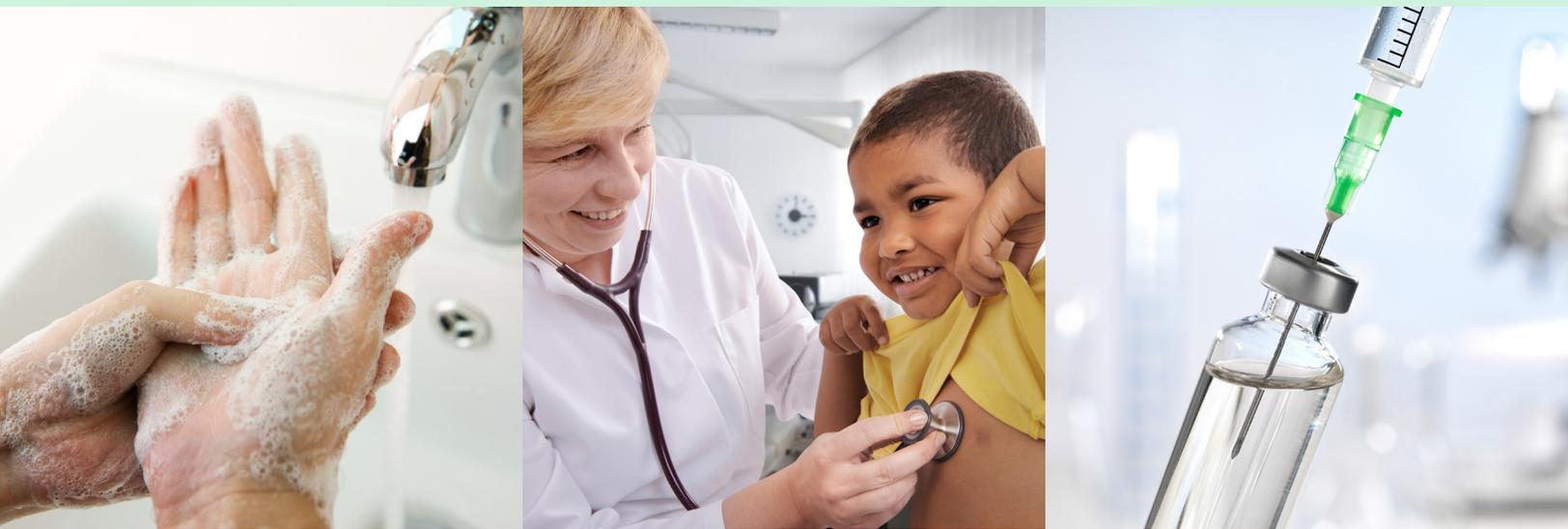


# CANADIAN PANDEMIC INFLUENZA PREPAREDNESS:

Planning Guidance for the  
Health Sector

**Glossary of Terms and List of Acronyms**



Pan-Canadian Public Health Network

*Partners in Public Health*

Réseau pancanadien de santé publique

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## LIST OF ACRONYMS

ABHR(s)	Alcohol-based hand rub(s)
AEFI	Adverse Events Following Immunization
AGMP(s)	Aerosol-generating medical procedure(s)
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CCMOH	Council of Chief Medical Officers of Health
CDC	Centers for Disease Control and Prevention
CEPR	Centre for Emergency Preparedness and Response
CFIA	Canadian Food Inspection Agency
CIHR	Canadian Institutes of Health Research
CIRN	Canadian Immunization Research Network
CNPHI	Canadian Network for Public Health Intelligence
CPLN	Canadian Public Health Laboratory Network
CPIP	Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector
DFA	Direct fluorescence assays
ESS	Emergency Social Services
FNIH	First Nations and Inuit Health, Health Canada
FNIHB	First Nations and Inuit Health Branch, Health Canada
FPT	Federal/provincial/territorial
FSAC	Funeral Service Association of Canada
GC	Government of Canada
GISRS	Global Influenza Surveillance and Response System
HAI(s)	Health care-associated infection(s)
HC	Health Canada
HCW(s)	Health care worker(s)
HHR	Health human resources
HPOC	Health Portfolio Operations Centre
HVAC	Heating, ventilation and air conditioning
ICU	Intensive care unit
IFA	Immunofluorescent assay
IHR (2005)	International Health Regulations (2005)
ILI	Influenza-like illness
IMPACT	Immunization Monitoring Program ACTive

InFACT	International Forum for Acute Care Trialists
IPC	Infection prevention and control
MHPD	Marketed Health Products Directorate (of Health Canada)
MOH	Medical Officer of Health
NACI	National Advisory Committee on Immunization
NAPAPI	North American Plan for Animal and Pandemic Influenza
NAS	National Antiviral Stockpile
NESS	National Emergency Strategic Stockpile
NFP	National focal point
NGO	Non-governmental organization
NML	National Microbiology Laboratory (of the Public Health Agency of Canada)
OH	Occupational Health
ORA(s)	Organizational Risk Assessment(s)
PAPR(s)	Powered Air Purifying Respirator(s)
PCIRN	PHAC CIHR Influenza Research Network
PCR	Polymerase chain reaction
PCRA(s)	Point of Care Risk Assessment(s)
pH1N1	Influenza A/California/2009 (H1N1)
PHAC	Public Health Agency of Canada
PHEIC	Public health emergency of international concern
PHL	Public health laboratory
PHN	Pan-Canadian Public Health Network
PILPN	Pandemic Influenza Laboratory Preparedness Network
PIP	Pandemic Influenza Preparedness Framework
PPE	Personal protective equipment
PT	Provincial/territorial or provinces and territories
RCMP	Royal Canadian Mounted Police
RPAP	Routine Practices and Additional Precautions
RPP	Respiratory Protection Program
RT-PCR	Reverse transcriptase polymerase chain reaction
SARS	Severe Acute Respiratory Syndrome
US	United States (of America)
WHO	World Health Organization

## GLOSSARY

### **ABORIGINAL**

A descendant of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people – First Nations, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

### **ABORIGINAL PEOPLES**

The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people — First Nations, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

### **ACCESS TO HEALTH CARE**

The degree to which individuals are inhibited or facilitated in their ability to gain entry to and to receive care and services from the health care system.

### **ACCOUNTABILITY**

The concept of being answerable for decisions.

