



Human Influenza Pandemic Plan



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Forward

The Emergency Management Victoria Action Plan (2015) sets out the actions required to be undertaken by municipalities to reduce the social and economic impacts of an influenza pandemic.

Traditionally, emergencies within the Glenelg Shire have been fire and/or flood related events which are usually resolved in a matter of weeks. An Influenza Pandemic however is not likely to be resolved in matter of weeks and could take several months or even years to fully recover from so how we tackle this will require a fine tuning of your emergency management and recovery processes.

To ensure that we are able to continue to provide our traditional local government services whilst also addressing the myriad of issues that are likely to arise during a pandemic, Glenelg Shire Council has joined forces with the eight (8) other Barwon South West municipalities to produce an Influenza Pandemic Response Plan template.

This plan is based on the Barwon South West Influenza Pandemic Response template.

The Glenelg Shire Council plan also acknowledges the existing plans adopted by the State, Federal and International bodies which include the following:

- Victorian Health Management Plan for Pandemic Influenza 2014 (VHMPPi)
- Victorian Action Plan for Human Influenza Pandemic 2015
- Victorian Public Health and Wellbeing Plan 2011 – 2015
- Australian Health Management Plan for Pandemic Influenza April 2014 (AHMPPi)
- Pandemic Influenza Risk Management – World Health Organisation Interim Guidance 2013
- The Pandemic Influenza Preparedness Framework WHO 2011

The Human Influenza Pandemic Plan will be a sub plan of our existing Emergency Management Plan.

Greg Burgoyne
Chief Executive Officer

Acronyms

AHMPPPI	Australian Health Management Plan for Pandemic Influenza
AQIS	Australian Quarantine Inspection Services
CMO	Chief Medical Officer (Australian Government)
CHO	Chief Health Officer (Victorian Government)
DHHS	Department of Health and Human Services (Victorian Government)
DoH	Department of Health (Australian Government)
EHO	Environmental Health Officer
GIPC	Glenelg Influenza Pandemic Committee
IPC	Influenza Pandemic Committee
MEMO	Municipal Emergency Management Officer
MRM	Municipal Recovery Manager
PPE	Personal Protective Equipment
VHMPPPI	Victorian Health Management Plan for Pandemic Influenza
WHO	World Health Organisation

Definitions

Antivirals	A class of medicines used to prevent and treat influenza.
Epidemic	A sudden increase in the incidence of a disease which affects a large number of people over a large area.
Fomite	Inanimate objects that serve as a transmitter of infection.
H1N1	Human Influenza also known as Swine Flu.
Influenza	A highly contagious disease of the respiratory tract, caused by the influenza virus.
Influenza Type A	A virus that occurs in both humans and animals.
Influenza Type B	A virus that occurs only in humans.
Isolation	Refers to the separation of patients with an infectious disease from those persons who are healthy. Isolation can also refer to a control measure to restrict the movement of cases to home or designated areas.
Novel virus	A virus that has never previously infected humans or if it has, there will be limited human immunity within the community to ensure protection against the virus.
Pandemic	Pandemic (from the Greek language, “pan” meaning all and “demos” meaning people) is used to describe an epidemic on a global scale. Only type A influenza virus has been known to cause pandemics.
Prophylaxis	Short-term protection against contracting Influenza.
Quarantine	Separation and restriction of movement of persons who may become or are infectious.
Social Distancing	Strategy used to restrict/prevent close contact between persons. Social distancing is a management strategy used to reduce normal physical and/or social population mixing in order to slow the spread of a pandemic throughout society. These measures include school closures, workplace gathering restrictions, cancellation of mass social gatherings, changing public transport arrangements and population movement restrictions.

1. What is Influenza and what causes an Influenza Pandemic?

Influenza is a highly contagious viral disease of the respiratory tract and can be spread when an infectious person coughs and/or sneezes. These airborne droplets usually travel less than one (1) metre but they can remain infectious on hard surfaces (fomites) for one to two days. The disease is characterized by rapid onset of symptoms including fever, chills, sore throat, stuffy or runny nose, headache, dry cough, fatigue and aching joints. In children, the infection may also be associated with gastrointestinal symptoms such as nausea, vomiting and diarrhoea.

The incubation period for influenza is usually one to three days. Adults have been shown to shed the influenza virus from day one before actually developing symptoms. These symptoms are likely to occur over the next seven days.

For a pandemic to occur, three criteria need to be fulfilled:

1. A new influenza virus is detected for which the world's population has little or no immunity;
2. The new virus must be virulent enough to cause disease; *and*
3. The new virus must have the capacity to spread efficiently from person to person.

Influenza pandemics have traditionally been associated with high morbidity and significant mortality. This has created major social and economic disruption occurring within the affected countries. It is estimated that between 10 – 40% of the population would show clinical signs of the infection and 1.2 -2.14% would die.

The World Health Organisation has stated that the next pandemic is likely to develop by moving through the following steps;

- An influenza virus in birds and/or animals develops to the extent that it has the ability to infect humans and cause serious disease in humans. During this initial phase and although the virus can cause disease in humans, the virus is unable to transmit efficiently between humans. Direct contact with infected birds and/or animals is needed for human transmission to occur.
- Following further genetic change, the virus may become more efficient at passing from human to human, first within small groups or clusters (families or community networks) and then to the localised community.
- Finally, the virus is able to transmit readily between humans. It spreads rapidly due to the short incubation period (one – three days) and the infectious nature of influenza. Rapid global spread is aided by international air travel.

The length of time it takes for a virus to develop from one which can only affect birds or animals, to one that can cause a human pandemic is unknown.

What is known however is that previous Influenza Pandemics have occurred in a series of waves, with the length of time of these waves ranging in duration from seven (7) to ten (10) months.

1.1 What is the likelihood of a pandemic occurring within the Glenelg Shire?

Influenza pandemics have occurred at varying intervals over the past 98 years. The severity of each of these pandemics has also varied as indicated below.

Year and name of pandemic	Country of origin	Influenza A virus subtype	Estimated case fatality	Estimated mortality worldwide	Age groups most affected
1918 "Spanish flu"	Not Known	H1N1 (unknown)	2–3%	20–50 million	Young adults
1957–1958 "Asian flu"	Southern China	H2N2 (avian)	<0.2%	1–4 million	All age groups
1968–1969 "Hong Kong flu"	Southern China	H3N2 (avian)	<0.2%	1–4 million	All age groups
2009–2010 "influenza A(H1N1) 2009"	North America	H1N1 (swine)	0.02%	100, 000–400, 000	Children and young adults

Whilst each pandemic is unique, the Department of Health and Human Services Victorian Health Management Plan for Pandemic Influenza has classified the severity of an Influenza Pandemic as either low, moderate or high.

Scenario one - clinical severity is low. The level of impact on the community may be similar to severe seasonal influenza or the H1N1 pandemic 2009.

Scenario two - clinical severity is moderate. The number of people presenting for medical care is likely to be higher than for severe seasonal influenza. Pressure on health services will be more intense. The level of impact may be similar to the 1957 Asian flu.

Scenario three - clinical severity is high. Widespread severe illness will cause concern and challenge the capacity of the health sector. The level of impact may be similar to the 1918 Spanish flu.

Figure 4.7.1 Notified cases of influenza in Victoria by age group and year of notification* (as at 31 March 2017)

