Seasonal Respiratory Pathogen Guide

Version 4.0

Health System Emergency Management Branch,
Ministry of Health

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Ontario

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Seasonal Respiratory Pathogens Guide

Background

In Ontario, respiratory pathogens, such as COVID-19, influenza, respiratory syncytial virus (RSV), and pneumococcal disease historically circulate in highest numbers between November and April. As a result, the provincial health system[1] experiences increased demand for patient care during this time. Additionally, there is typically a winter surge of hospitalizations indirectly related to respiratory infections due to exacerbations of chronic conditions or new diagnoses.

The *Seasonal Respiratory Pathogens Guide* (the guide) is the Ministry of Health's plan to support health system readiness to respond to respiratory pathogen outbreaks and surges. The guide aligns with the Chief Medical Officer of Health's 2022 Annual Report, Being Ready to build on key lessons from the pandemic to ensure readiness for future outbreaks and pandemics and integrate a health equity lens into readiness activities. This includes translating continuous quality improvement principles into operational planning, service delivery, surveillance, communications, response, and recovery activities across the health care system. The guide does this by leveraging key learnings from previous seasons as well as the COVID-19 emergency to establish a new, strengthened approach to readiness for the annual surge in respiratory pathogens and to build ongoing resilience in the health system. This guide also acknowledges the need for additional and ongoing planning to prepare for special pathogens such as viral hemorrhagic fever and the current ongoing Ebola outbreak in the Democratic Republic of Congo.

About the Guide

The *Seasonal Respiratory Pathogens Guide* sets expectations and accountabilities of health system partners to support readiness and response to seasonal respiratory pathogens. These expectations should be implemented in a manner that reduces avoidable and unfair differences in exposure, access, and outcomes for equity-deserving populations, and reflects accessibility, cultural safety, anti-racism, trauma-informed practice, and meaningful community partnerships. Expectations in the guide are part of an annual planning cycle, the goals of which are to build overall system readiness and resilience for seasonal surges of respiratory pathogens, and to reduce morbidity, mortality, and social and health system disruptions. If required, activities identified in the guide can be escalated to respond to public health emergencies or pandemics.

The guide supports preparedness for human seasonal respiratory pathogens as a whole and recognizes that the same systems, capacities, resources, and response structures can be used to respond to a variety of human respiratory pathogens. This

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

approach is in alignment with the World Health Organization's (WHO) Preparedness and Resilience for Emergency Threats Initiative.

Information in the guide includes:

- An overview of the annual planning cycle.
- Expectations of all health partners for readiness and response activities in key functional areas of outbreak and surge response.
- Coordination with non-health sector partners to ensure a community approach to seasonal respiratory pathogen readiness.
- An overview of the response structures to support the management of critical surges throughout the season.
- Baseline and surge scenarios to support planning.
- Resources to support readiness and response efforts of all health system partners.

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

The guide is reviewed annually and updated for the fall and winter seasons, based on lessons learned from previous years.

For the purposes of this guide:

Equity-deserving populations refers to populations that experience barriers to access, opportunities and outcomes because of social, economic, geographic, political, or structural determinants of health.

Health equity means that all people can reach their full potential without disadvantage due to social position or socially determined circumstances, such as ability, age, culture, ethnicity, family status, gender, language, race, religion, sex, social class, or socioeconomic status.

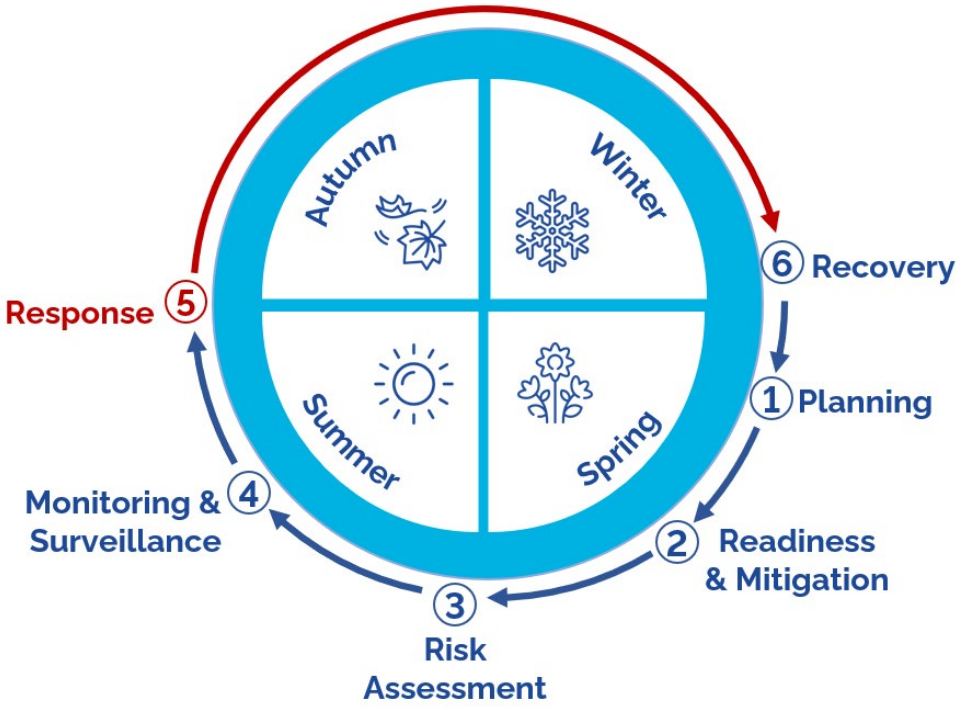
Congregate living settings includes settings where people live, stay, or receive services in shared environments, including but not limited to long-term care homes, retirement homes, supportive housing, shelters, correctional facilities, agricultural worker housing, and other shared living environments.

Distinctions-based approaches refer to approaches that recognize the distinct rights, interests, priorities, and circumstances of First Nations, Metis, and Inuit peoples.

Chapter 1: Annual Planning Cycle

The health system's readiness and response planning for the respiratory pathogen season is part of an annual cycle (see Image 1). Each phase of planning includes activities for the Ministry of Health and health system organizations to effectively prepare for, and respond to, respiratory pathogens and critical respiratory pathogen surges. While activities are organized within specific phases of the cycle, many activities may occur concurrently or continue throughout the year, as required, including ongoing surveillance, monitoring, and preparedness efforts.

Image 1: Annual Planning Cycle for Seasonal Respiratory Pathogens



Phase 1: Planning

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

structures should, where appropriate, include or engage trusted community partners to inform the planning, outreach, implementation, and evaluation stages.

- All parties ensure the structure of their programs, plans and technical advisory groups meet the expectations, as laid out in this guide and in consideration of local and regional needs including those of underserved populations and communities served. This includes identifying populations and settings at increased risk of severe illness, transmission, or barriers to accessing immunization, testing, treatment, outbreak supports, and health services, including equity-deserving populations.
- The Ministry of Long-Term Care also establishes baseline and surge scenarios for long-term care and establishes coordination structures.

Phase 2: Readiness & Mitigation

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

Phase 3: Risk Assessment

- The Ministry of Health, in partnership with health system partners, identifies, and communicates anticipated and potential risks, including evidence-informed predicted risk scenarios, to inform planning efforts for the upcoming respiratory season. The Ministry of Long-Term Care takes a similar approach to identify and respond to risks in the long-term care sector.
- Regional and local organizations conduct their own risk assessments based on regional and local considerations in their areas of responsibility.
- Risk assessments take into consideration the unique vulnerabilities of the communities served, including the social determinants of health.
- Continuous process for all partners to monitor and identify known and emerging risks.

Phase 4: Monitoring and Surveillance

- The Ministry of Health continuously monitors the overall health system impacts of respiratory pathogens. The Ministry of Long-Term Care also continuously monitors long-term care sector impacts. All partners undertake monitoring, surveillance and reporting of impacts based on organization responsibilities. Monitoring and surveillance should, when possible, evaluate differences in access, participation, and outcomes among various populations and settings.
- The Ministry of Health communicates to health system partners key information and evolving risks throughout the season to support timely access to risk assessments and associated recommendations, and information on provincial response strategies.
- Regional and local organizations, in turn, share information with the Ministry of Health on local and regional risk monitoring and surveillance, associated response activities, and emerging issues regarding respiratory pathogen surges at the local level to inform provincial response strategies.

Phase 5: Response

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

Phase 6: Recovery

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

Chapter 2: Readiness and Response Expectations

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

- Surveillance, modelling & evidence
- Risk communications and public health advice
- Immunizations
- Testing
- Therapeutics and outpatient care
- Acute care
- Infection, prevention & control and outbreak management
- Supplies and equipment

To ensure adequate readiness and response to seasonal respiratory pathogens, Health System Partners can utilize and build on available resources within the existing health care system. All health system partners should review the expectations for readiness and response activities associated with these functional areas and integrate them into their planning for seasonal surges of respiratory pathogens. This includes ensuring that their continuity of operations plans allow them to increase their surge capacity when required and consider health human resources (HHR) for supporting surge capacity.