### **ACUTE**

Short term, intense symptomatology or pathology, as distinct from chronic. Many diseases have an acute phase and a chronic phase. This distinction is sometimes used in treatments.

### **ACUTE CARE**

Refers to hospital-based acute inpatient care. Acute care is a key component of the continuum of health services in Canada. It provides necessary treatment for a disease or severe episode of illness for a short period of time. The goal is to discharge patients as soon as they are healthy and stable.

### **ADDITIONAL PRECAUTIONS**

Extra measures, when Routine Practices alone may not interrupt transmission of an infectious agent. They are:

- Used in addition to Routine Practices (not in place of).
- Initiated both on condition/clinical presentation (syndrome) and on specific etiology (diagnosis).

Pandemic Influenza Precautions is one form of “Additional Precautions” protocols.

### **ADJUVANTED VACCINE**

A vaccine to which an adjuvant has been added. An adjuvant is a substance added to a vaccine to enhance the immune response by degree and/or duration, making it possible to reduce the amount of immunogens per dose or the total number of doses needed to achieve immunity.

**ADMINISTRATIVE CONTROLS**

One element in the Hierarchy of Controls. Administrative Controls include but are not limited to policies and procedures for hand hygiene, training, immunization of patients and HCWs, outbreak management, and for care of patients with infection. (Also see Hierarchy of Controls.)

**ADVERSE EVENTS FOLLOWING IMMUNIZATION**

Any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine (based on International Conference on Harmonisation (ICH) Topic E6 definition). The adverse event may be any unfavourable and/or unintended sign, abnormal laboratory finding, symptom or disease.

**AEROSOL-GENERATING MEDICAL PROCEDURE**

Any procedure carried out on a patient that can induce the production of aerosols as a result of manipulation of a person's airway.

**AEROSOLS**

Solid or liquid particles suspended in the air, whose motion is governed principally by particle size, which ranges from 10µm -100µm. (Also see Aerosol-generating medical procedure.)

Note: Particles less than 10µm (i.e., droplet nuclei) can also be found in aerosols, however, their motion is controlled by other physical parameters.

**AIRBORNE EXPOSURE**

Exposure to aerosols capable of being inhaled.

**AIRBORNE TRANSMISSION**

Transmission of microorganisms via inhalation of aerosols that results in an infection in a susceptible host.

**ALCOHOL-BASED HAND RUB**

An alcohol-containing (60-90%) preparation (liquid, gel or foam) designed for application to the hands to kill or reduce the growth of microorganisms. Such preparations contain one or more types of alcohol with emollients and other active ingredients.

**ALL-HAZARDS EMERGENCY RESPONSE**

An emergency management approach that recognizes that the actions required to mitigate the effects of emergencies are essentially the same, irrespective of the nature of the incident, thereby permitting an optimization of planning, response and support resources. NOTE: The intention of an all-hazards approach is to employ generic emergency planning methodologies, modified as necessary according to the circumstances.

**ALTERNATE/ALTERNATIVE CARE SITE**

A site that is currently not an established health care site, or is an established health care site that usually offers a different type or level of care.

**ANTIBODY**

Protein molecules that are produced and secreted by certain types of white cells in response to stimulation by an antigen.

**ANTIGEN**

Any molecule that is recognized by the immune system and that triggers an immune response, such as release of antibodies.

**ANTIVIRAL MEDICATIONS**

Anti-influenza drugs; are drugs used for the prevention and treatment of influenza.

**ANTIVIRAL RESISTANCE**

Antiviral resistance means that a virus has changed in such a way that the antiviral drug is less effective in treating or preventing illnesses.

**ASSESSMENT**

A formal method of evaluating a system or a process, often with both qualitative and quantitative components.

**BAND COUNCIL**

The governing body of a band or First Nation. It usually consists of a chief and councillors, who are elected for two- or three-year terms (under the Indian Act or band custom) to carry out band business, including the provision of health and social services.

**BED**

Refers to an institutional bed. In any institution, a “bed” includes infrastructure support, including staffing, that is required to care for the patient in that bed. Therefore the requirements for a bed in an intensive care unit, for example, include all the support required for a patient to be cared for at that level.

**CANADA HEALTH ACT**

The Canada Health Act is a piece of Canadian federal legislation, adopted in 1984, that lists the conditions and criteria to which the provinces and territories must conform in order to receive the full amount of negotiated transfer payments relating to health care. The legislation encourages the provinces to maintain public health insurance plans for their residents and discourages the use of extra-billing and user fees in health care delivery.

**CLEANING**

The physical removal of foreign material (e.g., dust, soil, organic material such as blood, secretions, excretions and microorganisms); cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

**CLINICAL (CARE) GUIDELINES**

Also called practice guidelines, are systematically developed statements to assist health care practitioners deliver appropriate, evidence-informed care to patients. Guidelines make explicit recommendations for care with the specific intent to influence what health care providers do. Guidelines are not rules; they support clinical decision-making, not supplant it.

**CLINICAL ATTACK RATE**

A form of incidence that measures the proportion of persons in a population who experience an acute health event during a limited period (e.g., during an outbreak), calculated as the number of new cases of a health problem during an outbreak divided by the size of the population at the beginning of the period, usually expressed as a percentage or per 1,000 or 100,000 population.

**CLINICIAN**

All health care providers who provide primary care.

**COHORT STAFFING**

The practice of assigning specific personnel to care only for patients known to be exposed to, or infected with, the same microorganism. Such personnel would not participate in the care of patients who had not been exposed to, or infected with, that microorganism.

**COHORTING OF PATIENT**

Physically separating (e.g., in a separate room or ward) two or more patients exposed to, or infected with, the same microorganism from other patients who have not been exposed to, or infected with, that microorganism.

**COMPLIANT PATIENT**

Able and willing to wear a mask and/or cover a cough when requested by health care workers.

**CONTACT TRANSMISSION (DIRECT OR INDIRECT)**

Direct contact occurs when the transfer of microorganisms results from direct physical contact between an infected or colonized individual and a susceptible host (body surface to body surface). Indirect contact involves the passive transfer of microorganisms to a susceptible host via an intermediate object, (e.g., contaminated hands that are not cleaned between care of patients, contaminated instruments that are not cleaned between patients/uses or other inanimate objects in the patient's immediate environment).

**CRITICAL CARE**

The direct delivery of medical care for a critically ill or critically injured patient. It involves decision making of high complexity to assess, manipulate, and support vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition.

**CRITICAL INFRASTRUCTURE**

The processes, systems, facilities, technologies, networks, assets and services essential to the health, safety, security or economic well-being of Canadians and the effective functioning of government. Critical infrastructure can be stand-alone or interconnected and interdependent within and across provinces, territories and national borders.

**CRITICAL ITEMS**

Instruments and devices that enter sterile tissues, including the vascular system. Reprocessing critical items, such as surgical equipment or intravascular devices, involves meticulous cleaning followed by sterilization.

**DECONTAMINATION**

The removal of microorganisms to leave an item safe for further handling.

**DISINFECTION**

The inactivation of disease-producing microorganisms, with the exception of bacterial spores. Hospital-grade disinfectants are used on inanimate objects and require a drug identification number (DIN) for sale in Canada.

**DROPLET**

Solid or liquid particles suspended in the air, whose motion is governed principally by gravity and whose particle size is greater than 10µm. During an influenza pandemic, droplets will be generated primarily as the result of an infected source coughing or sneezing.

**DROPLET NUCLEUS**

A droplet nucleus is the airborne particle resulting from a potentially infectious (microorganism-bearing) droplet from which most of the liquid has evaporated, allowing the particle to remain suspended in air.

Note: Droplet nuclei can also be found in aerosols, however, their motion is controlled by physical parameters including gravity and air currents.

**DROPLET TRANSMISSION**

Transmission that occurs when the droplets that contain microorganisms are propelled a short distance (within 2 metres) through the air and are deposited on the mucous membranes of another person, leading to infection of the susceptible host. Droplets can also contaminate surfaces and contribute to contact transmission. (Also see Contact transmission.)

**EMERGENCY MANAGEMENT FRAMEWORK**

A guide to support the management of emergencies concerning all-hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery.

**ENGINEERING CONTROLS**

Measures that eliminate or reduce a hazard at the source. One element of the Hierarchy of Controls that includes measures that reduce exposure to a hazard by applying methods of minimization, isolation or ventilation (e.g., negative pressure rooms). (Also see Hierarchy of Controls.)

**ENHANCED SURVEILLANCE**

Increased vigilance beyond the normal collection of clinical and patient information such as increased laboratory testing and referral, collection of epidemiologically relevant information (e.g. travel history, immunization status), and other information needed to guide the control measures based on global experience.

**EPIDEMIC**

An outbreak of infection that spreads rapidly and affects many individuals in a given area or population at the same time.

**EPIDEMIOLOGICAL STUDIES/ANALYSIS**

Refers to the study of the occurrence, distribution and determining factors associated with health events and diseases in a population (i.e., the study of how often diseases or health events occur in different groups and the reasons for them). The aims of epidemiology are to discover the sources and causes of health events and disease occurrences and to find ways to control and prevent them.

**EPIDEMIOLOGY**

The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control of health problems.

**EQUITY**

Equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage - that is, wealth, power, or prestige.

**ETHICAL DECISION-MAKING**

Decisions based on ethical principles and societal values. These tenets should be explicit and embedded in all decision-making, including the processes used to reach decisions. It is especially important to ensure that all actions respect ethical guidelines tailored to the concerns of public health, while respecting the rights of individuals as much as possible.

**EVALUATION**

Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.

**EVIDENCE-INFORMED DECISION-MAKING**

The process of distilling and disseminating the best available evidence from research, practice and experience and using that evidence to inform and improve public health policy and practice.

**EXPOSURE**

Contact with a microorganism or an infectious disease in a manner such that transmission may occur.

**FEDERAL POPULATIONS**

Federal populations are those populations for which the federal government either provides health care and benefits, goods and/or services or reimburses the cost of providing health care and benefits.

**FIRST NATIONS**

The term "First Nations" came into common usage in the late 1970s to replace the word "Indian", which many people found offensive. Although the term "First Nations" is widely used, no legal definition of it exists. The term "First Nations" has also been adopted to replace the word "Band" in community names. Both status and non-status Indian people in Canada are referred to as First Nations people(s).

**FIRST NATIONS HEALTH CENTRE**

A health centre is a field unit staffed by one or more community health nurses and support personnel to carry out disease prevention and health promotion activities in the community. A health centre is normally located in a non-isolated community.

**FIRST NATIONS NURSING STATION**

A nursing station is a field unit located in an isolated community where there is no road access to other health care facilities. Nursing stations house field unit staff of two or more community health nurses and other support and primary health care staff organized to carry out primary health care services, including urgent care, short-term in-patient care and public/community health care.

**FIT TESTING**

The use of a qualitative or a quantitative method to evaluate the fit of a specific manufacturer, model and size of respirator on an individual (CSAZ94.4-02 Selection, Use and Care of Respirators). (Also see Seal check.)

**FIT-FOR-WORK**

The phrases "fit-for-work", "unfit-for-work" and "fit-for-work with restrictions" are terms used to describe a worker's ability to remain at or return to work following an infection.

**FLUWATCH**

Canada's national surveillance system that monitors the spread of flu and flu-like illnesses on an on-going basis. FluWatch reports, posted every Friday, contain specific information for health professionals on flu viruses circulating in Canada.

**FORCEFUL COUGH**

The rapid release of air from the lungs that can be heard while the diaphragm and other muscles involved in breathing press against the lungs, the glottis suddenly opens, producing an explosive outflow of air at high speeds.

**FPT GOVERNANCE STRUCTURE**

A coordination structure and common set of roles and responsibilities for federal, provincial and territorial governments within the health sector.

**HAND HYGIENE**

A comprehensive term that applies either to hand washing, hand antisepsis and to actions taken to maintain healthy hands and fingernails.

**HAZARD**

A term to describe a condition that has the potential to cause harm. Work-related hazards faced by health care workers are classified in categories: biologic and infectious, chemical, environmental, mechanical, physical, violence and psychosocial.

**HEALTH CARE ASSOCIATED INFECTIONS**

Infections that are transmitted within a health care setting (also referred to as nosocomial) during the provision of health care.

**HEALTH CARE FACILITY**

Includes but is not limited to acute care hospitals, emergency departments, rehabilitation hospitals, mental health hospitals, and long-term-care facilities.

**HEALTH CARE ORGANIZATION**

The organizational entity that is responsible for establishing and maintaining health care services provided by health care workers in one or more health care settings throughout the health care continuum (pre-hospital, acute care, long-term care, ambulatory care including physicians' offices, community clinic care and professional home care).

**HEALTH CARE PLANNERS**

Those who work on health care system preparedness for an influenza pandemic for the Ministry of Health at the provincial/territorial level.

## **HEALTH CARE SETTING**

Any location where health care is provided, including emergency care, prehospital care, health care facility, long term care (LTC), home care, ambulatory care and facilities and locations in the community where care is provided, (e.g., infirmaries in schools, residential or correctional facilities).

Note: Definitions of settings overlap, as some settings provide a variety of care, e.g., chronic care or ambulatory care provided in acute care, complex care provided in LTC.

## **HEALTH CARE WORKER**

Individuals who provide health care or support services such as nurses, physicians, dentists, nurse practitioners, paramedics and sometimes emergency first responders, allied health professionals, temporary workers from agencies, unregulated health care providers, students, volunteers and workers who provide support services (e.g., food, laundry, housekeeping).

This term encompasses the following individuals in the health care setting: health care workers including professionals (e.g., nurses, physicians); volunteers; trainees; retirees; temporary workers from agencies; other employees who provide health care services; and, workers who provide support services (e.g., food, laundry, housekeeping).

## **HEALTH INEQUITIES**

The differences in health status or in the distribution of health determinants between different population groups.

## **HEALTH POLICY**

A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation and evaluation. Policy development is the creative process of identifying and establishing a policy to meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is the assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of and access to health and social services.

## **HEALTH PORTFOLIO**

The Health Portfolio supports the Federal Minister of Health in maintaining and improving the health of Canadians. It includes Health Canada, the Public Health Agency of Canada, the Canadian Food Inspection Agency, the Canadian Institutes of Health Research, and the Patented Medicine Prices Review Board.

## **HEALTH STATUS**

The state of health of an individual or a population, as in community health status.

**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.

**HEALTHY CHILDREN**

Individuals 2-17 years of age who do not have a medical condition that would make them high risk.

**HEMAGGLUTININ**

An agglutinating protein antigen spiking from the surface of the influenza virus.

**HERD IMMUNITY**

Resistance to the spread of infectious disease in a group because susceptible members are few, making transmission from an infected member unlikely.

**HIERARCHY OF CONTROLS**

There are three levels/tiers of Infection Prevention Control and Occupational Health controls to prevent injury and illness in the workplace: engineering controls, administrative controls and personal protective equipment.

**HIGH RISK (OF POOR OUTCOME)**

Groups in which epidemiological evidence indicates increased risk of poor outcome.

**HIGH-LEVEL DISINFECTION**

The level of disinfection recommended when processing semi-critical items. High-level disinfection processes destroy vegetative bacteria, mycobacteria, fungi and enveloped (lipid) and non-enveloped (non-lipid) viruses but not necessarily bacterial spores. Items must be thoroughly cleaned prior to high-level disinfection.

**IMMUNE COMPROMISING CONDITIONS**

Conditions which cause a person's immune system to be compromised. Immunocompromising conditions can include primary immunodeficiencies (such as complement, properdin, factor D, and primary antibody deficiencies); malignancies; conditions resulting from immunosuppressive therapy, solid organ transplantation, or use of long-term corticosteroids; nephrotic syndrome; Hodgkin's disease, lymphoma, multiple myeloma, leukemia and therapy with alkylating agents, antimetabolites, systemic corticosteroids or radiation therapy. Also may include HIV infection, and immunocompromised individuals as determined by their specialist.

**IMMUNITY**

The protection against a disease. There are several types of immunity: passive, active and humoral. The immunity is indicated by the presence of antibodies in the blood and can usually be determined with a laboratory test.

**INCUBATION PERIOD**

The period between the first exposure to a pathogen and the appearance of signs or symptoms of disease.

**INDIAN ACT**

Canadian federal legislation that sets out certain obligations of the federal government toward Registered First Nations people. It also regulates the management of Indian reserve lands and assets.

**INFECTION**

Situation in which microorganisms are able to multiply within the body and cause a response from the host's immune defences. Infection may or may not lead to clinical disease.

**INFECTION CONTROL PROGRAM**

An organization wide set of protocols and practices which aim to prevent and limit the spread of infectious agents within a health care setting.

**INFECTIOUS**

Capable of causing disease (infection).

**INFECTIOUS AGENT**

A microorganism or a pathogen capable of causing disease (infection) in a source or a host.

**INFECTIOUS WASTE**

The portion of biomedical waste that is capable of producing infectious disease.

**INFIRMARY**

An overnight facility where health care is provided by health care workers.

**INFLUENZA**

A respiratory infection caused by influenza A and B viruses. In Canada, seasonal influenza generally occurs each year in the late fall and winter months.

**INFLUENZA (CLINICAL, CONFIRMED)**

Clinical case of influenza: when influenza is circulating in the community, the presence of fever of acute onset is a good predictor of influenza. The positive predictive value increases when fever is higher than 38°C and when the onset of the clinical illness is acute (less than 48 hours after the prodrome). Other symptoms, such as sore throat, cough, rhinorrhea, malaise, rigors or chills, myalgia and headache, although non-specific, may also be present.

Confirmed case of influenza: those with laboratory confirmation (i.e., virus isolation from respiratory tract secretions, identification of viral antigens or nucleic acid in the respiratory tract, or a significant rise in levels of serum antibodies) with symptoms and an epidemiological link to a laboratory-confirmed case.

**INFLUENZA ASSESSMENT CENTRES**

A site separate from emergency departments to provide screening/basic assessment (may include swabbing), self-care education and reassurance, referral to other care providers, coordinate patient access to emergency room or other health service and in some cases can provide short-term, minor treatment and prescriptions for antiviral therapy.

**INFLUENZA PANDEMIC**

An influenza pandemic occurs when an influenza A virus to which most humans have little or no existing immunity acquires the ability to cause sustained human-to-human transmission leading to community-wide outbreaks. Such a virus has the capacity to spread worldwide, causing a pandemic.

**INFLUENZA-LIKE ILLNESS**

A constellation of symptoms which may be exhibited by individuals prior to the confirmation of influenza.