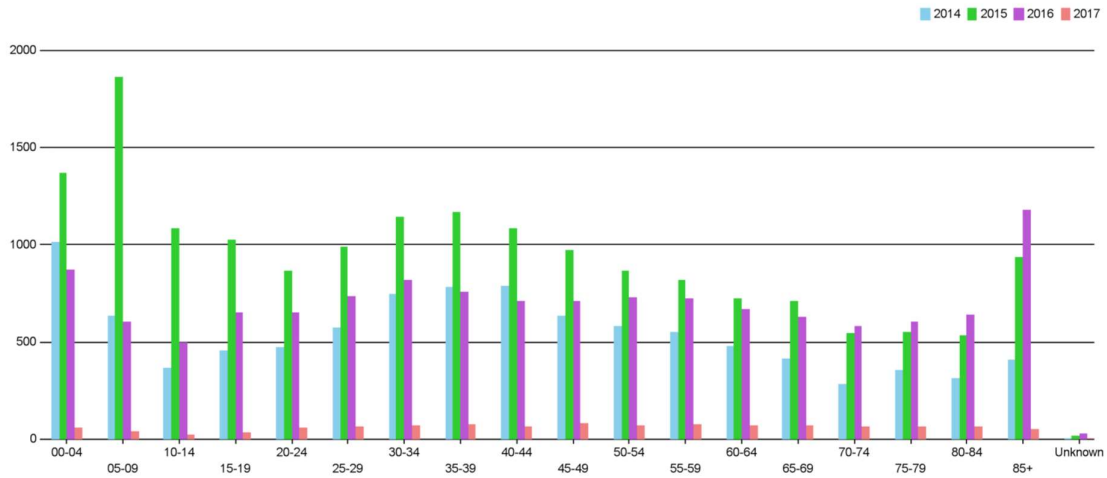
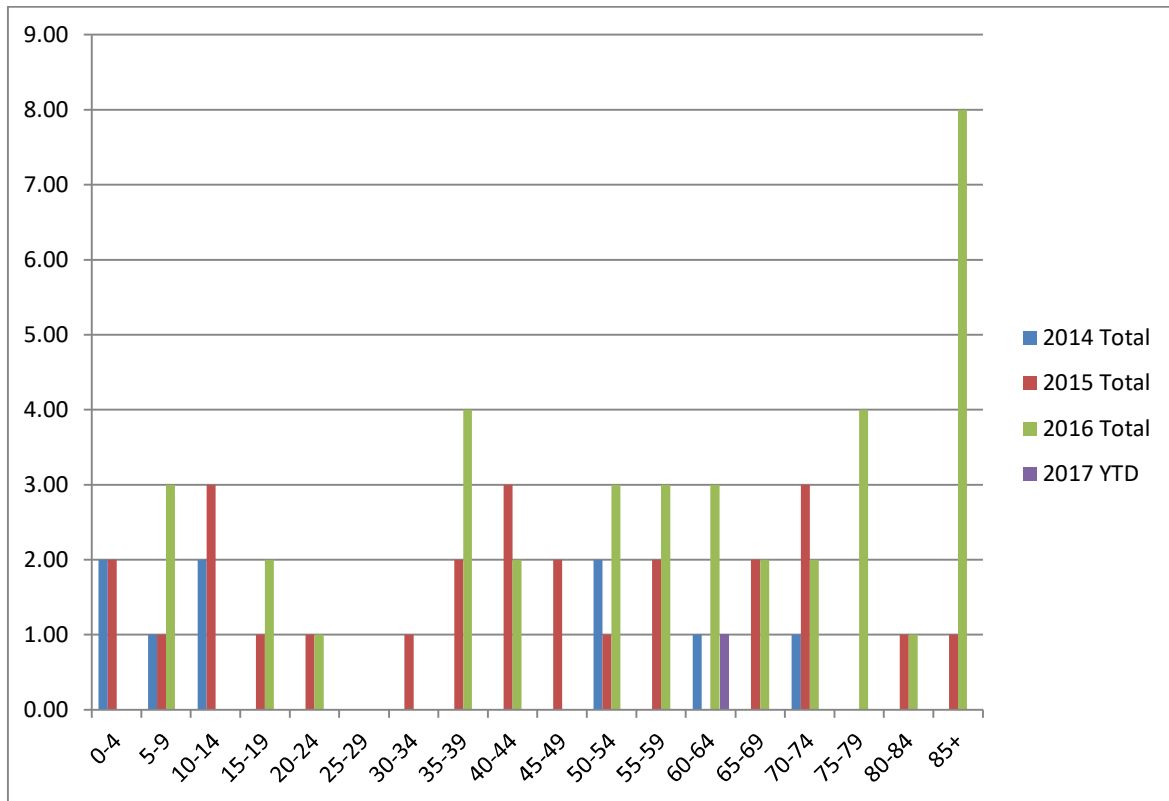


Figure 4.7.1 Notified cases of influenza in Glenelg Shire by age group and year of notification* (as at 31 March 2017)



1.2 Impact of scenario three on a prepared community

Previous influenza pandemics have affected sectors of our community differently. The following table compares the characteristics of a severe pandemic in an unprepared population with those experienced under conditions of effective preparation.

	Pandemic as severe as one that occurred in 1918 and if we were not prepared and unable to respond (estimate based on population for Glenelg of 19,764)	Pandemic as severe as that in 1918, but we were prepared and were able to respond effectively
Estimated population showing clinical signs of infection	40 per cent = 7906 people	10 per cent = 1,976 people
Estimated deaths	2.4 per cent of those affected would die = 190 people	1.2 per cent of those clinically affected would die = 24 people
Work absenteeism	50 per cent = 9,882 people	30 to 50 per cent = up to 9882 people
Duration of the pandemic	several waves each lasting up to 12 weeks	7–10 months, in a single wave
Disruption of services	as long as two years	7–10 months

2. Vulnerability

The vulnerability of our population will influence the spread and clinical severity of the disease. As a pandemic will be caused by a novel virus, the relative lack of immunity in the population (compared to seasonal influenza) will make our community more vulnerable than would be the case with seasonal influenza (increased level of immunity from previous flu strains).

While a section of our elderly population may have acquired immunity conferred from previous exposure to a similar virus, the broader population will be vulnerable to the disease.

On the basis of seasonal influenza and experience from past pandemics, certain groups are expected to be at increased risk of complications of influenza infection (referred to in this plan as 'at risk groups'). According to the *Australian Immunisation Handbook (10th Edition 2016)*, at risk groups include pregnant women, people who are immunocompromised, people with chronic respiratory conditions, cardiac disease, Down syndrome, diabetes mellitus, chronic renal failure, chronic neurological conditions, alcoholism, haemoglobinopathies, chronic inherited metabolic diseases, people who are obese, children receiving long-term aspirin therapy, Aboriginal and Torres Strait Islander peoples, children under 5 and people aged over 65 years. At risk groups will need to be confirmed when knowledge of the virus becomes available, but it is expected that the impact on vulnerable populations will be greater than that on the broader population. Mitigation of the risk to these populations will be a high priority.

Many other factors can influence the vulnerability of individuals during a pandemic, including overall health, immunological response, cultural attitudes (e.g. vaccination to wearing protective clothing), access to healthcare, homelessness and mental health and resilience.

The sectors most likely to be vulnerable in an Influenza Pandemic are indicated below.

Vulnerable Group	Potential Impact
Young families	May need to manage a range of demands should children/parents become ill (unable to access traditional support services or have access to extended family members for support).
Older people, living alone with limited support	Limited support and potential isolation may result in a deterioration of health and ability to function.
Social isolation	No local support network/communication skills limit access to support.

2.1 Vulnerability Profile

The 2009 H1N1 influenza pandemic resulted in 44,403 confirmed cases with 2013 deaths within Australia between May 2009 and November 2010.

Although the predominant clinical presentation during this pandemic were mild to moderate illness, the high risk groups included persons who were obese, pregnant, had diabetes or were from Aboriginal and Torres Strait Islander heritage.

Young healthy adults and pregnant women were over represented among the severe cases compared to previous seasonal influenza outbreaks.

This plan has assumed that most individuals will be susceptible to an influenza pandemic and that level of susceptibility will differ in groups such as the young, elderly and already ill. An individual's ability to overcome the effects of the influenza will differ greatly due to their previous exposure to influenza types and their health status at the time.

For example due to the level of vulnerability, rates in children and the elderly are likely to be higher than in middle aged adults. High risk establishments will include places where mass gatherings take place or where large numbers of persons are assembled from time to time such as schools and health care facilities.

Various persons in the community who do not have immediate access to family or a supported network are likely to require additional assistance should they become infected.

3. Activation of the Pandemic Influenza Sub Plan

The Plan will be activated following advice from Victoria's Department of Health and Human Services (DHHS). DHHS will take advice from the Australian Government Department of Health via the Australian Health Protection Principal Committee (AHPPC) who in turn refer to the World Health Organisation who are the responsible body that will determine each pandemic phase.

Following advice from DHHS, the MEMO will alert Council's executive and activate the relevant response procedures as listed in the Council Pandemic Influenza Response Procedures (Appendix 1).

4. Pandemic Influenza Sub Committee (PISC)

The Pandemic Influenza Sub Committee (PISC) will consist of a number of Council Officers within Council's existing Municipal Emergency Management Planning Committee (MEMPC). These officers will include the following staff members:

- Chief Executive Officer (or his delegate)
- Municipal Emergency Management Officer (MEMO)
- Human Resource Officer
- Risk Management Officer
- Environmental Health Officer

The PISC will also be supported by representation from stakeholder organizations including Department of Health and Human Services (DHHS), local hospitals, community health centres and the regional GP representative group.

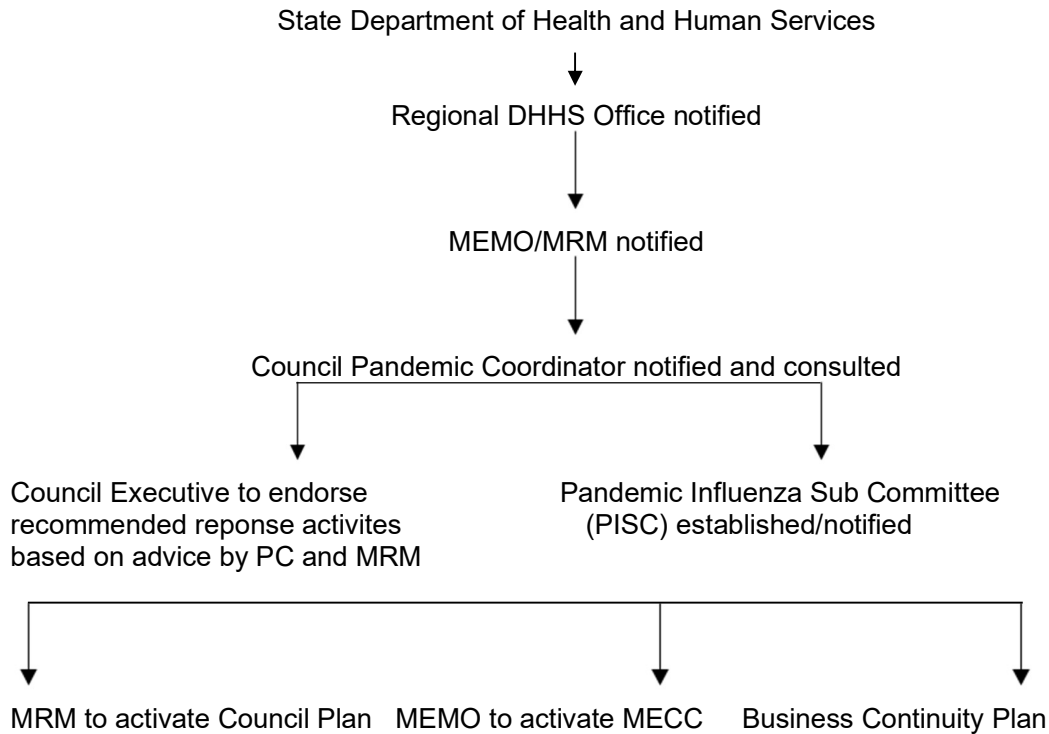
The Municipal Emergency Management Officer (MEMO) or their delegated officer is the responsible officer for the implementation of this plan.

