

National Action Plan for Human

INFLUENZA

PANDEMIC

April 2009

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## PREPARING AUSTRALIA FOR A HUMAN INFLUENZA PANDEMIC

This *National Action Plan for Human Influenza Pandemic* outlines how Commonwealth, State, Territory and local governments will work together to protect Australia against the threat of an influenza pandemic and support the Australian community should one occur.

Supporting this plan are plans that cover in more detail how individual governments and agencies are working together to prepare for, respond to and recover from an influenza pandemic. They are available through: [www.flupandemic.gov.au](http://www.flupandemic.gov.au) and relevant Commonwealth, State and Territory agency websites.

Governments acknowledge that no matter how well prepared they might be, they alone cannot control and manage the spread of an influenza pandemic.

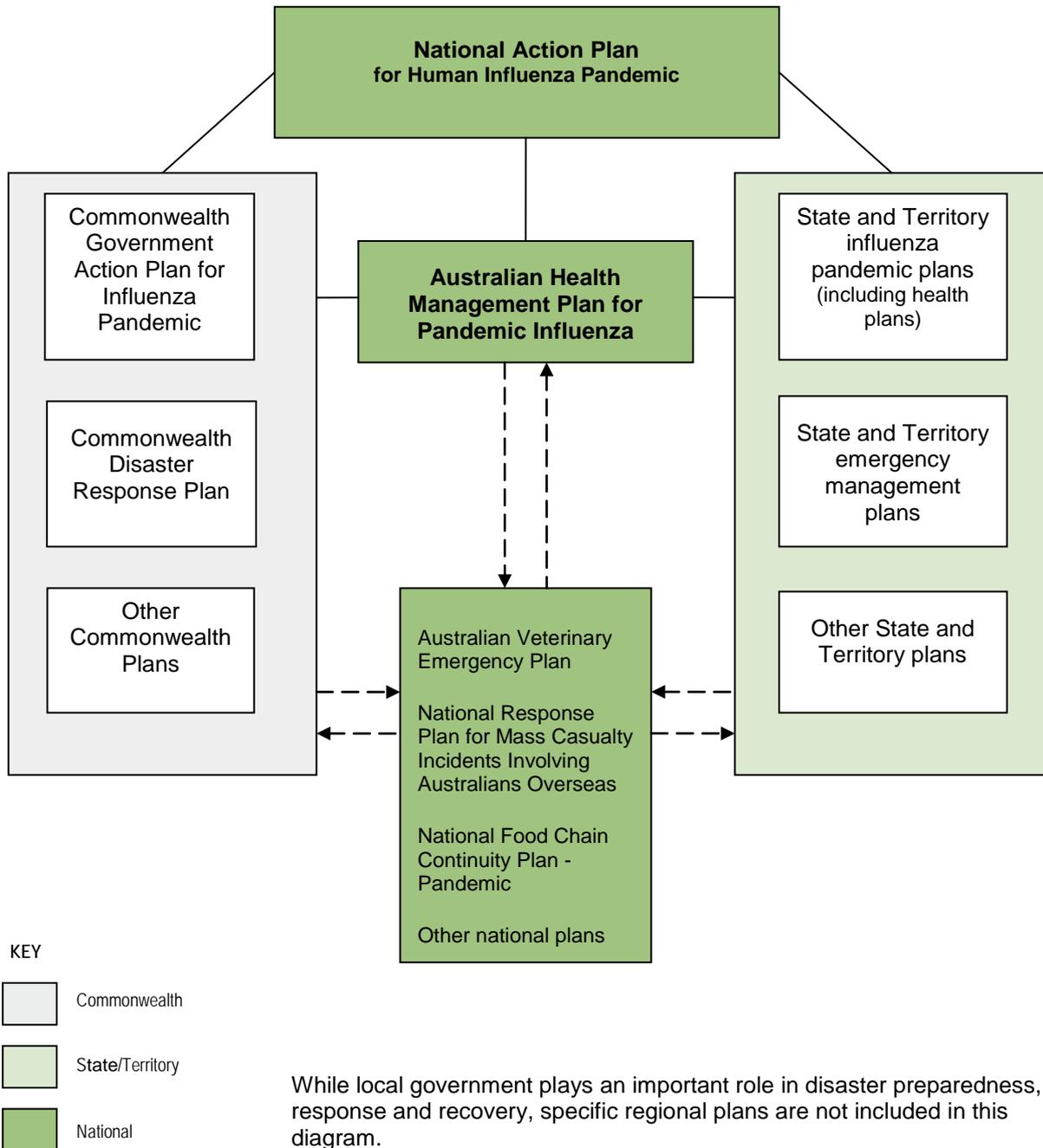
All governments are committed to working with business and the community generally, and providing them with accurate and timely information, to help them prepare for the possibility of a pandemic in Australia.

