



NORTHERN INTER-TRIBAL HEALTH AUTHORITY

Pandemic Influenza Plan

Compiled by the
Public Health Unit
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SECTION 1: INTRODUCTION AND BACKGROUND

1.1. The Northern Inter-Tribal Health Authority

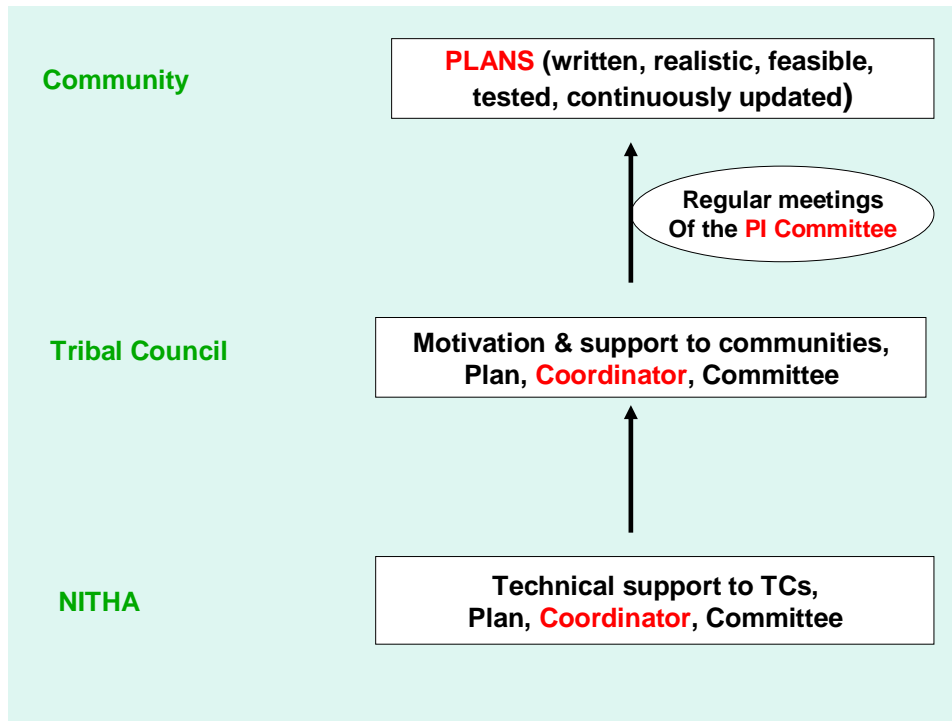
The Northern Inter-Tribal Health Authority Inc. (NITHA) is a partnership organization comprised of Meadow Lake Tribal Council, Lac La Ronge Indian Band, Prince Albert Grand Council and Peter Ballantyne Cree Nation. NITHA's mission is to provide professional support and advice to its partners, enabling them to better meet the needs of their communities. This is directed by the partners and accomplished through research, data collection, proposal development, two-way sound communication, information sharing, policy review, training and standards development.

NITHA provides third level services to 33 First Nation Communities with a total population base of 31,000 people (Indian & Northern Affairs Canada Statistics 2006). The total population for NITHA communities represents approximately 55% of the Saskatchewan on-reserve population, 24% of the Saskatchewan First Nations and 2.9 % of the Saskatchewan population. NITHA communities occupy a total area of 2,026 square kilometers spread within six Regional Health Authorities (Prince Albert Parkland, Kelsey Trail, Mamawetan Churchill River, Keewatin Yatthe, Prairie North and Athabasca Health Authority). The population density is approximately 13 people per square kilometer.

1.2. NITHA planning vision

The outcome NITHA will continue to pursue at all stages of the planning process is that all communities within the NITHA partnership will be prepared to effectively deal with the negative effects of a pandemic of influenza. For each community, band and tribal council, the preparedness status should be contained in written plans that must be realistic, regularly tested and updated. In this process, tribal councils play a supporting and motivating role, making it vital for tribal councils to have and fill pandemic influenza coordinator positions, as it is difficult to get this type of work effectively done from somebody's desk corner. At all levels, pandemic influenza committees that meet regularly are a key component (Figure 1).

Figure 1: The NITHA pandemic influenza planning vision



1.3. History of pandemic influenza planning in the NITHA partnership

NITHA initiated the pandemic planning process in 2003. Information on pandemic influenza and the planning process were the initial priorities after which a planning template was developed to assist the northern communities of Saskatchewan to create a plan that would enable them to deal with a major communicable disease outbreak. In 2004, NITHA developed a position of communicable disease emergency preparedness coordinator to assist bands and tribal Councils in pandemic influenza planning. In 2005, tabletop exercises were conducted with the majority of NITHA communities to assist them in looking critically at their plans. These exercises were repeated in 2007 and were expanded to include representatives from regional health authorities. Currently in September 2012 the Communicable disease emergency preparedness coordinator position was expanded to an emergency response coordinator position in efforts to broaden emergency preparedness and response initiatives outside of communicable disease.

1.4. Purpose of the present plan

With the fact that there will be another pandemic of influenza, and in view of the threat caused by other emerging communicable diseases, NITHA has a major role in assisting First Nations communities to prepare for these unfortunate but unavoidable events. In this process, it is vital to insure that NITHA provides partner organizations with the necessary skills and technical support they need to prepare themselves and their communities. It is also vital that NITHA has written plans in order to better fulfill its duty of supporting its partners. This is the context in which the present document was compiled.

The main purpose of this document is to serve as a reference for community professionals and NITHA employees to their role of supporting the NITHA partnership to prepare for a pandemic of influenza and other major communicable disease emergencies. The document is also intended to be a reference for supporting the NITHA partnership in providing a coordinated response should a pandemic of influenza or any other major communicable disease emergency occur. For this reason, the present plan is inspired on both the Saskatchewan and the Canadian Pandemic Influenza Plans and is built around the following components:

- Coordination and Communication
- Provision of support and guidance to partners in the preparedness process
- Surveillance
- Vaccines
- Antiviral drugs
- Surge capacity
- Infection control
- Self-care
- Business continuity

For each of the above-mentioned components, we have identified planning goals and main areas needing preparedness. As any other plan, this document is dynamic and will need to be continuously updated according to new developments in the field of pandemic

influenza planning. Although mainly based on pandemic influenza, this plan is intended to be applicable to any other major communicable disease emergency.

1.5. Possible major communicable disease emergencies

It is urgent to prepare for pandemic influenza as the present status of scientific knowledge predicts that it will unfortunately occur. This is the reason why the present plan is mainly based on pandemic influenza however the same principles will apply to other communicable disease situations such as SARS and bio-terrorist attacks.

1.6. Background on pandemic influenza

Various strains of influenza virus circulate throughout the world yearly, often causing local outbreaks and regional epidemics. People are infected by these different strains multiple times throughout their life, thus developing some form of immunity against the slightly changed virus. Periodically, however, a dramatic change will occur in the genetic material of the influenza A virus and a new subtype (novel strain) of the virus will suddenly appear. The protection that people have developed to the influenza that occurs every year will not be helpful against the new subtype because it is a completely different strain.

Potentially everyone will be susceptible to infection with the new (novel) strain, which produces higher than usual rates of illness and death. In such a situation, the virus will spread rapidly around the world, causing a global epidemic known as a pandemic. This has happened three times in the past century. The most dramatic pandemic was in 1918-19, with an estimated 20 million deaths worldwide, and a symptomatic attack rate of 35%. There were also pandemics in 1957 and in 1968-69 associated with lower attack rates and fewer deaths. The 1957 and 1968-69 pandemics combined resulted in an estimated 1.5 million deaths worldwide. Based on the World Health Organization's description of a pandemic of epidemic stages, the National Pandemic Influenza Committee suggests the following Canadian pandemic stages (table 1).

Table 1: Canadian pandemic influenza phases

Phase	Definition	Examples
Inter-pandemic period		
1.0	No new virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be in animals located outside of Canada. If present in animals, the risk of human infection and/or disease is considered to be low.	Highly pathogenic H7N3 detected in poultry outside of Canada
1.1	No new virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection is present in animals in Canada but the risk of human infection and/or disease is considered to be low.	Highly pathogenic H7N3 detected in a poultry flock in Canada.
2.0	No new virus subtypes have been detected in humans. However, an animal influenza virus subtype that poses substantial risk to humans is circulating in animals located outside of Canada	Highly pathogenic H5N1 detected in poultry flocks outside of Canada.
2.1	No new virus subtypes have been detected in humans. However, an animal influenza virus subtype that poses substantial risk to humans is circulating in animals in Canada.	Highly pathogenic H5N1 detected in poultry flocks in Canada.
Pandemic alert period		
3.0	Outside Canada human infection(s) with a new subtype are occurring, but no human-to-human spread, or at most, rare instances of spread to a close contact have been observed. No cases identified in Canada.	Outside Canada sporadic human cases are occurring in connection to an avian outbreak.
3.1	Single human case(s) with a new subtype detected in Canada. The virus is not known to be spreading	Case imported into Canada from area outside Canada

	from human-to-human or, at most, rare instances of spread to a close contact have been observed.	experiencing an avian outbreak. Case arising in Canada “de novo” or in association with an avian outbreak in Canada.
4.0	Outside Canada small cluster(s) with limited human-to-human transmission are occurring but spread is highly localized, suggesting that the virus is not well adapted to humans. No cases identified with these cluster(s) have been detected in Canada.	Outside Canada small cluster(s) of human cases with a novel virus are occurring in connection to an avian outbreak.
4.1	Single human case(s) with the virus that has demonstrated limited human-to-human transmission detected in Canada. No cluster(s) identified in Canada.	Detection of an imported case in Canada that is infected with the novel virus known to be causing small cluster of human cases outside Canada.
4.2	Small localized clusters with limited human-to-human transmission are occurring in Canada but spread is highly localized, suggesting that the virus is not well adapted to humans.	Detection of a localized cluster in cases in Canada linked to an imported case or from cases arising in Canada.
5.0	Outside Canada larger cluster(s) are occurring but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). No cases	Outside Canada larger cluster(s) of human cases with a novel virus are occurring.

	identified with these clusters have been detected in Canada.	
5.1	Single human case(s) with the virus that is better adapted to humans detected in Canada. No cluster(s) identified in Canada.	Detection of an imported case in Canada that is infected with the virus known to be causing larger clusters of human cases outside Canada.
5.2	Larger localized cluster(s) with limited human-to-human transmission are occurring in Canada but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).	Detection of a large but localized cluster of cases in Canada linked to an imported case OR from cases arising in Canada.
Pandemic period		
6.0	Outside Canada increased and sustained transmission in the general population has been observed. No cases have been detected in Canada.	Countries outside of Canada have reported sustained transmissions of the new virus in their populations.
6.1	Single human case(s) with the pandemic virus detected in Canada. No cluster(s) identified in Canada.	Detection of an imported case in Canada that is infected with the pandemic virus.
6.2	Localized or widespread pandemic activity observed in the Canadian population.	Large number of clinical cases being rapidly identified in Canada with no history of travel to an affected area.

It is impossible to predict when the next influenza pandemic will occur or how severe its impact will be. Since there may be little warning, contingency planning is required to minimize the effects of a pandemic. Most experts believe that once a novel strain of influenza is detected, it will take between one and six months from time of initial identification to the time that outbreaks begin to occur simultaneously throughout Canada. It is predicted that the effects of an influenza pandemic on individual communities will last from six to eight weeks with a second wave occurring three to nine months after the initial wave.