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

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

Additionally, all health partners should develop ongoing collaborative partnerships with other organizations within their communities that support the needs of equity-deserving or underserved populations. By working with these organizations throughout the year to address ongoing health inequities, communities can be healthier and more resilient during respiratory pathogen season. As part of their readiness activities, all health system partners should identify opportunities to work with organizations that serve members of society that are at high-risk of respiratory pathogen infection and high-risk

of severe outcomes. This includes Indigenous health authorities or other relevant local Indigenous-led organizations, community organizations and leaders representing underserved populations, congregate care settings, as well as other high-risk congregate settings such as schools, shelters, and assisted living settings. This also includes initiatives for equity-deserving populations.

Surveillance, Modelling and Evidence

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

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

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

Data collection, use, and reporting should reflect applicable privacy requirements, distinctions-based approaches, and relevant Indigenous data governance principles, including Ownership, Control, Access, and Possession (OCAP) principles or other guiding data sovereignty structures, where applicable.

Provincial data on respiratory virus activity in Ontario, including COVID-19, influenza, RSV, and other respiratory viruses can be found via the Ontario Respiratory Virus Tool. Health system partners may connect with their public health unit (PHU) and/or Ontario Health (OH) region to learn more about available surveillance data sources and information specific to their jurisdiction.

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

Expectations

Table 1: Surveillance, Modelling and Evidence Roles & Responsibilities

Lead Organization	Expectations
Ministry Of Health	• Develop and support the provincial surveillance approach. • Communicate expected impacts to provincial partners to facilitate their preparedness and response efforts.
Ministry of Long-Term Care	• Send communications to long-term care homes in advance of the respiratory illness season to reinforce preparedness and response activities, including rigorous disease surveillance. • Monitor cases and outbreaks in long-term care throughout the season and respond as appropriate.
Public Health Ontario (PHO)	• Provide scientific and technical advice on the approach to provincial surveillance. • Monitor and analyze the spread, severity and intensity of respiratory pathogen activity internationally, nationally and provincially. • Support local surveillance in collaboration with public health units and other key system partners, • Report publicly on provincial seasonal respiratory pathogen activity and provide updates to public health units. • Share surveillance information with the Public Health Agency of Canada and National Microbiology Laboratory as required and to support national surveillance efforts.
Ontario Health	• Support the Ministry of Health with modeling and forecasting health system pressures. • Conduct hospital bed capacity surveillance at a provincial level. • Provide PHO and local PHUs with modeling, forecasting and surveillance information from the hospitals and health system as needed to inform their surveillance activities at provincial and local levels.

Lead Organization	Expectations
Public Health Units (PHU)	• Monitor, provide timely data entry and interpret local, provincial, national, and international data for local relevance with a health equity lens to inform and support the Chief Medical Officer of Health's (CMOH) ongoing surveillance. • Communicate expected impacts to local partners to facilitate their preparedness and response efforts. • Conduct surveillance on seasonal respiratory pathogens and outbreaks designated as Diseases of Public Health Significance.
Long-term care homes and other congregate care settings	• Report cases and outbreaks to the local Medical Officer of Health, as required under the *Health Protection and Promotion Act.* • Monitor residents and staff for symptoms of seasonal respiratory pathogens and initiate assessment, testing and treatment as appropriate.
Hospitals	• Report cases and outbreaks to the local Medical Officer of Health as required under the *Health Protection and Promotion Act.* • Report data on critical care clients through the Critical Care Information System (CCIS), as applicable. • Support provincial acute care bed capacity surveillance.
All health care providers	• Report cases and unusual clusters of influenza like illness activity to the local Medical Officer of Health, as required under the *Health Protection and Promotion Act*.

Risk Communications and Public Health Advice

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

Public health communications should be clear, accessible, and tailored to community needs, using plain language, multiple languages, accessible formats, and trusted channels to reach populations facing barriers to healthcare information and services. Communication strategies should actively monitor and address misinformation and

disinformation through timely, culturally responsive messaging delivered by trusted sources. Partners should work with community-based organizations and local leaders, such as health centres, Indigenous providers, schools, pharmacies, faith groups, and settlement agencies to ensure messages are trusted, relevant, and widely accessible.

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

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

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

Expectations

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

Lead Organization	Expectations
Ministry Of Health	• Communicate provincial risk analysis, expected severity and expected impacts regarding circulating respiratory pathogens to health system and non-health system partners at regular intervals via situation reports, health partner teleconferences, the ministry's website and other methods, as relevant. • Develop and communicate provincial response strategies and recommendations for health partner activities to minimize the impact of respiratory pathogens on the health system, as necessary. • Collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.

Lead Organization	Expectations
Ministry of Long-Term Care	• Communicate provincial risk analysis, expected severity and expected impacts to the long-term care sector. • Develop and communicate provincial response strategies and recommendations for the long-term care sector. • Monitor impacts in long-term care and collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.
Public Health Ontario (PHO)	• Develop regular risk assessments for the ministry on respiratory pathogen activity, including severity and impacts on specific populations. • As relevant, communicate risk analysis to public health and health system.
Ontario Health (OH)	• Contribute to the Ministry of Health's risk communication and response strategies by sharing information on provincial and regional health system challenges and strategies. • Contribute to and communicate provincial recommendations and response strategies; provide additional interpretation and guidance as required. • Coordinate with local and regional health partners, including public health, on the development of guidance resources. • Liaise between the Ministry of Health and OH health system partners for information and communicating needs and concerns to the ministry. • Support and share sector-specific best practices.
Public Health Units (PHU)	• Communicate with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly, including promotion of IPAC, public health measures, and vaccination. • Contribute to the Ministry of Health's risk communication and response strategies by sharing information on local risk analysis. • Communicate and reinforce local, regional and provincial recommendations and response strategies. • Communicate with the public on risk and appropriate public health measures and vaccination. • Issue local public communications to mitigate hesitant clients, patients, any and misinformation and promote evidence-informed public trust and confidence in vaccines.

Lead Organization	Expectations
All health system partners	• Follow public health and ministry recommendations. • Communicate and reinforce public health recommendations and other response strategies with clients, patients, and residents.

Public Communications

Public information, available in both English and French, will be posted by the Ministry of Health on ontario.ca, the Ministry of Health's social media channels and through other public methods of communication as required. Public information may include information on seasonal respiratory pathogens, conditions, risks, and how to access vaccines for respiratory pathogens and public guidance to help prevent the spread of respiratory pathogens.

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

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

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

Immunizations

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

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

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

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

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

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

Immunization planning and delivery should include low-barrier and community-informed approaches, particularly for populations who may experience barriers to routine service pathways. Depending on local needs, this may include walk-in access, mobile or pop-up clinics, outreach through trusted community organizations, extended hours, and accessible or translated materials.

Expectations

Table 3: Immunization Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	• Lead the provincial immunization strategy, including Ontario's Universal Influenza Immunization Program (UIIP), COVID-19 vaccine program, and RSV prevention program. • Lead the annual Health Care Worker Influenza Immunization Initiative. • Integrate emergent vaccines and immunizing agents into provincial strategies, in partnership with PHO, OIAC, and NACI. • Determine eligibility for immunizations and communicate and work with partners to apply it consistently for fair and equitable access. • During times of limited vaccine and immunizing agent supply, prioritize product distribution in a fair and equitable manner based on evidence and expert recommendations; make decisions and associated rationale on prioritization publicly available. • Provide immunization guidance to regional and local partners on priority populations. • Monitor seasonal epidemiology, both internationally and in Ontario, and communicate with partners to prepare and manage the respiratory season. • Monitor provincial immunization coverage, effectiveness, and safety; review immunization strategies on a regular basis, updating based on new evidence and expert recommendations. • As relevant to the immunization program, manage the procurement, allocation, and distribution of immunization products to providers (e.g., public health units, pharmacies, primary care providers, hospitals, long-term care homes, Community Services/Ontario Health atHome), including inventory monitoring and wastage control. • Engage and collaborate with partners, including the federal government, other provinces and territories, public health units, Indigenous health partners, pharmacies, and health care providers on vaccine and immunizing agent programs. • Collaborate with federal, provincial, and territorial partners to share and coordinate response across activities, as required. • Maintain an immunization program communication strategy that includes communications to different segments of the population (e.g., high-risk groups and equity seeking populations) and health care workers and accommodation for other languages in addition to English and French. • Ontario Health regions play a role in working with partners (HSPs, OHTs, Maternal Child Networks) to support a coordinated and local response for immunization efforts.

Lead Organization	Expectations
Ministry of Long-Term Care	• Collaborate with Office of the Chief Medical Officer of Health (OCMOH) /Vaccine program regarding respiratory illness season vaccine program planning. • Communicate relevant information to long-term care homes. • Encourage uptake and clinic delivery in long-term care. • Address any issues with vaccine distribution and access in long-term care in collaboration with OCMOH/Vaccine program.
Public Health Ontario (PHO)	• Provide evidence-based advice on immunization implementation in Ontario, priority populations and clinical guidance. • Support investigations, surveillance strategies and analysis of data to assess safety (i.e., adverse events following immunization). • Report coverage and safety data to federal partners as required. • Provide secretariat support to the Ontario Immunization Advisory Committee (OIAC). • Analyze and/or collect immunization data to assess coverage rates. • Support assessment of vaccine and immunizing agent effectiveness and program impact. • Provide information on vaccines, and immunizing agents and the importance of immunizations and being “up to date” with all immunizations (including respiratory pathogen immunizations) to support health system communications with the public, patients and health care providers. • Support immunization acceptance communication by providing scientific advice and vaccine/immunizing agent safety information to partners.
Ontario Health	• Identify opportunities to connect Health Service Providers (HSPs) and Community Support Services (CSS) organizations, and Ontario Health Teams (OHTs) with local PHUs to support immunization initiatives for at-risk populations. • Support the dissemination of information regarding immunization initiatives and partnership opportunities across the health system.