An influenza pandemic could have a major impact on Australia's economy, and the social and community impacts would be significant. Appropriate business planning and preparation will underpin our ability to recover quickly. Business continuity guides to help Australian businesses and non-government organisations consider how a pandemic might affect them and the actions they should take to prepare are available through: [www.flupandemic.gov.au](http://www.flupandemic.gov.au). The Commonwealth, State, Territory and local governments will all play a role in supporting business continuity planning.

There is much that individuals can do to protect themselves and their families and to help stop an influenza pandemic spreading throughout the community. Information, advice and support tools are available at [www.flupandemic.gov.au](http://www.flupandemic.gov.au). Information on the website and related links will be updated to keep the community informed of developments as a pandemic evolves.

Should an influenza pandemic spread to Australia, more information and support tools will quickly be made available including through daily newspapers, television and radio bulletins to help the community to deal with the situation at hand. The 'new media' may also provide additional public communications opportunities to disseminate information.

Figure 1 Emergency management and health plans for managing influenza pandemic



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## CHAPTER 1 – INTRODUCTION

### 1.1. CONTEXT

The World Health Organization (WHO) has reported that the world is moving closer to an influenza pandemic. A human influenza pandemic occurs when a new influenza virus subtype to which there is little or no immunity emerges, is easily and rapidly spread between people and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can rapidly spread across the globe, causing worldwide epidemics or ‘pandemics’ with high numbers of cases and deaths.

It is not possible to predict when the next pandemic will occur or how long it will last. There is, at the time of writing, concern that an avian influenza virus strain known as H5N1 (one of the avian influenza strains commonly known as ‘bird flu’) may mutate and trigger a human influenza pandemic. The virus is now endemic in poultry in some countries and has been detected in a range of avian and mammal hosts. The virus has not developed the capacity to transmit from human to human efficiently but humans who are in close contact with infected poultry are at risk of infection. These infections of humans provide an opportunity for the virus to improve its transmissibility among humans. The widespread nature of H5N1 in birds has raised fears of an influenza pandemic in humans occurring.

The WHO has studied closely the development of previous pandemics and has developed a model of the phases of pandemic development to describe the global situation (phases 1–6). These phases can be grouped into three broad periods:

- In the early or ‘interpandemic’ period (phases 0–2), a new form of the influenza virus emerges in animals and the risk of transmission to humans increases.
- In the intermediate or ‘pandemic alert’ period (phases 3–5), the virus is first transmitted to humans and starts to be transmitted between humans in smaller and larger clusters (geographical areas).
- In the ‘pandemic’ period (phase 6), the virus is in its final pandemic form and spreads easily between humans, causing widespread illness and possibly deaths.

While Australia uses the same numbering system as the WHO, the six Australian phases describe where the virus is: whether in overseas countries (OS) or in Australia (AUS). The Australian phases have been developed to guide Australia’s response and to enable actions to be taken in Australia before a change of phase is declared by the WHO. The WHO and Australian phases are shown in **Figure 2** on page 7.

It is difficult to predict with any certainty how quickly a pandemic would progress. It is anticipated that pandemic could last from seven-to-ten months in Australia. However, the social, economic and health system impacts could last longer.

There have been outbreaks of highly pathogenic avian influenza virus in poultry and wild birds in Asia, Europe and Africa, and transmission from birds to humans in some cases following very close contact. The WHO has declared that the world is currently in phase 3 – that is, human infection with a new subtype (H5N1) but no human-to-human spread or at most rare instances of spread to a close contact.

Given the high standards of human and animal health and hygiene in Australia, it is unlikely that bird-to-human transmission will occur in Australia. This Plan is based on the assumption that a pandemic form of the influenza virus would first emerge overseas.

This gives Australia some advantages in responding. We can monitor the emergence and spread of any new influenza virus overseas and take early measures to delay its entry into Australia, to contain it if it arrives and to limit its spread in Australia. We can use the extra time gained from these measures to further advance our preparedness. Should a pandemic occur, prevention and containment measures may buy enough time to develop a vaccine to protect the population and potentially stop its spread within the Australian population.

It is not known whether currently circulating highly pathogenic avian influenza strains will mutate into a virus that transmits more easily between humans and starts a pandemic in humans. It is also not known whether a mutated form of the virus would cause extreme illness and deaths. However, it is important to note that at the time this plan was released highly pathogenic avian influenza strains had not been detected in domestic or migratory birds in Australia. In addition, there had been no human cases in Australia and there had been no evidence of efficient human-to-human transmission of the virus overseas.

