



AUSTRALIA

Known measures adopted following the A(H1N1) Flu outbreak

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	Available Information	Information Validation
FACILITATION		
New Measures:	<ul style="list-style-type: none"> ➤ As the virus is now spreading within the country, the Government decided to focus their response on managing local cases. ➤ As of 22 June 2009 Australia will move to new measures (PROTECT phase) which means a <u>return to normal operations</u> at Australia's international airports ➤ Thermal scanners, clinical presence at airports and health declaration cards will not form part of the new response. <p>(H1N1) Influenza 09 PROTECT response – Q&A attached.</p>	Official Source: Australian Government, Department of Health and Ageing
TRAVEL ADVISORIES	n/a	
OPERATIONS		
Flights affected	All flights arriving into Australia.	Official source: Australian Government, Department of Health and Ageing
Measures	➤ Airlines will <u>still be required to provide mandatory reporting</u> of sick travelers.	

Airlines are advised to refer travellers to IATA Travel Centre: www.iatatravelcentre.com for the latest information regarding immigration restrictions and regulations.

Media and General

Q: Why has Australia developed the new PROTECT response phase to manage the outbreak of H1N1 Influenza 09?

A: PROTECT is the most appropriate national response, given what we have learned about the disease to date. PROTECT recognises that the infection with H1N1 Influenza 09 is not as severe as originally envisaged – the disease is mild in most cases, severe in some and moderate overall. The overwhelming majority of patients are making a rapid and full recovery. PROTECT is a measured, reasonable and proportionate health response to the risk that the virus poses to the Australian community. PROTECT sits alongside the CONTAIN and SUSTAIN phases, with a greater focus on the people in whom the disease may be severe.

Q: Who made the decision to recommend going to the new phase?

A: The decision was made by the Australian Government on the advice of the Australian Chief Medical Officer, Professor Jim Bishop, and the Australian Health Protection Committee in consultation with State and Territory governments.

Q: What are the main elements of the new PROTECT phase?

A: The key elements are:

- Identifying and treating early infection in the vulnerable, in whom the disease may lead to severe outcomes like pregnant women, Indigenous Australians and those with respiratory disease (asthma, COPD), heart disease, diabetes, renal disease, morbid obesity and immunosuppression.
- Controlling outbreaks, including diagnostic testing, in institutional settings, such as special schools.
- Voluntary home isolation for those who have mild illness. However, contacts will not be placed into quarantine
- Limited school closures with the emphasis on excluding school children with acute respiratory illness from school
- More sharply focused monitoring of outcomes such as hospitalisations, surveillance of institutions, outbreaks and people with moderate or severe disease.

Q: What is different about the new phase compared with the previous CONTAIN phase?

A: The difference is that we are seeing a disease that is mild in most, severe in some and moderate overall – and that our aim is to protect those who could be vulnerable. For example, testing and use of antivirals will be better targeted to those most vulnerable to the complications of the disease, or those with moderate and severe infection.

Q: What, if anything, should people do differently under the new PROTECT phase?

A: People can minimise the chances of being infected or spreading H1N1 Influenza 09 by adopting good hygiene practices, staying away from people if they have influenza, and covering mouths and noses when coughing or sneezing. People should continue a high level of personal hygiene and keep a lookout for symptoms. They should recognise that it is business as usual in terms of travel, whether for business or leisure – while understanding that for some groups that may be more vulnerable to influenza, this may need to be modified.

Q: Isn't the fact that the change in response is an admission that the Government and health authorities have overreacted to the disease?

A: Not at all. It recognises that this disease is different to what Australia had planned for in the 2008 Australian Health Management Plan for Pandemic Influenza (AHMPPI) which was written to respond to a much more severe pandemic virus. Fortunately H1N1 Influenza 09 has turned out to be a much milder disease, although there is still the potential to cause serious illness for some people with underlying medical conditions, and some disruption to the community.

