



Australian Government
Department of Health and Ageing

*Australian
Action
Plan
for
Pandemic
Influenza*



Australian Action Plan

for Pandemic Influenza

(Endorsed by the National Public Health Partnership and the Australian Health Ministers' Advisory Council, October 2003)

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Foreword

Pandemic influenza is a potential global threat that all countries must prepare for. Well planned and practical contingency measures can greatly reduce the impact of a pandemic, which by definition is associated with widespread infection, extreme morbidity, and mortality rates much higher than during those outbreaks of influenza we experience from year to year. A unified and nationally consistent response will strengthen Australia's capacity to manage in a pandemic.

The *Australian Action Plan for Pandemic Influenza* (the Action Plan) specifically targets Australian Government, State and Territory Governments, their agencies and emergency services. It provides direction for the development of actions at the Australian Government, State and Territory and local level and is cognisant of specific advice and policy requirements that will be necessary to ensure that Australia is prepared. In addition, the Action Plan should provide guidance to health service providers and other groups at local level whose services may be critically important during an influenza pandemic. The plan aims to increase awareness of national pandemic preparedness during the interpandemic period and to provide information to facilitate an organised and effective response.

The Action Plan was prepared by the Influenza Pandemic Planning Committee (IPPC), a subcommittee of the Communicable Diseases Network Australia (CDNA). The IPPC was comprised of recognised national and international experts on influenza, and State and Territory and Australian Government officers from Australia and New Zealand with significant interest in pandemic planning. In June 1999 the IPPC developed *A Framework for an Australian Influenza Pandemic Plan*, providing a strategic framework for the detection and management of pandemic influenza in Australia. The Action Plan should be read in conjunction with the framework document, available from <http://www.health.gov.au/pubhlth/strateg/communic/tech/influenza.htm>.

The Action Plan aligns with the World Health Organization (WHO) *Influenza Pandemic Plan* and is modelled around this and other plans, such as the United Kingdom Health Departments' *Multiphase Contingency Plan for Pandemic Influenza*. Progression of Australia's Action Plan, including the development of supporting policies, will primarily be the responsibility of the Australian Government Department of Health and Ageing, in collaboration with the State and Territory Governments and the National Influenza Pandemic Action Committee (NIPAC) chaired by the Australian Government Chief Medical Officer. The Australian Government, with the NIPAC, will facilitate implementation of the Action Plan during the interpandemic period and in the event of a pandemic. Australia's capacity to respond to an influenza pandemic should be strengthened by ongoing collaboration and coordination of activities between the Australian Government, the NIPAC, and other key committees and agencies, as indicated throughout the Action Plan.

The Action Plan is a living document. The Australian Government, with the NIPAC, will further develop and review the Action Plan during the interpandemic period.

Introduction

Aims and objectives

The aim of this Action Plan is to facilitate an organised and effective national response in the event of an influenza pandemic. It provides specific advice and actions, and is designed to assist State and Territory health departments and other organisations in preparing their own contingency arrangements.

Objectives:

- provide a plan to ensure rapid, timely and coordinated action, including a system of national communication to deliver current, accurate and authoritative information at all stages;
- specify the roles and responsibilities of State and Territory health departments, key services and organisations;
- define key roles for the Australian Government Department of Health and Ageing and the National Influenza Pandemic Action Committee (NIPAC) that are to oversee implementation of the Action Plan and guide Australia's response in the event of an influenza pandemic; and
- strengthen surveillance mechanisms during the interpandemic and the pandemic phases to provide forewarning and on-going monitoring during a pandemic.

Background

Influenza

Influenza is a highly contagious viral disease of the respiratory tract. It derives its public health significance from the rapidity by which epidemics evolve and spread amongst the community, and associated widespread morbidity and serious complications such as viral or bacterial pneumonia. To date, only influenza A viruses have been known to cause pandemics.

Symptoms include rapid onset of fever, chills, sore throat, stuffy or runny nose, headache, dry cough, fatigue and aching. The disease is easily spread through droplets from an infected person (suspended in the air through coughing or sneezing) being inhaled by another person, through direct contact such as shaking hands and indirect contact with objects contaminated with secretions, e.g. touching door and tap handles, shared crockery and other objects. The incubation period is about 1 to 3 days and adults are infectious for 3 to 5 days after the symptoms appear (up to 7 days in young children).

