



National Action Plan for Human

INFLUENZA

PANDEMIC

July 2006

© Commonwealth of Australia 2006

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

National Library of Australia Cataloguing-in-Publication data:

Title: National Action Plan for Human Influenza Pandemic

Author/Contributor: Council of Australian Governments. Working Group on Australian Influenza Pandemic Prevention and Preparedness

Publisher: Commonwealth Government—Department of the Prime Minister and Cabinet

ISBN 0-9752387-3-6

1. Influenza—Australia—Prevention. 2. Influenza—Epidemiology. 3. Medicine, Preventive—Australia.

Date of Publication: 01 Jul 2006

614.5180994

PREPARING AUSTRALIA FOR A HUMAN INFLUENZA PANDEMIC

This National Action Plan for Human Influenza Pandemic 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.

Supporting this plan are plans that cover in more detail how individual agencies and state and territory governments are working together to prepare for, and respond to, an influenza pandemic.

Governments acknowledge that no matter how well prepared they might be, they alone cannot control and manage the spread of an influenza pandemic.

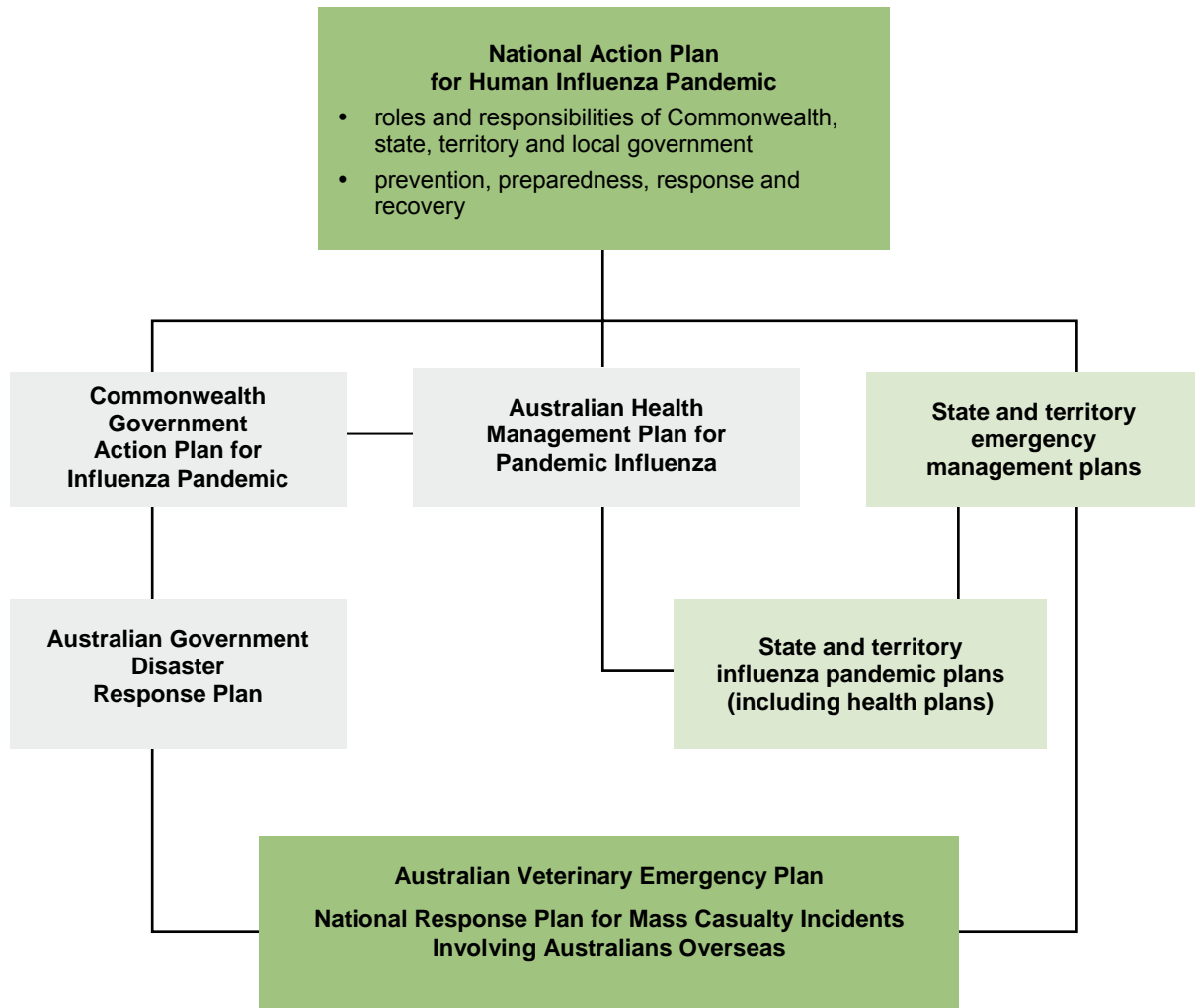
All governments are committed to working with business and the community generally, and providing them with accurate and timely information, to help them prepare for the possibility of a pandemic in Australia.

An influenza pandemic could have a major impact on Australia's economy. Appropriate business planning and preparation will underpin our ability to recover quickly. The Commonwealth Government will be providing a detailed business continuity guide to help Australian businesses consider how a pandemic might affect them and the actions they should take to prepare. The guide will be distributed through industry bodies. State, territory and local governments will all play a role in supporting business continuity planning.

There is much that individuals can do to protect themselves and their families, and to help stop an influenza pandemic from spreading throughout the community. Information, advice and support tools are available on government websites (these are listed at the back of this plan).

These websites will be updated regularly to keep the community informed of developments. Should an influenza pandemic spread to Australia, more information and support tools will quickly be made available, including through daily newspapers and television and radio bulletins, to help the community to deal with the situation at hand.

Figure 1 Emergency management and health plans for managing influenza pandemic



KEY

- Commonwealth
- State/territory
- Whole-of-government

CONTENTS

Preparing Australia for a human influenza pandemic	i
Chapter 1 – Introduction	4
1.1. Context	4
1.2. Purpose	5
1.3. Approach	5
1.4. Communications	6
Chapter 2 – Legal and administrative framework	8
2.1. Declaration of phases	8
2.2. Legislation and powers	11
2.3. Governance	13
Chapter 3 – Prevention and preparedness	17
3.1. Goals and objectives	17
3.2. Prevention of and preparedness for animal infection in Australia	17
3.3. Prevention of and preparedness for human infection in Australia – health response	18
3.4. Prevention of and preparedness for human infection in Australia – other key issues	23
Chapter 4 – Response	27
4.1. Goals and objectives	27
4.2. Key actions	27
Chapter 5 – Recovery	31
5.1. Goals and objectives	31
5.2. Recovery management	32
Appendixes	34
Appendix A: Summary of key response phase actions	35
Appendix B: Whole-of-government pandemic influenza coordination arrangements for public announcements	37
Appendix C: Government websites	40
Glossary	41

LIST OF FIGURES

Figure 1	Emergency management and health plans for managing influenza pandemic	ii
Figure 2	World Health Organization (WHO) phases of pandemic influenza	7
Figure 3	Notification of WHO phases and determination of Australian phases	9
Figure 4	Decision-making and communication paths – National Action Plan for Human Influenza Pandemic	10

CHAPTER 1 – INTRODUCTION

1.1. CONTEXT

The World Health Organization (WHO) has reported that the world is moving closer to an influenza pandemic. An influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, is easily spread between humans and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can rapidly spread across the globe, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

It is not possible to predict when the next pandemic will occur or how long it will last. There is, however, concern that an avian influenza virus strain known as H5N1 (one of the avian influenza strains commonly known as 'bird flu') may mutate and trigger a human influenza pandemic. The virus is now endemic in poultry in some countries and is expanding its avian and mammal host range. The virus has not developed the capacity to transmit from human to human efficiently but humans who are in close contact with infected poultry are at risk of infection. These infections of humans provide an opportunity for the virus to improve its transmissibility among humans through adaptive mutation. The widespread nature of H5N1 in birds has raised fears of an influenza pandemic in humans occurring.

The WHO has studied closely the development of previous pandemics and developed a model of the phases of pandemic development. These phases are shown in Figure 2 on page 7, and can be grouped into three broad periods:

- In the early or 'interpandemic' period (phases 0–2), a new form of the influenza virus emerges in animals and the risk of transmission to humans increases.
- In the intermediate or 'pandemic alert' period (phases 3–5), the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- In the 'pandemic' period (phase 6), the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

The length of each of these phases is uncertain, but the 'pandemic' period (phase 6) could come in several waves of up to 12 weeks each.

There have been recent outbreaks of the H5N1 avian influenza virus in wild birds and poultry in Asia, Europe and Africa, and transmission from birds to humans in some cases following very close contact. The WHO has declared that the world is currently in phase 3 – that is, human infection with a new subtype but no human to human spread or at most rare instances of spread to a close contact.

Given the high standards of human and animal health and hygiene in Australia, it is not likely that bird to human transmission will occur in Australia. It is generally expected that a pandemic form of the influenza virus would first emerge overseas. Using the WHO model, we would expect global phases 3 to 6 to occur overseas before they occur in Australia.

This gives Australia some advantages in responding. We can watch closely the development and spread of any new influenza virus overseas and take early measures to slow its arrival in Australia, to contain it if it arrives and to limit its spread in Australia. We can use the extra lead

time from these measures to further advance preparations for phase 6 and the period of recovery. Should a pandemic occur, prevention and containment measures may buy enough time to develop a vaccine to protect the population before the virus arrives in Australia or soon after its arrival, and potentially stop its spread within the Australian population.

