when it is available. This can serve the basis of a larger proactive campaign to increase uptake among HCPs once the vaccine arrives.

### Pharmacists

Pharmacists must be made aware of the expectations of their role in dispensing antivirals and administering vaccines and what the process will be for patients to receive their vaccination from a trained pharmacist, if this becomes an option.

Information for pharmacists will be made available through the College of Pharmacists of

B.C., the BC Pharmacy Association and through the PharmaCare newsletter/website.

### Emergency First Responders

Paramedics, fire fighters and police will need to know if or when guidelines around recommended protection measures for first responders have changed. If they are required – or no longer required – to wear any specific personal protective equipment (PPE), that must be communicated to them directly.

If first responders are required or advised to wear masks or other protective equipment, consideration must be given to ways to educate the public to expect this level of preparedness in order to manage their fears should they be treated by such a protected first responder.

Similar to other front line HCPs, these first responders will also need to know what the Province is advising the public to do if they are sick. If people think they need to go to the ER, the ambulance service will need to prepare for a higher workload during that time.

## **3.2 Internal Communications**

During a pandemic outbreak, and especially at the height of the situation, the demands on the time of the key players are immense. Between handling media requests, taking part in situational update meetings, coordinating communications advice and messaging to and from partners and any other responsibilities that may fall onto their plates, the best way to manage an efficient and effective communications response is to put guidelines and a system in place beforehand to best allocate this time.

## **Stakeholders**

### Employers

Business and industry must be provided with tools to prepare for a pandemic, including information on what they can expect around absenteeism and lost revenues. During a pandemic, businesses and employers should have a business continuity plan in place that anticipates and sets out a strategy to deal with reduced employees (who might be off work sick due to the virus) and lower revenues.

### School Districts

School districts around B.C. have the very specific need to know how to protect the school community (students, parents, teachers and other staff) should there be an outbreak of the pandemic virus in schools. Included in that is the need to know the process for how decisions are made around school closures and how those decisions will be communicated to parents and the public.

School districts and individual schools also need to know where they can direct parents and teachers, as well as students, to go for the most current information on the virus.

## **Pre-Pandemic Education and Training**

The challenge of being able to communicate to and manage staff during a pandemic is very real for HCPs and health care employers. In order to better facilitate this, in the pre-pandemic period, HAs should consider increased communications to HCPs around training and education in order to prepare them should a pandemic happen; for example, the respective work that has been done on point of risk assessments, engineering controls and personal protective equipment (PPE) like surgical and N95 masks, shields, etc. This information will help better prepare the HCPs to perform in their position during a pandemic outbreak and

will give the individual HCPs confidence that preparations are in place and have been considered even before an event occurs.

Educational and training information can be communicated to the HCPs through posters, newsletters and internal memos/emails.

### **Daily Routine**

When a pandemic outbreak occurs, regular communications responsibilities will be expected to function at a higher and more responsive level. Media coverage of the pandemic will occur around the clock and it's critical that the media not only be provided with information, but also that the stories produced with that information are tracked and evaluated. If the coverage misrepresents the facts, or is incomplete, efforts should be made to remedy the situation as best as possible via media outreach.

### Schedule Regular Media Updates

In the early days and weeks of the novel 2009 H1N1 outbreak, the Province held media conferences and issued information bulletins at 1:30 p.m. each weekday at first, and then at regular intervals, in order to satisfy media appetite for the most current update available on the virus, as well as to ensure the public had access to the latest information. The timing and frequency of media updates should be determined early on in the outbreak and held constant, subject to evaluation as the situation unfolds.

Establishing a set time for these updates effectively manages the stress and workload of both the communications staff and spokespersons. It also manages media demands and individual requests as reporters will be aware they have ample opportunity to ask their questions during the regular availability.

One consideration when setting a schedule of media updates should be to closely examine

how frequent the updates need to be. If the regular update is set at twice a week, additional media conferences can be held as developments occur. If the regular update is set to be daily, it may be difficult to reduce the number of updates at a later time when they are not as essential.

Another consideration is that provincial briefings should not be scheduled in conflict with national briefings (by PHAC and other federal partners) in order to allow media to attend each event. On a local level, if HAs determine there is need for region-specific updates, they should avoid scheduling their updates in conflict with either the provincial or national briefings.

### Increase Media Monitoring

During a pandemic, media stories cannot only be driven locally and provincially, but also by what is going on nationally and internationally. Clearly there is a need for increased media monitoring, including monitoring of stories from non-traditional sources. Being able to identify potential questions and media inquiries in advance will help communications divisions stay ahead of the curve and prepare their spokespersons and themselves for such situations before they occur.

During the early days and weeks of the novel H1N1 influenza outbreak and subsequent pandemic, MHS PAB provided daily media monitoring updates three times a day, first at 9 a.m., again at noon and finally at 5 p.m. The morning update allowed early identification of where the media may focus on any particular day and the areas where a story could potentially grow out of.

The noon update covered any stories that had been posted in the morning or that were unavailable at the time of the morning summary. It not only served as a final reminder of what questions may be asked of spokespeople before the afternoon media conference, but also

provided a summary of how any interviews or releases that were done in the morning were interpreted by media.

### Set A Meeting Schedule

During a significant event such as a pandemic, the coordination with such a multitude of partners demands a heavy meeting schedule. Here is a sample of all the meetings and events that happened each day during the early days and weeks of the novel 2009 H1N1 virus outbreak:

7:30 a.m. – FPT DM call  
8 a.m. – FPT communications call  
8:30 a.m. – HA communications call  
8:30 a.m. – outbreak management team meeting  
9 a.m. – DM steering committee call  
11 a.m. – FPT operations call  
1 p.m. – provincial health operations call  
2 p.m. – PHO/MHO call  
4:30 p.m. – DM Steering committee call

This alone should prove the necessity of setting a meeting schedule early on that allows the key players involved in the pandemic response the ability to attend all necessary meetings and yet still have the time to download the action items and outcomes of those meetings to their staff.

PAB should be a central player in all of the key communications meetings, including:

- FPT communications call (PHAC-led)
- HAs communications call (MHS PAB-led)

Both of these calls should be established during the early days of a pandemic outbreak and should be scheduled for the same times each day.

### **Sharing Information Effectively**

Just by the nature of a pandemic situation, communications requests – whether they are from media or other communications staff – will require very accurate and timely responses. To make sure that everyone has the most

current, recent and accurate information, an internal communications SharePoint site should be established.

This would be accessible to all PAB staff as well as all communications staff from the HAs and BCCDC and key spokespersons as appropriate. When materials are finalized by PAB, they should be saved on the SharePoint site at the same time they are distributed internally. This will help ensure everyone is working off the same key messages, the same background information and the same documents. It should also help turnaround times for responding to media and other information requests as the most current info will be available at a moment's notice.

Only MHLS and MHS PAB staff will have posting access to the SharePoint site in order to ensure continuity of message and consistency of materials.

Another beneficial way to share information quickly is to establish e-mail groups. By being able to send information to one e-mail group and reach all members of a certain group, you can remove delays and avoid any discrepancies in who the information will be distributed to.

These e-mail groups should be established for:

- Health authority and HLBC communications
- Medical health officers and PHO
- School district superintendents
- Mayors and council members
- Doctors, nurses, pharmacists and other HCPs (if possible)

### **Coordination with Partners**

With the ease and speed that people can travel around the world, a pandemic is not a regional issue. Coordination with governmental partners outside of British Columbia will be helpful in

managing public perception and avoiding competing or conflicting messages.

As well, British Columbia can benefit in many ways from materials developed by other governments and health care partners in the province, in Canada and around the globe. Communications staff shouldn't hesitate to take useful pieces from other provinces or partners and revise them to suit a B.C. audience.

#### Federal/Provincial/Territorial

With input from the provinces, PHAC and federal partners will develop overarching messaging that they will relay to Canadians on a national level. Discussions on this messaging will be held on the regular FPT communications calls, and the messages may change depending on situation developments or policy decisions on the provincial and/or national level.

### **3.3 External Communications**

#### **Communicating to the Public**

##### Spokespeople

Each organization should identify a primary and, ideally, two backup spokespersons who can speak publicly and represent its views and standpoint surrounding a pandemic.

Planning must take into account the potential for these spokespersons to themselves become sick with the pandemic virus, to be away or unavailable or, in the likely event that a pandemic continues for an extended period of time, to become burned out.

The Province's spokespersons will be the initial lead on the majority of new events and B.C.-wide information updates, often in tandem with those from BCCDC. The MHOs from each health authority will be responsible for responding to regional requests from media related to their individual region. For specific requests, the Province and MHLS or MHS PAB

#### Internationally/World Health Organization

Connecting with communications partners in adjoining or nearby states within the United States, such as Washington, Idaho, Oregon and California can provide insight into communications tactics and messaging that those jurisdictions are using that might prove useful in British Columbia.

Also, as policy decisions are made public in the United States (usually through the US Centers for Disease Control and Prevention), in other countries and by the WHO, local media will be interested in B.C.'s reaction to these decisions, as well as if there are any plans to follow suit in our province. Early linking with communications partners outside B.C. can be very effective in preparing to respond to such inquiries.

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*"By far the most important attribute for trustworthy communication is the ability to authentically demonstrate empathy and caring."*

*Conference Board of Canada  
"Ready or Not: Effective Pandemic Response"  
July 2009*

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may refer media queries to other divisions or organizations, such as HLBC, for comment.

##### *Pre-identified lead spokespersons*

For the provincial government, the key spokespersons are (with backups):

- Provincial Health Officer (Deputy Provincial Health Officer)
- Minister of Healthy Living and Sport (Minister of Health Services)
- Premier of B.C. (Deputy Premier)

For the BCCDC (depending on the specific topic involved):

- Director of Epidemiology
- Director of Immunization
- Director of Public Health Emergency Management
- Influenza Program Lead
- Director (and Associate Director) of Laboratory Services (PHSA Labs at BCCDC)

For each individual health authority:

- Chief medical health officer
- Medical health officer(s)

For a complete list of contact information for these individuals, please see Appendix F.

#### *Succession plan and backup resources*

As the above spokespeople are currently in place, they should already have substantial experience speaking to the media on a regular basis.

However, during a protracted pandemic, there is potential that both the primary and backup spokespersons could be unavailable. In preparation for this situation, other potential organizational spokespersons should be identified and be given at least a basic level of media training and/or preparation. This will help ensure a seamless transition should one of the first or second layers of spokespersons become unavailable.

#### Guidelines for Case Information Release to the Public

The *Freedom of Information and Protection of Privacy Act*, the *Public Health Act* and the Communicable Disease Regulation set out strict requirements that must be followed at all times around the communication of information about any patient or case. Personal health information is not released unless there is a compelling reason

to do so. For example, during the SARS outbreak in Toronto, it was determined that the only way to track down a group of people who attended an event was to release the name of a single patient. During the first wave of the 2009 novel H1N1 influenza outbreak, the public health decision was to release only the minimum information on deaths and serious illness, including:

- Health authority region;
- Age and gender of the patient; and
- Whether or not the patient had any underlying risk factors.

In the event of a patient, or someone close to that patient, self-disclosing information about their specific case to media, information release is to be handled in a similar form. Public health officials can confirm information, where appropriate, especially if it's evident the information came from the patient(s) themselves. Yet, by no means should information be released proactively just because a patient has been interviewed and may have given more details than public health guidelines recommend.

The first deaths due to any pandemic virus will be news events: anticipate a large appetite among the media for any and all information about the patient, the patient's background and the circumstances surrounding the death.

If any patient dies from the pandemic virus, there is a checklist of items that must be all achieved before any public notification can take place:

- The patient's home health authority must notify the patient's immediate family that the death will be made public, and supply confirmation to MHLS PAB that this has taken place;

- The appropriate health authority, through the MHO or other existing channels, must notify the physicians and specialists who worked on the patient while in hospital, and supply confirmation to MHLS PAB that this has taken place; and
- Approval of information in the news release or any public materials by MHLS PAB (PHO), BCCDC and both the health authority that the patient lived in and the health authority that the hospital of treatment was located in (if they aren't the same).

When the first death occurs and that information is provided to MHLS PAB through BCCDC or the appropriate MHO or health authority, the lead on notification to the public should be the provincial government (through the PHO) and BCCDC. Generally, this information will be made public in a news release and subsequent media interviews.

For additional deaths, responding to media becomes the responsibility of the patient's regional health authority. In general, the local health authority will not issue a news release for each death, unless there are other circumstances that require proactive public disclosure. In all cases after the first death in the province, media lines and any news release or information bulletin should be shared with and approved by MHLS PAB and BCCDC before going out to the public.

### **Communicating to Stakeholders**

There are a number of individuals, groups and organizations in B.C. that will be interested in

## **3.4 Material Approvals**

All communications materials should be based on key messaging developed by MHLS PAB. While individual HA and stakeholder communications can revise the form and language of this messaging, the key information

knowing the latest information and status of a pandemic outbreak. From the agriculture industry to school districts to front line HCPs, each group will potentially be affected in some way by a pandemic.

### Ministry Divisions Responsible

The Deputy Ministers' Offices in each ministry are responsible for communicating directly with the appropriate stakeholders. For communications directly to doctors and other HCPs about the pandemic situation, these materials will originate and be the responsibility of the PHO.

During a pandemic, all stakeholder communications materials should be consistent with the general public messaging developed by PAB in consultation with the PHO.

### To Health Sector Stakeholders

The ministries of Health Services and Healthy Living and Sport have established a joint executive stakeholder communications group (ESCG) to guide informational, technical and educational communications to the health sector, including HCPs, unions and other applicable groups. When a need is identified, the Stakeholder Liaison Communications Director within this group will initiate and task the assignment to the applicable ministry program division and oversee completion of the project. The Stakeholder Liaison Communications Director and their staff will also work closely with the MoHS and MHLS PAB shops to ensure consistency of message and timing.

should remain consistent and accurate with that put out by the Province. All educational material should be in line with guidelines and protocols set out by the Province and the appropriate health authority. These materials

must be approved by the appropriate HA communications shop and reviewed by MHLS PAB to ensure consistent messaging. Specific approval processes are highlighted below.

### **Approvals on Stakeholder-Originating Materials**

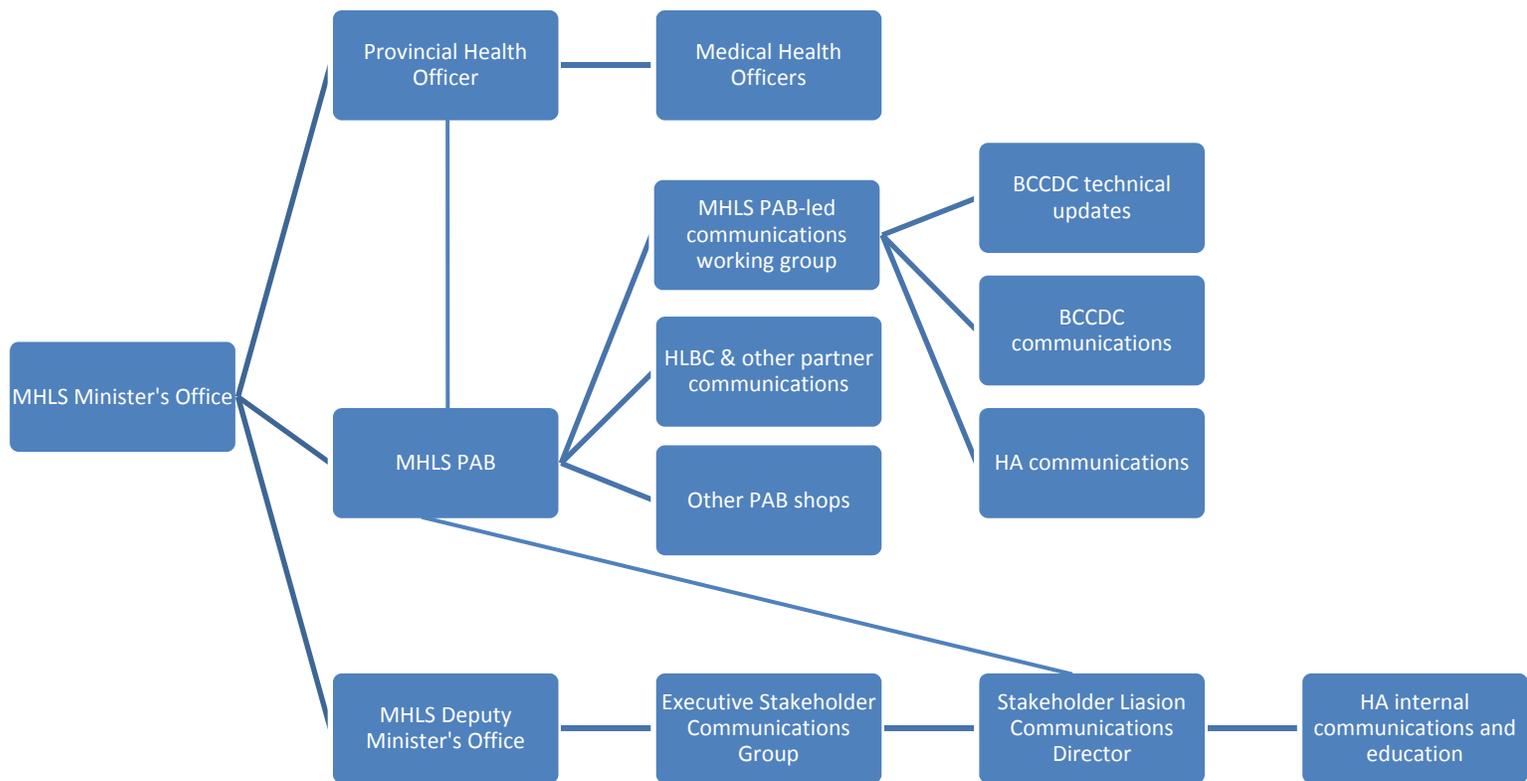
For all materials that are created for public consumption, MHLS PAB **must** approve them before they are finalized. Refer to Figure 1 for the process of approvals for materials created outside of MHLS PAB. Note that for the PHO and MHOs, they are required under the Public Health Act to advise and report publicly in an independent manner. Materials originating from either the PHO or MHOs should be reviewed by MHLS PAB, but do not need formal approval.

Whether materials are created under the ESCG or by health authority communications divisions, BCCDC communications or operations, HLBC, other PAB shops, the operations side of MHLS or MHS or other stakeholders or partners, these

materials must be vetted and approved by MHLS PAB before release and distribution (with the exceptions noted above for PHO and MHOs). MHLS PAB will get approvals on communications materials from the PHO and, if necessary, from the HLS minister's office. Once MHLS PAB has given approval to the originating organization, materials can be released publicly.

For technical updates originating from BCCDC or individual HAs, including those to be sent to doctors and nurses (as this material is entering the public realm), materials should be vetted through the communications working group. The MHLS PAB representative in this group will ensure the PHO, MHLS and MHS all approve of these materials to ensure there are not any unanticipated policy or financial implications.

**Figure 1**



### Approvals on PAB-Originating Materials

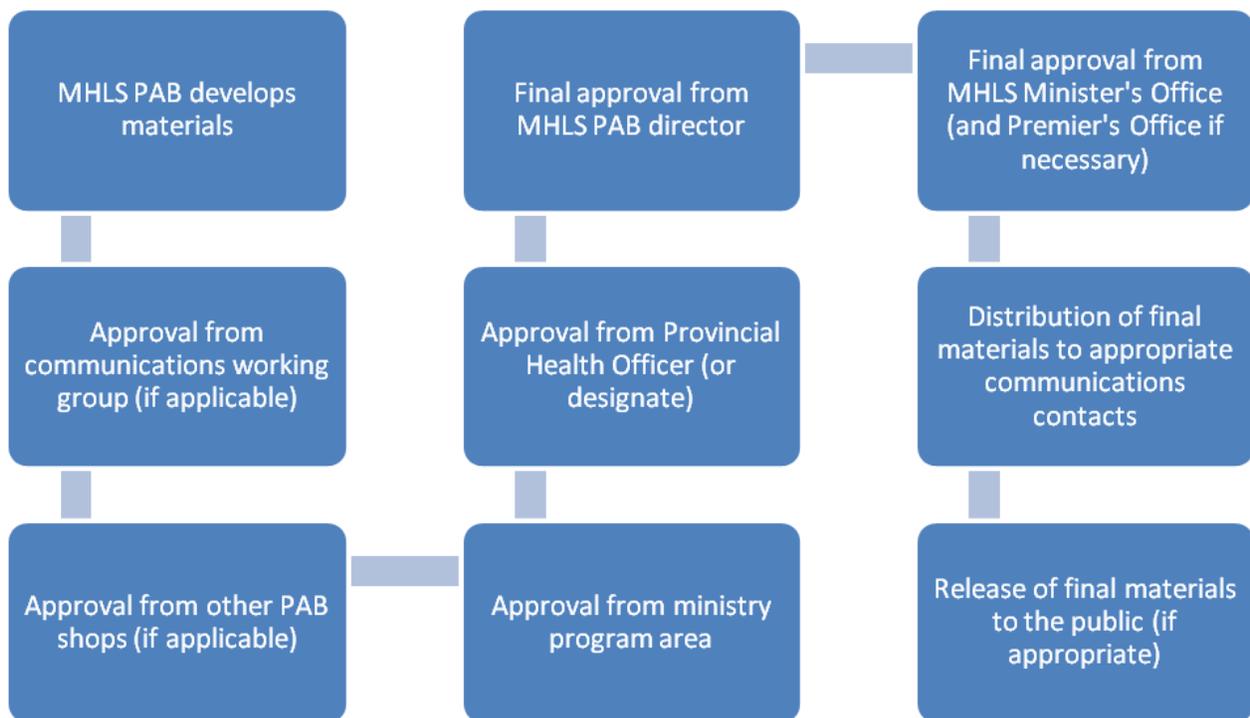
Materials developed directly by MHLS PAB for public release have a similar, but slightly different approval process. See Figure 2 for a graphic representation of this process.

All public informational materials developed by PAB around a pandemic **must** have the approval of the ministry program area, the

Provincial Health Officer (or designate) and the minister's office prior to release.

Once finalized, the materials will be distributed to internal and other appropriate communications contacts before being released to the public. These contacts may include HA communications, HLBC communications, etc.