**INPATIENT**

An individual who receives health care services while admitted in a health care facility overnight or longer.

**INTERNATIONAL HEALTH REGULATIONS**

An international legal instrument that is binding on 196 countries across the globe. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

**INTERPANDEMIC PERIOD**

The interpandemic period is the interval between the last pandemic and the onset of the Pandemic Alert Period. During this period no new virus subtypes have been detected in humans although an influenza virus subtype that has caused human infection may be present in animals.

**ISOLATE**

A pure specimen obtained by culture.

**ISOLATED**

Describes a geographical area that has scheduled flights and good telephone services; however, it is without year-round road access. It is noted that not all homes in a community will have phones, and that flights may be cancelled or delayed due to weather.

**ISOLATION (IN CONTEXT OF INFECTION PREVENTION)**

Separation, for the period of communicability, of infected persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.

## **KNOWLEDGE TRANSLATION**

Knowledge translation (KT) is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the health care system.

This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user.

## **LOW-LEVEL DISINFECTION**

The level of disinfection recommended when processing non-critical items or environmental surfaces. Low-level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g., influenza). Low-level disinfectants do not kill mycobacteria or bacterial spores. Low-level disinfectants–detergents are used to clean environmental surfaces.

## **MASK**

A barrier to prevent droplets from an infected source from contaminating the skin and mucous membranes of the nose and mouth of the wearer, or to trap droplets expelled by the wearer, depending on the intended use. The mask should be durable enough so that it will function effectively for the duration of the given activity. The term “mask” in this document refers to surgical or procedure masks, not to respirators.

## **MATHEMATICAL MODELING**

A method for predicting the behaviour or outcome of a system (for example, the progression of an infectious disease in a population) using mathematical techniques and assumptions based on past experiences.

## **MEDICAL FIRST RESPONSE**

The first point of contact between trained personnel and those requiring medical attention or health services; is almost always provided by the local authorities.

## **MEDICAL OFFICER OF HEALTH**

A Medical Officer of Health is a physician who is appointed by a regional health authority or designated by a provincial Minister pursuant to statute as a Medical Officer of Health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer.

## **METHODS OF TRANSMISSION**

(See Mode of transmission.)

## **MICROORGANISMS**

(See Infectious agent.)

**MODE OF TRANSMISSION**

Mechanism by which an infectious agent is spread (e.g., via contact, through droplets or aerosols).

**MORBID OBESITY**

Morbid obesity is defined as a Body mass index (BMI) greater than or equal to 40 kilos per metre squared. BMI is a measure of body fat based on height and weight.

**MORBIDITY**

Departure from a state of well-being, either physiological or psychological; illness.

**MORBIDITY RATE**

The number of cases of an illness (morbidity) in a population divided by the total population considered at risk for that illness.

**MORTALITY**

Death, as in expected mortality (the predicted occurrence of death in a defined population during a specific time interval).

**MORTALITY RATE**

The number of people who die during a specific time period divided by the total population.

**MULTI-LAYERED PROTECTION (IN PUBLIC HEALTH MEASURES)**

The concept of using multiple interventions in combination as the effectiveness of each intervention on its own may be limited.

**MUTATION**

A permanent, transmissible change in the genetic material of a cell.

**N95 RESPIRATOR**

A disposable, particulate respirator (Note: most respirators used for health care purposes are disposable filtering face pieces covering mouth, nose and chin). Airborne particles are captured from the air on the filter media by interception, inertial impaction, diffusion and electrostatic attraction. The filter is certified to capture at least 95% of particles at a diameter of 0.3 microns, the most penetrating particle size. Particles of smaller and larger size are collected with greater efficiency. The 'N' indicates a respirator that is not oil-resistant or oil-proof. N95 respirators are certified by the National Institute for Occupational Health and Safety (NIOSH –organization based in the United States) and must be so stamped on each respirator. (Also see Respirator.)

**NATIONAL ANTIVIRAL STOCKPILE**

The National Antiviral Stockpile is a federal/provincial/territorial supply of antiviral drugs that is held and managed by provinces and territories.

**NATIONAL EMERGENCY STRATEGIC STOCKPILE**

A federally-owned stockpile of emergency pharmaceuticals, medical supplies and equipment managed by the Public Health Agency of Canada. Medical supplies and equipment range from beds and blankets to advanced pediatric ventilators. Pharmaceuticals include antibiotics and antivirals.

**NATIONAL IHR FOCAL POINT**

The national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations.

**NEURAMINIDASE**

A hydrolytic protein antigen spiking from the surface of the influenza virus. It dissolves the protective viscosity of cellular mucous lining, allowing release of new viruses into the respiratory tract. The different proteins are identified using a numerical system (e.g., N1, N2, N3) and when combined with the haemagglutinin type are used to identify various influenza virus subtypes (e.g. H1N1, H3N2).

**NEURAMINIDASE INHIBITORS**

A class of antiviral agents that selectively inhibit neuraminidase activity in both influenza type A and type B viruses, while having no effect on human neuraminidase.

**NON-CRITICAL ITEMS**

Items that touch only intact skin but not mucous membranes. Reprocessing of non-critical items involves cleaning followed by low-level disinfection.

**NON-GOVERNMENTAL ORGANIZATIONS**

A non-governmental organization (NGO) is generally considered to be any non-state, non-profit, voluntary organization. As a non-state entity, an NGO is generally independent from government influence—it is not a part of or controlled by government or an intergovernmental agency. As such, an NGO is either not established by a government, or intergovernmental agreement, or, if established in such a manner, is now independent of such influence. As a non-profit organization, an NGO is not operated for the primary purpose of carrying on a trade or business, although profits may be generated for the mission of the organization.

**NON-TRADITIONAL SITE**

For the purposes of planning for an influenza pandemic a non-traditional site is a site that is:

- a) currently not an established health care site, or
- b) is an established health care site that usually offers a different type or level of care.

The functions of a non-traditional site will vary depending on the needs of the community but will focus on support of influenza patients during an influenza pandemic.

**NOSOCOMIAL INFECTIONS**

(See Health care associated infections.)

**OCCUPATIONAL HEALTH**

The disciplines of Occupational health medicine and nursing, Occupational Hygiene and Occupational Health and Safety.