4.1 Exercise of the Pandemic Influenza Sub Plan

The Municipal Emergency Management Planning Committee (MEMPC) will ensure that the Pandemic Influenza Sub Plan is exercised when the state activation level has reached the 'standby for response' phase or if the plan has not been activated within the last three years. The exercise process will be completed prior to the activation level reaching 'response phase'.

DHHS will support Council in planning and the conduct of exercises. Exercises will comply with standards outlined in the Australian Emergency Management Institute Exercise Management Handbook.

4.2 Activation Protocol



5. Roles and Responsibilities of Pandemic Influenza Stakeholders

There are a range of stakeholders who will play a critical role in the planning, preparedness, response and recovery phases of an influenza pandemic. These stakeholders include:

5.1 Glenelg Shire Council

The roles and responsibilities include:

- To prepare and maintain this Pandemic Influenza Plan as a Sub Plan of the MEMP;
- To activate this plan to assist in reducing the impacts of an influenza pandemic;
- To provide support, information and recovery assistance throughout the duration of the influenza pandemic to staff and the community;
- To ensure business continuity arrangements are in place to maintain essential services;
- To provide appropriate immunisation programs across the shire;
- To support community resilience by:

- having effective arrangements in place to inform people about how to assess risks and reduce their exposure and vulnerability to influenza virus;
- having clear and effective education systems so people understand what options are available and what the best course of action is in responding to an influenza pandemic;
- supporting individuals and communities to prepare for pandemic events;
- To undertake a Community Emergency Risk Assessment for Pandemic Influenza; and
- To ensure the PISC has the capacity to provide input and specialist advice to Council on the implementation of this plan.

5.2 Department of Health and Human Services (DHHS)

DHHS is the control agency for an influenza pandemic in Victoria. DHHS will activate the Victorian response to an influenza pandemic through the Victorian Health Management Plan for Pandemic Influenza (VHMPPI).

Responsibilities of DHHS include:

- surveillance systems to rapidly and efficiently identify the emergence of new strains of influenza in the Victorian community;
- timely implementation of measures seeking to limit or prevent the transmission of pandemic influenza in the various stages of a pandemic;
- providing alerts and information to health services, primary care, residential facilities, schools, education and care facilities, local government and emergency services;
- continuing surveillance to monitor the status of the outbreak;
- maximising the use of resources;
- public health strategies to best meet the needs of the current situation based on the best surveillance data;
- implementing policies on the use of personal protective equipment (PPE) and antivirals; and
- communicating accurate, consistent and comprehensive information about the situation to the general public, the media, partners in the health sector and other key stakeholders.

The Victorian Health Management Plan for Pandemic Influenza (VHMPPI) specifies a number of strategies that will assist Council, allied health services and service providers during a pandemic, these include:

- Communication (VHMPPI Appendix 8 and Local Government Appendix 10)
- Schools and Children Services (VHIMP Appendix 11)
- Residential Aged Care (VHIMP Appendix 12)
- Disability Accommodation Services (VHIMP Appendix 13)
- Custodial Facilities (VHIMP Appendix 14)
- Management of the Deceased (VHIMP Appendix 15)

5.3 Health Services and Primary Health Care

Health services, including all public sector services, private hospitals, and Primary healthcare, including general practice, community pharmacy, community nursing, ambulance services, community health services and telehealth services (NURSE-ON-CALL and GP Helpline) will form part of the front line of Victoria's response for human pandemic influenza. Primary healthcare plays an important role in minimising the spread of pandemic influenza and treatment of people in a community setting.

Responsibilities are detailed in the Victorian Health Management Plan for Pandemic Influenza (VHMPPI - Appendices 6 and 7), and include:

- Prepare and maintain an influenza pandemic plan which covers patient, visitor, staff and contractor protection as well as business continuity;
- Health services may consider establishing influenza wards or clinics as numbers increase;
- Primary Health Care should activate and de-activate clinics based on health services demand in consultation with DHHS;
- Provide staff and resources for each clinic as detailed in specific clinic plans;
- Provide triage to clinics;
- Provision of specialist staff and services as required (e.g. infection prevention and control, infectious diseases, pharmacy, pathology, public relations);
- Phone screening for patients;
- Separate waiting and consulting rooms for suspected influenza patients; and
- Encourage staff and high risk patients to have seasonal influenza vaccinations

There are a number of health service providers in Glenelg Shire Council, the majority of these are in Appendix 2.

5.4 Commercial groups, Not for Profit groups, Residents and Visitors

Everyone has a role to play in preparing for and coping with an influenza pandemic. The following actions are advised for commercial groups, not for profit groups, residents and visitors to Glenelg Shire:

- Undertake seasonal influenza vaccination and encourage staff and members to do so.
- Stay informed – keep up to date with current information being distributed by Council via: www.glenelg.vic.gov.au and <http://www.health.vic.gov.au/chiefhealthofficer/alerts/>
- Practise good personal hygiene – cover your mouth and nose with a tissue when you cough or sneeze, put the used tissue in a rubbish bin and wash your hands with soap and running water. Dry hands thoroughly with a paper towel. Wash hands regularly and avoid touching eyes, nose or mouth. Don't go to work or public areas if you have influenza symptoms (chills, shivering, fever, muscles aches and pains, sore throat, dry cough, trouble breathing, sneezing, stuffy or runny nose and extreme tiredness).
- Seek medical advice if you have concerns regarding influenza symptoms.
- Contact Council if you require support e.g. home care, meal provision on (03) 5522 2200.

6. Business & Community Support

Business and Community support during an influenza pandemic will be in accordance with Section 6 of Council's Municipality Emergency Management Plan (MEMP).

7. Support for Isolated or Quarantined persons

People quarantined or isolated may not have the appropriate level of support to ensure their total wellbeing. This level of support includes access the following needs:

- food
- water
- shelter
- medicine

Effective arrangements to provide for these needs will be assessed at the response phase and may include expanding Council services such as home based aged care services and /or meals on wheels services for isolated or quarantined persons.

8. Business and community Resilience

Councils will strive to ensure that our traditional services can be delivered during an influenza pandemic.

Specific actions to support Council staff will include:

- Having effective arrangements in place to inform staff about how to assess risks and reduce their exposure and vulnerability to influenza virus both in the community and/or occupational exposure
- Having clear and effective education systems in place to ensure all staff understand what options are available and what is the best course of action to be undertaken during an influenza pandemic
- Having effective arrangements in place for the acquisition and distribution of PPE as well as ensuring staff are aware of the correct use of PPE
- Review service delivery to ensure essential services can be delivered. This may require transferring staff from non-essential services to essential services during the Standby for Response, Initial Response and Targeted Response phases

9. Control Strategies

Preventing transmission and infection during a pandemic will require a package of related measures:

- Individual measures – hand hygiene, respiratory hygiene, cough etiquette and immunisation;
- Appropriate personal protective equipment (PPE as directed by DHHS); and
- Organisational and environmental measures – patient placement, social distancing and cleaning.

The overall aim of these measures is to minimise the risk of exposure to the influenza virus, reducing transmission, infections and illness. All three components are essential

9.1 Education and Training

Council will be required to provide education and training to staff in terms of implementing the appropriate infection control protocols in the workplace. This includes procedures to manage incidents of suspected Influenza.

Council will disseminate literature, brochures and posters to increase awareness about the disease and to outline infection control protocols in a practical manner. See Appendix 5.

Specific issues to be covered in training include:

- The establishment of 'social distancing' (greater than 1 metre separation) between staff at the various worksites in the workplace or during business transactions
- Disinfection protocols to reduce contaminated surfaces through alcohol or chlorine disinfection
- Incident management processes where staff present with influenza symptoms and/or refuse to leave work or seek medical attention
- Disposal of contaminated materials
- Use of Personal Protective Equipment
- Storage, supply and stock control of PPE and disinfectants
- Return to work processes

Communication and education will be provided to employees to best prepare them for what may be encountered such as:

- Information about signs, symptoms and transmission
- Personal and family protection and response
- Anticipation of fear, anxiety, rumours and misinformation
- Preparedness and response obligations
- Advice regarding management of home care and ill relatives
- Hotline and Website communications
- Community resources available for accessing.

9.2 Personal Protective Equipment (PPE)

In addition to Councils existing hygiene measures, PPE stocks will be obtained in accordance with the activation table in Appendix 1. Council is to check best before dates on an annual basis prior to winter. Appropriate training must be provided to the individual using the PPE at a time prior to a pandemic to ensure they become competent and proficient in its use.