**Figure 2**

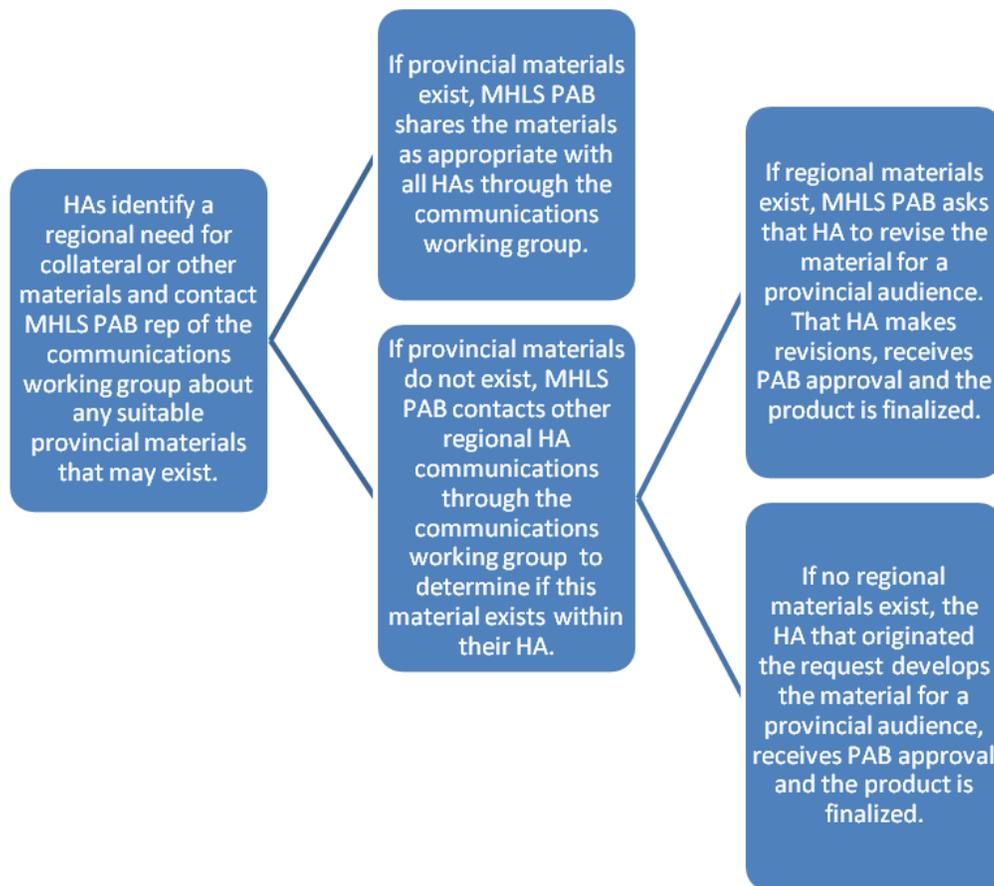


### Approvals on Collateral Products

MHLS PAB will be the lead on developing fact sheets and Q&As for public consumption. As these are developed, they will be posted online on the pandemic website. As the pandemic situation progresses, HAs may identify local or regional needs for materials or collateral that have not been developed or made available at a provincial level.

The following process (Figure 3) to create, approve and distribute materials will avoid duplication of work and inconsistent messaging in each region (i.e. having each HA develop its own materials with a regional focus). It will help ensure that each HA uses the same materials so that everyone, regardless of which health authority region they live in, will be receiving the same information. All newly developed or revised materials will have all HA logos and the Provincial logo and be distributed to each HA.

**Figure 3**



## 4. AUDIENCES

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### 4.1 The General Public

The public is an important – if not the *most* important – audience during the pre-pandemic and pandemic periods. It is critical that messaging to the general public be consistent, timely and accurate; it must give the people of British Columbia the information they need to protect themselves against this novel virus and, at the same time, must successfully address and alleviate any fears the public may have in order to prevent any unnecessary concern or, alternatively, any lack of concern.

For example, the public needs to know when they should go to the hospital or if they can just stay home if they are sick. This will help keep the worried-well at home and give people who are sick the information they need so they can go to the clinic or ER when necessary.

#### **Who is the lead for communications to the public?**

The Province of B.C., through MHLS and the PHO, is the lead for all public communications during a novel virus outbreak or pandemic. While each health authority, the BC Centre for Disease Control and other stakeholders have their own spokespeople and communications staff, in order to ensure there is consistent messaging and the most accurate information is passed along to the public, it is vital that all communications information initially stem from one main source: the Public Affairs Bureau in the Ministry of Healthy Living and Sport.

#### **How do you speak to the public?**

##### Online Presence

An online presence is a crucial tool in communicating to the public, as it allows for consistent and up-to-date messaging and information to be made available directly and instantaneously to all British Columbians with web access. By hosting all of this information in

a single place – a website run by the MHLS – it will help guarantee consistency of information. Health authorities, HLBC, ministries and key stakeholders such as doctors and other HCPs, schools and school districts, unions and others should link directly to the online website once it is established, as it should be the ‘single source of truth’ for all information in B.C. related to the pandemic. It will be managed and updated regularly and as necessary by PAB.

A provincial online presence will be established as soon as:

- It appears the novel virus could reach British Columbia; and/or
- There is a significant increase in communicable disease activity that necessitates public health action and messaging; and/or
- There is B.C.-specific media and/or public interest in the novel virus situation at a provincial level; and/or
- Any large scale public communications come out from PHAC on a national level (travel advisories, surveillance advised for provinces, etc.).

In tandem with the creation of this online presence, buttons and/or banners will also be designed for placement on the Province of B.C.’s homepage, each ministry page and any key stakeholder sites (including the pages of the HAs and the HLBC website) that are interested. Consistency is a key consideration in establishing any web presence. It is critical to be accurate in naming the website (i.e. “H1N1 flu virus” versus “swine flu”) and anticipate any name changes in order to prevent any additional work. This will prevent any renaming or changing of URLs, links or information on the site just for the sake of accuracy. Ideally, the

main URL should be generic enough to accommodate any potential name changes.

Also, once the decision is made to do regular updates on the novel virus situation, it is crucial the URL for this information bulletin remain the same for each update. If this doesn't happen, each time a new update/information bulletin is posted and the URL changes, all of the partner sites that have linked to it would have to change their links as well, creating unnecessary delays and possible disconnects in getting the most current information out to all audiences.

As there is a wide variety of audiences this site will speak to a significant amount of informational material should be ready to post almost immediately upon the site going live. This information will take the form of fact sheets and Q&As, as well as any regularly updated information bulletins about the current situation of the virus outbreak. The development of a wide range of fact sheets and Q&As are useful to speak to sector- and stakeholder-specific audiences.

Fact sheets and other documents can be created for:

- General information on the novel virus
- Pandemic 101
- How to protect yourself
- Schools/daycares, parents and students
- Employers
- Individuals with underlying medical conditions
- Pregnant women
- Psychosocial (i.e. stress kits and coping mechanisms)
- At-risk, vulnerable and hard-to-reach audiences (including translations)
- First Nations audiences
- Vaccine safety and availability

A variety of fact sheet templates and Q&As are included in this plan in Appendix B.

The website will be sectioned to speak to specific audiences. While the front page will speak to the general public, there will also be sub-pages directed at schools and parents and at doctors and other HCPs, as well as any other audiences. These sub-pages and -sites will contain audience-specific information for these groups to find easily and that they can link to directly.

The "Information for Physicians" site is run by the Office of the Provincial Health Officer and is located at [www.hls.gov.bc.ca/pho/physh1n1.html](http://www.hls.gov.bc.ca/pho/physh1n1.html). It will be utilized to update any new guidelines, checklists or policies that may affect physicians. This will be useful as, instead of having to send complete updates to each worker, the Province will be able to direct them to the website for any new information.

Of course, the same challenges that exist for any website exist for a pandemic information website as well. How do you keep people coming back? There is a built-in advantage, especially during the high-reporting periods, as there will be new information on the site at regular intervals but, as any good web manager can confirm, a website is only as good as the timeliness of its content and its ease of navigation. While most of the information that will be added to the government-run, pandemic-focused site will be very factual and information-heavy, streaming audio and video, coupled with intuitive social media tools, are recommended ways to incorporate new information on the website and provide a reason for people to bookmark and return to the site.

## Social Media Presence

“Social media are the various electronic tools, technologies and applications that facilitate interactive communication and content exchange, enabling the user to move back and forth easily between the roles of audience and content producers.”<sup>4</sup> Social media tools such as Facebook®, Twitter® and YouTube® are available to speak to diverse audiences and can be very effective in reaching web savvy members of the general public as well as a growing number of reporters who are signed up on these types of sites.

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*“Especially in times of emergency, social media can and should be employed to transmit critically important information immediately to as many people as possible.”*

*Expert Round Table on Social  
Media and Risk Communication  
During Times of Crisis  
July 2009*

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Another advantage of using social media to distribute quick updates or communications is that the audience is generally made up of younger people or individuals constantly on the move, who may not get their news from the newspaper or TV or radio newscasts.

During the 2009 novel H1N1 flu virus outbreak and subsequent pandemic, the Province established both a Facebook page ([www.facebook.com/h1n1informationbc](http://www.facebook.com/h1n1informationbc)) and a Twitter account ([www.twitter.com/h1n1bc](http://www.twitter.com/h1n1bc)) as ways to get high-level, informative bullets out to a wide audience very quickly.

The provincial social media presence should be established and updated at the same time as the main website. As MHLS PAB posts new materials to the website, the Facebook and Twitter accounts will be updated accordingly. These updates should ideally occur several times a day to keep the interest of the people following the pages.

The crucial piece to gaining benefit from a social media presence is putting the same resources and effort into updating these platforms as would go into updating the main website. In fact, the time and effort required to update the social networking accounts is minimal in comparison, but the benefits come from being active on those accounts and showing your followers that they can gain useful information from the updates. This will help expand the base audience and will encourage people to check back consistently to see what new information is out there about the pandemic.

Still, the resourcing of staff to update the social media tools during the peak of pandemic communications may be a challenge. PAB staff tasked with updating the website with new fact sheets and news releases should be aware that during each update, they should also be posting simultaneously on the social media sites. This will ensure consistency and heighten awareness of new materials with limited effect on the workload of any one particular staff member.

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<sup>4</sup> Expert Round Table on Social Media and Risk Communication During Times of Crisis: Strategic Challenges and Opportunities. Donya Currie. July 2009.

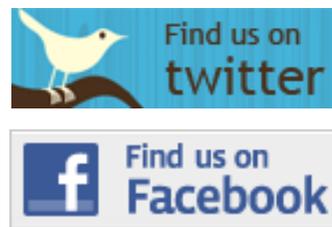
1. Twitter  
Twitter – which allows users to “tweet” updates of 140 characters or less – appears to have significant promise in reaching a wider audience in the future. As more and more people join the site and choose to ‘follow’ the Province’s account(s) (H1N1BC or another one set up for a new pandemic), the greater the ability for the Province to pass along pandemic-related updates. Followers then have the option to re-post (or “retweet”) this information so that all of their followers can see it as well.

2. Facebook  
Facebook also provides some definite advantages for reaching out to the public, including the higher user base than Twitter. Facebook also allows for the posting of a significantly higher volume of information at any one time. For example, it’s possible to post the entire contents of a news release or directly post a PSA video so that it’s viewable on the site.

3. YouTube  
While YouTube doesn’t offer the same opportunity for text updates as the other two sites, it can be a significant tool in targeting an audience that is looking to receive the same message in a different format. During any pandemic outbreak, one of the most frequent messages the public will need to be told is to ensure they are washing their hands. Producing a video of a proper hand washing demonstration is relatively quick and can be very useful in getting the message out accurately. As many people don’t know what level of hand washing is necessary, a video showing technique and length (singing “Twinkle, twinkle little star”) can be much more effective than just saying, “Wash your hands.”

The other obvious opportunity YouTube offers is for the posting of any television PSA spots the Province or partners develop during a pandemic. By making these spots available online, you create the potential for them to go viral, or to be distributed quickly and easily to a wide audience online.

Finally, in the development of these social networking options, consideration should also be given to the development of corresponding website buttons that can be created and posted on the main provincial pandemic site.



These buttons will link directly to each specific networking site and will be available for partner websites (HLBC, HAs, BCCDC, etc.) to post alongside the direct link to the government pandemic site.

#### Media Conferences

As mentioned earlier, in order to reduce stress and workload on both communications staff and on spokespeople, MHLS PAB, in conjunction with key partners such as BCCDC, will set a regular time for media conferences or availabilities. A regular schedule will reduce the number of media requests during other periods, as reporters will know they have the opportunity to ask their questions during the media conference.

Media conferences will also be held at any point when the situation calls for it, whether it’s driven by a new development in the pandemic situation or by a sudden surge of media queries on the same subject.

### Public Service Announcements (PSAs) and Marketing Campaign

A television, radio and print ad campaign will be a key tool in reaching a large segment of the population. It can be utilized when there is a significant development or change in procedure that the public should be made aware of. These events might include:

- Proactive marketing early on in the pandemic to encourage hand washing and provide instructions on where to go if symptomatic;
- Informational updates on which individuals are considered high-risk and how they can receive antivirals; and
- Information on an immunization campaign, including where, when and to whom the vaccine will be made available.

Any large scale campaign should incorporate television, radio, print and online adverts. The provincial pandemic website should also host all of these individual pieces as a resource for the public to view. The development of such a campaign will be led by PAB corporate communications and will include discussions and engagement with key partners (BCCDC, HLBC, etc.) to build the appropriate message. During a pandemic, the federal government will most likely develop its own marketing campaign. The provincial campaign should align and build on any national campaign.

### HealthLink BC

HLBC, through the 8-1-1 line and the [www.healthlinkbc.ca](http://www.healthlinkbc.ca) site, can be one of the first points of contact for the public who have questions, concerns or are looking for information about the pandemic virus. It will serve both sick people looking for information about how they should be treating their illness, and healthy people who want to find out more information about how they can prevent getting sick in the first place.

In the spring of 2009, during the first wave of the H1N1 pandemic, call volume to the 8-1-1 line increased from an average of about 800 calls/day in early April to almost 2,000 calls on May 4, 2009. HLBC's homepage also saw significantly heightened traffic during the H1N1 outbreak, from an average of 953 daily views to a peak of 3,848 views on April 29, 2009.

It's essential that the availability of both the 8-1-1 line and the HLBC website be communicated effectively through key messages and public service/marketing campaigns. This will help manage patient flow at clinics and hospitals as people will be able to use the site and/or speak directly with nurses to get more information on their symptoms and advice on whether they may actually have the pandemic virus; only those who are in need of medical assessment will visit their doctor.

The HLBC website is a useful tool in providing the public with general information, news updates and specific health information so that they will not necessarily need to speak directly with a tele-nurse. With regards to the novel H1N1 flu virus situation, HLBC's new H1N1 symptom checker enables B.C. residents to walk through a useful tool to help them find out if they have H1N1 symptoms and what to do.

As call volumes rise on the 8-1-1 line, HLBC has an Interactive Voice Response System in its tele-centre operation that allows callers a self-serve option when seeking general information and advice. This capability will be put in place in the event it is necessary to help manage call volumes. This holding message is a useful tool in communicating important and new information about the virus, including driving people to the HLBC website for more information.

## 4.2 Hard-to-Reach Populations

Traditional communication and emergency notification methods are not always accessible or useable by people identified as hard-to-reach or vulnerable populations. A number of groups around the province may be difficult to reach with typical communications due to a range of factors, including: socio-economic, geographic, ethnic, cultural and others.

These groups must be taken into account when information is made available to the public in order to ensure that all British Columbians have the opportunity to receive critical notifications about the pandemic virus and outbreak situation. As some members of these groups may also be disproportionately likely to be vulnerable to complications and possibly death from the virus, targeted communications/ messages about immunizations will be especially important.

### Rural Populations

Many populations in the northern part of B.C., as well as those in some coastal and island areas, are unable to receive mainstream radio and/or television broadcasts. They also may have limited internet access or none at all. Special consideration must be given to how to reach this population, especially when there is urgent information they need to know (vaccine availability, immunization programs, increase in virus severity, etc.)

Some methods that can be useful in reaching these populations are:

- Involving advocates and community partners to relay messages (information packages available online that can be easily downloaded and shared at offices);
- Staff contact as they meet with individuals in offices or through outreach programs (similarly, staff receive information kits specifically for at-risk individuals and make it part of their ongoing daily interactions);

- Phone/voice mail messaging (broadcast to phone numbers of organizations/third parties and put the messaging on phone trees);
- Written communications in the form of letters (direct mail outs to clients);
- Cheque stuffers/posters at offices, (cheque stuffers can direct people to further resources and they work well because all clients get them); and
- Other community facilities where the client base tends to congregate (make materials available to community and recreation centres, advocacy groups and friendship centres, etc.).

### Aboriginal and First Nations populations

During a pandemic, Aboriginal and First Nations populations have the potential to be one of the most highly-affected groups, making it even more critical that they receive information about the virus in a clear and timely manner.

B.C. has the benefit of being the only province with a formal Tripartite Agreement in place; this Agreement ensures First Nations communities have a strong and close relationship with the Province, regional HAs and Health Canada (which has responsibility for First Nations and Inuit Health) and can therefore access information and services quickly and efficiently.

In the event of a pandemic, public health officials will also be in contact with all First Nations communities in the province through the First Nations Health Council. As the pandemic situation evolves, there will be ongoing and steady contact between medical health officers, the First Nations Health Council, the Province's Aboriginal Health Physician Advisor and the First Nations and Inuit Health medical advisors. As developments occur, this

group can work quickly and closely with local HCPs, school districts and the community to ensure communications and supplies are immediately available.

There is also an H1N1-specific plan in place for reaching remote Aboriginal communities, developed by B.C.'s Aboriginal Health Physician Advisor in consultation with the First Nations Health Council, the Aboriginal Health Branch, First Nations and Inuit Health and the regional HAs.

### **Non-English Speaking Populations**

A significant proportion of British Columbia's population does not speak English as a first language, including a large segment of people living in the lower mainland. Taking this into consideration, any informational materials posted to the website will be translated into

Punjabi and Chinese (the predominant languages in B.C., other than English), as well as French whenever possible.

While this may not always be an option for news releases or information bulletins, the critical information will also be available in some form in these translated documents. Moreover, every effort will be made by MHLS PAB and its partners to conduct media outreach for print, broadcast and online media in those languages; such outlets often seek informative interviews from spokespersons, which are then translated into those languages.

For the Province's major marketing campaigns, such as any pandemic-focused campaign that may occur, it is general protocol that it be translated into Punjabi and Chinese and run in ethnic media as well.

## **4.3 Stakeholders**

### **Health Care Providers**

Depending on the audience, most stakeholder communications coming from the Province of British Columbia will be approved through the Office of the Provincial Health Officer. The ESCG is the lead for messages and educational materials developed for health care stakeholders. Communications on technical updates may also originate from BCCDC, while all policy or public health decisions will come from the PHO or be initiated by the ESCG or the Stakeholder Liaison Communications Director. The ESCG will liaise with the PHO, the ministry and BCCDC staff in the development of these communications.

Communications to and education of HCPs will be led by the ESCG and/or the HAs, as per usual. These materials will be filtered through the communications working group to ensure that messaging in all of the stakeholder materials remains consistent.

Stakeholder communications to the health care sector will be generally focused on reaching (but are not limited to) the following groups:

- Health professionals:
  - BC Medical Association
  - BC College of Family Physicians
  - BC Pharmacy Association
  - College of Pharmacists of BC
  - College of Physicians and Surgeons of BC
  - College of Registered Nurses of BC
  - Health Sciences Association of BC
  - Dentists
  - Pharmacists
  - Private laboratories
  - Other appropriate colleges for allied professionals

- Health unions and other health organizations:
  - BC Government and Service Employees' Union
  - BC Nurses Union
  - Hospital Employees Union
  - Occupational Health and Safety Agency for Healthcare in BC
  - Canadian Union of Public Employees
  - United Food and Commercial Workers
  - BC Ambulance Service
  - Emergency first responders

### **Other Stakeholders**

Other ministries should be proactive in communicating with their own stakeholders and ensuring they are aware of where information updates can be found. Ministries should determine how to communicate based on past practice.

These stakeholders include, but are not limited to:

- Schools and school districts

- Parents, teachers and schools
- Day care centres
- Business and employers
- Cities and municipalities
- Transportation providers
- Agriculture sector
- Funeral industry

Commonly used tools include:

- web
- e-newsletters
- listserv notices
- telephone calls
- conference calls
- briefings
- face-to-face meetings

Information around the pandemic virus that ministries communicate to their stakeholders should be consistent with messaging approved by MHLS PAB. Sector-specific messaging should be determined on a ministry-by-ministry basis.

For a complete list of stakeholders, see Appendix A.