**OCCUPATIONAL HEALTH AND SAFETY**

A legal term that is defined in legislation, regulation and/or workplace (e.g., union) contracts that impact a variety of disciplines concerned with protecting the safety, health and welfare of people engaged in work or employment. The use of the phrase “Occupational Health and Safety” (OHS) invariably refers back to legislation and or regulation that influence workplace safety practices. The definition and therefore the content encompassed by OHS legislation varies significantly between and within jurisdictions in Canada.

**ORGANIZATIONAL RISK ASSESSMENT**

The activity whereby a health care organization identifies:

- a. a hazard
- b. the likelihood and consequence of exposure to the hazard
- c. the likely means of exposure to the hazard
- d. the likelihood of exposure in all work areas in a facility/office/practice setting; and then
- e. evaluates available engineering, administrative and PPE controls needed to minimize the risk of the hazard.

**OUTBREAK CASE DEFINITIONS**

Community Case: A patient/resident who does not have any influenza-like illness symptoms on admission but that subsequently develops influenza symptoms less than 72 hours after admission will be called a “community case”.

Nosocomial Case: A patient or resident that develops influenza-like illness symptoms more than 72 hours after admission. Note: all subsequent cases linked to a community case occurring in a health care setting will be called a “Nosocomial case”.

**OUTPATIENT**

An individual who receives health care services without being admitted to a health care facility.

**PALLIATIVE**

A treatment that provides symptomatic relief, but not a cure.

**PANDEMIC**

An epidemic occurring worldwide, crossing international boundaries and usually affecting a large number of people.

**PANDEMIC ALERT PERIOD**

The interval following the Interpandemic Period. Characterized by the occurrence of human infection(s) with a new subtype of influenza virus in the absence of efficient human to human transmission of this new virus.

**PANDEMIC IMPACT**

Pandemic impact describes the effects of a pandemic on the population, whereas severity describes the effect on the individual with the illness.

**PANDEMIC INFLUENZA IPC/OH PLAN**

A comprehensive integrated infection prevention and control (IPC)/occupational health (OH) plan to prevent the transmission of the pandemic influenza virus in existing and temporary health care settings.

**PANDEMIC INFLUENZA PRECAUTIONS**

One form of Additional Precautions recommended to prevent and control the spread of a pandemic influenza in health care settings.

**PANDEMIC PERIOD**

The interval characterized by increased and sustained transmission in the general population of a new influenza virus subtype which is spreading efficiently between humans.

**PANDEMIC PHASES**

A method of communicating the status of a pandemic outlined in the WHO's 2013 pandemic guidance. There are four global phases: Interpandemic phase; Alert phase, Pandemic phase; and Transition phase.

**PANDEMIC SEVERITY**

Pandemic severity will be used to describe clinical severity of disease in individuals, whereas pandemic impact describes the effects on the population.

**PANDEMIC VIRUS**

An influenza A virus to which most humans have little or no immunity that acquires the ability to cause sustained human-to-human transmission leading to community-wide outbreaks. Such a virus has the potential to spread rapidly worldwide, causing a pandemic.

**PANDEMIC WAVE**

The time period that the pandemic influenza virus is the predominant influenza strain, circulating within a community. The pandemic influenza virus is likely to cause more than one wave of illness as the pandemic spreads through a region.

**PARENT ORGANIZATION**

The organization responsible for the planning of a temporary health care setting (e.g., use of tents, school gymnasiums), operational only when an influenza pandemic has been declared and the need for new assessment or caregiving space arises.

**PARENTERAL**

Not through the mouth. Intravenous, intramuscular, and intradermal administration are all parenteral routes.

**PATHOGEN**

Any disease-producing microorganism or material.

**PATHOGENESIS**

The natural evolution of a disease process in the body without intervention (i.e., without treatment). Description of the development of a particular disease, especially the events, reactions and mechanisms involved at the cellular level.

**PATIENT**

Those receiving health care, including patients, residents or clients.

**PEDIATRIC**

Relating to the medical specialty concerned with the development, care and treatment of children from birth through adolescence.

**PERIOD OF COMMUNICABILITY**

The time during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to humans, or from an infected person to animals, including arthropods.

**PERSONAL PROTECTIVE EQUIPMENT**

One element in the Hierarchy of Controls. Personal protective equipment consists of gowns, gloves, facial protection (i.e., masks and eye protection, face shields or masks with visor attachment) or respirators that can be used by HCWs to provide a barrier that will prevent potential exposure to infectious microorganisms.

**POINT OF CARE**

Place where a patient or resident receives health care from health care workers. Point of care incorporates three main elements being present at the same time: the patient, the HCW and an interaction that could result in transmission of an infectious agent.

**POINT OF CARE RISK ASSESSMENT**

An activity whereby health care workers (HCW) (in any health care setting across the continuum of care):

- 1) Evaluate the likelihood of exposure to an infectious agent
  - a. for a specific interaction
  - b. with a specific patient
  - c. in a specific environment (e.g., single room, hallway)
  - d. under available conditions (e.g., no designated hand washing sink)
- 2) Choose the appropriate actions/PPE needed to minimize the risk of exposure for the specific patient, other patients in the environment, HCWs, visitors, contractors, etc.

**POLYMERASE CHAIN REACTION**

A highly sensitive test that can detect DNA fragments of viruses or other organisms in blood or tissue. PCR works by repeatedly copying genetic material using heat cycling, and enzymes similar to those used by cells.

**POPULATION VULNERABILITY**

Refers to the factors that affect the severity of disease in certain groups including the presence of underlying health conditions, or unexpected new risk factors for severe disease. Risk of more severe outcomes can also be elevated because of age, poor access to health care, poor socioeconomic conditions and/or other factors related to the social determinants of health. Impact may be increased in vulnerable populations, including First Nations, Inuit and Metis populations, or settings such as remote communities, homeless shelters and overcrowded housing.

**PRECAUTIONARY APPROACH**

This means taking timely and reasonable preventive action, proportional to the threat and evidence-informed to the extent possible. This does not mean that in the absence of evidence, all actions must be taken; rather, it means that as emerging evidence reduces uncertainty, evidence-informed actions may supersede those precautionary measures taken at the outset.

**PRE-EXISTING POPULATION IMMUNITY**

The level of immunity in the human population who have had previous exposure to the virus in childhood or adulthood; these exposures result in the development of various forms of pre-existing immunity to the most common serotypes or variants of the virus.