Lead Organization	Expectations
Public Health Units (PHU)	• Communicate with the public and health care providers on the importance of immunizations and being “up to date” with all immunizations (including respiratory pathogen immunizations). • Undertake preparedness planning and coordinate local immunization programs to administer vaccines and immunizing agents, including providing leadership for hard-to-reach populations. • Support access to on-site immunizations in congregate care settings (e.g., long-term care homes). • Receive, investigate, and conduct local surveillance on reports of adverse events following immunization. • Manage inventory and distribution of vaccines and immunizing agents to local immunization providers, including wastage monitoring and controls. • Conduct annual cold chain inspections and monitor compliance for UIIP, COVID-19 and other vaccine storage and handling (VSH) sites, including excursion investigation and management as required. • Maintain plans to support rapid initiation of mass immunization clinics in the event they are required.
Community Immunization Providers (e.g., pharmacies, primary care providers, hospitals, community services/Ontario Health atHome)	• Communicate with clients, patients, residents, and health care workers on the importance of immunizations and being “up to date” with all immunizations (including respiratory pathogen immunizations). • Administer vaccine to eligible Ontarians as per ministry guidance and recommendations. ○ For primary care providers that do not administer vaccine or immunizing agents, counsel patients on immunizations and advise where patients can get immunized. • Conduct timely reporting of patient immunization data per established processes, including COVID-19 immunization data in Panorama Guided Workflow (PGW). • Conduct timely reporting of any adverse events following immunization to the local public health unit. • Manage inventory and cold chain of vaccine and immunizing agent supply, including wastage controls. • Collect and report data on influenza immunization coverage for hospitals and long-term care.

Lead Organization	Expectations
All health care providers	• Review immunization policies and promote uptake amongst clients, patients, residents, and health care workers. • Provide health care services, including immunization, assessment, testing, and treatment, for patients. • Report the presence of diseases of public health significant to local public health units. • Conduct timely reporting of any adverse events following immunization to local public health unit.

Testing

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

Based on advice from the Chief Medical Officer of Health, the Ministry of Health implemented a Test-to-Treat policy starting in the 2024-25 respiratory virus season to ensure publicly funded respiratory virus testing is available to Ontarians eligible for COVID-19 treatment and other specific populations to support outbreak prevention and management in high-risk congregate living settings.

Testing pathways should account for differential barriers, impacts, and outcomes across populations and settings. Eligibility criteria and access pathways should, where appropriate, consider barriers related to geography, language, disability, transportation, digital access, housing instability, and primary care attachment.

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

- COVID-19 Testing and Treatment | Ministry of Health
- Respiratory Viruses (including influenza) | Public Health Ontario
- Coronavirus Disease 2019 (COVID-19) – PCR | Public Health Ontario
- Avian Influenza and Influenza A Subtyping – Real-time PCR

Expectations

Table 4: Testing Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	• Set eligibility for publicly funded tests in consultation with partners, work with experts on testing, and issue testing guidance. • Communicate information to laboratory and health sector partners on testing strategies. • Provide strategic oversight of the respiratory virus testing program, working in partnership with PHO and OH.
Ministry of Long-Term Care	• Communicate information to long-term care partners regarding testing requirements and access to supplies.
Public Health Ontario (PHO)	• Provide diagnostic and genomic testing for respiratory pathogens. • Collect, analyze, report, and communicate laboratory surveillance information, including on treatment resistance. • Provide leadership on public health testing, including the Ontario COVID-19 Genomic Network and surveillance for emerging variants. • Assist hospital and community laboratories with implementation of respiratory pathogen molecular testing, upon request, including support for verification and validation of testing. • Issue recommendations for testing algorithms to be used across the laboratory network. • Point of care tests evaluation role with the Ontario Laboratory Medicine Program at OH (for tests approved/licensed by Health Canada). • As applicable, work in coordination with OH and lab system partners as part of the long-term care/retirement home respiratory virus testing initiative.

Lead Organization	Expectations
Ontario Health	• Operate COVID-19 Genomics Network: Provide operational coordination for COVID-19 genomic testing through Public Health Ontario and genomics lab partners. • Lead Provincial Respiratory Virus Testing Program: Collect, analyze, and provide ongoing monitoring for respiratory virus testing for the Provincial Respiratory Virus Testing Program (PRVTP), and facilitate increased access to combined COVID-19, influenza, and RSV testing for residents of long-term care and retirement homes. • Support Improved Turnaround Times: Continue to work with Public Health Ontario (PHO) and the Ministry of Health (MOH) to support for improved testing turnaround times to support timelines for drug therapy intervention in long-term care and retirement homes.
Supply Ontario	• Deploy all testing supplies to partners in accordance with eligibility criteria developed in partnership with the Ministry of Health and Ontario Health.
Laboratory System Partners (e.g., hospital and community laboratories)	• Conduct respiratory pathogen testing or transfer eligible samples to a lab that provides respiratory pathogen testing within published turnaround times. • Support whole genome sequencing initiatives for surveillance and outbreak support and report results. • As applicable, work in coordination with OH and PHO as part of the Long-term care/ retirement home respiratory testing initiative. • As applicable, work in coordination with OH and PHO to support COVID-testing.
Health Care Providers and specimen collection locations	• Provide testing to patients in alignment with eligibility and clinical decision making. • Refer to health care provider for prescription/or prescribe treatments based on testing results, as clinically appropriate. • Adhere to guidance related to specimen collection and guidelines for safe transport.
Public Health Units (PHU)	• Provide direction on testing during outbreak investigation and management.

Lead Organization	Expectations
All health care providers	• Share information with patients and clients on when and how to access testing for clinical care and treatment. • Test patients according to provincial guidance.

Therapeutics and Outpatient Care

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

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

Outpatient care and treatment services should be designed to support timely, low-barrier access for populations at increased risk of severe illness and for populations who may face barriers navigating routine care pathways.

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

Expectations

Table 5: Therapeutics and Outpatient Care Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	• Develop recommendations for provincial health system outpatient care, testing, and treatment and outbreak prophylaxis strategies, including therapeutics distribution strategies. • Work with Ontario Health to provide clinical guidance on therapeutics for health services providers, primary care, and community pharmacies. • Develop eligibility criteria for respiratory pathogen treatment for health system partners. • Monitor provincial supply and usage of antivirals to support sufficient supply and distribution to target populations, required communications and actions in case of access issues or shortages, and alternative supply for cases who have severe infection/antiviral resistant strains. • Maintain influenza antiviral stockpile and facilitate pre-positioning of influenza antivirals in public health units in the late summer to support outbreaks management when regular supply channels are limited. • When local supplies are insufficient, deploy supplies and equipment from the provincial influenza antiviral stockpile to support outpatient care and treatment. • Facilitate access to national antiviral stockpiles (where available) when provincial supplies are depleted. • In collaboration with the federal government, monitor supplies for auxiliary treatments (e.g., common antibiotics, anti-fever medications) to identify and address potential shortages.
Ministry of Long-Term Care	• Communicate antiviral eligibility and planning expectations to long-term care homes (e.g. ensuring they have a plan for residents to access antivirals when needed).
Public Health Ontario (PHO)	• Provide scientific and technical advice on the effectiveness and use of antivirals and participate in relevant committees. • Monitor antiviral resistance in collaboration with the National Microbiology Laboratory. • Provide testing for antiviral resistance, when indicated.
Ontario Health	• Support and Share Guidance: Provide timely, evidence-based clinical guidance on drug therapy in consultation with the Ontario Health Infectious Diseases Advisory Committee.

Lead Organization	Expectations
Public Health Units (PHU)	• Participate in pre-positioning option for influenza antivirals based on local risk assessments. • Support local communications on access to outpatient care and treatment, as required.
Hospital and Community Pharmacies	• Procure antivirals (for COVID-19 and influenza) through normal supply chains. • Provide timely access to prescribing and/or dispensing services for therapeutics to eligible clients/patients.
Home and Community Care; Ontario Health atHome	• Provide care and treatment services for clients and patients eligible to receive services through Ontario Health atHome. • Support delivery of intravenous therapeutics dispensed from Ontario Health atHome's Infusion Service Provider (ISP) (pharmacy) for patients receiving nursing care through Ontario Health atHome. • Administer outpatient COVID-19 infusion therapy treatments (e.g., intravenous remdesivir) to patients eligible for nursing services through Ontario Health atHome.
Long-Term Care Homes	• Discuss potential prophylaxis and treatment options (e.g., Paxlovid [nirmatrelvir/ritonavir], Remdesivir, oseltamivir) with residents and caregivers in advance of potential infection and/or outbreak. • Prioritize assessments for residents who may be eligible for antivirals, including pre-assessing residents for eligibility for antivirals in advance of a positive test or symptoms. • Develop plans for accessing treatment (for example with LTCHs' primary pharmacy provider) to ensure rapid access. • For further information on expectations around the role of Long-term care in COVID-19 therapeutic access, please follow any additional directions from MLTC, as applicable, regarding expectations around the role of LTC in COVID-19 and influenza therapeutic access
All health care providers	• Continue to provide health care services for affiliated clients/residents/patients, with enhanced access during peak respiratory activity. • Pre-assess high-risk patients for COVID-19 and influenza prophylaxis and treatments to ensure timely administration in case of infection. • Implement continuity of operations plans to expand surge capacity to provide care and treatment services for affiliated and potentially non-affiliated clients.