It is not known whether H5N1 will mutate into a virus that transmits more easily between humans and starts a pandemic in humans. It is also not known whether a mutated form of the virus would cause extreme illness and deaths. However, it is important to note that at the time this plan was released H5N1 had not been detected in domestic or migratory birds in Australia. In addition, there had been no human cases in Australia and there had been no evidence of efficient human to human transmission of the virus overseas.

1.2. PURPOSE

The National Action Plan outlines the responsibilities, authorities and mechanisms to prevent and manage an influenza pandemic and its consequences in Australia. It also describes how Commonwealth, state, territory and local governments, and their departments and agencies, will work together on:

- **Prevention and preparedness** – preparing Australia to prevent the occurrence of a pandemic, and to respond and recover quickly and effectively to any emerging pandemic threats. Prevention and preparedness strategies are implemented during WHO phases 0-3, and are outlined in Chapter 3.
- **Response** – the occurrence of human to human transmission of pandemic influenza anywhere in the world (Overseas Phase 4) will trigger a well-planned and coordinated response across the breadth of governments in Australia. Response actions will focus on minimising the transmission of disease, assisting the community with practical advice about personal and community safety, and minimising disruption to normal living. The response strategies to be implemented during WHO phases 4–6 are outlined in Chapter 4.
- **Recovery** – providing the necessary support and stimulus to help the Australian community return to normal living as quickly as possible following a pandemic. While recovery strategies are integrated into the very earliest pandemic planning and implemented throughout the prevention and preparedness and response phases, they are also separately outlined in Chapter 5.

This plan builds on, and is consistent with, the health response to pandemic influenza threat outlined in the Australian Health Management Plan for Pandemic Influenza (AHMPPI), equivalent state and territory plans, and other emergency plans. The relationship between the relevant plans is shown in Figure 1 on page ii.

This plan also outlines how governments will lead and support the Australian community in taking action to prepare for and, if necessary, respond to and recover from an influenza pandemic.

1.3. APPROACH

The main focus of this plan is the occurrence of human cases of pandemic influenza. The key trigger point for Australian governments taking action under this plan is human to human transmission anywhere in the world.

It also refers to actions to prevent and contain animal cases. These actions are implemented under existing Australian agriculture industry arrangements. Although Australia is at low risk of developing human to human transmission, the WHO has identified prevention and containment of animal cases as a key prevention strategy against the possibility of human cases.

Commonwealth, state and territory departments and agencies are continuing to work with owners and operators of critical infrastructure, and business and community organisations, to help them adopt preventive measures and, in the event of an influenza pandemic, maintain business continuity.

This plan has been developed with the knowledge currently available from the WHO and other clinical advice agencies. It will be updated as necessary as further information becomes available and as national policy directions are further developed.

1.4. COMMUNICATIONS

Public confidence and stability in the context of a global influenza pandemic is vital. The Commonwealth, state and territory governments and the Australian Local Government Association (ALGA) are committed to providing accurate and timely information to the public at all points in the preparation for, response to and recovery from a pandemic. This plan outlines the communications framework through which this will occur.

Figure 2 World Health Organization (WHO) phases of pandemic influenza

		Period	Global phase	Australian phase	Description of phase	
RECOVERY	PREVENTION AND PREPAREDNESS	Inter-pandemic		AUS 0	No circulating animal influenza subtypes in Australia that have caused human disease	
			1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low	
				AUS 1	Animal infection in Australia: the risk of human infection or disease is considered low	
			2	Overseas 2	Animal infection overseas: substantial risk of human disease	
				AUS 2	Animal infection in Australia: substantial risk of human disease	
			3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact	
		AUS 3		Human infection in Australia with new subtype/s but no human to human spread or at most rare instances of spread to a close contact		
		RESPONSE	Pandemic alert	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans
					AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans
				5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)
	AUS 5				Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)	
	Pandemic		6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population	
				AUS 6a	Pandemic in Australia: localised (one area of country)	
				AUS 6b	Pandemic in Australia: widespread	
				AUS 6c	Pandemic in Australia: subsiding	
	AUS 6d	Pandemic in Australia: next wave				
	RECOVERY					

CHAPTER 2 – LEGAL AND ADMINISTRATIVE FRAMEWORK

The Council of Australian Governments (COAG), chaired by the Prime Minister and comprising the premiers and chief ministers of each state and territory and the President of the ALGA, has agreed to the National Action Plan and how it will be implemented. This plan provides a specific framework for dealing with pandemic influenza and complements Australia's national emergency management frameworks.

2.1. DECLARATION OF PHASES

The WHO determines each global pandemic phase. In Australia, each phase is determined on advice from the Chief Medical Officer (CMO) to the Minister for Health and Ageing and the Prime Minister. The CMO is informed by an expert advisory group drawn from the National Influenza Pandemic Action Committee, the Communicable Diseases Network Australia, and the Australian Government Department of Health and Ageing. The process for determining pandemic phases is outlined in more detail in the AHMPPI.

Upon declaration of a new phase by the Prime Minister and/or the relevant minister, under the National Emergency Protocol the Prime Minister will inform the state premiers and territory chief ministers of the new pandemic phase. The Secretary of the Department of the Prime Minister and Cabinet will then convene the National Pandemic Emergency Committee (pending the development of any strategic national crisis coordination arrangements). This committee comprises representatives of first ministers' and health departments, the ALGA, and emergency service agencies. Consistent with the National Emergency Protocol, the Prime Minister will quickly seek agreement with premiers, chief ministers and the President of the ALGA to activate response and recovery actions and monitor implementation.

The arrangements for declaring phases are shown in Figure 3. The decision-making and communication paths are shown in Figure 4.