**PRIMARY CARE**

The element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.

**PROPORTIONALITY**

The concept that the response to a pandemic should be appropriate to the level of the threat.

**PUBLIC HEALTH ACT**

Legislation that outlines the specifications of powers and duties of public health officials for communicable disease prevention and control, environmental health hazard response, chronic disease and hazard prevention, and public health emergency response.

**PUBLIC HEALTH EMERGENCIES OF INTERNATIONAL CONCERN**

Defined in the International Health Regulations (2005) as “an extraordinary event which is determined, as provided in these Regulations: to constitute a public health risk to other States through the international spread of disease; and to potentially

require a coordinated international response". This definition implies a situation that: is serious, unusual or unexpected; carries implications for public health beyond the affected State's national border; and may require immediate international action.

### **PUBLIC HEALTH MEASURES**

Non-pharmaceutical interventions that can be taken by individuals and communities to help prevent, control or mitigate pandemic influenza. Public health measures range from actions taken by individuals (e.g., hand hygiene, self-isolation) to actions taken in community settings and workplaces (e.g., increased cleaning of common surfaces) to those that require extensive community preparation (e.g., pro-active school closures).

### **PUBLIC HEALTH SERVICES**

The provision of activities, programs or policies to society meant to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population.

### **QUALITATIVE**

Of, relating to, or expressed in relative or subjective terms. Impossible to quantify precisely.

### **QUANTITATIVE**

Of, relating to, or expressed in terms of quantity.

### **REASONABLENESS**

In pandemic context, this is the concept that decisions should not be arbitrary but rather be rational, proportional to the threat, evidence-informed and practical.

### **RECIPROCITY**

Those who face disproportionate burdens in their duty to protect the public (e.g., health care workers and other workers who are functioning in a health care capacity, for example police or fire personnel who are providing medical first response) are supported by society, and that to the extent possible those burdens are minimized.

### **REMOTE**

A geographical area where a community is located over 350 km from the nearest service centre having year-round road access.

### **REPRODUCTIVE NUMBER**

The basic reproductive number ( $R_0$ ) for an infectious disease in a homogeneous host population is the expected (average) number of secondary cases infected by a single infectious individual, if that individual is placed into a wholly susceptible host population at its demographic equilibrium.

### **RESERVE**

An area of land set aside by the federal government for the use and occupancy of a First Nations group or band.

**RESILIENCY**

The ability of individuals and communities to take action that will improve their own capacity to respond effectively to stressful circumstances.

**RESISTANCE**

The development of strains of a pathogen that are able to withstand the effects of an antimicrobial agent.

**RESPIRATOR**

A device to protect the user from inhaling a hazardous atmosphere. It is a personal protective device that fits tightly around the nose and mouth of the wearer, and is used to reduce the risk of inhaling hazardous airborne particles and aerosols, including dust particles and infectious agent. The most common respirator used in health care is a N95 half-face piece filtering respirator. (Also see N95 Respirator, Respiratory Protection Program, Fit testing, Seal check.)

**RESPIRATORY ETIQUETTE**

(See Respiratory hygiene.)

**RESPIRATORY HYGIENE**

A combination of measures designed to minimize the transmission of respiratory pathogens via droplet or airborne routes in health care settings. Respiratory hygiene includes covering the mouth and nose with a sleeve during coughing or sneezing; using tissues to contain respiratory secretions during coughing or sneezing with prompt disposal into a hands-free receptacle; wearing a mask when coughing or sneezing to contain droplets and decrease contamination of the surrounding environment; turning the head away from others when coughing or sneezing; and maintaining spatial separation of two metres between themselves and others without symptoms of influenza.

**RESPIRATORY PROTECTION PROGRAMS**

A program that provides health screening, fit testing/re-testing and training on the appropriate use of respirators (e.g., performance of the seal check every time a respirator is worn) to all health care workers who may wear a respirator.

**RESPIRATORY TRACT**

Structures contained in the respiratory system, including the nasopharynx, oropharynx, laryngopharynx, larynx, trachea, bronchi, bronchioles, and lungs.

**RISK ANALYSIS**

Risk analysis involves analysing the risks in terms of their probability and potential impact (who is affected and to what extent). In pandemic preparedness, this analysis helps identify the planning considerations and options for each component of the response. The analysis should also assess the public's perception of risk and how it could influence the risk management response, so that communications strategies and messaging can be tailored appropriately.

**RISK ASSESSMENT/FORMAL RISK ASSESSMENT**

A component of risk management meant to provide evidence-informed information and analyses for making informed decisions on how to treat particular risks and select between options.

**RISK COMMUNICATION**

An exchange of information aimed at increasing the understanding of health risks.

**RISK EVALUATION**

Risk evaluation involves determining the significance of the level and type of risk in order to make decisions about future actions. Ethical, legal, financial and other considerations are also inputs to the decisions. Decisions may include the need and priorities for treatment, whether an activity should be undertaken or which of a number of paths should be followed.

**RISK FACTOR**

Physical or other condition that predisposes an individual to develop a specified outcome (e.g., illness, or severe disease if infected).

**RISK IDENTIFICATION**

Risk identification involves identifying what might happen, or what situations might exist that could affect achievement of the objectives of the organization or system.

**RISK MANAGEMENT (APPROACH)**

The use of policies, practices and resources to analyze, assess and control risks to health, safety, environment and the economy.

**RISK TREATMENT**

Identification and recommendation of risk treatment options, i.e. options for management or control. Risk treatment options should include steps that need to be taken in advance, as well as potential actions at the time of the pandemic.

**ROUTINE PRACTICES**

A comprehensive set of infection prevention and control measures, that have been developed for use in the routine care of all patients at all times in all health care settings. Routine practices aim to minimize or prevent health care associated infections in all individuals in the health care setting including patients, health care workers, visitors, contractors, etc.

**SCALABILITY OF RESPONSES**

The ability to adapt the response to the pandemic, with triggers to activate and deactivate specific responses while taking into account the variable impact and timing of the pandemic in different geographic regions.

**SEAL CHECK**

A procedure the wearer performs each time a respirator is worn and is performed immediately after putting on the respirator to ensure that there is a good facial seal. Seal check has been called “fit check” in other infection prevention and control documents (Appendix A of CSAZ94.4-02 Selection, Use and Care of Respirators). (Also see Fit Test.)