## 5. STAKEHOLDER COMMUNICATIONS MATRIX

Stakeholder	Information Needed	Vehicle/Activity	Timing	Responsibility
Physicians (BCMA, CPSBC, BCCFP)	<ul style="list-style-type: none"> <li>• Technical updates</li> </ul>	<ul style="list-style-type: none"> <li>• Updates to the PHO physician-focused website</li> <li>• E-mail bulletin as updates are made to the website</li> <li>• Letter to BCMJ</li> <li>• E-mail to BCMA, CPSBC for distribution</li> <li>• GPSC, through MSP</li> <li>• Meditech</li> <li>• Fax to clinics and offices</li> <li>• HA, College and BCMA newsletters</li> <li>• NewsNow</li> <li>• MSP Bulletins</li> <li>• Bulletins</li> <li>• Posters</li> <li>• Handouts</li> <li>• HA intranet</li> <li>• Pay stub messages</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG with approval of PHO and/or BCCDC</li> <li>• HAs through their MHOs can assist in distribution on a regional level</li> </ul>
	<ul style="list-style-type: none"> <li>• Policy and procedural updates</li> </ul>	<ul style="list-style-type: none"> <li>• Updates to the PHO physician-focused website</li> <li>• E-mail bulletin as updates are made to the website</li> <li>• Website updates on main government pandemic page</li> <li>• PICNet website and newsletter</li> <li>• HA newsletters</li> <li>• NewsNow</li> <li>• Bulletins</li> <li>• Posters</li> <li>• Handouts</li> <li>• Intranet</li> <li>• Pay stub messages</li> </ul>	<ul style="list-style-type: none"> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG staff and PHO develop and posts bulletin online</li> <li>• BCCDC has lead in technical updates to doctors</li> <li>• HAs can assist in distribution on a regional level</li> </ul>

Stakeholder	Information Needed	Vehicle/Activity	Timing	Responsibility
Nurses	<ul style="list-style-type: none"> <li>• Technical, policy and procedural updates</li> </ul>	<ul style="list-style-type: none"> <li>• College of Registered Nurses of BC</li> <li>• BCNU</li> <li>• Nurse leaders and managers in HAs</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG staff and PHO develop and post online</li> <li>• Employers, specifically the appropriate health authority</li> <li>• HLBC can assist in distribution through BCNU</li> <li>• BCCDC Epidemiology nursing staff occasionally communicate with the field</li> </ul>
Other health professionals	<ul style="list-style-type: none"> <li>• Technical, policy and procedural updates</li> </ul>	<ul style="list-style-type: none"> <li>• Web updates on the PHO site</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG staff or delegated to appropriate ministry staff</li> </ul>
Unions and members (BCNU, HEU, CUPE, BCGEU, UFCW)	<ul style="list-style-type: none"> <li>• Technical, policy and procedural updates</li> </ul>	<ul style="list-style-type: none"> <li>• E-mail to unions for distribution</li> <li>• E-mail to HEABC for distribution as appropriate</li> <li>• E-mail to HAs for distribution</li> <li>• E-mail to union representatives in each health authority for their distribution</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG staff</li> <li>• HAs</li> </ul>
BC Ambulance Service	<ul style="list-style-type: none"> <li>• Technical, policy and procedural updates</li> <li>• Personal protection and infection control measures</li> </ul>	<ul style="list-style-type: none"> <li>• E-mail to BCAS VP Medical Programs and other senior officials</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG staff</li> <li>• HAs can make personal contact through Emergency Preparedness staff</li> </ul>
Pharmacists (CPA, CPBC, BCPhA)	<ul style="list-style-type: none"> <li>• Technical, policy and procedural updates</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from MHS/PHO/BCCDC (clinical update)</li> <li>• PharmaCare newsletter (medication distribution plans and cost coverage for patients)</li> <li>• Supporting communications by CPBC and BCPhA</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• ESCG staff working with MHS Pharmaceutical Services Division</li> </ul>

Stakeholder	Information Needed	Vehicle/Activity	Timing	Responsibility
Support and corporate staff and contractors	<ul style="list-style-type: none"> <li>• Technical, policy and procedural updates</li> <li>• Personal protection and infection control measures</li> </ul>	<ul style="list-style-type: none"> <li>• Bulletins</li> <li>• Posters</li> <li>• Handouts</li> <li>• Internet via contracting agencies</li> </ul>	<ul style="list-style-type: none"> <li>• At the outset of a pandemic</li> <li>• As updates are available</li> </ul>	<ul style="list-style-type: none"> <li>• Regional HAs</li> </ul>
Patients and residents	<ul style="list-style-type: none"> <li>• How to protect against the virus</li> </ul>	<ul style="list-style-type: none"> <li>• Posters</li> <li>• Handouts</li> <li>• Signage</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Regional HAs in consultation with MHLS PAB (and PAB corporate communications as necessary)</li> </ul>
Schools and school districts	<ul style="list-style-type: none"> <li>• School closure decisions</li> <li>• Pandemic situation in B.C.</li> </ul>	<ul style="list-style-type: none"> <li>• Phone call or email from local MHO and/or PHO to superintendent</li> <li>• EdInfo, E-newsletters, message boards</li> </ul>	<ul style="list-style-type: none"> <li>• As necessary</li> <li>• As necessary</li> </ul>	<ul style="list-style-type: none"> <li>• MHO in consultation with PHO and Ministry of Education</li> <li>• MEDUC PAB in consultation with MHLS PAB</li> </ul>
Parents, students and teachers	<ul style="list-style-type: none"> <li>• School closure decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from Superintendent</li> <li>• Phone tree</li> <li>• E-mail if possible</li> <li>• Posting on school and district website</li> <li>• Media advisory</li> </ul>	<ul style="list-style-type: none"> <li>• As decision is made</li> <li>• ONLY if decision is made after school hours</li> </ul>	<ul style="list-style-type: none"> <li>• Superintendent working with MHO and Ministry of Education PAB</li> <li>• Schools (can utilize Do Bugs Need Drugs materials)</li> <li>• MEDUC PAB and MHLS PAB</li> </ul>
HLBC & BC Bedline	<ul style="list-style-type: none"> <li>• New direction to public to call 8-1-1</li> <li>• New technical and policy decisions</li> <li>• New communications decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Daily communications conference call with PAB and HAs</li> <li>• Distribution of public materials as they are finalized</li> </ul>	<ul style="list-style-type: none"> <li>• Daily</li> </ul>	<ul style="list-style-type: none"> <li>• MHLS PAB</li> </ul>

## 6. PUBLIC COMMUNICATIONS MATRIX

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The range of events and decisions that result in necessary public communications is wide and somewhat unpredictable as what order and when these may occur. The goal of this matrix is to identify the vast majority of all potential “triggers” that would call for public communications, and for each, to lay out audience, responsibility, process and some draft key messages that can be used as the basis for ones created during each event.

These so-called triggers have been separated initially by geographic region of where the decision/event takes place (outside of the province versus within B.C.). In the British Columbia-specific triggers, response will also include recommendations on a regional and local level where appropriate.

To see the critical path of communications triggers and timing due to the 2009 novel H1N1 pandemic, see Appendix E.

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*“In keeping our populations informed, we face a difficult challenge. We cannot be alarmist, as this risks flooding emergency wards with the worried well, creating disruptively high demands for staff, hospitals, and laboratories....*

*At the same time, if we are overly reassuring, patients in genuine need of treatment, where rapid emergency care can make a life-and-death difference, may be lulled into waiting too long....*

*For a pandemic of moderate severity, this is one of our greatest challenges: helping people to understand when they do not need to worry, and when they do need to seek urgent care. This is one key way to help save lives.”*

*Dr. Margaret Chan  
WHO Director-General  
July 2, 2009*

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### 6.1 Desired Outcomes

The desired outcomes from communicating decisions, events and status along these lines will be the same as those of the overall plan, including:

- To arm the public with information to protect their health;
- To inspire confidence in the health system and government’s response to the outbreak; and
- To ensure communications are aligned with other provincial and federal partners.

## 6.2 Audiences

For the information below, the audiences for each group includes, but is not limited to, those listed below.

### **Province of B.C.**

- All residents in British Columbia
- Major and local provincial news media
- Premier, Minister of Healthy Living and Sport, Minister of Health Services
- Cabinet
- Health sector stakeholders, including HAs, HLBC, etc.

### **Health Authorities**

- Residents in the local health authority region
- Public health network throughout the health authority
- Municipal and regional officials in any affected areas

### **BCCDC**

- General public and media
- HAs
- Medical health officers
- Public health network throughout British Columbia
- Specific health professionals

## 6.3 Triggers Outside of British Columbia

Trigger	Action	Vehicle/ Activity	Timing	Lead	Key messages	Materials
Novel flu virus identified	Update media and the public	Technical briefing/ news conference	ASAP	MHLS PAB and BCCDC	<ul style="list-style-type: none"> <li>Surveillance is ongoing</li> <li>B.C. has a vigilant and responsive public health system</li> <li>B.C. is working closely with federal and international partners</li> </ul>	Media advisory News release Speaking points Issues note Fact sheet Q&A
Virus under surveillance	Update to media and the public	Regularly scheduled information bulletin to be updated online	Twice weekly, with frequency increasing as required	MHLS PAB with technical input from BCCDC	<ul style="list-style-type: none"> <li>Surveillance is ongoing</li> <li>Status of the outbreak</li> <li>What should people who have travelled to the affected country do</li> </ul>	Information bulletin Update issues note
Virus spreads to secondary countries	Monitor spread	Updates from PHAC, WHO	Ongoing	PHAC, WHO	<ul style="list-style-type: none"> <li>Surveillance is ongoing</li> <li>B.C. has a vigilant and responsive public health system</li> <li>B.C. is working closely with federal and international partners</li> </ul>	Update Issues note
WHO raises alert level to phase 6	Update media and the public on the declaration of a pandemic and what it means for B.C.	Media advisory, news conference and news release	ASAP	MHLS PAB with BCCDC  Representatives from PHO and BCCDC will take part in the news conference	<ul style="list-style-type: none"> <li>B.C. has a vigilant and responsive public health system</li> <li>B.C. is working closely with federal and international partners</li> <li>Changes in B.C.'s response level due to the new phase</li> <li>What a pandemic means for B.C.</li> <li>Compare with seasonal flu (if appropriate)</li> <li>Advice on how people can protect themselves</li> <li>Connection between pandemic and severity</li> <li>Technical aspects of virus</li> </ul>	Media advisory News release Speaking points Key messages Q&As Issues note Fact sheet(s) HealthFiles on relevant areas (MHS program area responsibility)
First Canadian case of the virus	Develop or update key messages in the event of media interview requests	E-mail distribution to BCCDC and HA comm. staff	As necessary	MHLS PAB develops materials with input from PHAC and affected province  MHLS PAB, BCCDC and HA communications address media interview requests as necessary	<ul style="list-style-type: none"> <li>B.C. has a vigilant and responsive public health system</li> <li>B.C. is working closely with federal and international partners</li> <li>This virus <b>will</b> come to B.C.</li> <li>B.C. has a sufficient supply of antivirals</li> <li>Advice on how people can protect themselves</li> <li>Advice on what people should do if they get sick</li> </ul>	Key messages Fact sheet

Trigger	Action	Vehicle/ Activity	Timing	Lead	Key messages	Materials
First Canadian death due to the virus	Develop or update key messages in the event of media interview requests	E-mail distribution to BCCDC and HA comm. staff	As necessary	MHLS PAB develops materials with input from PHAC and affected province  MHLS PAB, BCCDC and HA communication address media interview requests as necessary	<ul style="list-style-type: none"> <li>• B.C. has a vigilant and responsive public health system</li> <li>• B.C. is working closely with federal and international partners</li> <li>• This virus <b>will</b> come to B.C.</li> <li>• When it does, we do expect to see some deaths</li> <li>• Compare with seasonal flu (if appropriate)</li> <li>• Advice on how people can protect themselves</li> <li>• Advice on what people should do if they get sick</li> </ul>	Key messages Updated fact sheet
PHAC issues travel advisory	Develop or update key messages in the event of media interview requests	E-mail distribution to BCCDC and HA comm. staff	As necessary	MHLS PAB develops materials with input from PHAC and affected province  MHLS PAB, BCCDC and HA communication address media interview requests as necessary	<ul style="list-style-type: none"> <li>• Remind all travellers of the usual preventative measures against influenza</li> <li>• B.C. has a vigilant and responsive public health system</li> <li>• B.C. is working closely with federal and international partners</li> </ul>	Key messages Fact sheet Q&As
WHO declares Pandemic situation over	Update media and the public on the pandemic phase being over and what it means for B.C.	Media advisory, news conference and news release	ASAP	MHLS PAB with BCCDC  Representatives from PHO and BCCDC will take part in the news conference	<ul style="list-style-type: none"> <li>• B.C. has a vigilant and responsive public health system and will continue to watch this virus</li> <li>• Changes in B.C.'s response level due to the lowered alert phase</li> <li>• What this means for B.C. and what people can expect to see in the future</li> </ul>	Media advisory News release Speaking points Key messages Q&As Updated issues note Updated fact sheets Website revision

## 6.4 Triggers Within British Columbia

Trigger	Action	Vehicle/Activity	Timing	Lead	Focus of key messages	Materials
First case of the virus in B.C.	Update media on the first case of the virus in B.C., as well as the protocol for information release, school closures, etc.	<p>Joint news conference and news release</p> <p>Follow up with regularly scheduled media availabilities with PHO and BCCDC representative. These should be scheduled in tandem with the online updating of the information bulletin</p>	ASAP after the first case is identified	<p>MHLS PAB, BCCDC and MHO or HA representative from region of the first case</p> <p>As appropriate, other stakeholders (school district, etc.) should be available to speak on other pieces</p>	<ul style="list-style-type: none"> <li>• B.C. has a vigilant and responsive public health system</li> <li>• B.C. is working closely with federal and international partners</li> <li>• This virus <b>has</b> come to B.C.</li> <li>• What people can expect</li> <li>• Compare with seasonal flu (if appropriate)</li> <li>• Advice on how people can protect themselves</li> <li>• Connection between pandemic and virus severity</li> <li>• Technical aspects of virus</li> </ul> <p>Informational:</p> <ul style="list-style-type: none"> <li>• Plan for regular media availability and protocol around media interviews outside of that availability</li> <li>• School closure guidelines and process</li> <li>• How parents, students can protect themselves</li> <li>• Guidelines around patient and case information release and what media can expect moving forward</li> </ul>	<p>Media advisory</p> <p>News release</p> <p>Issues note</p> <p>Key messages</p> <p>Fact sheets and Q&amp;As for parents and students</p>
Subsequent cases of the virus in B.C.	Keep the public and media updated on the situation in B.C.	<p>Regular information bulletin updated online and media availability</p> <p>HAs and MHOs handle additional local media requests</p>	Twice weekly as regularly scheduled.	MHLS PAB and BCCDC	<ul style="list-style-type: none"> <li>• B.C. has a vigilant and responsive public health system</li> <li>• B.C. is working closely with federal and international partners</li> <li>• This virus <b>has</b> come to B.C.</li> <li>• What people can expect</li> <li>• Compare with seasonal flu (if appropriate)</li> <li>• Advice on how people can protect themselves</li> <li>• Connection between pandemic and virus severity</li> <li>• Technical aspects of virus</li> </ul>	<p>Media advisory</p> <p>Information bulletin</p> <p>Key messages</p>

Trigger	Action	Vehicle/Activity	Timing	Lead	Focus of key messages	Materials
Virus appears to be attacking specific demographics	Update the public and those groups who appear to be at high-risk	Joint news release  Update information bulletin online  Media availability  HAs and MHOs handle additional local media requests	ASAP	MHLS PAB and BCCDC	<ul style="list-style-type: none"> <li>• B.C. has a vigilant and responsive public health system</li> <li>• Identify groups that appear to be at higher risk</li> <li>• Advice on what those groups can do to protect themselves</li> <li>• B.C. has a sufficient supply of antivirals, should they be needed</li> </ul>	News release Information bulletin Key messages
Sharp increase in case count (informed by BCCDC)	Update media and the public	Update information bulletin online  HAs and MHOs handle additional local media requests	During one of the twice weekly regularly scheduled updates	MHLS PAB with information provided by BCCDC	<ul style="list-style-type: none"> <li>• Factors that are contributing to sharp increase in cases.</li> <li>• Additional advice (if applicable) that people should follow to protect themselves</li> </ul>	Updated information bulletin Issues note
First severe case in B.C.	Update media and the public	Update information bulletin online  HAs and MHOs handle additional local media requests	During one of the twice weekly regularly scheduled updates	MHLS PAB with information provided by BCCDC	<ul style="list-style-type: none"> <li>• Patient did/did not have underlying health conditions</li> <li>• Some groups are at a particularly high-risk for this virus</li> <li>• Advice to people to protect themselves</li> <li>• Information on what people can expect from this virus</li> </ul>	Updated information bulletin Updated fact sheets and Q&As Issues note
Sharp increase in severe cases (informed by BCCDC)	Update media and the public	Update information bulletin online  HAs and MHOs handle additional local media requests	During one of the twice weekly regularly scheduled updates	MHLS PAB with information provided by BCCDC	<ul style="list-style-type: none"> <li>• Patients did/did not have underlying health conditions</li> <li>• Factors contributing to the sharp increase in severe cases</li> <li>• Some groups are at a particularly high-risk for this virus</li> <li>• Additional advice (if applicable) to people to protect themselves</li> <li>• Information on what people can expect from this virus</li> </ul>	Updated information bulletin Issues note
Local media interest	Update regional media and the public on a community/local level	HA issues news release or holds regional media availability	As necessary	HA communications with support from MHLS PAB	<ul style="list-style-type: none"> <li>• Local status of outbreak</li> <li>• Local-specific information that community needs to know</li> </ul>	News release Fact sheet

Trigger	Action	Vehicle/Activity	Timing	Lead	Focus of key messages	Materials
First death in B.C. due to the virus	Update media and the public	News release and media interviews	ASAP	MHLS PAB and BCCDC with information from regional health authority  **Regional HA is responsible for confirming that patient's family and doctors have been informed prior to any media release of the information	<ul style="list-style-type: none"> <li>Any death is a tragedy</li> <li>Extend sympathies to the family</li> <li>Deaths due to the virus were not unexpected</li> <li>Information on stress, grief and healing</li> <li>There is potential for more deaths</li> <li>Influenza is not to be trivialized</li> <li>People should continue to take precautions to protect themselves</li> </ul>	News release Key messages Issues note
Subsequent deaths in B.C.	Update media and the public	Update information bulletin online  HAs and MHOs handle additional local media requests	During one of the twice weekly regularly scheduled updates	MHLS PAB updates the information bulletin.  Regional health authority communications will handle all media requests  **Regional HA is responsible for confirming that patient's family and doctors have been informed prior to any media release of the information	<ul style="list-style-type: none"> <li>Any death is a tragedy</li> <li>Extend sympathies to the family</li> <li>Deaths due to the virus were not unexpected.</li> <li>There is potential for more deaths</li> <li>Influenza is not to be trivialized</li> <li>People should continue to take precautions to protect themselves</li> </ul>	Updated information bulletin Key messages Update fact sheets and Q&As Issues note from HA
First school closure	Update media and the public, especially parents, teachers and schools	Media availability with PHO and school district representative  Update information bulletin online  School district and school website update	ASAP	MHLS PAB and MEDUC PAB   MEDUC PAB advises school districts	<ul style="list-style-type: none"> <li>B.C. has a vigilant and responsive public health system</li> <li>Guidelines for school closures</li> <li>Situation behind the decision to close the school</li> <li>Important for parents to keep their children at home if they're sick</li> <li>Current threat virus poses to children/ students</li> <li>Social distancing messaging if appropriate</li> <li>Information on how any future school closures will be communicated to parents</li> </ul>	Media advisory Key messages Issues note Updated information bulletin
Subsequent school closures	Update parents, teachers and students	Letter home with students from superintendent  Phone tree	ASAP	MEDUC works with school districts  Support provided by	<ul style="list-style-type: none"> <li>B.C. has a vigilant and responsive public health system</li> <li>Guidelines for school closures</li> </ul>	Key messages

Trigger	Action	Vehicle/Activity	Timing	Lead	Focus of key messages	Materials
		E-mail blast to parents  School district and school website update  If school closure decision is made after school hours, media can be notified to get the message out		MHLS PAB as necessary	<ul style="list-style-type: none"> <li>• Situation behind the decision to close the school</li> <li>• Important for parents to keep their children at home if they're sick</li> <li>• Current threat virus poses to children/students</li> </ul>	Media advisory
Antivirals are needed	Update media and high-risk groups	Letter from PHO to doctors to encourage talking to patients  Proactive media interviews  Marketing campaign if possible	ASAP	MHLS PAB and BCCDC	<ul style="list-style-type: none"> <li>• Groups that are at high-risk should consider using antivirals if they get sick</li> <li>• Set out eligible people/groups that can get early prescriptions and the process they should follow</li> </ul>	Issues note
Virus spreads faster or is more severe than expected	Update media and general public	Develop key messages  News conference and media availability  News release	ASAP after PHAC national media conference or update	MHLS PAB and BCCDC with input from PHAC	<ul style="list-style-type: none"> <li>• B.C. has a vigilant and responsive public health system</li> <li>• Preparations in place to protect British Columbians</li> <li>• Identify groups that appear to be at higher risk</li> <li>• Advice on what those groups can do to protect themselves</li> <li>• B.C. has a sufficient supply of antivirals and/or vaccine</li> </ul>	News release Media advisory Key messages Fact sheets
Vaccine is under development	Prepare for media interview requests on status of vaccine development	Develop key messages	ASAP	MHLS PAB with input from PHAC	<ul style="list-style-type: none"> <li>• Vaccine is under development</li> <li>• Timeline, order size and process questions can be diverted to PHAC</li> <li>• PHO recommends that everyone get the vaccine when it is available</li> </ul>	Issues note Key messages Updated information bulletin
Clinical trials indicate high-risk of adverse effects or ineffectiveness	Update media, high-risk groups, general public	Develop key messages in coordination with PHAC and HC  News conference, media availability  Updated fact sheets and website	ASAP after PHAC national media conference or update	MHLS PAB and BCCDC with input from PHAC	<ul style="list-style-type: none"> <li>• Advice for high-risk groups</li> <li>• Advice for public on receiving vaccine</li> <li>• B.C. has a sufficient supply of antivirals</li> <li>• Specific vaccine questions can be directed to PHAC around federal plans</li> <li>• Safety testing of vaccine</li> </ul>	Key messages Fact sheets

Trigger	Action	Vehicle/Activity	Timing	Lead	Focus of key messages	Materials
					<ul style="list-style-type: none"> <li>• Weigh benefits of vaccine</li> <li>• Compare with stats of seasonal flu vaccine (if appropriate)</li> </ul>	
Immunization program in place	Update media and the public on the guidelines and process for getting the vaccine	<p>News conference and news release</p> <p>Marketing campaign if possible</p> <p>Web page with more information developed on Province's pandemic website</p>	ASAP	MHLS PAB with assistance of BCCDC	<ul style="list-style-type: none"> <li>• Guidelines around how to receive vaccine</li> <li>• Cost of the vaccine</li> <li>• Which groups are eligible to receive it first and which groups can get it for free</li> <li>• PHO recommends that everyone get the vaccine when it is available</li> </ul>	<p>Media advisory</p> <p>News release</p> <p>Key messages</p> <p>Issues note</p> <p>Web page</p> <p>Updated information bulletin</p> <p>Marketing materials for TV, radio, print and online</p>
First severe adverse reaction to vaccine reported	Update media and high-risk groups	Develop key messages	ASAP	MHLS PAB with assistance of BCCDC	<ul style="list-style-type: none"> <li>• Identify people who may be at risk from vaccine</li> <li>• Safety testing of vaccine</li> <li>• Weigh benefits of vaccines versus potential of adverse reactions</li> <li>• Compare with seasonal flu vaccine (if appropriate) and the number of adverse reactions to it</li> </ul>	<p>Key messages</p> <p>Issues note</p>
Interaction between vaccine and antivirals	Update media, high-risk groups	<p>Develop key messages</p> <p>Media availability and news release</p> <p>Updated fact sheets and website</p>	ASAP after PHAC provides recommendations	MHLS PAB and BCCDC with input from PHAC	<ul style="list-style-type: none"> <li>• Safety and effectiveness of antivirals and vaccine</li> <li>• Recommended advice for high-risk groups and the general public about which to use (if only one is advisable)</li> <li>• B.C. has a sufficient antivirals/vaccine supply</li> <li>• Specific vaccine questions can be directed to PHAC around federal plans</li> </ul>	
Interaction between seasonal and pandemic vaccine	Update media and the public	<p>News conference and news release</p> <p>Updated fact sheets and website</p>	ASAP after PHAC national update	MHLS PAB and BCCDC with input from PHAC	<ul style="list-style-type: none"> <li>• Safety and effectiveness of pandemic and seasonal flu vaccines</li> <li>• Recommended advice around who should receive which vaccine (if not both)</li> <li>• B.C. has a sufficient supply of vaccine</li> <li>• B.C. has a vigilant and responsive public health system</li> <li>• Specific pandemic vaccine questions can be directed to PHAC around federal plans</li> </ul>	<p>Media advisory</p> <p>News release</p> <p>Key messages</p> <p>Fact sheets</p> <p>Issues note</p>

Trigger	Action	Vehicle/Activity	Timing	Lead	Focus of key messages	Materials
More or less vaccine is needed than forecast	Update media and the public on B.C. plans	News conference and news release	ASAP	MHLS PAB with BCCDC with input from PHAC	<ul style="list-style-type: none"> <li>• Inform people about how many doses they will need</li> <li>• Inform people about where to get immunized</li> <li>• Vaccine safety and effectiveness</li> <li>• Plans to receive more vaccines or plans on what to do with excess ordered</li> <li>• Cost to B.C. for additional doses or for over-ordering</li> </ul>	Media advisory News release Key messages Fact sheets
Preparations for a severe pandemic	Update media and the public that the pandemic will be severe	News conference and news release	ASAP	MHLS PAB	<ul style="list-style-type: none"> <li>• B.C.'s preparations that are in place to deal with a severe pandemic</li> <li>• Timeline for those preparations to be activated</li> <li>• What the designation of a 'severe' pandemic means for British Columbians</li> <li>• Any further ways people can protect themselves</li> </ul>	Media advisory News release Speaking points Issues note Updated information bulletin

## 7. ISSUES AND CHALLENGES

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### **Potential Delays for National Messaging**

British Columbia must anticipate and be prepared to deal with delays in receiving updated national messaging from PHAC.