Acute Care

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

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

Care transitions and discharge planning should address continuity of care and barriers such as housing instability, caregiving responsibilities, transportation challenges, communication needs, and access to community supports. The goal is to help ensure individuals are not discharged into unsafe, unsupported, or inequitable situations whenever possible.

Expectations

Table 6: Acute Care Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	• Provide provincial policy decisions that support acute care surge capacity, including pediatrics.
Ontario Health	• Support surge management planning and readiness with hospitals, including pediatrics. • As needed, develop guidance and/or direction for hospitals to support surge management planning and optimization of health service delivery, including pediatrics. • Collaborate with the Ministry of Health and hospitals on health human resource strategies. • As needed, convene regional and/or provincial response tables to support optimization of health service capacity.

Lead Organization	Expectations
Hospitals	• Maintain and implement surge capacity management plans (e.g., alternative patient care and staffing models) to support an equitable response to increased demands while maintaining other services and ensuring patient safety and care. • Monitor seasonal respiratory pathogen risks and associated surge impacts. • Coordinate with other acute care and non-acute care partners on care optimization and surge response strategies, as necessary. • Work with Ontario Health Regional Tables to collaborate, plan and implement surge strategies.
Paramedic Services	• Maintain and implement surge strategies to support capacity across the province. • Monitor seasonal respiratory pathogen risk and associated surge impacts; coordinate with the Ministry of Health, acute care, and other health partners on surge response strategies, as necessary.

Infection Prevention & Control and Outbreak Management

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

Foundational IPAC practices are implemented by health system partners throughout the year, at all times. Health partners should have foundational IPAC practices in place with supporting policies for these practices. Supporting policies may include a system for auditing and providing feedback on IPAC practices. Health sector employers are also required to have effective Occupational Health and Safety (OHS) programs and practices in place in accordance with the *Occupational Health and Safety Act, 1990* (OHSA) and its regulations. Health sector employers should ensure that health workers have a solid understanding of OHS and IPAC practices.

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

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

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

Expectations

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

Lead Organization	Expectations
Ministry Of Health	• Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations. • Support the use of case and contact management guidance and outbreak management guidance by public health units for specific settings to support outbreak response, as outlined under the Ontario Public Health Standards. • Support PHUs during large scale (e.g., multi-jurisdictional) investigations with respect to coordination, policy interpretation, and communications. • If required to manage significant and overwhelming respiratory pathogen community spread, develop a provincial public health and social measures strategy based on national recommendations and in consultation with provincial and local partners; support PHUs and provincial ministries to implement public health and social measures in a wide range of settings.

Lead Organization	Expectations
Ministry of Long-Term Care	• Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations to long-term care homes – including any in addition to requirements under the *Fixing Long-Term Care Act, 2021*. • Reinforce the importance of routine IPAC practices in communications to the sector in advance of the respiratory illness season. • Collaborate with MOH on any additional guidance and/or requirements and communicate them to the long-term care sector.
Public Health Ontario (PHO)	• Develop foundational and respiratory pathogen-specific IPAC guidance and recommendations. • Provide secretariat support for the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC). • Provide scientific and technical expertise to PHUs to support case and contact management and outbreak investigations. • Advise on and support laboratory testing for outbreaks, in coordination with the provincial testing network partners. • Collaborate with ministry and health system partners on a coordinated approach to strengthening IPAC programs and outbreak management in all health care settings. • As required, provide scientific and technical advice on local and/or provincial public health measures; provide advice to PHUs to support the implementation of public health measures.

Lead Organization	Expectations
Public Health Units (PHU)	• Proactively promote and reinforce ministry IPAC and outbreak management guidance locally, and in accordance with the Infectious Diseases Protocol and the Institutional/Facility Outbreak Management Protocol. • In collaboration with the congregate living setting (CLS), investigate, support and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable. Outbreak response should, where possible, account for the operational realities of under-resourced settings and support continuity of essential social, mental health, and other health-related supports during periods of heightened restrictions or outbreak response. • Make collaborative decisions about the management of outbreaks. • As required, direct local public health and social measures to mitigate spread of respiratory pathogens during an outbreak. Public health and social measures should be evidence-based, proportionate and feasible, especially for populations with limited capacity to isolate or manage service disruptions.

Lead Organization	Expectations
All health care provider organizations (e.g., hospitals, Ontario Health atHome, long-term care homes, other congregate care settings, community care settings)	• Conduct and regularly review (e.g., yearly) an Organizational Risk Assessment (ORA) to identify and understand setting-specific risks during a respiratory season, taking into consideration the population served, the complexity and type of healthcare services provided, and the resources available to deliver care. • The ORA should always lead to the implementation of routine practices as the foundation of care based on point-of-care risk assessments (PCRA), and in accordance with Ministry requirements, the *Occupational Health and Safety Act* (OHSA) and its regulations, and PHO guidance as appropriate. Infection Prevention and Control | Public Health Ontario • Review and implement additional risk-based precautions as informed by the mode(s) of transmission and/or the PCRA, and in accordance with Ministry requirements, the OHSA and its regulations, and PHO guidance as appropriate. • Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable. • Ensure the required Personal Protective Equipment (PPE) is readily available and properly used, including training on its use for staff, and that PPE is available for visitors, as needed. • Report suspected outbreaks or unusual respiratory events to the local public health unit, as applicable. • Follow any sector-specific guidance on IPAC.

Lead Organization	Expectations
IPAC Hubs (support CLSs)	• IPAC Hubs do not directly lead or manage outbreaks in CLSs but are available to support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs. • Provide IPAC expertise and support to CLSs. • Deliver IPAC education and training. • Support the development of IPAC programs, policies and procedures within sites and organizations. • Support assessments, audits and provide recommendations to strengthen IPAC programs and practice. • Mentor those with responsibilities for IPAC within CLSs. • Support CLSs to implement IPAC recommendations. • Host communities of practice and networking opportunities for CLSs. • CLSs that IPAC Hubs support include long-term care homes, retirement homes, residential settings funded by the Ministry of Health, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing.

Supplies and Equipment

Reliable access to supply chains for critical supplies and equipment (CSE) is an important part of emergency readiness. CSE planning should consider the needs of community-based, rural, remote, and under-resourced organizations and settings serving populations at increased risk of transmission or barriers to care. Health care providers may access the provincial stockpile of available products to ensure appropriate stock rotation of inventory. Where products are not available in the provincial stockpile, providers are to communicate requirements to Supply Ontario for consideration for adding to the stockpile. For products not available in the provincial stockpile, health care providers are reminded to leverage their regular supply chains and incorporate general supply chain best practices and risk management strategies into their planning, such as:

- Including supply chain management in broader organizational planning related to fall respiratory season, particularly for Personal Protective Equipment (PPE).
- Monitoring product demand, managing inventory and planning for vendor engagement at an organizational level or through Shared Service Organizations (SSOs) and Group Purchasing Organizations (GPOs).

- Planning for potential disruptions in access to supplies and mitigating any impacts to patient care.
- Working with local health care and supply chain partners to share information and incorporate supply chain best practices.

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

Maintaining a dependable stockpile of PPE and CSE is key to being ready to respond to increased demand for supplies during respiratory pathogen surges.

Accessing Provincial PPE and CSE Resources

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

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

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

Expectations

Table 8: Supplies and Equipment Roles & Responsibilities

Lead Organization	Expectations
Ministry of Health	• Provide recommendations on the stockpiling of PPE and CSE within the health system. • Manage, in coordination with Critical Case Services Ontario, the provincial ventilator stockpile. • Alert the Public Health Agency of Canada of critical supplies and equipment shortages. • Facilitate access to the National Emergency Strategic Stockpile (NESS) when required. • Provide strategic policy direction, and guidance for Ontario's PPE and other CSE and supply chain, working collaboratively with Supply Ontario, health system partners, and other government ministries to support provincial preparedness, resilience, and responsiveness to health system needs and emergencies.
Ministry of Long-Term Care	• Share information with long-term care homes regarding supplies available through Supply Ontario. • Work with Supply Ontario to alert them of any issues and ensure ongoing timely access by homes.
Supply Ontario	• Working closely with the Ministry of Health and other government partners, operate and manage Ontario's PPE and other CSE stockpiles and supply chain. • Maintain ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles. • Alert the Ministry of Health to critical supplies and equipment shortages. • Facilitate access to the NESS when provincial PPE and CSE supplies are depleted.
Ontario Health	• In coordination with provincial ministries and Supply Ontario, support the planning and provide clinical guidance. • Work closely with the Supply Ontario in responding to health supply shortages, leveraging OH's regional coordination role.

