

H1N1 Outcomes of First Nations in BC – Factsheet

April 26, 2012

During H1N1, the Tripartite partners developed new approaches to reduce the number of First Nations people who got sick or were hospitalized because of the flu.

These new approaches included:

- Prepositioning Tamiflu in 49 First Nations communities across the province that might have trouble accessing health care
- Developing clinical guidelines to help nurses know how to treat people who were sick in community
- Prepositioning test kits that allowed nurses to recognize when H1N1 first arrived in communities.

The big questions are – ***did this work make a difference? Were First Nations getting sick more often than the general BC population? Did having Tamiflu help prevent people from being hospitalized? Were people with comorbidities, such as diabetes or heart disease, more likely to get sick?***

The Tripartite partners have recently gone back through administrative health records (physician and hospitalization files) to try to answer these questions.

From looking at administrative data contained within physician records, hospitalization records and prescription records, we learned the following key lessons:

Things we learned from.....		
Physician Records	Tamiflu prescriptions	Hospitalization Records
<ul style="list-style-type: none"> - Where First Nations had access to prepositioned Tamiflu they had similar levels of influenza and pneumonia as other BC residents. - In parts of the province where there was less access to prepositioned supplies First Nations had higher levels of 	<ul style="list-style-type: none"> - First Nations filled more prescriptions for Tamiflu than other residents in all parts of the province. - First Nations people who received Tamiflu were more likely to be hospitalized than those that didn't receive Tamiflu. - First Nations with comorbidities were more likely to be prescribed Tamiflu and 	<ul style="list-style-type: none"> - First Nations were more likely to be hospitalized for influenza than other BC residents across the province, however this difference was only statistically different in parts of the province where First Nations did not have access to prepositioned Tamiflu. - First Nations were more likely to be hospitalized for pneumonia than other BC residents across the province. This difference was statistically different in all parts of the province, however the difference between First Nations and other BC residents was the smallest in parts of the province where First Nations had access to prepositioned Tamiflu.

influenza and pneumonia.	hospitalized for pneumonia than other residents with comorbidities across the province.	- In parts of the province where prepositioned Tamiflu was located, there were less significant differences between First Nations people and their neighbours. In other parts of the province, First Nations were more likely to see their physicians or be hospitalized for influenza or pneumonia.
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Other Canadian studies have found that Aboriginal people experienced illness in greater numbers because of H1N1. There is a small amount of evidence that BC First Nations were less affected than in other parts of Canada. For example, in a study of hospitalizations in 13 other Canadian jurisdictions, 20.7% of Intensive Care admissions were Aboriginal. We found that only 10.9% of all hospitalizations of influenza and 5.5% of hospitalizations for pneumonia were First Nations.

Limitations:

- We are trying to learn from H1N1 using data that cannot tell the whole story of First Nations’ experience during H1N1. People’s illnesses may not be captured in administrative data if they do not have access to health care services, for example. We also could not determine who received prepositioned Tamiflu from their health centre and whether or not Tamiflu helped them avoid getting sick.

Where do we go from here?

1. Only a small percentage of the First Nations population live in regions of the province that had access to pre-positioned Tamiflu during H1N1. The greatest gains will come from working to increase access to services for First Nations living in urban and semi-urban locations.
2. Increase access to community pharmacies to those living on-reserve. Many community members experience transportation issues and some creative solutions to increase access include scheduled buses that bring people to town to visit their local pharmacies
3. Work with communities that do not have a nurse or physician to identify ways of increasing access to antivirals
4. Develop and nurture relationships with your counterparts at community, health authority, FNIHB and the iFNHA. Knowing your partners on a regular, day-to-day basis enables you to better respond during an emergency.

This fact sheet was compiled from an evaluation of the H1N1 pandemic response in BC First Nations communities. The evaluation was sponsored by the *interim* First Nations Health Authority, First Nations and Inuit Health Branch, and the BC Ministry of Health. These organizations, known as the ‘Tripartite partners’, worked together during the H1N1 pandemic to support First Nations in BC.