Pandemic influenza

Pandemic influenza involves significant genetic variation (antigenic shift) in the influenza A virus resulting in a new virus subtype. When antigenic shift occurs, most people will be immunologically naive and therefore susceptible to the new subtype. Factors that influence the likelihood of a pandemic include: the emergence of a new viral subtype; the capacity for the virus to spread efficiently from person to person; and being virulent enough to cause disease. It is not possible to predict when the next pandemic will occur or how long it will last. It is over 32 years since the last true pandemic.

It is essential to prepare well during the interpandemic period to ensure Australia is in a state of readiness should a pandemic eventuate. This document provides direction for contingency arrangements to commence in the interpandemic period, and an Action Plan to facilitate a coordinated national response should Australia be faced with a pandemic.

National coordination and planning

Responsibility for implementing the Action Plan will lie with health services, emergency services and governments at all levels. The media, wider community and industry also have key roles to play in ensuring a responsible national response. A National Influenza Pandemic Action Committee (NIPAC) will assist in further development and implementation of Australia's Action Plan. In conjunction, the NIPAC and the Australian Government Department of Health and Ageing will draw upon the expertise of peak committees and key agencies to develop appropriate policies and strategies thereby strengthening Australia's capacity to respond to a pandemic. In the event of a pandemic the Australian Government will provide national leadership in mounting a coordinated response with the NIPAC and the State and Territories. The NIPAC's terms of reference and membership will define how the committee will operate during interpandemic and pandemic phases.

State and Territory action plans

As a matter of priority States and Territories should prepare their own Action Plans inclusive of a regional pandemic action committee. It is recommended that a senior health department official in each State/Territory should chair such a committee. The State/Territory Action Plans should complement the National Action Plan and facilitate coordination between States and Territories.

Prevention

The first supplies of vaccine against a novel strain of influenza would not be available for three to six months or longer, as vaccine production is subject to several rate-limiting steps. Further, in a pandemic situation, global demand for vaccine will be high, so supplies may be limited. Given this scenario, priority groups for immunisation (eg. health and essential service personnel) must be identified early so that when vaccines are available, those people can be immunised quickly. Options to shorten the lead-time for vaccine production, such as greater research into high-growth reassortants, would be beneficial. It is also essential to ensure public awareness of vaccine availability and vaccination policy, and to provide accurate information on medical services and appropriate treatment of symptoms.

Many deaths and severe infections precipitated by influenza are due to secondary infection with bacterial pathogens such as *Streptococcus pneumoniae*. Pneumococcal vaccine, administered to high-risk groups of the population, can significantly reduce the incidence of secondary infection and hence reduce morbidity and mortality associated with influenza. High levels of pneumococcal immunisation should be achieved during the interpandemic period. Antibiotics are the treatment of choice for secondary infections, although not effective in the treatment of uncomplicated influenza. Stockpiling of some antibiotics may be useful. The antiviral drugs amantadine, rimantadine, zanamivir and oseltamivir can shorten the course of infection if given early in the disease, and can provide short-term protection against influenza. Like vaccines, they are likely to be in short supply (rimantadine is not currently registered for supply in Australia, and others must be imported). Antiviral drugs can be stockpiled in preparation for an influenza pandemic; however a strategy needs to be developed for storage of and funding for stockpiling. This strategy must encompass such issues as shelf life, rotation of raw materials, time frame to formulate antivirals, and whether there is capacity to manufacture or formulate them in Australia. Negotiations should occur between the Australian Government and antiviral manufacturers to ascertain whether some antiviral drugs can be stockpiled in bulk and formulated in Australia from imported active substance. During a pandemic, the Australian Government will make ongoing flexible recommendations for antiviral treatment and prophylaxis with expert advice from relevant agencies and committees (eg. Therapeutic Goods Administration, and the Australian Technical Advisory Group on Immunisation).

Steps to reduce rate of spread

It is unlikely that the spread of influenza could be halted, but some options to slow its spread might be considered, eg. reduce unnecessary (especially long-distance) travel, encourage people with influenza to stay at home, close schools (especially if teacher absenteeism reaches such high levels that schools can not function), and cancel public events. Nosocomial spread of influenza may be reduced by isolating cases, cancelling non-urgent admissions during the pandemic, and if possible, admitting patients only if they have severe medical problems.

Health care

During a pandemic situation, public and private hospitals will need to prioritise admissions, rationalise services and review staff rosters. Additional supplies of medication and equipment (e.g. ventilators and syringes) will need to be secured. It may be necessary to utilise other facilities (e.g. community centres) if extra space is required, particularly for outpatients or post-acute patients. In general, emphasis should be given to out-of-hospital care, saving hospital beds for only the most severe cases.

Health professionals such as nurses (including agency nurses), general practitioners (GPs), paramedics, locums, health clinic staff, and social service personnel will require support and coordination. It may be expedient for States and Territories to establish a register of staff available in urban, regional and remote areas. This register should include a list of retired nurses, doctors and junior hospital medical personnel who could be recruited quickly in a pandemic situation.

Pharmacists will undoubtedly experience a rise in workload as there is increased demand for medication, dispensing prescriptions and over the counter products, and frontline advice to members of the community. Accurate information about the treatment of influenza in the home should be readily accessible through community pharmacies, clinics, hospitals and doctors' surgeries.

Non health care

State and Territory governments must ensure that essential services such as police, fire fighting, transportation, communications and State Emergency Services are maintained during an influenza pandemic. Other services such as food, water, gas and electricity supplies, educational facilities, postal services and sanitation are also likely to be affected. Services need to be assessed regularly and support measures implemented promptly in response to most urgent need.

Surveillance

An effective national surveillance system is an essential component of pandemic preparedness and response. Its aim should be to provide timely information to public health departments, health care providers and the general public about levels of influenza activity and circulating strains.

Australia does not have a single national surveillance system for monitoring influenza. Currently several different surveillance systems of diverse methodology prevail:

- Laboratory isolates from LabVISE (Laboratory Virology and Serology Surveillance Scheme), the National Notifiable Disease Surveillance Scheme (NNDSS) and the WHO annual report on strains which is contributed to by the WHO Collaborating Centre in Melbourne;
- Sentinel general practitioner and paediatric hospital surveillance in Victoria, NSW, and WA;
- Sentinel surveillance by general practitioners as part of the Australian Sentinel Practice Research Network (ASPREN) in NSW, Victoria and the Tropical Influenza Surveillance Scheme in Northern Territory; and
- Absenteeism rates from a major national employer.

An important interpandemic priority is therefore to enhance and improve influenza surveillance. With the assistance of the CDNA, Australian data sets should be improved with, for example, nationally consistent case definition for 'influenza-like illness', centralised collection and analysis of data to allow early determination of national trends, and stronger intelligence networks to facilitate prompt public health action.

Influenza-like illness is not a notifiable disease in Australia. However, since January 2001 all jurisdictions have agreed that laboratory confirmed influenza should be notified to the NNDSS and appropriate legislation has been or is being introduced in the States and Territories.

Communication

Effective communication is vital to any Action Plan. A communications strategy has been developed specifically for responding to an influenza pandemic. Existing networks will support the actions of organisations involved in implementing the plan.

Key features of the communications strategy that will be managed through the Australian Government Department of Health and Ageing include:

- National Emergency Media Relations Network (NEMRN) to implement the communications strategy and rapidly disseminate information to the public.
- Advanced preparation of fact sheets and frequently asked questions for medical/health practitioners and the public. These include general information on influenza vaccines and medication, and contact details for State and Territory health departments.
- A pandemic national freecall hotline to provide information to the public. The Australian Government Department of Health and Ageing has a phone line available for emergencies that can be put into action within a few hours.
- National advertisements to increase awareness of the national response to the pandemic, including steps to ensure that these messages reach indigenous and culturally diverse population groups, especially those in rural and remote areas of Australia. Information will be placed on the Australian Government Department of Health and Ageing's communicable diseases website and be available through a range of other media.
- Regular conferences with the media to ensure accurate and up-to-date reports of the status of the pandemic. State and Territory health departments may also conduct news conferences in their jurisdictions, therefore there must be a continuous exchange of information between the Australian Government and States and Territories, with consistent messages at all times. This information exchange would be facilitated through CDNA and NIPAC.