### **Lead for Local Messaging**

During a pandemic period, MHOs have the lead for local messaging unless the PHO determines that messaging should be done through the Office of the Provincial Health Officer.

### **Lead for Stakeholder Messaging**

Stakeholder messaging to physicians is the responsibility of the PHO. This material may be developed by BCCDC on the PHO's behalf, but must be vetted through the PHO before distribution. Ideally, these materials would be vetted through the communications working group so the MHLS PAB representative in this group can ensure MHLS and MHS both approve of these materials and that there are not any unanticipated policy or financial implications contained within them.

Stakeholder communications will be led by the HAs for other HCPs, as per usual. These materials will be filtered through the communications working group to ensure that messaging in all of the stakeholder materials remains consistent.

For messaging to government stakeholders, MHLS PAB will develop template letters and key messages that will be shared with each ministry's PAB shop and, in turn, shared with each appropriate ministry division. These template letters can be adapted as necessary (while still retaining the consistent messaging) to suit appropriate stakeholder groups.

### **School Closure Guidelines**

Guidelines around school closures related to a specific pandemic have been developed by the Office of the Provincial Health Officer. With regards to the H1N1 situation, after the initial outbreak when a few schools were closed out of an abundance of caution, health officials became more familiar with the virus, and it became clear that, in the majority of cases, school closures would not be recommended as a means of managing spread of the virus.

### **Antivirals**

High-risk individuals are encouraged to talk with their doctor during a regular visit about whether they should receive a prescription for antivirals pre-emptively. In the event they become sick, they can follow up with a call to their doctor to get the prescription filled and avoid going back to the clinic where they may make others sick.

This information will be communicated to doctors directly through the PHO. They will be encouraged to talk with their high-risk patients about antivirals and to schedule appointments with any patients they deem necessary to discuss this method of prevention.

Information will also be communicated to pharmacists around any plans for distribution of the provincial stockpile of antiviral medication and coverage of costs.

### **Vaccine Communications Plan**

When a decision on how and where vaccines will be made available to the public – including priority groups – it is crucial to communicate this procedure to both the HCPs involved in administering the vaccine and the general public who will be receiving the shots. Targeted immunization promotion efforts are required in order to reach and immunize recommended

groups with the pandemic vaccine, and other vaccines that protect against influenza-related morbidity and mortality.

A separate communications plan will be developed to address this information flow and how the Province will manage the immunization program (i.e., When the vaccine will be available, clarity on federal decisions surrounding which groups receive the vaccine first, how much the vaccine will cost, what the process is to receive it, role of pharmacists, etc.).

### **Masks and Personal Protective Equipment**

Interim guidelines around infection prevention and control measures, including the use of

masks and personal protective equipment (PPE), have been established on a national level. Regional HAs and WorkSafe BC (WSBC) will ensure HCPs are made aware of these guidelines and are following them. During a pandemic, if it becomes necessary to change or refine these guidelines, this information must also be communicated to HCPs through the regional HAs.

In most circumstances, it is the responsibility of physicians to purchase their own personal protective supplies including masks and gloves, but doctors must be made aware of any pandemic-specific decisions as they are made.

# APPENDICES

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## Appendix A: Stakeholder List

*Current as of September 30, 2009*

### Aboriginal Relations and Reconciliation

First Nations Leadership Council through its member organizations:

- the First Nations Summit
- the Union of BC Indian Chiefs
- the Assembly of First Nations BC Regional Chief [position vacant until upcoming election]

Métis Nation BC

BC Association of Aboriginal Friendship Centres

Four Host First Nations Society

INAC - First Nations Bands and Band Councils

### Agriculture and Lands

BC Chicken Growers Association

BC Pork Producers Association

BC Tree Fruit Growers Association

BC Cattlemen

BC Dairy Producers

British Columbia Broiler Hatching Egg Commission

British Columbia Egg Marketing Board

British Columbia Hog Marketing Commission

### Advanced Education and Labour Market Development

Abbotsford Community Services

ACCESS (Aboriginal Community Career Services Society)

Advanced Education Media Acquisitions Centre Langara College

Aerospace Industry Association of BC

Affiliation of Multicultural Societies & Service Agencies of BC

Applied Science Technologists and Technicians of BC

ASPECT

Association of Neighbourhood Houses of Greater Vancouver

Association of Professional Engineers and Geoscientists of BC

Association of Student Awards Personnel British Columbia Institute of Technology

Back in Motion

BC Assembly of First Nations

BC Career Colleges Association

BC Centre for International Education

BC Chamber of Commerce

BC Colleges and Institutes

BC Construction Association

BC Council on Admissions and Transfer

BC Electronic Library Network

BC Federation of Labour  
 BC Food and Restaurant Association  
 BC Government Employee's Union  
 BC Hotel Association  
 BC Human Resources Managers Association  
 BC Immigrant Employment Council  
 BC Lodging and Campground Association  
 BCcampus  
 BC Road Builders and Heavy Construction Association  
 BC Trucking Association  
 BC & Yukon Territory Building and Trades Council  
 Boys and Girls Club Community Services of Delta/Richmond  
 Bridge Clinic (raven song Community health center)  
 British Columbia Institute of Technology  
 Burnaby English Language Centre  
 Burnaby Family Life Institute  
 Business Council of BC  
 Camosun College  
 Campbell River and Area Multicultural and Immigrant Services Association  
 Canadian Alliance of Student Associations  
 Canadian Bar Association (BC Chapter - Immigration Section)  
 Canadian Federation of Independent Business (CFIB)  
 Canadian Federation of Students  
 Canadian Home builders Association of BC (CHBA-BC)  
 Canadian Restaurant and Foodservices Assoc.  
 Canadian Society of Immigration Consultants  
 Canadian Union of Public Employees BC  
 Capilano University  
 Central Vancouver Island Multicultural Society  
 Chilliwack Community Services  
 Chimo Crisis Services  
 Citizenship & Immigration Canada  
 College EducaCentre College  
 College of New Caledonia  
 College of Registered Nurses of BC (CRNBC)  
 College of the Rockies  
 Collingwood Neighbourhood House Society  
 Community Connections Society of Southeast BC  
 Comox Valley Adult Literacy & Learning Society-Adult Learning Centre  
 ConFederation of University Faculty Associations of BC  
 Connection Centre for Francophone Immigrants  
 Council of Education Councils  
 Council of Post Secondary Library Directors  
 Council of Tourism Associations  
 Cowichan Valley Intercultural and Immigrant Aid Society  
 Degree Quality Assessment Board  
 Diversecity Community Resources Society  
 Douglas College  
 Economic Development Association of BC  
 Education & Skills Task Force, Vancouver Board of Trade  
 Electronic Health Library of BC  
 Emily Carr University of Art and Design

Employment Connections - Success, Stream 1, Fort St John  
English Language Services for Adults Network of British Columbia, elsa net  
Excel educational Centre inc.  
Family Education and Support Centre  
Family Services of Greater Vancouver  
Federation of Post-Secondary Educators of BC  
First Nations Leadership Council  
Frog Hollow Neighbourhood House  
Gladwin Language Centre  
Go2HR  
Health Match BC  
HRMA - BC Human Resources Management Assoc  
Immigrant and Multicultural Services Society of Prince George  
Immigrant Services Society of British Columbia  
Independent Contractors & Business Association of BC  
Industry Training Appeal Board  
Industry Training Authority  
Institute of Indigenous Government  
Inter-Cultural Association of Greater Victoria  
Justice Institute of BC  
Kamloops-Cariboo Regional Immigrants Society  
Kelowna Community Resources Society  
Ki-low-na Friendship Society  
Kiwassa Neighbourhood Services Association  
Knowledge Network  
Kwantlen Polytechnic University  
Langara College  
Langley Community Services Society  
Little Mountain Neighbourhood House Society  
Lower Mainland Purpose Society  
M.O.S.A.I.C.  
Metis BC Nation  
Mission Community Services Society  
Mount Pleasant Family Centre  
Mount Pleasant Neighbourhood House  
Multicultural Helping House Society  
New Directions Vocational Testing and Counselling Services Ltd.  
New Westminster English Language Centre  
Nicola Valley Institute of Technology  
North Island College  
North Shore Multicultural Society  
North Shore Neighbourhood House  
Northern Lights College  
Northwest Community College  
Okanagan College  
Options: Services to Communities Society  
Pacific Community Resources Society  
Pacific Immigrant Resources Society  
Penticton & District Multicultural Society  
Pics Progressive Inter Cultural Services  
Post Secondary Employers Association  
Premier's Technology Council

Prince Rupert Port Authority  
Private Career Training Institutions Agency of BC  
Research universities' Council of BC  
Retail BC  
Richmond Family Place  
Richmond Multicultural Concerns Society  
Riley Park Community Association  
Royal Roads University  
School District No 23 Central Okanagan  
School District No 33 Chilliwack  
School District No 34 Abbotsford  
School District No 35 Langley  
School District No 36 Surrey  
School District No 37 Delta  
School District No 38 Richmond  
School District No 39 Vancouver  
School District No 40 New Westminster  
School District No 41 Burnaby  
School District No 42 Maple Ridge- Pitt Meadows  
School District No 43 Coquitlam  
School District No 44 North Vancouver  
School District No 45 West Vancouver  
School District No 53 (Okanagan Similkameen)  
School District No 57 Prince George  
School District No 60 Peace River North  
School District No 61 Greater Victoria  
School District No 68 Nanaimo-Ladysmith  
School District No 75 Mission  
School District No 93 Francophone Education  
Selkirk College  
Settlement Orientation Services (SOS)  
Share Family and Community Services Society  
Simon Fraser University  
South Vancouver Neighbourhood House  
Success  
Surrey Language Assessment Centre  
The University of Northern British Columbia  
Thompson Rivers University  
Training Innovation  
Transportation Career Development Association  
Union of BC Indian Chiefs  
University Colleges of BC Consortium  
University of British Columbia  
University of the Fraser Valley  
University of Victoria  
Vancouver Association for the Survivors of Torture  
Vancouver Board of Trade  
Vancouver Community College  
Vancouver Formosa Academy Ltd.  
Vancouver Foundation  
Vancouver Island University  
Vernon and District Immigrant Services Society

Victoria Immigrant and Refugee Centre Society  
VIEA - Vancouver Island Economic Alliance  
West End Community Centre  
Western ESL Services  
YMCA (Young Men's Christian Association of Greater Vancouver)

### **Attorney General**

Braidwood Commission of Inquiry  
B.C. administrative tribunals  
BC Civil Liberties Association  
BC Courthouse Library Society  
BC Human Rights Coalition and Human Rights Coalition Clinic  
BC Human Rights Tribunal  
British Columbia Law Institute  
BC Mediator Roster Society  
BC Review Board  
Canadian Bar Association, B.C. branch  
Canadian Bar Association, B.C. alternative dispute resolution subsection, Nanaimo  
Community Legal Assistance Society of BC  
Dispute Resolution Innovations Society  
Justice Education Society  
Institute for Dispute Resolutions  
Law Foundation of British Columbia  
Law Society of British Columbia  
Law Students Legal Advice Program  
Legal Services Society  
Offices of the Chief Justice, B.C. Supreme Court and B.C. Court of Appeal - Executive Director of Judicial Administration  
Office of the Chief Judge, Provincial Court of B.C.  
Pro Bono Law of BC Representation Programs  
Public Guardian and Trustee of B.C.  
Salvation Army (Legal Advocacy program)  
Society of Notaries Public of B.C.  
Society of Translators and Interpreters of BC  
Tenant Resource & Advisory Centre  
The People's Law School  
UBC Law School  
UVIC Law School  
University of Victoria Law Centre  
Office of the Ombudsman  
PovNet Online Resources (site operated by the Vancouver Community Network)  
Prisoner Legal Services  
Correction Services Canada  
Western Canada Society to Access Justice  
WSI

### **Children and Family Development**

Aboriginal Family Resources Society  
Aboriginal Head Start Association of BC  
Aboriginal Health Association of BC  
Aboriginal Infant Development Programs of BC

Adoptive Families Association of BC  
 Affiliation of Multicultural Societies and Service Agencies of BC  
 Aimhi Prince George Association for Community Living  
 Alliance for Community Living  
 Assembly of First Nations  
 Autism Community Training  
 Autism Council  
 Autism Society of British Columbia  
 Axis Family Resources  
 Ayas men Men Child & Family Services  
 Bayshore Home Health  
 BC Aboriginal Child Care Society  
 BC Aboriginal Network on Disability Society  
 BC Association Of Child Care Employers  
 BC Association for Child Development and Intervention  
 BC Association for Community Living  
 BC Association of Aboriginal Friendship Centres  
 BC Association of Child Behaviour and Intervention  
 BC Association of Family Resource Programs  
 BC Association of Pregnancy Outreach  
 BC Association of Specialized Victim Assistance and Counselling Programs  
 BC Automobile Association  
 BC Brain Injury Association  
 BC Care Providers Association  
 BC Centre for Ability  
 BC Centre of Excellence on Women's Health  
 BC Coalition of People with Disabilities  
 BC Council for Families  
 BC Early Hearing Program  
 BC Family Hearing Resource Society  
 BC Family Net  
 BC Federation of Aboriginal Foster Parents  
 BC Federation of Foster Parents Association  
 BC Paediatric Physiotherapy Council  
 BC Paraplegic Association  
 BC SLP Council for Early Childhood Development  
 BC/Yukon Society of Transition Houses  
 Boundary Family & Individual Services  
 Boys and Girls Club Services of BC  
 Bulkley Valley Child Development Centre  
 Burns Lake Christian Supportive Society  
 Campbell River & District Association for Community Living  
 Canadian Mental Health Association  
 Cariboo Chilcotin Child Development Centre Association  
 Carney Hill Neighbourhood Centre Society  
 Carrier Sekani Family Services  
 Central Island Child & Family Services  
 Central Okanagan Child Development Association  
 Cerebral Palsy Association of British Columbia  
 Child and Family Clinic  
 Child Development Centre Society of Fort St. John & District  
 Children's and Women's Health Centre of BC

Coalition of Child Care Advocates of BC (CCCABC)  
College of New Caledonia  
Community Living BC  
Community Living Restructuring Fund  
Comox Valley Child Development Association  
Cowichan Valley Association for Community Living  
Deaf Children's Society of BC  
Department of Educational and Counselling Psychology and Special Education  
Desniqi Services Society  
Developmental Disabilities Association  
District 69 Family Resource Association  
Early Childhood Educators of BC (ECEBC)  
Envision Society for Choice and Inclusion  
Family Model Care Homes  
Family Support Institute  
FASD Connections  
Federation of Child and Family Services of BC  
First Call, BC Child and Youth Advocacy Coalition  
First Nations Education Steering Committee  
First Nations Summit  
Force Society for Kids Mental Health  
Fort Nelson Family Development Society  
Fraser CCRR Regional Coordinator  
Fraser Region Interim Aboriginal Authority  
Fraser Valley Child Development Centre  
Friendship House Association of Prince Rupert  
Gitxsan Child & Family Services Society  
Haida Child and Family Services Society  
Hazelton Child and Youth Care Services  
Heiltsuk Kaxla Child & Family Service Program  
Houston Friendship Centre Society  
Human Early Learning Partnership  
Infant Development Programs of BC  
Interior Aboriginal Planning Committee/Aboriginal Peoples Family Accord  
Interior CCRR Regional Coordinator  
Interior Métis Child and Family Services  
Justice Institute of BC  
K'wak'wat'si ('namgis) Child and Family  
Kermode Friendship Society  
Kitimat Child development Centre Association  
Knucwentwecw Society  
Kootenay Family place  
Ktunaxa-kinbasket Family & Child Services  
Kwadacha Nation  
Kwumut Lelum  
Laichwiltach Family  
Lalum'utul' Smun'eem Child & Family Services  
Life Society  
Lower Fraser Valley Cerebral Palsy Association  
Mackenzie Counselling Services Society  
MCC Supportive Care Services  
Mcleod Lake

Métis Commission for Child and Family Services  
 Métis Family Services  
 Métis Provincial Council of BC  
 Nanaimo Neurological & Cerebral Palsy Association  
 Nechako Valley Community Services Society  
 Nenan dane zaa deh! Zona Family Services Society  
 Nezul be hunuyeh Child & Family Services  
 Nil/tu,o Child & Family Services Society  
 Nisga'a Child & Family Services  
 Nisga'a nation  
 Nlha'7kapmx Child & Family Services  
 North CCRR Regional Coordinator  
 North Okanagan Neurological Association  
 Northeast Native Advancing Society  
 Northern Aboriginal Planning Committee  
 Northern Lights College  
 Northern Rockies Aboriginal Women Society  
 Northwest Inter-Nation Family and Community Services  
 Office of the Provincial Advisor for Children First  
 Office of the Provincial Advisor Infant Development Programs of BC  
 Office of the Provincial Paediatric Therapy Consultant  
 Office of the Supported Child Development Advisor and Aboriginal Supported Child Development Advisor  
 Office of the Wet'suwet'en  
 Okanagan Nation  
 Old Massett Village Council  
 Osns Child Development Centre  
 Paediatric Occupational Therapy Council  
 Planned Lifetime Advocacy Network (plan)  
 Port Alberni Association For Children with Developmental Disabilities  
 Powell River Association for Community Living  
 Prince George Native Friendship Center  
 Prince Rupert Community Enrichment Society  
 Provincial Association of Residential Care Alternatives  
 Provincial Child Care Council (pccc)  
 Provincial Speech-Language Pathology Council for Early Child Development  
 Quesnel and District Child Development Association  
 Reach Child and Youth Development Society  
 Ridge Meadows Child Development Centre  
 Robson Valley Home Support Society  
 Roots of Empathy and Seeds of Empathy  
 School Age Child Care Assoc. of BC  
 Scw'exmx Child & Family Services  
 Sea to Sky Community Services Society  
 Sechelt Child & Family Services  
 Secwepemc Child & Family Services  
 Selfadvocatenet  
 Shaken Baby Prevention Program  
 Share Family & Community Services Society  
 Shuswap Children's Association  
 Skidegate Band Council  
 Skidegate Daycare  
 South Peace Child Development Society

South Peace Community Resources Society  
Spina Bifida & Hydrocephalus Association of BC  
Step-by-step Child Development Society  
Success by Six  
Sunshine Coast Community Services Society  
Surrounded by Cedar Child and Family Services  
Tansi Friendship Centre Society  
Terrace Child Development Centre  
The Centre for Child development  
The Child Development Centre  
The John Howard Society of BC  
Thomas Robinson Consulting Ltd.  
Thompson Nicola Family Resource Society  
Tl'azt'en Nation  
Traffic Safety Foundation  
UBC  
Union of BC Indian Chiefs and Joint Aboriginal Management Committee  
United Native Nations  
United Way of Lower Mainland  
Usma nuu-chah-nulth Community & Human Services  
Vancouver Aboriginal Child and Family Services Society  
Vancouver Coastal Aboriginal Planning Committee  
Vancouver Coastal CCRR Regional Coordinator  
Vancouver Foundation  
Vancouver Island Child Care Resource and Referral Regional Coordinator  
Vancouver Island Interim Aboriginal Authority  
Vancouver oral Centre for Deaf Children  
Vela Microboard Association of BC  
Vernon Child Development Centre  
West Kootenay Family & Child Care Services Society  
Westcoast Child Care Resource Centre  
Western Canada Family Child Care Assoc of BC  
Western Human Resources  
Wet'suwet'en First Nations  
Wetsuwet'en Nation Child & Family Services  
Xyolhemeylh Child & Family Services  
Youth In Care Network

### **Citizens' Services**

Worksafe BC  
Service BC  
Accommodation and Real Estate Services (ARES)