Lead Organization	Expectations
All health care provider organizations (e.g., hospitals, Ontario Health atHome, long-term care homes, other congregate care settings, community care settings)	• Maintain a supply of PPE and CSE. Planning for CSE access and distribution should consider risk and need, in addition to institutional capacity, including the needs of community-based, rural, remote, and under-resourced settings serving populations at increased risk of transmission or barriers to care. Provide health care workers with training and information on the appropriate selection, conservation and safe utilization of all PPE. • Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care.

Chapter 3: Coordination with Non-Health Sector Partners

Effective readiness and response for respiratory pathogens also requires coordination with other sector partners (e.g., municipalities, educational institutions, congregate living settings, workplaces). This coordination should also include, where relevant, community health centres, settlement agencies, shelters and supportive housing providers, disability-serving organizations, and other community partners that can help identify local risks, vulnerabilities, strengths, and access barriers. While other sector partners are responsible for developing and communicating guidance to their own sectors, health system partners should collaborate with their community partners purposefully to practice and sustain preparedness for respiratory pathogens.

Collaborative networks should be part of ongoing preparedness efforts to ensure that all partners have a clear understanding of their roles and work together to improve readiness. Where possible, these networks should support joint emergency preparedness and response planning that accounts for unique community risks, strengths, vulnerabilities, and service gaps. As part of their readiness activities, all health sector partners should identify opportunities to work closely with organizations responsible for health, including Indigenous health authorities and leaders, Francophone-serving organizations congregate living settings (e.g., retirement homes, correctional facilities, agricultural worker housing, shelters, etc.), as well as communities, schools, children's camps, workplaces, families, and individuals. As noted in the Chief Medical Officer of Health 2022 Annual Report, Being Ready, "collaborative partnerships respect and build on community strengths, including trusted community leaders who have an in-depth understanding of how their communities work, and the barriers they face."

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

Expectations

Table 9: Coordination with Non-Health Sector Partners

Lead Organization	Expectations
Ministry of Health	• Share planning, risk assessment, IPAC recommendations, communications and response information related to seasonal respiratory pathogens with the Ministry of Emergency Preparedness and Response (MEPR), Emergency Management Ontario (EMO). • Liaise with key ministry partners to support health system readiness and response including the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) on Occupational Health and Safety advice. • Liaise with other ministry partners (e.g., EDU, MCSCS, MCCSS, etc.) as necessary regarding seasonal respiratory pathogens, seasonal epidemiology and risk.
Ministry of Long-Term Care	• Share long-term care sector planning, risk and response information related to seasonal respiratory pathogens with Ministry of Emergency Preparedness and Response (MEPR), Emergency Management Ontario (EMO) as appropriate. • Liaise with key ministry partners to support long-term care sector readiness. • Collaborate with other ministry partners regarding seasonal respiratory pathogens.
Ministry of Emergency Preparedness and Response, Emergency Management Ontario	• Coordinate with provincial ministries to support readiness in non-health sectors.

Lead Organization	Expectations
Other Provincial Ministries	• Develop organizational/sector-specific plans, or frameworks, where relevant information provided by the Ministry of Health's Seasonal Respiratory Pathogens Guide and other MOH resources, where relevant.
Supply Ontario	• Working closely with key partners, operate and manage Ontario's PPE and other CSE stockpile and supply chain. • Maintain ordering and distribution channels for non-health sector entities to access provincial PPE and CSE stockpile.
Public Health Units	• Establish local networks with key community partners to support readiness and response for seasonal respiratory pathogens in highest risk settings. • Issue guidance and public health messaging to support readiness and response of non-health sector entities. • Liaise with non-health sector municipal and regional partners to advise and respond to questions on seasonal respiratory pathogen readiness and response activities. • Coordinate with partners to respond to institutional or community outbreaks. • Receive reports on Diseases of Public Health Significance (e.g., outbreak reports, positive tests in congregate care settings) to inform local level response measures. • Lead local implementation of public health and social measures; liaise with non-health sector partners regarding public health and social measures, as required.
IPAC Hubs (support some CLSs)	• Support non-health sector congregate living settings according to IPAC Hub roles and responsibilities – see Chapter 2: Readiness and Response Expectations, Infection Prevention & Control and Outbreak Management, IPAC Hubs roles and responsibilities.

Chapter 4: Response and Recovery

Response

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

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

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

The Ministry of Health will support regional and local response efforts through risk analysis communications as applicable (see Chapter 2 section: Risk Communications and Public Health Advice for additional details).

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

All decision makers at the provincial, regional and local level are responsible for ensuring that the processes they use and decisions that they make are based on evidence, legislation, the precautionary principle, and health equity. Where appropriate, this should include use of an updated health equity impact assessment or equivalent structured review to inform significant response decisions. Response activities should be adapted when monitoring, community input, or operational experience indicates disproportionate impacts on equity-deserving populations or barriers to accessing prevention, testing, treatment, or health services. Partners can refer to the Ministry Emergency Response Plan (MERP) for more information on the principles that guide the ministry's decision making during an emergency.

Critical Respiratory Pathogen Surge

In the event of a critical surge, Ministry of Health will support provincial coordination of response activities with other Provincial Ministries (e.g. Ministry of Long-Term Care) as outlined by their respective MERPs and other agencies (e.g. PHO). This includes supporting collaboration, sharing of critical risk information and situational awareness, policy direction and decision making on health system mitigation activities to maintain health services, and directing the acquisition and deployment of resources. To facilitate these activities, the Ministry of Health may activate its Ministry Emergency Operation Centre (MEOC).

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

- Number of affected jurisdictions within Ontario.
- Coordination with other provincial or federal jurisdictions.
- Impact on continuity of operations of the health system.

- Morbidity/ mortality implications of the threat.
- Public attitudes and behaviors.
- Disproportionate impacts on equity-deserving populations, high-risk congregate settings, or rural, remote, northern, or Indigenous communities.

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

Recovery

Following respiratory pathogen season, all partners should undertake an evaluation or debrief process to document lessons learned and incorporate these findings into the planning for the next respiratory pathogen season. Evaluations should, where feasible, assess the differential impact of the season on equity-deserving populations, identify barriers and successful mitigation strategies, and document actions to strengthen equitable implementation in future cycles.

Appendix A: 2026-2027 Respiratory Pathogens Risk Outlook

For 2026-2027, the risk from influenza, respiratory syncytial virus (RSV) and other respiratory pathogens is expected to be similar to the previous two seasons, and similar to pre-pandemic year respiratory seasons, although there is still a risk of atypical timing of peaks of activity and potential for increased impact on pediatric and elderly populations. The overall risk to Ontarians of COVID-19 has been diminished through factors such as increased immunity and the availability of tools such as antivirals to manage the impacts of the virus. However, COVID-19 is a continuously evolving virus which, combined with other seasonal respiratory pathogens, continues to be a threat to the health and wellbeing of Ontarians. Additionally, COVID-19 is anticipated to contribute to surge pressures on health system resources and continues to follow atypical patterns of activity.

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

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

2026-2027 Planning Scenarios

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

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

Baseline scenario

- Seasonal peak(s) of influenza, including both influenza A and smaller influenza B peaks of activity. Based on the 2025-26 season, it is anticipated that peaks of influenza activity will be similar to pre-pandemic levels.

- Seasonal peaks of RSV and other respiratory pathogens have the potential for early and extended RSV activity, and increased burden of illness from other respiratory pathogens, including measles and enterovirus.
- Ongoing, similar COVID-19 activity and burden as the 2025-26 season.
- Seasonal peaks of respiratory pathogens will not significantly overlap and health systems pressures will be spread across the season.

Respiratory surge scenario

- Overlapping peaks of RSV, influenza, and COVID-19 activity through December-January timeframe, with extended increased respiratory virus activity through the winter.
- Respiratory virus activity with increased burden on elderly, long-term care home, and retirement home populations; along with pediatric populations.
- There are pressures across the health system due to simultaneous respiratory virus activity as well as ongoing health system pressures, and surge response mitigation activities (e.g., high resource demands) as required.

Appendix B: General Roles and Responsibilities

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

Across their respective roles, health system partners are responsible for implementing relevant equity considerations, identifying and reducing access barriers, and incorporating lessons learned related to equitable access and outcomes into future planning and response activities.

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

International

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

National

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

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

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

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

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

Provincial

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

Ministry of Long-Term Care funds and oversees the long-term care system in Ontario. The Ministry also provides provincial coordination of emergencies in long-term care.

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

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

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

Local

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

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

Long-Term Care homes care for a uniquely vulnerable and co-morbid population. Residents are often most at risk of negative outcomes, up to and including death, from infectious diseases.

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

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

Paramedic Services provide 24-hour pre-hospital emergency and non-emergency care and transportation to and between hospitals for ill or injured individuals offer public education programs to promote rapid and appropriate use of emergency medical resources in time of need and some preventive services such as immunization

Pharmacies provide prescription dispensing services, as well as medication reviews and guidance. Pharmacies also support assessment and prescribing services for antivirals for respiratory viruses, and vaccine administration.