Q: What do people, particularly those in vulnerable groups, need to look for if they feel they may have been infected with H1N1 Influenza 09?

A: H1N1 Influenza 09 symptoms are characterised by fever with cough and/or sore throat. Other symptoms may include fatigue, headache, muscular aches, joint pains, rigors or chills. Diarrhoea and/or vomiting have been reported in around 25 per cent of cases. People with these symptoms who begin to have respiratory difficulty will need medical advice. Mild symptoms may not need any specific interventions except in the vulnerable.

Q: Who will get antivirals from the National Medical Stockpile?

A: In this new phase the use of antivirals from the National Medical Stockpile will be limited to those people with moderate or severe disease or whose underlying conditions, after appropriate clinical assessment, could make them vulnerable to severe infection.

People who will be given antiviral therapy in the PROTECT phase are:

- People with moderate or severe symptoms from H1N1 Influenza 09, particularly those who are deteriorating, or experiencing respiratory difficulty
- People with infection who are more vulnerable to severe influenza

Vulnerable people should be diagnosed and treated according to clinical judgement.

Q: How will the antivirals be distributed?

A: State and Territory health authorities make a request to the Chief Medical Office to access the stockpile and already Professor Bishop has released both Oseltamivir and personal protective equipment to a number of states.

State and territories have a range of arrangements in place for access and distribution of PPE and antivirals, including making provision for their availability to GPs where practicable.

Some jurisdictions have set up influenza clinics where these resources are provided and in other states antivirals are provided through public health units.

Victoria provides antivirals and PPE through influenza clinics, antivirals through a network of community pharmacies on prescription from the GP, and PPE is being distributed through the Divisions of General Practice.

Other states have alternative mechanisms in place or are establishing them currently to distribute both antivirals and PPE and in remote centres and small rural towns, some jurisdictions are taking the precaution of pre-positioning antivirals and PPE for ready access when needed.

Q: Will healthcare professionals be given access to antiviral medication.

A: All GP and healthcare workers will receive antiviral treatment if: they are infected AND EITHER have moderate or severe disease OR are more vulnerable to the severe outcomes on clinical assessment.

The mild nature of the disease at this stage, with many having a cold-like illness, does not warrant the widespread use of antivirals prophylactically. This situation is similar to that for seasonal influenza which health workers deal with as part of their normal practice.

Health care workers will be at reduced risk of infection if they follow standard infection control precautions, such as routine hand hygiene.

Q: Will more people be tested under the PROTECT response, or does it mean a scaling down of testing?

A: Under the PROTECT response, pathology testing of all potential cases will not be required or desirable. This is because confirmation is no longer required to inform clinical decisions about quarantine or use of antivirals; most cases are mild and do not require treatment. In addition, high levels of testing are not needed with this Phase.

For outbreaks in ‘closed’ environments where individuals are at increased risk of more severe influenza (e.g., schools, cruise ships, military facilities), respiratory tract sampling and testing should be done quickly to identify the cause of the outbreak.

Q: What does the new response mean for mass gatherings?

A: Wide-scale community social distancing measures such as cancelling mass gatherings are not part of the response. Such gatherings, sporting events, interstate travel and tourism generally should continue unrestricted, given the moderate nature of the infection. However, people who are vulnerable to serious complications of influenza need to reconsider their attendance at such events as contact with large numbers of people can increase the risk that they come into contact with the infection. In addition, elite athletes who may decide to exclude themselves from their sport to protect themselves or other team members from H1N1 Influenza 09.

Q: Will all States and Territories be moving to the new PROTECT response at the same time?

A: Jurisdictions will be making arrangements progressively over the next few days to move to this new level and it is anticipated that all states will be at this level by next Friday 26 June.

Q: What border health measures will be in place in PROTECT?

A: The PROTECT phase means a return to normal operations at Australia's international airports.

Airlines will still be required to provide mandatory reporting of sick travellers in order to identify and provide medical assistance to those travellers.