### **Community and Rural Development**

UBCM  
Local Governments

### **Education**

Principals  
Superintendants

School Board Chairs  
Parents

### **Energy, Mines and Petroleum Resources**

BC Sustainable Energy Association (BCSEA)  
Canadian Electricity Association (CEA)  
Canadian Geothermal Energy Association (CANGEA)  
Canadian Geo-Exchange Coalition  
Canadian Hydrogen Association (CHA)  
Canadian Renewable Fuels Association (CRFA)  
Hydrogen and Fuel Cells Canada  
Independent Power Producers Association of British Columbia (IPPBC)  
Joint Industry Electricity Steering Committee (JIESC)  
Aggregate Association of British Columbia  
Association for Mineral Exploration British Columbia (AMEBC)  
Regional Mining Associations in British Columbia  
Kamloops Exploration Group  
Smithers Exploration Group  
Chamber of Mines of Eastern British Columbia  
Coal Association of Canada (CAC)  
Geoscience BC  
Mining Association of Canada (MAC)  
Mining Association of British Columbia (MABC)  
Prospectors and Developers Association of Canada (PDAC)  
Energy Council of Canada  
First Nations Leadership Council (FNLC)  
North East Energy and Mines Advisory Committee (NEEMAC)  
Public Interest Advocacy Centre (PIAC)  
Canadian Association of Petroleum Land Administrators (CAPLA)  
Canadian Association of Petroleum Landmen (CAPL)  
Canadian Association of Petroleum Producers (CAPP)  
Canadian Association for Unconventional Gas (CSUG)  
Canadian Energy Pipeline Association (CEPA)  
Canadian Petroleum Products Institute (CPPI)  
Small Explorers and Producers Association of Canada (SEPAC)

### **Environment**

BC Wilderness Tourism Association  
BC Wildlife Federation  
Canadian Parks & Wilderness Society  
Council of Tourism Association of BC  
David Suzuki Foundation  
Federation of BC Naturalists  
Fraser Basin Council  
Nature Conservancy of Canada (NCC)  
Nature Trust of BC  
Park Facility Operators of BC

### **Finance**

None identified

## **Forests and Range**

BC Cattlemen's Association (BCCA)  
Coast Forest Products Association (CFPA)  
Council of Forest Industries of BC (COFI)  
British Columbia Community Forests Association (BCCFA)  
Canadian Forest Products Corporation (CANFOR)  
Tolko Industries Ltd.  
Federation of BC Woodlot Association (FBCWA)  
Interior Lumber Manufacturers' Association (ILMA)  
Truck Loggers Association (TLA)  
Western Silviculture Contractors Association (WSCA)

## **Health Services**

Health Authorities  
Health professionals  
BC Ambulance Service  
BC Pharmacy Association  
BC Dental Association  
Medical Supply Industry  
BCNU  
BCMA  
HEU  
HSA  
CUPE  
BCGEU  
College of Physicians and Surgeons  
Medical Services Commission  
Emergency Health Services Commission  
Health Regulatory Organization  
Community Care and Assisted Living Appeal Board  
Hospital Appeal Board  
Mental Health Review Panels

## **Healthy Living and Sport**

2010 Legacies Now  
BC Agriculture in the Classroom Foundation  
BC Food Processors Association  
BC Games Society  
BC Injury Research Prevention Unit  
BC Lung Association  
BC Old Age Pensioners Organization  
BC Recreation and Parks Association  
BC/Yukon Command the Royal Canadian Legion  
Canada Sport Centre Pacific  
Centre for Addictions Research of BC  
Council of Seniors Organizations of BC  
Dieticians of Canada – BC region  
First Nations Health Council  
Healthy Living Alliance  
Heart & Stroke Foundation

Pacific AIDS Network  
Public Health Association  
Sport BC

### **Housing and Social Development**

BC Lottery Corp  
Liquor Distribution Branch  
Community Living BC  
BC Housing

### **Intergovernmental Relations Secretariat**

Consular Corps of British Columbia

### **Labour**

BC Human Resources Management Association  
Canadian Society of Safety Engineering  
BC Teachers Federation  
BC Nurses Union  
Health Sciences Association  
Hospital Employees Union  
BC Labour relations Board  
Public Sector Employers Council Secretariat (under ALMD)  
Health Employers Association of British Columbia (HEABC)  
Community Social Services Employers Association (CSSEA)  
BC Public Schools Employers Association (BCPSEA)  
Post Secondary Employers Association

### **Olympic Games Secretariat**

City of Vancouver  
City of Richmond  
Federal Olympic Secretariat  
Four Host First Nations  
ISU  
Integrated Public Safety (IPS)  
Resort Municipality of Whistler  
VANOC

### **Public Safety and Solicitor General**

Local Governments  
Union of BC Municipalities  
BC Association Chiefs of Police  
BC Association of Emergency Managers (BCAEM)  
BC Association of Municipal Chiefs of Police  
BC Police Association  
BC Association of Police Boards  
Consumer Protection BC  
Police departments:

- RCMP E-Division

- RCMP Provincial Force
- Vancouver Police
- Victoria/Esquimalt Police
- Oak Bay Police
- Saanich Police
- Central Saanich Police
- West Vancouver
- North Vancouver
- New Westminster
- Port Moody
- Delta Police
- Nelson Police
- Metro Vancouver Transit Police

Fire departments across the province

Fire Chiefs' Association of British Columbia

161 police-based and community based victim service agencies across the province

25 crime prevention community organizations across the province

Crime Victim Assistance Program staff

Corrections BC (officers/inmates) - includes community corrections (probation staff)

Corrections Canada

Regional Coroners

Provincial business continuity staff

Driver licence and assessment centres for ICBC across the province

Insurance Brokers of BC

Insurance Bureau of Canada

PEP/EMBC Public Safety Lifeline Volunteers

PEP Air

Search and Rescue

Road Rescue

Emergency Social Services

Emergency Radio

Indian and Northern Affairs Canada (INAC)

First Nations Emergency Services

Emergency Social Services Association (ESSA)

Society of the Prevention of Cruelty to Animals

Public Safety Canada (PSC)

BC Disaster Child Care

Justice Institute of BC

Volunteer BC

The Canadian Red Cross Society

St. John Ambulance

Integrated Disaster Council

BCAA & BCAA TSF

CCMTA Board of Directors

CAP (Community Against Preventable Injuries)

STROH Health Care

Guardian Ignition Interlock  
ARA - Automobile Retailers Association  
MADD Canada  
Provincial Toxicology lab  
Traffic Injury Research Foundation (TIRF)  
99 Stopping the Violence Counselling Programs  
89 Children Who Witness Abuse Counselling Programs  
68 Outreach Services Programs

### **Small Business, Technology and Economic Development**

Aboriginal Financial Officers Association of BC  
ACDEG Group  
AFCC Automotive Fuel Cell Cooperation Corp.  
Affiliation of Multicultural Societies and Service Agencies of BC  
Agruculture & Agri-Food Canada  
Alterna Energy Inc.  
Amara International Investment Corp.  
AME BC  
Angiotech Pharmaceuticals  
Angstrom Power Inc.  
Applied Science Technologists & Technicians of BC (ASTTBC)  
Architectural Institute of BC  
Asia Pacific Foundation of Canada  
Asia Pacific Trade Council  
Asia-Pacific CEO Association of Canada  
Aspect  
Assayer Certification Board of Examiners  
Association of China-Based Enterprise  
Association of Chinese Canadian Professionals (BC)  
Association of Macanese Businessmen of Western Canada  
AXYS Environmental Systems  
Azure Dynamics  
B.C. Regional Science and Technology Council Network  
Back in Motion - Arrive BC  
Ballard Power Systems  
Bamfield Chamber of Commerce  
Banyan Capital Partners  
Barriere District Chamber of Commerce  
BC Bioenergy Network  
BC Cancer Research Centre  
BC Chamber of Commerce  
BC Construction Association  
BC Innovation Council  
BC Investment Management Corp.  
BC Trucking Association  
BC Veterinary Medical Association  
BCTIA  
BDC Venture Capital  
Beamac Installations Ltd.  
Bevendale Enterprises Inc.,  
Blair Investments Ltd.

Blake, Cassels and Graydon LLP  
BMO  
Borden Ladner Gervais  
Bowen Island Chamber of Commerce  
British Columbia - Guangdong Business Council  
British Columbia Construction Association  
British Columbia Institute of Technology  
British Columbia Technology Industry Association (BCTIA)  
Bubber Chartered Accountants  
Bull Housser & Tupper LLP  
Burnaby Board of Trade  
Burns Lake & District Chamber of Commerce  
Business Council of British Columbia  
Business Development Bank of Canada  
Business Practices and Consumer Protection Authority of BC  
Campbell River & District Chamber of Commerce  
Canada - Asia Pacific Business Association  
Canada China Building Industry Society  
Canada China Business Council  
Canada China Business Council (BC Chapter)  
Canada China Economy and Technology Centre  
Canada Export Centre  
Canada Green Building Council  
Canada-China Business Association  
Canada-China Business Promotion Association  
Canada-China Foundation For The Promotion Of International Trade and Cultural Development  
Canada-China Society of Science and Technology  
Canada-China Society of Science and Technology Industries  
Canada-India Business Council  
Canada-Korea Business Association  
Canada-Singapore Business Association  
Canadian Alliance of Manufacturers and Exporters  
Canadian Chinese Business Development Association  
Canadian Chinese Consumers' Association (BC)  
Canadian Federation of Independent Business  
Canadian Home Builders' Association of British Columbia  
Canadian Home Builders' Association of British Columbia  
Canadian Youth Business Foundation  
Canaway Consultants Ltd.  
Canfor Corporation  
Capilano College  
CAPP  
Cascadia Region Green Building Council  
Castlegar and District Chamber of Commerce  
CeCan business Development  
Centre for Design, Technology & Trades, Dean  
Centre for Drug Research and Development  
Certified General Accountants of BC  
Certified Management Accountants of BC  
Community Futures Development Corporation of 16/37  
Community Futures Development Corporation of Alberni-Clayoquot  
Community Futures Development Corporation of Boundary

Community Futures Development Corporation of British Columbia  
 Community Futures Development Corporation of Cariboo-Chilcotin  
 Community Futures Development Corporation of Central Interior First Nations  
 Community Futures Development Corporation of Central Island  
 Community Futures Development Corporation of Central Kootenay  
 Community Futures Development Corporation of Central Okanagan  
 Community Futures Development Corporation of Cowichan  
 Community Futures Development Corporation of East Kootenay  
 Community Futures Development Corporation of Fraser Fort George  
 Community Futures Development Corporation of Greater Trail  
 Community Futures Development Corporation of Haida Gwaii  
 Community Futures Development Corporation of Howe Sound  
 Community Futures Development Corporation of Mount Waddington  
 Community Futures Development Corporation of Nadina  
 Community Futures Stuart-Nechako  
 Community Futures Development Corporation of Nicola Valley  
 Community Futures Development Corporation of North Cariboo  
 Community Futures Development Corporation of North Fraser  
 Community Futures Development Corporation of Okanagan-Similkameen  
 Community Futures Development Corporation of Pacific Northwest  
 Community Futures Development Corporation of Peace River – Liard  
 Community Futures Development Corporation of Revelstoke  
 Community Futures Development Corporation of Shuswap  
 Community Futures Development Corporation of South Fraser  
 Community Futures Development Corporation of Sto:Lo  
 Community Futures Development Corporation of Strathcona  
 Community Futures Development Corporation of Sun Country  
 Community Futures Development Corporation of Sunshine Coast  
 Community Futures Development Corporation of Thompson  
 Chamber of Commerce Maple Ridge & Pitt Meadows  
 Chan & Company, Certified General Accountants  
 Chase & District Chamber of Commerce  
 Chemainus Chamber of Commerce  
 Chetwynd and District Chamber of Commerce  
 Chilliwack Chamber of Commerce  
 China Consulate General  
 China Eastern Airlines  
 China Education Association (Canada)  
 China Shipping (Canada) Agency  
 Chinese Benevolent Association of Vancouver  
 Chinese Cultural Centre  
 Chinese Enterprises Society of Canada  
 Chinese Entrepreneurs Society of Canada  
 Chinese Federation of Commerce of Canada  
 Chinese Universities Alumni Association of Vancouver (Canada)  
 Chinese Women Association of Vancouver  
 Chinese Women Entrepreneurs Association  
 Christina Lake Chamber of Commerce  
 Chrysalix Energy Venture Capital  
 CIRCA  
 Clearwater & District Chamber of Commerce  
 Cloverdale & District Chamber of Commerce

Coast Clearwood Ltd.  
Coligny Hill Farms Ltd. and Spring Meadow Farms Ltd.  
Columbia Basin Trust  
Columbia Valley Chamber of Commerce  
Community Futures Powell River  
Community Futures Stuart-Nechako  
Comox CanadAsia Business Society  
Comox Valley Chamber of Commerce  
Consulate General of India Vancouver  
Consulate General of Japan in Vancouver  
Consulate General of Malaysia  
Consulate General of the People's Republic of China in Vancouver  
Consulate General of the Republic of Korea in Vancouver  
Consulate of the Republic of Philippines  
Corporate and Commercial Law Practice Group, Davis & Company LLP  
COSCO Canada  
Council for the Advancement of Native Development Officers  
Cowichan Lake District Chamber of Commerce  
Cranbrook & District Chamber of Commerce  
Creston & District Chamber of Commerce  
Cumberland & District Chamber of Commerce  
Daishowa-Marubeni International Ltd.  
Dawson Creek & District Chamber of Commerce  
Delta Chamber of Commerce  
Discovery Capital Corporation  
Discovery Islands Chamber of Commerce  
DIVERSEcity  
Duncan–Cowichan Chamber of Commerce  
E3P Technologies  
Economic Development Association of BC  
Economic Development Association of British Columbia  
Economic Development Commission of the Central Okanagan  
Elkford Chamber of Commerce  
Embassy of Vietnam  
EnCana Corporation  
Englobe Enterprises Limited  
Esquimalt Chamber of Commerce  
Ethno Business Council of BC  
Export Development Canada  
Eyeball Networks  
Falkland Chamber of Commerce  
Fasken Martineau DuMoulin LLP  
Ferne Chamber of Commerce  
Financial Institutions Commission of BC  
Fort Nelson & District Chamber of Commerce  
Fort St. James Chamber of Commerce  
Fort St. John & District Chamber of Commerce  
Fractal Capital Corporation  
Fraser Basin Council  
Fred.Olsen Renewables Canada  
Fruiticana Produce Ltd.  
Gabriola Island Chamber of Commerce

Gateway to Asia  
Genome BC  
Gibsons & District Chamber of Commerce  
Global Energy Horizons  
Global Trade Finance, TD Securities  
Gold River Chamber of Commerce  
Goldcorp Inc.  
Grand Forks Chamber of Commerce  
Greater Nanaimo Chamber of Commerce  
Greater Vernon Chamber of Commerce  
Greater Victoria Chamber of Commerce  
Greenvale Enterprises Inc.  
GrowthWorks Capital Ltd.  
H.Y. Louie Company  
Hangzhou Friendship Society of Vancouver  
Hanjin Express  
Harrison Agassiz Chamber of Commerce  
Hong Kong Canada Business Association (Vancouver)  
Hope & District Chamber of Commerce  
Houston Chamber of Commerce  
Hydrogen & Fuel Cells Canada  
Hyundai Maritime Merchant  
Impact Entrepreneurship Group  
Independent Contractors & Business Association of British Columbia  
Indo-Canada Chamber of Commerce (B.C.)  
Indo-Canadian Business Association  
Industry Council for Aboriginal Business  
Institute of Asian Research, UBC  
Institute of Chartered Accountants of BC  
Insurance Corporation of BC  
International Financial Centre  
International Sources Ltd.  
Japan Airlines  
Japan External Trade Organization (JETRO)  
Japan-Canada Chamber of Commerce  
Junior Achievement  
Kamloops Chamber of Commerce  
Kamloops Indian Band  
Karam Enterprises  
Kaslo & Area Chamber of Commerce  
Kelowna Chamber of Commerce  
Kentrexs Ent. Ltd.  
Kicking Horse Country Chamber of Commerce  
Kimberley Society Chamber of Commerce  
Kitimat Chamber of Commerce  
Kitsilano Chamber of Commerce  
Kiyukai (Vancouver Japanese Business Association)  
Konwakai, Vancouver Japanese Businessmen's Association  
Korea Trade-Investment Promotion Agency (KOTRA)  
Korean Businessmen's Cooperative Association of B.C.  
KOTRA  
KP Wood Products

KPMG  
KU Group  
Kumho Tire  
Ladysmith Chamber of Commerce  
Lake Country Chamber of Commerce  
Law Society of BC  
Leadership and Management Development Council  
Leading Edge Endowment Fund (LEEF)  
LifeSciences BC  
Light House Sustainable Building Centre  
Lignol Ltd.  
Lillooet District Chamber of Commerce  
Lions Capital Corp.  
Lumby & District Chamber of Commerce  
Lytton & District Chamber of Commerce  
Mackenzie Chamber of Commerce  
Malaysian Association of BC  
Marubeni Canada Ltd  
Mayne Island Community Chamber of Commerce  
McBride & District Chamber of Commerce  
Merritt & District Chamber of Commerce  
Métis Nation of British Columbia  
Michael Smith Foundation  
Mission Regional Chamber of Commerce  
Mitsubishi Canada Ltd  
Mitsui Canada  
Monte Jade Science and Technology Association (Western Canada)  
N. Norman Ventures & Manager of Reg Norman Trucking  
Nakusp & District Chamber of Commerce  
Nanotech BC  
National Research Council  
Nechako-Kitamaat Development Fund Society  
Nelson & District Chamber of Commerce  
Neovasc Inc.  
Neskonlith Indian Band (Sk'emtsin)  
New Energy Corporation Inc.  
New Media BC  
New Westminster Chamber of Commerce  
NewWest Consulting Services Ltd. (stakeholder on the Korean side)  
Next Steps Enterprise West Society  
Nexterra Energy Corp.  
North American Association of Asian Professionals - Vancouver  
North East China Association of Canada  
North Shuswap Chamber of Commerce  
North Vancouver Chamber of Commerce  
Ocean Industries British Columbia  
Ocean Networks Canada's NEPTUNE Canada Project (Northeast Pacific Time-Integrated Undersea Network)  
Odlum Brown Limited & President, Forum of Women Entrepreneurs  
Okanagan Science & Technology Council  
Oliver and District Chamber of Commerce  
Osoyoos Chamber of Commerce  
Overseas Korean Traders Association

Ozonator Industries  
Pacific Bizlinks Trade Consultants Inc  
Pacific Institute for Climate Solutions  
Pacific Rim Cabinets  
Pacific Rim Chamber of Commerce  
Pacific Rim International  
Pacific Western Brewing Company  
Pangaea Ventures  
Paradigm Environmental Technologies Inc.  
Peachland Chamber of Commerce  
Pemberton & District Chamber of Commerce  
Pender Financial Group  
Pender Harbour and Egmont Chamber of Commerce  
Penticton and Wine Country Chamber of Commerce  
Petroleum Human Resources Council of Canada  
Philippines-Canada Trade Council  
PMC-Sierra, Inc  
Port Hardy & District Chamber of Commerce  
Port McNeill & District Chamber of Commerce  
POSCO Canada Ltd.  
Powell River Chamber of Commerce  
Powertech Labs Inc.  
Premier's Technology Council  
Presley & Partners  
Prince Rupert & District Chamber of Commerce  
Princeton & District Chamber of Commerce  
Qualicum Beach Chamber of Commerce  
Queen Charlotte Islands Chamber of Commerce  
Quesnel & District Chamber of Commerce  
Quest Air Technologies  
Radium Hot Springs Chamber of Commerce  
Real Estate Council of BC  
Real Estate Council of BC  
Republic of India  
Republic of Indonesia  
Retail BC  
Revelstoke Chamber of Commerce  
Richmond Chamber of Commerce  
Rock Solid Business Coaching, Inc  
Rogers Foods Ltd.  
Rossland Chamber of Commerce  
Royal Bank of Canada  
Royal Columbian Hospital  
Royal Pacific Real Estate Corporation  
Royal Thai Consulates General  
S.U.C.C.E.S.S.  
Saanich Peninsula Chamber of Commerce  
Sacré-Davey Group  
Salmo & District Chamber of Commerce  
Salt Spring Island Chamber of Commerce  
SBR board member  
Scotiabank

Science World  
Sechelt & District Chamber of Commerce  
Selkirk College  
Seton Portage – Shalalth District Chamber of Commerce  
Sichuan Chamber of Commerce for Im-Export  
Singapore Business Council  
Singapore Consulates General  
Sino Canada Business & Trade Association  
Sino-Indo-Canadian Business Association  
Small Business BC  
Small Business Roundtable members including:

- Bevendale Enterprises
- Forum for Women Entrepreneurs
- Blair Investments Ltd.
- Rock Solid Business Coaching Inc.
- Chan & Company
- Coligny Hill Farms Ltd. and Spring Meadow Farms Ltd.
- Economic Development Commission of the Central Okanagan
- Terra Cognita Software Systems Inc.
- BC & Yukon, Canadian Federation of Independent Business
- Living Forest R.V. Park/Oceanside Campground
- BC, Retail Council of Canada
- Beamac Installations Ltd.
- N. Norman Ventures Ltd.
- Quesnel & District Chamber of Commerce
- Presley & Partners Chartered Accountants
- Fruiticana Produce Ltd.
- Retail BC
- British Columbia Restaurant & Food Services Association
- Canadian Home Builders' Association of BC
- Neskonalith Indian Band (Sk'emtsin)
- British Columbia Chamber of Commerce
- North Vancouver Chamber of Commerce

Small Energy Group  
Smithers District Chamber of Commerce  
SNC Lavalin  
Sojitz Canada Corporation  
Sooke Harbour Chamber of Commerce  
South Cariboo Chamber of Commerce  
South Cowichan Chamber of Commerce  
South Okanagan Chamber of Commerce

