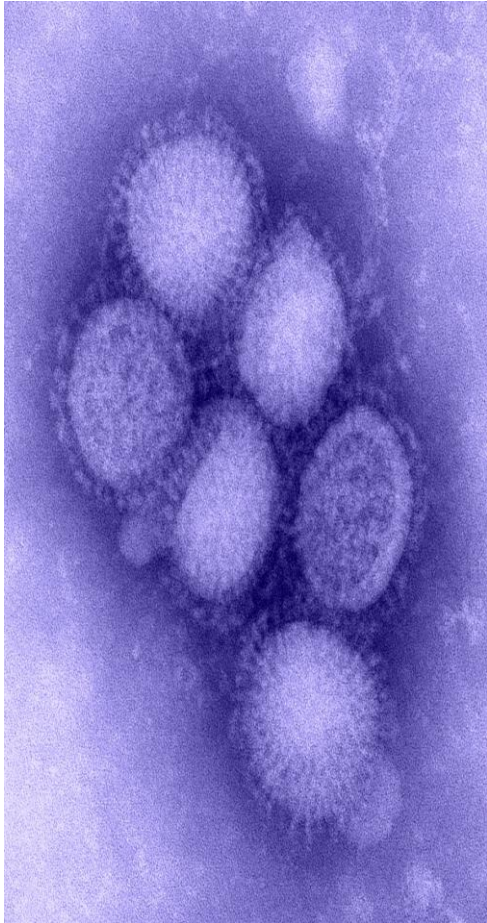




Australian Government

Department of Health and Ageing



PANDEMIC (H1N1) 2009

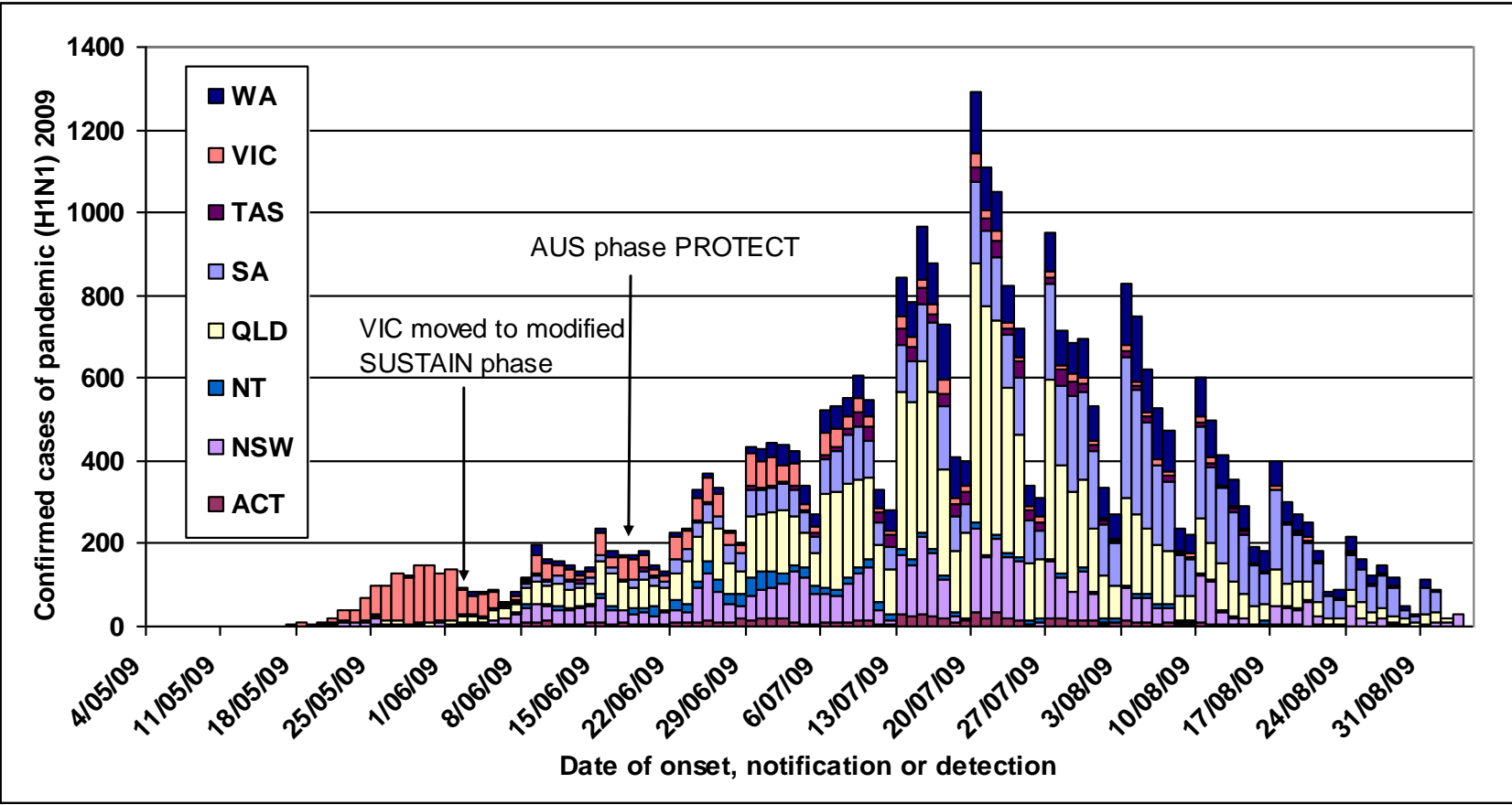
**Australia's response with
a focus on the new
PROTECT phase**