All other advanced screening measures that have been put in place at Australia's major international airports in response to H1N1 Influenza 09 will be removed.

Q: What does the PROTECT response mean for initiatives already in place such as thermal scanners and health declaration cards?

A: Border measures including thermal scanners, positive pratique, clinical presence at airports and health declaration cards will not form part of the new response.

These measures are being adjusted due to the fact that we now have cases of this disease being transmitted in Australia and that we are seeing a disease that is mild in most, severe in some and moderate overall.

Q: When will these new border arrangements come into effect?

A: The new arrangements will be rolled out from now at Australia's major international airports and all should all be in place by Monday (22 June 2009)

Q: Why are you winding back border health measures?

A: For now, we are winding back border health measures because there is now community transmission of H1N1 Influenza 09 in parts of Australia.

Australia's border health measures were intended to delay the entry of pandemic influenza into Australia, but now that we have cases within the country, and that we are seeing a disease that is mild in most, severe in some and moderate overall, it is more prudent to now focus our response to managing local cases.

Q. What are the new arrangements for arriving ships into Australian ports?

A. Ships continue to operate under their normal Positive Pratique arrangements at all times.

Cruise ships will also continue to operate under a heightened system of prevention and preparedness to minimise any transmission of influenza-like illness. Unlike aircraft, cruise ships also include on-board medical staff and point-of-care testing arrangements.

Q. Doesn't the winding down of border measures indicate that the border measures were a complete failure in preventing the virus entering Australia?

A. Australian health authorities placed enormous efforts into delaying the entry of this virus into Australia and to contain its spread in this country once it did arrive.

After beginning in the Americas on 25 April 2009, H1N1 Influenza 09 has now spread in less than two months to 74 countries. The Australian Government has stated on many occasions that this is an infection spreading around the world and that cases appearing in Australia were inevitable.

The placement of various measures at Australia's international airports did delay the entry of this virus for several weeks. Australia has vigorously tackled the spread of H1N1 09 with measures that were proportionate and appropriate when the World Health Organization first notified the appearance of this new disease to which no-one had immunity.

Australia's first case was a test result in a woman in Brisbane on 9 May. This person had been ill in the United States and was well when she travelled to Australia. Australian health authorities in multiple States then conducted significant contact tracing to ensure there were no other cases arising from contact with this person. The next cases to be discovered, which were unrelated to the 9 May case, were in Victoria and NSW on 20 May. This led to a school closure in Victoria and other intervention measures such as the administration of Oseltamivir to close contacts and home quarantine in an attempt to further limit the spread of the disease. Unfortunately, the disease still spread — that is the nature of dealing with infectious diseases.

Health authorities have taken prudent, appropriate and proportionate steps in managing cases and contacts.

What does the new phase mean for Australians travelling overseas?

A. Although the PROTECT phase means a return to normal operations at Australia's international airports, Australian travellers should be aware that some countries have adopted compulsory quarantine measures for

- travellers exhibiting flu like symptoms
- travellers who have recently visited countries with confirmed cases of the disease
- people who have been travelling with or in close proximity to other travellers suspected of having the disease.

It is possible that large numbers of passengers or entire flights or ships maybe subject to quarantine or prevented from disembarking if overseas authorities suspect that passengers with H1N1 are onboard.

Is the protect phase consistent with WHO recommendations?

A. Australia's move to PROTECT phase is fully consistent with the WHO's guidelines for national governance which recognise that the disease is highly transmissible but generally mild.

The WHO recommends that Governments limit the testing and investigation of patients to those deemed to be at highest risk

The WHO does not recommend border closures, travel restrictions, mass quarantine or discrimination based on country of origin.

The Government has been mindful of WHO's advice in developing the PROTECT phase.

Why will Australia no longer have entry procedures similar to those adopted in some other countries?