South Shuswap Chamber of Commerce  
Southeast Asia Canada Business Council  
Sparwood & District Chamber of Commerce  
Squamish Chamber of Commerce  
Sumitomo Canada Ltd  
Summerland Chamber of Economic Development and Tourism  
Surrey Board of Trade  
Sustainable Development Technology Canada  
T. & T. G. Consulting (S.A.) Ltd.  
Tahsis Chamber of Commerce  
Taiwan Chamber of Commerce in B.C.  
Taiwan Trade Center  
Taiwan Young Professionals and Entrepreneurs Association of B.C.  
Taiwanese Canadian Cultural Society  
Tawain Economic and Cultural Office  
Teck Cominco Ltd (ITA board member)  
Telus  
Telus Ventures  
Terminal Systems Inc  
Terra Cognita Software Systems, Inc.  
Terrace & District Chamber of Commerce  
The Chinese Community Library Service Association  
The Indus Entrepreneurs (Vancouver)  
The Ocean Renewable Energy Group  
The Progressive Group  
The Research Universities' Council of BC  
The Society of Notaries Public of BC  
The West Vancouver Chamber of Commerce  
Thomas Immigration Law Group  
Thompson Rivers University  
Tofino-Long Beach Chamber of Commerce  
Top-Glory Enterprises (Canada)  
Trail & District Chamber of Commerce  
Trans-Pac Fibre Inc.  
Tri-Cities Chamber of Commerce  
Truck Loggers Association  
Tsinghua University Alumni Association  
Tung Fung Enterprises Inc.  
UBC Sauder School of Business  
UBC, Sauder School of Business; South Korea Market Advisory Group  
Ucluelet Chamber of Commerce  
Valles Group of Compaies  
Valli Chettiar Law Corporation  
Vancouver Board of Trade  
Vancouver Chinatown Business Improvement Area Society  
Vancouver Chinatown Merchants Association  
Vancouver Coastal Health  
Vancouver Mokuyokai Society  
Vancouver-Tianjin Business Association  
Vanderhoof Chamber of Commerce  
VanEdge Capital  
Velo Fund

Victoria Canada China Friendship Association  
Victoria Chinese Commerce Association  
Victoria Hoi Ping Association  
Wells and District Chamber of Commerce  
West Fraser Timber Co. Ltd  
Westbank & District Chamber of Commerce  
Western Canada Chinese Herbal Professional & Merchants Association  
Westport Innovations Inc.  
WestShore Chamber of Commerce  
Whistler Chamber of Commerce  
Williams Lake & District Chamber of Commerce  
WinBC  
Wired Woman Society  
Women's Enterprise Centre  
Wong Robinson & Co. Chartered Accountants  
World Trade Centre  
Xantrex Corporation  
Xenon - CMMT  
Yaletown Venture Partners  
Yellow Point Equity Partners  
YVR

### **Tourism, Culture and the Arts**

Tourism BC  
Canadian Tourism Commission  
Vancouver Convention and Exhibition Centre (PavCo)  
BC Place Stadium (PavCo)  
Royal BC Museum  
Provincial Capital Commission  
Barkerville  
Fort Steele  
Council of Tourism Associations of BC (COTA)  
BC and Yukon Hotels' Association  
BC Chamber of Commerce  
Cruise BC Association  
Northwest Cruise ship Association  
Canada West Ski Areas Association  
BC Golf Association  
Helicat Canada  
Sport Fishing Institute of BC  
Regional Destination Marketing Organizations:  
The Islands  
Northern BC  
Kootenay Rockies  
Vancouver, Coast and Mountains  
Thompson Okanagan  
Cariboo Chilcotin Coast  
Tourism Vancouver  
Tourism Victoria  
Tourism Richmond  
Tourism Whistler

Tourism Kelowna  
Tourism Prince George  
Tourism Abbotsford

## **Transportation and Infrastructure**

Vancouver International Airport  
Comox Valley Airport  
Victoria International Airport  
Prince George Airport Authority  
Canadian Rockies International Airport (Cranbrook)  
BC Transit  
BC Ferries  
TransLink  
Pacific Gateway:

- Transport Canada
- Vancouver Airport Authority
- Prince Rupert Port Authority
- Vancouver Fraser Port Authority
- Foreign Affairs and International Trade Canada
- Ketchum Communications representing BNSF
- Canadian Pacific
- Asia-Pacific Gateway Initiative, Foreign Affairs and International Trade Canada
- Prince Rupert Port Authority
- CN

## **Industry Related Associations and Agencies**

Applied Science Technologists & Technicians of B.C.  
Association of BC Forestry Professionals  
Association of Professional Biologists  
The Association of Professional Engineers and Geoscientists of B.C.  
B.C. Cattlemen's Association  
B.C. Forest Museum Society  
B.C. Institute of Agrologists  
B.C. Mining Association  
BC Wood Specialties Group  
Canadian Forestry Association  
Canadian Institute of Forestry (National Office)  
Cariboo Horse Loggers Association  
Central Interior Logging Association  
Chip Export Advisory Committee  
Coast Forest Products Association  
Consulting Foresters of BC  
Corporation of B.C. Land Surveyors  
Council of Forest Industries of B.C. (COFI)

## Appendix B: Templates

### Checklist

Certain communications protocols and procedures can be put in place immediately at the beginning of a pandemic situation. Here is a checklist that can help guide development of an effective communications response:

- ✓ Spokesperson and designate identified
- ✓ Formal and regular meeting schedule established
- ✓ Formal and regular media monitoring schedule established and responsibility designated
- ✓ Online presence created, including website and Facebook and Twitter pages
- ✓ Fact sheet and Q&A materials developed and made available online for public consumption

### Media Requests

Having a process in place to keep track of media requests, including the time they come in, can be very useful in handling the volume of requests that may come with any key announcement or event during a pandemic outbreak. The templates below are very simple examples of ones that can be used during a crisis situation to submit individual media requests and to keep track of which requests have come in, which are pending and which have been completed.

<b>MEDIA REQUEST</b>	DATE:
<b>TIME:</b>	
<b>REPORTER:</b>	
<b>OUTLET:</b>	
<b>PHONE NUMBER:</b>	
<b>DEADLINE</b>	
<b>TOPIC:</b>	
<b>QUESTIONS:</b>	
1.	
2.	
3.	



## Sample Key Messages for the Novel H1N1 Pandemic

- B.C. is prepared for a pandemic and has an extremely vigilant and responsive public health and health care system in place.
- The Province has a pandemic plan in place and is fully prepared to protect British Columbians from the pandemic virus this fall and winter.
- We continue to work with the World Health Organization, international partners, the Public Health Agency of Canada, the BCCDC, and other provinces and territories to ensure we are well prepared and able to handle any further issues that arise surrounding this influenza virus.
- We are closely monitoring the situation and will update as the situation evolves. It is possible that this novel virus will return as the prominent strain in the next annual influenza season
- During the winter influenza season, it would not be uncommon for more people to develop influenza-like symptoms and be hospitalized.
- The public can call HealthLink BC at 8-1-1 or visit [www.healthlinkbc.ca](http://www.healthlinkbc.ca), 24 hours a day/seven days a week if they have questions/concerns about H1N1, or if they are feeling ill.
- As always, the best ways to protect yourself from any flu virus, including seasonal flu, remain frequent and thorough hand washing and staying home if you're sick.
- In preparation for a pandemic, British Columbia has raised our operational level equivalent to what would be set up for phase 6. This means:
  - increased surveillance activities
  - increased communications; and
  - linking with public health colleagues on a provincial and federal level to ensure a consistent approach to managing the outbreak across Canada.
- This operational level will be maintained until the WHO decreases the alert level.
- While this is the WHO's highest alert phase, it's important to understand that a pandemic does not necessarily mean the virus has become more severe.
- In fact, the increase to phase 6 may only mean that other countries have been added to the list and that we can expect to experience the equivalent of a bad flu year.

### Regarding Basic Influenza:

- Stay home from work or school if you are sick, regardless of where you have travelled, unless directed to seek medical care. Limit contact with others.
- Call HealthLink BC at 8-1-1 if you have symptoms or concerns to speak to a nurse anytime of the day or night.
- See a health care provider if your symptoms become worse but call ahead to let them know you have fever or cough illness.

- Exercise commonsense precautionary measures:
  - Cover your nose and mouth with a tissue when you sneeze. Throw the tissue in the trash after you use it. When you cough, do so into your sleeve if possible.
  - Wash your hands often with soap and water, especially after you cough or sneeze.

## **Fact Sheets**

Fact sheets are a quick way to make audience-specific information available online in an easy-to-read format. They should be developed very early on in a pandemic outbreak and posted on the province's pandemic website so the public can access the information. Fact sheets should focus on the following areas (not a comprehensive list):

- What is the pandemic virus
- If you think you have the pandemic virus
- Dispelling myths about the pandemic virus
- Will wearing a mask help
- Facts about seasonal influenza
- Pandemic 101
- Pandemic planning in B.C. & WHO alert level phases
- If you think your child may have the pandemic virus
- Protecting your kids from the pandemic virus
- Talking to kids about the pandemic virus
- Grief and healing
- Q&A for parents
- Q&A for students
- On-farm biosecurity in B.C.
- Advice for vets and animal producers
- Pandemic virus in other jurisdictions (Alberta, Washington State, etc.)

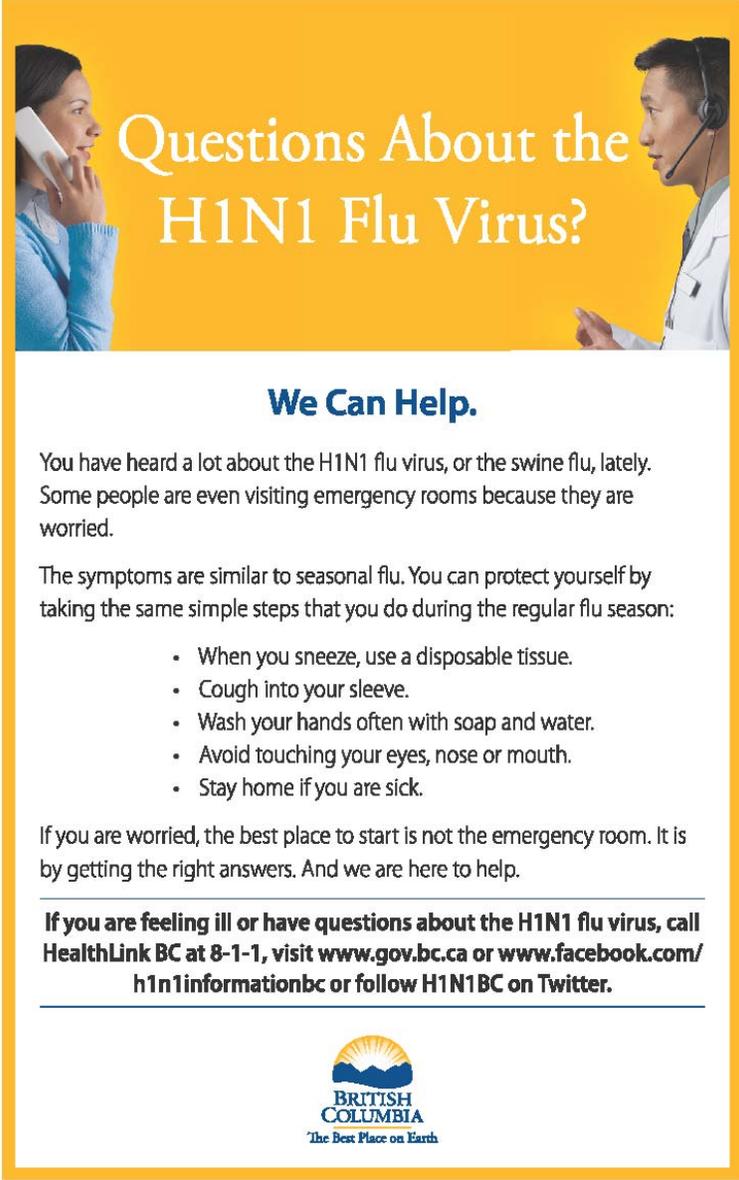
## **Brochures/Pamphlets for Patients**

Health authorities, in coordination with MHLS PAB and PAB corporate, will develop these as appropriate for the specific pandemic virus. While this collateral may be created at a regional health authority level, it will be branded with all HA logos and the Provincial logo and be made available to each HA as desired.

## Public Service Announcements/Marketing Materials

The development of a public service or marketing campaign will be led by PAB corporate communications. This campaign should include television, radio, print and internet spots, as well as posters that can be made available to government and other stakeholder offices.

Sample materials from the H1N1 pandemic outbreak are attached below and can be used as guidelines in the development of a new virus-specific campaign, especially with regards to important key messages and direction to the public.



### Questions About the H1N1 Flu Virus?

**We Can Help.**

You have heard a lot about the H1N1 flu virus, or the swine flu, lately. Some people are even visiting emergency rooms because they are worried.

The symptoms are similar to seasonal flu. You can protect yourself by taking the same simple steps that you do during the regular flu season:

- When you sneeze, use a disposable tissue.
- Cough into your sleeve.
- Wash your hands often with soap and water.
- Avoid touching your eyes, nose or mouth.
- Stay home if you are sick.

If you are worried, the best place to start is not the emergency room. It is by getting the right answers. And we are here to help.

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**If you are feeling ill or have questions about the H1N1 flu virus, call HealthLink BC at 8-1-1, visit [www.gov.bc.ca](http://www.gov.bc.ca) or [www.facebook.com/h1n1informationbc](http://www.facebook.com/h1n1informationbc) or follow H1N1BC on Twitter.**

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BRITISH COLUMBIA  
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## News Releases

News releases should be issued to keep the public and the media informed of new or critical developments in the pandemic virus or in government policy. These events include:

- Surveillance of potential pandemic virus
- Putting the pandemic situation in perspective
- WHO alert level changes
- Pandemic declared
- First case
- First death
- New or revised guidelines issued:
  - Advice for parents, kids, high-risk groups, etc.
  - School closures
  - Recommendations for health care professional protection
- Antivirals released
- Vaccine available

Attached on the next pages are sample news releases from the H1N1 outbreak that can be revised as needed to fit a new pandemic situation.

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## NEWS RELEASE

For Immediate Release  
2009HLS0003-000006  
June 11, 2009

Ministry of Healthy Living and Sport

### PANDEMIC IN PERSPECTIVE

VICTORIA – Provincial health officer Perry Kendall is reassuring British Columbians that, just because the World Health Organization has raised its alert level to phase 6 (the pandemic phase), it doesn't currently appear the H1N1 flu virus will pose any more of a risk to people in the province today than it did yesterday.

“While this is the WHO's highest alert phase, it's important to understand that a pandemic does not mean the H1N1 flu virus has become more severe,” said Kendall. “In fact, today's increase to phase 6 only means that other countries have been added to the list and that we can expect to experience the equivalent of a bad flu year.”

Raising the alert level to phase 6 signals that the virus is moving between people in at least two countries in one WHO region, and that there have been community level outbreaks in at least one other country in a different WHO region. The WHO is also currently developing an index that will provide more information about the severity of the virus, in addition to its spread. The WHO has said it considers the overall severity of this pandemic to be moderate, which means most people recover from infection without the need for hospitalization or medical care.

“B.C. is well prepared to deal with the H1N1 flu virus now and as we move closer toward the fall influenza season,” said Healthy Living and Sport Minister Ida Chong. “To help protect British Columbians against seasonal flu in the fall, British Columbia has acquired additional doses of influenza and pneumococcal vaccines but, as always, the best ways to protect yourself from any flu virus, including H1N1 or seasonal flu, remain frequent and thorough hand washing and staying home if you're sick.”

Since the H1N1 flu virus situation became known in Mexico, British Columbia's preparations for pandemic planning were raised immediately to an operational level equal to what would be set up for a phase 6 alert. Already, B.C. has put the following preparations in place:

- Increase surveillance activities, including increased testing and case follow-up to evaluate the spread of the disease (if any) in communities;
- Continue to review and ensure infection control guidelines and practices are up-to-date;
- Continue to review and update of guidelines and policies related to outbreak management;
- Increase communications to key stakeholder groups and the public;
- Continue to review and update of pandemic influenza plans and business continuity plans; and

-more-



## NEWS RELEASE

For Immediate Release  
2009HLS0007-000101  
July 14, 2009

Ministry of Healthy Living and Sport  
BC Centre for Disease Control

### BRITISH COLUMBIA HAS FIRST H1N1-CONFIRMED DEATH

VICTORIA – A young child from the Fraser Health region is the first known person in British Columbia to die from the pandemic H1N1 influenza virus, while a young woman in the same health region has also died in connection with the H1N1 influenza outbreak.

“Any death is a tragedy, and I extend my sympathies to the families at this very difficult time,” said provincial health officer Dr. Perry Kendall. “As unfortunate and tragic as these cases are, it was not unexpected that British Columbia would see some deaths caused by or associated with the H1N1 flu virus.”

The child, who had underlying medical conditions increasing the risk of influenza complications, was admitted to hospital on Sunday and died within 24 hours of admission. Testing has confirmed the child did have the H1N1 flu virus.

The woman, who also had an underlying medical condition, was admitted to hospital last Wednesday. Although this patient was not confirmed to have the H1N1 flu virus herself, she resided with a person who did have the virus.

“These severe outcomes of the pandemic are a reminder that influenza is not to be trivialized,” said Dr. Danuta Skowronski, physician epidemiologist at the BC Centre for Disease Control. “It is important that people continue to take precautions to protect themselves and others. That means frequent hand washing, staying home if they’re sick, coughing or sneezing into the crook of the elbow sleeve and seeking care early in the case of underlying conditions or pregnancy.”

So far, illness caused by the H1N1 flu virus is not substantially different than regular seasonal influenza, which itself can result in between 400 and 800 deaths in British Columbia each year. Currently, there have been a total of 382 confirmed H1N1 cases in B.C., with 191 of those occurring in the Fraser Health region. Overall, 14 patients with H1N1 have been admitted to hospital and five of those 14 have been admitted to the intensive care unit.

For factsheets, resources, updates and more information on how to protect yourself against the H1N1 flu virus, visit [www.gov.bc.ca/swineflu](http://www.gov.bc.ca/swineflu).

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Contact: Jeff Rud  
Communications Director  
Ministry of Healthy Living and Sport  
250 952-2387

Roy Wadia  
Director of Communications  
BC Centre for Disease Control  
604 660-2976

For more information on government services or to subscribe to the Province’s news feeds using RSS, visit the Province’s website at [www.gov.bc.ca](http://www.gov.bc.ca).

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## NEWS RELEASE

For Immediate Release  
2009HLS0010-000118  
July 17, 2009

Ministry of Healthy Living and Sport  
BC Centre for Disease Control

### H1N1 FLU VIRUS GUIDELINES FOR SUMMER CAMPS

VICTORIA – As younger people between the ages of five and 24 make up a larger proportion of H1N1 influenza cases, the Province has developed a set of guidelines to help prevent and manage the H1N1 virus in day camps, overnight camps and special needs camps.

“While this particular virus normally doesn’t make children more ill than the usual seasonal flu virus, we are taking extra precautions to ensure everyone is well-informed to help lessen the spread amongst summer campers,” said Dr. Perry Kendall, B.C.’s provincial health officer.

The H1N1 flu virus spreads from person to person in the same way that any seasonal influenza does – through coughing, sneezing and contact with surfaces and objects, including peoples’ hands that are contaminated with the virus.

“Summer camp is a terrific time for young people and we don’t want to discourage parents from sending their children to camp,” said Ida Chong, Minister of Healthy Living and Sport. “We want to encourage everyone to get involved in showing due diligence in the basics; wash your hands, cover your mouth with a tissue or your sleeve when you cough, and stay home if you are sick. As in any other situation, parents are asked to keep their child home if he or she is ill.”

It is normal for children and youth to be in close contact with one another in summer camp settings, which are similar to school settings. Younger children should be reminded of basic hand washing and appropriate sneezing and coughing etiquette.

To help prevent and manage outbreaks of the H1N1 flu virus, the guidelines recommend that parents be given a health and safety information sheet in their camp orientation package, which describes symptoms of H1N1 and camp protocols should a child develop symptoms.

Camp operators should promote good hygiene practices as well as environmental cleaning and have health-care advice available for campers or staff who experience symptoms. In addition, camp operators can consult with their local public health unit for guidance on best practices and the latest information on the H1N1 virus. For further information, please go to: <http://www.health.gov.bc.ca/socsec/>

-more-

## Questions & Answers

Updated: September 16, 2009

The following Q&As were developed from issues arising during the H1N1 pandemic virus situation. Some are general to any pandemic situation and some will be able to be revised to suit a specific situation, should it occur. Overall, these questions should also give some insight into the kind of issues that could possibly be brought forward by stakeholder groups or media during a pandemic.

### GENERAL

#### *What is an influenza pandemic?*

- An influenza pandemic is caused by a virus that is either entirely new or has not circulated recently and widely in the human population. This creates an almost universal vulnerability to infection. While not all people become infected during a pandemic, nearly all people are susceptible to infection.
- Pandemic influenza is caused by a new influenza virus which causes human illness and is readily transmitted between people, and to which most humans have no immunity. Intensive investigations are underway to determine the cause of these illnesses and deaths.

#### *How ready is B.C.'s health care system for a widespread outbreak of the H1N1 flu virus?*

- Pandemic planning has been going on for years at the global, national, provincial and regional health authority levels. As a result of this planning, the Province of British Columbia is already well prepared for large scale spread of flu with a health care system ready to respond quickly, efficiently and appropriately.
- The Province has a pandemic plan in place and is fully prepared to protect British Columbians from the H1N1 flu virus this fall and winter.
- We want to assure people that any British Columbian who needs and wants the H1N1 vaccine or who needs antiviral medication to treat a serious influenza infection (H1N1 or otherwise) will be able to get it.
- All B.C. health authorities have pandemic plans in place. These plans are currently being reviewed in light of the H1N1 flu virus situation in British Columbia.

#### Secondary Messaging:

- Currently across B.C., the provincial health care system has a robust pandemic stockpile, including:
  - A 26-week supply of critical personal protective equipment (N95 respirator masks, gowns, gloves, etc.).
  - Additional orders in place to boost the stockpile of masks to a 46-week supply
  - 976 ventilators, including pediatric models
- Health authorities and the Province are assessing the pandemic stockpile inventory and will address any gaps if necessary.

- Health authorities and the Ministry of Health Services are currently reviewing ventilator and trained staff capacity across the province. Results will be collected and reviewed against potential demand over the next few weeks. The ministry and health authorities are also looking at measures to ensure adequate staffing levels, reduce non-urgent demand, and manage increased demand.

***How many cases of the H1N1 flu virus are there in B.C.?***

- As of September 1, there have been a total of 42 severe cases (hospitalizations and deaths) of H1N1 in B.C.