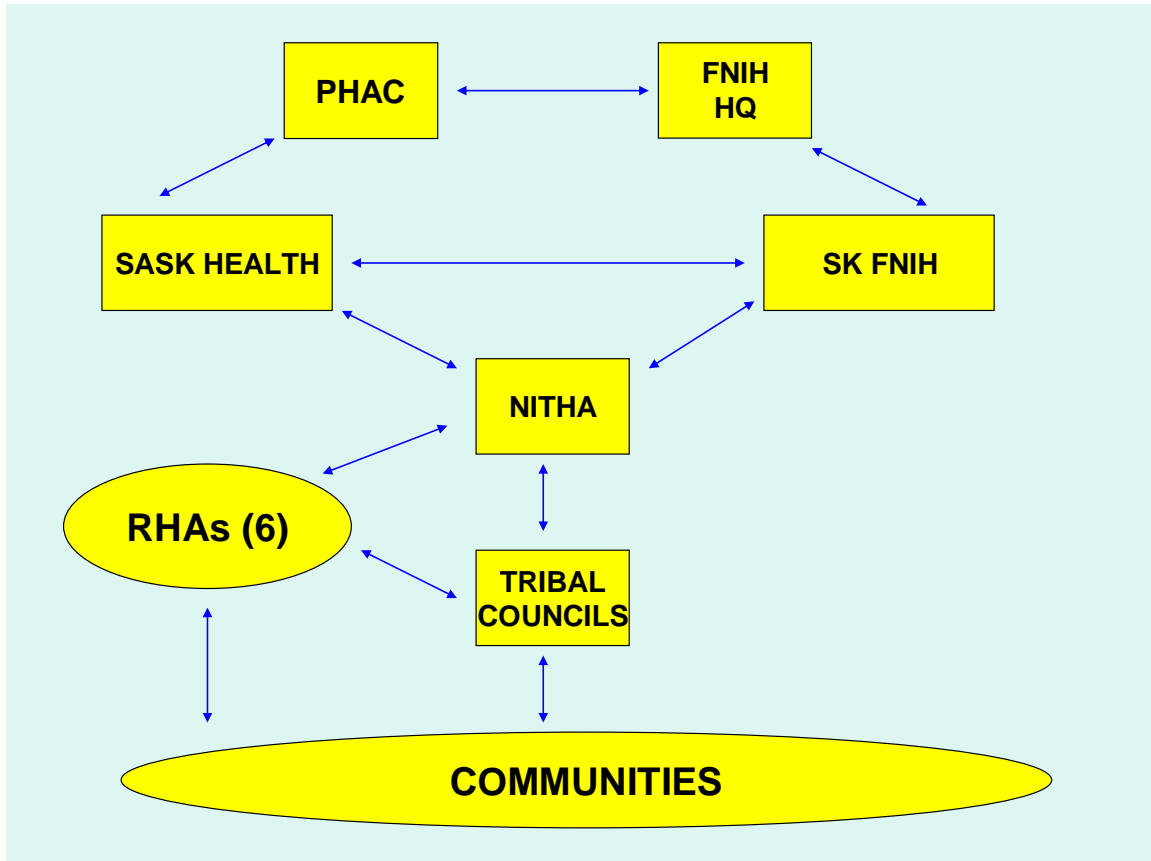
Unlike other public welfare emergencies, an influenza pandemic will impact multiple communities across Canada simultaneously. The need for advanced planning for a large scale and widespread health emergency is necessary to minimize illness and death due to the pandemic. Each local jurisdiction must be prepared for the event of a pandemic and be aware that external resources and support will likely be extremely limited.

The National Pandemic Influenza Committee developed a template to calculate the estimated impact of a pandemic of influenza. These estimates are based on the following assumptions:

- 70% of the population will be infected
- 25% of the population will become clinically ill during the first wave
- 10% of the population will become clinically ill during the second wave
- 50% of those who will become ill will seek outpatient care
- 1% of those who will become ill will be hospitalized
- 0.4% of those who will become ill will die
- There will be a 25% absenteeism rate during peak 2 weeks.

SECTION 2: COORDINATION AND COMMUNICATION

Figure 2: NITHA pandemic influenza communication flow



The above diagram summarizes the communication channels that will guide the NITHA office in case of a pandemic of influenza or other major communicable disease emergency.

The planning goal of NITHA is to insure effective coordination and communication with all stakeholders and partners before, during and after the occurrence of a major communicable disease emergency in order to avoid confusion and thus maximize efficiency. This requires a definition of roles of different players in the communication channel.

2.1. NITHA Pandemic Influenza Preparedness Committee

This committee is chaired by the NITHA Medical Health Officer and comprises the following members: The Nurse Epidemiologist, the Communicable Disease Control Nurse, the Communicable Disease Emergency Preparedness Coordinator, the Primary Care Nurse Specialist, the Community Health Nursing Specialist, the Home Care Nursing Specialist, the TB Program Coordinator, the Environmental Health Advisor and a representative from each of the four NITHA partners. The role of this committee is to coordinate the preparedness for and the response to a pandemic of influenza. Before the pandemic, this committee should meet three times a year to assess the preparedness status and make recommendations on areas of future emphasis.

The NITHA Pandemic Influenza Preparedness Committee as outlined above has been disbanded and will be reinstated when pandemic influenza indicators increase as per the Public Health Agency of Canada. The only change to the committee upon reinstatement will be the omission of the Communicable Disease Emergency Preparedness Coordinator seat as this will be replaced by the Emergency Response Coordinator position.

2.2. Communication strategy

2.2.1. Pre-pandemic phase

NITHA will continue to co-ordinate preparedness activities at provincial and regional levels through the participation of its representatives in various committees as shown in table 2. Please realize that as the imminent threat of pandemic has decreased not all committees are functioning or meeting on a regular basis. NITHA will endeavor to participate in all relevant committees as pandemic stage indicators increase based on surveillance and direction from the Public Health Agency of Canada.

Table 2: Pandemic influenza committees on which NITHA is represented

Committee	Representative
Saskatchewan Pandemic Technical Advisory Committee	Emergency Response Coordinator
Saskatchewan Antivirals Committee	Medical Health Officer
Saskatchewan Vaccine Committee	Nurse Epidemiologist
Pandemic Planning Northern Collaborative	Medical Health Officer & Emergency Response Coordinator
Prince Albert Parkland Health Region Pandemic Influenza Committee	Medical Health Officer & Emergency Response Coordinator
Prince Albert Parkland Health Region Antivirals Committee	Medical Health Officer
Prairie North Health Region Pandemic Influenza Committee	Emergency Response Coordinator
Provincial Pandemic Planning Management Committee	Medical Health Officer

Through participation in these committees, NITHA representatives will ensure that issues related to preparedness in communities under the NITHA partnership are brought forward and are addressed. Relevant information learned in the process of participating in these committees should be shared with members of the NITHA Pandemic Influenza Committee through formal reports to this committee. Representatives from the four NITHA partners on the NITHA Pandemic Influenza Committee are expected to brief their respective agencies on the planning status and to incorporate relevant information acquired in this manner in the plans of the agencies and communities they represent.

2.2.2. Pandemic phase

As soon as a pandemic is declared by the World Health Organization (WHO), the NITHA Medical Health Officer (MHO) will receive this information from the Saskatchewan Chief MHO and will relay it immediately to the NITHA partners through their Pandemic Influenza Coordinators. Within each NITHA partner agency, Health Directors in liaison with their Pandemic Influenza Coordinators or designates will relay this information to the pandemic influenza chairs of all communities so that plans can be activated at all levels.

The MHO will be the contact person for communication with FNIH, the Public Health Agency of Canada (PHAC), the Saskatchewan Ministry of Health, the Regional Health

Authorities and the media. The NITHA Emergency Response Coordinator (ERC) will be the contact person for communication with Tribal Councils and communities. In terms of communication strategy, the ERC will be the alternative in case the MHO is not available. Contact persons at community and Tribal Council level will be appointed by each community and Tribal Council as part of their plans. The NITHA Pandemic Influenza Committee will meet regularly to assess the situation and decide what information to give to Tribal Councils and Communities.

2.2.3. Post-pandemic phase

As soon as the Federal Minister of Health declares the end of the pandemic, the MHO will receive this information from the Saskatchewan Chief MHO and will immediately advise the communities and Tribal Councils so that they can activate their plans for a gradual resumption of usual activities. The communication strategy described in the pandemic phase will be valid during the post-pandemic phase.

2.2.4. Coordination

At all stages of the emergency, coordination of activities will be assumed by the MHO. In his absence, the ERC will take over. According to the Prince Albert Parkland Health Region pandemic influenza plan, the NITHA MHO is "Alternative MHO" in that health region and will perform MHO's duties in case the RHA MHO is unavailable. Reciprocally, should the NITHA MHO be unavailable, functions legally requiring a MHO will be fulfilled by the Prince Albert Parkland Health Region MHO. In his absence, the MHO for Northern Regions will fulfill this role. The list of contact people is given in appendix 1.

SECTION 3: SUPPORT & GUIDANCE TO PARTNERS IN THE PREPAREDNESS PHASE

In keeping with its mission, NITHA will continue aiming at providing its partners with the support they need to prepare their communities for a pandemic of influenza and other communicable disease emergencies. More specifically, NITHA's goals include providing its partnership with the materials needed for effective preparedness, providing the needed assistance during the preparedness activities and increasing the communities' surge capacity to increase their ability of dealing with a pandemic of influenza and other possible communicable disease emergencies. Increasing surge capacity calls for an identification of training needs for health care workers and community members who may provide services in a volunteer capacity during a communicable disease emergency. This situation also calls for a preparation of proper training materials prior to implementing the training itself.

At this stage, it is adequate to mention steps already undertaken towards the attainment of these goals and on which one needs to build. The planning template that was prepared in September 2003 was expanded into a "Communicable Disease Emergency Preparedness Manual for First Nations Communities in Northern Saskatchewan". This manual was the basis of workshops that were attended by 160 community members in the fall of 2004 before communities and tribal councils embarked in the drafting of their plans with the assistance of the NITHA based Communicable Disease Emergency Preparedness Coordinator. Later in the process, Tribal Council Pandemic Influenza Coordinator joined the NITHA CDEPC in providing this support to communities. Besides the planning manual, educational materials targeting communities have been produced. These include an Infection Control Manual for Community Members and a Self-Care manual produced in conjunction with the Saskatchewan Regional Office of FNIH. Tabletops organized in the falls of 2006 and 2007 were an opportunity for communities and tribal councils to look critically at their plans and identify areas that needed improvement.

NITHA will continue to update the above-mentioned materials and produce or adapt new ones as the need arises. Tabletops will be organized at least once every two years.

Training materials in the context of increasing surge capacity will be produced in the spring of 2008. The training for health workers (including Community Health Representatives) and potential volunteers will start during the fiscal year 2008-2009. At present table top initiatives are ongoing and planning is in progress for exercises in 2012/2013 pending financial allocations.

SECTION 4: SURVEILLANCE

Surveillance is the ongoing collection, analysis and interpretation of health data in order to improve decision-making. Pandemic influenza surveillance is being conducted at all levels of the public health system and is required to determine when, where and which microorganisms are circulating, where the high risk populations are, what the intensity and impact of microorganisms are and which unusual events occur.

Planning goals for surveillance include enabling NITHA communities to detect unusual health events as soon as they occur and inform the NITHA office according to a structured communication strategy. This will enable the NITHA office to carry out an epidemiological analysis and advise relevant stakeholders such as Communities, Tribal Councils, Regional Health Authorities, the Saskatchewan Ministry of Health and FNIH. One of the roles of NITHA is also to inform NITHA partners on the trend of pandemic influenza around the world.

In the past, during the influenza season, a certain number of influenza sentinel points operate in various part of the province. In order to give a comprehensive picture of the spread of influenza in northern Saskatchewan, NITHA communities of Deschambault Lake and Pelican Narrows participate in influenza sentinel surveillance that is conducted in conjunction with the 3 northern Regional Health Authorities. Starting in September 2009, schools in Canoe Lake, Fond du Lac and Sturgeon Lake will participate in community based sentinel surveillance. Furthermore, whenever an unusual health event such as an outbreak of influenza like illness occurs in a community, the NITHA MHO is informed by the Nurse in Charge of the affected community. The NITHA MHO in turn advises the MHO of the Regional Health Authority where the affected community is located in such a way that this information ends up being included in the influenza surveillance report that is forwarded to the Saskatchewan Ministry of health. The NITHA MHO and Nurse Epidemiologist participate in the Canadian Network for Public Health Intelligence (CNPHI) through the Canadian Integrated Outbreak Surveillance Centre (CIOSC). As such, they have the possibility of posting alerts on this system whenever the need arises. NITHA supports ongoing surveillance and will continue to recommend the above practice within the Partnership.

SECTION 5: VACCINE

5.1. Facts and planning assumptions

Vaccination is the most effective strategy to reduce influenza related morbidity and mortality. Influenza vaccine administered annually will not confer cross-immunity against the pandemic flu virus strain because this will emerge as a result of a genetic shift or re-assortment. It is estimated that once a novel virus responsible for a pandemic influenza is identified, it may take several months to develop an effective vaccine. This vaccine will be injectable and two doses will be given 4 weeks apart. The present preparation status from the point of view of vaccine manufacturing companies is that enough vaccine will be available to vaccinate all Canadians within one month of the vaccine being available in the country.

