

Part 1. Key Actions in the PROTECT phase

1.1 Operational Objective 1: Collect, analyse and report information to guide health sector decision making

Key actions

- Surveillance of affected areas will be crucial to inform decision making in regard to control activities. The main activities will include monitoring:
- Caseload – noting that there will be a shift away from the use of laboratory confirmation of all cases to the use of clinical case criteria, and that this is likely to result in an over estimate of the number of true pandemic (H1N1) 2009 cases as it will tend to include seasonal influenza cases and other causes of influenza-like illness.
- Severity – monitoring hospitalisations to search for cases of pandemic (H1N1) 2009, monitoring number of cases requiring admission to intensive care and number of deaths;
- Virological surveillance to determine areas of high prevalence and the proportion of H1N1 Influenza virus compared with other seasonal influenza viruses;
- Characteristics of a sample of viruses for determination of patterns of antiviral susceptibility and mutation;
- Disease impact on vulnerable groups;
- Health system capacity; and
- National Medical Stockpile (NMS) usage.

1.2 Operational Objective 2: Minimise Transmission of the pandemic virus

Key actions

The following actions will be taken to reduce the spread of the pandemic virus and to minimise the number of people seriously affected by the disease.

- Promote individual protection measures through public education campaigns.
- Public messaging that will focus on actions individuals should take:
- Those who are sick with an acute respiratory illness should not attend mass gatherings, go to work, or ride on public transport
- Personal hygiene, cough and sneeze etiquette.

Vaccination

Now that a vaccine against the pandemic (H1N1) 2009 virus is available, Australian Governments will offer the vaccine as a priority for certain groups at higher risk of exposure (for example, health care workers) and those vulnerable to more severe outcomes, including pregnant women, Aboriginal and Torres Strait Islander people and people with underlying medical conditions.

PROTECT PHASE – ANNEX TO THE AHMPPI

While there will be a particular emphasis on targeting people in these priority groups for vaccination, the opportunistic vaccination of friends, family, and carers of vulnerable people or anyone wishing to protect themselves from pandemic (H1N1) 2009 will also be encouraged.

Further information about vaccination in the PROTECT phase is available in the vaccination appendices to this document (Appendices 3-9).

1.3 Operational Objective 3: Reduce morbidity and mortality of the disease

Key actions

The following actions will be taken to reduce morbidity and mortality of the disease, in particular protecting vulnerable members in our community and maintaining the health system.

CASE DETECTION AND MANAGEMENT

Identification of severe cases and people who are likely to suffer severe disease continues to be important. Efforts will be focused on:

- Identification of vulnerable individuals (as outlined in Part 2.1, Table 1) to allow early management to prevent severe outcomes;
- Close clinical assessment of all vulnerable cases and early commencement of influenza antiviral medication if clinically indicated;
- Encouraging voluntary home isolation of all cases during their infectious period;
- Education of vulnerable household members of cases to minimise contact with cases, to be alert to early signs of infection, and to promptly seek medical attention;
- Investigation and management of cases in 'closed' facilities or high-risk settings such as health care facilities, special schools, residential care facilities and indigenous communities.

PROTECTING VULNERABLE MEMBERS OF OUR COMMUNITY

As mentioned previously, some groups in the community are more at risk of adverse outcomes of disease than others (as outlined in Part 2.1, Table 1). Actions will include:

- Public education campaigns so that vulnerable individuals self identify and take action to protect themselves.
- Raising awareness amongst health professionals so they identify at risk individuals and detect influenza-like illness (ILI) early in vulnerable people.

Education campaigns could identify those scenarios which may pose a higher risk for infection for these people, such as:

- attending crowded and enclosed environments; and
- schools with cases of disease.

ENSURE EARLY ACCESS TO TREATMENT FOR VULNERABLE PEOPLE

It is important to provide antiviral medication within 48 hours of onset of influenza-like illness (ILI), for those identified as vulnerable when they have an illness that meets the

case definition. Beyond 48 hours, antiviral medication may still be indicated on clinical grounds.

Jurisdictions are developing locally appropriate mechanisms for the distribution of antivirals. This may involve distribution through general practice, hospitals, flu clinics or pharmacies.

ESTABLISH AND MAINTAIN INFLUENZA SERVICES

If appropriate, influenza services may be established through individual designated medical practitioners, or through influenza specific services such as flu clinics (established in the community, or attached to hospitals). The use of designated influenza services allows for the efficient management of cases and effective use of PPE and antivirals to conserve stocks and target them to maximum effect.

Healthcare worker protection should be provided through provision of PPE.

ENSURING CRITICAL CARE RESOURCES ARE AVAILABLE BY REDUCING AVOIDABLE DEMAND

Health services may need to be prioritised to maintain availability of life saving services, such as intensive care units and emergency departments. This will include measures such as postponing some elective surgery and other non-urgent procedures. This is to maintain patient access to care and resources, within acute care units and maintain patient flow through hospitals. This is similar to activities already undertaken by hospitals to manage acute peaks in demand for critical care resources.

1.4 Operational Objective 4: Working across government

Key actions

The following actions will be taken to ensure a coordinated response across governments.

- Update assumptions, based on new scientific and medical evidence in Australia and overseas to remain informed about the emerging evidence.
- Provide health advice on issues that require whole of government decision making.
 - Assist whole of government decision making and ensuring that the most effective control methods can be used at the right time and in the right places.
- Provide health advice on the effectiveness of control measures and adapt responses appropriately to the level of risk and consequences:
 - Contribute best advice to other sectors on how they might protect people at potential risk of exposure to pandemic influenza.
 - Provide tools to guide other sectors in assessing occupation related infection risks and advice on the most appropriate ways in which any infection risks could be managed.