***Why is the Province no longer reporting individual case counts?***

- While the Province continues to count individual confirmed cases and monitor other indicators of influenza such as school or facility outbreaks, reports from sentinel physician and trends in visits to doctors' offices, the weekly ministry report now includes only severe confirmed H1N1 cases (hospitalizations and deaths).
- A weekly report by the BC Centre for Disease Control contains information about these other indicators.
- The goal of surveillance is to systematically monitor the spread of the H1N1 flu virus so that effective public health interventions can be implemented to minimize its impact on society. Initially, it was important to understand how the virus was spreading, and what kind of illness it was causing. This is why B.C. did individual testing to laboratory-confirm cases of H1N1 flu virus.
- As a result of that testing, we now know now that the virus has spread around the province and is spreading like regular seasonal flu, with higher concentration in some regions.
- This transition is in line with PHAC's reporting and with the World Health Organization's recent recommendations that countries move away from trying to laboratory test all individual cases and move towards analyzing larger national indicators of disease.

***What measures is B.C. taking to slow the spread of disease?***

- A number of steps are involved in slowing the spread of disease:
  - The public is being reminded to practice standard hygiene and prevention measures.
  - Surveillance has been increased and frontline health care professionals are actively reporting positive cases of severe disease.
  - Health care professionals have been provided with detailed advice on how to manage suspect and/or confirmed cases and to protect themselves from infection.
- The Province responded with a public health campaign in the spring to inform the public on ways to help safeguard everyone's health and health resources to get more information.
- The Province has been communicating with doctors to encourage them to proactively talk to their high-risk patients and prescribe antivirals for those patients in advance, so that they don't have to visit the clinic should they become sick.

- Consultations have continued throughout the summer with health care professionals and health authorities to have all the necessary preparations in place in time for a potential resurgence of the flu in the fall.

***Is there a vaccine to protect against this strain of the H1N1 flu virus?***

- A vaccine has been developed and it is presently anticipated that B.C. will receive enough to immunize everyone who needs and wants it.
- As the vaccine will arrive in November and delivery should be accomplished by December 31, there aren't expected to be any delays in vaccinating different groups (for example, health care professionals versus susceptible individuals).
- Decisions about priority access to the pandemic vaccine will be based on a number of factors, including vaccine availability, evidence of susceptibility, scientific evidence, and ethical, legal and logistical considerations, which will instruct how to reach these targeted groups at work or through their primary care providers.
- A vaccine prioritization framework is currently being developed in partnership with Health Canada. Several factors must be weighed in developing priority groups, such as the characteristics of the illness and the vaccine, its spread and severity among different populations and the logistics of administering the vaccine.

***What is being done to protect or treat people against this flu virus?***

- As with any infectious disease, the following are recommended standard precautionary measures:
  - Wash your hands regularly, especially after you cough or sneeze.
  - Cover your nose and mouth with a tissue when you cough or sneeze, and throw the tissue in the trash after you use it.
  - Avoid touching your eyes, nose or mouth, as germs can spread that way.
  - Avoid close contact with people who are sick.
  - If you get sick, stay at home and limit contact with others to keep from infecting them.
  - If you are sick, symptomatic and you have to go out in public, consider wearing a mask to help prevent the spread of the flu virus.
- People who are considered at high-risk for contracting or suffering complications from the H1N1 flu virus should visit their doctor prior to the fall to determine whether they should be prescribed antivirals in advance for use in the event they show H1N1 flu symptoms.
- Those people who are considered high-risk for contracting or suffering complications from the H1N1 flu virus include:
  - Women who will be in their third trimester or four weeks post-partum during the flu season
  - People at any age with underlying health conditions, and especially those with asthma and other lung conditions, heart disease, diabetes, immune deficiency and morbid obesity

- Young children (under 5 years of age) and children with chronic health conditions as they seem to be a highest risk for hospitalization
- The H1N1 flu vaccine will be available in B.C. in November to everyone who needs and wants it.
- Though not protective against H1N1, it is recommended that all persons at high risk (those over the age of 65, those in the third trimester of pregnancy, those with other underlying health conditions) get the free seasonal flu vaccine.
- In addition, for people over 65, a vaccine against pneumonia is available free of charge from a physician.

***What are the symptoms of H1N1 flu virus?***

- The symptoms of the H1N1 flu virus in people are similar to the symptoms of regular seasonal influenza and include rapid onset of fever, cough, headache, general aches, fatigue, eye pain, shortness of breath, and lack of appetite.
- Some people with the H1N1 flu have also reported runny nose, sore throat, nausea, vomiting and diarrhea.

***What is Severe Respiratory Illness (SRI)?***

- Symptoms include high fever, headache, eye pain, shortness of breath and extreme fatigue with rapid progression of symptoms to severe respiratory distress in about 5 days.

***What if I have come home from travelling and I have symptoms of a respiratory illness?***

- If you are exhibiting symptoms of a respiratory illness regardless of if you've travelled or not, you should self-isolate. If symptoms worsen, get in contact with your health care professional to discuss your symptoms.
- Make sure to tell your health care professional about your travel history, or call HLBC at 8-1-1.

***If I get sick with the H1N1 flu virus once, does that give me immunity, or can I get infected with it again?***

- Typically, when a person is infected with an influenza virus and recovers, they develop antibodies that provide them with immunity to that particular virus.
- However, this is a new virus, and we continue to work with provincial, federal and international partners to learn more about how it affects people and how it spreads.

***Why are ill persons in Canada suffering mild symptoms and recovering, yet otherwise young healthy people have died in Mexico?***

- Initial reports from Mexico indicated high numbers of severe cases. As we have learned more about the situation in Mexico and have observed the situation in Canada, it is becoming apparent that there are not major differences between the situation there and here.
- We continue to work with PHAC, American and international partners to learn more about this virus, how it affects people, who may be at risk, and how it spreads.

### ***Where I can find more information?***

- You can call HLBC at 8-1-1, 24 hours a day/seven days a week to speak to a nurse if you have more questions or are concerned about any illness/symptoms experienced by you or your children.
- For the latest facts on the H1N1 flu virus, including back-to-school information, visit [www.gov.bc.ca/h1n1](http://www.gov.bc.ca/h1n1).
- You can also follow us on Facebook at [www.facebook.com/h1n1informationbc](http://www.facebook.com/h1n1informationbc) or on Twitter at H1N1BC.

## **VIRUS**

### ***What is the incubation period for this virus?***

- Although we are still learning more about this virus, at this time it appears that the incubation period (time from being exposed to the virus to getting sick) is generally in the range of 3-4 days, possibly up to seven days.

### ***How long can the virus live outside the body?***

- Influenza viruses generally live outside the body on hard surfaces for only a few hours but this could be up to 48 hours. However, it should be noted the virus is easily killed by hand washing with warm water and soap, or with hand sanitizer. Household disinfectants will kill the virus on household items and surfaces.

### ***What is the difference between an “infection” and the “incubation period?”***

- People usually show symptoms within three to four days but some may not begin to show symptoms until seven days after picking up the virus.
- People are infectious typically from the day before they begin to have symptoms until up to seven days after symptoms begin. However, once symptoms start to resolve the degree of infectiousness goes down substantially. The infectious period could be longer in younger children and people who are immunocompromised.

### ***How is the virus spread?***

- Influenza and other respiratory infections are transmitted from person to person via the respiratory route. Coughs and sneezes release the germs into the air where they can be breathed in by others.
- Germs can also rest on hard surfaces like counters and doorknobs, where they can be picked up on hands and transmitted to the respiratory system when someone touches their mouth and/or nose.

## ANTIVIRALS

### ***Does B.C. have a stockpile of antivirals? Will these be used to treat the H1N1 flu virus?***

- Yes, B.C. currently has enough antivirals in its stockpile to treat 1 million people (10 million doses). The stockpile is primarily made up of oseltamivir (Tamiflu).
- People who are considered at high-risk for contracting or suffering complications from the H1N1 flu virus should visit their doctor prior to the fall to determine whether they should be prescribed antivirals in advance for use in the event they show H1N1 flu symptoms.
- Those people who are considered high-risk for contracting or suffering complications from the H1N1 flu virus include:
  - Women who will be in their second or third trimester or four weeks post-partum during the flu season
  - People at any age with underlying health conditions, and especially those with asthma and other lung conditions, heart disease, diabetes, immune deficiency and morbid obesity
  - Young children (under 5 years of age) and children with chronic health conditions as they seem to be a highest risk for hospitalization

### ***How will antivirals be distributed?***

- People who are considered at high-risk for contracting or suffering complications from the H1N1 flu virus should visit their doctor prior to the fall to determine whether they should be prescribed antivirals in advance for use in the event they show H1N1 flu symptoms.
- Those people who are considered high-risk for contracting or suffering complications from the H1N1 flu virus include:
  - Women who will be in their second or third trimester or four weeks post-partum during the flu season
  - People at any age with underlying health conditions, and especially those with asthma and other lung conditions, heart disease, diabetes, immune deficiency and morbid obesity
  - Young children (under 5 years of age) and children with chronic health conditions as they seem to be a highest risk for hospitalization
- In the event it becomes necessary to release the pandemic stockpile on a larger scale, access to antiviral medication for patients will be through a range of local options, including pharmacies, which will be made known as planning is completed.

### ***Will the antivirals work against this strain of H1N1 virus?***

- Testing indicates the H1N1 flu virus is susceptible to the antivirals we have in the stockpiles.
- People who are considered at high-risk for contracting the H1N1 flu virus should visit their doctor prior to the fall to determine whether they should be prescribed antivirals in advance for use in the event they show H1N1 flu symptoms.

***Why are antivirals not being provided to all British Columbians to prevent them from getting sick?***

- Our primary goal at this time is to prevent the serious consequences of the disease.
- The widespread use of antivirals for prevention (prophylaxis) raises serious concerns among health experts, notably:
  - the increased chance of developing antiviral resistance;
  - the likelihood for adverse reactions;
  - the uncertainty about effectiveness of using antivirals for prolonged periods for prevention – antivirals have never been used in this manner before.

***How are antiviral medications made available if needed?***

- People who are considered at high-risk for contracting the H1N1 flu virus should visit their doctor prior to the fall to determine whether they should be prescribed antivirals in advance for use in the event they show H1N1 flu symptoms.
- Antiviral medications are prescription drugs. Initially, they may be obtained from a pharmacy with a regular prescription.
- In the event it becomes necessary to release the pandemic stockpile on a larger scale, access to antiviral medication for patients will be through a range of local options, including pharmacies, which will be made known as planning is completed.

***Is antiviral medication used ONLY in the case of a pandemic?***

- No. Antiviral medications are used to treat many strains of influenza, including seasonal influenza.

***What is the difference between vaccines and antivirals?***

- Vaccines are injections that stimulate the production of antibodies against a flu virus. It is made to prevent illness from a specific virus.
- Antivirals are pills used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and potentially reduce the serious complications of influenza.
- These medications are generally effective against many types of influenza, but they do not provide immunity against the virus. The H1N1 flu virus can be treated with two different antivirals, oseltamavir (Tamiflu) and zanamivir (Relenza).

## VACCINE

### *Now that a vaccine has been developed, how long will it take to arrive in B.C.?*

- The federal government has ordered 50.4 million doses of the vaccine.
- The vaccine is expected to arrive in November (or earlier) and should be administered to any British Columbian who needs and wants it by Dec. 31, 2009.
- Once the vaccine arrives in British Columbia, people will be able to get immunized at their doctor's office or at an immunization clinic set up especially to deliver the vaccine. Consultations are underway that would allow pharmacists to deliver vaccinations as well.

### *Is the vaccine safe?*

- Vaccine safety is a priority and clinical trials will be conducted to assess safety.
- Public safety is paramount: we will strike the right balance between the need to have an H1N1 vaccine available quickly, and the imperative to ensure that vaccine is safe and effective.
- As is the case with other countries, Canadian regulators will be asked to authorize the use of the H1N1 vaccine before full clinical trial results are available.
- There are always potential health risks associated any time large populations receive vaccinations.
- Aggressive monitoring of potential adverse events and other safety measures will be implemented to ensure the public's safety.
- Ensuring the health and safety of all British Columbians remains our priority.

### *Should everyone get the vaccine?*

- Federal and provincial officials are currently intensively using the best available scientific evidence to develop recommendations for vaccine use. Recommendations are expected well before the vaccine is available.

### *Where can I get the vaccine?*

- Once the vaccine arrives in British Columbia, people will be able to get immunized at their doctor's office or at an immunization clinic set up especially to deliver the vaccine. Consultations are underway that would allow pharmacists to deliver vaccinations as well.

### *How much will the vaccine cost?*

- The vaccine will be made available free of charge to everyone who needs and wants it.

### *What if I don't get the vaccine right away? Will we run out?*

- British Columbia has ordered over 6 million doses of the vaccine, which will be enough for everyone who needs and wants it.

### ***How much is the vaccine costing the Province?***

- When it arrives in November (or earlier), the H1N1 vaccine will be available for free to every British Columbian who needs and wants to be immunized.
- In total, B.C. has committed to paying 40 per cent of the purchase cost of the vaccine, with the additional 60 per cent being paid for by the federal government.
- To purchase the vaccines in B.C., the Province will contribute approximately \$20 million while the federal government's share is approximately \$30 million.

### **Secondary Messages:**

- Purchasing vaccine itself is only one cost component of an immunization program.
- The Province is responsible for the costs of immunizing British Columbians, which is expected to exceed the costs of purchasing the vaccine.

## **EDUCATIONAL INSTITUTIONS AND DAYCARES**

### ***Does British Columbia recommend the closing of schools and other gathering places to limit the spread of the virus?***

- Based on the experience to date and information from other sources about the current H1N1 situation, public health officials in B.C. do not anticipate that closures of individual schools or daycares will be useful for controlling the transmission and impact of H1N1.
- Local exceptions to this may arise due to unusual circumstances which could result in closures on a case-by-case basis. This would be the decision of the local MHO, made in consultation with the PHO and local school district.
- School closures are very aggressive measures to reduce influenza transmission. While they may be used during periods of uncertainty as a precaution, they have not been established as effective in the control of influenza.

### ***Why were schools closed in the spring then?***

- Closures early last spring were done out of an abundance of caution because we had very little information on the disease at that time. It has since become apparent that the generally mild clinical spectrum does not warrant application of severe measures.

### ***Will more schools be closing?***

- Based on the experience to date and information from other sources about the current H1N1 situation, public health officials in B.C. do not anticipate that closures of individual schools or daycares will be useful for controlling the transmission and impact of H1N1.
- Local exceptions to this may arise due to unusual circumstances which could result in closures on a case-by-case basis. This would be the decision of the local MHO, made in consultation with the PHO and local school district.

***What about daycares? How does the advice to them differ from schools?***

- The guidelines for daycares are the same as they are for schools.
- Based on the experience to date and information from other sources about the current H1N1 situation, public health officials in B.C. do not anticipate that closures of individual schools or daycares will be useful for controlling the transmission and impact of H1N1.

***If teachers or students are pregnant, should they still be working or attending school?***

- There are no school-setting-specific recommendations for staff with medical conditions or pregnant women.
- We do not recommend that staff or students stay home from school or work unless they are ill. It's important to continue on our daily lives, but staff and students with medical conditions or pregnant women should continue to take precautions, such as frequent handwashing and covering coughs and sneezes.
- Staff or students with medical conditions or pregnancy should consult a medical professional immediately if they begin to exhibit any of the symptoms of influenza, as early treatment is important in reducing the risk of complications.

***Should I be buying my child hand sanitizer as part of the regular school supplies?***

- It's important all parents review with their children the standard hygiene and prevention measures.
- While hand sanitizers can be a useful supplement, it's important to note that they do not replace simple hand washing. Research has shown that vigorously washing your hands with soap and water is a more reliable and effective way to keep your hands clean and kill bacteria.

***Will students be given the H1N1 vaccine at schools?***

- All options for how the vaccine will be delivered are being investigated, including the possibility of school-based programs.

***Should my child get the H1N1 vaccine when it's available in November?***

- It's being recommended that students with underlying health issues speak with their family doctor about steps that can be taken to keep them healthy this fall.
- Otherwise healthy individuals are being encouraged to take common-sense precautionary measures such as frequent hand-washing and cough and sneeze etiquette to prevent transmission of the virus.

***What are teachers and principals being told about the H1N1 flu virus?***

- The Provincial Health Officer has briefed school superintendents on the H1N1 flu virus situation with regards to back-to-school.
- Superintendents are aware of the fact sheet and Q&A materials available on the H1N1 website ([www.gov.bc.ca/h1n1](http://www.gov.bc.ca/h1n1)) and were encouraged to share this information with principals so that it could be sent home with students.

### ***Why are you changing the H1N1 school closure policy?***

- Provincial and territorial officials have been working closely with federal officials and have developed national guidelines for school closures.
- Based on experience to date, public health officials in B.C. do not anticipate that closures of individual schools, community-wide closures, or province-wide closures will be useful for controlling the transmission and impact of H1N1.
- Closures early last spring were done out of an abundance of caution because we had very little information on the disease at that time. The H1N1 virus appears to be similar in severity to seasonal flu and we expect that the impact on schools will be similar to what we have seen in a bad seasonal influenza year.
- Local exceptions to this may arise due to unusual circumstances which could result in closures on a case-by-case basis. This would be the decision of the local Medical health officer, made in consultation with the Provincial Health Officer and local school district.

### ***How is this new policy different from the old one?***

- Last spring schools were closed for one week in circumstances where:
  - A student or staff member had tested positive for H1N1 influenza; and,
  - It was determined the student or staff member was present at school when infectious; and,
  - The full incubation period for the H1N1 influenza virus (one week) had not passed since the confirmed lab test.
  - In addition, the school closure policy stated that, “a school may also be closed if the Provincial Health Officer decides there are other circumstances to warrant it.”
- Under the new guidelines, school closures will only take place under severe or unusual circumstances. This would be decision of the local Medical health officer, made in consultation with the Provincial Health Officer and local school district.
- Schools can also be closed by the local education authorities if they don’t have enough staff to supervise and if the safety of students might be threatened.

### ***Aren’t you putting children at risk by keeping schools open if there are students who have contracted the H1N1 flu virus?***

- Closures early last spring were done out of an abundance of caution because we had very little information on the disease at that time.
- The H1N1 virus appears to be similar in severity to seasonal flu and we expect that the impact on schools will be similar to what we have seen in a more severe seasonal influenza year.
- The Province continues to monitor the situation closely and we will be managing H1N1 in B.C. schools based on the best medical information possible and that comes directly from the Provincial Health Officer in conjunction with the Public Health Agency of Canada.

***What steps are schools taking to prevent the spread of H1N1? For example, will there be hand-washing stations set up in schools?***

- The Provincial Health Officer and the Public Health Agency of Canada are suggesting schools to consider providing increased numbers of hand-washing stations (or alcohol based hand rub stations) as well as tissues and garbage receptacles throughout schools.
- Hand washing with plain soap and water is the preferred method of hand hygiene in schools as the action of rubbing the hands together is effective at removing visible soil and microbes.
- All schools should have sufficient access to soap and water to ensure students have the best means necessary to keep their hands clean and protect themselves against the flu virus.
- The Ministry of Education is developing a Pandemic Response Framework that includes guidelines for school districts to consider as they develop their own pandemic plans.
- I am confident that the provincial health and education systems are prepared for a resurgence of the H1N1 virus and we have plans in place to protect the health and safety of B.C. students.

***Are you supplying districts with any extra supplies, such as hand sanitizer, to help them prevent the spread of H1N1?***

- The Provincial Health Officer has recommended that schools set up hand washing stations to help prevent spread of the virus.
- All schools should have sufficient access to soap and water to ensure students have the best means necessary to keep their hands clean and protect themselves against the flu virus.
- Hand washing with plain soap and water is the preferred method of hand hygiene in schools as the action of rubbing the hands together is effective at removing visible soil and microbes.

***What is better, alcohol-based cleaners or soap and water?***

- Hand washing with plain soap and water is the preferred method of hand hygiene in schools as the action of rubbing the hands together is effective at removing visible soil and microbes.
- It is recommended that you wash your hands often. When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers.
- Research has shown that using soap and water is a more effective way of keeping hands clean from viruses and bacteria.

***How are you preparing districts?***

- The Provincial Health Officer, working with local Medical health officers, will continue to closely monitor the situation to provide the latest, most accurate, information to parents, students, and school districts.
- A technical briefing with the Provincial Health Officer and Superintendents took place on Aug. 21, 2009, at which time they discussed:
  - Specific steps that schools can take to protect students and keep parents informed.
  - Information that will be distributed to teachers, students and parents

- School closure guidelines.
  - Availability/recommendations/protocols around antivirals/vaccinations.
- Back to school packages that include a variety of H1N1 related information will be provided to school districts for distribution to parents and students.
- In addition, regular updates will be provided to the public as required via:
  - Media updates/availability
  - H1N1 website
  - H1N1 Facebook
  - H1N1 Twitter
- I am confident that the provincial health and education systems are prepared for a resurgence of the H1N1 virus and we have plans in place to protect the health and safety of B.C. students.

***How does this policy compare to other jurisdictions?***

- We will be managing H1N1 in B.C. schools based on the best medical information possible and that comes directly from the Provincial Health Officer in conjunction with the Public Health Agency of Canada.

***What about post-secondary institutions? Will they be closing?***

- If public health officials decide the closure of larger-scale public gatherings to be necessary, closures of post-secondary institutions would be considered at that time.
- Federal guidelines around post-secondary closures are available as well online.

***What resources are available for parents, teachers and students to learn more about the H1N1 flu virus?***

- Available online at [www.gov.bc.ca/h1n1](http://www.gov.bc.ca/h1n1) in the back-to-school section:
  - Questions and answers for parents.
  - Questions and answers for students.
  - Factsheet, “Protecting your kids from the H1N1 flu virus.”
  - Factsheet, “Talk to kids about H1N1 flu virus.”
  - Factsheet, “If you think your child has the H1N1 flu.”
  - Factsheet, “Helping children cope with H1N1-related stress.”

***You said the Ministry of Education is “developing” a pandemic response framework. Why isn’t it ready?***

- We are working in close consultation with school districts and other education partners to ensure consistent and coordinated pandemic planning throughout the B.C. education system.
- We are currently in the final stages of development. The framework will be complete and available to school districts for the first day of school.

