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GRAND COUNCIL TREATY #3 BULLETIN

Health policy

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*Grand Council Treaty #3 Elder's Gathering—Traditional Medicine and the Pandemic Plan
Sept. 28-29
Ne-chee Friendship Centre*

Past Events

On September 28th and 29th Grand Council Treaty #3 hosted an Elder's Gathering. The Grand Council Treaty #3 wanted to explore the avenue of which action would be or could be made available for the people in Treaty #3 area and to ensure that all traditional and ceremonial protocols have taken place. In so doing, Grand Council Treaty #3 hosted an Elders Gathering on September 28th and 29th at the NeChee Friendship Centre and the discussion was around Traditional Medicine and the Pandemic Plan.

The 27 Elders who attended the Elder's Gathering represented 17 out of the 28 First Nation Communities in the Treaty # 3 area.

There was a healthy dialogue about the H1N1 Pandemic Flu Virus. The Elders are informed about the H1N1 Pandemic Flu and have access to the medicines that they can use for the virus.

Part of their discussion was the procedures and protocols to seek out and ask a Traditional Healer for

We are to have Strategic Planning Meetings with the Grand Chief; Chiefs Committee on Social Sustainability; and 4 Tribal Councils. The goal of these strategic meetings is to have a vision of how the Health Council will work for Grand Council Treaty #3.

help and medicines. They spoke of Traditional Medicines that could be used for people who had the H1N1 Flu Virus. They also spoke of Traditional Medicines for prevention. The Elders want First Nations people to seek out Traditional Healers and Medicine Men and Women and approach them for medicines both for treatment and prevention as there is a lot of Traditional Medicines that can be and are used as a preventative medicine.

The elders looked at ways to ensure that financial resources are available for all members to have access to the Traditional Healers and Traditional Medicines

The Pandemic Information

On June 11, 2009 the World Health Organization (WHO) officially declared a pandemic. This decision was due to growing evidence that the H1N1 virus is now easily being transmitted to and among humans, resulting in increased and sustained spread of the virus in the general population. The decision to move to Phase 6 was the result of increasing spread of the virus worldwide with sustained community level outbreaks.

An **Outbreak** as defined by Health Canada is two different households having lab confirmed cases of the H1N1 Flu Virus and other people in the community are displaying flu like illnesses.

In Ontario as of September 18th 2009, there have been a total of **79** confirmed H1N1 Flu Virus cases in **23** First Nation Communities from the onset of the virus in the spring of 2009.

Confirmed cases were identified in 23 Communities in the different Health Canada Zones. Grand Council Treaty #3 First Nation Communities are in 2 different Health Canada Zones, Thunder Bay Zone and Sioux Lookout Zone.

- 11 Communities from the Sioux Lookout Zone
- 10 Communities from the Thunder Bay Zone
- 1 Community from the Moose Factory Zone
- 1 Community from the South Zone

There have been 6 outbreaks and 6 are declared over eight communities only had one case of the confirmed H1N1 Flu Virus. Most cases have been mild and have recovered at home. 5 of Treaty 3 communities have had cases of H1N1 Flu Virus in their communities. They have recovered or recovering and no deaths have been associated with the H1N1 Flu Virus in Treaty 3 Communities.

While the Ontario pandemic plan has not be put into effect for H1N1 Flu Virus by the Province, First Nation and Inuit Health of Health Canada, Ministry of Health and Long Term Care, the Public Health Agency of Canada, First Nations Tribal Organizations, Chief in Ontario and Independents have been working on a constant basis on the prevention and management of the H1N1 Flu Virus.

Pandemic Planning

According to Health Canada and their initial telephone surveys the following Grand Council Treaty #3 communities **did not** have a pandemic plan in place:

- Big Island First Nation
- Iskatewizaa-gegan #39 First Nation
- Rainy River First Nation
- Northwest Angle #33 First Nation
- Northwest Angle #37 Nation
- Ochiichagwebabigoing First Nation
- Obashkaandagaang Bay First Nation
- Wauzhushk Onigum First Nation
- Naotkamegwanning First Nation
- Shoal Lake #40 First Nation
- Mitaajimiing First Nation
- Saugeen First Nation

The Communities were contacted and was given the update that had a plan in place or almost finished with their plan. There is \$1900 available for assistance to communities with pandemic planning.

Doreen Cachagee, a First Nations Community Pandemic Planner who was hired under the Pandemic Plan Funds from Health Canada and is out of the Union of Ontario Indians, will be assisting Ontario Communities complete their Pandemic Plan. She was in the Grand Council Treaty #3 area and has worked with or will be working with the following communities on these tentative dates:

Monday, Sept 28 , Obashkaandagaang Bay First Nation

Tuesday, Sept 29, Iskatewizaagegan No. 39

Wednesday, Sept 30, Shoal Lake # 40 First Nation, postponed

Thursday, October 1, Mitaajimiing First Nation

Friday, October 2, Wauzhusk Onigum First Nation

Additional information

- Ontario provincial scientific experts are providing us with advice on the care and treatment of H1N1 cases on reserve in Ontario
- Health Canada Zone Communicable Disease Nurses communicate with all community health workers about the management of cases and contacts of H1N1 as well as infection prevention and control practices by weekly teleconference calls.
- Nurses collect data on influenza like illness and send it to the Ontario Regional Epidemiologist to track the possible spread of the virus
- Health Canada Zone Directors will contact Chiefs directly if cases are confirmed
- The FNIH Regional Public Health Unit is broadcasting communiqués on a regular basis to First Nations Chiefs and Health Directors
- Information is also posted on the First Nations pandemic website: www.pandemic.knet.ca Some information is available in Cree, Ojibway
- A toll free telephone hotline **(1-877-365-3623)** is open from 9am-6 pm (EST) 7 days / week to answer general questions on H1N1 Flu Virus.
- Weekly teleconferences are held with First Nations PTO's, Independents and the Chiefs of Ontario.
- There are regular updates to health professionals on reserve about the management of cases and contacts of H1N1 as well as infection prevention and control practices. Your Zone Communicable Disease Nurse is also available to provide support to your community.
- Ontario Ministry of Health And Long-Term Care Guidelines for the Prevention and Management of Pandemic (H1N1) 2009 in elementary and Secondary Schools have been sent out to the community schools. These guidelines are to prevent the spread of H1N1 Flu Virus from spreading. This is for schools providing kindergarten to grade 12 education programs to children and adolescents. Guidelines will be on the Grand Council Treaty #3 Website www.gct3.net
- The Ontario Ministry of Health and Long-Term Care Guidelines for the Prevention and Management of Pandemic H1N1 (2009) in Schools that address prevention and management of H1N1 in situations where students board. These Guidelines will be on the Grand Council Treaty #3 Website www.gct3.net
- Antivirals such as Tamiflu, are drugs available used for early treatment of influenza. They do not provide immunity to the virus, but if taken soon enough after symptoms start they can reduce symptoms, shorten the length of illness, and reduce the risk of complications. Focus will be on early treatment of those who need it. Recommended their use when the illness is moderate to severe and patient is at greater risk for complications.
- Ontario Ministry of Health and Long Term Care announced on September 25th their Flu Vaccine Strategy.
- Seasonal Flu Vaccines will be available but is not expected to protect against the H1N1 Flu Virus this fall. H1N1 Flu Vaccine will be one expected to protect against the H1N1 Flu Virus.
- Seasonal Flu Vaccine will be available as early as October 26th, 2009 for People aged 65 and over, and those living in long term care facilities. Everyone else from ages 6 months and over will be offered the seasonal flu vaccine in December or January, to give them a chance to get the H1N1 vaccine first.
- Ontario Ministry of Health and Long Term Care announced on September 25th their Flu Vaccine Strategy. H1N1 Vaccines will be available by November and the recommendation to give the vaccines to certain target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems. There are positives and negatives to taking the H1N1 Vaccine. More information about the risks of taking or not taking the H1N1 Vaccines will be made available as soon as the information comes out.
- There has been meetings with the Health Access Centres, Hospitals and Grand Council, Treaty #3 to develop protocols should the H1N1 Flu Virus interrupts services as well as looking at what alternates can be put into place to ensure that services are available to the area such as setting up flu centres if hospitals are at their maximum capacity.
- Health Access Centres and Lake of the Woods Hospital and Treaty #3 Police have plans in place that will be business as usual until there are increasing demands on their services and then the pandemic plans will fall into play.

What to watch for

If a child gets sick and experiences any of these warning signs, seek emergency medical care.

In children:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Irritable, the child does not want to be held
- Flu-like symptoms improve but then return
- with fever and worse cough

In adults:

If an adult gets sick and experiences any of these warning signs, seek emergency medical care.

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

What can you Do to protect yourself and others

- Ask about your community's pandemic plan
- Promote good public health practices
- Basic, everyday actions can help prevent the spread of germs that cause respiratory illnesses like influenza
- Wash your hands often with soap and warm water, especially after you cough or sneeze. Wash for 15 – 20 seconds.
- Hand wipes or gel sanitizers can also be an alternative if hand-washing isn't accessible
- The recommendation is that individuals practice frequent proper respiratory etiquette by coughing or sneezing into your arm or sleeve.
- If others are sick with flu like symptoms you should try and maintain a distance of at least 2 meters (6 feet) away from them.
- If you are sick with flu like symptoms, please contact your health care provider for further guidance. See a health professional
- Stay home if you are sick
- If you are sick, limit your contact with other people as much as possible
- Practice frequent hand-washing and proper respiratory etiquette by coughing or sneezing into your arm or sleeve.
- Keep common surfaces and items clean and disinfected
- Most people should be able to recover at home, but watch for emergency warning signs that mean you should seek immediate medical care.

How the H1N1 Flu Virus Spreads:

It is thought that the main way influenza viruses are spread from person to person is through transmission of respiratory droplets during coughing and sneezing.

Influenza viruses also can spread by touching respiratory droplets on yourself, others, or an object, then touching mucus membranes, such as the mouth, nose, or eyes, without washing contaminated hands.

ONCE YOU ARE INFECTED:

Once you are infected, symptoms usually develop within 2-7 days. Most cases are mild and people recover well in their own homes within usually 1-2 weeks

CONTAGIOUS:

A person can infect others with H1N1 Flu Virus from 1 day before symptoms start, to 7 days after the symptoms start