Figure 3 Notification of WHO phases and determination of Australian phases

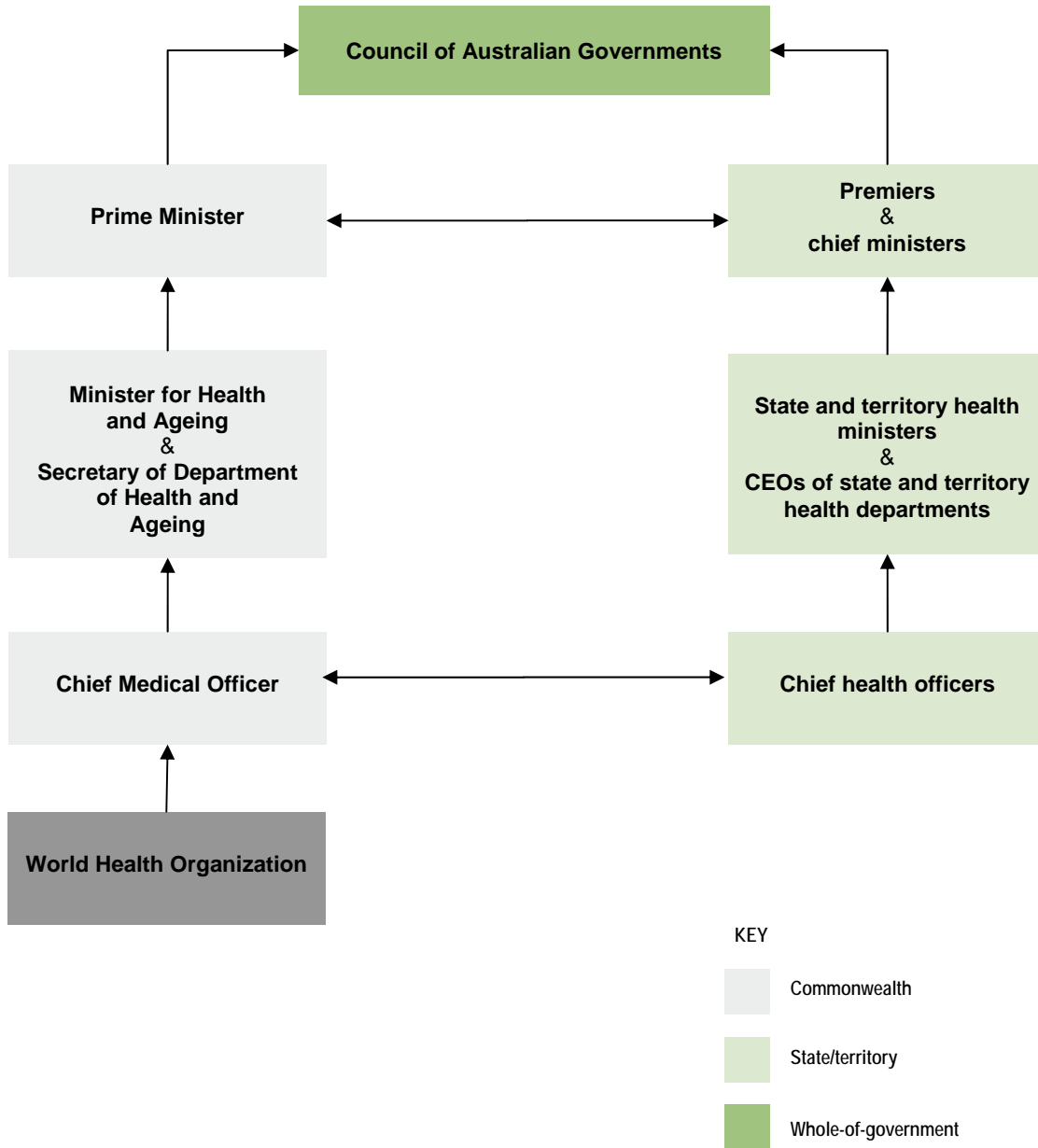
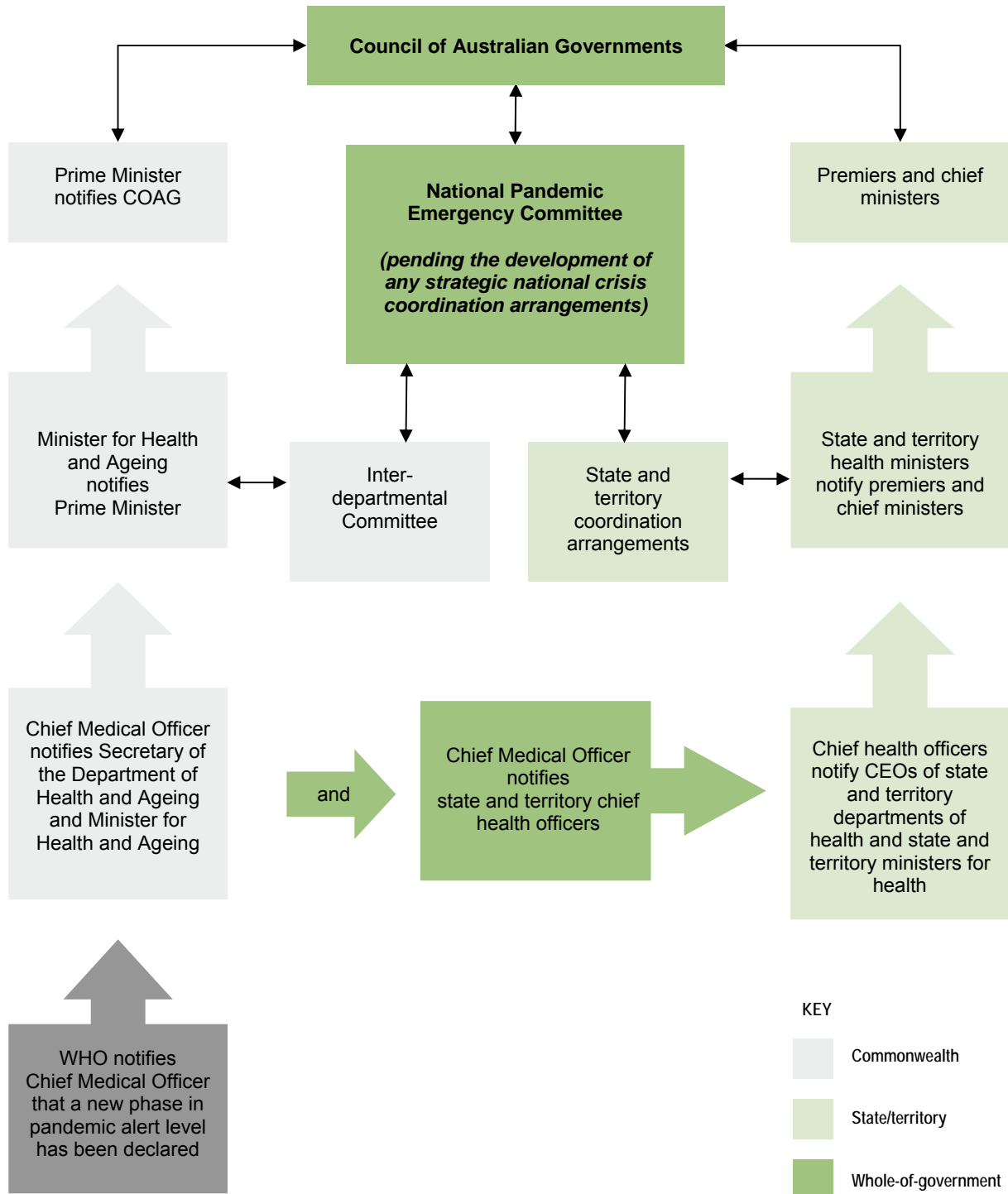


Figure 4 Decision-making and communication paths – National Action Plan for Human Influenza Pandemic



2.2. LEGISLATION AND POWERS

2.2.1. *International law obligations*

In the event of a pandemic, Australia may wish to implement a variety of measures, such as restrictions on entry of aircraft and ships, quarantine, isolation and treatment of Australians and foreign nationals, and trade restrictions. Australia has assumed international law obligations, including those relating to health, human rights, refugees, aviation, maritime navigation, trade and other matters, that will be relevant. As such, Australia's obligations under international law will need to be taken into account in the development and implementation of measures.

International health regulations

The revised International Health Regulations of the WHO come into effect on 15 June 2007, and must be implemented by member states by 2012. The primary objective of the International Health Regulations is to prevent, control and provide a public health response to the international spread of disease, while avoiding unnecessary interference with international traffic and trade. They establish global standards for the reporting, verification, assessment and notification of public health events of international concern, the implementation of WHO recommended control measures, the development of core capacities for surveillance and response, and inter-country collaboration.

2.2.2. *Commonwealth legislation*

Relevant Commonwealth legislation includes the *Quarantine Act 1908*, *Air Navigation Act 1920* and *Customs Act 1901*.

Quarantine Act 1908

In the first instance incoming passengers, including returning travellers, would be subject to measures at the border as outlined in the Quarantine Act. States and territories are reviewing their powers in relation to quarantine arrangements within their own jurisdictions.

The Commonwealth Parliament has express legislative power in respect of quarantine. The *Quarantine Act 1908* deals with external quarantining at the border and internal quarantine arrangements within Australia. The Act applies to agriculture and human health issues and empowers authorities to quarantine goods, vessels and people.

The purpose of human quarantine activities is to protect the public through the identification, monitoring and management of people who have been potentially exposed to, or have symptoms of, a quarantinable disease. The minister responsible for human quarantine is the Minister for Health and Ageing; many of the Minister's powers under the Act are delegated to the CMO (in the Department of Health and Ageing). The CMO delegates powers for human quarantine to the chief quarantine officers in each state and territory. The CMO has extensive powers for human quarantine including restricting the movement of people into and within Australia. A typical first step would be requesting that an international aircraft or sea vessel arriving in Australia provide a pre-arrival health report on the health status of incoming passengers.

Before exercising powers under the Quarantine Act in relation to an influenza pandemic, the CMO and the Minister for Health and Ageing will advise the Prime Minister and the Prime Minister will advise the premiers and chief ministers.

The Australian Quarantine and Inspection Service (AQIS) has responsibility for plant and animal quarantine and for the application of human quarantine border controls for arriving passengers at Australian air and sea ports. The day to day delivery of human quarantine activity is the responsibility of AQIS (border controls) and state and territory health authorities under direction of the CMO and chief quarantine officers.

The Act provides extensive powers that could be used by the Commonwealth, states and territories to prevent, act rapidly to control and/or eradicate a major national animal disease outbreak. Under these provisions, the Commonwealth may authorise state and territory agencies to take necessary actions under Commonwealth quarantine powers. This enhances the legislative authority of the states and territories and can be used where their own legislation has gaps or is inadequate. An authorisation by the Commonwealth can provide state and territory agencies and officials with flexibility to apply additional measures if, when, how and where they are necessary.

The Act also provides a framework of emergency powers that could be used in respect of human disease. These include the following:

- **Declarations in relation to affected areas (sections 12 and 20B):** These sections allow the Governor-General (for aircraft) or the Minister for Health and Ageing (for vessels) to restrict entry into Australia from or through specified places where there is danger of introduction of disease from those places.
- **Ministerial emergency directions (section 12A):** Where an emergency has arisen that requires action to be taken that is not otherwise authorised under the Quarantine Act, this section enables the Minister to take appropriate quarantine measures, and give directions to diagnose, prevent introduction or control spread of, eradicate, or treat a disease.
- **Domestic epidemic directions (section 2B):** This section enables the Governor-General to declare the existence in a part of Australia of an epidemic or danger of an epidemic. The Minister or the Minister's delegate may then give such directions and take such quarantine actions as are necessary to control and eradicate, or remove the danger of, the epidemic.

Air Navigation Act 1920

International airlines operating services are licensed under this Act. Under the Air Navigation Regulations 1947, the Secretary of the Department of Transport and Regional Services would be able to vary, suspend or cancel an approved timetable of an airline operating services to and from Australia on the basis of health concerns.

Customs Act 1901

The Commonwealth Parliament has exclusive legislative authority in respect of customs, enacted through the *Customs Act 1901*, the *Customs Tariff Act 1995* and related legislation. The Australian Customs Service (Customs) works closely with other government and international agencies to manage the security and integrity of Australia's borders. Customs also administers legislation on behalf of other government agencies for the movement of goods and people across the Australian border.

The Customs Act provides Customs with powers to support influenza pandemic preparedness and planning.

Privacy Act 1988

The Commonwealth is currently amending the Privacy Act to enhance information exchange between Australian government agencies, state and territory governments, non-government organisations and the private sector in an emergency or disaster situation.

Health security legislation

The Commonwealth Government has announced a review of the adequacy of current Commonwealth legislation and the need for further legislation to cover areas such as health protection, disease detection and reporting and the regulation of laboratories holding high-risk biological materials. The review may see the introduction of health security legislation to improve the capability of the government to protect the health of the nation and respond to naturally occurring epidemics.