Animal influenza policy

Transmission of influenza virus between some animals and humans is possible although this is a rare event. Most incidents have resulted in single or isolated cases of infection that have been eliminated before new host adapted viruses were produced. An example of this was the 1997 Hong Kong avian influenza incident. This avian influenza virus was capable of infecting humans, but fortunately had low person to person transmissibility. Early detection through surveillance mechanisms and prompt action (such as the culling of chickens in Hong Kong) may prevent reassortment of avian and human influenza viruses.

The Australian Government Department of Agriculture, Fisheries and Forestry (DAFF) has developed avian and swine influenza policies that aim to eradicate the disease in the shortest possible period whilst limiting economic impact.

Further information

For supporting documents to the Action Plan (listed below) or further information, please visit the Australian Government Department of Health and Ageing's website at www.health.gov.au and its Communicable Diseases Australia website at www.cda.gov.au

- (a) Influenza fact sheet
- (b) Frequently asked questions
- (c) Vaccines
- (d) Medication
- (e) Communications strategy
- (f) Modelling report (Executive summary)
- (g) Surveillance
- (h) Surveillance case definitions
- (i) Animal influenza policy
- (j) Key officers

Further accompanying documents will be made available on these websites as they are developed.

Alternatively, please contact:

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GPO Box 9848 (MDP 27)
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Action Plan

Levels of alert for Australia

The following plan uses the broad World Health Organization (WHO) definitions for pandemic preparedness, adapted to ensure relevance to Australia. The WHO will announce the onset of phase 1 and progression to subsequent phases as they occur, based on evidence collected by its task force and international consultation.

Phase 0: Interpandemic period

No indications of new virus type reported.

Preparedness level 1 - isolation of new influenza strain in a human case.

Preparedness level 2 - two or more human infections confirmed.

Preparedness level 3 - human transmission confirmed.

Phase 1: Confirmation of onset of pandemic

Several outbreaks involving the novel influenza virus strain in at least one country with spread to other countries

(a) excluding Australia;

(b) including Australia.

Phase 2: Regional and multi-regional epidemics

Outbreaks and epidemics occurring in multiple countries and spreading in regions across the world.

(a) excluding Australia

(b) including Australia

Phase 3: End of first pandemic wave

No increase in countries affected initially but outbreaks occurring elsewhere in the world.

Phase 4: Second or later waves of pandemic

Second severe wave of outbreaks occurring in many countries

(a) excluding Australia;

(b) including Australia.

Phase 5: End of pandemic

Influenza activity returned to normal interpandemic levels and immunity to new virus is widespread.

Post pandemic phase

Consultations, assessment of overall impact, evaluation, and update of pandemic plan.

Expected life of Action Plan

This plan, as updated from time to time, will remain in effect up to and for the duration of an influenza pandemic. The plan will be evaluated and updated at the post-pandemic phase to reflect conditions experienced during the pandemic and to incorporate new knowledge.

Roles and responsibilities

Australian Government Department of Health and Ageing

With the aid of the NIPAC and other key committees and agencies, the Australian Government will be responsible for implementing the Action Plan at all phases. The Australian Government's broader role will be to ensure that appropriate policies and strategies are developed during the interpandemic period to best equip Australia for a quick response. During a pandemic the Australian Government, with the aid of the NIPAC and the CDNA, will assume a central coordination role with primary responsibility for national surveillance and for facilitating a national response to emerging problems.

During a pandemic the Australian Government Department of Health and Ageing will report to jurisdictions on the spread of the virus, redefine priority population groups if deemed necessary, and estimate the need for and availability of vaccines and anti-viral medication. The Australian Government Department of Health and Ageing has primary responsibility for coordinating the production and distribution of vaccines and anti-viral medication to the States and Territories during an influenza pandemic. However if supplies of vaccines and anti-viral medication are inadequate, the States and Territories will be required to prioritise delivery to high-risk groups in their jurisdiction.

The *Quarantine Act 1908* allows the Governor-General to declare an epidemic and provides certain powers to the Minister under the Act, as necessary, to control and minimise the impact of an epidemic by quarantine measures. These powers supersede quarantine measures under the State Acts. The Act may be accessed through the Attorney General's Department's web-site <http://scaletext.law.gov.au/html/pasteact/0/71/top.htm>.

The Australian Government Department of Health and Ageing, with the advice of key expert groups such as the NIPAC and the CDNA, will play a prominent role in media issues. The Department may also be required to provide leadership in surveillance, virus isolation and typing, and molecular work throughout the Asia-Pacific region.

States and Territories

The States and Territories will develop specific protocols for responding to the threat of an influenza pandemic. Establishment of State and Territory action plans and regional action committees is a high priority. State and Territory action plans should cover issues such as maintaining infrastructure in the face of possible increasing absenteeism, identifying medical and healthcare provisions and facilities, and giving attention to access to adequate antibiotics, ancillary drugs and equipment.

The States and Territories have primary responsibility for the protection of life and property of their citizens through emergency management and civil defence. However during a time of national emergency there will be a need for close cooperation between the Australian Government and State and Territory governments.

WHO Collaborating Centre for Reference and Research on Influenza

The WHO Collaborating Centre receives influenza virus strains from around the world, and determines their antigenic characteristics. Through its collaborations with WHO and other international agencies, the WHO Collaborating Centre will be advised of a novel subtype at the earliest stage, and will obtain candidate isolates for vaccine production. Development of high growth reassortants will be a priority task once a pandemic strain is isolated. The WHO Collaborating Centre will be responsible for ongoing typing of isolates and notification of variation in circulating strains to relevant authorities.

National Influenza Pandemic Action Committee (NIPAC)

The NIPAC will assume an advisory role during the interpandemic period and work with the Australian Government Department of Health and Ageing to provide leadership and advice during a pandemic. It will be the NIPAC's responsibility, in collaboration with the Australian Government, to coopt experts across a range of disciplines to deal with issues as they arise during the pandemic situation, and to ensure that information to the public and professional health groups is accurate.

Communicable Diseases Network Australia (CDNA)

The CDNA will assist the Australian Government and the NIPAC in coordinating operations at the State and Territory level, including enhanced surveillance and immunisation activities. The CDNA has an important role to play in surveillance and the timely reporting of surveillance data nationally. Furthermore, given CDNA's well-established communication procedures, CDNA will facilitate information exchange and communication between the Australian Government and the States and Territories during a pandemic.

Public Health Laboratory Network (PHLN)

National vigilance and enhanced, responsive surveillance are key components in preparing for an effective pandemic response. Given this, the Public Health Laboratory Network has an important role to play in ensuring timely provision of virological data to assist in pandemic monitoring and to inform decision making at Australian Government, State and Territory levels. The Public Health Laboratory Network will take a lead role in improving diagnostic testing and managing laboratory services.

Emergency Management Australia

Emergency Management Australia is responsible for coordinating Australian Government assistance to States and Territories in times of an emergency beyond the capabilities of each State/Territory. In the event of a pandemic, Emergency Management Australia would facilitate Australian Government assistance to States and Territories upon request. More information may be obtained from Emergency Management Australia at the following web-site: www.ema.gov.au.

Contingency plan

Following are the key actions that will need to be taken at Australian Government, State and Territory and organisational levels during each level of alert of an influenza pandemic. This should not be viewed as a complete list, as certain actions will be mitigated by events arising during the course of the pandemic.

The time intervals between phases 1-4 will not be predictable. If the pandemic has a particularly rapid onset, some of the phases may progress very rapidly or even be missed altogether.

PANDEMIC INFLUENZA ACTION PLAN

Main actions	Lead agency
<p>Phase 0 - interpandemic period</p>	
<p>Establish NIPAC and work plan</p>	
<p>Ensure every State and Territory has an Action Plan and Action Committee in place, and that both are complementary to each other and to the national plan</p>	<p>Australian Government</p>
<p>Ensure legislative basis for implementing Action Plan</p>	<p>Australian Government</p>
<p>Fact sheets and briefing material prepared and web sites running</p>	<p>Australian Government</p>
<p>Establish expert groups and response networks</p>	<p>Australian Government, States and Territories</p>
<p>Vaccines</p>	
<p>National policies on vaccine supply and distribution in place, and priority groups for immunisation identified as a matter of priority</p>	<p>Australian Government</p>
<p>Adopt a single system for reporting and monitoring adverse reactions to vaccine</p>	<p>Australian Government</p>
<p>Attain high coverage of influenza and pneumococcal immunisation in identified cohorts and high-risk groups</p>	<p>States and Territories</p>
<p>Promote research into reducing vaccine lead-time, vaccine dosage requirements, and new types of vaccines. Review accessibility of PC3 facilities ASAP</p>	<p>Australian Government</p>
<p>Antimicrobials</p>	
<p>Develop national policies for antiviral stockpiling, supply and distribution ASAP</p>	<p>Australian Government</p>
<p>Resolve whether antivirals can be manufactured in Australia ASAP</p>	<p>Australian Government</p>
<p>Assure adequate funding mechanisms for stockpiling and supply of antivirals ASAP</p>	<p>Australian Government</p>
<p>Implement national surveillance system</p>	
<p><i>Preparedness levels 1 and 2</i></p>	
<p>Nationally agreed definition of influenza-like illness, and consistent surveillance methods by July 2002</p>	<p>Australian Government, CDNA</p>
<p>Set up national coordination centre for data collection, intelligence and dissemination</p>	<p>Australian Government, CDNA</p>
<p>Monitor international developments in influenza pandemic planning</p>	<p>Australian Government, WHO Collaborating Centre</p>
<p>Enhance laboratory capacity to provide more comprehensive and consistent support for national influenza surveillance</p>	<p>Australian Government, CDNA</p>
<p>Liaise with overseas laboratories and national influenza centres, and characterise strains (including overseas strains)</p>	<p>WHO Collaborating Centre</p>
<p><i>Preparedness level 3 - enhance surveillance</i></p>	
<p>Reporting enhanced with daily updates to central collation point</p>	<p>States and Territories, PHLN</p>
<p>Patient influenza-positive samples to be sent urgently to WHO Collaborating Centre</p>	<p>States and Territories</p>
<p>Develop State and Territory Action Plans</p>	
<p>Establish regional pandemic action committees, with stakeholder representation (eg GPs). Recommend that senior health department official chair committee</p>	<p>States and Territories</p>
<p>Set up register of general practitioners, nurses, and social service staff available in urban, regional and remote areas</p>	<p>States and Territories</p>
<p>Identify and document all medical and healthcare provisions and facilities (eg hospital beds, ventilators)</p>	<p>States and Territories</p>
<p>Attention to having access to adequate supplies of antibiotics, ancillary drugs and equipment</p>	<p>States and Territories</p>
<p>Determine mortuary capacity and locations of appropriate cold storage facilities</p>	<p>States and Territories</p>

PANDEMIC INFLUENZA ACTION PLAN

Main actions	Lead agency
<p>Phase 1 - confirmation of onset of pandemic</p> <p>Initiate immediate national response</p> <p>Establish national freecall hotline</p> <p>Daily assessment of pandemic status</p> <p>Convene news conference with media on daily basis. Media Unit and necessary staff to be available at other times for interviews</p> <p>Disseminate latest pandemic information and distribute fact sheets</p> <p>Ensure public access to Australian Government Department of Health and Ageing communicable diseases website and other media sources for information</p> <p>Advise public about travel to known affected areas, and prevention measures</p> <p>Fast track vaccine production against pandemic strain</p> <p>Liaise with manufacturers to begin urgent vaccine production</p> <p>Acquire supplies of vaccine</p> <p>Analyse available clinical data on age-specific attack rates and complications and if necessary re-prioritise population groups for vaccination</p> <p>Immediate mobilisation to immunise priority groups against pandemic strain (as soon as vaccine is developed)</p> <p>Implement enhanced surveillance strategies</p> <p>Additional laboratory facilities operational and resourced</p> <p>Fast-track strain isolation for vaccine manufacture</p> <p>AQIS¹ surveillance of people entering the country. Implement quarantine measures and travel restrictions if deemed necessary</p> <p>Regular and timely reporting to jurisdictions on the spread of the pandemic, through NIPAC</p> <p>Enhance State surveillance through general practitioners.</p> <p>Increase hospital-based surveillance (with particular attention to interstate or international travellers)</p> <p>Monitor adverse reactions to vaccines and antivirals</p> <p>Ongoing monitoring of viral isolates</p> <p>Phase 1 - in addition to the above, if Australia has cases</p> <p>Enhance activity of NIPAC</p> <p>Implement communications strategy</p> <p>Advise people of travel and other risks</p> <p>Make recommendations on public health measures (eg school closures, event cancellation etc) as appropriate</p> <p>Vaccine and antimicrobial supply</p> <p>Coordinate supply of vaccines and antivirals. Follow NIPAC recommendations for antiviral treatment and prophylaxis</p> <p>Determine availability of appropriate antibiotics</p> <p>Surveillance</p> <p>Monitor absenteeism among essential services personnel and provide support as appropriate</p> <p>Hospitals to prioritise admissions and services. Commence reallocation of staff and duties if required</p> <p>Notify relevant areas of mortuary capacity within each jurisdiction</p>	<p>Australian Government</p> <p>Australian Government, Australian Government, NIPAC</p> <p>Australian Government, States and Territories</p> <p>Australian Government, States and Territories</p> <p>Australian Government, NIPAC</p> <p>Australian Government</p> <p>Australian Government</p> <p>Australian Government, NIPAC</p> <p>CDNA, States and Territories</p> <p>PHLN, State and Territories</p> <p>WHO Collaborating Centre</p> <p>AFFA</p> <p>CDNA, Australian Government</p> <p>States and Territories, CDNA</p> <p>Australian Government</p> <p>WHO Collaborating Centre</p> <p>Australian Government</p> <p>NIPAC</p> <p>CDNA, States and Territories</p> <p>Australian Government, States and Territories</p> <p>Australian Government, States and Territories</p> <p>States and Territories</p> <p>States and Territories</p> <p>States and Territories</p>

¹AQIS = Australian Quarantine and Inspection Service

PANDEMIC INFLUENZA ACTION PLAN

Main actions	Lead agency
<p>Phase 2 - regional and multiregional epidemics NIPAC Regular updates to be distributed and posted on the Australian Government Department of Health and Ageing communicable diseases website</p> <p>Ongoing enhanced surveillance including adverse reactions Continue monitoring course of pandemic and adverse reactions to vaccines and antivirals. Continue reporting on spread of virus Monitor morbidity and mortality rates Maintain vigilance and assistance throughout Asia-Pacific region</p> <p>Phase 2 - in addition to the above, if Australia has cases</p> <p>Public health measures Consider whether further public health measures are required (eg school closures, etc) Make alternative arrangements for hospital beds in event of shortage (community halls etc)</p> <p>Vaccines Coordinate distribution of vaccines (if vaccine is available) Continue review of age-specific attack rates and complications, and any subsequent re-prioritisation of immunisation groups</p> <p>Surveillance Continue with enhanced surveillance through general practitioners and continue surveillance of hospital infections</p>	<p>Australian Government, NIPAC</p> <p>WHO Collaborating Centre, Australian Government Australian Government WHO Collaborating Centre</p> <p>CDNA, States and Territories States and Territories</p> <p>Australian Government Australian Government, NIPAC</p> <p>States and Territories, Australian Government</p>
<p>Phase 3 - end of first pandemic wave NIPAC Re-group and evaluate phases 1 and 2 Analysis of surveillance information and development of strategies for next pandemic wave</p> <p>Vaccines and antimicrobials Collate data on cases and effectiveness of vaccines and antivirals Monitor match of vaccine to circulating strains</p>	<p>NIPAC Australian Government, CDNA</p> <p>Australian Government, States and Territories WHO Collaborating Centre</p>
<p>Phase 4 - second or later waves of pandemic The same measures should be implemented in phase 4 as were implemented in phase 2</p>	
<p>Phase 5 - end of pandemic/post pandemic phase Evaluation and reporting Phase out national information hotline Phase out quarantine measures, travel restrictions and public health measures Summarise impact of pandemic, collate data, and update national and State and Territory Action Plans. Prepare report to WHO, States and Territories etc reviewing the effectiveness of the plans Re-stock resources used during the pandemic</p>	<p>Australian Government AFFA, States and Territories</p> <p>Australian Government, NIPAC, States and Territories</p> <p>States and Territories</p>

References

Department of Communicable Disease Surveillance and Response. Influenza pandemic plan: the role of WHO and guidelines for national and regional planning. World Health Organization; Geneva; 1999.

Influenza Pandemic Planning Committee. A framework for an Australian Influenza Pandemic Plan. *Commun Dis Intell* Tech Rep Ser 4; 1999.

United Kingdom Health Departments. Multiphase contingency plan for pandemic influenza. United Kingdom Health Departments; 1997.

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