A. Australia's move to the PROTECT phase is fully consistent with the WHO recommendations, based on the high transmission of disease but generally mild symptoms. It is up to each Government to determine its response based on its own national circumstances.

Is Australia's reduction of border measures going to lead to more disease spreading around the world?

Australia's response is proportionate to the mild nature of the disease. In line with the WHO recommendations, travel restrictions are not currently warranted

Q: What are we doing with domestic travellers?

A: Because there are so many ways in which people can move around Australia, it is not feasible to put in place measures to limit the movement of symptomatic travellers. Rather, influencing people to adhere to good influenza prevention and hygiene management behaviours will be the most efficient and appropriate way of minimising spread domestically.

Q: How many people come into the country each day?

A: At this time of year, approximately 28 000 to 30 000 people a day enter Australia.

Q: Will the management of cruise ships change given we are moving to PROTECT?

A cruise ship protocol has been developed which will remain in place throughout the winter. However, its focus will move to concentrate on preventing the embarkation of sick travellers, minimising transmission on board and good management of symptomatic travellers.

Q: Will there be changes in the Government's advertising campaign to reflect the change to PROTECT?

A: New print and radio advertising will begin nationally on Thursday reflecting the new themes of the PROTECT response – that the disease is more serious among those people who are vulnerable, that mild cases may not be tested or provided with antiviral drugs, and advise on simple hygiene measures as the best protection against H1N1 Influenza 09.

Q: What is the situation with isolation and quarantine?

A: **Isolation** is recommended for people who have influenza-like symptoms. They are urged to stay at home if they are unwell while they have symptoms. In particular people who are unwell should avoid close contact with anyone who is in the vulnerable category and is more likely to suffer severe complications of influenza. The practices outlined in the Australian

Health Management Plan for Pandemic Influenza 2008 for caring for a person at home who is unwell will assist in preventing transmission of the infection to others.

Quarantine describes the restriction of movements of people who are well but who may be incubating the disease following their exposure to a case. Mostly, quarantine will not be required during the PROTECT phase. However, the PROTECT phase represents a basket of measures that can be applied to suit the local and particular circumstances. For example, in a region where there are few cases of disease, health authorities may choose to limit the introduction and spread of disease by asking contacts of cases to go into voluntary home quarantine. The PROTECT phase is about protecting the vulnerable, at times quarantine will assist to do this.

Q: What is the difference between the Modified SUSTAIN and the new PROTECT phase?

A: The Modified SUSTAIN phase, instituted in Victoria, recognised the 'mild in most nature' of the disease and that limits on schools closures and mass gatherings that would be instituted in a severe disease during SUSTAIN were not appropriate. Case treatment and contact tracing in modified SUSTAIN was the same as SUSTAIN with an emphasis on diagnosis of cases and antiviral medication and quarantine for their household contacts.

PROTECT does not require that contact tracing be undertaken for cases of disease, nor that every case of disease should be treated with antivirals. PROTECT recognises that mild disease in most people does not need management other than treatment of symptoms for comfort. PROTECT narrows the focus of the intervention to protect those most likely to suffer from severe disease.

Q: What is community transmission?

A: Community transmission means that people become unwell with influenza but have no idea from whom they got the infection. When a person acquires the illness from a family member or a work colleague, the link to another case of the disease is clear. When this link is not clear, for more than a minority of cases, the disease is described as community transmission. The person became unwell from spread somewhere in the community, perhaps from surfaces contaminated with the virus or from people coughing close to them in the community.

Q: When/how will we know when/whether this virus has become this year's seasonal influenza?

A: Throughout winter viral testing will continue to identify if the variant H1N1 Influenza 09 is the predominant virus causing infection or whether other seasonal influenza viruses are causing infections as well. These data are routinely included in the weekly influenza report each year which will identify if there is a dominant strain. There is no way to predict whether this virus will replace seasonal influenza this year or whether it will be an added burden on top of the usual influenza infections.