## 1.2. PURPOSE

The *National Action Plan* outlines the responsibilities, authorities and mechanisms to prevent and manage a human influenza pandemic and its consequences in Australia. It also describes how Commonwealth, State, Territory and local governments, and their departments and agencies, will work together on:

- **Prevention and preparedness** – preparing Australia to prevent the occurrence of a pandemic, and to respond and recover quickly and effectively to any emerging pandemic threats. Prevention and preparedness strategies are implemented during WHO phases 0 - 3 and are outlined in Chapter 3.
- **Response** – the occurrence of human-to-human transmission of pandemic influenza anywhere in the world (Overseas Phase 4) or in Australia (AUS Phases 6a, 6b and 6c) will trigger a well-planned and coordinated response across the breadth of governments in Australia. Response actions will focus on delaying the entry of the disease and minimising its transmission within Australia, assisting the community with practical advice about personal and community safety, and minimising disruption to normal living. The response strategies are outlined in Chapter 4.
- **Recovery** – providing the necessary support and stimulus to help the Australian community return to normal living as quickly as possible following a pandemic. To expedite the recovery process, recovery strategies are integrated into the very earliest pandemic planning and implemented throughout the prevention and preparedness and response phases. Recovery strategies are separately outlined in Chapter 5.

The *National Action Plan* was initially published in July 2006. It has been updated to reflect developments in preparedness planning and to incorporate the lessons of national exercises.

The *National Action Plan* builds on, and is consistent with, the health response to pandemic influenza threat outlined in the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI), equivalent State and Territory health plans and other emergency management plans. The AHMPPI was revised in 2008 to take account of developments in preparedness

planning and new scientific evidence underpinning the planning assumptions. The relationship between the relevant plans is shown in **Figure 1** on page ii.

### 1.3. APPROACH

The focus of this plan is the occurrence of human cases of pandemic influenza. The key trigger point for Australian governments taking action under this plan is human-to-human transmission anywhere in the world.

It also refers to actions to prevent and contain animal cases. These actions are implemented under existing Australian agriculture industry arrangements. Although Australia is at low risk of being the source of the first human-to-human transmission, the WHO has identified prevention and containment of animal cases as a key prevention strategy against the possibility of human cases. Border controls help to prevent the entry of avian influenza into Australia. The Commonwealth is also working closely with industry and communities on prevention activities, including enhanced biosecurity programs for poultry and bird keepers, awareness campaigns and surveillance programs.

Commonwealth, State and Territory departments and agencies are continuing to work with owners and operators of critical infrastructure, and business and community organisations, to help them adopt preventive measures and, in the event of an influenza pandemic, maintain business continuity.

This plan has been developed with the knowledge currently available from the WHO and other clinical advice agencies. It will be updated as necessary as further information becomes available and as national policy directions are further developed.

### 1.4. COMMUNICATIONS

Public confidence and stability in the context of a global influenza pandemic is vital. The Commonwealth, State and Territory governments and the Australian Local Government Association (ALGA) are committed to providing accurate and timely information to the public at all points in the preparation for, response to and recovery from a human influenza pandemic. This plan outlines the National Influenza Pandemic Public Communications Capability through which this will occur. Additionally, the *National Influenza Pandemic Public Communication Guidelines*, which provide the framework for all levels of government to facilitate a whole of government approach to managing public communications, are at Appendix B. They are also available as a 'stand alone' document via: [www.flupandemic.gov.au](http://www.flupandemic.gov.au).

Figure 2 Phases of human influenza pandemic

		Global phase	Australian phase	Description of phase	AHMPPI 2008		
<b>RECOVERY</b>	<b>PREVENTION AND PREPAREDNESS</b>	AUS 0		No circulating animal influenza subtypes in Australia that have caused human disease	Australian phases		
		1	Overseas 1	Animal infection overseas: the risk of human infection or disease is considered low			
			AUS 1	Animal infection in Australia: the risk of human infection or disease is considered low			
		2	Overseas 2	Animal infection overseas: substantial risk of human disease			
			AUS 2	Animal infection in Australia: substantial risk of human disease			
		3	Overseas 3	Human infection overseas with new subtype/s but no human to human spread or at most rare instances of spread to a close contact			
	AUS 3		Human infection in Australia with new subtype/s but no human to human spread or at most rare instances of spread to a close contact				
	<b>RECOVERY</b>	<b>RESPONSE</b>	4	Overseas 4	Human infection overseas: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans	ALERT	
				AUS 4	Human infection in Australia: small cluster/s consistent with limited human to human transmission, spread highly localised, suggesting the virus is not well adapted to humans	DELAY	
			5	Overseas 5	Human infection overseas: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)	DELAY	
				AUS 5	Human infection in Australia: larger cluster/s but human to human transmission still localised, suggesting the virus is becoming increasingly better adapted to humans, but may not yet be fully adapted (substantial pandemic risk)		
			6	Overseas 6	Pandemic overseas: increased and sustained transmission in general population	DELAY	
				AUS 6a	Pandemic in Australia: localised (one area of country)	CONTAIN	
		AUS 6b		Pandemic in Australia: widespread	SUSTAIN		
		AUS 6c		Pandemic in Australia: subsiding	CONTROL		
		<b>RECOVER</b>	AUS 6d	Pandemic in Australia: next wave	RECOVER		
		<b>RECOVERY</b>					

These phases are covered in Appendix A

## CHAPTER 2– LEGAL AND ADMINISTRATIVE FRAMEWORK

The Council of Australian Governments (COAG), chaired by the Prime Minister and comprising the Premiers and Chief Ministers of each State and Territory (First Ministers) and the President of the ALGA, has agreed to the *National Action Plan* and how it will be implemented. This plan provides a specific framework for dealing with human influenza pandemic and complements Australia's national emergency management frameworks. While aspects of pandemic preparedness have been incorporated into existing emergency management planning, a pandemic may generate significant health, economic and social impacts over a protracted period and require a tailored approach to support a sustained response and recovery.