Ontario Health Teams are a model of integrated, population health-based care delivery, where health and community care providers work together as one team for their population, even if they are not in the same organization or physical location. Recognizing that local partnership maturity varies across Ontario, collaboration should also include other existing community and Indigenous-led structures and partners, as appropriate, including the Indigenous Primary Health Care Council, the Ontario Federation of Indigenous Friendship Centres, and other Indigenous health and community partners.

Infection Prevention and Control (IPAC) Hubs provide IPAC expertise and support to congregate living settings (CLSs) to develop and strengthen IPAC programs, policies and procedures, and outbreak management plans. They support CLSs with internal assessments and audits and inform the implementation of recommended IPAC practices during routine and outbreak periods. IPAC Hubs also provide mentorship to those with onsite responsibility for IPAC, deliver IPAC education and training to staff and residents, and host networking opportunities for CLS, including communities of practice to build ongoing capacity within the respective setting.

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

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

Appendix C: Resources

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

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

Surveillance, Monitoring and Evidence

Provincial Resources:

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

Federal Resources:

- Flu (seasonal influenza): Monitoring - Canada.ca FluWatch+ is Canada's national surveillance system that monitors the spread of respiratory viruses, such as COVID-19, flu (influenza), respiratory syncytial virus (RSV) and other respiratory viruses. Physicians, nurse practitioners and registered nurses who are involved in primary care can also contribute to by becoming FluWatch+ sentinel practitioners. FluWatch+ Weekly and annual respiratory virus reports - Canada.ca contains the interactive dashboard, past weekly reports and annual reports.
- National Wastewater Monitoring of Pathogens (NWMP) – Canada.ca is a dashboard that provides data about COVID-19, flu, RSV and mpox virus levels in wastewater sites across Canada.

Public Communications

- Information will be posted on ontario.ca, the Ministry of Health's social media channels and through other public methods of communication as required.
- MLTC also sends regular communications to long-term care homes through LTCHomes.net

Immunization

- The National Advisory Committee on Immunization (NACI) makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable diseases for whom vaccination should be targeted. NACI knowledge syntheses, analyses and recommendations on vaccine use in Canada are included in published literature reviews, statements and updates. Its recommendations are used to inform Ontario's immunization programs.
- The Ontario Immunization Advisory Committee (OIAC) | Public Health Ontario provides scientific and technical advice to Public Health Ontario on vaccines and immunization matters, including program implementation in Ontario, priority populations, clinical guidance, and vaccine safety and effectiveness.
- Universal Influenza Immunization Program (UIIP) | Ministry of Health provides publicly funded influenza vaccine for individuals aged 6 months or older who live, work or attend school in Ontario.
- Immunization (Vaccines) | Public Health Ontario provides expertise in immunization and vaccine-preventable disease control.
- Vaccines and immunization | Ministry of Health provides resources for health system partners on COVID-19 and influenza vaccination.

Testing

- COVID-19 Testing and Treatment | Ministry of Health provides provincial guidance on testing eligibility and processes.
- Respiratory Viruses (including influenza) | Public Health Ontario provides testing information related to respiratory viruses; the testing indications include an eligibility breakdown for persons requiring testing for respiratory viruses.
- Coronavirus Disease 2019 (COVID-19) – PCR | Public Health Ontario provides testing information related to COVID-19.
- Avian Influenza and Influenza A Subtyping – Real-time PCR provides molecular testing information for Influenza A subtyping and avian influenza at Public Health Ontario (PHO).

Therapeutics and Outpatient Care

- Health811 connects Ontarians with a registered nurse day or night for free, to receive secure and confidential health advice and get connected to the care required.
- COVID-19 testing and treatment | Ontario.ca provides the public with information on COVID-19 therapeutics and how to access them.

- COVID-19 Clinical Guidelines and Resources | Ontario Health provides healthcare providers with information on the use of select drug therapies for the management of adult patients with confirmed COVID-19.
- Influenza Clinical Guidelines and Resources | Ontario Health provides healthcare providers with information on the use of select antiviral therapies for the management of patients with seasonal influenza.
- Respiratory Syncytial Virus (RSV) | Ministry of Health provides information about RSV and prevention programs for older adults, infants and high-risk children, including vaccination in pregnancy.

Infection Prevention & Control and Outbreak Management

- Ontario Public Health Standards | Ministry of Health provide public health protocols for infectious diseases and institution/facility outbreaks, including:
    - Influenza 2024
    - OPHS: Requirements for Programs, Services and Accountability - Infectious Diseases Protocol - Appendix 1: Case Definitions and Disease-Specific Information - Disease: Coronavirus Disease 2019 (COVID-19)
    - Respiratory Infection Outbreaks in Institutions and Public Hospitals
    - Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings
    - Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings
    - Respiratory Virus Outbreaks: Considerations for Public Health Planning
- Infection Prevention and Control (IPAC) | Public Health Ontario provides a number of resources for health system partners to support the implementation of IPAC practices.
- Fixing Long-Term Care Act, 2021, c.39, Sched.1| Ontario.ca includes IPAC and outbreak management requirements for Long-Term Care homes, including the IPAC Standard
- Respiratory Diseases | Public Health Ontario provides resources to support public health prevention and control of a variety of respiratory pathogens.
- Seasonal Preparedness Resource - Centre for Effective Practice. Includes all aspects of respiratory seasons (Chronic conditions, practice management, seasonal immunization, IPAC, testing and treatment).

Supplies and Equipment

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

Appendix D: Summary of Chapter 2 Organizational Expectations

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

All Health System Partners and Health Care Providers

Expectations	
Surveillance, Modelling and Evidence	As applicable: • Maintain and review surveillance resources and monitor and assess the progression and magnitude of the respiratory pathogen season. • Adjust readiness and response activities based on the data and models generated from local, regional, and provincial surveillance. • Report cases and unusual clusters of influenza like illness activity to the local Medical Officer of Health, as required under the *Health Protection and Promotion Act*.
Risk Communications and Public Health Advice	As applicable: • Be aware of the risk analysis communication strategies in place at local, regional, and provincial levels to support situational awareness and decision making. • Adjust readiness and response strategies based on information shared between partners and coordinate changes to strategies as necessary. • Follow public health and ministry recommendations. • Communicate and reinforce public health recommendations and other response strategies with clients, patients, and residents.

Expectations	
Immunizations	As applicable: • Review immunization policies and promote immunizations amongst clients, patients, residents, and health care workers. • Provide health care services, including immunization, assessment, testing, and treatment, for patients. • Report the presence of diseases of public health significant to local public health units. • Conduct timely reporting of any adverse events following immunization to local public health unit.
Testing	As applicable: • Understand testing eligibility guidelines. • Share information with patients and clients on when and how to access testing for clinical care and treatment. • Provide testing to patients in alignment with eligibility and clinical decision making. • Refer to health care provider for prescription/or prescribe treatments based on testing results, as clinically appropriate. • Adhere to guidance related to specimen collection and guidelines for safe transport.
Therapeutics and Outpatient Care	As applicable: • Be ready to share information on testing access to support access to respiratory pathogen treatments, as required. • Continue to provide health care services for affiliated clients/residents/patients, with enhanced access during peak respiratory activity. • Pre-assess high-risk patients for COVID-19 and influenza prophylaxis and treatments to ensure timely administration in case of infection. • Implement continuity of operations plans to expand surge capacity to provide care and treatment services for affiliated and potentially non-affiliated clients.

Expectations	
Infection Prevention & Control (IPAC) and Outbreak Management	As applicable: • Review and implement an IPAC and OHS program in accordance with associated ministry PHO guidance, and the *Occupational Health and Safety Act*. • Review setting-specific outbreak readiness plans and ensure staff are aware and trained, as applicable. • Ensure the required PPE is available and properly used, including training on its use for staff and that PPE is available for visitors, as needed. • Report suspected outbreaks or unusual respiratory events to the local public health unit, as applicable. • Follow any sector-specific guidance on IPAC.
Supplies and Equipment	As applicable: • Maintain a supply of PPE and CSE. • Provide health care workers with training and information on the appropriate selection, conservation, and safe utilization of all PPE. • Incorporate organizational supply chain best practices and risk management strategies for fall respiratory season to mitigate any impacts to patient care.

Ministry of Health

Expectations	
Surveillance, Modelling and Evidence	• Develop and support the provincial surveillance approach. • Communicate expected impacts to provincial partners to facilitate their preparedness and response efforts.
Risk Communications and Public Health Advice	• Communicate provincial risk analysis, expected severity and expected impacts regarding circulating respiratory pathogens to health system and non-health system partners at regular intervals via situation reports, health partner teleconferences, the Ministry of Health's website and other methods, as relevant. • Develop and communicate provincial response strategies and recommendations for health partner activities to minimize the impact of respiratory pathogens on the health system, as necessary. • Collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.
Immunizations	• Lead the provincial immunization strategy (including Ontario's Universal Influenza Immunization Program (UIIP), COVID-19 vaccine program, and RSV prevention program. • Lead the annual Health Care Worker Influenza Immunization Initiative. • Integrate emergent vaccines into provincial strategies, in partnership with PHO, OIAC, and NACI. • Determine eligibility for immunizations and communicate and work with partners to apply it consistently for fair and equitable access. • During times of limited vaccine supply, prioritize vaccine distribution in a fair and equitable manner based on evidence and expert recommendations; make decisions and associated rationale on prioritization publicly available. • Provide immunization guidance to regional and local partners on priority populations.