***Does this mean that schools aren’t now prepared to handle a pandemic?***

- Each school district in B.C. is responsible for its own emergency and pandemic planning. We are working to support school districts by providing them with guidelines, including components to consider in their plans.
- The pandemic response framework will help ensure consistency in the event of a pandemic by providing boards of education and independent school authorities with an overview of the key components to be included in district pandemic plans.

***What will the pandemic response framework cover?***

- The framework will provide guidance to public schools, independent schools and the First Nations education system.
- It will support operational decision-making in the ministry during any pandemic situation that should arise – whether it be due to H1N1 influenza or otherwise.
- The framework will assist boards of education and independent school authorities in planning for such contingencies as:
  - Transportation of sick students.
  - Communications protocols during a pandemic.
  - Roles and responsibilities of emergency response teams.
  - Continuity of instructions in the event of classroom disruptions.
  - Post-pandemic recovery plans.

***What happens if numerous teachers in a school have to stay home because of the H1N1 flu virus?***

- School districts will follow regular policies around replacing teachers who are absent due to illness.
- Each school district in B.C. is also responsible for its own emergency and pandemic planning. We are working to support school districts by providing them with guidelines, including components to consider in their plans.
- The pandemic response framework will help ensure consistency in the event of a pandemic by providing boards of education and independent school authorities with an overview of the key components to be included in district pandemic plans.
- One of the contingencies covered in the pandemic response framework involves districts ensuring continuity of instruction in the event of classroom disruption.

***Will schools close if too many teachers are sick?***

- In the unlikely event that a large proportion of staff falls ill at the same time, a school closure might be necessary. This would be the decision of the local MHO, made in consultation with the PHO and local school district.

***Do teachers have the right to refuse to come to work if they're worried about exposure to the H1N1 flu virus?***

- We do not recommend that staff or students stay home from school or work unless they are ill. It's important to continue on our daily lives, but pregnant women or staff and students with medical conditions should continue to take precautions, such as frequent hand-washing and covering coughs and sneezes.

***Can WorkSafeBC close a school because of H1N1 or other pandemic concerns?***

- WorkSafeBC has the authority to close any workplace that it deems to be unsafe.
- Public health officials and WorkSafeBC share a desire to ensure the health and safety of our schools. Recommendations by OHS committees or by WorkSafeBC directly, will be considered in consultation with the Provincial Health Officer and the local school district.

***Can a board of education close a school due to health concerns if the MHO has not recommended this measure?***

- Based on experience to date, public health officials in B.C. do not anticipate that closures of individual schools, community-wide closures, or province-wide closures will be useful for controlling the transmission and impact of H1N1.
- In the unusual circumstance where a school closure is considered, the decision would fall to the local MHO after extensive consultation with the PHO and local school district.
- Schools can also be closed by the local education authorities if they don't have enough staff to supervise and if the safety of students might be threatened.
- While the local Medical health officer is in the best position to make decisions on school closure due to pandemic or other health concerns, the decision is made in close consultation with local education authorities. It's highly unlikely that a board of education would disagree with the MHO's expert recommendations.

## HEALTH CARE PROFESSIONALS

### *What protection will B.C. offer to health care professionals to protect against the H1N1 flu virus?*

- Health care workers will need to practice frequent hand washing. When in close contact with affected patients, healthcare workers will use added safeguards such as wearing masks, gowns and eye protection.
- Health care worker guidelines are available from PHAC and are available on the BCCDC website at [www.bccdc.ca](http://www.bccdc.ca).
- One of the required supplies to protect health workers and others from contracting influenza is N-95 face masks, to be used only in the indications outlined in the document interim guidelines: Interim Guidance: Infection prevention and control measures for Health care professionals in Acute Care Facilities, which can be located at: [http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/pdf/interim\\_guidance\\_infection\\_control-eng.pdf](http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/pdf/interim_guidance_infection_control-eng.pdf).

### *Should health care professionals be receiving the H1N1 vaccine when it is available?*

- Federal and provincial officials are currently intensively using the best available scientific evidence to develop recommendations for vaccine use. Recommendations are expected well before the vaccine is available.
- It is likely that health care professionals will be one of the groups recommended to receive the vaccine.

### *What will happen to a health care professional who gets sick? Will they be able to keep working if they get antivirals?*

- For the protection of others, anyone symptomatic and being treated is advised to remain at home for the full treatment period or until the symptoms are gone.

### *What should a health care professional do if she is pregnant?*

- We do not recommend that staff stay home from work unless they are ill. It's important to continue on our daily lives, but staff with medical conditions or pregnant women should continue to take precautions, such as frequent handwashing and covering coughs and sneezes.
- Staff with medical conditions or pregnancy should consult a medical professional immediately if they begin to exhibit any of the symptoms of influenza, as early treatment is important in reducing the risk of complications.

## **TRAVEL**

### ***Did the Government of Canada implement travel restrictions for the affected areas within Canada?***

- PHAC had issued a travel health warning for Mexico. This warning has now been lifted.
- Regardless of where people are travelling, they should follow the same precautionary measures that are recommended to protect against seasonal influenza – practising frequent hand washing, covering coughs and sneezes, and staying home when ill.

## **SEASONAL INFLUENZA**

### ***How many British Columbians die from influenza and its complications every year?***

- In British Columbia, there are about 400-800 deaths per year from influenza and pneumonia.
- In Canada, there are 4,000 – 8,000 deaths per year from influenza and pneumonia.
- Globally, there are more than 1,000,000 deaths each year from influenza and pneumonia.

## **PANDEMIC DECLARATION**

### ***How is pandemic flu different from seasonal flu?***

- Flu pandemics happen when a new kind of influenza virus that is able to spread easily from person to person appears, and spreads quickly around the world. Even if the pandemic flu isn't more severe than seasonal flu, because more people will likely be infected and since people have limited protection against the new virus, a pandemic flu will likely cause more illnesses and a larger number of deaths than the seasonal flu.
- The World Health Organization (WHO) considers the overall severity of the H1N1 pandemic to be “moderate”, which means that most people recover from infection without the need for hospitalization or medical care.
- An estimated 400-800 people in British Columbia and 4,000-8,000 people in Canada die of seasonal flu and/or pneumonia each year.

### ***What does a pandemic mean in B.C.?***

- For the people of British Columbia, the H1N1 flu virus still doesn't appear to be any more severe than what we'd expect to experience during a bad seasonal flu year.
- While this is the highest alert phase, the World Health Organization (WHO) considers the overall severity of the H1N1 pandemic to be “moderate”, which means that most people recover from infection without the need for hospitalization or medical care.

### ***What happens in B.C. now that the WHO has declared a pandemic phase 6?***

- Our operational readiness is such that we anticipate being able to manage even a severe pandemic, which this one does not look like it will be.
- Once the H1N1 flu virus situation became known in Mexico, British Columbia's preparations for pandemic planning were raised immediately to an operational level equal to what would be set up for phase 6. This means:
  - increased surveillance activities
  - increased communications; and
  - linking with public health colleagues on a provincial and federal level to ensure a consistent approach to managing the outbreak across Canada.
- This operational level will be maintained until the WHO decreases the alert level.
- B.C. has had a pandemic plan in place for many years that's geared to take actions to protect the most vulnerable, to ensure we could reduce illness and deaths, and ensure we would keep the health-care system and other sorts of essential services running.

### ***What are the WHO pandemic phases? How are they escalated?***

- WHO currently identifies six stages of Pandemic Preparedness and Response:
  - Phase 1: Influenza viruses are circulating in animals, especially birds. No reports of animal viruses infecting humans.
  - Phase 2: Human infection by an animal influenza virus. Potential pandemic threat.
  - Phase 3: An animal or animal-human influenza virus has caused limited disease in people. Isolated human to human transmission may occur – but not widespread.
  - Phase 4: Verified human to human transmission of an animal or human-animal virus causing widespread or “community-level” outbreaks. Risk of pandemic is considered much higher but not a foregone conclusion.
  - Phase 5: Human to human spread of the virus is confirmed in at least two countries in one WHO region. It is likely that a pandemic is imminent. Time to finalize organization, communication, and implementation of planned mitigation strategies is short.
  - Phase 6: The Pandemic Phase. Community outbreaks in at least one country from a second WHO region – indicating that a global pandemic is underway.
- The Director-General of the WHO makes the decision about an elevation of pandemic phases based on reports from countries of the impact of disease.

## **SWAB CAPACITY**

### ***Will BCCDC be able to handle the number of swab requests from physicians around the province if this situation escalates?***

- The goal of the surveillance is to monitor the distribution of respiratory viruses (including influenza), identify where people are affected and to track any patterns of vulnerability among the population. Intensive early testing provided us with that information for the H1N1 flu virus.
- Our well-established surveillance system will continue to allow us to track both the spread and impact of the H1N1 flu virus in B.C. – but it is a system that doesn't rely on doing a lab test on everyone with influenza-like illness.
- Moving forward, B.C.'s flu surveillance will continue to provide the information needed to track the spread and severity of the novel virus, helping us to plan for our response to this illness should it resurge in the fall or adapt to cause more severe illness. It includes:
  - physicians reporting in on clinical illness and lab testing;
  - monitoring influenza-like-illness visits to GP offices;
  - following up on school absenteeism over 10 per cent; and
  - following up on long term care facility outbreaks.

## **OLYMPIC READINESS**

### ***How ready are we for the Olympics next year?***

- The Province has a pandemic plan in place and is fully prepared to protect British Columbians from the H1N1 flu virus this fall and winter.
- All our precautions will work to ensure seasonal influenza or H1N1 flu doesn't disrupt the 2010 Olympic and Paralympic Winter Games.
- VCH, BCCDC and VANOC have been planning a comprehensive outbreak mitigation and control strategy for the Olympics for a long time now; this includes planning for a potential pandemic virus as well as seasonal influenza viruses.
- Pandemic planning has been going on for years at the global, national, provincial and regional health authority levels. For the H1N1 flu virus specifically, planning has been going on at all levels since the outbreak was first confirmed in Mexico.
- Our operational readiness is such that we anticipate being able to manage even a severe pandemic, which this one does not look like it will be.
- We want to assure people that any British Columbian who needs and wants the H1N1 vaccine or who needs antiviral medication to treat a serious influenza infection (H1N1 or otherwise) will be able to get it.
- We will continue to work with the World Health Organization, international partners, the Public Health Agency of Canada, the BCCDC, and other provinces and territories, to ensure we are well prepared and able to handle any issues that arise during this pandemic.

## **PREGNANT WOMEN**

### ***Should pregnant women be administered antivirals for protection?***

- People who are considered at high-risk for contracting the H1N1 flu virus, including pregnant women, should visit their doctor prior to the fall to determine whether they should be prescribed antivirals in advance for use in the event they show H1N1 flu symptoms.
- Pregnant women should consult a medical professional immediately if they begin to exhibit any of the symptoms of influenza, as early treatment is important in reducing the risk of complications.

## **SURVEILLANCE REPORTING**

### ***What is the current policy/directive on testing for H1N1 in the province of B.C.?***

- B.C. has a robust, comprehensive and flexible influenza surveillance system that has been in place for many years.
- The goal of the surveillance is to monitor the distribution of respiratory viruses (including influenza), identify where people are affected and to track any patterns of vulnerability among the population. Intensive early testing provided us with that information for the H1N1 flu virus.
- Our well-established surveillance system will continue to allow us to track both the spread and impact of the H1N1 flu virus in B.C. – but it is a system that doesn't rely on doing a lab test on everyone with influenza-like illness.
- Moving forward, B.C.'s flu surveillance will continue to provide the information needed to track the spread and severity of the novel virus, helping us to plan for our response to this illness should it resurge in the fall or adapt to cause more severe illness. It includes:
  - physicians reporting in on clinical illness and lab testing;
  - monitoring influenza-like-illness visits to GP offices;
  - following up on school absenteeism over 10 per cent; and
  - following up on long term care facility outbreaks.
- As we are dealing with a virus that behaves very much like other annual influenza viruses, public reporting now takes place on a weekly basis and only reports on severe cases (hospitalizations and deaths).
- The public can be assured that if there are any new and significant developments with respect to the H1N1 flu virus, the Province will communicate those at that time.
- The Province also has a robust surveillance system for severe respiratory illness (SRI), in which individuals with SRI get comprehensive lab work done to discover the underlying cause.

### ***How does this compare with other provinces, PHAC direction and what other WHO countries are doing at this time?***

- B.C.'s reporting schedule is in line with PHAC's reporting and with the World Health Organization's recent recommendations that countries move away from trying to laboratory test all individual cases and move towards analyzing larger national indicators of disease.

***If all suspected cases are not tested specifically for H1N1, how is it that the surveillance system will track the true nature and spread of the illness?***

- We have a very robust influenza surveillance system in B.C. that has been augmented for H1N1 but which doesn't rely on doing a lab test on everyone with influenza-like illness.
- This surveillance system is well established and robust and will allow us to track both the spread and impact of the H1N1 flu virus in B.C.
- The approach B.C. has taken to encourage testing has not changed since the virus was first identified.
- We have never recommended that everyone with influenza-like illness should get laboratory testing. Not only is lab testing unnecessary for patient care and risks spreading the virus, but also poses the potential to overwhelm the lab because there are so many other viruses circulating that may cause similar illness.
- However, we do recommend that those with severe symptoms seek medical attention and we are still actively encouraging doctors to do H1N1 testing on any patient with severe respiratory illness.

## **VULNERABLE POPULATIONS**

***With the number of First Nations people in Manitoba that have severe respiratory illness, is there a concern B.C.'s Aboriginal people are more susceptible to H1N1 than other British Columbians?***

- As of August 18, British Columbia has seen only one severe case of the H1N1 flu virus within First Nations communities.
- We are working now to ensure we are all ready if H1N1 impacts First Nations communities in B.C.
- The Province has a comprehensive Action Plan, developed in cooperation with First Nations stakeholders.
- As identified in the Action Plan, we are supplying remote First Nations communities with masks, gloves and hygiene supplies to reduce exposure.
- We are also providing Point-Of-Care diagnostic kits and detailed instructions to 20 remote First Nations communities, where delivery times would otherwise compromise speedy diagnosis and care.
- These kits will provide these remote communities with the ability to quickly and accurately detect and confirm the presence of influenza in their community.
- Once an outbreak is confirmed, the Medical health officer can authorize the use of anti-viral medicines which should help reduce the severity of cases.
- In addition to these measures, there will be weekly communication between key First Nations stakeholders to keep everyone informed and involved with the evolving situation.
- The Action Plan will be released and distributed to all key stakeholders, including individual First Nations, by the early fall.

***Are people with chronic health conditions considered at high-risk for contracting the H1N1 flu virus?***

- Adults and children with chronic health conditions are one group of the population that is at higher risk of contracting the H1N1 flu virus.
- These chronic health conditions are the same that make people eligible for the seasonal flu vaccine (diabetes, chronic heart or lung conditions, asthma, immune compromise etc.).
- Prior to the fall, these people should talk with their doctor about whether they should get a prescription for antivirals in advance. As antivirals work best when taken within 24 hours of showing flu symptoms, in the event these people get sick in the fall, they can just call a doctor to get this prescription filled.
- People with chronic health conditions may also wish to find a “flu buddy” to assist them in accessing medication in the event they become ill and unable to travel.

***What is the Province doing to protect vulnerable people in the Downtown Eastside from getting the H1N1 flu virus?***

- Part of the pandemic planning process is to develop plans to reach more vulnerable populations, wherever they are.
- Ministries and agencies that work with vulnerable populations are being engaged by the health ministries and health authorities to prepare to meet the needs of these people.

***What should pregnant women do to protect themselves against the flu?***

- Women who are in their second or third trimester of pregnancy or four weeks post-partum during the flu season are one group that is at higher risk of complications from the H1N1 flu virus.
- Prior to the fall, these people should talk with their doctor about whether they should get a prescription for antivirals in advance. As antivirals work best when taken within 24 hours of showing flu symptoms, in the event these people get sick in the fall, they can just call a doctor to get this prescription filled.
- While there is little information about the effect of antiviral drugs in pregnant women or their babies, no serious side effects have been reported. If you do think you have had a side effect to antiviral drugs, call your doctor right away.
- It is recommended that pregnant women in their third trimester during flu season receive the seasonal flu vaccine when it is available (expected in early October).
- These women can also receive the H1N1 flu vaccine when it arrives in B.C. in November.
- Pregnant women should take common sense precautions to protect themselves and their baby during this vulnerable time, such as avoiding contact with sick people, staying home if they're sick and coughing into your sleeve.

## **Appendix C: Financial Responsibilities**

During the course of a pandemic, a number of situations may arise in which funds are needed to further and better facilitate communications. These may include, but are not limited to:

- Public Service Announcements (PSAs)
- Marketing campaigns

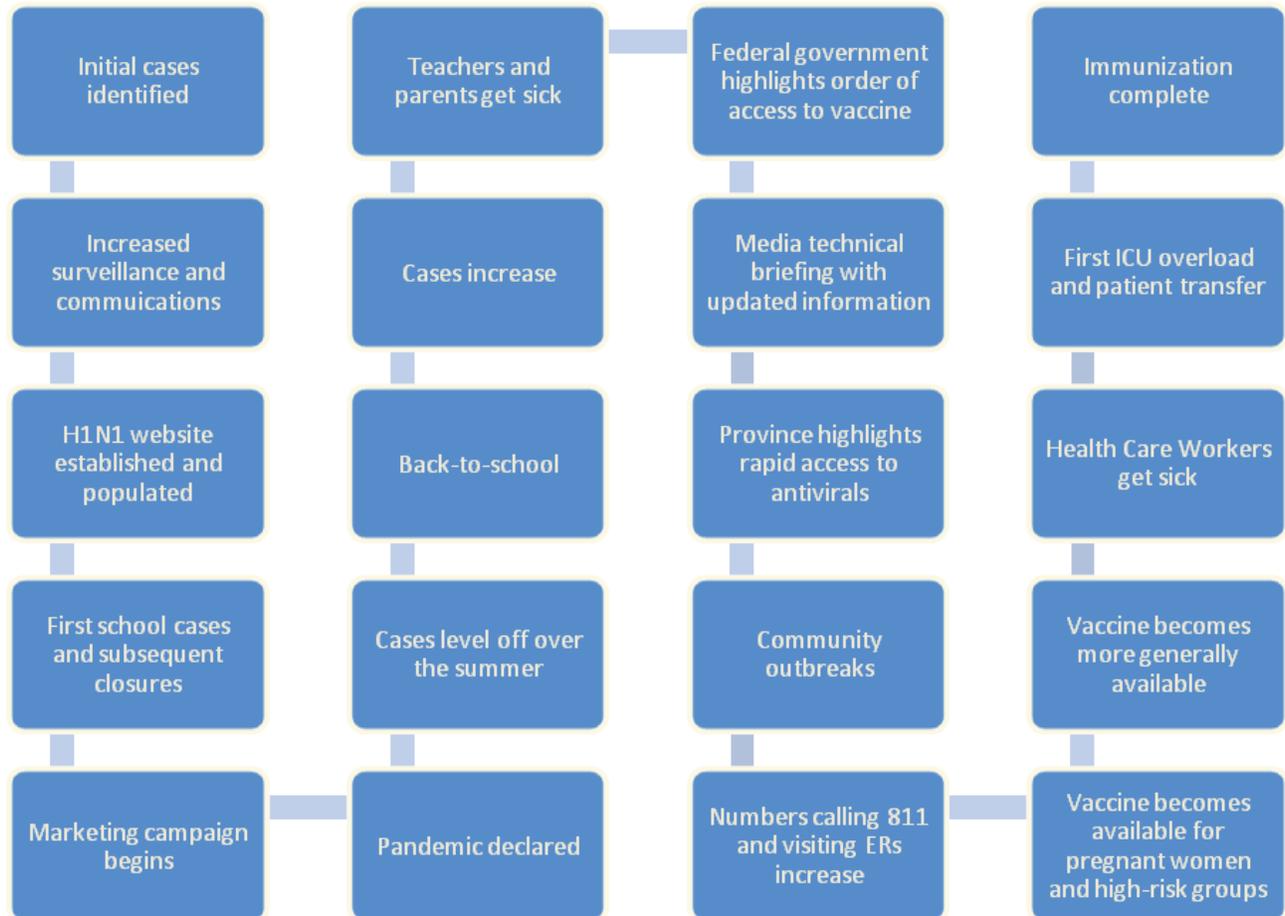
In general, the provincial government is responsible for the financial aspect of these communications, although the specific ministry or division within government that the funds will come from will be determined on a case-by-case basis.

## Appendix D: Terminology/Acronyms

B.C.	British Columbia
BCAS	BC Ambulance Service
BCCDC	British Columbia Centre for Disease Control
CMOH	Chief medical health officer
DM	Deputy Minister
DMSC	Deputy Minister Steering Committee
ECP	Exposure Control Plans
ER	Emergency room
ESCG	Executive Stakeholder Communications Group
FPT	Federal-provincial-territorial
HAs	Health Authorities
HC	Health Canada
HEABC	Health Employers Association of British Columbia
HEU	Hospital Employees Union
HCPs	Health care professionals
HLBC	HealthLink BC
ILI	Influenza-like illness
MHO	Medical health officer
MHLS	Ministry of Healthy Living and Sport
MHS	Ministry of Health Services
MLAs	Members of the Legislative Assembly
OHSAH	Occupational Health and Safety Agency for Healthcare in BC
PAB	Public Affairs Bureau
PICNet	Provincial Infection Control Network of BC
PHAC	Public Health Agency of Canada
PHO	Provincial Health Officer
PHSA	Provincial Health Services Authority
PPE	Personal protective equipment
PSA	Public Service Announcement
Q&As	Questions and answers
SARS	Severe Acute Respiratory Syndrome
VANOC	Vancouver Organizing Committee
WHO	World Health Organization

## Appendix E: H1N1 Communications Critical Path

The following flow chart lays out the key events that have resulted or may in the future result in public communications related to the 2009 novel H1N1 pandemic (not necessarily in the specific order as laid out below).



## Appendix F: Contact Information

### Public Affairs Bureau

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## Medical Health Officers

### On-call numbers

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- Northern Health Authority 1-250-565-2000
- Vancouver Coastal Health Authority 1-604-527-4893
- Vancouver Island Health Authority 1-800-204-6166
- BCCDC – Medical Microbiology 1-604-661-7033
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### Fraser Health Authority

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