The PPE stockpile may consist of;

- Disposable particulate masks (N95/P2)
- Alcohol swabs and wipes (minimum of 70% alcohol)
- Alcohol hand sanitiser
- Gloves – nitrile, vinyl, latex and rubber
- Safety glasses
- Disposable cleaning cloths
- Tissues
- Thermometers
- Biohazard bags
- Isopropyl, bleach and detergent/cleaner

The decision to deploy PPE from the Victorian medical stockpile to healthcare and other settings will be taken by the Chief Health Officer.

9.3 Social distancing

This comprises interventions to reduce normal physical and social population mixing, in order to slow the spread of a pandemic. In addition to restricting workplace entry and interaction, an imaginary 1 metre distance rule should be implemented to eliminate physical interaction such as hand shaking and hugging.

9.4 Restricting workplace entry

Measures that will, as far as is practicable, protect staff from being exposed to the pandemic virus can include;

- Minimising direct face-to-face contact with customers
- Implementing, where possible, work from home policies
- Minimising face-to-face internal meetings
- Closure of non-essential locations
- Suspension of all non-essential services
- Reminding staff not to share workstations and/or equipment
- Provision of education / awareness programs regarding transmission of infection and exclusion requirements
- Provision of workplace signage.

9.5 Municipal Cleaning Procedures

The influenza virus can survive on non-porous objects such as tables and door handles and may be transmittable for 24-48 hours.

Regular cleaning (preferably twice daily) within council locations will assist in protecting staff from being exposed to the pandemic virus within their environment. These sites can include;

- Commonly touched areas (public counters, workstations, doorhandles, hand railings, light switches)
- Equipment (telephones, photocopiers, keyboards, mouse controls, trolleys)
- Toilet facilities
- Kitchen areas
- Meeting rooms
- Customer areas

Influenza viruses are inactivated by a minimum 60% alcohol and by 1000ppm chlorine – this can be obtained by diluting 1 cup or 250ml domestic bleach, (4% chlorine) with 10 litres of cold water.

Surfaces should be cleaned first with a neutral detergent before a disinfectant solution is applied.

10. Communications

A whole of Victorian Government communication strategy is produced by the DHHS to strengthen pandemic preparedness at state, regional and local level and ensure that timely, informative and consistent messages are provided to the wider community. The strategy supports the Australian Government Department of Health Communication Strategy, while accommodating Victorian circumstances.

The whole of Victorian Government communication strategy is available online at <http://www.health.vic.gov.au/pandemicinfluenza>

10.1 Municipal communication plan

At the municipal level, Council's Media unit will prepare regular community updates on the influenza pandemic. These updates will be based on the information provided by DHHS or the responsible State Gov't agency at the time.

The timing of communications process is outlined in Appendix 1.

10.2 Internal Communication

The Incident Management Team will be formed at stand by for response stage then meet weekly at the initial response phase to discuss management of Council operations and service delivery.

The Pandemic Coordinator will be responsible for providing initial information to Council's CEO, Councillors MEMO and as required Council staff.

The initial briefing will be at Phase 4 of pandemic alert then at weekly intervals.

The CEO will be a member of the Incident Management Team.

10.3 External Communication

Council will be able to provide information to the community via a number of different avenues. The communication process will be guided by DHHS information/bulletins to ensure consistent messages are provided to our community.

- Council's website and CONNECT Glenelg website will be used to post information and provide links to DHHS, DoH and WHO websites.
- Council offices and service centres will be used to provide advice regarding customer use
- Recorded phone messages can be utilised on the Council phone system
- Local papers, radio and community papers can be used to transfer information

See Appendix 4 for Internal and External communications list.

11. Vaccination Programs during a Pandemic

In an influenza pandemic, vaccination (once an appropriate vaccine is available) is the most cost effective way of preventing infection with our community.

A pandemic vaccine can only be developed once the nature of the virus is known. When the virus is identified, the development of an appropriate vaccine could take up to six (6) months and then may take several months of clinical trials before the vaccine is released.

Victoria has a wide range of immunisation service providers. These services are provided by public hospitals, GP clinics, Primary Care Partnerships, allied health services and local government. The majority of these immunisation services are opportunistic, i.e. Adult Diphtheria Tetanus (ADT) vaccine is provided by at a GP clinic or hospital following a wound injury.

Local government is the major immunisation service provider in Victoria for age appropriate vaccinations of infants, preschool children and school aged students.

Should an influenza pandemic occur, these traditional service providers and their respective methods of service delivery are expected to be overwhelmed by the wider community as they seek access to vaccination services.

So an alternative method of both service delivery and provider will be required to ensure large sections of the community have the opportunity to receive an influenza vaccination in a timely and efficient manner.

Local Government is likely to be the major immunisation service provider during an influenza pandemic.

Mass vaccination programs in Victoria over the past thirty (30) years have seldom been undertaken. The last mass vaccination program in the Glenelg Shire occurred in Portland in December 2002 as a result of the Meningococcal Outbreak. In this outbreak the high risk age group was restricted to the 15 – 30 year age group and only included persons living within the Portland postcode i.e. Gorae, Cashmore, and Bolwarra.

The vaccination program for this outbreak took nine (9) hours to complete and was undertaken on the Saturday and Sunday before Christmas of 2002. Over the nine (9) hour period (six hours on Saturday and three hours on Sunday), a total of 2474 persons were immunised or 4.58 persons immunised every minute.

If Glenelg Shire was to become be the major service provider for mass vaccinations programs in this municipality and we assume that 60% of the population will seek immunisation via this program, the service will be required to vaccinate 11,858 persons.

To vaccinate this number of people will require vaccination teams that are of a similar size to the team assembled for the Meningococcal Outbreak.

The 2002 Meningococcal team consisted of sixteen (16) with ten (10) of these being either nurse vaccinators or GPs.

The location of the vaccination venues will be determined at the Standby for Response Stage. Each venue will be strategically located across the Shire to maximise attendance. These locations are likely to be Casterton, Heywood and Portland and depending on the severity of the pandemic may also include Narrawong and Nelson.

When a customised pandemic vaccine does become available, DHHS will coordinate the release of the vaccine to the immunisation service providers.

Details of mass vaccination sessions are contained within Appendix 3.

12. References

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- 8 Victorian Human Influenza Pandemic Plan, Community Support and Recovery Sub Plan – March 2008
http://humanswineflu.health.vic.gov.au/downloads/pandemic_sub_plan_web.pdf
- 9 Department of Industry, Tourism and Resources , Being prepared for a human influenza pandemic – A kit for small business,
<http://www.industry.gov.au/industry/OtherReportsandStudies/Documents/BusinessContinuityGuideforAustralianBusiness.pdf>

Appendix 1 - Council Pandemic Influenza Response Procedures

Council area Responsible	Preparedness No novel strain has been detected (or emerging strain under initial detection)	Standby for Response Sustained community person to person transmission is detected overseas	Initial Response Initial and targeted cases are detected in Australia but information about the disease is scarce	Targeted Response Initial and targeted cases are detected in Australia and enough is known about the disease to tailor to specific needs		
				Low Clinical Severity Moderate Clinical Severity	High Clinical	Severity
ALL COUNCIL SECTIONS (RESPONSIBILITY LIES WITH MANAGERS)	<ul style="list-style-type: none"> Identify critical business activities and available resources Assist with review of the Pandemic Plan as requested by the Pandemic Coordinator Promote vaccination, good hygiene and flu preparedness practices (infection control) among staff, contractors and clients. Staff who are unwell should not come to work Identify staff PPE requirements and organise appropriate training for staff 	<ul style="list-style-type: none"> Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Emergency Management Group Promote good hygiene and infection control procedures Staff who are unwell should not come to work 	<ul style="list-style-type: none"> Implement procedures as per instruction from the Council Pandemic Coordinator, executive or the Emergency Management Group Report any changes to branch activities or resource levels to Reinforce good personal hygiene and infection control procedures with all staff Staff suspected of or reporting being unwell to be excluded from the workplace 	<ul style="list-style-type: none"> Review services, resource levels and BC arrangements Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group Report any changes to branch activities or resource levels Staff suspected of or reporting being unwell to be excluded from the workplace Introduce work place social distancing measures and reduce numbers of mass gatherings (meetings, events etc.) 	<ul style="list-style-type: none"> Review services, resource levels and BC arrangements Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group Report any changes to branch activities or resource levels Cease all non-essential person to person contact with customers and clients Staff suspected of or reporting being unwell to be excluded from the workplace 	<ul style="list-style-type: none"> Review services, resource levels and BC arrangements Implement working from home arrangements where appropriate Implement procedures as per instruction from the Council Pandemic Coordinator, IMT or the Emergency Management Group Report any changes to branch activities or resource levels All staff to adhere to PPE requirements for direct service delivery
Council Pandemic Coordinator		<ul style="list-style-type: none"> Implement procedures as per DHHS instructions Alert Executive and provide advice Work with Communications Team to increase staff awareness (e.g. personal health messages on display in workplace) Organise acquisition of PPE or other resources as required 	<ul style="list-style-type: none"> Alert Executive and provide advice Alert Pandemic Sub Committee and inform them of Council activity Work with Communications Team to Increase staff awareness (e.g. personal health messages on display in workplace) Review requirement to purchase PPE if required Liaise with DHHS to discuss contact tracing arrangements Work with HR and communications team to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of 	<ul style="list-style-type: none"> Implement enhanced infection control procedures based on advice from DHHS Review and confirm vaccine and PPE supply chain and secure storage with MEMO Liaise with DHHS to discuss contact tracing arrangements Ensure staff using PPE have undertaken OHS training on PPE usage Distribute PPE supplies to units Purchase or procure health, PPE and cleaning products / consumables 	<ul style="list-style-type: none"> Implement enhanced infection control procedures based on advice from DHHS Review and confirm vaccine and PPE supply chain & secure storage with MEMO Liaise with DHHS to discuss contact tracing arrangements Implement PPE training for essential services staff. Distribute PPE supplies Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period. 	<ul style="list-style-type: none"> Maintain regular contact with DHHS, IMT and the Emergency Management Group Review supplies, purchase or procure health, PPE and cleaning products / consumables for an extended period Implement vaccination programs as advised by DHHS