Mass immunization clinics will be the most effective strategy to vaccinate the entire population within one month and all pandemic influenza plans at the community level include mass immunization. During the 2008-2009 influenza season, pilot flu mass immunization clinics were conducted in four communities and these showed that it is indeed possible to implement this strategy at the community level within the desired 4 month period.

However, if for any reason not enough vaccine is available for the entire population in the early stages following vaccine production, communities will need to implement vaccination according to priority groups that will be established nationally and provincially and that may be revised according to the epidemiology of the pandemic.

5.2. Planning goals

In supporting Tribal councils and Communities with regard to vaccine, NITHA pursues five outcomes:

- The seasonal influenza vaccine should be promoted. Although seasonal influenza vaccine will not provide cross-immunity against the pandemic influenza strain, a gradual uptake increase will contribute towards an increased national vaccine production capacity.
- The size of different priority groups in each Tribal Council and Community should be identified in order to determine the amount of vaccine needed for each priority group.
- Vaccine distribution and storage mechanisms should be defined during the pre-pandemic phase.
- Communities should have plans to implement mass vaccination with the goal of immunizing the entire population with two injectable doses within one month.
- Community members should have accurate information regarding the vaccine and the rationale behind the definition of priority groups.

5.3. Promotion of seasonal influenza vaccine

Before and soon after the beginning of every influenza season, information pertaining to the advantages of the flu vaccine is disseminated to all NITHA communities in form of memos, pamphlets and health messages broadcasted on local radio stations.

*Table 3: Doses of influenza vaccine given in NITHA communities
During the 2013/2014 influenza season*

Group	Number of doses given	% of eligible
<9yrs of age	2438	35.3
10 years to < 65 years	5709	23
65 years and older	630	46.8

At present, seasonal influenza vaccine is available to all Saskatchewan residents at no cost. NITHA continues to support and encourage seasonal vaccinations within the Partnership.

NITHA will continue to implement measures that are presently being implemented and will consider other strategies that have the potential of achieving the same or better results in promoting influenza vaccine.

5.4. Priority groups defined in the early planning stages

Once an effective pandemic influenza vaccine starts being manufactured, it will eventually be available in enough quantity to vaccinate all Canadians. However, if for any reason not enough vaccine is available in the early stages, communities will need to implement vaccination according to the priority groups that will be defined nationally and provincially and that may be revised according to the epidemiology of the pandemic.

All Tribal Councils and Bands have already determined the number of people in each of the priority groups that were defined nationally during the earlier stages of pandemic influenza preparedness planning (see appendix 2). These groups are:

- Group 1: Health care workers, paramedics/ambulance attendants and public health workers
- Group 2: Essential service providers (Police, firefighters, armed forces, key emergency response decision makers, utility workers [water, gas, electricity, telephone, communications], funeral service/mortuary personnel, people who work with institutionalized populations, persons who are employed in public transportation and the transportation of essential goods such as food and gasoline)
- Group 3: Persons at high risk of severe or fatal outcomes (Persons in nursing homes, long-term care facilities, homes for the elderly, persons with high-risk medical conditions living independently in the community, persons over 65 years of age living independently and not included above, children 6 months to 23 months of age (current vaccines are not recommended for children under 6 months), pregnant women)
- Group 4: Healthy adults
- Group 5: Children 24 months to 18 years

Taking into consideration the current knowledge on the epidemiology of the A(H1N1) influenza pandemic, these priority groups are being revised. The population sub-groups (not priority groups) proposed most recently in the Canadian pandemic influenza plan are:

Category	Population Sub-Group	Working Definition
Occupational	Health care workers	Persons who work in settings where essential health care is provided.
	Public health responders	Persons essential to the public health response.
	Key health decision-makers	Persons whose decision-making authority is necessary for implementing and maintaining the health response.
	Pandemic societal responders	Persons who are trained or primarily involved in the provision of an essential service that, if not sustained at a minimum level, would threaten public health, safety or security.
	Key societal decision-makers	Persons whose decision-making authority will be necessary, at the time of the pandemic, to minimize societal disruption.
High risk (of poor outcome)		Groups in which epidemiological evidence indicates increased risk of poor outcome.*
Healthy children and adults	Healthy children	Individuals 2-17 years of age who do not have a high-risk medical condition.
	Healthy adults	Individuals, 18 years of age and older, who do not have a medical condition or fit into an age category that would make them high risk and who do not fall into an occupation-based priority group.

*Might include existing high-risk groups as defined by the National Advisory Committee on Immunization: persons with underlying chronic disease, residents of long-term care homes, persons aged 65+, healthy children aged 6-23 months and pregnant women.

Vaccine needs in the NITHA partnership according to the above-mentioned population sub-groups is given in appendix 3.

5.5. Vaccine management

During a pandemic of influenza, vaccine will be dispatched according to the present flow: NITHA receives the vaccine from the Saskatchewan Ministry of Health and dispatches it as soon as possible to the communities. In order to minimize the risk of vaccine loss (i.e. through accidental freezing) contact will be established with communities in such a way that vaccine can be either picked up from the NITHA office or be sent by an agreed means at an agreed time. If necessary, vaccine will be stored for a minimum period in the NITHA vaccine fridge which must be locked at all times. The NITHA Nurse Epidemiologist will be responsible for coordinating vaccine management.

In the event of not enough vaccine being available for the entire population (this is very likely to occur soon after the onset of vaccine production), the distribution will be based on the principle that population subgroups in all communities must be covered in the order defined nationally and provincially. For this, the NITHA office will use the number of people in each priority group as received from each community and agency office and contained in appendices 1 and 2. If the first amount of vaccine received is not enough to cover an entire population subgroup in all communities, the following formula will be applied to determine the number of doses to be sent to each community:

$$N = \frac{DR \times PGC}{PGT}$$

Legend

N	Number of doses to send to a community
DR	Number of doses received at NITHA
PGC	Number of people in a given priority group in a given community
PGT	Number of people in a given priority group in the entire NITHA partnership

Example	
Number of people in priority group 1 in community A (PGC)	40
Total number of people in priority group 1 in the entire NITHA partnership (PGT)	1200
Number of vaccine doses received at NITHA (DR)	600
Number of doses to send to community A for priority group 1 ($600 \times 40/1200$)	20

5.6. Mass immunization clinics

According to present projections regarding the availability of the pandemic influenza vaccine, the public health community should be prepared to vaccinate the entire population within one month following the onset of distribution of pandemic flu vaccine.

In the NITHA partnership, the majority of mass immunization clinics will take place at the community level and this aspect of preparedness is crucial for all communities and tribal councils. This entails not only stockpiling supplies needed for such an exercise, but also agreeing on the roles and responsibilities of staff that will take part in mass vaccination and logistical aspects including the flow of clients at the mass vaccination site. Supplies for mass vaccination will be provided by FNIHB. However, a certain number of communities have already purchased enough supplies to vaccinate their population. In order to guide communities, a template of proposed supplies is given in appendix 4. An estimate of the number of immunizers required per community is given in appendix 5.

During every influenza season, the Nurse Epidemiologist and the Communicable Disease Control Nurse run an influenza immunization clinic in the NITHA office to cover the NITHA staff. This activity will continue during the pandemic.

5.7. Staff orientation

NITHA organizes an annual inoculist's certification for nurses. Nurses holding a valid inoculist's certification at the time of pandemic flu vaccination will be allowed to immunize. The NITHA Nurse Epidemiologist, the NITHA Home Care Nurse Specialist and Nurse Managers at second level will be responsible for continuously updating the database on nurses' certification.

5.8. Vaccine documentation

At the time of this update (March 2012) paper documentation will be used up until Panorama is implemented within the NITHA Partnership. The communities of James Smith, Fond du Lac, and Black Lake will be using SIMS (Saskatchewan Immunization Management System). The preceding paragraph will be amended to reflect the changes that Panorama implementation will cause to the above agreement.

5.9. Reporting adverse events following vaccination

This process will be similar to what is currently taking place. Using the specific provincial form for this purpose, nurses will report such events to the medical health officer who will make recommendations to the nurses and forward the information to the Ministry of Health.

5.10. Public information on vaccine

In order to avoid confusion and misconceptions, it is crucial that correct information related to pandemic flu vaccine be widely disseminated before and during the pandemic. This information includes the difference between the seasonal influenza and the pandemic influenza vaccines, the absence of cross immunity to pandemic influenza from the seasonal flu vaccine as well as the rationale behind the selection of the priority groups, should this be necessary. Such information was included in the training that NITHA gave to community members during the initial training on pandemic influenza preparedness in 2005. This was also included in the planning template and in scenarios during tabletop exercises that NITHA organized in 2006 and 2007. NITHA will continue to include vaccine related scenarios in future tabletop exercises and will continue to update this information if new developments occur. Pandemic Influenza Planning Committees at Tribal Council and Community levels should insure that their plans include strategies to disseminate and regularly update the same information for the benefit of people we serve.

SECTION 6: ANTIVIRALS

6.1. Background on antivirals

Antivirals are drugs that act against viruses. In Canada, oseltamivir (Tamiflu®) and zanamivir (Relenza®) are approved to treat influenza A and B and are expected to be effective during a pandemic of influenza. Amantadine (Symmetrel®) is also approved for both prophylaxis and treatment of influenza A only as it is not effective against influenza B. Although amantadine is no longer being widely used in Canada as a result of growing resistance of seasonal influenza virus strains, this drug may play a role during the pandemic of influenza in situations where oseltamivir and zanamivir are contraindicated or unavailable or in combination with other antivirals.

Antivirals should preferably be started within 48 hours of onset of signs. In this case, these drugs can reduce the duration and the severity of the disease. Zanamivir is approved for those aged 7 years and above. According to the present pandemic influenza planning status, publicly funded antivirals in Canada will be used for the treatment of patients.

6.2. The national and provincial antiviral stockpiles

The national antiviral stockpile was created in the fall of 2004 as a result of a joint federal, provincial and territorial purchase of oseltamivir capsules. Several assumptions were used to estimate the amount of antivirals purchased. Key assumptions included a pandemic of mild to moderate severity, a clinical attack rate of 35% for the first wave, and a pandemic wave of six weeks duration. The creation of a national stockpile helps ensure equitable access to a secure supply of antivirals in Canada in advance of a pandemic, along with equitable access to these drugs through governmental control. The national stockpile was distributed on a per capita basis to each of the provinces and territories, meaning that provincial antivirals stockpiles will cover all residents in provinces, including on-reserve residents. However, this stockpile does not cover the Department of National Defense which has a separate stockpile.

As of May 2009, Saskatchewan has a stockpile of antivirals (oseltamivir and zanamivir) enough for 173,638 courses of treatment. More zanamivir and pediatric oseltamivir are on order for delivery in 2009, enough for an additional 27,500 courses of treatment for a total of about 200,000 courses of treatment. This is enough to treat 17.5% of the population which is the estimated proportion of people who will seek medical attention for influenza.

There is also a national emergency stockpile of antiviral medications which may be used to supplement provincial/territorial stockpiles if necessary. The pediatric doses of oseltamivir are in capsules as per the 2008 national agreement to purchase pediatric dose capsules instead of suspension given the longer shelf life of capsules.

Amantadine will form a small part of the stockpile with the intention to be used as a co-treatment with other antiviral medication in certain clinical situations, not as a standalone treatment. As from April 29, 2009, Oseltamivir and Zanamivir have been added to the Saskatchewan Drug Plan and will be covered by the Saskatchewan Ministry of Health.

6.3. The Saskatchewan Antiviral Working Group

The Saskatchewan Antiviral Working Group of which the NITHA Medical Health Officer is a member was formed in late 2005 and has met by teleconference nearly every month since December 2005. Its mandate includes providing advice, expertise and recommendations in the development and ongoing update and revision of the provincial antiviral implementation strategy for pandemic influenza response. It is responsible to engage the key partners to develop antiviral implementation strategy in accordance with the national guidelines. The group identified operational and logistic issues in antiviral implementation strategy and provides technical advice and recommendations concerning antiviral storage, distribution, transportation, security issues, delivery and monitoring as well as communications. Its work guides the regional health authorities in their task of resolving logistics for the distribution of antivirals in their jurisdictions.