### 2.1. DECLARATION OF PHASES

The WHO determines each global pandemic phase. In Australia, transition to the next phase is determined by the Prime Minister on advice from the Chief Medical Officer (CMO), informed by an expert advisory group. If required, the CMO will recommend a change in phase to the Minister for Health and Ageing who will advise the Prime Minister. The process is outlined in more detail in the AHMPPI.

Upon declaration of a new phase, the Prime Minister will inform First Ministers and the President of the ALGA of the change in pandemic phase and then make a formal public announcement.

The Secretary of the Department of the Prime Minister and Cabinet will convene the National Pandemic Emergency Committee. This committee comprises representatives of First Ministers' and health departments, the ALGA, and emergency service agencies. The Prime Minister will quickly seek agreement with First Ministers and the President of the ALGA to activate response and recovery actions and monitor implementation.

The arrangements for declaring phases are shown in **Figure 3** on page 9.

Figure 3 Notification of WHO phases and determination of Australian phases

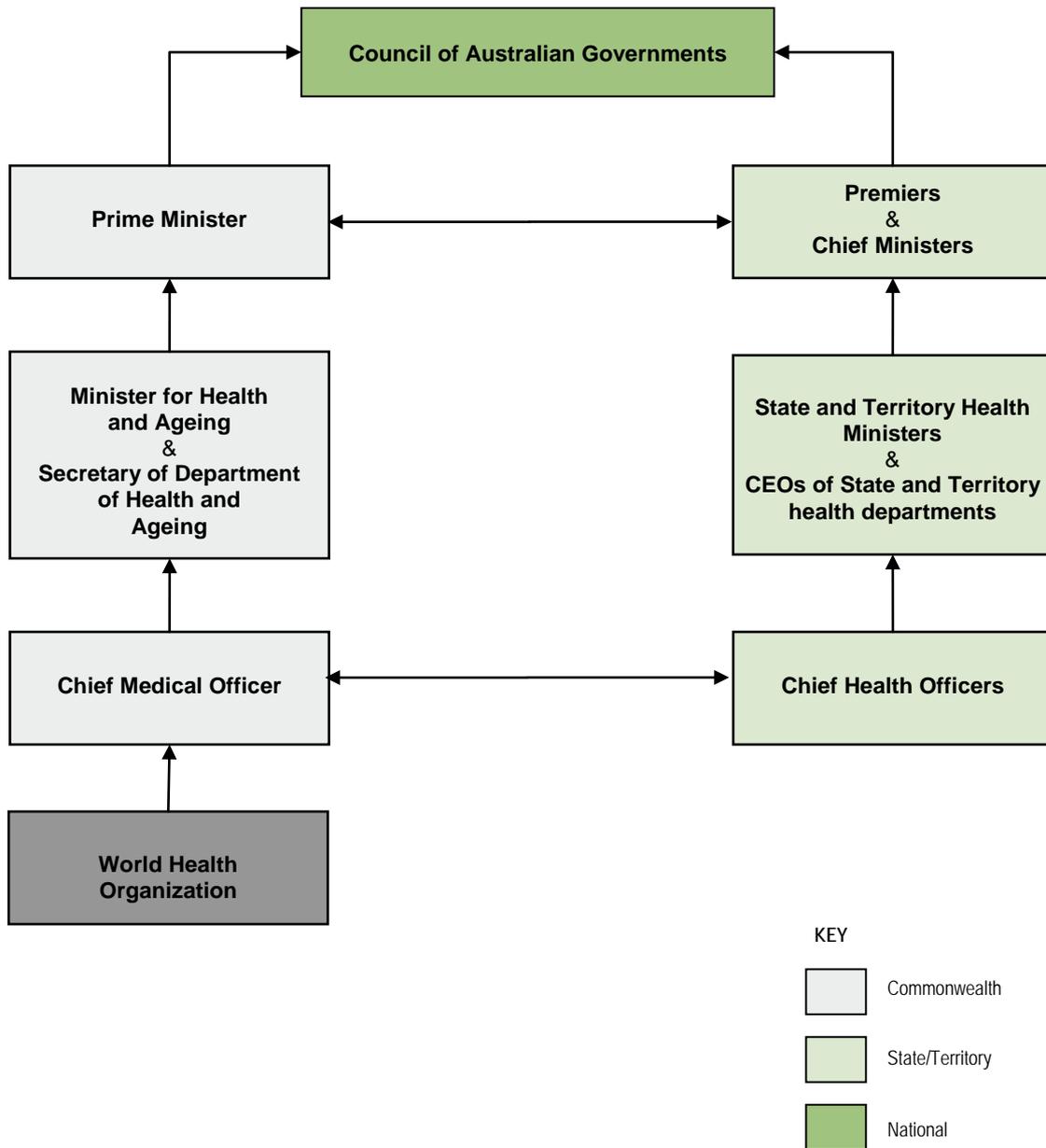
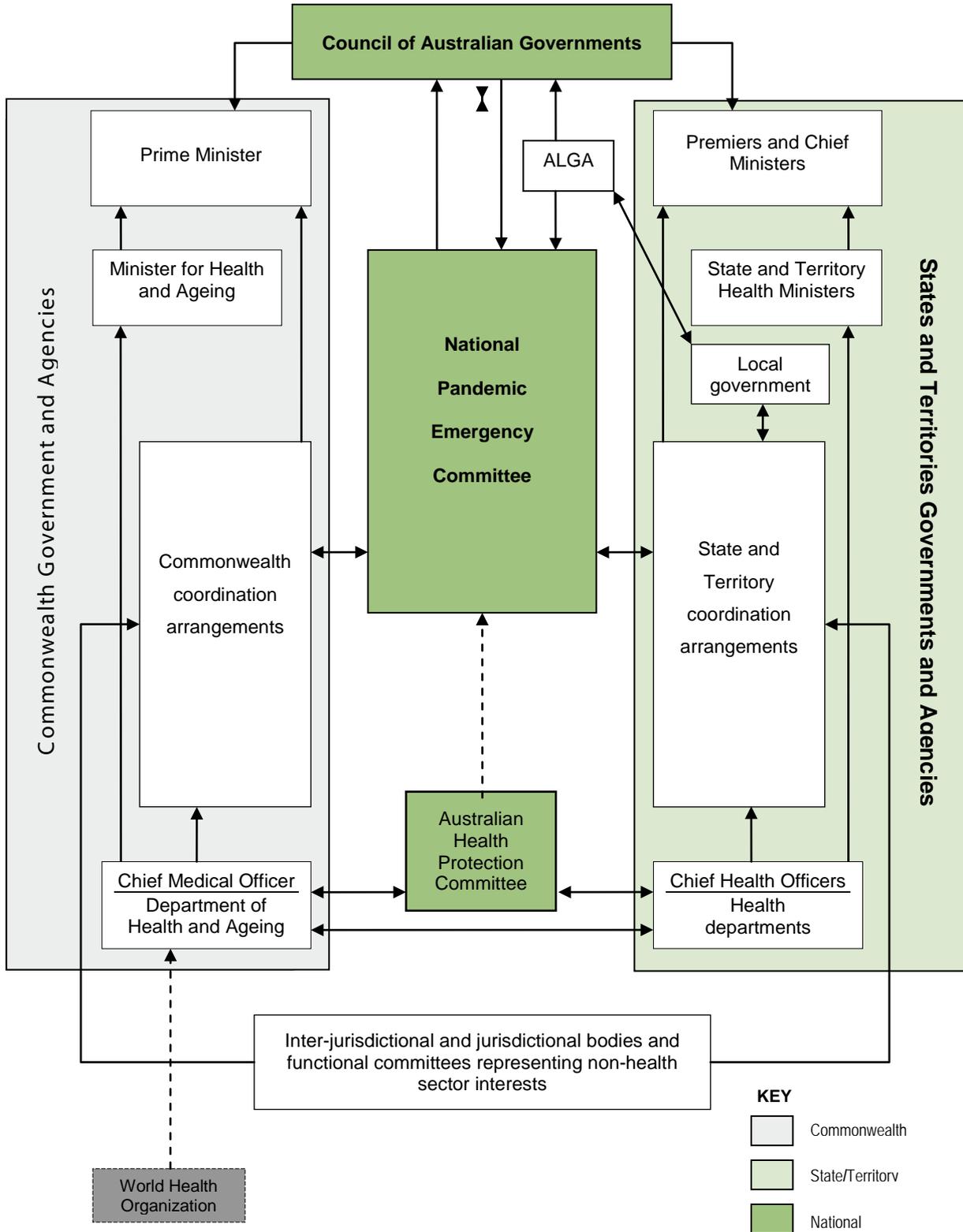


Figure 4 Decision-making and communication paths – National Action Plan for Human Influenza Pandemic



## 2.2. LEGISLATION AND POWERS

### 2.2.1. *International law obligations*

In the event of a pandemic, Australia may wish to implement a variety of measures, such as restrictions on entry of aircraft and ships, quarantine, isolation and treatment of Australians and foreign nationals, and trade restrictions. Australia has assumed international law obligations, including those relating to health, human rights, refugees, aviation, maritime navigation, trade and other matters, that will be relevant. As such, Australia's obligations under international law will need to be taken into account in the development and implementation of measures.

#### **International Health Regulations 2005**

The International Health Regulations are a legally binding public health treaty administered by the WHO. The primary objective is to prevent, control and provide a public health response to the international spread of disease, while avoiding unnecessary interference with international traffic and trade. They establish global standards for the reporting, verification, assessment and notification of public health events of international concern, the implementation of WHO recommended control measures, the development of core capacities for surveillance and response, and inter-country collaboration.

### 2.2.2. *Commonwealth legislation*

Relevant Commonwealth legislation includes the *Quarantine Act 1908*, *Air Navigation Act 1920*, *Customs Act 1901*, *Privacy Act 1988* and *National Health Security Act 2007*.

#### **Quarantine Act 1908**

The Commonwealth Parliament has express legislative power with respect to quarantine. The *Quarantine Act 1908* deals with external quarantining at the border and internal quarantine arrangements within Australia. The Act applies to agriculture and human health issues and empowers authorities to quarantine goods, vessels and people.

The purpose of human quarantine activities is to protect the public through the identification, monitoring and management of people who have been potentially exposed to, or have symptoms of, a quarantinable disease. The minister responsible for human quarantine is the Minister for Health and Ageing and many of the Minister's powers under the Act are delegated to the CMO (in the Department of Health and Ageing). The CMO delegates powers for human quarantine to the chief quarantine officers in each State and Territory. The CMO has extensive powers for human quarantine including restricting the movement of people into and within Australia. A typical first step would be requesting that an international aircraft or sea vessel arriving in Australia provide a pre-arrival health report on the health status of incoming passengers.

The Australian Quarantine and Inspection Service (AQIS) has responsibility for plant and animal quarantine and for the application of human quarantine border controls for arriving passengers at Australian air and sea ports. The day-to-day delivery of human quarantine activity is the responsibility of AQIS (border controls) and State and Territory health authorities under direction of the CMO and chief quarantine officers.

The Act provides extensive powers that could be used by the Commonwealth, States and Territories to prevent, act rapidly to control and/or eradicate a major national animal disease outbreak. Under these provisions, the Commonwealth may authorise State and Territory agencies to take necessary actions under Commonwealth quarantine powers. This enhances the legislative authority of the States and Territories and can be used where their own legislation has gaps or is inadequate. An authorisation by the Commonwealth can provide State and Territory agencies and officials with flexibility to apply additional measures if, when, how and where they are necessary.

States and Territories have reviewed their powers in relation to quarantine arrangements within their own jurisdictions.

The Act also provides a framework of emergency powers that could be used in relation to human disease. These include the following:

- **Declarations in relation to affected areas (sections 12 and 20B):** These sections allow the Governor-General (for aircraft) or the Minister for Health and Ageing (for vessels) to restrict entry into Australia from or through specified places where there is danger of introduction of disease from those places.
- **Ministerial emergency directions (section 12A):** Where an emergency has arisen that requires action to be taken that is not otherwise authorised under the Quarantine Act, this section enables the Minister to take appropriate quarantine measures, and give directions to diagnose, prevent introduction or control spread of, eradicate, or treat a disease.
- **Domestic epidemic directions (section 2B):** This section enables the Governor-General to declare the existence in a part of Australia of an epidemic or danger of an epidemic. The Minister or the Minister's delegate may then give such directions and take such quarantine actions as are necessary to control and eradicate, or remove the danger of, the epidemic.

Highly pathogenic avian influenza in humans was declared a quarantinable disease in March 2004 and consequently became subject to the powers available under the Act.

Before exercising powers under the Quarantine Act in relation to an influenza pandemic, the CMO and the Minister for Health and Ageing will advise the Prime Minister and the Prime Minister will advise First Ministers.

### ***Air Navigation Act 1920***

International airlines operating services are licensed under this Act. Under the *Air Navigation Regulations 1947*, the Secretary of the Department of Infrastructure, Transport, Regional Development and Local Government would be able to vary, suspend or cancel an approved timetable of an airline operating services to and from Australia on the basis of health concerns.

### ***Customs Act 1901***

The Commonwealth Parliament has exclusive legislative authority in respect of customs, enacted through the *Customs Act 1901*, the *Customs Tariff Act 1995* and related legislation. The Australian Customs and Border Protection Service (Customs and Border Protection) works closely with other government and international agencies to manage the security and integrity of Australia's borders. Customs and Border Protection also administers legislation on behalf of other government agencies for the movement of goods and people across the Australian border.

The Customs Act provides Customs and Border Protection with powers to support influenza pandemic preparedness and planning.

### ***Privacy Act 1988***

The *Privacy Act 1988* (Part VIA) enables information exchange between Commonwealth government agencies, State and Territory government authorities, private sector organisations, non-government organisations and others (including community health centres and local government) in an emergency or disaster situation, such as an influenza pandemic, for a permitted purpose. Activation of the provision requires the declaration of an emergency by the Prime Minister or the Minister administering the Act.

### **Health security legislation**

The *National Health Security Act 2007* provides for the exchange of surveillance information between jurisdictions and with the WHO to enhance the early identification of and timely responses to national or international public health emergencies, including an influenza pandemic. Passed by the Commonwealth Parliament in September 2007, the Act also established the operational arrangements for Australia to meet its obligations under the International Health Regulations.

The National Health Security Agreement, signed by Health Ministers in April 2008, establishes a surveillance and decision-making framework to support a coordinated national response to public health emergencies such as an influenza pandemic. The *National Health Security Act 2007* provides the legislative basis for the Agreement.

### **2.2.3. State and Territory legislation**

State and Territory legislative provisions that would support a response to an influenza pandemic are included in State and Territory public health acts. These provisions include notification of disease, application of coercive powers (including quarantine) and public health incident and emergency powers.

All States and Territories have emergency management and other legislation that may be applied in the event of a pandemic. This legislation is referred to in State and Territory plans and covers a range of functions, including health, law and order, energy supplies, transport, water and local government.

### **2.2.4. Review of legislation and powers**

The need for additional Commonwealth health security powers to respond to public health emergencies, such as an influenza pandemic, has been assessed at the request of COAG. The conclusion was that existing emergency powers are adequate and additional Commonwealth powers are not required. The Australian Health Protection Committee will continue to monitor the adequacy of existing powers in the light of experience and the nature of emerging threats.

## 2.3. GOVERNANCE

Decision-making and communication paths for jurisdictional coordination are summarised in **Figure 4** on page 10.

### 2.3.1. Roles and responsibilities

#### The Prime Minister will:

- lead the national response through COAG. COAG would be supported by the National Pandemic Emergency Committee. This committee will be chaired by the Commonwealth and comprise representatives of First Ministers' and health departments, the ALGA and emergency services agencies;
- declare the Australian phases of human infection leading up to and including a pandemic in Australia on the advice of the Minister for Health and Ageing and the CMO, noting that the WHO declares each global phase; and
- consult as required with First Ministers and the President of the ALGA on response and recovery actions.

#### The Commonwealth Government will:

- determine and maintain national policy and broad national strategies, including legislation, in close consultation with State and Territory governments;
- maintain, through COAG, the *National Action Plan for Human Influenza Pandemic*;
- take appropriate actions as outlined in the *National Action Plan* and the AHMPPI;
- determine Commonwealth Government prevention strategies and responses to an influenza pandemic through an Interdepartmental Committee chaired by the Department of the Prime Minister and Cabinet;
- work with State, Territory and local governments in reporting outbreaks and responding to and recovering from pandemic influenza in their jurisdictions;
- assist nation-states affected by pandemic influenza through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region;
- maintain and provide national capabilities to deal with pandemic influenza;
- maintain cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation and recovery from a pandemic;
- maintain business continuity plans to enable delivery of Commonwealth Government essential services;
- administer the *Quarantine Act 1908* and border control measures;
- administer the *National Health Security Act 2007*;
- coordinate the management of public health surveillance data and technical advice;
- work with business and the community;
- inform the public of planning and preparation under way and provide information to the public during the response to and recovery from an influenza pandemic; and
- work with State and Territory governments and ALGA to develop public education material.

**State and Territory governments will:**

- determine and maintain pandemic influenza and related policies, legislation and plans within their jurisdictions;
- work with the Commonwealth Government and other jurisdictions, reporting outbreaks of pandemic influenza and actions taken;
- maintain pandemic influenza response and recovery capability, in line with the *National Action Plan* and the AHMPPI;
- have primary operational responsibility for animal health monitoring, surveillance and response within their boundaries;
- have primary operational responsibility to respond to and recover from an outbreak of pandemic influenza in their jurisdictions;
- implement agreed preparedness and prevention strategies in line with the *National Action Plan* and the AHMPPI;
- seek assistance from or provide assistance to other jurisdictions if required;
- in an influenza pandemic, contribute to the national strategy for response and recovery;
- maintain public health surveillance and technical advice;
- maintain business continuity plans to enable the delivery of State and Territory government essential services;
- maintain cooperative relationships with the owners and operators of critical infrastructure to facilitate industry preparedness, continued operation and recovery from a pandemic;
- administer emergency management arrangements within their own jurisdictions;
- work with local government, business and the community to respond to and recover from an influenza pandemic;
- inform the public of planning and preparation under way and provide information to the public during the response to and recovery from an influenza pandemic; and
- work with the Commonwealth Government and local government to develop public education material.

**Local governments will:**

- determine and maintain pandemic influenza policies and plans consistent with the role of local government and complementing relevant State, Territory and national policies and plans;
- maintain business continuity plans to enable the delivery of local government essential services;
- support national, State and Territory response and recovery by representing the needs of local communities and contributing to their continuing viability;
- support State and Territory emergency management frameworks;
- in partnership with State and Territory governments, inform the public of planning and preparation under way and maintain information to the public during the response to and recovery from an influenza pandemic; and
- work with their respective State and Territory government to develop public education material and ensure effective 'bottom up' information exchange is undertaken.