2.2.3. State and territory legislation

State and territory legislative provisions that would support a response to an influenza pandemic are included in state and territory public health acts. These provisions include notification of disease, application of coercive powers (including quarantine) and public health incident and emergency powers.

All states and territories have emergency management and other legislation for their own jurisdictions that may be applied in the event of a pandemic. This legislation is referred to in state and territory plans and covers a range of functions, such as ambulance, police, energy supplies, transport, water and local government.

2.3. GOVERNANCE

Lines of communication and administration arrangements are summarised in Figure 4 on page 10.

2.3.1. Roles and responsibilities

The Prime Minister will:

- lead the national response through COAG. COAG would be supported by a National Pandemic Emergency Committee (pending the development of any strategic national crisis coordination arrangements) This committee will be chaired by the Commonwealth and comprise representatives of first ministers' and health departments, the ALGA and emergency services agencies;
- declare the phases of human infection leading up to and including a pandemic in Australia on the advice of the Minister for Health and Ageing and the CMO, noting that the WHO declares each global phase; and
- declare the pandemic as a national emergency following consultation, where practicable, with the premiers, chief ministers and the President of the ALGA, consistent with the National Emergency Protocol agreed by Cabinet and COAG.

The Commonwealth Government will:

- determine and maintain national policy and broad national strategies, including legislation, in close consultation with state and territory governments;
- maintain, through COAG, the National Action Plan for Human Influenza Pandemic;
- declare pandemic phases as per the WHO guidelines and appropriate actions as outlined in the National Action Plan and the AHMPPI;
- determine Commonwealth Government prevention strategies and responses in the event of an influenza pandemic through an Interdepartmental Committee chaired by the Department of the Prime Minister and Cabinet;
- work with state, territory and local governments in reporting outbreaks and responding to and recovering from pandemic influenza in their jurisdictions;
- assist nation-states affected by pandemic influenza through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region;
- maintain and provide national capabilities to deal with pandemic influenza;
- maintain cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation and recovery from a pandemic;
- maintain business continuity plans to enable delivery of Commonwealth Government essential services;
- administer the *Quarantine Act 1908* and border control measures;
- coordinate the management of public health surveillance data and technical advice;
- work with business and the community;
- inform the public of planning and preparation under way and maintain information to the public during the response to and recovery from an influenza pandemic; and
- work with state and territory governments and ALGA to develop public education material.

State and territory governments will:

- determine and maintain pandemic influenza and related policies, legislation and plans within their jurisdictions;
- work with the Commonwealth Government and other jurisdictions, reporting outbreaks of pandemic influenza and actions taken;
- maintain pandemic influenza response and recovery capability, in line with the National Action Plan and the AHMPPI;
- have primary operational responsibility for animal health monitoring, surveillance and response within their boundaries;
- have primary operational responsibility to respond to an outbreak of pandemic influenza in their jurisdictions;
- implement agreed preparedness and prevention strategies in line with the National Action Plan and the AHMPPI;
- seek assistance from or provide assistance to other jurisdictions if required;
- in an influenza pandemic, contribute to the national strategy for response and recovery;
- maintain public health surveillance and technical advice;

- maintain business continuity plans to enable the delivery of state and territory government essential services;
- maintain cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation and recovery from a pandemic;
- administer emergency management arrangements within their own jurisdictions;
- work with local government, business and the community to respond to and recover from an influenza pandemic;
- inform the public of planning and preparation under way and maintain information to the public during the response to and recovery from an influenza pandemic; and
- work with the Commonwealth Government and local government to develop public education material.

Local governments will:

- determine and maintain pandemic influenza policies and plans consistent with the role of local government and complementing relevant state, territory and national policies and plans;
- maintain business continuity plans to enable the delivery of local government essential services;
- support national, state and territory response and recovery by representing the needs of local communities and contributing to their continuing viability; and
- support state and territory emergency management frameworks.

2.3.2. *Inter jurisdictional coordination*

High-level cooperation among Australian governments is achieved through COAG. Chaired by the Prime Minister and comprising the premiers and chief ministers of each state and territory and the President of the ALGA, COAG is Australia's peak intergovernmental forum. Its role is to increase cooperation among governments in the national interest, including in relation to an influenza pandemic.

Communication arrangements during a national emergency are described in the National Emergency Protocol. It covers communication arrangements between the Prime Minister, premiers, chief ministers and the President of the ALGA.

Strategic policy advice and coordination to heads of government is provided by the National Pandemic Emergency Committee (pending the development of any strategic national crisis coordination arrangements). This committee will be chaired by the Secretary of the Department of the Prime Minister and Cabinet and comprise representatives of first ministers' and health departments, the ALGA and emergency services agencies. It operates as a high-level management and recovery group on issues requiring a nationally consistent response and a national approach to communications.

Inter-jurisdictional health response coordination occurs through the Australian Health Protection Committee, which provides health policy advice on disease prevention, control and management to the Australian Health Ministers' Advisory Council and COAG senior officials. The Communicable Diseases Network Australia provides public health policy advice on communicable disease risks, disease surveillance, preparedness and response to the

Australian Health Ministers' Advisory Council through the Australian Health Protection Committee.

Coordination of non-health response and recovery matters will be managed under existing national emergency management arrangements.

CHAPTER 3 – PREVENTION AND PREPAREDNESS

Detailed planning has been undertaken to best prepare Australia to prevent the occurrence of a human influenza pandemic, and respond effectively to any emerging pandemic threats or outbreaks.

3.1. GOALS AND OBJECTIVES

The goals of prevention and preparedness planning during WHO global phases 0–3 are to:

- ensure adequate surveillance to detect an emerging threat and support containment activities from the outset;
- prevent or delay the entry of an influenza virus with pandemic potential into Australia;
- prevent or delay the spread of a virus within Australia;
- identify and plan for the full range of health and non-health related impacts;
- define key national actions for prevention, preparedness, response and recovery in the event of an influenza pandemic;
- put in place the necessary legislative and administrative frameworks for an effective response; and
- define trigger points for key decisions – for example, declaration of pandemic phases.

Governments will work together and with the business and community services sectors to address recovery issues with local communities. Recovery planning and actions commence at the very earliest stages of planning for a pandemic. The groundwork laid in these early phases will be pivotal to minimising deaths, maintaining business and civil society, and supporting the quickest possible recovery.

3.2. PREVENTION OF AND PREPAREDNESS FOR ANIMAL INFECTION IN AUSTRALIA

This plan focuses on the occurrence of human cases of pandemic influenza. The declaration of human to human transmission anywhere in the world (Overseas Phase 4) is the key trigger point for Australian governments taking action to prevent or contain a pandemic.

But the actions in this plan begin before this. The first step in preventing human cases of H5N1, and preventing the avian influenza virus mutating into a form that can transfer from person to person, is to contain animal cases. This plan includes actions to prevent and contain animal cases, implemented under existing Australian agriculture industry arrangements.

Australian agriculture benefits enormously from its freedom from the more devastating epidemic diseases that plague livestock industries in other parts of the world. To ensure this continues, we have comprehensive programmes to counter disease threats pre-border, at the border and post-border. These programmes aim to prevent the entry of disease agents, and to respond quickly to any disease agents that penetrate our quarantine barriers or otherwise cause an emergency. Programmes to minimise risk from an influenza pandemic include capacity building activities in neighbouring countries, the border activities of AQIS, the Northern Australia Quarantine Strategy, the Emergency Animal Disease Response Agreement, the Australian Veterinary Emergency Plan (AUSVETPLAN), disease monitoring

and surveillance activities in poultry and wild birds, improving farm biosecurity and increasing the awareness of farmers and bird owners.

AUSVETPLAN is a coordinated national response plan for the control and eradication of animal diseases. It sets out procedures for the rapid mobilisation and coordination of the diverse people and resources required for an integrated government and industry response.

Measures that would be taken to contain and eradicate avian influenza in Australia include:

- occupational health and safety measures to protect exposed workers;
- quarantine and movement controls;
- slaughter and disposal of infected and exposed animals;
- decontamination of infected premises;
- surveillance of susceptible animals; and
- restriction on the activities of certain enterprises.

These measures may be supplemented (or replaced) where necessary by vaccination, vector control campaigns, animal treatment and wild animal control. Infected and disease-free zones could be established to contain the disease agent and minimise impacts on trade.

A major emergency disease control campaign would also address broader issues such as financial, social and economic impacts, human and animal health, and trade and recovery.

3.3. PREVENTION OF AND PREPAREDNESS FOR HUMAN INFECTION IN AUSTRALIA – HEALTH RESPONSE

In the event of human infection in Australia, the AHMPPI and allied state and territory plans will mobilise the health response across the public and private sectors at all levels.

These plans provide detailed guidance for the wide range of people who would be involved in responding to human infection. This includes health planners, public and clinical health care providers, state and territory health departments, emergency workers and those who will be involved in the management of infected or potentially infected people.

The AHMPPI and allied state and territory plans are already being implemented to ensure that Australia has in place the building blocks to prevent, prepare for, and if necessary contain an influenza pandemic. These include:

- ensuring Australia has appropriate laboratory capacity and capability;
- instituting and maintaining appropriate national surveillance activities;
- planning border control measures with the aim of delaying pandemic spread into Australia;
- building a National Medical Stockpile that includes masks and antivirals;
- ensuring health services can be adequately maintained in the face of increased demand; and
- ensuring that appropriate decision-making bodies are in place and have the necessary expertise and authority to make decisions quickly and effectively in the face of rapidly developing situations.