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				Low Clinical Severity Moderate Clinical Severity	High Clinical	Severity
			infection – personal hygiene, avoiding contact, influenza immunisation etc. • Provide area specific information for work units dealing with the public - family case workers, maternal and child health nurses, childcare centres, home care, meals on wheels, library, leisure, and civic facilities			
Emergency Management Group (MEMO)	<ul style="list-style-type: none"> Participate in annual Pandemic Plan review Assist with Pandemic Plan tri-annual audit Assist with Pandemic Plan reviews as requested by the EMPO Assist with Pandemic Plan tri-annual audit Delegate Officer as Pandemic Coordinator when required 	<ul style="list-style-type: none"> Implement procedures as per DHHS instructions Assist Pandemic Coordinator in acquisition of PPE or other resources as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator in acquisition of PPE or other resources as required MEMO to liaise with DHHS to inform them of Council activity and resourcing 	<ul style="list-style-type: none"> Liaise with Department of Health and Police (MERC) to determine need to activate MECC and ERC MEMO to review resourcing requirements for Community Support Service and report to IMT Assist Pandemic Coordinator in acquisition of PPE or other resources as required MEMO to liaise with DHHS to inform them of Council activity and resourcing 	<ul style="list-style-type: none"> Liaise with DHHS and Police (MERC) to determine need to activate MECC & ERC MEMO to review resourcing requirements for Community Support Service Assist Pandemic Coordinator in acquisition of PPE or other resources as required MEMO to liaise with DHHS to inform them of Council activity and resourcing 	<ul style="list-style-type: none"> Establish community support services, facilities and staffing with advice from DHHS Maintain regular contact with DHHS MEMO to liaise with DHHS to discuss relief and recovery arrangements Assist PC as requested for vaccination and session security
Emergency Management Planning Officer	<ul style="list-style-type: none"> Establish and maintain pandemic planning team Ensure Pandemic Plan is reviewed annually and audited tri-annually 	<ul style="list-style-type: none"> Assist Pandemic Coordinator as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator, MEMO as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator and MEMO as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator, MEMO and MRM as required 	<ul style="list-style-type: none"> Assist Pandemic Coordinator, MEMO and MRM as required
People and Culture	<ul style="list-style-type: none"> Review HR planning for pandemic OHS to assist Coordinators with advice on PPE training for staff 	<ul style="list-style-type: none"> Review HR planning for pandemic 	<ul style="list-style-type: none"> Assist Pandemic Coordinator to alert staff of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, influenza immunisation etc. 	<ul style="list-style-type: none"> Assist Pandemic Coordinator to distribute PPE supplies as required Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this) 	<ul style="list-style-type: none"> Staff suspected of or reporting being unwell to be excluded from the workplace (assist in implementation of this) Implement an illness 	<ul style="list-style-type: none"> Ensure provision of Employee Assistance Program by telephone Staff suspected of or reporting being unwell to be excluded from the workplace (assist in

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				Low Clinical Severity Moderate Clinical Severity	High Clinical	Severity
				<ul style="list-style-type: none"> Implement an illness register employment/deployment of staff to ensure continuation of critical services 	<ul style="list-style-type: none"> register continuation of critical services 	<ul style="list-style-type: none"> implementation of this) Implement an illness register
Communications and Strategic Advocacy	<ul style="list-style-type: none"> Establish / review communication policy and procedure 	<ul style="list-style-type: none"> Work with Pandemic Coordinator to Increase staff awareness (e.g. display health messages in workplace) 	<ul style="list-style-type: none"> Work with Pandemic Coordinator to Increase staff awareness (e.g. display health signage etc.) Assist Pandemic Coordinator to alert staff and Councillors of a possibility of a pandemic and the actions to be taken to reduce the risk of infection – personal hygiene, avoiding contact, immunisation etc. Prepare internal and external messages using advice from DHHS 	<ul style="list-style-type: none"> Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed. Regularly update community information on website, phone wait message and other public access points 	<ul style="list-style-type: none"> Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed Regularly update community information on website, phone wait message and other public access points 	<ul style="list-style-type: none"> Provide information to local papers / radio stations regarding pandemic situation. Advise where support services can be accessed. Regularly update community information on website, phone wait message and other public access points
Health Protection	<ul style="list-style-type: none"> Immunisation Coordinator to recommend seasonal flu vaccinations Promote all scheduled vaccination programs 	<ul style="list-style-type: none"> Promote all scheduled vaccination programs 	<ul style="list-style-type: none"> Provide advice to the Council on social distancing measures and ways to reduce numbers of mass gatherings. Promote all scheduled vaccination programs 	<ul style="list-style-type: none"> Arrange immunisation sessions when vaccine available Promote vaccination for pneumococcal vaccine for identified high-risk groups. 	<ul style="list-style-type: none"> Arrange immunisation sessions when vaccine available Promote vaccination for pneumococcal vaccine for identified high-risk groups 	<ul style="list-style-type: none"> Arrange immunisation sessions when vaccine available Promote vaccination for pneumococcal vaccine for identified high-risk groups
Family, Youth and Children Services Aged & Disability Services	<ul style="list-style-type: none"> Ensure staff training for PPE usage 	<ul style="list-style-type: none"> Review hygiene and food preparation procedures as per instructions from DHHS. 	<ul style="list-style-type: none"> Review listings of vulnerable clients and communication channels 	<ul style="list-style-type: none"> Review listings of vulnerable clients and communication channels Determine support for quarantined and isolated clients at home 	<ul style="list-style-type: none"> Review listings of vulnerable clients and communication channels Consider closure of facilities based on DHHS advice Determine and provide support for quarantined and isolated clients at home PPE to be utilized where needed 	<ul style="list-style-type: none"> Review listings of vulnerable clients and communication channels Consider closure of facilities based on DHHS advice Determine and provide support for quarantined and isolated clients at home PPE to be utilized where needed

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Council area Responsible	Preparedness No novel strain has been detected (or emerging strain under initial detection)	Standby for Response Sustained community person to person transmission is detected overseas	Initial Response Initial and targeted cases are detected in Australia but information about the disease is scarce	Targeted Response Initial and targeted cases are detected in Australia and enough is known about the disease to tailor to specific needs		
				Low Clinical Severity Moderate Clinical Severity	High Clinical	Severity
Buildings, Property, Library and Leisure Services		<ul style="list-style-type: none"> • Cleaning contracts to be reviewed and enhanced cleaning standards to be negotiated. • Review cleaning processes in communal areas 	<ul style="list-style-type: none"> • Provide shared work stations with alcohol wipes for phones, computers • Check wash areas regularly to replenish supplies 	<ul style="list-style-type: none"> • Review cleaning and infection control procedures for communal areas • Provide antiseptic hand wash to ingress points of Council buildings • Investigate work from home capacity / accessibility of systems from remote locations • Additional infection control procedures for communal areas 	<ul style="list-style-type: none"> • Review cleaning and infection control procedures for communal areas • Provide antiseptic hand wash to ingress points of Council buildings • Support work from home arrangements • Additional infection control procedures for communal areas (Consider closure of facilities based on DHHS advice) 	<ul style="list-style-type: none"> • Isolate air circulation (heating / cooling) systems for all relevant municipal facilities • Secure closed sites • Additional infection control procedures for communal areas (consider closure of facilities based on DHHS advice) • Reduce services as required

Any Council units not listed in this table will be required to support pandemic response activities of those business areas listed. Stand Down procedure will be implemented upon advice from the DHHS

Appendix 2 - Key health sites and contacts in Glenelg Shire

Name	Address	Contact details
HOSPITALS		
Portland District Health	141-151 Bentinck St, Portland	Ph.: 5521 0333
Heywood Rural Health	21-23 Barclay St, Heywood	Ph.: 5527 0555
Casterton Memorial Hospital	Russell St, Casterton	Ph.: 5554 2555
HEALTH SERVICES		
Dartmoor & District Bush Nursing Centre	28 Ascot St, Dartmoor	Ph.: 5528 1303
Merino Community Health Centre	19-21 High St, Merino	Ph.: 5579 1303
Dhauwurd-Wurrung Elderly and Community Health Service	18 Wellington Rd, Portland	Ph.: 5521 7535
South-West Health Care	63 Julia St, Portland	Ph.: 5522 1000
Winda-Mara Aboriginal Corporation	21 Scott St, Heywood	Ph.: 5527 0000
MEDICAL CLINICS		
Seaport Medical Centre	6 Fern St, Portland	Ph.: 5523 2322
Active Health Portland	148-150 Percy St, Portland	Ph.: 5522 1200
Wool press Medical Clinic	3 Henty St, Portland	Ph.: 5523 6377
Tristar Medical Group	2 Fern St, Portland	Ph.: 5523 5400
Portland Family Practice	156 Percy St, Portland	Ph.: 5523 7144
Fox Family Medicine	21-23 Barclay St, Heywood	Ph.: 5527 0551
Casterton Medical Clinic	63-69 Russell St, Casterton	Ph.: 5554 2655
PHARMACIES		
Amcal Pharmacy Portland	87 Percy St, Portland	Ph.: 5523 1035
South Portland Pharmacy	24 Barkly St, Portland	Ph.: 5523 5555
Guardian Pharmacy	73-75 Percy St, Portland	Ph.: 5523 1024
Keating Pharmacy	63 Edgar St, Heywood	Ph.: 5527 1683
Casterton Pharmacy	93 Henty St, Casterton	Ph.: 5581 1703

Appendix 3 – Vaccination team and venues during a Pandemic

Vaccination team to be determined at initial response phase but is likely to include the following:	Vaccination Venues
Pandemic Coordinator (1)	Portland – Civic Hall, Bentinck St, Portland
Nurse vaccinators (10)	Heywood – Community Hall, Edgar St, Heywood
Administration staff (4)	Casterton – Municipal Offices, Henty St, Casterton
EHO (1)	Narrawong – TBA
	Nelson – TBA

Appendix 4 - Communications List

Position	Contact Name & email	Business phone	Mobile
MEMO	Lynne McMahon lmcmahon@glenelg.vic.gov.au	55222261	0408449990
Recovery Manager	Anne Deam adeam@glenelg.vic.gov.au	55222267	0418460700
Emergency, Risk & OHS Manager	Philip Gillin pgillin@glenelg.vic.gov.au	55222378	0429812548
Environmental Health Officer	Greg Andrews gandrews@glenelg.vic.gov.au	55222229	0409568720
Media & Communications Officer	Liz McKinnon lmckinnon@glenelg.vic.gov.au	55222270	0429154807
DHHS Emergency Management Coordinator	David Tepper David.M.Tepper@DHHS.vic.gov.au	53819762	0408747112
Police Officer in Charge	Officer in Charge – Paul Phelan Paul.Phelan@police.vic.gov.au	52213356	0428513875 0419389372
Red Cross Coordinator	TBA Stakeholders_vic_es@redcross.org.au	18002323969	

Protect yourself and your family

Cover your cough and sneeze



1 **COVER** your mouth and nose with a tissue when you cough or sneeze.

2

Put your used tissue in the rubbish **BIN**.



3 If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, **NOT YOUR HANDS**.

4

WASH your hands with soap and running water. Dry your hands thoroughly with a disposable paper towel.



Stay germ free and healthy

A Victorian
Government
initiative



Protect yourself and your family

Wash your hands regularly



1 **WET** your hands.



2 Put **SOAP** on your hands.



3 **RUB** all parts of your hands until you have a thick lather.



4 **RINSE** your hands under running water.




5 **DRY** your hands thoroughly with a disposable paper towel.

Stay germ free and healthy

A Victorian
Government
initiative



How to clean hands using an alcohol-based liquid or hand rub



- Remove jewellery and cover abrasions
- Use water or a wet wipe to remove visible soiling
- Dispense product into dry hands
- Rub all surfaces of hands for one minute

When rubbing, pay particular attention to the backs of hands and fingers, fingernails, fingertips and the webbing between fingers.



Australian Government
Department of Health and Ageing

One of the most effective ways to protect you, your friends and family from influenza (the flu) is to practise good personal hygiene.

This brochure provides information on how simple practices like washing your hands regularly, covering coughs and sneezes, not sharing personal items, cleaning surfaces around your home and work, and staying at home if unwell can prevent the spread of flu.

Five simple ways to prevent the spread of influenza

1. Cover your mouth and nose when you sneeze or cough

The flu virus can travel through the air when a person coughs or sneezes. When you cough or sneeze you should turn away from other people and, where possible, cover your mouth and nose with a tissue or your sleeve. Remember to wash your hands as soon as possible afterwards.

Where possible, use disposable tissues rather than a handkerchief, which could store the virus, and always put the used tissue into the nearest bin, rather than a pocket or handbag.



2. Wash your hands

Washing your hands regularly even when they aren't visibly dirty is the single most effective way of killing the flu virus. Alcohol based hand products are an alternative to soap and water.

Always wash your hands:

- after you've been to the toilet
- after coughing, sneezing or blowing your nose
- after being in contact with someone who has a cold or flu
- before touching your eyes, nose, or mouth and
- before preparing food and eating.



1 Wet your hands, then apply soap



3 Rinse with water



2 Lather vigorously for 15-20 seconds



4 Dry your hands afterwards with a clean towel

3. Don't share personal items

The flu virus can spread when someone touches an object with the virus on it and then touches their face.



If a member of your household has the flu:

- keep their personal items, such as towels, bedding and toothbrushes separate; and
- do not share eating and drinking utensils, food or drinks.

4. Clean surfaces

Flu viruses can live on surfaces for a number of hours. You should regularly clean surfaces such as tables, benches and fridge doors with soap and water or detergent.



5. Avoid close contact with others

Keeping your distance from others (at least 1 metre apart) when you are feeling unwell will help reduce the chances of spreading the flu virus to other people.



Avoid going out in public when you are sick. If you have the flu, you should remain at home while you are unwell and have a fever. You should not go to work or school or attend other public gatherings and avoid taking public transport.



Australian Government
Department of Health

the flu and you
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www.health.gov.au

What are the symptoms of influenza?

- Chills, shivering and fever (temperature over 38 degrees Celsius)
- Headache
- Muscle aches and pains
- Sore throat
- Stuffy or runny nose
- Sneezing
- Dry cough
- Tiredness
- Trouble breathing



If you experience any of these symptoms, you should avoid contact with other people wherever possible. If you are concerned about your symptoms, or they become worse, you should seek medical advice immediately. It is especially important to get medical advice early in the course of illness in children, and in people who have certain chronic medical conditions. Your doctor will be able to advise if you have a chronic condition which puts you at particular risk of the complications of influenza.

Never give aspirin, or medications containing aspirin, to children or teenagers who have flu-like symptoms, particularly fever, without first speaking to your doctor. Paracetamol should be used as an alternative to reduce fever.

Remember, while cold and flu medications may relieve the symptoms, you are still capable of passing on the infection and should avoid contact with other people.

Why should I worry about the flu?

Although most people recover from the flu quickly, some people such as young children, older people and people with certain health conditions can be seriously affected by the flu, which can sometimes even result in death.

Flu vaccination can be administered to anyone who wishes to reduce the likelihood of becoming ill with influenza. Annual vaccination is recommended for people who are at increased risk of flu related complications, including all people 65 years and older. The flu vaccine is free for all Australians aged 65 and older. Free flu vaccine is also available for all Aboriginal and Torres Strait Islander peoples aged 50 years and over, or aged 15 to 49 years with specific risk factors.

If you are concerned that you may be at risk please consult your GP or ask your pharmacist.

Further Information:

For further information on influenza visit the Australian Government Department of Health's website at www.health.gov.au or free call 1800 004 599



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Help stop the spread ...
at home, work and school

13001

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Australian Government
Department of Health

Pandemic influenza (flu)

Information for the general public— looking after yourself in a pandemic

The illness

What is pandemic influenza?

Pandemic influenza is a human disease caused by a completely new influenza virus. The virus is different to the seasonal influenza virus that normally affects humans, and may cause infection in many people because almost no one will be immune to it.

How does it spread?

Pandemic influenza is very infectious and is spread from person-to-person by respiratory secretions in three ways:

- through spread of droplets from person to another (for example from coughing, sneezing)
- by touching things that are contaminated by respiratory secretions and then touching your mouth, eye or nose
- through spread of particles in the air in crowded populations in enclosed spaces.

If I were exposed to pandemic influenza, how long would it take for me to get sick?

The incubation period varies from 1–7 days, but is usually 1–3 days.

If I have influenza, how long will I be infectious for?

The infectious period is usually from one day before (although rare) the onset of illness and for approximately seven days. In children aged 12 years or younger, the infectious period is longer—a maximum of 21 days after the onset of illness.

What are the symptoms?

The symptoms of pandemic flu are the same as normal flu and include fever, headache, tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches.

Influenza in children usually causes at least two or three of the following symptoms: sudden onset of fever, aches and pains, severe fatigue, headache, cough, sore throat, stuffy or runny nose, nausea, vomiting, diarrhoea, noisy breathing (croup), and not eating or drinking enough.

Most symptoms resolve within 2–7 days, although the cough may persist longer.

Can pandemic flu kill people?

Yes, however, there are treatments available and ways to prevent infection from occurring in the first place. Victoria has strategies in place to reduce the spread and impact of the pandemic in the population.

What are the complications?

Some of the complications caused by flu include bacterial pneumonia, dehydration and worsening of chronic medical conditions, such as heart disease, asthma or diabetes. Children may get sinus problems and ear infections as complications from the flu. People aged 65 years and older and those of any age with chronic medical conditions are at highest risk for serious complications of flu.

How is pandemic flu prevented and treated?

The treatment of influenza includes rest, adequate fluid intake and nutrition, and taking medications to help with fever and pain, such as aspirin (not in children) and paracetamol.

Antibiotics do not work against viruses, so they have no effect on influenza. Some people may need antibiotics because they have a secondary infection, such as pneumococcal pneumonia, as well as influenza. Those who are severely affected may need hospitalisation, supplemental oxygen therapy and respiratory support through artificial ventilation.

There are currently two antiviral drugs that can provide short-term protection against influenza (prophylaxis) or shorten the course of infection if given early in the disease (treatment). These are oseltamivir (common name—Tamiflu) and zanamivir (common name—Relenza) and both of these must be prescribed by a doctor.

The effectiveness of antivirals in treating pandemic influenza is unclear. The *Victorian health management plan for pandemic influenza* provides for some limited use for the management of cases and contacts. However, in the event of a pandemic, these medications will be in short supply.

Prevention and control

Protect yourself against influenza

There are a number of measures you can take to protect yourself and others from influenza.

a) Hygiene

Good hygiene is always important, regardless of whether an influenza pandemic is occurring. Get into good habits now.

Handwashing is one of the most important measures to prevent the spread of infection. Wash your hands especially after being in contact with someone who has a respiratory infection, particularly children. In the event of a pandemic, it is recommended that you avoid shaking hands. Everyone should get into the habit of washing their hands before meals, after using the toilet, and after they cough, sneeze or blow their nose. Tissues should be disposed of in the waste immediately after use.

The sooner children are taught this the better. It is best to wash your hands with soap and warm water, scrubbing your wrists, palms, fingers and nails for 10–15 seconds. Rinse and dry with a clean, dry towel. After touching surfaces try not to rub your eyes or touch your nose or mouth, as this is how you can catch the virus.

Cough/sneeze hygiene is important. When you cough or sneeze, turn away from other people and cover your mouth or nose with tissues. Dispose of the tissues then wash your hands.

Limit contact with other people and things. Don't visit people who have the flu unless it is absolutely necessary. If a member of your family has the flu, keep their personal items, such as towels, separate from the rest of the family. Clean surfaces (such as bathroom sinks and taps, kitchen sinks and counters) after the ill person has handled them. Remember not to share eating utensils, food or

drinks. You should try to stay one metre or more from sick people to reduce the spread of illness.

Maintain good health and look after yourself. Taking good care of yourself physically and mentally may strengthen your overall wellbeing and the ability of your body to fight off infections and stay healthy. Not smoking is particularly important. Maintain hydration by drinking plenty of water. Stay up to date with recommended vaccinations, such as all of the childhood vaccinations and the pneumococcal vaccination for those in high-risk groups.

For more information about preventing spread to others see the *interim pandemic influenza infection control Annex* in the *Australian health management plan for pandemic influenza* and the Department of Health and Ageing's website.

b) Immunisation

A pandemic vaccine will be different from the seasonal flu vaccine that you can obtain every year. The seasonal flu vaccine will not protect you against the pandemic virus. Vaccination with the pandemic influenza vaccine is advised once it is available. As the pandemic strain cannot be predicted in advance, there will be a time delay of at least three months before production can commence, and a further delay before there is sufficient vaccine for all Australians (probably about another two months).

Who should get the flu vaccine?

As the supply of a pandemic influenza vaccine will take time to become available for widespread use, priority groups will be defined at the time of the pandemic to receive the vaccine first. During the pandemic, to find out about vaccine availability and where it will be administered, contact the Department of Human Services on 1300 651 160.

Who should not get the flu vaccine?

People who have a severe (anaphylactic) allergy to eggs or to any of the components of the vaccine, should not be given the flu vaccine. Ask your doctor if you may be allergic to the product components. People with minor illnesses can still get the flu vaccine. However, those with a fever (temperature greater than or equal to 38.5 degrees Celsius) should wait until their symptoms have gone. Discuss the risk and benefits of vaccination with your doctor, especially if you have had significant reactions to other vaccines in the past.

What reactions do people have to the flu shot?

The most common reaction to the flu shot is some redness, swelling and pain at the site of the injection. Some people may develop fever, tiredness and muscle aches within a few hours of the vaccination, which may last for one to two days. More serious reactions are rare. You cannot get influenza from the vaccine.

c) Influenza antiviral medications

Antiviral medications are effective in preventing and treating acute influenza infection and, during a pandemic, there will be a great demand for these medications. The Australian Government has purchased a large stockpile of antivirals, which will be used to minimise overall illness and death in the population. In the early phases of a pandemic, you may be given the medication (a short course of capsules) if you are sick with pandemic influenza or if a member of your family or work/school place develops influenza, to prevent you from contracting the infection.

People whose work places them at high risk of contracting influenza (for example, health care workers) may be given the antivirals for longer periods of time. When the pandemic vaccine is available, preventative antivirals will not be

necessary, except to cover the period until the vaccine produces immunity, or for people who are unable to receive the vaccine because of the allergies mentioned above. If you or a member of your household is prescribed these drugs, **it is very important to take them exactly as advised.** This will ensure you receive maximum benefit from your treatment and reduce the chances of the virus becoming resistant. Antiviral resistance will limit the future effectiveness of these important medications.

Plan ahead

Think about what you would need if you got the flu. **Do you own and know how to use or read a thermometer correctly?** If not, ask someone to show you. Your local pharmacist or the nurse at your general practice should be able to give you instructions.

Have a plan

Having a plan for if you or your family have to stay at home for a week or so during a pandemic is a very good idea, particularly if you live alone, are a single parent of young children, or are the only person caring for a frail or disabled person.

Your plan could include/identify:

- Someone you could call upon for help if you become ill with the flu or are unable to leave the home. Make sure you discuss this with the person first.
- Someone you could call upon to care for your children if their school or day care centre was closed because of the pandemic, and you were required to work.
- Someone who could help you with food and supplies if you and your family are ill.
- A telephone network for you and the people who live close by.

- The phone number of your family doctor and health information line in a prominent place.
 - Supplies you might need in a pandemic.
- Talk to your family and friends about this.

Supplies you might need in a pandemic

It is a good idea to have supplies of the following on hand:

- fluids (such as bottled water, juices, soups) and food to last you and your family a week
- basic household items (for example, tissues) to last a week
- plastic bags—used supermarket bags are good—to put used tissues in
- paracetamol and a thermometer in your medicine cabinet.

When unwell

Is it the flu?

The most prominent characteristics of the flu are sudden appearance of a high fever (38 degrees Celsius or more), a dry cough and body aches, especially in the head and lower back and legs. Usually the person feels extremely weak and tired and doesn't want to get out of bed. Other symptoms can be chills, aching behind the eyes, loss of appetite, a sore throat and a runny, stuffy nose. Having the flu is even more likely if you have been in contact with someone who already has it, or have had some other type of exposure such as overseas travel to areas where flu outbreaks are occurring.

What can you do for yourself?

- **Influenza antiviral medications**—As there will be limited supply of influenza antiviral medications during a pandemic, they may not be available to treat every person who has contracted influenza. The Australian Government will communicate information about the availability of these medications at the

time. **When they are available for treatment, because they are only effective if commenced within the first 24–48 hours of illness, it will be important to seek medical attention early so that the antivirals can be commenced immediately.** Therefore, you should contact your doctor immediately.

- **Rest**—You will probably feel very weak and tired until your temperature returns to normal (about three days), and resting will provide comfort and allow your body to use its energy to fight the infection.
- **Stay at home**—You should stay away from work/school and avoid contact with others as much as possible while the infection is contagious. The contagious or infectious period for people over 12 years of age is approximately seven days from when the first symptom appears. For children see below.
- **Drink plenty of fluids**—Extra fluids are needed to replace those lost because of the fever (through sweating). If your urine is dark, you need to drink more. Try to drink a glass of water or juice or an equal amount of some other fluid every hour while you are awake.
- **Take simple analgesics such as paracetamol or ibuprofen** as directed on the packet, to ease muscle pain and bring down your fever (unless your doctor says otherwise). Children under 18 years of age should not take any medications that contain aspirin. The combination of influenza and aspirin in children has been known to cause Reye syndrome, a very serious condition affecting the nervous system and liver.
- **Antibiotics** are not effective against influenza because influenza is a virus and antibiotics fight bacteria. However, your doctor may prescribe them if you develop secondary bacterial infections.

- **Gargle** with a glass of warm water to ease a sore throat. Sugarless lollies or lozenges also help. Some medications, such as benzocaine, work by numbing the throat. They usually come in the form of a lozenge or throat spray. Others, containing substances like honey or herbs, work by coating the throat.
- A **hot water bottle** or heating pad may also relieve muscle pain. A warm bath may be soothing.
- **Use saline nose drops or spray** to help soothe or clear a stuffed nose. Decongestants help shrink swollen blood vessels in the nose. There are two kinds—pills and nose drops/sprays. Nose drops/sprays act in minutes. They work better and have fewer side effects than pills. However, they only work for two to three days and then they may make matters worse. If your nose is still stuffy after three days, you may want to switch to the pills. The pills take half an hour to work. They may cause a dry mouth, sleep disturbances and other side effects. Pseudoephedrine is a decongestant in pill form, but you should talk to your doctor or pharmacist about whether it is OK to take this medication.
- **Do not smoke**—This is very irritating to your damaged airways.
- A **cough** can be helpful if it gets rid of mucous.
- **Try warm moist air inhalation**—Boil a kettle and put the water in a bowl on a table. Put your head over the bowl with a towel over your head and inhale the warm air for up to 20 minutes. Don't put anything in the water.
- If you buy **medicine** at the pharmacy to treat your symptoms ('over-the-counter' medications), check with the pharmacist to see if it is the best one for you. Mention if you have a chronic illness or are taking any other medicine. Remember:
 - it is better to buy a remedy that treats only one symptom; this way you are not taking in substances that you do not need, or that may trigger an adverse reaction
 - read the label to be sure that the ingredient treats your symptoms
 - long acting medications tend to have more side effects than short acting medications
 - read the label and note any possible side effects or interactions with other drugs or health conditions
 - if you have a chronic condition and are taking prescription medications, ask the pharmacist to suggest a medication that would be safe for you to take, if you have not already discussed this with your doctor
 - **older people** are much more sensitive to medications in general and may experience more side effects, especially to the nervous system (such as confusion)
 - if you have any questions at all about medications, talk to your doctor or pharmacist.
- **Ask for help**—If you live alone, are a single parent, or are responsible for the care of someone who is frail or disabled, you may need to call someone to help you until you are feeling better.

