Ontario Health Plan for an Influenza Pandemic
August 2008

We are pleased to release the fifth edition of the Ontario Health Plan for an Influenza Pandemic (OHPIP), which is designed to guide planning for an influenza pandemic at both the provincial and local levels across Ontario. After five years of pandemic planning, Ontario has made significant progress. We have in place a stockpile of antivirals large enough to meet the needs of people who will be sick enough to require treatment. Our stockpiles of other supplies and materials are almost complete. We have also developed the relationships, communications mechanisms and expertise across the health care system that will allow us to act quickly and consistently to protect the public and reduce the impact of an influenza pandemic, when an emergency of this magnitude occurs.

The 2008 edition of OHPIP provides more detail on the following aspects of pandemic planning: surveillance and reporting systems to monitor a pandemic; occupational health and safety and infection prevention and control measures; the timing, use and availability of antiviral treatment; and the organization and delivery of influenza-related primary care services, including assessment, treatment and referral services. The 2008 edition also includes revisions to the planning guidelines for laboratories, paediatric services and long-term care homes. In addition, OHPIP 2008 provides new chapters on planning and managing certain essential health services during a pandemic, including the services required by people with chronic kidney disease or acute kidney injury, and the province’s blood services.

Ontario is committed to keeping OHPIP up to date, to keeping our plan aligned with the planning assumptions of the Canadian Pandemic Influenza Plan (CPIP), and to revising OHPIP as required to reflect new knowledge and information. We are also committed to the “precautionary principle” set out by Justice Campbell in the final report of the SARS Commission (December 2006), which requires us to take reasonable steps in the face of scientific uncertainty to reduce risk in areas of critical importance such as the protection of health care workers in the workplace.

Once again, Ontario is deeply indebted to the hundreds of individuals and organizations who have served on OHPIP committees and working groups, and contributed to developing our plan, to enhancing our preparedness, and to protecting the health and well-being of their fellow Ontarians. In particular, we would like to mark the fifth anniversary of pandemic planning in Ontario by dedicating the OHPIP to Dr. Sheela Basrur, the former Chief Medical Officer of Health for Ontario, whose leadership and commitment to public health were the driving forces behind pandemic planning in Ontario.

The Honourable David Caplan
Minister

Dr. David Williams
Chief Medical Officer of Health (Acting)
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Cette publication hautement spécialisée n'est disponible qu'en anglais en vertu du règlement 441/97, qui en exempte l'application de la Loi sur les services en français. Pour obtenir de l'aide en français, veuillez communiquer avec le ministère de la Santé et des Soins de longue durée au (416) 327-8974.

Where this document refers to specific legal requirements, this information is being provided for information purposes to assist the parties in complying with these requirements and does not represent legal advice. The parties should refer to the specific requirements in the relevant legislation and seek the advice of counsel if they have any questions.
Preface

About the Ontario Health Plan for an Influenza Pandemic

This is the fourth edition of the Ontario Health Plan for an Influenza Pandemic (OHPIP), which is designed to guide planning at both the provincial and local levels across Ontario. It describes how Ontario’s health care system will respond to an influenza pandemic. OHPIP sets out a comprehensive province-wide approach to health preparedness and response planning, and provides information to guide local pandemic planning groups. OHPIP endeavours to strike a balance between providing enough direction to ensure a consistent provincial health response to an influenza pandemic, and giving local jurisdictions the flexibility to respond to different scenarios that may arise during a pandemic.

The process of developing OHPIP is managed and coordinated by the Emergency Management Unit (EMU) of the Ministry of Health and Long-Term Care. In the event of an influenza pandemic, the health care system’s response will be managed out of a Ministry Emergency Operations Centre (MEOC) located in the EMU.

OHPIP is a living document. It is reviewed annually (or more often if required) and revised to reflect current knowledge and best practices. The steering committee established to oversee health planning for an influenza pandemic includes representatives from emergency management, public health, laboratories, the health care delivery system, labour associations, and regulatory colleges.

While OHPIP focuses on pandemic planning for the health sector, it includes links to other ministries with emergency responsibilities such as Emergency Management Ontario (EMO) of the Ministry of Community Safety and Correctional Services, the Ministry of Community and Social Services, the Ministry of Children and Youth Services, and the Ministry of Labour. Because a pandemic will affect every sector of society, EMO has worked with other provincial ministries and their stakeholders to develop a Provincial Coordinating Plan for an Influenza Pandemic, available on the EMU website: www.health.gov.on.ca/pandemic. That plan will address pandemic planning issues outside the health sector, and focus on maintaining critical infrastructure and meeting human needs.

Occupational Health and Safety

Health care facilities are required to comply with applicable provisions of the Occupational Health and Safety Act (OHSA) and its regulations. Employers, supervisors and workers have rights, duties and obligations under the OHSA. To see the specific requirements under the OHSA, go to:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_9001_e.htm

The Occupational Health and Safety Act places duties on many different categories of individuals associated with workplaces, such as employers, constructors, supervisors, owners, suppliers, licensees, officers of a corporation and workers. A guide to the requirements of the
Occupational Health and Safety Act may be found at:


In addition, the OHSA section 25(2)(h) requires an employer to take every precaution reasonable in the circumstances for the protection of a worker.

Specific requirements for certain health care and residential facilities may be found in the Regulation for Health Care and Residential Facilities. Go to:


There is a general duty for an employer to establish written measures and procedures for the health and safety of workers, in consultation with the joint health and safety committee or health and safety representative, if any. Such measures and procedures may include, but are not limited to, the following:

- safe work practices
- safe working conditions
- proper hygiene practices and the use of hygiene facilities
- the control of infections.

At least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. The employer, in consultation with the joint health and safety committee or health and safety representative, if any, shall develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers’ work.

A worker who is required by his or her employer or by the Regulation for Health Care and Residential Facilities to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training. The employer is reminded of the need to be able to demonstrate training, and is therefore encouraged to document the workers trained, the dates training was conducted, and materials covered during training.

Under the Occupational Health and Safety Act, a worker must work in compliance with the Act and its regulations, and use or wear any equipment, protective devices or clothing required by the employer.

For more information, please contact your local Ministry of Labour office. A list of local Ministry of Labour offices in Ontario may be found at http://www.labour.gov.on.ca/

How to Use This Document

OHPIP is organized into three sections and 22 chapters. The sections are:

I. The Context for Planning for an Influenza Pandemic

II. System-Wide Issues, Activities and Tools

III. Setting-Specific Issues, Activities and Tools

Individuals responsible for overall pandemic planning will benefit from reading the entire plan. Individuals responsible for planning for one particular part of the health response (e.g., primary care services, long-term care homes) will also benefit from reading the entire plan, but they may choose just to read those sections and chapters that are relevant to
their work.

For example:

- **Primary care planners** will be most interested in Section I, Section II, and Chapter 11 of Section III.
- People responsible for pandemic planning in long-term care homes will be most interested in Section I, Section II and Chapter 19 of Section III.

**Chapter Overviews**

The following chapter overviews describe the type of information in each chapter, and whether the chapter has been updated (additions, minor changes) or revised (substantially changed) in 2008.

1. **The Context for Planning for an Influenza Pandemic**
   1. **Background**: provides basic information about influenza and pandemics.
   2. **UPDATED – Roles, Responsibilities and Frameworks for Decision Making**: describes the phases of an influenza pandemic, the roles and responsibilities of different levels of government, and the ethical and emergency management frameworks that provide the basis for Ontario’s plan and response. In the 2008 edition, this chapter has been updated to include any changes in provincial emergency management and health legislation as well as the federal emergency legislation.
   3. **Planning Goals, Approach and Assumptions**: sets out the goals, strategic approach and planning assumptions for Ontario’s plan.

4. **UPDATED – Resources**: provides a list of resources for pandemic planning.

**II System-Wide Issues, Activities and Tools**

5. **UPDATED Surveillance – Detecting and Monitoring the Spread of Influenza**: describes the surveillance activities in place now to monitor influenza in Ontario and detect a pandemic virus strain, as well as those that will be added or changed during a pandemic. The 2008 edition includes some changes to proposed surveillance for an influenza pandemic and provides some information on the web-based surveillance system that will be used for reporting during a pandemic. It also describes how surveillance information will be communicated to the field.

6. **Public Health Measures – Managing the Spread of Influenza**: describes the public health measures that Ontario will use during a pandemic, the triggers for implementing those measures, and the factors that will determine the type and duration of public health measures.

7. **REVISED – Occupational Health and Safety and Infection Prevention and Control**: reinforces the responsibility of employers to provide safe working conditions, and sets out the range of steps that health care organizations, health care workers and the public can take to prevent the spread of influenza and to protect the health workforce. The chapter applies a hierarchy of controls approach to occupational health and safety during a
pandemic, and identifies a range of strategies to reduce risk, including risk, assessments, education and training, modifications to the physical environment, changes to administrative and work practices, and appropriate use of personal protective equipment and other infection control measures.

8. **Optimizing Deployment of the Health Workforce**: describes a competency-based approach to health human resources planning for a pandemic, and the steps that planners, employers and health care workers can take to make the most effective use of knowledge and skills during a pandemic.

9. **UPDATED – Antivirals and Vaccines**: sets out the policies for antiviral and vaccine supply, distribution and use, and describes the steps Ontario has taken to develop an antiviral stockpile as well as plans to acquire and distribute antivirals and vaccine during a pandemic. It also provides important information on the timing of antiviral treatment, antiviral stockpiles, and how antivirals will be distributed.

10. **Equipment and Supplies**: describes the steps that Ontario and health care organizations will take to ensure an adequate, secure supply of equipment and supplies during a pandemic.

11. **REVISED – Influenza Assessment, Treatment and Referral**: describes the approach that Ontario will take to provide influenza-related primary care services during a pandemic (i.e., influenza assessment, treatment and referral services). It describes how Ontario will use existing primary care services – including Telehealth, family health teams, physicians (including paediatricians), other primary care practitioners, community health centres, walk-in clinics and pharmacies – to provide influenza assessment, treatment and referral services. It also describes how communities will plan for alternatives, such as dedicated Flu Centres, in the event existing primary care services are overwhelmed due to the severity of the pandemic. The 2008 edition of OHPIP describes strategies that primary care services can use to meet the need for influenza-related services as well as the steps required to establish and staff Flu Centres.

12. **Communications**: describes the steps that the Ministry of Health and Long-Term Care (MOHLTC) will use to communicate with the public, health care workers and other stakeholders during an influenza pandemic, and provides tools that health care organizations can use to plan their communications activities.

### III Setting-Specific Issues, Activities and Tools

13. **Public Health Services**: sets out the steps the public health system will take to manage the demand for services during an influenza pandemic.

14. **UPDATED – Laboratory Services**: describes how the laboratory system will function during a pandemic, including tests that will be provided and those that may be curtailed or reduced.

15. **Emergency Health Services**: describes the steps that Emergency
Medical Services will take to maintain land and air ambulance services during a pandemic.

16. **Community Health Services:** includes a plan to maintain community-based mental health and addiction services during a pandemic.

17. **UPDATED – Acute Care Services:** sets out approaches that acute care hospitals can use to manage their resources during a pandemic, including determining who will be admitted to critical care and how acute care settings will make decisions about limited resources. The 2008 edition of OHPIP puts information on managing and maintaining essential health services for a particular disease or population group in separate sections, which include: cancer services (developed in 2007), chronic kidney disease and acute kidney injury (new in 2008) and blood services (new in 2008).

18. **UPDATED – Paediatric Services:** discusses the services required to provide care for children and pregnant women during a pandemic and provides new decision support tools for parents/caregivers and health care providers. The chapter has been updated to include more information and tools.

19. **REVISED – Long-Term Care Homes:** sets out guidelines for long-term care homes designed to protect residents and staff during a pandemic, and help long-term care homes continue to provide high quality care.

20. **First Nations:** describes the collaborative efforts of the Province of Ontario, the Government of Canada (through First Nations and Inuit Health), and the First Nations communities to meet the needs of First Nations communities during a pandemic.

21. **NEW – Psychosocial Support:** provides the outline for a chapter on psychosocial support during an influenza pandemic for health care workers, patients and the public that is currently under development.

22. **NEW – Natural Death Surge Planning:** outlines the steps in the death management process including the proper screening, recognition, reporting of and disposition of human remains at the local level.

The diagram in Figure 1 is a summary of the activities described in detail in the OHPIP by each of the WHO Pandemic Periods.

If you have any questions about the 2008 edition of OHPIP, or related pandemic planning initiatives, please contact the ministry’s Emergency Management Unit through the Healthcare Provider Hotline at 1-866-212-2272 (available Monday-Friday from 8:30am – 5:00pm) or by email: emergencymanagement.MOH@ontario.ca.
### Figure 1: Summary of Pandemic Planning and Response Activities by Pandemic Period

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<th>Pandemic Alert Period</th>
<th>Pandemic Period</th>
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<td><strong>Surveillance</strong></td>
<td></td>
<td></td>
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<tr>
<td>Maintain/enhance surveillance activities</td>
<td>Develop pandemic tools</td>
<td>Adjust surveillance activities/update tools</td>
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<td></td>
<td>Disseminate alerts</td>
<td>Distribute pandemic reporting tools</td>
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<tr>
<td></td>
<td>Enhance surveillance activities</td>
<td>Investigate clusters</td>
</tr>
<tr>
<td></td>
<td>Test pandemic surveillance system</td>
<td>Share information</td>
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<tr>
<td><strong>Public Health Measures</strong></td>
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<td></td>
</tr>
<tr>
<td>Assess measures</td>
<td></td>
<td>Implement measures as directed</td>
</tr>
<tr>
<td>Develop tools and guidelines</td>
<td></td>
<td>Assess impact</td>
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<tr>
<td></td>
<td></td>
<td>Adjust measures based on epidemiology and severity</td>
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<tr>
<td><strong>Infection Prevention and Control and Occupational Health and Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop guidelines in consultation with Joint Health and Safety Committee</td>
<td></td>
<td>Adjust if required for pandemic strain</td>
</tr>
<tr>
<td>Educate public and health care providers about infection control</td>
<td></td>
<td>Reinforce infection control practices and OHS controls</td>
</tr>
<tr>
<td>Improve quality and consistency of infection control practices</td>
<td></td>
<td>Monitor effectiveness of infection control measures</td>
</tr>
<tr>
<td><strong>Optimizing Deployment of Health Workforce</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop competency-based approach</td>
<td></td>
<td>Implement HHR plans</td>
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<tr>
<td>Develop tools and guides for health care organizations and health care providers</td>
<td></td>
<td>Assess impact, adjust if required</td>
</tr>
<tr>
<td>Encourage local communities and health care organizations to work with providers to develop HHR plans</td>
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<td></td>
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<tr>
<td>Identify other sources of workers</td>
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<tr>
<td>Recruit and train volunteers</td>
<td></td>
<td></td>
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<tr>
<td>Train health care providers</td>
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</tr>
<tr>
<td>Address legal/liability/insurance issues</td>
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## List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Name</th>
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<tbody>
<tr>
<td>CIDPC</td>
<td>Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada</td>
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<tr>
<td>CCMOH</td>
<td>Council of Chief Medical Officers of Health, Public Health Agency of Canada</td>
</tr>
<tr>
<td>CIOSC</td>
<td>Canadian Integrated Outbreak Surveillance Centre, Public Health Agency of Canada</td>
</tr>
<tr>
<td>CMOH</td>
<td>Chief Medical Officer of Health, Ontario</td>
</tr>
<tr>
<td>CNPHI</td>
<td>Canadian Network for Public Health Intelligence, Public Health Agency of Canada</td>
</tr>
<tr>
<td>CPHLN</td>
<td>Canadian Public Health Laboratory Network, Public Health Agency of Canada</td>
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<tr>
<td>CPIP</td>
<td>Canadian Pandemic Influenza Plan, Public Health Agency of Canada</td>
</tr>
<tr>
<td>EMO</td>
<td>Emergency Management Ontario</td>
</tr>
<tr>
<td>EMU</td>
<td>Emergency Management Unit, Ontario Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Centre, Ontario Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>F/P/T</td>
<td>Federal/Provincial/Territorial</td>
</tr>
<tr>
<td>HHR</td>
<td>Health Human Resources</td>
</tr>
<tr>
<td>iPHIS</td>
<td>integrated Public Health Information System, Ontario Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>HU</td>
<td>Health Unit</td>
</tr>
<tr>
<td>MOH</td>
<td>Medical Officer of Health</td>
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<tr>
<td>MOHLTC</td>
<td>Ontario Ministry of Health and Long-Term Care</td>
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<tr>
<td>MCSCS</td>
<td>Ontario Ministry of Community Safety and Correctional Services</td>
</tr>
<tr>
<td>MCSS</td>
<td>Ontario Ministry of Community and Social Services</td>
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<tr>
<td>MOL</td>
<td>Ontario Ministry of Labour</td>
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<tr>
<td>NACI</td>
<td>National Advisory Committee on Immunization, Public Health Agency of Canada</td>
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<td>NML</td>
<td>National Microbiology Laboratory, Public Health Agency of Canada</td>
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<td>OHPIP</td>
<td>Ontario Health Plan for an Influenza Pandemic, Ontario Ministry of Health and Long-Term Care</td>
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<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>PEOC</td>
<td>Provincial Emergency Operations Centre</td>
</tr>
<tr>
<td>PHAC</td>
<td>Public Health Agency of Canada</td>
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<td>PHD</td>
<td>Public Health Division, Ontario Ministry of Health and Long-Term Care</td>
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<tr>
<td>PIC</td>
<td>Pandemic Influenza Committee, Public Health Agency of Canada</td>
</tr>
<tr>
<td>PIDAC</td>
<td>Provincial Infectious Diseases Advisory Committee, Ontario Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>P/T</td>
<td>Provincial/Territorial</td>
</tr>
<tr>
<td>PTAC</td>
<td>Provincial Transfer Authorization Centre, Ontario Ministry of Health and Long-Term Care</td>
</tr>
<tr>
<td>RCMP</td>
<td>Royal Canadian Mounted Police</td>
</tr>
<tr>
<td>UIIP</td>
<td>Universal Influenza Immunization Program, Ontario Ministry of Health and Long-Term Care</td>
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<tr>
<td>VAAE</td>
<td>Vaccine Associated Adverse Events</td>
</tr>
<tr>
<td>VAER</td>
<td>Vaccine Adverse Events Reporting</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
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Over 400 individuals from public health, clinical care, labour, professional associations, regulatory colleges and government provided their time and expertise to help develop the Ontario Health Plan for an Influenza Pandemic, past and present. The Ministry of Health and Long-Term Care acknowledges their hard work and dedication to protecting the health and safety of Ontarians. The Ministry would also like to acknowledge the support of their employers and colleagues in enabling them to participate in this process.

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Troy Day
Queen’s University
## Preface

Ontario Health Plan for an Influenza Pandemic August 2008

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<td>Cathy Egan</td>
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<td>The Hospital for Sick Children</td>
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<td>Chris Elliot</td>
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<td>Karen Essery</td>
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<td>Gerald A. Evans</td>
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<td>Morris Faccin</td>
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<td>Kelly Falzon</td>
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<td>Cara Francis</td>
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<td>Sarah Friesen</td>
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<td>Brian Gamble</td>
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<td>Greg Gamble</td>
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<td>Linda Gallagher</td>
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<td>Michael Gardam</td>
<td>University Health Network</td>
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<tr>
<td>Seema Jolly</td>
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<tr>
<td>Adam Jones</td>
<td>Clinidata/Telehealth</td>
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<tr>
<td>Deanna Jones-Keeshig</td>
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<td>Kathy Jovanovic</td>
<td>Peel Public Health</td>
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<tr>
<td>Debbie Kanate</td>
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<td>Neena Kanwar</td>
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<td>Jan Kasperski</td>
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<td>Vatche Kelebozian</td>
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<td>David Kelly</td>
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<tr>
<td>Claudia Lai</td>
<td>Ontario Public Drug Programs</td>
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<td>Linda Lafrance</td>
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<td>Larry Lajambe</td>
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<tr>
<td>Brenda Lambert</td>
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<td>Shirley Lanza</td>
<td>Halton Healthcare Services</td>
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<td>Neil Lazar</td>
<td>University Health Network</td>
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<td>Colin Q-T Lee</td>
<td>Simcoe Muskoka District Health Unit</td>
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<td>Yvonne Lee</td>
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<td>Lynn Leggett</td>
<td>Porcupine Health Unit</td>
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<td>Janecka Lenka</td>
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<tr>
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<tr>
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<tr>
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