Expectations	
	• Monitor provincial immunization coverage, effectiveness, and safety; review immunization strategies on a regular basis, updating based on new evidence and expert recommendations. • As relevant to the immunization program, manage the procurement, allocation, and distribution of immunization products to providers (e.g., public health units, pharmacies, primary care providers, hospitals, long-term care homes, Community Services/Ontario Health atHome), including inventory monitoring and wastage control. • Engage and collaborate with partners, including the federal government, other provinces and territories, public health units, Indigenous health partners, pharmacies, and health care providers on immunization programs. • Collaborate with federal, provincial, and territorial partners to share and coordinate response across activities, as required. • Maintain an immunization program communication strategy that includes communications to different segments of the population (e.g., high-risk groups and equity seeking populations) and health care workers and accommodation for other languages in addition to English and French.
Testing	• Set eligibility for publicly funded tests in consultation with partners, work with experts on testing, and issue testing guidance. • Communicate information to laboratory and health sector partners on testing strategies. • Provide strategic oversight of the respiratory virus testing program, working in partnership with PHO and OH.
Therapeutics and Outpatient Care	• Develop recommendations for provincial health system outpatient care, testing, and treatment and outbreak prophylaxis strategies, including therapeutics distribution strategies. • Work with Ontario Health to provide clinical guidance on therapeutics for health services providers, primary care, and community pharmacies.

Expectations	
	• Develop eligibility criteria for respiratory pathogen treatment for health system partners. • Monitor provincial supply and usage of antivirals to support sufficient supply and distribution to target populations, required communications and actions in case of access issues or shortages and alternative supply for cases who have severe infection/antiviral resistant strains. • Maintain influenza antiviral stockpile and facilitate pre-positioning of influenza antivirals in public health units in the late summer to support outbreak management when regular supply channels are limited. • When local supplies are insufficient, deploy supplies and equipment from the provincial influenza antiviral stockpile to support outpatient care and treatment. • Facilitate access to national antiviral stockpiles (where available) when provincial supplies are depleted. • In collaboration with the federal government, monitor supplies for auxiliary treatments (e.g., common antibiotics, anti-fever medications) to identify and address potential shortages.
Acute Care	• Provide provincial policy decisions that support acute care surge capacity, including pediatrics.
IPAC and Outbreak Management	• Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations. • Support the use of case and contact management guidance and outbreak management guidance by public health units for specific settings to support outbreak response, as outlined under the Ontario Public Health Standards. • Support PHUs during large scale (e.g. multi-jurisdictional) investigations with respect to coordination, policy interpretation, and communications. • Support IPAC Hubs with IPAC-related respiratory season preparedness activities delivered to their CLSs. • If required to manage significant and overwhelming respiratory pathogen community spread, develop a provincial public health and social measures strategy based on national recommendations and in consultation with provincial and local partners; support PHUs and provincial ministries to implement public health and social measures in a wide range of settings.

	Expectations
Supplies and Equipment	• Provide recommendations on the stockpiling of PPE and CSE within the health system. • Manage, in coordination with Critical Case Services Ontario, the provincial ventilator stockpile. • Alert the Public Health Agency of Canada of critical supplies and equipment shortages. • Facilitate access to the National Emergency Strategic Stockpile (NESS) when required.

Ministry of Long-term Care

	Expectations
Surveillance, Modelling and Evidence	• Sends communications to long-term care homes in advance of the respiratory illness season to reinforce preparedness and response activities including rigorous disease surveillance. • Monitors cases and outbreaks in long-term care throughout the season and responds as appropriate.
Risk Communication and Public Health Advice	• Communicate provincial risk analysis, expected severity and expected impacts to the long-term care sector. • Develop and communicate provincial response strategies and recommendations for the long-term care sector. • Monitor impacts in long-term care and collect information from regional and local health system partners to inform risk analysis and associated communications and recommendations.
Immunizations	• Collaborate with OCMOH/Vaccine program regarding respiratory illness season vaccine program planning. • Communicate relevant information to long-term care homes. • Encourage uptake and clinic delivery in long-term care. • Address any issues with vaccine distribution and access in long-term care in collaboration with OCMOH/Vaccine program.

Expectations	
Testing (includes Public Health Ontario Lab)	• Communicate information to long-term care partners regarding testing requirements and access to supplies.
Therapeutics and Outpatient Care	• Communicate antiviral eligibility and planning expectations to long-term care homes (e.g. ensuring they have a plan for residents to access antivirals when needed).
IPAC and Outbreak Management	• Develop and communicate respiratory pathogen Infection Prevention and Control (IPAC) and outbreak management recommendations to long-term care homes – including any in addition to requirements under the *Fixing Long-Term Care Act, 2021.* • Reinforce the importance of routine IPAC practices in communications to the sector in advance of the respiratory illness season. • Collaborate with MOH on any additional guidance and/or requirements and communicate them to the long-term care sector.
Supplies and Equipment	• Share information with long-term care homes regarding supplies available through Supply Ontario • Work with Supply Ontario to alert them of any issues and ensure ongoing timely access by homes. • Provide strategic policy direction, and guidance for Ontario's PPE and other CSE and supply chain, working collaboratively with Supply Ontario, health system partners, and other government ministries to support provincial preparedness, resilience, and responsiveness to health system needs and emergencies.

Public Health Ontario

Expectations	
Surveillance, Modelling and Evidence	• Provide scientific and technical advice on the approach to provincial surveillance. • Monitor and analyze the spread, severity and intensity of respiratory pathogen activity internationally, nationally and provincially. • Support local surveillance in collaboration with public health units and other system partners, • Report publicly on provincial seasonal respiratory pathogen activity. • Share surveillance information with the Public Health Agency of Canada and National Microbiology Laboratory as required and to support national surveillance efforts.
Risk Communication and Public Health Advice	• Develop regular risk assessments for the ministry on respiratory pathogen activity, including severity and impacts on specific populations. • As relevant, communicate risk analysis to public health and health system.
Immunizations	• Provide evidence-based advice on immunization program implementation in Ontario, priority populations and clinical guidance. Support investigations, surveillance strategies and analysis of data to assess safety (i.e., adverse events following immunization). • Report coverage and safety data to federal partners. • Provide secretariat support to the Ontario Immunization Advisory Committee (OIAC). • Analyze immunization data to assess immunization coverage rates. • Support investigations and analyze data to assess vaccine safety (i.e., adverse events following immunization). • Support assessment of vaccine effectiveness and program impact. • Provide information on immunization, and the importance of immunizations and being “up to date” with all immunizations (including respiratory pathogen vaccinations) to support health system communications with the public, patients and health care providers. • Support immunization acceptance communication by providing scientific advice and immunization safety information to partners.

Expectations	
Testing	• Provide diagnostic and genomic testing for respiratory pathogens. • Collect, analyze, report, and communicate laboratory surveillance information including antiviral resistance. • Provide leadership on public health testing, including the Ontario COVID-19 Genomic Network and surveillance for emerging variants. • Assist hospital and community laboratories with implementation of respiratory pathogen molecular testing, upon request, including support for verification and validation of testing. • Issue recommendations for testing algorithms to be used across the laboratory network. • Point of care tests evaluation role (for tests approved/licensed by Health Canada). • As applicable, work in coordination with OH and lab system partners as part of the Long-term care/ retirement home respiratory virus testing initiative.
Therapeutics and Outpatient Care	• Provide scientific and technical advice on the effectiveness and use of antivirals and participate in relevant committees. • Monitor antiviral resistance in collaboration with the National Microbiology Laboratory. • Provide testing for antiviral resistance, when indicated.
IPAC and Outbreak Management	• Develop foundational and respiratory pathogen-specific IPAC guidance and recommendations. • Provide secretariat support for the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC-IPC). • Provide scientific and technical expertise to PHUs to support case and contact management, outbreak investigations, and data entry. • Advise on and support laboratory testing for outbreaks, in coordination with the provincial testing network partners. • Collaborate with ministry and health system partners on a coordinated approach to strengthening IPAC programs and outbreak management in all health care settings. • As required, provide scientific and technical advice on local and/or provincial public health measures; provide advice to PHUs to support the implementation of public health measures.