What to expect with the flu

Day 1–3: Sudden appearance of fever, headache, muscle pain and weakness, dry cough, sore throat and sometimes stuffed nose.

Day 4: Fever and muscle aches decrease. Hoarse, dry or sore throat, cough and possible mild chest discomfort become more noticeable. May feel tired, depressed or flat.

Day 8: Symptoms decrease. Cough, tiredness and mild depression may last 1–2 weeks or more.

When to seek medical attention

Early phases

In the early phases of the pandemic, before it is widespread in the community, it will be important to **seek medical attention as soon as you suspect you may have symptoms of pandemic influenza**. This will allow health authorities to take measures to try to contain the spread of the pandemic.

If appropriate, you may be treated with influenza antiviral medications and your family members and work colleagues may be given preventative antivirals. The influenza antiviral medications are only effective for treatment if started in the first 48 hours of illness (the earlier the better).

If you want to know where to access medical care in your local area, contact the Department of Human Services on 1300 651 160.

If you are experiencing the flu, avoid public places and contact with other people, especially those 'at risk' of severe influenza. When you seek medical care, if possible, ring the practice beforehand in case there are special arrangements for pandemic influenza patients (for example,

assessment in the home). When you attend the practice, alert the receptionist to your symptoms so that you can be seated away from others. You may be asked to wait in a separate area and you may be given a surgical mask to wear.

Before you are given a surgical mask, or if they are not available, remember to turn away from other people and cover your mouth and nose with tissues when you cough or sneeze. Wash your hands after disposal of the tissues in the rubbish.

If the decision is made for you to be cared for in the home, you should seek medical attention again in the situations outlined below.

Later phases

In the later phases, when it is not possible to contain the spread of the pandemic, antiviral medications may not be available for treatment. Provided you are a normal healthy person, you may only need to seek medical attention if your symptoms worsen or are not improving.

If you are a normally healthy person and have developed the flu, you should seek medical care if:

- you become short of breath while resting or doing very little
- breathing is difficult or painful
- you are coughing up increased or bloody sputum
- you are wheezing
- you have had a fever for three to four days and are not getting better or may be getting worse
- you have started to feel better, and suddenly you get a high fever and start to feel sick again
- you or others note that you are extremely drowsy and difficult to wake up or that you are disorientated or confused
- you have extreme pain in your ear.

Seek medical care as soon as possible to prevent your condition worsening. Bacteria may have invaded your damaged tissues. At this point your doctor may consider giving you antibiotics.

If you have heart or lung disease or any other chronic condition that requires regular medical attention, if you are frail, or if you have an illness or are on treatments or medications that affect your immune system, or you are pregnant and you get the flu, call your doctor. If you are living with a long-term illness, your doctor may suggest changes to your usual management routine and provide you with extra help in treating the flu and preventing complications.

When a child is unwell

Older children and teens have the same symptoms of the flu as adults. Very young children and infants probably have similar symptoms, but may not know how to tell people they have sore muscles or a headache. These children may be irritable and eat poorly. They sometimes develop a hoarse cry and barking cough (like croup). Younger children, especially those under six months of age may also have diarrhoea, vomiting and stomach pain.

Some of the things you can do for your child are:

- Give paracetamol or ibuprofen for the fever in the dose recommended on the packet (unless your doctor says otherwise). Do not give aspirin-containing medications. Your pharmacist can provide advice on appropriate 'over-the-counter' medications for treating fever.
- Do not expect to be prescribed antibiotics for uncomplicated influenza, as they will have no benefit.
- Antibiotics may be prescribed for complications of influenza such as pneumonia or ear infections.

- Dress the child in lightweight clothing and keep the room temperature at about 20 degrees Celsius if possible.
- Offer cool fluids frequently when the child is awake.
- Avoid cold baths.
- Allow the child to rest and stay at home until no longer infectious, so the virus isn't spread to other children (currently the infectious period for primary school aged children is about 14 days and for preschool aged children is about 21 days).

Throw away tissues as soon as you have wiped your child's nose. Teach the child to cover their mouth and nose when they cough or sneeze and then throw the tissue away. Wash your hands often and teach your child to do so after wiping their nose.

In the early phases, you should seek medical attention as soon as symptoms develop, as influenza antiviral medications may be available for treatment.

When you seek medical care, if possible, ring the practice beforehand in case there are special arrangements for pandemic influenza patients (such as assessment in the home).

When you attend the practice, alert the receptionist to your child's symptoms so that you can be seated away from others. You may be asked to wait in a separate area and your child may be given a surgical mask to wear. Before you are given a surgical mask, or if they are not available, remember to encourage your child to turn away from other people and cover their mouth and nose with tissues when they cough or sneeze.

In the later phases, antiviral medications may not be available. You should take your child to a doctor if your child:

- has heart or lung disease or any chronic illness requiring regular medical care; has a disease or is taking drugs or treatment that affect the immune system or takes aspirin regularly for a medical condition
- has trouble breathing
- is younger than six months old and has a temperature greater than 38.5 degrees Celsius
- is constantly irritable and will not calm down
- is listless and not interested in playing with toys
- has a fever that lasts more than five days
- drinks so little fluid that they are not urinating at least every six hours when awake
- has vomiting for more than four hours or has severe diarrhoea.

Note: green or yellow nasal discharge does not necessarily mean a child has a bacterial infection and needs antibiotics.

Call your doctor or 000 or take your child to the hospital emergency department if your child:

- has severe trouble breathing not caused by a stuffy nose
- has blue lips
- is limp or unable to move
- is hard to wake up, unusually quiet or unresponsive
- has a stiff neck
- seems confused
- has a seizure (convulsion/fit)
- has not had a wet nappy in 12 hours.

Useful numbers

Australian Government Department of Health and Ageing Public Information Hotline: 1800 004 599

Victorian Department of Human Services: 1300 651 160

Further information

Information is also available on the web:

- Department of Human Services:
<http://www.health.vic.gov.au/pandemicinfluenza/>
- Australian Government Department of Health and Ageing:
www.health.gov.au/internet/wcms/publishing.nsf/Content/Pandemic+Influenza-1
- Department of Foreign Affairs and Trade:
<http://www.dfat.gov.au/>
- World Health Organization:
http://www.who.int/csr/disease/avian_influenza/en/index.html
- Centres for Disease Control and Prevention (USA):
<http://www.cdc.gov/flu/>



RECOGNISING AND MANAGING INFLUENZA IN HOME CARE

Activity	What to do
Influenza suspected	<p>Signs and symptoms: Fever/chills, cough, muscle and joint pain, runny nose, tiredness/exhaustion, headache, sore throat, loss of appetite, onset or increase of confusion, shortness of breath, increasing Chronic Obstructive Airways Disease symptoms</p>
Implement infection control practice	<ul style="list-style-type: none"> • Increase hygiene measures • Use Personal Protective Equipment (ie. mask and gloves) • Notify your employer of any clients with influenza-like symptoms
Protection of care workers' health	<ul style="list-style-type: none"> • Personal hygiene – wear gloves, mask, ensure good hand washing • Care workers are advised to seek medical advice regarding immunisation if not vaccinated, and the use of anti viral medication
Notify	<ul style="list-style-type: none"> • Notify your employer of clients with influenza • With client's permission, notify their relatives or representatives of their condition if they haven't. Suggest they inform other community visitors • Encourage client to notify their GP, or, notify their GP at your client's request
Environment	<ul style="list-style-type: none"> • Enhance cleaning measures, especially of frequently touched surfaces, with a neutral detergent such as dishwashing detergent • Regularly clean your work case or bag and other items carried in it • Correctly dispose of all tissues, clinical waste, and sharps
Document	<ul style="list-style-type: none"> • Details of each of your clients exhibiting influenza symptoms • Onset date of influenza-like illness • Symptoms – any three of: fever, cough, muscle and joint pain, tiredness/exhaustion • Contacts – identify possible 'at risk' groups (eg. other community helpers, visitors)
Manage clients who are ill	<ul style="list-style-type: none"> • Encourage your client to rest and adhere to treatment • Recommend client limits their group activities and stays at home until they are better • Encourage client to seek medical advice if they continue to be unwell
Restrict contact	<ul style="list-style-type: none"> • If a care worker exhibits symptoms they should be encouraged to stay away from work and not to return until free from symptoms or advised by a doctor • If a care worker has recently been exposed to a client with influenza, their employer may limit their contact with other clients

WASH AND DRY HANDS BEFORE AND AFTER CONTACT WITH AFFECTED CLIENTS

www.health.gov.au

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