3.3.1. *Surveillance, monitoring and reporting*

The human monitoring activities to be undertaken during an influenza pandemic are outlined in the AHMPPI. Surveillance activities are also defined in state and territory government plans.

This includes clinical and laboratory surveillance activities for each WHO phase, a description of surveillance systems and protocols for border screening, and case reporting of early cases of pandemic influenza.

More information about surveillance activities is contained in the AHMPPI.

3.3.2. *Infection control*

The AHMPPI contains detailed infection control and clinical care guidelines for health workers and the public to minimise transmission of the influenza virus. These include clear procedures and guidelines on:

- transmission;
- incubation period;
- infectious period;
- case definition;
- contact definition;
- infection control precautions;
- protective equipment;
- cleaning and disinfection; and
- assessment and management of cases.

3.3.3. *Quarantine*

The objectives of human quarantine activities in Australia are to ensure that, as far as possible, diseases of human quarantine concern do not enter the country, and are controlled and eradicated when identified.

Highly pathogenic avian influenza in humans was declared a quarantinable disease on 23 March 2004 and consequently became subject to the routine quarantine powers available under the *Quarantine Act 1908*

Under the supervision of a chief quarantine officer, officers from a state or territory health authority will undertake any public health action that may be required in the event of an outbreak of a quarantinable disease in Australia. Additionally, these officers will manage human health quarantine requirements at air and sea ports.

More information is contained in the AHMPPI.

3.3.4. Border control

Australia, being an island nation, has a greater opportunity than many other countries to prevent or delay the entry of pandemic influenza. The Commonwealth is prepared to implement border control measures to attain this objective.

Should the threat of pandemic influenza escalate overseas, consideration will be given to enhanced entry screening to detect cases of pandemic influenza at Australia's international air and sea ports. Entry screening would include health declaration cards, thermal scanning, and clinical assessments.

However, individuals may be incubating the disease but have no symptoms and thus not be detected. For this reason an information sheet on human pandemic influenza, including actions to be taken should symptoms develop, would be provided to all entrants into Australia.

Aircraft captains are required to provide a satisfactory health report for their aircraft before disembarkation.

In some situations, large numbers of people arriving at the border may need to be quarantined to prevent transmission of pandemic influenza.

More information about border control measures is contained in the AHMPPI.

3.3.5. Public awareness and education

The Commonwealth, state and territory governments and the ALGA will provide accurate and timely information to the public at all points in the preparation for, response to and recovery from a pandemic.

Information on avian and pandemic influenza is currently available through a range of government websites (Appendix C).

In the event of an influenza pandemic, individuals can do much to protect themselves and their families by:

- carefully following recommended hygiene practices;
- planning ahead to prepare for changing circumstances;
- consulting www.smartraveller.gov.au if travelling or living overseas; and
- observing any recommendations about limiting social contact.

The Commonwealth Government, in the event of an influenza pandemic threatening Australia, will activate a high-profile, comprehensive national human health public information campaign to support the community through education and preventive strategies. Following advice from the WHO that human to human transmission has occurred overseas (Overseas Phase 4), a mass communication campaign would be implemented with practical advice on how people should best protect themselves and their families, and information on the availability of social and community services and government assistance. It would include a mix of television, radio and print advertising, brochures, promotion of emergency numbers and other activities. The campaign would continue throughout the duration of a pandemic to meet community needs.

State, territory and local governments would conduct complementary health promotion campaigns and deliver state and territory specific information, such as the location of pandemic health care facilities, help and emergency numbers and websites, and the status of the pandemic locally.

Communication with key stakeholders would be ongoing and coordinated by the relevant agencies. These stakeholders include travellers and overseas residents, health professionals, the agriculture industry, government agencies, workers, business and industries, the media, and some domestic and international organisations. Further work on communications is under way.

Information materials would be tailored to meet the special needs of Australians of diverse cultural and linguistic background, Indigenous Australians and people with disabilities.

3.3.6. Reducing risks of transmission

There are a number of personal and public hygiene practices that can be undertaken by individuals, business and the community generally to reduce the risks of transmission.

Influenza is a respiratory viral infection transmitted from person to person by either droplet transmission, contact transmission or airborne transmission.

Social distancing is an important strategy for reducing the spread of infection. It can be applied at an individual level – i.e. to infectious patients and the people who have been exposed to contact with them – or at a community level as a precautionary measure.

Individual level

Measures that can be applied to the individual patient include home or hospital isolation for confirmed cases who meet a given case definition, or more general advice that people with respiratory symptoms should avoid crowded settings. Education in relation to social distancing would include advice on 'cough etiquette' and advice for people with symptoms suggestive of influenza to wear a surgical mask when in contact with other people.

In health care settings

Social distancing can be applied by triage processes that separate patients with respiratory symptoms from other people, by signage advising people to keep a distance of at least one metre from patients with respiratory symptoms, and by isolation and other infection control measures for infectious cases of influenza.

Home isolation

Social distancing when applied to people who have been exposed but are not yet symptomatic is referred to as quarantine. In such cases, exposed people might be asked to stay home for a defined period (the incubation period), and allowed to resume contact with others if they do not become ill during this period.

Community level

Measures that can be applied at a community level include general advice to people to avoid crowded places during a pandemic and more specific actions to prevent people congregating in places where there may be infectious cases. These actions could include considered closure of places such as schools, cinemas and nightclubs, cancellation of major sporting

events such as football matches, and redirection of public transport. Governments will make these decisions in consultation with health officials. The Commonwealth, state, territory and local governments will communicate any advice or arrangements to the community. Communication strategies are under development that include provision for websites and urgent public messaging through radio and television.

Social distancing may be widespread or confined to a particular town or city depending on the extent of the infection and rate of spread through the community.

More information is contained in the AHMPPI.

3.3.7. Targeted use of vaccines and antivirals

Vaccines

Pandemic influenza vaccination is an important component of the response. In late 2004 the Commonwealth Government signed agreements with pharmaceutical companies to supply the normal seasonal influenza vaccine for the next three influenza seasons (2005–08) and provide for pandemic vaccine production capacity. These companies have the capability to produce pandemic vaccine if given a seed virus and would switch from normal operations to do so in Australia. While not providing protection against a new virus strain, the seasonal influenza vaccine may help limit viral mixing and the development of a new viral strain.

A vaccine that gives good protection against a pandemic virus can only be produced once that pandemic virus appears, and there may be a considerable delay before it is available on a large scale. The Australian Department of Health and Ageing has primary responsibility for coordinating the procurement and distribution of vaccines to the states and territories during an influenza pandemic. The states and territories are developing distribution and administration plans for these vaccines.

National Medical Stockpile

The National Medical Stockpile was established by the Commonwealth Government in 2002 and contains equipment and medications for deployment during a health emergency. The Australian Government Department of Health and Ageing is responsible for the stockpile.

Stockpile components are distributed to jurisdictions in accordance with a deployment plan agreed between the Department of Health and Ageing and health departments in each jurisdiction.

Chief health officers in states and territories will decide, consistent with agreed national principles, how the stockpile allocated to their jurisdiction will be deployed within their state or territory.

Access to the antivirals and masks that comprise the National Medical Stockpile will be based on the level of risk of exposure to pandemic influenza and the ability to contain its further spread.

More information is contained in the AHMPPI and jurisdictional health plans.

3.4. PREVENTION OF AND PREPAREDNESS FOR HUMAN INFECTION IN AUSTRALIA – OTHER KEY ISSUES

While health planning is paramount, the potential impacts of an influenza pandemic on daily life are far reaching. The key non-health issues being considered as part of prevention and preparedness planning are outlined below.

3.4.1. *Protection of Australians and Australian interests overseas*

The Commonwealth Department of Foreign Affairs and Trade leads on the protection of Australians and Australian interests internationally.

The department provides ongoing advice on avian influenza to Australians travelling and residing overseas through www.smartraveller.gov.au. It also liaises with foreign governments and international organisations to protect Australia's broader political and economic interests.

Australia has in place a National Response Plan for Mass Casualty Incidents Involving Australians Overseas (OSMASSCASPLAN). This plan details the agreed roles and responsibilities of Commonwealth Government agencies and the linkages to state and territory managed provision of health care in an off-shore incident.

3.4.2. *Support for neighbouring countries*

Australia is supporting neighbouring countries to detect and control avian and pandemic influenza. The Commonwealth Government is contributing to initiatives to improve the detection and surveillance, emergency preparedness and response capabilities of countries in the region.

Key Commonwealth Government activities in the Asia–Pacific region include:

- working with other countries and international organisations, particularly the WHO, the World Organisation for Animal Health, the Food and Agriculture Organisation of the United Nations and the Asia Pacific Economic Cooperation (APEC) forum;
- building the capacity of developing countries in the region to identify human cases of infection with avian influenza and respond rapidly to prevent potential adaptation and spread of the virus between humans. This support is coordinated by the Australian Agency for International Development (AusAID), with advice from the Department of Health and Ageing and the Department of Agriculture, Fisheries and Forestry; and
- taking a lead role in coordinating an APEC desk-top simulation exercise in 2006 to test regional responses and communication networks.

3.4.3. *Social and community impacts*

All governments will work to support local communities and the people within them, including ensuring that the needs of vulnerable groups are recognised and addressed in pandemic influenza plans at all levels.

Governments will liaise with local communities, the not-for-profit sector and relevant private business to plan and deliver community support services. Planning will encompass a broad range of needs fundamental to minimising the community and social impacts of a pandemic,

including needs for information, food, money and income support, debt management, and counselling and personal support.

There will be individuals and social groups who require special consideration, including those being cared for by others and people living in vulnerable regional, rural and remote communities, as well as Indigenous Australians. In addition, culturally and linguistically diverse communities and overseas visitors in Australia may need assistance.

3.4.4. Continuity of government

Government departments and agencies are generally well prepared to respond to a range of hazards that could impact on their capacity to function normally and continue to deliver their full range of services. As part of their regular business continuity planning and reviews, many agencies have amended their risk management and business continuity plans to respond effectively to the influenza pandemic scenario, which is unlike other hazards in many respects.

Government departments and agencies' physical infrastructure is likely to remain unaffected during an influenza pandemic but all departments and agencies could have their staffing dramatically reduced for a period of weeks or possibly months. These absences may coincide with a surge in demand for the services of those departments and agencies involved in the response to the pandemic.

Departments and agencies are asked to have two levels of plans in place:

- First, planning to ensure the continuity of the services they deliver to the Australian public, which means identifying the essential government services they are responsible for and how these services will continue to be delivered during an influenza pandemic.
- Second, planning to ensure the continuity of their business operations. This includes preparing for absences through illness, caring for infected family members and parenting responsibilities due to the closure of schools and childcare facilities. Plans are also being developed to ensure the continuation of IT support, legal services, occupational health and safety requirements and staff welfare and counselling services.

3.4.5. Continuity of business

While it is impossible to predict the future, it is certainly possible to be prepared and have appropriate management plans in place to minimise the impact of, and expedite recovery from, a pandemic.

The very nature of an influenza pandemic in Australia will be unlike any other modern disaster and will create new challenges for business continuity planners. Businesses will need to rethink their existing continuity strategies to cope with such an event.

The primary impact of an influenza pandemic will be on staff absences and businesses should plan for up to 30-50% staff absences at the peak of the pandemic, which might include three pandemic waves. A pandemic is likely to impact on the availability of supplies of materials needed for ongoing activity and services from subcontractors or other suppliers. Demand for services may also be impacted, fuel and energy supplies may be disrupted to some locations at times and the movement of people, imports and exports may be restricted or delayed by quarantine measures both within Australia and overseas.

Governments acknowledge that they alone cannot control and manage the spread of pandemic influenza or maintain the essential services that business and the community in general will require. Business and community organisations will also play a vital role in helping to manage a pandemic in Australia.

The Commonwealth, state and territory governments are encouraging advanced preparation by both private and public sector organisations to ensure business continuity. This planning is critical to controlling a pandemic, and its potential social and economic impacts, by helping to maintain core functions and services in the business and general community. These include:

- banking and finance;
- emergency services;
- energy (including liquid fuels);
- food supply;
- health care;
- telecommunications;
- transport;
- sanitation and garbage services; and
- a safe water supply.

All governments are engaging with providers of critical infrastructure and services to implement pandemic preparedness plans.

All businesses – from small enterprises to large organisations delivering essential services – can minimise the impact of an influenza pandemic on their operation by undertaking business continuity planning to prepare for a changing work environment. Although governments can assist, it is up to businesses to ensure they are in the best position to manage the effects of a pandemic, and to recover as quickly as possible.

Business continuity plans may include policies on hygiene and cleaning practices, social distancing strategies, work-related restrictions on travel to affected areas, staff education and communication, and workplace health and safety.

The Commonwealth Government (through the Department of Industry, Tourism and Resources) is providing guidance to help Australian businesses consider the impact a pandemic might have on their business. This guidance includes a range of tools and information to help businesses prepare and respond. State, territory and local governments will all play a role in supporting business continuity planning.

3.4.6. Maintenance of public trust and confidence

Catastrophic events can lead to the disruption of key services and emergence of behaviours not normally seen or acceptable in the community.

Though Australian governments recognise that their planning provides for a worst-case scenario that may never arise, they are putting in place structures and measures to manage access to critical services and supplies and maintain law and order, should the need arise.

Planning by the Commonwealth, state, territory and local governments encompasses:

- Continuity of executive government;
- coordination of communications, and consistency and accuracy of messages;
- powers to take extraordinary measures should they be required, such as state disaster and emergency powers, and power to manage the supply of goods and services;
- maintenance of public trust and confidence through visible and authoritative leadership; and
- maintenance of public trust and confidence through visible and effective security and law enforcement.

3.4.7. Development of national capabilities

Good planning, the development and availability of appropriately skilled personnel, leadership and equipment are essential to ensure Australia's capacity to meet the specific needs arising from an influenza pandemic. Ongoing development and maintenance of these capabilities by all governments are essential to Australia's preparedness.

The occurrence of a pandemic could have widespread and long-term impacts across Australia. It is vital to prepare for the possible consequences of a pandemic by assessing the capabilities required to manage those consequences and implementing appropriate measures. These include:

- appropriate training of health sector, emergency and other workers;
- access to adequate supplies to continue priority services during the response and recovery phases; and
- testing jurisdictional and national pandemic influenza plans.

The health response is coordinated through the Australian Health Protection Committee. National emergency capabilities and capacities are managed by the Australian Emergency Management Committee in concert with the Australian Health Protection Committee.

Capabilities to meet the challenges of pandemic influenza need to be linked across and between jurisdictions. These capabilities are being jointly and collaboratively developed to ensure an effective national approach.

3.4.8. Simulation exercises

The effectiveness and interoperability of Australia's preparation plans for an influenza pandemic will be tested through a series of exercises, coordinated by the Department of Health and Ageing.

These exercises will test Australia's level of preparedness, coordination and strategic level decision-making within and between all jurisdictions. They will also identify any gaps or shortfalls in current arrangements.

All plans will be updated as required as a result of learnings from these exercises.

CHAPTER 4 – RESPONSE

The occurrence of human to human transmission anywhere in the world (Overseas Phase 4) will trigger a well-planned and coordinated response across the breadth of the Commonwealth, state, territory and local governments. Government agencies will work closely with relevant professionals, community groups and private sector organisations within their jurisdictions. The primary response from the health sector needs to be supported by a whole-of-government response across Australia.

The decision-making and communication arrangements in the response phase are summarised in Figure 4 on page 10.

The response will focus on minimising the transmission of disease, supporting the community with practical advice about personal and community safety, and minimising disruption to normal living. Continuous provision of accurate, consistent and timely information to the public at all stages of the response will be a priority. All jurisdictions will respond in accordance with their whole-of-government and health influenza pandemic plans.

4.1. GOALS AND OBJECTIVES

The goals of response operations during WHO phases 4–6 are to:

- limit morbidity and mortality arising from infection with the pandemic virus;
- rapidly implement containment measures to limit the spread of the virus;
- maintain essential infrastructure and services;
- support the maintenance of normal life and civil society; and
- provide households, business, community groups and the media with up-to-date, practical and authoritative information.

Planned recovery actions commence at the very earliest stages of responding to a pandemic. The groundwork laid in these early phases will be pivotal to minimising deaths, maintaining business and civil society, and supporting the quickest possible recovery.

4.2. KEY ACTIONS

4.2.1. *Operational responsibilities*

State and territory governments have primary operational responsibility to respond to an occurrence of pandemic influenza in their jurisdiction. More specifically, state health, police and emergency services would play a central role.

While primary responsibility for the protection of life, property and the environment rests with the states and territories, the Commonwealth Government is committed to supporting the states and territories in developing their capacity for dealing with emergencies and disasters. The Commonwealth Government, through Emergency Management Australia, coordinates a national approach to emergency management.

When states or territories cannot reasonably cope in an emergency, they can request assistance from the Commonwealth Government. For example, defence force aid to the civil

community can be sought for emergency responses in situations where civil agencies are overwhelmed.

State and territory plans outlining local actions and national plans can be accessed through the websites listed at Appendix C.

Key actions for the various levels of government during the response phase are outlined below. Response actions are also summarised against the WHO phases at Appendix A.

The key actions have been developed consistent with the AHMPPI's strategies of containment and maintenance of social functioning.

4.2.2. Containment

During the containment phase the following actions will occur:

- activate the response phase of the National Action Plan;
- Prime Minister, on advice from the CMO and the Minister for Health and Ageing, consults with premiers, chief ministers and the President of the ALGA at each new phase;
- increase border management measures, including entry screening and health reports for incoming aircraft/sea vessels;
- maintain health services to treat infected people;
- activate the next phase of the communications strategy to provide public information, including complementary campaigns by state, territory and local governments;
- implement quarantine measures (national response agencies);
- increase clinical and laboratory surveillance, monitoring, reporting and response activities;
- implement community-level public health strategies, including social distancing measures; and
- coordinated deployment of the National Medical Stockpile.

4.2.3. Maintenance

During the maintenance phase the following actions will occur:

- Prime Minister consults regularly with premiers, chief ministers and the President of the ALGA;
- maintain routine border control activities;
- maintain health services to treat infected people;
- continue public information campaigns with relevant updates;
- continue clinical and laboratory surveillance, monitoring and reporting activities;
- implement community-level public health strategies, including social distancing measures;
- provide access to normal government safety net assistance for people in need;
- coordinated deployment of the National Medical Stockpile;

- continue delivery of community support services, including those relating to information, food, money and income support;
- maintain the continuity of government agencies, businesses and authorities that provide critical products and services; and
- well-documented response and recovery actions.