APEC EINet Hot Topic Videoconference
5 Nov 2009



17/04/2011

Figure 1. Laboratory confirmed cases of pandemic (H1N1) 2009 in Australia to 4 September 2009 by jurisdiction





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Pandemic H1N1 2009 Timeline

24 Apr	WHO announces novel human influenza
27 Apr	WHO moves to Pandemic phase 4
28 Apr	Australia moves to Pandemic DELAY
29 Apr	WHO moves to Pandemic phase 5
22 May	Australia moves to Pandemic CONTAIN
3 Jun	Victoria moves to MODIFIED SUSTAIN
11 Jun	WHO moves to Pandemic phase 6
17 Jun	Australia moves to Pandemic PROTECT



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Information leading to the PROTECT phase

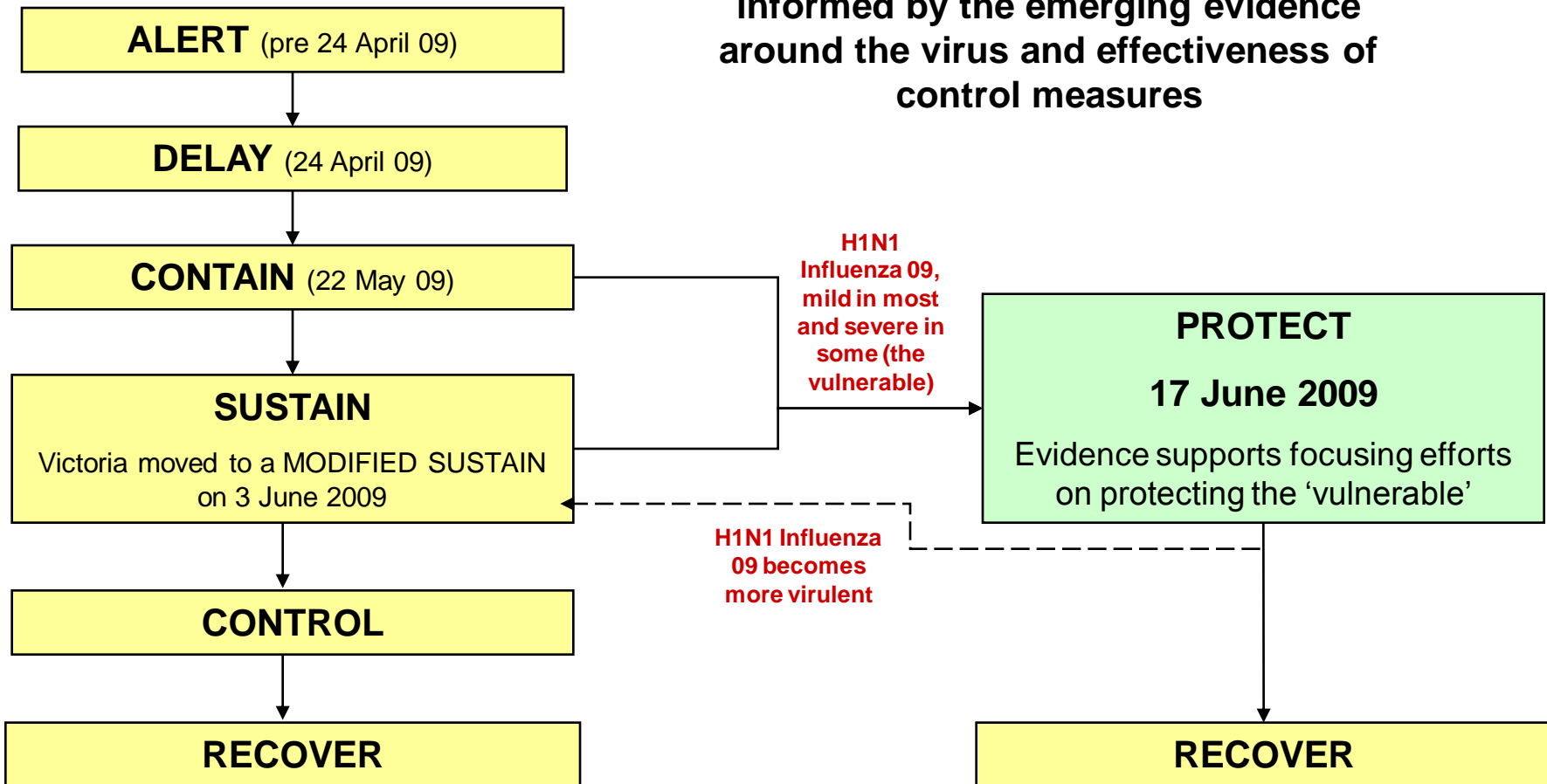
- Highest attack rates in younger age groups
 - Unlike seasonal influenza
- Majority have mild symptoms
- Approximately 2% develop severe illness or complications
- Severe illness more likely in vulnerable groups
 - including some not seen with seasonal influenza, e.g. morbid obesity
- Geographic variation
 - Little or no transmission in some regions and communities
 - Containment strategies feasible to protect vulnerable in some areas



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H1N1 Influenza 09 Pandemic phases

Australia's response is continual
informed by the emerging evidence
around the virus and effectiveness of
control measures





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Key elements of the PROTECT phase

- Identifying the vulnerable
 - Those at highest risk of severe outcomes
- Early treatment of the vulnerable
 - And those with moderate or severe disease
- Voluntary home isolation for ILI cases
- Controlling outbreaks in high-risk settings
 - E.g. special schools
- Limited school closures
 - emphasis on excluding students with ILI from school
- Focus testing on the vulnerable and high-risk outbreaks
- Communications
 - Focus on personal hygiene and social distancing



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School policies in PROTECT

- Children with influenza-like illness (ILI) should not attend
- Children with ILI at school should be sent home
- Cease school exclusion policy for students returning from affected areas
- Allow flexibility to close single schools or classrooms following identification of a case if considered a useful measure to prevent an outbreak in the school



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What is not part of PROTECT

- Regional or widespread closure of schools
 - Targeted school closures for outbreak control may be used
- NMS antivirals for patients with mild illness
 - Unless in a vulnerable group or in a high risk setting
- Quarantine of contacts
- Enhanced border measures
 - e.g. Fever screening with thermal cameras, health declaration cards
- Large-scale community social distancing measures
 - e.g. Cancellation of sporting events or other mass gatherings.



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Surveillance During PROTECT

- Monitoring the virus
 - E.g. resistance to antivirals, markers of virulence
- Monitoring the severity
 - E.g. Hospitalisation, ICU, and deaths data
- Monitoring the spread
 - E.g. GP surveillance
- Monitoring the impact
 - E.g. Hospital capacity reports, absenteeism
 - Pandemic vaccination program



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When will we move from PROTECT?

- Mutation with significant **increase in the virulence** of the virus?
 - May lead to a move to DELAY, CONTAIN or SUSTAIN depending on where it is detected.
- Completion of national pandemic vaccination program?
 - May lead to a move to RECOVER
 - More likely back to ALERT phase (surveillance for mutated H5N1 or mutated pandemic H1N1)



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Additional Slides if required

- DELAY phase
- CONTAIN phase
- SUSTAIN / MODIFIED SUSTAIN phases
- Australian pandemic vaccination programme



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DELAY PHASE

DELAY is a phase implemented when a novel human influenza virus has been identified but has not arrived in Australia. The objectives of DELAY are:

- Delay entry of the virus using border measures
- Support overseas response to control the source
- Enhance surveillance for cases domestically
- Escalate preparedness activities for a possible pandemic



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DELAY PHASE

Actions taken during DELAY included:

- Amended quarantine legislation to include the new virus
- Strengthened border measures
 - Incoming flight messages, universal pratique for arriving flights, and health declaration cards,
 - Passenger fever screening with thermal imaging cameras, border nurses for screening and testing of suspect cases,
 - Arriving passenger information informing about symptoms that might develop later and how to report for assessment.
 - Travel advisories for those intending to travel to affected areas.



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DELAY PHASE

Other actions taken during DELAY included:

- Enhanced surveillance actions from public health units
 - Intensive investigations of suspect cases and their close contacts
 - Voluntary case isolation and contact quarantine
 - Antivirals for treatment and prophylaxis
- Increased communications
 - For the community through the website and a National Hotline
 - For healthcare workers, professional groups, business
- Commence pandemic vaccine development (with CSL)
- International support - \$3M to WHO for H1N1



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CONTAIN PHASE

When a novel human influenza virus has arrived in Australia and is causing small numbers of cases and/or small clusters.

The objectives of CONTAIN are:

- Contain the establishment of the pandemic strain in Australia
- Ensure the health system is able to cope with an influenza pandemic



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CONTAIN PHASE

Actions taken during CONTAIN included:

- Continuation of the measures commenced in DELAY
 - Including border measures, and case and contact management
 - Keep measures under review – still effective? need modification?
- Increase public messaging
 - Personal measures to reduce risk
- Consider other measures in the pandemic plan
 - E.g. school closures and cancelling mass gatherings
- New school exclusion policy for returned travellers



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SCHOOL EXCLUSION POLICY

- Why?
 - Nationally agreed policy to reduce the risk of school outbreaks and reduce further spread into the community
- Who?
 - All students returning from a country with community transmission of the virus
- How long for?
 - 7 day exclusion period from school following return
 - Enough time for symptoms to appear and be identified without exposing other students



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SUSTAIN PHASE

SUSTAIN is a phase implemented when a novel human influenza virus has arrived in Australia and is spreading in the community. The objectives of SUSTAIN are:

- Sustain the response while we wait for a customised vaccine to become available.
- Minimise transmission and maintain health services



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Modified SUSTAIN PHASE

Actions taken during modified SUSTAIN in Victoria included:

- Antivirals to people based on clinical illness, together with their immediate household contacts
 - That is, not requiring lab confirmation for all suspect cases
- Continuing isolation of confirmed cases
 - But no quarantine of their household contacts
- Maintain contact tracing in high risk settings
 - E.g. Aged care facilities, hospitals and special schools
- No school closures or student travel exclusions



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PanVax® H1N1 Vaccine Trial

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Response after One Dose of a Monovalent
Influenza A (H1N1) 2009 Vaccine —
Preliminary Report

- Clinical trial of Panvax® with 240 adults
- Protective antibody levels after one dose
- Adverse events
 - Mild to moderate; no serious adverse events
 - Similar to seasonal influenza

N Engl J Med 2009;361



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Vaccination Priority + Challenges

- Australia 21 million doses of PanVax
 - 5.5 million available end of Sept 2009
 - all available by January 2010
- Priority Groups
 - initial focus on vulnerable groups and health care workers
- Available to all but some barriers
- Importance of communications



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Vaccination Barriers + Communications

- Poor recognition of vulnerable status
- Vaccine safety concerns
 - Clinical trials and ATAGI statements
- Multi-dose vials
 - ATAGI/RACGP Guidelines
- Communications
 - TVC, website, national hotline (+ link to TGA)
 - CMO letters, Q+A's, Info Sheets, Indigenous₂₂

This vaccine is especially important for:

Health care and community care workers, pregnant women, parents and guardians of young infants, children in special schools*, indigenous people and people with some chronic health conditions like heart and lung disease, asthma, cancer, obesity, diabetes, kidney and neurological diseases and inherited blood diseases.

***Initially those 10 years and over**

Can I still get seasonal flu if I've been vaccinated for pandemic H1N1?

Yes. This new vaccine only protects you against the pandemic H1N1 influenza virus. You can still be infected by other seasonal influenza viruses. To protect yourself and the community, you should get the seasonal flu vaccine as well as the Panvax® H1N1 vaccine.

Ongoing monitoring

Australian health authorities and CSL Limited will continue to monitor the new Panvax® H1N1 vaccine. Australia's Chief Medical Officer and the Therapeutic Goods Administration will evaluate all new information to ensure the vaccine remains safe and effective. Reports of adverse events can be made on-line at tga.gov.au or by calling 180 2007.

Where do I get the vaccine?

Vaccination is available at a range of locations, including GP offices, vaccination clinics, hospitals and health centres.

For information on where to get your vaccination, call 180 2007 or visit the website at www.healthemergency.gov.au



Get vaccinated for H1N1 Influenza (Swine Flu) now



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