Influenza Pandemic Planning
The Victorian Approach



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Overview

- Pandemic Influenza – background
- Pandemic Planning
  - International, national, Victorian
- Key issues for GPs and Divisions

Pandemics of the past

31 pandemics identified since 1580

Year	Colloquial Name	Impact
• 1918 (H1N1)	Spanish Flu	**> 30 mil deaths estimated 2600 deaths in Australia**
• 1957 (H2N2)	Asian Flu	Substantial pandemic
• 1968 (H3N2)	Hong Kong Flu	Substantial pandemic
• 1997 (H5N1)	Chicken Flu	18 cases, 6 deaths

Why a pandemic?

- “Antigenic shift” in the virus
- Susceptible populations
- High person to person transmissibility
- Large international and regional movement of people
- Lag time for reformulation of vaccine
- Limited capacity to vaccinate to achieve herd immunity
- Limited effectiveness of antivirals

Implications of a pandemic

- Excessive demands on health system
- High anticipated mortality rates amongst aged and immunocompromised
- Impact on staffing of health care institutions, essential services, emergency services
- Social disruption
- Need for expedited arrangements for vaccine testing and release

Modelling the impact

- Difficult, unknown attack rates, virulence, transmissibility, susceptibility

- AR 30% (ie. 1918):
  - Excess Hospitalisations: **6236 – 24323**
  - Excess Deaths: **2265 – 10145**
  - Excess Outpatients: **602229 - 713513**

International Influenza Pandemic Preparedness

- WHO developed a phased approach to dealing with influenza

- WHO guidelines:
  - Recommend the establishment of national pandemic planning committees (NPPC)
  - Establish the role of WHO
  - Outline role of NPPCs

National Planning Framework

- Legislation - Quarantine Act
  - I D Regulations
- National surveillance system
- Vaccines
- Antivirals
- Medical care and essential services
- Communications

National Action Plan - Phases

- Inter pandemic period
- Confirmation of onset of pandemic
- Regional and multi regional pandemics
- End of first pandemic waves
- Second or later pandemic waves
- End of pandemic
- Post pandemic phase

Victorian arrangements

- Establishment of a steering committee
- Identification of key issues
- Facilitation of networks between experts and other stakeholders
- Establishment and enhancement of sentinel surveillance systems

Planning Elements

Vaccines and Pharmaceuticals

External Agency Liaison

Internal Response Planning

Steering Committee

Surveillance

Information and Communications

Health Services Planning

Vaccines and Pharmaceuticals

- Vaccine supplies
- Vaccination priority groups
- Antivirals
- Antibiotics
- Restocking
- Non vaccine measures
- Private sale of vaccines and other drugs

Information and Communications

- Commonwealth
- Professional groups - GPDV
- Community
- Internal

Through:

- Directly
- Media
- Websites
- Bulletins

Surveillance

- Sentinel systems
- Surveillance systems
- Laboratory capacity
- Data collection and management
- Reporting

External Agency Liaison and Recovery

- Social disruption issues
  - School closures
  - Event cancellation
  - Transport
- **Health Care**
  - **GPs, Divisions, Hospitals, RDNS**
- Police powers
- Role of armed forces
- Role of volunteers other than health care
- Recovery

Key Issues for GPs

- Vaccines
  - Time frame 6-8 months (volume)
- Surveillance
- Absenteeism
  - Capacity, fever clinics
- Protocols
- Communication and information access

Potential Roles for Divisions

- Surveillance/Case finding
  - Early pandemic, established pandemic
- Vaccine access
- Service continuity
  - Workforce support
  - Absenteeism monitoring
- Communication
- Reducing transmission with standard practice protocols