4.2.4. *Public education and information*

A range of government agencies is providing information to the public about pandemic influenza. As such, it is necessary for communications managers in these agencies to meet regularly and keep in close contact so the information they provide is both consistent and timely. This is achieved through the collaborative development of communication strategies, information materials, research and whole-of-government clearance processes.

There are established and well-practised procedures for the coordination of media responses in the event of national emergencies.

Two networks operate in parallel to coordinate the delivery of information to the public via the media. These networks coordinate the communication activities of all key stakeholders within their area of responsibility:

- agencies with responsibility for agriculture coordinate the dissemination of information on animal infection through the Primary Industry National Communications Network;
- agencies with responsibility for health disseminate information on human health through the National Health Emergency Media Response Network; and

The Department of Foreign Affairs and Trade also coordinates information relating to the protection of Australians and Australian interests internationally.

All networks involve relevant Commonwealth, state and territory government agencies, as well as key professionals and industry representatives. They operate closely with each other to ensure alignment and coordination across portfolio areas. The networks aim to provide the media with timely access to senior decision-makers and technical experts, and provide consistent messages across government.

Within the networks, the Commonwealth provides media information about national and international issues while the states and territories focus on state-wide and local issues in their jurisdictions. The networks are staffed by a national pool of accredited government public relations officers. They disseminate information through media centres, websites, call centres, advertising and interpreter services to support foreign media enquiries.

The networks ensure that the public is provided with information that has been cleared by the agency with the designated lead for the particular subject area, and that the media can obtain public comment from any agency represented in the network. For instance, the Department of Health and Ageing provides cleared national information about human health so agencies in the National Health Emergency Media Response Network can provide information directly to the media in their region.

In the event of a pandemic, a national communications strategy would coordinate these networks to ensure accuracy and consistency of messages. Coordination arrangements for

public announcements, including appropriate spokespeople, have been developed and are at Appendix B.

CHAPTER 5 – RECOVERY

Unlike most crises or disasters a pandemic influenza event would not generate a single focal point – it would most likely be spread geographically over a period of weeks or months and impact on a range of sectors in our society.

Governments will work together and with the business and community services sectors to address recovery issues with local communities.

The scale and impact of an influenza pandemic on Australia would depend on a number of variables. Some variables, such as our national level of preparedness and response effectiveness, are controllable. Other variables, such as the nature of the virus itself, how it affects the population and the number of subsequent waves of infection, are not easily controlled. These aspects of an influenza pandemic make it difficult to predict exactly how it would impact on Australia. Our best approach for managing these is to implement prevention, preparedness and response strategies supported by integrated recovery planning.

All governments recognise that, should a pandemic occur, there will be a need for active support and stimulus to help the Australian community return to normal living as quickly as possible. Governments will cooperate to support affected communities and help them restore emotional, social, economic and physical wellbeing.

Recovery planning and actions commence at the very earliest stages of planning for, and responding to, a pandemic. The groundwork laid in these early phases will be pivotal to minimising deaths, maintaining business and civil society, and supporting the quickest possible recovery.

5.1. GOALS AND OBJECTIVES

The primary goal of recovery planning is to help affected communities achieve the best possible return to normal functioning following an influenza pandemic, both immediately and in the longer term.

The key objectives of recovery actions include:

- helping Australians return to their normal routines;
- assessing the impacts of the influenza pandemic;
- assisting Australia's social and economic recovery from these impacts;
- restoring essential and community infrastructure to normal service;
- providing measures to restore emotional and psychological wellbeing;
- preparing for the possibility of further waves of the pandemic;
- achieving a return to normal services;
- assisting nation-states to recover from the impacts of the pandemic through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region; and
- debriefing to learn for future planning.

5.2. RECOVERY MANAGEMENT

Recovery is planned for and managed in a structured way. The Commonwealth, state, territory and local governments will cooperate to implement a coordinated national approach, through a range of services provided by a variety of government and non-government organisations.

All state and territory pandemic influenza plans contain a dedicated focus on recovery planning, which is undertaken through emergency management arrangements via state and territory recovery committees. The Australian Emergency Management Committee is conducting further work to improve the linkages between the Commonwealth and the states and territories.

Any recovery program will be based on a comprehensive needs assessment to review the impacts of the pandemic across sectors and communities.

Recovery planning will include an awareness of the potential issues faced by services, individuals, households, communities, business and sectors. It will also include the potential role of economic and fiscal policy measures to stimulate commercial and trade activity.

This planning is likely to involve a broad spectrum of functional services. These include public and environmental health, hospitals and other health services. They may also include a range of social and financial services to assist the recovery of business, households and communities.

While recovering from the impact of a pandemic, it will also be important to prepare for the possibility of further outbreaks.

5.2.1. *Income assistance*

Individuals and families in particular may suffer a loss of income for a range of reasons, including illness, lack of access to employment due to social distancing, workplace closures and business failures.

In these circumstances, safety net assistance through Commonwealth Government payments and services would be available to assist people in need.

5.2.2. *Psychological, social and community recovery*

Recognising and mitigating the potential impacts on individuals, families and communities, and putting in place support mechanisms is a crucial part of recovery planning.

There is the potential for serious psychological consequences and mechanisms must be in place to address these.

Further potential consequences, such as disruption of local economic activity and the flow-on effect on incomes and demand for goods and services, may be both visible and immediate.

Other impacts may be less visible and not necessarily immediately apparent. These might include:

- increased and mutually reinforcing levels of uncertainty and fear;
- breakdown in general community activity and levels of interaction;
- breakdown of community support mechanisms, such as volunteering, charitable, sporting and cultural groups; and
- disputes resulting from increased intra-community tensions.

The impacts of an influenza pandemic on vulnerable groups may be magnified, and the special needs of these groups must be considered. There would also be an increased need for bereavement and grief counselling.

5.2.3. Economic recovery

Recovery of economic activities and functioning following an influenza pandemic will require a long-term, integrated and sustained response across Commonwealth, state, territory and local government, community, business and industry.

Australian industry and business may be variously impacted by one or all of the following potential consequences of pandemic influenza:

- a fall in labour supply due to sickness and social distancing;
- a fall in demand for services and products due to quarantine measures and temporary business closures;
- a fall in exports due to pandemic impacts on trading partners, quarantine measures applied to international trade, or interruptions to international transport and communications;
- disruption of domestic production due to interruption of imports;
- reduced consumer, housing, and business investment spending due to loss of confidence;
- a downturn in tourist numbers, international students coming to Australia and recreational activities; and
- a fall in business and foreign investment.

By putting in place recovery plans early, Australians will be better prepared to meet the challenges that may arise and return to normal life as quickly as possible.

Appendixes

APPENDIX A: SUMMARY OF KEY RESPONSE PHASE ACTIONS

WHO phase	Key actions
Pandemic alert – global phase 4	
<p>Phase Overseas 4: Small cluster(s) consistent with limited human to human transmission overseas but spread is highly localised, suggesting the virus is not well adapted to humans.</p>	<ul style="list-style-type: none"> • Prime Minister consults premiers and chief ministers; response phase of the National Action Plan implemented • Increase surveillance, monitoring and reporting of pandemic virus • Implement border control measures, including consideration of a mechanism to reduce travel from affected areas • Implement public education and awareness campaign
<p>Phase Australia 4: Small cluster(s) consistent with limited human to human transmission in Australia but spread is highly localised, suggesting the virus is not well adapted to humans.</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares occurrence of human to human transmission in Australia • Monitor supply of food, supplies and services to affected areas • Targeted distribution of antiviral drugs and strategic deployment of National Medical Stockpile • Implement localised community-level strategies, including social distancing measures • Step up public information campaign
Pandemic – global phase 5	
<p>Phase Overseas 5: Larger cluster(s) overseas but human to human spread still localised overseas, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> • Prime Minister consults premiers and chief ministers • Continue heightened surveillance, monitoring and reporting of pandemic virus • Continue increased border management and quarantine measures • Continue public information campaign with relevant updates
<p>Phase Australia 5: Larger cluster(s) but human to human spread still localised in Australia, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares further spread of human to human transmission in Australia • Monitor supply of food, supplies and services to affected areas • Targeted distribution of antiviral drugs and strategic deployment of National Medical Stockpile • Implement localised community-level strategies, including social distancing measures • Continue public information campaign with relevant updates
Pandemic – global phase 6	
<p>Phase Overseas 6: Increased and sustained transmission in the general population overseas.</p>	<ul style="list-style-type: none"> • Declaration of a pandemic by the WHO • Prime Minister consults premiers and chief ministers • Continue enhanced surveillance, monitoring and reporting of pandemic virus • Continue to enforce enhanced border management and quarantine measures • Continue public information campaign with relevant updates

WHO phase	Key actions
<p>Phase Australia 6a: Increased and sustained transmission in the general population in Australia, but cases are still localised to one area of the country.</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be a national emergency after consulting premiers, chief ministers and the President of the ALGA • Implement measures to contain spread of infection • Support maintenance of essential infrastructure and services • Monitor and support supply of food, supplies and services to affected areas • Targeted distribution of antiviral drugs and strategic deployment of the National Medical Stockpile • Implement localised community-level strategies, including social distancing measures • Strengthen public information campaign with relevant updates
<p>Phase Australia 6b: Increased and sustained transmission in the general population in Australia and cases are occurring in multiple regions of the country.</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be spreading in Australia after consulting premiers, chief ministers and the President of the ALGA • Continue measures to contain spread of infection • Support maintenance of essential infrastructure and services • Monitor and support supply of food, supplies and services to affected areas • Distribution of antiviral drugs and strategic deployment of the National Medical Stockpile • Maintain delivery of community support services • Implement widespread community-level strategies, including social distancing measures • Strengthen public information campaign with relevant updates
<p>Phase Australia 6c: Increased and sustained transmission in the general population in Australia but the number of cases is subsiding.</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be subsiding in Australia after consulting premiers, chief ministers and the President of the ALGA • Continue measures to contain spread of infection • Support maintenance of essential infrastructure and services • Review extent of social distancing and border management measures • Restock National Medical Stockpile as needed • Continue public information campaign with relevant updates • Evaluate and review communication strategies
<p>Phase Australia 6d: The next wave of the pandemic has reached Australia, indicated by an increase again in the number of cases.</p>	<ul style="list-style-type: none"> • Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares next wave of pandemic after consulting premiers, chief ministers and the President of the ALGA • Continue measures to contain spread of infection • Targeted distribution of antiviral drugs and strategic deployment of the National Medical Stockpile • Maintain delivery of community support services • Support maintenance of essential infrastructure and services • Implement community-level strategies, including social distancing measures • Continue public information campaign with relevant updates

APPENDIX B: WHOLE-OF-GOVERNMENT PANDEMIC INFLUENZA COORDINATION ARRANGEMENTS FOR PUBLIC ANNOUNCEMENTS

- Protocols**
1. Each government agency will release only information for which it has responsibility. Spokespeople needing to respond to issues outside their direct area of responsibility must use cleared whole-of-government information.
 2. In the event of a national emergency, communications will adhere to the National Emergency Protocol between the Prime Minister, premiers, chief ministers and the President of the Australian Local Government Association.
 3. Agencies with responsibility for agriculture will coordinate the dissemination of information on animal infection through the Primary Industry National Communications Network.
 4. Agencies with responsibility for health will disseminate information on human health through the National Health Emergency Media Response Network (NHEMRN).
 5. The Department of Foreign Affairs and Trade will coordinate information relating to the protection of Australians and Australian interests internationally.

	CASES OVERSEAS	CASES IN AUSTRALIA	RECOVERY
Communication objectives	<ul style="list-style-type: none"> • provide accurate, consistent and timely information; • prepare the community should a pandemic occur e.g. consistent advice about personal and community safety; • maximise containment (minimise transmission of disease); • demonstrate government, and support private sector, preparedness and planning; and • support continuation of normal life as far as possible. 	<ul style="list-style-type: none"> • continue to provide accurate, consistent and timely information; • prepare the community should a pandemic occur e.g. consistent advice about personal and community safety; • maximise containment (minimise transmission of disease); • maintain essential services; • maximise public confidence; and • support continuation of normal life as far as possible. 	<ul style="list-style-type: none"> • support continuation of normal life as far as possible; and • restore public confidence.
Potential spokespeople	<ul style="list-style-type: none"> ▶ Experts ▶ Relevant ministers ▶ On the ground spokespeople 	<ul style="list-style-type: none"> ▶ Political leaders ▶ Relevant ministers ▶ Experts ▶ On the ground spokespeople 	<ul style="list-style-type: none"> ▶ Political leaders ▶ Relevant ministers ▶ Experts ▶ On the ground spokespeople

Background

Purpose

The purpose of the coordination arrangements for public announcements is to ensure accurate, consistent and timely information is delivered to the Australian community in a coordinated way throughout the preparation for, response to, and recovery from a human influenza pandemic.

The arrangements define the key networks that will manage communication through the media, agreed responsibilities and authorities, and relevant spokespeople to deliver information at the three likely peaks of media response:

- cases overseas;
- cases in Australia; and
- recovery.

However, it should be noted that communications will remain flexible, responding to circumstances and the community's information needs and emerging concerns at any particular point in time.

Coordination

Two networks will operate in parallel to coordinate the delivery of information to the public via the media. These networks coordinate the communication activities of all key stakeholders within their area of responsibility. These networks involve relevant Commonwealth, state and territory government agencies, as well as key professionals and industry representatives. The networks operate closely with each other to ensure alignment and coordination across portfolio areas, and have been tried and tested in the response to previous major events or emergencies. The networks are:

1. The **Primary Industry National Communication Network**, which leads on animal infection issues. Through AUSVETPLAN, the network coordinates communication across Commonwealth agencies, state and territory governments and the agriculture industry. The activities of the network are coordinated by the Australian Department of Agriculture, Fisheries and Forestry.
2. The National Health Emergency Media Response Network (NHEMRN), which leads on human health issues. At the Commonwealth Government level, the NHEMRN involves the Australian Department of Health and Ageing. The NHEMRN is managed by the department's media unit and includes state and territory health departments and relevant Commonwealth Government agencies (including the Department of Agriculture, Fisheries and Forestry, Emergency Management Australia, AQIS and the Australian Customs Service), medical colleges and associations (including the Australian Medical Association and Royal Australian College of General Practitioners) and relevant parts of the private sector as appropriate during an emergency. The NHEMRN supports the Australian Health Protection Committee, the National Influenza Pandemic Advisory Committee, the chief health officers in all states and territories and the Communicable Diseases Network Australia.

The **Australian Department of Foreign Affairs and Trade (DFAT) Media Liaison Section** also leads on communication regarding the protection of Australians and Australian interests internationally through posts and DFAT state offices (which are the liaison point with state and territory governments). Communication activity by AusAID relating to the support of neighbouring countries is also coordinated through DFAT.

Deployment of spokespeople

While it is possible to provide broad guidance on the deployment of appropriate spokespeople in advance, decisions regarding deployment of spokespeople will need to be made in real time taking into account all the circumstances at the time. These decisions will be made through the operation of the networks outlined above.

There is likely to be a role for spokespeople at all levels of government. The following are possible spokespeople at various phases of preparation for, response to and recovery from a pandemic:

Political leaders

- Prime Minister
- premiers and chief ministers

Experts (jurisdictional incident controllers and statutory public health office bearers)

- Chief Medical Officer
- Chief Veterinary Officer
- heads of diplomatic missions
- state and territory chief health officers or equivalent
- state and territory chief veterinary officers

Relevant ministers

- Commonwealth, state and territory ministers for health
- Commonwealth, state and territory ministers for agriculture
- Minister for Foreign Affairs and Trade (international statements)
- Attorney-General (emergency management)
- state and territory emergency management ministers
- Treasurer (economic issues)
- Commonwealth, state and territory ministers for customs, treasury, human services and community services as necessary

Leaders of 'on the ground' response

- health services leaders
- emergency services leaders
- community services leaders
- local government leaders

APPENDIX C: GOVERNMENT WEBSITES

In preparation for a possible influenza pandemic in Australia, governments have made a range of information, advice and support tools available on their websites:

National information

Commonwealth Department of Health and Ageing website www.health.gov.au

Commonwealth Department of Foreign Affairs and Trade website www.smartraveller.gov.au

Commonwealth Department of Agriculture, Fisheries and Forestry website www.daff.gov.au

National pest and disease emergency website www.outbreak.gov.au

National plans

Australian Health Management Plan for Pandemic Influenza (AHMPPI):
www.health.gov.au/internet/wcms/publishing.nfs/Content/phd-pandemic-plan.htm

Australian Veterinary Emergency Plan (AUSVETPLAN):
www.animalhealthaustralia.com.au/programs/eap/ausvetplan_home.cfm

OSMASSCASPLAN

Commonwealth Government Action Plan for Influenza Pandemic

State/territory information and plans

New South Wales: www.emergency.nsw.gov and www.health.nsw.gov.au/pandemic

Victoria: www.health.vic.gov.au/ideas/regulations/vic_influenza.html

Queensland:
www.qld.gov.au/services_for_queenslanders/health_and_communities/avian/index_avian.html

Western Australia: www.health.wa.gov.au/disaster/pandemic_influenza/main/index.cfm

South Australia: www.dh.sa.gov.au/pehs/publications/FLUPLAN-draftv8-SUMMARY-HCW.pdf and
www.health.sa.gov.au

Tasmania: www.dhhs.tas.gov.au/healthyliving/pandemic/index.php

Australian Capital Territory: www.health.act.gov.au/c/health?a=da&did=10098808&pid=1132696244
and www.health.act.gov.au/healthalerts

Northern Territory: www.nt.gov.au

Business Continuity Guide

www.industry.gov.au/pandemicbusinesscontinuity

GLOSSARY

Abbreviations

ALGA	Australian Local Government Association
AHMPPPI	Australian Health Management Plan for Pandemic Influenza
APEC	Asia Pacific Economic Cooperation
AQIS	Australian Quarantine and Inspection Service
AusAID	Australian Agency for International Development
AUSVETPLAN	Australian Veterinary Emergency Plan
CMO	Chief Medical Officer of Australia
COAG	Council of Australian Governments
OSMASSCASPLAN Australians Overseas	National Response Plan for Mass Casualty Incidents Involving Australians Overseas
WHO	World Health Organization

Definitions

Commonwealth Government	The Federal Government of Australia.
Epidemic	Rapid spread of a virus through a population in a generalized area.
First ministers	The Prime Minister of Australia, premiers of the states and chief ministers of the territories.
H5N1 avian influenza (bird flu)	Type A virus affecting birds but transmissible in rare circumstances to humans who are in close contact with affected birds. It causes severe influenza-like symptoms and may result in death.
Influenza (the flu)	A highly contagious disease of the respiratory tract caused by the influenza virus.
Influenza Type A	Occurs in humans and animals.
Pandemic	Epidemic on a global scale.