**SELF-CARE INSTRUCTIONS**

Any tools to assist the public in conducting a self-assessment.

**SEMI-CRITICAL ITEMS**

Items that come in contact with non-intact skin or mucous membranes but ordinarily do not penetrate them (e.g., endotracheal tubes, endoscopes). Reprocessing semi-critical items involves meticulous cleaning followed by high-level disinfection.

**SEROLOGICAL ATTACK RATE**

The cumulative incidence of infection over a period of time as determined by laboratory findings (serology) of infected individuals.

**SEROSURVEYS/SEROLOGICAL SURVEYS**

A method of surveillance of virus infection based on serologic laboratory findings of infected individuals.

**SOCIAL DETERMINANTS OF HEALTH**

The social determinants of health influence the health of populations. They include income and social status; social support networks; education; employment/ working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture.

**SOCIAL DISTANCING**

Measures or strategies which may be used to minimize close contact among persons in public places, e.g., pro-active school closures; cancellation or modification of public gatherings; and alternative workplace approaches, such as teleconferences and working from home. Because of their potential societal impact, social distancing measures are most applicable in pandemics of moderate to high impact.

**SOCIETAL DISRUPTION**

Disruption caused by pandemic such as discontinuation of health care and other essential services; discontinuation of day-to-day activities, and delay of return to normal community functioning.

**SOLIDARITY**

Solidarity is the notion that we are all part of a greater whole, whether an organization, a community, nation or the globe.

**SOURCE**

The person that may contain an infectious agent/microorganism that can be passed to a susceptible host.

**SOURCE CONTROL POLICIES**

Strategies to minimize contact with infected people including a 2 metre spatial separation between infected sources (e.g., patients) and uninfected hosts (e.g., other patients); admission screening; screening of visitors; and expanded respiratory and hand hygiene programs for HCWs, patients and visitors.

**STATUS INDIANS**

A person who is registered under the Indian Act. The Act sets out requirements for determining who is a status Indian.

**STERILIZATION**

The destruction of all forms of microbial life including bacteria, viruses, spores and fungi.

**STEWARDSHIP**

The responsible planning and management of something entrusted to one's care, along with making decisions responsibly and acting with integrity and accountability.

**STRAIN (INFLUENZA VIRUS)**

Further characterization of influenza B viruses and of subtypes of influenza A viruses.

**SUBTYPE (INFLUENZA VIRUS)**

A classification of the influenza type A viruses based on the surface antigens hemagglutinin (H) and neuraminidase (N).

**SURGE CAPACITY PLANNING**

The development of strategies for enhancing levels of staff and volunteers, equipment and supplies and, potentially, space to accommodate more patients. It also includes consideration of novel approaches to enhancing assessment and care. Surge capacity plans should include regional or even province-wide components.

**SURVEILLANCE/SURVEILLANCE SYSTEMS**

Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death.

**SUSCEPTIBLE HOST**

An individual not possessing sufficient resistance against a particular infectious agent to prevent contracting an infection or disease when exposed to the agent (synonymous with non-immune).

**SYMPTOMS**

Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the patient.

**TARGETED SURVEILLANCE ACTIVITIES**

An additional surveillance technique to identify risk factors for severe disease and populations at increased risk. Targeted surveillance activities may be required for remote and isolated communities, including many First Nations and Inuit communities, to describe outbreaks appropriately in these regions. Other special studies will be needed to inform decision-making, for example seroprevalence surveys.

**TEMPORARY HEALTH CARE SETTINGS**

These settings are health care sites not currently established or, if established, they usually offer a different type and/or level of care. The functions of a temporary site may vary depending on the needs of the community but should focus on monitoring, care and support of influenza patients. Temporary health care settings are pre-determined for operation before an influenza pandemic and become operational only when an influenza pandemic is declared by the World Health Organization (WHO) or Canadian public health officials.

**TRANSMISSION**

The process whereby an infectious agent passes from a source to cause infection in a susceptible host.

**TRIAGE**

A system whereby a group of casualties or patients is sorted according to the seriousness of their illness or injuries, so that treatment priorities can be allocated between them. It is designed to maximize the number of survivors in emergency situations.

**TRIBAL COUNCIL**

The Tribal Council is a regional group of First Nations representatives that delivers common services to a group of First Nations.

**VACCINATION**

The act of administering a vaccine.

**VACCINE**

A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

**VACCINE ADMINISTRATION**

System or method for provision of the vaccine to Canadians. Influenza vaccine has traditionally been administered by public health nurses and/or by doctors and nurses in primary care. In some jurisdictions, pharmacists can also administer the vaccine.

**VACCINE EFFECTIVENESS**

Vaccine effectiveness is a measure of how well influenza vaccines work to protect against influenza infection and illness when they are used in routine circumstances in the community, and not specifically in a randomized control trial. Effectiveness represents the percentage reduction in the frequency of influenza infections among people vaccinated compared with the frequency among those who were not vaccinated, assuming that the vaccine is the cause of this reduction.

**VACCINE EFFICACY**

Vaccine efficacy is measured by comparing the frequency of influenza illness in the vaccinated and the unvaccinated groups in a randomized controlled trial.

**VACCINE UPTAKE**

The number of people who receive the vaccine in a jurisdiction or population cohort.

**VIRULENCE**

Virulence refers to the ability of the infectious agent to cause severe disease (e.g., Ebola virus: high; rhinovirus: low).

**VIRUS**

A group of infectious agents characterized by their inability to reproduce outside of a living host cell. Viruses may subvert the host cells' normal functions causing the cells to behave in a manner determined by the virus.

**WHOLE OF GOVERNMENT RESPONSE**

An approach that aligns the efforts of all jurisdictions so that all potential resources can be applied to minimizing the pandemic's negative health, social and economic impacts. Pandemic plans should be aligned across jurisdictions to facilitate successful FPT collaboration during a pandemic.

Public Safety Canada is responsible for coordinating the whole of government response when the federal government is involved in the response to an emergency. Within the provinces and territories a similar function is performed by the appropriate ministry or emergency measures organization.

**ZOONOTIC STRAINS**

Viruses that have originated from animal species, and may be transmitted to humans through contact with animals or animal products.