At the time of this update (March 2012) the Saskatchewan Antiviral Working Group has been disbanded due to the decreased threat of imminent pandemic influenza. It is assumed that this group will be remobilized as the threat level dictates.

6.4. Planning goals

With regards to antivirals, NITHA pursues two goals: through their participation in the activities of the Saskatchewan Antiviral Working Group and those of pandemic influenza committees of regional health authorities where NITHA communities are located, NITHA representatives in these committees work toward ensuring equity for NITHA communities in terms of access to antivirals. NITHA aims also at facilitating the dissemination of correct information in the partnership regarding the planned use of antivirals.

6.5. Distribution of antivirals from the SK Ministry of Health to RHAs

At a trigger to be decided by the Ministry of Health, the ministry will deliver half of the antiviral stockpile to regional health authorities. These regional allocations will cover all persons in the regions (including on-reserve First Nations residents) who will seek medical care as a result of influenza. The remaining half will be reserved by the ministry to use as need arises across the province, for example in those areas treating out of jurisdiction persons. The ministry will be responsible to provide secure transportation for delivery from the provincial stockpile location to central locations within regional health authorities.

Within each regional health authority, discussions will take place regarding the locations where antivirals will be stationed such that patients diagnosed with influenza can access and start them within 48 hours of onset of signs and symptoms, the window period for a maximum effectiveness of this medication. It is crucial for First Nations to take part in these discussions within health regions to ensure that issues specific to isolated communities are taken into account.

6.6. Distribution of antivirals to First Nations communities

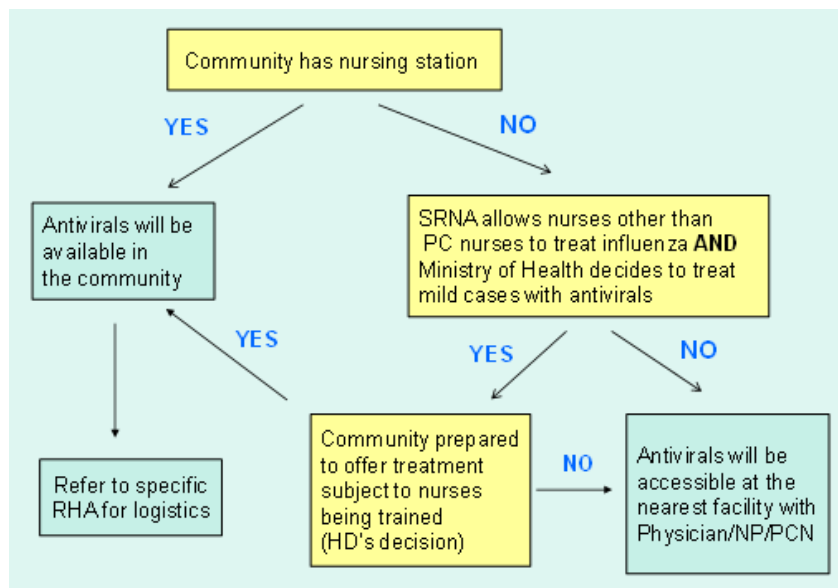
The distribution of antivirals will be coordinated by regional health authorities for all residents within their boundaries, including First Nations reserves. Where these medications will be distributed depends on whether a community has a nursing station or

not, as antivirals are prescription drugs that must be prescribed by a physician, a nurse practitioner or a primary care nurse.

Because of the foreseeable surge in the number of patients who may need these medications during the pandemic and the need to temporarily increase the number of health workers to treat influenza, negotiations are ongoing between the Saskatchewan Ministry of Health and the Saskatchewan Registered Nurses Association (SRNA) that might end in a bylaw to enable nurses other than primary care nurses to be trained in diagnosing and treating influenza, including prescribing antivirals. For this purpose, NITHA has compiled and submitted a training module to the SRNA through the Provincial Medical Technical Advisory Committee (PMTAC).

Whether health centres other than nursing stations will be allowed to diagnose and treat influenza or not will depend on the SRNA's response. This will also depend on whether it will be decided at provincial level that mild cases of influenza will be treated with antivirals as community health nurses will not be expected to treat moderate and severe cases. In NITHA communities, a further aspect to be considered is whether or not health directors of communities that have community health centres will be prepared to see these health facilities treat influenza cases (Figure 3).

Figure 3: Distribution of antivirals to First Nations communities



6.6.1 Communities within MCRHR, KYHR and AHA

- The Population Health Unit (PHU) for the three northern regions receives the allotment of antivirals from the Saskatchewan Ministry of Health.
- The PHU sends the antivirals to a main pharmacy contracted by each RHA. Pharmacies currently contracted by each RHA are:
 - AHA: Crescent Heights Pharmacy
 - KY: Northwest Pharmacy
 - MCR: Medi-Cross Pharmasave
- The contracted pharmacies would then deliver the antivirals to hospitals, health region primary care health centres, community pharmacies (La Loche Drugmart, Buffalo Narrows Pharmacy, Northern Pharmacy [Ile a la Cross], La Ronge Drugs, Harbour Pharmacy, Flin Fon Pharmacy) and First Nations nursing stations (Southend, Pelican Narrows, Montreal Lake, Stanley Mission, Hatchet Lake, Deschambault Lake, Buffalo River, Birch Narrows, English River, Canoe Lake, Black Lake, Fond du Lac). The PHU will keep 10% of the stock to be able to assist areas that may have a higher patient load.
- Hospitals and clinics will provide medications which will be tracked using a tracking form (antivirals utilization form) that will be faxed back to the contracting pharmacy.

6.6.2. Communities within Prince Albert Parkland Health Region (PAPHR)

Montreal Lake Health Centre

Montreal Lake is the only First Nation community within PAPHR with a nursing station. Technically, this community is in MCR Health Region. Arrangements have been made between Medi-Cross Pharmasave and the PAPHR Regional Pharmacy so that the stock of antivirals for this nursing station will be transferred from MCR Health Region to the PAPHR Regional Pharmacy. The PAPHR Regional Pharmacy will transfer to the contracted pharmacy for this nursing station (Medi-Cross Pharmasave, Prince Albert) 50% of the amount of antivirals allocated to Montreal Lake. Primary care nurses will prescribe and dispense antivirals according to provincial guidelines. To account for the stock of antivirals,

prescribers at the nursing station will complete the antiviral utilization sheet (appendix 7) that will be faxed on a daily basis to the contracted Pharmacy where the antivirals came from. A copy of this sheet will be faxed to the Regional Pharmacy for their records. The contracted pharmacy will enter this data on the Saskatchewan Prescription Drug Plan System (SPDPS) from where the information will be loaded hourly onto the Pharmacy Information System (PIP).

Community health centres (Little Red, Wahpeton, Sturgeon Lake and James Smith Health Centres)

It has been agreed within PAGC that, if the SRNA allows community health nurses to be trained and prescribe antivirals and if the severity of the pandemic is such that services of community health nurses have to be utilized for treating mild cases of influenza, community health centres under PAGC will act as flu assessment centres. In this case, the regional pharmacy will transfer 50% of the amount of antivirals allocated to each community to the contracted pharmacies (see list of contracted pharmacies below). It was also agreed within PAGC that nurses will be collecting the antivirals from their contracted pharmacies every morning and will be returning the remainder every evening. Antivirals will be prescribed according to provincial guidelines and will be dispensed at the health centres. To account for antivirals, prescribers will complete the antiviral utilization sheet that will be faxed on a daily basis to the contracted pharmacies where the information will be entered onto the Saskatchewan Prescription Drug Plan System.

The list of contracted pharmacies is as follows:

- Montreal Lake Health Centre: Medi-Cross Pharmasave, Prince Albert
- Little Red Health Centre: Crescent Heights, Prince Albert
- Wahpeton Health Centre: Crescent Heights, Prince Albert
- Sturgeon Lake Health Centre: Medical Pharmacy, Prince Albert
- James Smith: Melfort Pharmasave.

6.6.3. Communities within Prairie North Health Region

Waterhen Lake Health Centre

This is the only First Nation nursing station within Prairie North Health Region. At the trigger to be decided by the Ministry of Health, the Prairie North Regional Pharmacy will receive the stock of antivirals allotted to this region. The Prairie North Regional Pharmacy will provide Waterhen Lake Health Centre with antivirals. Primary care nurses will prescribe and dispense antivirals according to provincial guidelines. To account for the stock of antivirals, the health centre staff will complete the antiviral utilization form that will be faxed on a daily basis to the regional pharmacy. The regional pharmacy will either enter the information in the Saskatchewan Prescription Drug Plan System or will forward it to the Saskatchewan Ministry of Health where it will be entered into the system.

Community health centres (Flying Dust, Island Lake, and Makwa)

If the SRNA allows community health nurses to be trained and prescribe antivirals and if the severity of the pandemic is such that services of community health nurses have to be utilized for treating mild cases of influenza, these community health centres will act as flu assessment centres at the condition that their health directors make this decision. In this case, the Prairie North Regional Pharmacy will provide these health centres with antivirals. Trained community health nurses will prescribe and dispense antivirals according to provincial guidelines. To account for the stock of antivirals, the health centre staff will complete the antiviral utilization form that will be faxed on a daily basis to the regional pharmacy. The regional pharmacy will either enter the information in the Saskatchewan Prescription Drug Plan System or will forward it to the Saskatchewan Ministry of Health where it will be entered into the system.

6.6.4. Communities within Kelsey Trail Health Region

None of the communities within this region has a nursing station. If the SRNA allows community health nurses to be trained and prescribe antivirals and if the severity of the pandemic is such that services of community health nurses have to be utilized for treating mild cases of influenza, these community health centres will act as flu assessment centres. In this case, the Kelsey Trail Regional Pharmacy will make antivirals available to these health centres on per capita basis. Trained community health nurses will prescribe and dispense antivirals according to provincial guidelines. To account for the stock of antivirals, the health centre staff will complete the antiviral utilization form that will be faxed on a daily basis to the regional pharmacy. The regional pharmacy will either enter the information in the Saskatchewan Prescription Drug Plan System or will forward it to the Saskatchewan Ministry of Health where it will be entered into the system.

6.7. Communication regarding antivirals

The sharing of correct information in relation to the planned distribution and use of antivirals is crucial. This will minimize misconceptions, alleviate anxieties and will contribute to a correct use of antivirals. NITHA will continue to implement communication in this regard through different strategies such as sharing minutes of the Antiviral Working Group meetings, debriefing on important developments and inclusion of antivirals related scenarios in tabletop exercises organized for tribal councils and communities.

SECTION 7: INFECTION CONTROL

Influenza is one of the most contagious diseases. It is transmitted directly through droplets produced when people infected with the influenza virus cough, sneeze or talk. Transmission can also occur indirectly through contaminated objects. As such, good infection control practices, especially hand washing and cough etiquette, play a major role in decreasing person to person transmission of influenza.

The first planning goal is to assist communities in enhancing practices that reduce infection transmission in the course of usual daily activities in the homes, at work, at community gatherings such as wakes and during outdoor activities. For this purpose, the Community Health Status and Surveillance Unit (CHSSU) of NITHA produced an Infection Control Manual for Community Members in 2006. This manual was distributed to all communities in the NITHA partnership and it was officially introduced to Community Health Representatives and Home Health Aids (HHA) in February 2008. The manual has been distributed to all households in the NITHA partnership.

The second planning goal is to assist in minimizing the transmission of infection at health facilities, which calls for an enhancement of the routine infection control measures at all health facilities. CHSSU produced an Infection Control Manual for Health Facilities to assist those in charge of equipment sterilization at community level. Early in the 2008/2009 fiscal year, a needs assessment regarding equipment sterilization was conducted at all facilities of the NITHA partnership that carry out equipment sterilization as a way of identifying gaps between the present practices and the Canadian standard. This needs assessment paved the way for the formulation of recommendations to address corrective action.

Reducing infection transmission at health facilities in the context of severe respiratory illness calls for the implementation of practices that facilitate the early detection of cases of such illnesses. This calls also for the initiation of adequate measures such as a proper patient flow and the correct use of protective equipment by patients and health workers. During the 2008/2009 fiscal year, the Severe Respiratory Illness Screening Tool adopted by the Medical Health Officers' Council of Saskatchewan (MHOCOS) was introduced to nurses of the NITHA partnership. Furthermore, health facilities need to include in their

plans a patient flow susceptible of reducing the mixing of severe respiratory illness patients with other clients.