Ontario Health

Expectations	
Surveillance, Modelling and Evidence	• Supports the ministry with modeling and forecasting health system pressures. • Conduct hospital bed capacity surveillance at a provincial level. • Provide PHO and local PHUs with modeling, forecasting and surveillance information from the hospitals and health system as needed to inform their surveillance activities at provincial and local levels.
Risk Communications and Public Health Advice	• Contribute to the Ministry of Health (MOH)'s risk communication and response strategies by sharing information on provincial and regional health system challenges and strategies. • Contribute to and communicate provincial recommendations and response strategies; provide additional interpretation, and guidance as required. • Coordinate with local and regional health partners, including public health, on the development of guidance resources. • Liaise between MOH and OH health system partners, for information and communicating needs and concerns to the MOH. • Support and share sector-specific best practices.
Testing	• Coordinate the Provincial Diagnostic Network, including operational coordination of the Ontario Respiratory Pathogens Genomics Program. • Collect, analyze, report, and communicate laboratory surveillance information. • Coordinate the Provincial Respiratory Virus Testing Program (PRVTP) to facilitate increased access to combined COVID-19, influenza, and RSV testing for residents of long-term care and retirement homes.
Therapeutics and Outpatient Care	• Provide clinical guidance on drug therapy in consultation with the Ontario Health Infectious Diseases Advisory Committee. • Work with the Ministry of Health, local health care providers and organizations to ensure the needs of underserved populations are met. • Coordinate with local and provincial partners to ensure expanded access to services in response to a system wide surge.

Expectations	
Acute Care	• Support surge management planning and readiness with hospitals, including pediatrics. • As needed, develop guidance and/or direction for hospitals to support surge management planning and optimization of health service delivery, including pediatrics. • Collaborate with the ministry and hospitals on health human resource strategies. • As needed, convene regional and/or provincial response tables to support optimization of health service capacity.
Supplies and Equipment	• In coordination with provincial ministries and Supply Ontario, support the planning and provide clinical guidance. • Work closely with the Ministry of Health identifying and on responding to health supply shortages, leveraging OH's regional coordination role.

Supply Ontario

Expectations	
Testing	• Deploy molecular point of care testing supplies to partners in accordance with eligibility criteria developed in partnership with the Ministry of Health and Ontario Health.
Supplies and Equipment	• Working closely with the Ministry of Health and other government partners, operate and manage Ontario's PPE and other CSE stockpiles and supply chain. • Maintain ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles. • Alert the Ministry of Health of critical supplies and equipment shortages. • Facilitate access to the NESS when provincial PPE and CSE supplies are depleted.

Public Health Units

Expectations	
Surveillance, Modelling and Evidence	• Monitor, provide timely data entry and interpret local, provincial, national and international data for local relevance with a health equity lens to inform and support the Chief Medical Officer of Health's (CMOH) ongoing surveillance. • Communicate expected impacts to local partners to facilitate their preparedness and response efforts. • Conduct surveillance on seasonal respiratory pathogens and outbreaks designated as Diseases of Public Health Significance.
Risk Communications and Public Health Advice	• Communicate with local health system partners regarding the risk analysis for circulating respiratory pathogens and coordinate local response accordingly, including promotion of IPAC, public health measures, and vaccination. • Contribute to the ministry's risk communication and response strategies by sharing information on local risk analysis. • Communicate and reinforce local, regional, and provincial recommendations and response strategies. • Communicate with the public on risk and appropriate public health measures and vaccination. • Issue local public communications to mitigate hesitancy and misinformation and promote evidence-informed public trust and confidence in vaccines.

Expectations	
Immunizations	• Communicate with the public and health care providers on the importance of immunizations and being “up to date” with all immunizations (including respiratory pathogen immunizations). • Undertake preparedness planning and coordinate local immunizations programs to administer vaccines, including providing leadership for hard-to-reach populations. • Support access to on-site immunizations in congregate care settings (e.g., long-term care homes). • Receive, investigate, and conduct local surveillance on reports of adverse events following immunization. • Manage inventory and distribution of immunizations to local immunization providers, including wastage monitoring and controls. • Conduct annual cold chain inspections and monitor compliance for UIIP, COVID-19 and other vaccine storage and handling (VSH) sites, including excursion investigation and management as required. • Maintain plans to support rapid initiation of mass immunization clinics in the event they are required.
Testing	• Make recommendations on testing during outbreaks.
Therapeutics and Outpatient Care	• Participate in pre-positioning option for influenza antivirals based on local risk assessments. • Support local communications on access to outpatient care and treatment, as required.

Expectations	
IPAC and Outbreak Management	• Proactively promote and reinforce ministry IPAC and outbreak management guidance locally, and in accordance with the Infectious Diseases Protocol and the Institutional/Facility Outbreak Management Protocol. • In collaboration with the congregate care setting, investigate, support and respond to an outbreak, including declaring the outbreak and declaring it over, as applicable. Outbreak response should, where possible, account for the operational realities of under-resourced settings and support continuity of essential social, mental health, and other health-related supports during periods of heightened restrictions or outbreak response. • Make collaborative decisions about the management of outbreaks. • As required, direct local public health measures to mitigate spread of respiratory pathogens during an outbreak. Public health and social measures should be evidence-based, proportionate and feasible, especially for populations with limited capacity to isolate or manage service disruptions.

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

Expectations	
Surveillance, Modelling and Evidence	• Report cases and outbreaks to the local Medical Officer of Health as required under the *Health Protection and Promotion Act*. • Monitor residents and staff for symptoms of seasonal respiratory pathogens and initiate assessment and testing when appropriate.
Therapeutics and Outpatient Care	• Discuss potential prophylaxis and treatment options (e.g., Paxlovid, Remdesivir, oseltamivir) with residents and caregivers in advance of potential infection and/or outbreak. • Prioritize assessments for residents who may be eligible for antivirals, including pre-assessing residents for eligibility for antivirals in advance of a positive test or symptoms. • Develop plans for accessing treatment (for example with LTC homes' primary pharmacy provider) to ensure rapid access. • For further information on recommendations for antiviral and therapeutics, see Recommendations for outbreak Prevention and Control in Institutions and Congregate Living Settings, Appendix B Antivirals and Therapeutics April 2024.

Hospitals

Expectations	
Surveillance, Modelling and Evidence	• Report cases and outbreaks to the local Medical Officer of Health as required under the *Health Protection and Promotion Act.* • Report data on critical care clients through the Critical Care Information System (CCIS), as applicable. • Support provincial acute care bed capacity surveillance.

	Expectations
Acute Care	• Maintain and implement surge capacity management plans (e.g., alternative patient care and staffing models) to support and equitable response to increased demands while maintaining other services and ensuring patient safety and care. • Monitor seasonal respiratory pathogen risks and associated surge impacts. • Coordinate with other acute care and non-acute care partners on care optimization and surge response strategies, as necessary. • Work with Ontario Health Regional Tables to collaborate, plan and implement surge strategies.

Paramedic Services

	Expectations
Acute Care	• Maintain and implement surge strategies to support capacity across the province. • Monitor seasonal respiratory pathogen risk and associated surge impacts; coordinate with ministry, acute care, and other health partners on surge response strategies, as necessary.

Ontario Health atHome and Community Care

	Expectations
Therapeutics and Outpatient Care	• Provide care and treatment services for clients and patients eligible to receive services through Ontario Health atHome. • Support delivery of intravenous antivirals dispensed based Ontario Health at Home's Infusion Service Provider (ISP) (pharmacies) for patients receiving nursing care through Ontario Health atHome. • Administer outpatient COVID-19 infusion therapy treatments (e.g., intravenous remdesivir) to patients eligible for nursing services through Ontario Health atHome.

Community Immunization Providers

Expectations	
Immunizations	• Communicate with clients, patients, residents, and health care workers on the importance of immunizations and being "up to date" with all immunizations (including respiratory pathogen immunizations). • Administer immunizations to eligible Ontarians as per ministry guidance and recommendations. ○ For primary care providers that do not administer vaccine, counsel patients on immunizations and advise where patients can get immunized. • Conduct timely reporting of patient immunization data per established processes, including COVID-19 vaccination data in Panorama Guided Workflow (PGW).. • Conduct timely reporting of any adverse events following immunization to the local public health unit. • Manage inventory and cold chain of vaccine supply, including wastage controls. • Collaborate with public health units on local immunization programming. • Collect and report data on influenza immunization coverage for hospitals and long-term care.

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

Expectations	
Testing	• Conduct respiratory pathogen testing or transfer eligible samples to a lab that provides respiratory pathogen testing. • Support whole genome sequencing initiatives for surveillance and outbreak support and report results. • As applicable, work in coordination with OH and PHO as part of the Long-term care/ retirement home respiratory testing initiative. • As applicable, work in coordination with OH and PHO as part of the COVID-19 diagnostic network.

Hospital and Community Pharmacies

	Expectations
Therapeutics and Outpatient Care	• Procure influenza antivirals through normal supply chains. • Dispense antivirals to eligible clients and patients. • Provide timely access to prescribing and/or dispensing services for publicly funded COVID-19 therapeutics (e.g., Paxlovid [nirmatrelvir/ritonavir]) to eligible clients/patients.

IPAC Hubs

	Expectations
IPAC and Outbreak Management	• IPAC Hubs do not directly lead or manage outbreaks in CLSs but are available to support the development and implementation of outbreak management plans, in conjunction with public health partners and CLSs. • Provide IPAC expertise and support to CLSs. • Deliver IPAC education and training. • Support the development of IPAC programs, policies and procedures within sites and organizations. • Support assessments, audits and provide recommendations to strengthen IPAC programs and practice. • Mentor those with responsibilities for IPAC within CLSs • Support CLSs to implement IPAC recommendations. • Host communities of practice and networking opportunities for CLSs. • CLSs that IPAC Hubs support include long-term care homes, retirement homes, residential settings funded by the Ministry of Health, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing.