



Australian Government

Department of Health and Ageing

Influenza and Pandemic Planning

the uncertainty principle; are we ready?

The national perspective



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Department of Health and Ageing

Whole of Government Aims (NAP)
•Protect Australians
• Reduce impact on economy/social functioning

Health Sector Goal
Minimise impact on health

Goals
(Other Sectors)

Operational Objectives
(Health Sector)

OO1: Ensure best available information is provided

OO2: Minimise transmission

OO3: Strengthen health system capacity and capability

Implementation tools
Operational Communications Framework
Public Communications Strategy
Surveillance annex

Implementation tools
Containment Strategy
Infection Control and Clinical guidelines
Fluborderplan
Pathology Annex

Implementation tools
Primary Care, Pharmacy, Blood, Aged Care, Indigenous Annexes



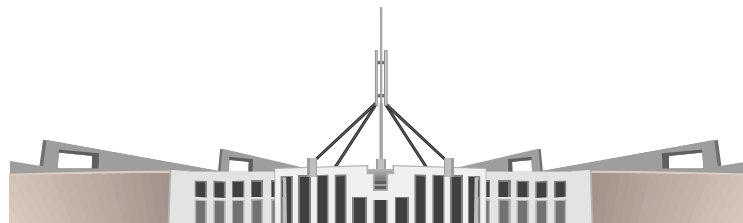
Federal Government Commitment

Influenza Pandemic Preparedness in the Health Sector

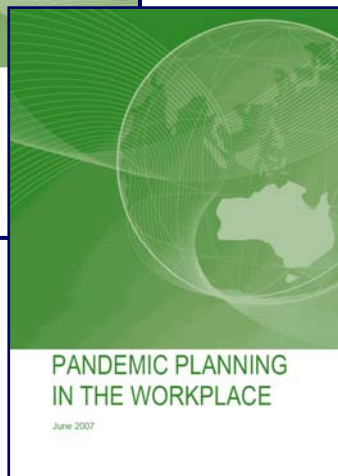
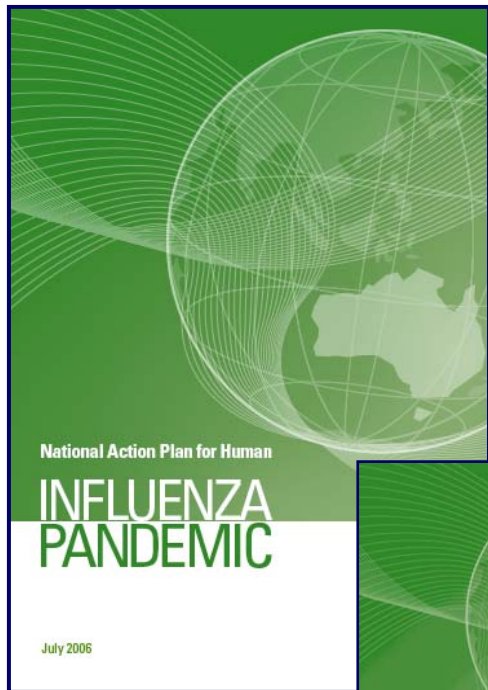
\$623 million

\$471 million – Australian Health Response

\$152 million – Regional Assistance



National Action Plan for Human Influenza Pandemic

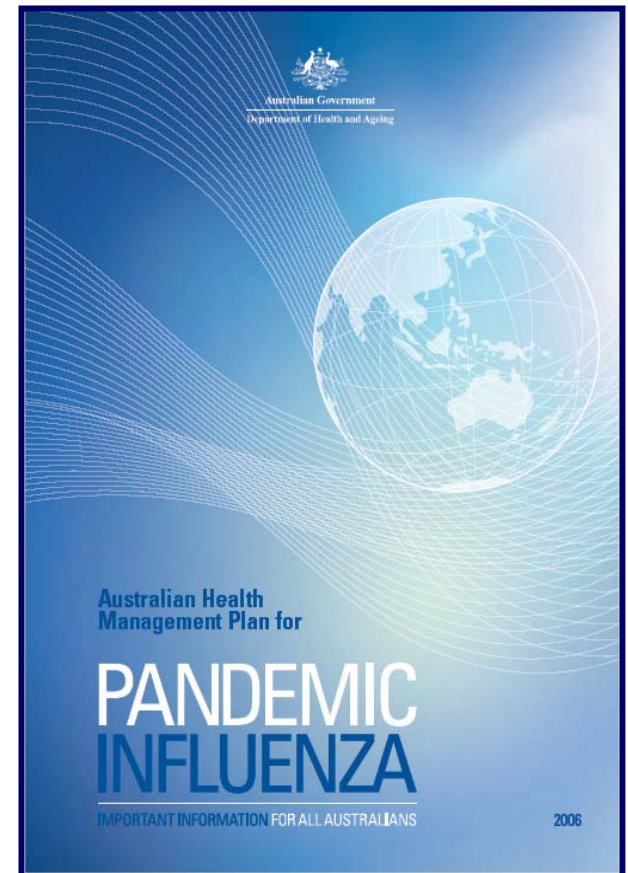
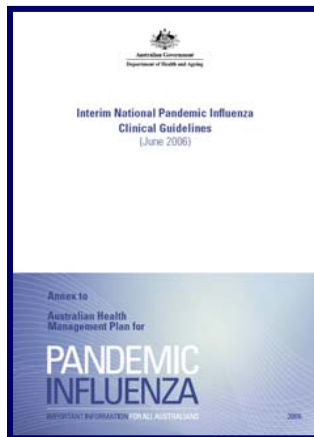


- Developed by COAG working group
- Outlines how Commonwealth, state, territory and local governments will work together to:
 - protect Australia against the threat of an influenza pandemic; and
 - support the Australian community should one occur



Australian Health Management Plan for Pandemic Influenza (AHMPPI)

- Revised AHMPPI released on 30 May 2006.
- Provides a framework for State and Territory health plans.
- Based on expert health advice
- Currently being revised





State and Territory Plans



Western Australian Government
Human Influenza Pandemic
Plan

SPECIAL
COUNTER-DISASTER PLAN
HUMAN PANDEMIC INFLUENZA

The plan has been produced by the
NORTHERN TERRITORY DEPARTMENT OF HEALTH AND
COMMUNITY SERVICES
under the powers of the
NORTHERN TERRITORY DISASTER ACT

Government of South Australia
Department of Health

SOUTH AUSTRALIA PANDEMIC INFLUENZA

A
SUMMARY
OF
HEALTH'S OPERATIONAL PLAN

NOVEMBER 2005

Government of Western Australia
Department of Health

NSW HEALTH

NSW Health Interim: Influenza
Pandemic Action Plan

November 2005

Victorian Influenza Pandemic Plan
November 2005

Tasmania
DEPARTMENT OF
HEALTH and
HUMAN SERVICES

TASMANIAN HEALTH ACTION
PLAN FOR PANDEMIC INFLUENZA

Department of Health and Human Services
May 2005

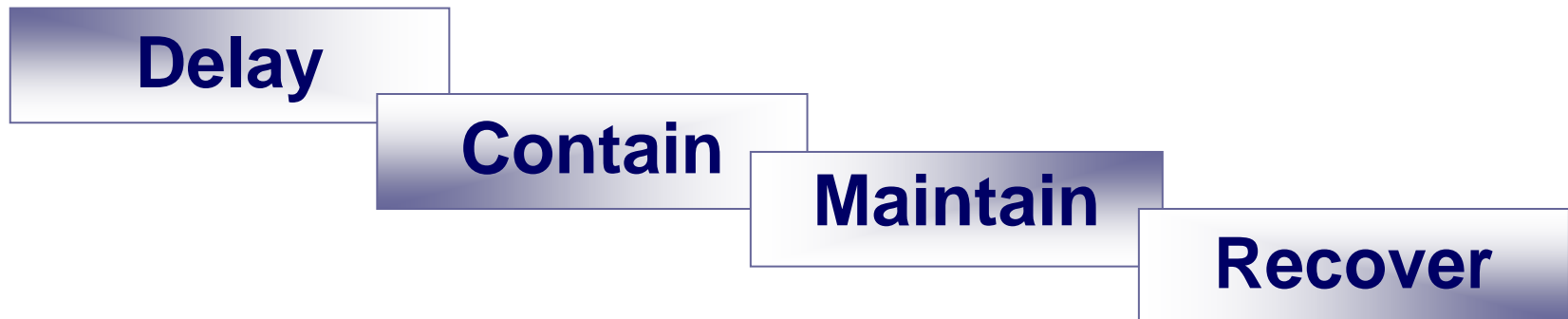
Australian Capital Territory
Health Management Plan
for Pandemic Influenza

2006



Overview of Health Approach

- Delay: Contain: Maintain: Recover
- Overlapping stages of Health response in an layered strategy
- Reflects availability of resources: different approaches required at different phases
- Aligns with WHO pandemic phases, but actions not rigidly defined by phase





Delay

- International support to near neighbours at risk
- Border Screening
 - Positive pratique
 - Health declaration cards
 - Thermal scanners
 - Isolation and treatment of cases
 - Quarantine of fellow
- Temporary suspension of travel from affected countries

The image shows a 'Health Declaration Card' for 'Passenger/Crew'. The form is divided into two main sections: A and B. Section A is titled 'Contact outside Australia during the next 7 days or the name of your hotel and city.' and Section B is titled 'Details of a contact person (in Australia or overseas) who will know how to contact you in the next 7 days.' Both sections require the user to provide their own contact information (Name, Address, Postcode, Phone Number, Mobile Phone No., Email) and the contact information for the person they are reporting. The form is titled 'Health Declaration Card' and 'Passenger/Crew'. At the bottom, it states 'Please tear off the Passenger/Crew Health Information section and present it to a Customs Officer on arrival in Australia.' There is also a small disclaimer at the bottom right regarding the use of the form for administrative purposes.

Contain

- Isolation and treatment of cases
- Home quarantine and prophylaxis for contacts
- Infection control
- Social distancing:
 - Workplace distancing
 - School and Childcare closures
 - Bans on mass gatherings



Maintaining Social Function

- Involves a whole of government response
- Health measures include:
 - Social distancing
 - Home quarantine
 - Pandemic vaccine





Recovery

- Involves a whole of government response
 - Psychological, social and community recovery
 - Economic recovery
 - Income assistance





Legislation

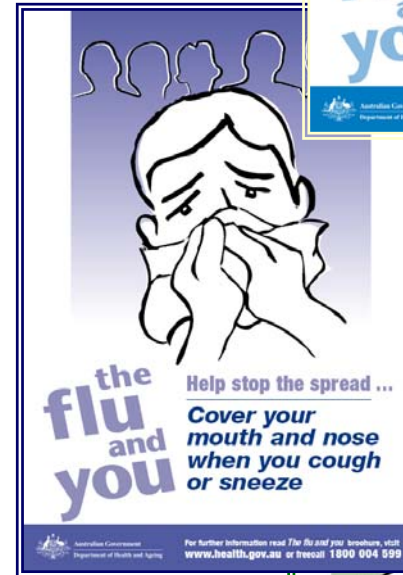
- Use powers under 1908 Quarantine Act
- Signatory of International Health Regulations 2005
- Developing new National Health Security Legislation





Communication

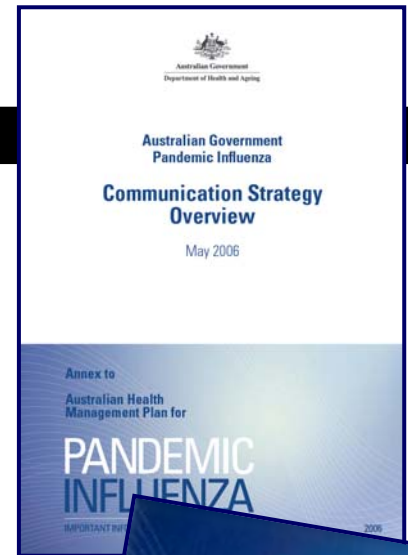
- Public
- Business
- Government –
 - Health: Federal, State and Local
 - Whole of government: Federal, State and Local
 - To Health Professionals

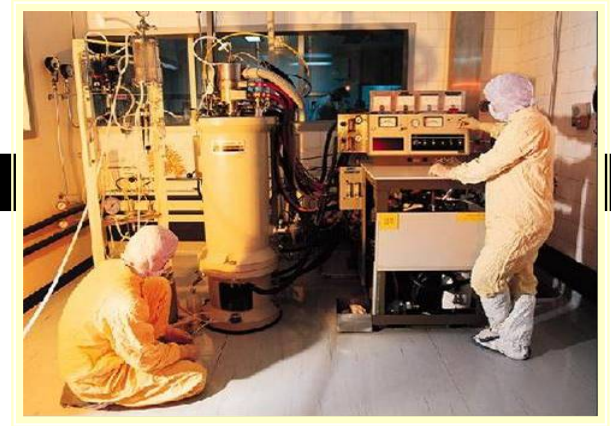




Communication

- Health Communication Strategy
- Current Education Materials
 - Bird Flu Brochure
 - Indigenous posters
 - Information Kit for general practitioners and health care workers
 - DVD on Infection Control “Prepared and Protected”
 - Fact sheet on Infection Control
- Ready to use material in a “toolkit”
- DoHA pandemic website redevelopment
- Whole of government communication strategy under development





Vaccines

- \$7.17 m to CSL to fast track prototype or “pre-pandemic” vaccine
- Based on current H5N1 strains circulating in Indonesia and Vietnam
- CSL currently trialling a prototype vaccine
 - Completed phase 2 trials in adults
 - Trials in the elderly and paediatrics in progress
- Contractual commitment with 2 manufacturers for pandemic vaccine
- Effectiveness in the field requires surveillance
- Distribution strategies being developed with State and Territory Health Departments

National Medical Stockpile

- Antivirals
 - **8.75 million courses**
 - Tamiflu (including suspension for children)
 - Relenza
 - Effectiveness in the field unclear, drug resistance: requires surveillance
 - NMS distributed to S&T within 24 hrs
- Personal Protective Equipment
- Vaccination Packs
- Antibiotics to treat secondary bacterial infections
- Negative Pressure Units and respiratory ventilators
- Thermal Imaging Scanners





Australia's International Commitment

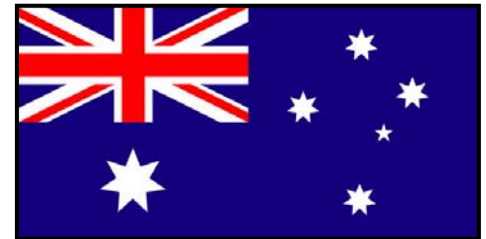
- \$152 million
- Work with WHO, APEC, FAO, OIE and ASEAN
- Support by building capacity in surveillance and epidemiology
- Near neighbours of significant risk a priority





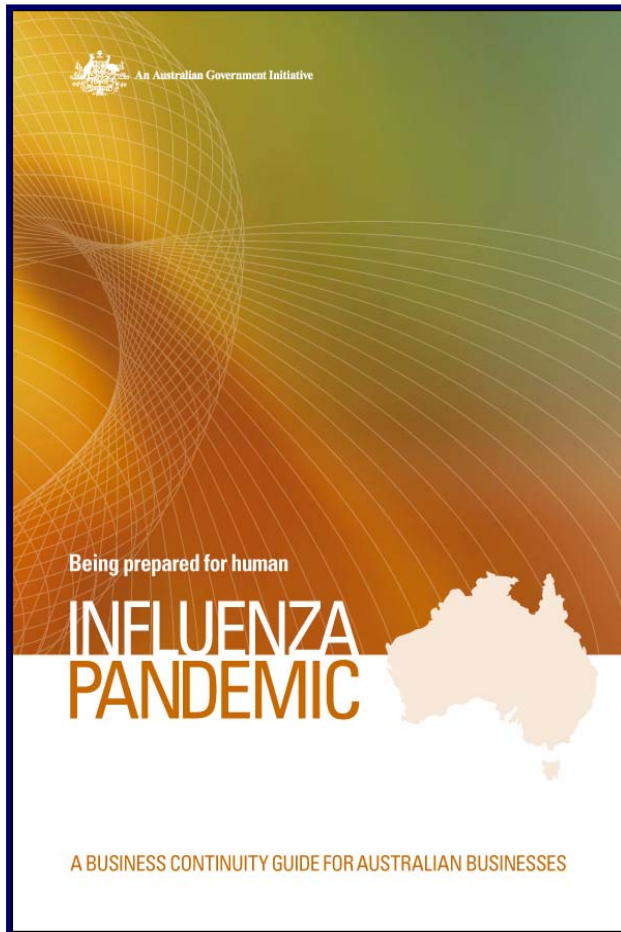
Whole of Government Planning

- Whole of government committees
 - Federal Govt Interdepartmental Committee
 - COAG working group
- Crisis communications: PM&C and AGs
- Business continuity: DITR
- Social maintenance: FaCSIA
- Critical infrastructure protection: AG's
 - via Infrastructure Assurance Advisory Groups
 - Banking and Finance
 - Emergency services
 - Energy
 - Food supply
 - Health care
 - Telecommunications
 - Transport
 - Sanitation and Garbage services
 - Safe water supply





Business Continuity Guide for Australian Businesses



<http://www.industry.gov.au/pandemicbusinesscontinuity>



Exercise Cumpston 06



- Desktop simulation of an outbreak of pandemic influenza in Australia
- First exercise conducted by the Department
- Largest health exercise in Australia
- Large international observer program

John Howard Lidgett Cumpston
19 June 1880 – 9 October 1954



Cumpston 06 outcomes

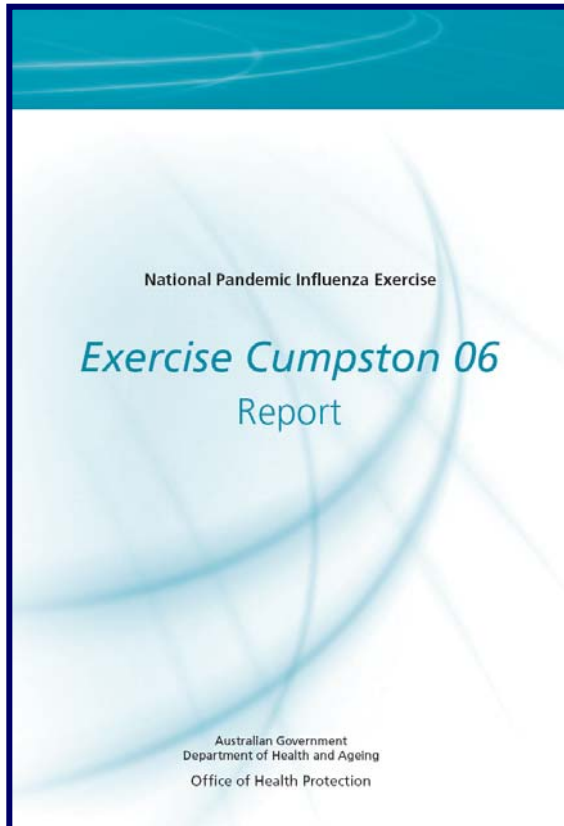
- Confirmed the capability of the Australian health system to respond to a pandemic
- Did not test the capacity of the system to maintain a response over an extended period
- Provided invaluable lessons for improving Australia's preparedness





Recommendations

Exercise Cumpston 06 Report



- Command and control:
Streamline decision making and define roles and responsibilities
- Develop more flexible tool for defining stages and actions required
- Develop whole of government public communications strategy
- Strengthen Information Communication Technology (ICT) infrastructure
- Address policy gaps



Challenges

- **Complacency:**
 - Maintaining the momentum as media interest decreases
- **Reassure and not panic:**
 - Evidence based strategy
 - Market research: what does public want to know, and when
 - Develop messages ahead of time, phased communication strategy
 - WoG strategy to be based on balanced messages: open, transparent
- **Allocating resources:**
 - Contain then maintain: strategic use of resources
 - Decide on trigger points (based on severity and impact) for “re-engineer” health services: prioritise services
 - Ensure planning is applicable to other disease threats



Further challenges

- Defining critical interdependencies
- Sustainability once plans are finalised
 - International Surveillance
 - Scientific/Medical evidence to support policy
 - Training/Exercise programs
 - National Medical Stockpile (NMS) maintenance
- Development of forward planning tool
- Defining assumptions across all sectors
- How do we know when we are ready?



Conclusion

- There *is* uncertainty in pandemic planning
 - We don't know what the next pandemic strain will look like epidemiologically or clinically until it emerges
 - Unclear how effective our public health interventions will be
 - Certain decisions will not be clear until the pandemic arrives
 - We will need to reassess our assumptions at the time
 - We don't know how society will react
- Ongoing communication is vital
- Business continuity planning is essential for all organisations



THANK YOU