FNIHB has distributed personal protective equipment (PPE) to nursing stations. A second round of distribution will target community health centres. To ensure that PPE is use effectively, NITHA sent to all communities copies of a selected video on the correct use of PPE.

One of our specific preparedness objectives is to mask fit test all nurses working in NITHA communities. This exercise is ongoing and a database to this effect has been initiated.

SECTION 8: SURGE CAPACITY

Surge capacity refers to the ability of a community to deal with the burden associated with an unusual event. As First Nations communities' access to nursing and physician services may be limited during a pandemic of influenza, surge capacity within the NITHA communities has been identified as a priority. Enhancing the capacity of health care workers and volunteers to deal with the implications of an influenza pandemic will be an essential component of preparedness. To achieve this enhancement, training of health workers and volunteers is necessary.

In order to competently deliver training programs that would be viable and relevant to the training needs of Health support workers, NITHA has conducted a training needs assessment for health workers and community members who may work as volunteers during the pandemic. Health support workers include Community Health Representatives (CHRs) and Home Health Aids (HHAs). This training needs assessment was the basis for the development of a training curriculum and training materials. Training of various groups of workers in specific identified areas using these training materials started during the 2008/2009 financial year.

SECTION 9: BUSINESS CONTINUITY

Business continuity planning (BCP) is a proactive planning process that ensures critical services or products are delivered during a disruption. A business continuity plan includes plans, measures and arrangements to ensure the continuous delivery of critical services and products. It must identify necessary resources to support business continuity, including personnel, information, equipment, financial allocations, legal counsel, infrastructure protection and accommodations (Public Safety Canada, 2008).

With regard to business continuity planning, NITHA's role is dual: First, the NITHA office should have its own business continuity plan. Furthermore, in keeping with its mission, NITHA should support its partners by providing them with guidelines to mitigate as much as possible disruption of societal functioning during a pandemic of influenza. These guidelines are contained in the planning template. Tribal councils and communities should take them into consideration in the process of compiling their plans. It is necessary that each organization and business at community level has its own business continuity plan.

As recommended by Public Safety Canada, all organizations should ensure that the following aspects are included in their business continuity plans:

Business continuity governance: This should be in the form of a committee that will ensure senior management commitments and define senior management roles and responsibilities.

Business impact analysis (BIA): The purpose of the BIA is to identify the organization's mandate and critical services or products; rank the order of priority of services or products for continuous delivery or rapid recovery; and identify internal and external impacts of disruptions.

Plans, measures and arrangements for business continuity: This step consists of the preparation of detailed response/recovery plans and arrangements to ensure continuity. These plans and arrangements detail the ways and means to ensure critical services and products are delivered at minimum service levels. Continuity plans should be made for each critical service or product.

Readiness procedures: Business continuity plans can be smoothly and effectively implemented by:

- Having all employees and staff briefed on the contents of the BCP and aware of their individual responsibilities
- Having employees with direct responsibilities trained for tasks they will be required to perform, and be aware of other teams' functions

After training, exercises should be developed and scheduled in order to achieve and maintain high levels of competence and readiness. While exercises are time and resource consuming, they are the best method for validating a plan.

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- Distribution of antiviral medications in the event of an influenza pandemic, Saskatchewan Antiviral Working Group, August 5, 2009.
- Summary of distribution of antivirals in Prince Albert Parkland Health Region (PAPHR) during the 2009/2010 flu pandemic, Antiviral Working Group, PAPHR.
- Process for antiviral distribution, Saskatchewan Northern Regions.

APPENDIX 1: Contact List

NITHA office

Name	Function	Office number	Cell
Dr. Nnamdi Ndubuka	Medical Health Officer	953-0673	961-4245
Shirley Woods	Nurse Epidemiologist	953-0672	961-3621
Patrick Hassler	Emergency Response Coordinator	765-2416	960-8024
James Piad	CD Control Nurse	765-2413	
Mohamad Elrafihi	Environmental Health Advisor	765-2421	961-3148

Bands and Tribal Councils

External call lists can be requested at this time and will be released per external agency privacy policies.

APPENDIX 2 – Estimate of Vaccine Needs in case of Pandemic Influenza

Name of the community: **Birch Narrows Dene Nation**

Total population: 650

CATEGORY	NUMBER
Health care workers (all categories)	14
Administrative staff at the health centre	1
Housekeeping staff at the health centre	1
TOTAL GROUP 1	16
Essential service providers	
▪ Policeman	2
▪ Firefighters	0
▪ Key Emergency response decision makers	8
▪ Water services personnel	2
▪ Gas services personnel	0
▪ Electricity services personnel	0
▪ Mortuary & Funeral services personnel	0
▪ Correctional services staff	0
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	9
TOTAL GROUP 2	21
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	0
▪ Persons with chronic conditions	75
▪ Persons aged 65 years and above living independently in the Community (not included above)	6
▪ Children 6 months to 23 months	33
TOTAL GROUP 3	114
Persons aged 24 months to 18 years	260

Name of the community: **Black Lake**

Total population: 1500

CATEGORY	NUMBER
Health care workers (all categories)	11
Administrative staff at the health centre	1
Housekeeping staff at the health centre	1
TOTAL GROUP 1	13
Essential service providers	
▪ Policeman	
▪ Firefighters	
▪ Key Emergency response decision makers	
▪ Water services personnel	
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)& education staff (school)	
TOTAL GROUP 2	20
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	0
▪ Persons with chronic conditions	30
▪ Persons aged 65 years and above living independently in the Community (not included above)	34
▪ Children 6 months to 23 months	60
TOTAL GROUP 3	124
Persons aged 24 months to 18 years	600

Name of the community: **Buffalo River**

Total population: 1260

CATEGORY	NUMBER
Health care workers (all categories)	26
Administrative staff at the health centre	2
Housekeeping staff at the health centre	2
TOTAL GROUP 1	30
Essential service providers	
▪ Policeman	4
▪ Firefighters	0
▪ Key Emergency response decision makers	10
▪ Water services personnel	3
▪ Gas services personnel	5
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	0
▪ Correctional services staff	0
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	11
TOTAL GROUP 2	33
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	6
▪ Persons with chronic conditions	117
▪ Persons aged 65 years and above living independently in the Community (not included above)	0
▪ Children 6 months to 23 months	40
TOTAL GROUP 3	163
Persons aged 24 months to 18 years	450

Name of the community: **Canoe Lake First Nation**

Total population: 900 + 600 - includes James Bay and Cole Bay (Population approximately 600)

CATEGORY	NUMBER
Health care workers (all categories)	30
Administrative staff at the health centre	3
Housekeeping staff at the health centre	1
TOTAL GROUP 1	34
Essential service providers	
▪ Policeman	2
▪ Firefighters	8 + 4 first responders
▪ Key Emergency response decision makers	7
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	24
TOTAL GROUP 2	47
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	159
▪ Persons aged 65 years and above living independently in the Community (not included above)	10
▪ Children 6 months to 23 months	78
TOTAL GROUP 3	247
Persons aged 24 months to 18 years	477

Name of the community: **Clearwater River**

Total population: 500

CATEGORY	NUMBER
Health care workers (all categories)	10
Administrative staff at the health centre	3
Housekeeping staff at the health centre	2
TOTAL GROUP 1	15
Essential service providers	
▪ Policeman	
▪ Firefighters	8
▪ Key Emergency response decision makers	8
▪ Water services personnel	3
▪ Gas services personnel	4
▪ Electricity services personnel	2
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	
TOTAL GROUP 2	25
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	22
▪ Persons aged 65 years and above living independently in the Community (not included above)	24
▪ Children 6 months to 23 months	24
TOTAL GROUP 3	70
Persons aged 24 months to 18 years	280

Name of the community: **Cumberland House Cree Nation**

Total population: 519

CATEGORY	NUMBER
Health care workers (all categories)	3
Administrative staff at the health centre	8
Housekeeping staff at the health centre	1
TOTAL GROUP 1	12
Essential service providers	
▪ Policeman	0
▪ Firefighters	0
▪ Key Emergency response decision makers	0
▪ Water services personnel	2
▪ Gas services personnel	0
▪ Electricity services personnel	0
▪ Mortuary & Funeral services personnel	1
▪ Correctional services staff	0
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	0
TOTAL GROUP 2	3
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	0
▪ Persons with chronic conditions	75
▪ Persons aged 65 years and above living independently in the Community (not included above)	12
▪ Children 6 months to 23 months	15
TOTAL GROUP 3	102
Persons aged 24 months to 18 years	326

Name of the community: **Deschambault Lake**

Total population: 1000

CATEGORY	NUMBER
Health care workers (all categories)	15
Administrative staff at the health centre	10
Housekeeping staff at the health centre	2
TOTAL GROUP 1	27
Essential service providers	
▪ Policeman	3
▪ Firefighters	5
▪ Key Emergency response decision makers	0
▪ Water services personnel	3
▪ Gas services personnel	2
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	1
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	6
TOTAL GROUP 2	20
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	0
▪ Persons with chronic conditions	120
▪ Persons aged 65 years and above living independently in the Community (not included above)	0
▪ Children 6 months to 23 months	21
TOTAL GROUP 3	141
Persons aged 24 months to 18 years	457

Name of the community: **English River**

Total population: 645

CATEGORY	NUMBER
Health care workers (all categories)	6
Administrative staff at the health centre	15
Housekeeping staff at the health centre	1
TOTAL GROUP 1	22
Essential service providers	
▪ Policeman	2
▪ Firefighters	5
▪ Key Emergency response decision makers	3
▪ Water services personnel	1
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	2 taxi drivers
TOTAL GROUP 2	13
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	
▪ Persons aged 65 years and above living independently in the Community (not included above)	47
▪ Children 6 months to 23 months	1
TOTAL GROUP 3	48
Persons aged 24 months to 18 years	187

Name of the community: **Flying Dust**

Total population: 500

CATEGORY	NUMBER
Health care workers (all categories) 2 includes Home Health Aides	11
Administrative staff at the health centre	6
Housekeeping staff at the health centre	1
School Staff	14 – school staff
TOTAL GROUP 1	32
Essential service providers	
▪ Policeman	1
▪ Firefighters	6
▪ Key Emergency response decision makers	10
▪ Water services personnel	6
▪ Gas services personnel	
▪ Electricity services personnel	1
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	1 – Medical Clerk 2 – garbage collectors
TOTAL GROUP 2	27
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	3
▪ Persons with chronic conditions	180
▪ Persons aged 65 years and above living independently in the Community (not included above)	28
▪ Children 6 months to 23 months	30
TOTAL GROUP 3	241
Persons aged 24 months to 18 years	250

Name of the community: **Fond du Lac**

Total population: 900

CATEGORY	NUMBER
Health care workers (all categories)	30
Administrative staff at the health centre	15
Housekeeping staff at the health centre	3
TOTAL GROUP 1	48
Essential service providers	3
▪ Policeman	3
▪ Firefighters	6
▪ Key Emergency response decision makers	
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	50-teacher/teacher aids
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	10
TOTAL GROUP 2	74
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	150
▪ Persons aged 65 years and above living independently in the Community (not included above)	
▪ Children 6 months to 23 months	57
TOTAL GROUP 3	207
Persons aged 24 months to 18 years	340

Name of the community: **Grandmother's Bay**

Total population: 335

CATEGORY	NUMBER
Health care workers (all categories)	5
Administrative staff at the health centre	0
Housekeeping staff at the health centre	1
TOTAL GROUP 1	6
Essential service providers	
▪ Policeman	0
▪ Firefighters	5
▪ Key Emergency response decision makers	1
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	1
▪ Mortuary & Funeral services personnel	0
▪ Correctional services staff	0
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	0
TOTAL GROUP 2	9
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	0
▪ Persons with chronic conditions	41
▪ Persons aged 65 years and above living independently in the Community (not included above)	0
▪ Children 6 months to 23 months	30
TOTAL GROUP 3	71
Persons aged 24 months to 18 years	140

Name of the community: **Hall Lake**

Total population: 458

CATEGORY	NUMBER
Health care workers (all categories)	5
Administrative staff at the health centre	0
Housekeeping staff at the health centre	1
TOTAL GROUP 1	6
Essential service providers	
▪ Policeman	0
▪ Firefighters	0
▪ Key Emergency response decision makers	1
▪ Water services personnel	1
▪ Gas services personnel	5
▪ Electricity services personnel	0
▪ Mortuary & Funeral services personnel	0
▪ Correctional services staff	0
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	0
TOTAL GROUP 2	7
Persons at high risk of severe or fatal outcomes	6
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	4
▪ Persons with chronic conditions	50
▪ Persons aged 65 years and above living independently in the Community (not included above)	10
▪ Children 6 months to 23 months	30
TOTAL GROUP 3	100
Persons aged 24 months to 18 years	200

Name of the community: **Hatchet/Wollaston Lake**

Total population: 1128-1140

CATEGORY	NUMBER
Health care workers (all categories)	4
Administrative staff at the health centre	12
Housekeeping staff at the health centre	1
TOTAL GROUP 1	17
Essential service providers	
▪ Policeman	5
▪ Firefighters	9
▪ Key Emergency response decision makers	5
▪ Water services personnel	2
▪ Gas services personnel	1
▪ Electricity services personnel	0
▪ Mortuary & Funeral services personnel	0
▪ Correctional services staff	1
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	8
TOTAL GROUP 2	31
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	1
▪ Persons with chronic conditions	164
▪ Persons aged 65 years and above living independently in the Community (not included above)	0
▪ Children 6 months to 23 months	52
TOTAL GROUP 3	217
Persons aged 24 months to 18 years	598

Name of the community: **Island Lake**

Total population: 1000

CATEGORY	NUMBER
Health care workers (all categories)	8
Administrative staff at the health centre	5
Housekeeping staff at the health centre	1
TOTAL GROUP 1	14
Essential service providers	
▪ Policeman	
▪ Firefighters	
▪ Key Emergency response decision makers	6
▪ Water services personnel	1 - sewer
▪ Gas services personnel	5
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	2
TOTAL GROUP 2	14
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	Off Reserve
▪ Persons with chronic conditions	117
▪ Persons aged 65 years and above living independently in the Community (not included above)	21
▪ Children 6 months to 23 months	48
TOTAL GROUP 3	186
Persons aged 24 months to 18 years	421

Name of the community: **James Smith**

Total population: 2877

CATEGORY	NUMBER
Health care workers (all categories)	36
Administrative staff at the health centre	
Housekeeping staff at the health centre	
TOTAL GROUP 1	36
Essential service providers	
▪ Policeman	
▪ Firefighters	15
▪ Key Emergency response decision makers	15
▪ Water services personnel	5
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	4
TOTAL GROUP 2	39
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	232
▪ Persons aged 65 years and above living independently in the Community (not included above)	53
▪ Children 6 months to 23 months	51
TOTAL GROUP 3	336
Persons aged 24 months to 18 years	387

Name of the community: **Kitsaki (La Ronge)**

Total population: 2240

CATEGORY	NUMBER
Health care workers (all categories)	58
Administrative staff at the health centre	0
Housekeeping staff at the health centre	2
TOTAL GROUP 1	60
Essential service providers	
▪ Policeman	2
▪ Firefighters	0
▪ Key Emergency response decision makers	20
▪ Water services personnel	8
▪ Gas services personnel	0
▪ Electricity services personnel	1
▪ Mortuary & Funeral services personnel	1
▪ Correctional services staff	2
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	0
TOTAL GROUP 2	34
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	8
▪ Persons with chronic conditions	200 +
▪ Persons aged 65 years and above living independently in the Community (not included above)	30 +
▪ Children 6 months to 23 months	150
TOTAL GROUP 3	388 +
Persons aged 24 months to 18 years	950

Name of the community: **Little Red Reserve**

Total population: 550 – M.L. 350 - LLR

CATEGORY	NUMBER
Health care workers (all categories)	10
Administrative staff at the health centre	3
Housekeeping staff at the health centre	1
TOTAL GROUP 1	14
Essential service providers	
▪ Policeman	
▪ Firefighters are hired each spring – 6 per band	12
▪ Key Emergency response decision makers	10
▪ Water services personnel	2
▪ Gas services personnel	4
▪ Electricity services personnel	0
▪ Mortuary & Funeral services personnel Church men who dig graves	4
▪ Correctional services staff	0
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	Taxi - M.L. – 2 LLR - 2
TOTAL GROUP 2	36
Persons at high risk of severe or fatal outcomes	33
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	None on Reserve
▪ Persons with chronic conditions	91 on chronic list
▪ Persons aged 65 years and above living independently in the Community (not included above)	
▪ Children 6 months to 23 months	45
TOTAL GROUP 3	169
Persons aged 24 months to 18 years	449

Name of the community: **Makwa Sahgaiehcan**

Total population: 1149 (approximately) Sept 23/03

CATEGORY	NUMBER
Health care workers (all categories)	16
Administrative staff at the health centre	1
Housekeeping staff at the health centre	5
TOTAL GROUP 1	22
Essential service providers	
▪ Policeman	
▪ Firefighters	6
▪ Key Emergency response decision makers	
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	6
TOTAL GROUP 2	14
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	180 approximately
▪ Persons aged 65 years and above living independently in the Community (not included above)	20
▪ Children 6 months to 23 months	70 approximately
TOTAL GROUP 3	270
Persons aged 24 months to 18 years	640 approximately

Name of the community: **Montreal Lake**

Total population: 1200

CATEGORY	NUMBER
Health care workers (all categories)	24
Administrative staff at the health centre	
Housekeeping staff at the health centre	
TOTAL GROUP 1	24
Essential service providers	
▪ Policeman	3
▪ Firefighters	5
▪ Key Emergency response decision makers	7
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	3 Bus drivers
TOTAL GROUP 2	20
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	216
▪ Persons aged 65 years and above living independently in the Community (not included above)	27
▪ Children 6 months to 23 months	48
TOTAL GROUP 3	
Persons aged 24 months to 18 years	391

Name of the community: **Sucker River**

Total population: 288

CATEGORY	NUMBER
Health care workers (all categories)	7
Administrative staff at the health centre	
Housekeeping staff at the health centre	1
TOTAL GROUP 1	8
Essential service providers	
▪ Policeman	
▪ Firefighters	5
▪ Key Emergency response decision makers	1
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	
TOTAL GROUP 2	8
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	50
▪ Persons aged 65 years and above living independently in the Community (not included above)	10
▪ Children 6 months to 23 months	20
TOTAL GROUP 3	80
Persons aged 24 months to 18 years	120

Name of the community: **Pelican Narrows**

Total population: 3000

CATEGORY	NUMBER
Health care workers (all categories)	42
Administrative staff at the health centre	5
Housekeeping staff at the health centre	2
TOTAL GROUP 1	49
Essential service providers	
▪ Policeman	9
▪ Firefighters	6
▪ Key Emergency response decision makers	
▪ Water services personnel	4
▪ Gas services personnel	6
▪ Electricity services personnel	2
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	18
TOTAL GROUP 2	45
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	60
▪ Persons with chronic conditions	387
▪ Persons aged 65 years and above living independently in the Community (not included above)	40
▪ Children 6 months to 23 months	187
TOTAL GROUP 3	674
Persons aged 24 months to 18 years	1321

Name of the community: **Red Earth**

Total population: 1203

CATEGORY	NUMBER
Health care workers (all categories)	10
Administrative staff at the health centre	11
Housekeeping staff at the health centre	1
TOTAL GROUP 1	22
Essential service providers	
▪ Policeman	2
▪ Firefighters	8
▪ Key Emergency response decision makers	16
▪ Water services personnel	4
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	10
TOTAL GROUP 2	40
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	148
▪ Persons aged 65 years and above living independently in the Community (not included above)	16
▪ Children 6 months to 23 months	49
TOTAL GROUP 3	213
Persons aged 24 months to 18 years	566

Name of the community: **Shoal Lake**

Total population: 700

CATEGORY	NUMBER
Health care workers (all categories)	5
Administrative staff at the health centre	7
Housekeeping staff at the health centre	1
TOTAL GROUP 1	13
Essential service providers	
▪ Policeman	2
▪ Firefighters	5
▪ Key Emergency response decision makers	14
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	10
TOTAL GROUP 2	33
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	80
▪ Persons aged 65 years and above living independently in the Community (not included above)	9
▪ Children 6 months to 23 months	19
TOTAL GROUP 3	108
Persons aged 24 months to 18 years	311

Name of the community: **Southend**

Total population: 1022

CATEGORY	NUMBER
Health care workers (all categories)	12
Administrative staff at the health centre	11
Housekeeping staff at the health centre	1
TOTAL GROUP 1	34
Essential service providers	
▪ Policeman	4
▪ Firefighters	
▪ Key Emergency response decision makers	2
▪ Water services personnel	2
▪ Gas services personnel	2
▪ Electricity services personnel	1
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	9
TOTAL GROUP 2	20
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	187
▪ Persons aged 65 years and above living independently in the Community (not included above)	28
▪ Children 6 months to 23 months	45
TOTAL GROUP 3	260
Persons aged 24 months to 18 years	557

Name of the community: **Stanley Mission**

Total population: 1800

CATEGORY	NUMBER
Health care workers (all categories)	50
Administrative staff at the health centre	4
Housekeeping staff at the health centre	2
TOTAL GROUP 1	56
Essential service providers	
▪ Policeman	4
▪ Firefighters	6
▪ Key Emergency response decision makers	3
▪ Water services personnel	4
▪ Gas services personnel	6
▪ Electricity services personnel	4
▪ Mortuary & Funeral services personnel	5
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	4
TOTAL GROUP 2	36
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	9
▪ Persons with chronic conditions	312
▪ Persons aged 65 years and above living independently in the Community (not included above)	15
▪ Children 6 months to 23 months	79
TOTAL GROUP 3	415
Persons aged 24 months to 18 years	1133

Name of the community: **Sturgeon Lake**

Total population: 1500

CATEGORY	NUMBER
Health care workers (all categories)	48
Administrative staff at the health centre	2
Housekeeping staff at the health centre	1
TOTAL GROUP 1	52
Essential service providers	
▪ Policeman	4
▪ Firefighters	100?
▪ Key Emergency response decision makers	20
▪ Water services personnel	5
▪ Gas services personnel	
▪ Electricity services personnel	1
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	25
TOTAL GROUP 2	155
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	35
▪ Persons with chronic conditions	168
▪ Persons aged 65 years and above living independently in the Community (not included above)	15
▪ Children 6 months to 23 months	85
TOTAL GROUP 3	303
Persons aged 24 months to 18 years	970

Name of the community: **Wahpeton Dakota Nation**

Total population: 294

CATEGORY	NUMBER
Health care workers (all categories)	7
Administrative staff at the health centre	2
Housekeeping staff at the health centre	1
TOTAL GROUP 1	10
Essential service providers	
▪ Policeman	
▪ Firefighters	6
▪ Key Emergency response decision makers	5
▪ Water services personnel	2
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	
TOTAL GROUP 2	13
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	30
▪ Persons aged 65 years and above living independently in the Community (not included above)	5
▪ Children 6 months to 23 months	25
TOTAL GROUP 3	60
Persons aged 24 months to 18 years	128

Name of the community: **Waterhen Lake**

Total population: 875 (On Reserve)

CATEGORY	NUMBER
Health care workers (all categories)	13
Administrative staff at the health centre	2
Housekeeping staff at the health centre	2
TOTAL GROUP 1	
Essential service providers	
▪ Policeman	
▪ Firefighters	
▪ Key Emergency response decision makers	8
▪ Water services personnel	1
▪ Gas services personnel	
▪ Electricity services personnel	
▪ Mortuary & Funeral services personnel	
▪ Correctional services staff	
▪ Staff in public transportation and transportation of essential goods (food, gasoline)	4
TOTAL GROUP 2	13
Persons at high risk of severe or fatal outcomes	
▪ Persons in nursing homes, long-term care facilities & homes for the elderly	
▪ Persons with chronic conditions	133
▪ Persons aged 65 years and above living independently in the Community (not included above)	5
▪ Children 6 months to 23 months	5
TOTAL GROUP 3	143
Persons aged 24 months to 18 years	295

APPENDIX 3 - Vaccine needs according to most recently proposed pop. subgroups

Community	Vaccine Depot Site	On Reserve Population Numbers							
		1 YR	2 YR	3 & 4 YR	5 to 40 YRS	5 to 19 YR	20 to 44 YR	45 to 64 YR	65+ YR
Red Earth	NITHA	42	40	85	989	418	437	112	14
Hatchet Lake	NITHA	47	49	33	1035	478	569	165	39
Deschambault Lake	NITHA	23	39	64	875	178	463	14	40
Waterhen Lake	NITHA	21	17	52	593	303	293	130	27
Fond Du Lac	NITHA	20	37	23	611	293	338	121	113
Makwa	NITHA	36	35	104	953	419	507	161	20
La Ronge	La Ronge	107	84	164	3850	2675	2750	1650	181
Nemeiben River	La Ronge	20	10	18	245	110	128	62	23
Grandmother`s Bay	La Ronge	12	6	23	227	123	121	44	8
Hall Lake	La Ronge	21	17	24	298	167	173	51	17
Montreal Lake	NITHA	19	25	64	32	490	446	199	39
James Smith	NITHA	35	39	77	933	556	671	276	60
Stanley Mission	La Ronge	53	56	83	987	510	537	159	49
Cumberland House	NITHA	30	15	50	450	245	250	130	30
Little Red	NITHA	27	22	22	754	402	403	149	36
Pelican Narrows	NITHA	93	91	171	1066	240	590	938	55

		On Reserve Population Numbers							
Community	Vaccine Depot Site	1 YR	2 YR	3 & 4 YR	5 to 40 YRS	5 to 19 YR	20 to 44 YR	45 to 64 YR	65+ YR
Flying Dust	NITHA	25	25	30	391	238	209	187	42
Sturgeon Lake	NITHA	68	76	146	1701	972	832	285	66
Southend	La Ronge	38	38	65	749	408	417	144	30
Southend Hamlet	La Ronge	0	0	0	4	41	3	7	3
Brabant	La Ronge	1	1	2	23	10	13	12	4
Kinosao	La Ronge	0	0	1	21	17	8	3	1
Birch Narrows	NITHA	37	10	34	420	220	226	83	31
Black Lake	NITHA	32	37	66	1059	492	640	145	47
Buffalo River	NITHA	11	11	22	620	308	300	300	23
Canoe Lake	NITHA	41	26	57	562	314	277	104	551
Clearwater River	NITHA	23	24	21	0	246	0	392	211
English River	NITHA	32	32	64	400	350	425	100	47
Island Lake	NITHA	33	34	50	140	150	120	120	40
Shoal Lake	NITHA	15	15	30	350	210	380	150	9
Wahpeton	NITHA	6	12	27	323	180	160	73	13
Total		968	923	1672	20661	11723	12686	6466	1183

APPENDIX 4 - Proposed List of Supplies for Mass Immunization

Item	Quantity Required	Item	Quantity Required
Adrenalin kits (containing adrenalin, dosage chart, tuberculin syringe and Benadryl)		Paper bags	
Alcohol based waterless hand wash gel		Paper cups	
Alcohol wipes		Paper drapes	
Benadryl		Paper towels	
Cellular phones		Pens	
Client immunization records		Phone book	
Cots/Mats (if not available at the immunization site)		Registration sheets	
Cotton balls		Scissors	
Date stamps and pads		Scotch tape	
Directional signs		Sharps containers	
Freezer packs		Soap	
Juice		Stapler	
Kleenex		Syringes (3cc) with attached 25 gauge needles	
Large garbage bags		Thermal bags (1 for each nursing station)	
Latex free gloves		Vaccine (doses/day)	
Needles, 25 gauge 1" and 1½"		Vaccine cooler/refrigerator	
Pads of paper		Vaccine information sheets	

APPENDIX 5 - Estimate of immunizers required per day based on population (75% uptake)

Community:	Birch Narrows	
Population:	650	
75% uptake:	487.5	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	BLACK LAKE	
Population:	1500	
75% uptake:	1125	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.8
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.6
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5

Community:	Buffalo River	
Population:	1000	
75% uptake:	750	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

Community:	Canoe Lake	
Population:	900	
75% uptake:	675	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

Community:	Clearwater	
Population:	500	
75% uptake:	375	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	Cumberland House	
Population:	519	
75% uptake:	389.25	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	Deschambault Lake	
Population:	1000	
75% uptake:	750	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

Community:	English River	
Population:	645	
75% uptake:	483.75	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	Flying Dust	
Population:	500	
75% uptake:	375	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	Fond du Lac	
Population:	900	
75% uptake:	675	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

Community:	Grandmother's Bay	
Population:	335	
75% uptake:	251.25	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.1

Community:	Hall Lake
Population:	458
75% uptake:	343.5
Immunization over a 30 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.1

Community:	Hatchet Lake
Population:	1140
75% uptake:	855
Immunization over a 30 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.4:
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.6
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.4

Community:	Island Lake	
Population:	1000	
75% uptake:	750	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

Community:	James Smith	
Population:	2877	
75% uptake:	2157.75	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		1.0
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.7
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.6
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		1.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		1.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.9

Community:	Kitsaki	
Population:	2240	
75% uptake:	1680	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.8
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.5
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.5
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		1.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.8
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.7

Community:	Little Red	
Population:	900	
75% uptake:	675	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

Community:	Makwa
Population:	1150
75% uptake:	862.5
Immunization over a 30 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.4
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.6
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.4

Community:	Neimibin River
Population:	288
75% uptake:	216
Immunization over a 30 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.1
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day	0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour	
	#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day	0.1

Community:	Pelican Narrows	
Population:	3000	
75% uptake:	2250	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		1.0
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.7
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.6
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		1.6
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		1.1
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.9

Community:	Red Earth	
Population:	1203	
75% uptake:	902.25	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.4
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3 !
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.6
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.4

Community:	Shoal Lake	
Population:	700	
75% uptake:	525	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.4
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	Stanley Mission	
Population:	1800	
75% uptake:	1350	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.6
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.4
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.9
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.7
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.6

Community:	Sturgeon Lake	
Population:	1500	
75% uptake:	1125	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.4
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.8
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.6
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5

Community:	Birch Narrows	
Population:	650	
75% uptake:	487.5	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.1
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.2

Community:	Waterhen	
Population:	875	
75% uptake:	656.25	
Immunization over a 30 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.3
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 30 days, need this many immunizers per day		0.2
Immunization over a 20 day period at varying rates of Immunizations per Hour		#Immunizers
If immunizer gives 12 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.5
If immunizer gives 17 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3
If immunizer gives 20 injections per hour, for 6 hours, to complete immunizations in 20 days, need this many immunizers per day		0.3

APPENDIX 6 - Process for antiviral distribution in Northern Regions

Athabasca Health Authority

Notes	Hospital	Clinic	Communities included	2008 Covered Pop Est.*
AHA area	Stony Rapids Hospital		Black Lake FN (Chicken 224/225)	1132
			Stony Rapids	250
			Stony Rapids/ Black Lake	1382
			Fond du Lac, Fond du Lac FN (227, 229, 231-33)	884
			Cansell Portage	6
			Uranium City	103
			TOTAL	2375
AHA TOTAL				2375

Keewatin Yatthe Regional Health Authority

Notes	Hospital	Clinic	Communities included	2008 Covered Pop Est.*	
KY area 1	Ile a la Crosse Hospital		Ile a la Crosse	1522	
			TOTAL	1522	
		Buffalo Narrows clinic	Buffalo Narrows	1412	
			TOTAL	1412	
		Beauval/ La Plonge clinic	Beauval	872	
			La Plonge	150	
			Beauval/ La Plonge	1022	
			TOTAL	1022	
				English River FN (Wapachewunak)	596

	English River/ Patuanak clinic	Patuanak	95		
		Patuanak/English River FN	691		
		TOTAL	691		
	Dillon area clinic	Buffalo River DN	804		
		Dillon			
		Michel Village	86		
		St. Georges Hill	21		
		Dillon area	910		
		TOTAL	910		
	TOTAL			5557	
KY areas 2 & 3 - Talk to Prairie North regarding these areas getting their services with them	Meadow Lake Hospital	Canoe Narrows area clinic	Canoe Lake FN	925	
			Canoe Narrows		
			Cole Bay	176	
			Jans Bay	204	
			Canoe Lake area	1304	
			TOTAL	1304	
				Dore Lake	28
				Green Lake	582
				Sled Lake	
				Green Lake/Sled Lake	582
TOTAL			610		
TOTAL			1914		
KY area 4	La loche Hospital		Bear Creek, Black Point, Descharme Lake, Garson Lake, La Loche	3056	
			Clear Water River DN (221- 223)	526	
			TOTAL	3582	
	Birch Narrows clinic			Birch Narrows FN, Turnor Lake (alone, 193b, 194)	621
				Turnor Lake/ Birch Narrows FN	621
				TOTAL	621
	TOTAL			4203	
KY Total			11674		

Mamawetan Churchill River Regional Health Authority

Notes	Hospital	Clinic	Communities included	2008 Covered Pop Est.*
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MCR area 1 - Wait until Sask and Man governments finish their discussions	Flin Flon Hospital		Creighton	1799	
			Flin Flon	290	
			Creighton/ Flin Flon	2089	
			Denare Beach	840	
			Sturgeon Landing (sturgeon weir 184)	60	
			TOTAL	2989	
			TOTAL	2989	
MCR area 2	Flin Flon Hospital	Deschambault clinic	Deschambault	1006	
			TOTAL	1006	
		Pelican Narrows clinic	Pelican Narrows	734	
			Pelican Narrows 184B	1644	
			TOTAL	2378	
		Sandy Bay clinic	Sandy Bay	1287	
	TOTAL		1287		
	MCR area 2 Total			4671	
	Flin Flon Hospital Total			7660	
	MCR area 3 - Manitoba service issue for Kinoosao	La Ronge Hospital		Air Ronge	1189
Grandmother's Bay				369	
Hall Lake					
La Ronge				3139	
Lac La Ronge/ Kitsakie/ Little Hills (158a-b), Morin Lake				3019	
Missinipie				6	
Napatak					
Nemeiban River				334	
Wadin Bay					
La Ronge/ Lac La Ronge Indian Band area					
TOTAL				8056	
Stanley Mission clinic				Stanley Mission northern settlement	
				Stanley Mission (157)	1690
		TOTAL	1690		
Southend Clinic		Brabant Lake	81		
		Southend settlement			
		Southend	1115		
		Kinoosao	70		
TOTAL			1266		
			Hatchet lake (lac la hache)	1271	

		Hatchet Lake clinic	Points North Landing	
			Wollaston Lake	
			Wollaston Lake/ Hatchet Lake FN/ Points North	1271
			TOTAL	1271
		Pinehouse Clinic	Pinehouse	1097
			TOTAL	1097
MCR area 4 - Talk to Prince Albert regarding the transfer of products for providing services to these communities	Prince Albert Hospital	Montreal lake	Montreal Lake	1009
			Timber Bay	159
			Montreal Lake/ Timber Bay	1168
			Ramsey Bay	
			Weyakwin	223
			Weyakwin/ Ramsey bay	223
			TOTAL	1391
		TOTAL	1391	
MCR Total			22427	

*Note**** the covered population estimates (red colored font) was calculated by the following manner. We know the overall population for a particular area from the covered population but not the individual places within that area. However we do have the percent that small area makes up of the larger from the Census data. Thus we could apply that percentage to the whole and calculate the population of the individual places within that whole. E.g. we know the total population of creighton/flin flon is 2010. From the census data we know that creighton makes up 86% of the population thus $0.86 * 2010 = 1731$. The estimates (as described above) were calculated with multiplication and division of percentages and thus decimal numbers were created. Thus, the numbers may not add up to the true Regional numbers (e.g. due to this problem the MCR total = 22431 instead of the actual 22427 (+4) and the North is then also off by 4*

APPENDIX 7 - Antiviral utilization form (to follow)

APPENDIX 8 - Distribution of antivirals in PAPHR

Distribution of Antivirals during a Flu Pandemic Oseltamivir capsules 75 mg

AREA	POP.	% OF TOT. POP.	# OF DOSES	# OF BLISTERS (CALCULATED)	# OF BLISTERS (PRACTICAL)
Prince Albert	41020	52	14962	1496.2	1497
RM Buckland	1916	2	699	69.9	70
Big River FN	1655	2	604	60.4	61
Shellbrook	1604	2	585	58.5	59
Ahtahkakoop Cree	1415	2	516	51.6	52
James Smith Cree	1388	2	506	50.6	51
RM Prince Albert	1296	2	473	47.3	48
RM Shellbrook	1273	2	464	46.4	47
Birch Hills	1209	2	441	44.1	45
Spiritwood	1206	2	440	44	44
Sturgeon Lake FN	1500	2	547	54.7	55
RM Canwood	1158	1	422	42.2	43
RM Lakeland	1071	1	391	39.1	40
Big River	1063	1	388	38.8	39
RM Spiritwood	987	1	360	36	37
Little Red	900	1	328	32.8	33
Pelican Lake FN	847	1	309	30.9	31
Mistawasis Band	764	1	279	27.9	28
Muskoday FN	747	1	272	27.2	28
Kinistino	685	1	250	25	25
Montreal Lake Cree	1200	2	438	43.8	44
Candle Lake	646	1	236	23.6	24
RM St. Louis	609	1	222	22.2	23
Blaine Lake	603	1	220	22	22
Witchekan Lake FN	572	1	209	20.9	21
RM Big River	562	1	205	20.5	21
St. Louis	561	1	205	20.5	21
RM Leask	543	1	198	19.8	20
Debden	537	1	196	19.6	20
RM Birch Hills	536	1	196	19.6	20
RM Paddockwood	519	1	189	18.9	19
Canwood	449	1	164	16.4	17
RM Garden River	429	1	156	15.6	16
Hafford	456	1	166	16.6	17
Muskeg Lake Cree	419	1	153	15.3	16
Leask	412	1	150	15	16

AREA	POP.	% OF TOT. POP.	# OF DOSES	# OF BLISTERS (CALCULATED)	# OF BLISTERS (PRACTICAL)
Leoville	410	1	150	15	15
RM Medstead	407	1	148	14.8	15
RM Meeting Lake	379	0	138	13.8	14
RM Invergordon	373	0	136	13.6	14
RM Kinistino	360	0	131	13.1	14
Shell Lake	356	0	130	13	13
RM Redberry	346	0	126	12.6	13
Meath Park	324	0	118	11.8	12
RM Douglas	306	0	112	11.2	12
RM Round Hill	289	0	105	10.5	11
RM Duck Lake	261	0	95	9.5	10
RM Blaine Lake	254	0	93	9.3	10
Paddockwood	231	0	84	8.4	9
Medstead	219	0	80	8	8
Weldon	219	0	80	8	8
Marcelin	215	0	78	7.8	8
Chitek Lake	206	0	75	7.5	8
Parkside	184	0	67	6.7	7
Albertville	161	0	59	5.9	6
Rabbit Lake	154	0	56	5.6	6
PA National Park	146	0	53	5.3	6
Wahpeton FN	294	0	107	10.7	11
Speers	120	0	44	4.4	5
Weirdale	119	0	43	4.3	5
Christopher Lake	71	0	26	2.6	3
Richard	63	0	23	2.3	3
Krydor	33	0	12	1.2	2
Lucky Man Cree	10	0	4	0.4	1
TOTAL FOR HR	79267	100	28914	2891.4	2892
Total # doses for HR	57827				

At trigger point (stage 6.0). Half of the HR stockpile will be distributed to different areas. Oseltamivir comes in blisters of 10 capsules

**Distribution of Antivirals during a Flu Pandemic
Oseltamivir Pediatric Capsules**

AREA	POP.	EST.# Children <10	Prop (%) of ALL Children <10	# of doses	# blisters (Calculated)	# blisters (Practical)
Prince Albert	41020	5886	46	7195	719.5	720
RM Buckland	1916	275	2	336	33.6	34
Big River FN	1655	437	3	534	53.4	54
Shellbrook	1604	230	2	281	28.1	29
Ahtahkakoop Cree Nation	1415	374	3	457	45.7	46
James Smith Cree Nation	1388	366	3	448	44.8	45
RM Prince Albert	1296	186	1	227	22.7	23
RM Shellbrook	1273	183	1	223	22.3	23
Birch Hills	1209	173	1	212	21.2	22
Spiritwood	1206	173	1	212	21.2	22
Sturgeon Lake FN	1500	369	3	451	45.1	46
RM Canwood	1158	166	1	203	20.3	21
RM Lakeland	1071	154	1	188	18.8	19
Big River	1063	153	1	186	18.6	19
RM Spiritwood	987	142	1	173	17.3	18
Little Red	900	238	2	290	29	30
Pelican Lake FN	847	224	2	273	27.3	28
Mistawasis Band	764	202	2	247	24.7	25
Muskoday FN	747	197	2	241	24.1	25
Kinistino	685	98	1	120	12	13
Montreal Lake Cree Nation	1200	317	2	387	38.7	39
Candle Lake	646	93	1	113	11.3	12
RM St. Louis	609	87	1	107	10.7	11
Blaine Lake	603	87	1	106	10.6	11
Witchekan Lake FN	572	151	1	185	18.5	19
RM Big River	562	81	1	99	9.9	10
St. Louis	561	81	1	98	9.8	10
RM Leask	543	78	1	95	9.5	10
Debden	537	77	1	94	9.4	10
RM Birch Hills	536	77	1	94	9.4	10
RM Paddockwood	519	74	1	91	9.1	10
Canwood	449	64	1	79	7.9	8
RM Garden River	429	62	0	75	7.5	8

AREA	POP.	EST. # Children <10	Prop (%) of ALL Children <10	# of doses	# blisters (Calculated)	# blisters (Practical)
Hafford	456	65	1	80	8	8
Muskeg Lake Cree Nation	419	111	1	135	13.5	14
Leask	412	59	0	72	7.2	8
Leoville	410	59	0	72	7.2	8
RM Medstead	407	58	0	71	7.1	8
RM Meeting Lake	379	54	0	66	6.6	7
RM Invergordon	373	54	0	65	6.5	7
RM Kinistino	360	52	0	63	6.3	7
Shell Lake	356	51	0	62	6.2	7
Rm Redberry	346	50	0	61	6.1	7
Meath Park	324	46	0	57	5.7	6
RM Douglas	306	44	0	54	5.4	6
RM Round Hill	289	41	0	51	5.1	6
RM Duck Lake	261	37	0	46	4.6	5
RM Blaine Lake	254	36	0	45	4.5	5
Paddockwood	231	33	0	41	4.1	5
Medstead	219	31	0	38	3.8	4
Weldon	219	31	0	38	3.8	4
Marcelin	215	31	0	38	3.8	4
Chitek Lake	206	30	0	36	3.6	4
Parkside	184	26	0	32	3.2	4
Albertville	161	23	0	28	2.8	3
Rabbit Lake	154	22	0	27	2.7	3
PA National Park	146	21	0	26	2.6	3
Wahpeton FN	294	78	1	95	9.5	10
Speers	120	17	0	21	2.1	3
Weirdale	119	17	0	21	2.1	3
Christopher Lake	71	10	0	12	1.2	2
Richard	63	9	0	11	1.1	2
Krydor	33	5	0	6	0.6	1
Lucky Man Cree Nation	10	3	0	3	0.3	1
TOTAL FOR HR	79267	12759	100	15595	1559.5	1560
Total# of doses for HR	31190					

Off-reserve, the number of children under 10 years was estimated as 14.35% of the total population. On-reserve, the number of children under 10 years was estimated as 26.4% of the total population.

Oseltamivir pediatric capsules will be used to make a suspension for those who are unable to swallow capsules. Since Oseltamivir is contraindicated in children under one year, the estimated number of doses for children under one year will be used to treat elderly persons who are unable to swallow capsules.

Oseltamivir pediatric capsules come in blisters of 10 capsules.

At the trigger point (stage 6.0), half of the HR stockpile will be distributed to different areas.

**Distribution of Antivirals during a Flu Pandemic
Zanamivir for Inhalation**

	Pop	# preg women	Tot preg & BF women	% of tot preg & BF women	#of doses	#of boxes (calculated)	#of boxes (practical)
Prince Albert	41020	566	849	47	1553	155.3	156
RM Buckland	1916	26	40	2	73	7.3	8
Big River FN	1655	40	60	3	110	11	11
Shellbrook	1604	22	33	2	61	6.1	7
Ahtahkakoop Cree Nation	1415	34	51	3	94	9.4	10
James Smith Cree Nation	1388	34	50	3	92	9.2	10
RM Prince Albert	1296	18	27	1	49	4.9	5
RM Shellbrook	1273	18	26		48	4.8	5
Birch Hills	1209	17	25		46	4.6	5
Spiritwood	1206	17	25	1	46	4.6	5
Sturgeon Lake FN	1500	36	54	3	100	10	10
RM Canwood	1158	16	24		44	4.4	5
RM Lakeland	1071	15	22		41	4.1	5
Big River	1063	15	22		40	4	5
RM Spiritwood	987	14	20		37	3.7	4
Little Red	900	22	33	2	60	6	6
Pelican Lake FN	847	20	31	2	56	5.6	6
Mistawasis Band	764	18	28	2	51	5.1	6
Muskoday FN	747	18	27		50	5	5
Kinistino	685	9	14		26	2.6	3
Montreal Lake Cree Nation	1200	29	44	2	80	8	8
Candle Lake	646	9	13		24	2.4	3
RM St. Louis	609	8	13		23	2.3	3
Blaine Lake	603	8	12		23	2.3	3
Witchekan Lake FN	572	14	21		38	3.8	4
RM Big River	562	8	12		21	2.1	3
St. Louis	561	8	12		21	2.1	3

	Pop	# preg women	Tot preg & BF women	% of tot preg & BF women	#of doses	#of boxes (calculated)	#of boxes (practical)
RM Leask	543	7	11		21	2.1	3
Debden	537	7	11		20	2	3
RM Birch Hills	536	7	11		20	2	3
RM Paddockwood	519	7	11		20	2	2
Canwood	449	6	9	1	17	1.7	2
RM Garden River	429	6	9	0	16	1.6	2
Hafford	456	6	9		17	1.7	2
Muskeg Lake Cree Nation	419	10	15		28	2.8	3
Leask	412	6	9	0	16	1.6	2
Leoville	410	6	8	0	16	1.6	2
RM Medstead	407	6	8	0	15	1.5	2
RM Meeting Lake	379	5	8	0	14	1.4	2
RM Invergordon	373	5	8	0	14	1.4	2
RM Kinistino	360	5	7	0	14	1.4	2
Shell Lake	356	5	7	0	13	1.3	2
RM Redberry	346	5	7	0	13	1.3	2
Meath Park	324	4	7	0	12	1.2	2
RM Douglas	306	4	6	0	12	1.2	2
RM Round Hill	289	4	6	0	11	1.1	2
RM Duck Lake	261	4	5	0	10	1	
RM Blaine Lake	254	4	5	0	10	1	
Paddockwood	231	3	5	0	9	0.9	
Medstead	219	3	5	0	8	0.8	
Weldon	219	3	5	0	8	0.8	
Marcelin	215	3	4	0	8	0.8	
Chitek Lake	206	3	4	0	8	0.8	
Parkside	184	3	4	0	7	0.7	
Albertville	161	2	3	0	6	0.6	
Rabbit Lake	154	2	3	0	6	0.6	
PA National Park	146	2	3	0	6	0.6	
Wahpeton FN	294	7	11	1	20	2	2
Speers	120	2	2	0	5	0.5	1

	Pop	# preg women	Tot preg & BF women	% of tot preg & BF women	#of doses	#of boxes (calculated)	#of boxes (practical)
Weirdale	119	2	2	0	5	0.5	
Christopher Lake	71	1	1	0	3	0.3	
Richard	63	1	1	0	2	0.2	
Krydor	33	0	1	0	1	0.1	
Lucky Man Cree Nation	10	0	0	0	1	0.1	
TOTAL FOR HR	79267	1216	1824	100	3335	333.5	334
Total # of doses for HR	6669						

The proportion of pregnant women was estimated as being equal to the proportion of children under one:

- Off-reserve: 1.38% of total population
- On-reserve: 2.42% of total population

The number of breastfeeding women was estimated as half of the number of pregnant women. This brings the estimated total number of pregnant and breastfeeding women to 1.5 times the number of pregnant women.

Zanamivir comes in boxes of 5 rotadisks and an inhalation device. Each rotadisk makes 2 doses. 5 rotadisks (10 doses) are needed for a treatment course

Zanamivir will be used for pregnant and breastfeeding women.

At trigger point, half of the HR stockpile will be distributed to different areas