### 2.3.2. *Inter jurisdictional coordination*

**Decision-making and communication** paths for jurisdictional coordination during a pandemic are described in **Figure 4** on page 10.

**High-level cooperation** among Australian governments is achieved through COAG. Chaired by the Prime Minister and comprising First Ministers and the President of the ALGA, COAG is Australia's peak intergovernmental forum. Its role is to increase cooperation among governments in the national interest, including in relation to an influenza pandemic. The commitment of First Ministers and President of ALGA to work together to provide national leadership in an influenza pandemic is set out in a Statement of Cooperation signed in July 2006.

**Strategic policy advice and coordination to heads of government** is provided by the National Pandemic Emergency Committee (NPEC). This committee will be chaired by the Secretary of the Department of the Prime Minister and Cabinet and comprises representatives of First Ministers' and health departments, the ALGA and emergency services agencies. It operates as a high-level strategic advisory group on issues requiring a nationally consistent response and a national approach to public communications.

Members are advised and supported by jurisdictional coordination arrangements and a range of formal sector and functional committees to ensure an effective, coordinated national response.

The NPEC has adopted streamlined and flexible operating arrangements to ensure decisions are immediate, informed and responsive. Members can be accompanied by experts and other advisers to ensure they effectively represent the interests of all affected stakeholders including industry, the community sector and local government bodies. In addition, the NPEC's Terms of Reference provide for additional members to be co-opted as required.

A Pandemic Emergency Taskforce within the Department of the Prime Minister and Cabinet will be activated in the event of a pandemic to provide secretariat support for COAG and NPEC. The Taskforce has developed streamlined administrative processes to facilitate rapid and responsive decision making required in an emergency situation.

Inter-jurisdictional health preparedness and response coordination occurs through the Australian Health Protection Committee, which provides health policy advice on disease prevention, control and management to the Australian Health Ministers' Advisory Council and COAG senior officials. The Committee coordinates the health response to an influenza pandemic.

## CHAPTER 3– PREVENTION AND PREPAREDNESS

The declaration of human-to-human transmission anywhere in the world (Overseas Phase 4) is the major response trigger point for Australian governments.

The preparedness actions in this plan begin before such a declaration. Detailed planning has been undertaken to best prepare Australia to prevent the occurrence of a human influenza pandemic, and respond to and recover effectively from any emerging pandemic threats or outbreaks.

### 3.1. GOALS AND OBJECTIVES

The goals of prevention and preparedness planning are to:

- ensure adequate surveillance to detect an emerging threat and support containment activities from the outset;
- identify and plan for the full range of health and non-health related impacts;
- define key national actions for prevention, preparedness, response and recovery in the event of an influenza pandemic;
- put in place the necessary legislative and administrative frameworks for an effective response; and
- define trigger points for key decisions – for example, declaration of pandemic phases.

Governments will work together and with the business and community services sectors to address recovery issues with local communities. Recovery planning and actions commence at the very earliest stages of planning for a pandemic. The groundwork laid in these early phases will be pivotal to minimising deaths, maintaining business and civil society and supporting the quickest possible recovery.

### 3.2. PREVENTION OF AND PREPAREDNESS FOR ANIMAL INFECTION

While this plan focuses on the occurrence of human cases of pandemic influenza, the first step in preventing human cases of highly pathogenic avian influenza strains, and preventing the avian influenza virus mutating into a form that can transfer from person to person, is to contain animal cases. This plan includes actions to prevent, detect and contain animal cases, implemented under existing Australian agriculture industry arrangements.

Australian agriculture benefits enormously from its freedom from the more devastating epidemic diseases that plague livestock industries in other parts of the world. To ensure this continues, we have comprehensive programs to counter disease threats pre-border, at the border and post-border. These programs aim to prevent the entry of disease agents and to respond quickly to any disease agents that penetrate our quarantine barriers or otherwise cause an emergency. Programs to minimise risk from an influenza pandemic include capacity building activities in neighbouring countries; border and surveillance activities by AQIS; post-border preparedness activities and response plans including the Australian Veterinary Emergency Plan (AUSVETPLAN); the Emergency Animal Disease Response Agreement; disease surveillance activities in poultry and wild birds; improving farm biosecurity and increasing farmer and bird owner awareness.

AUSVETPLAN is a coordinated national response plan for the control and eradication of animal diseases. It sets out procedures for the rapid mobilisation and coordination of the diverse people and resources required for an integrated government and industry response.

Measures that would be taken to contain and eradicate avian influenza in Australia include:

- occupational health and safety measures to protect exposed workers;
- quarantine and movement controls;
- slaughter and disposal of infected and exposed animals;
- decontamination of infected premises;
- surveillance of susceptible animals; and
- restriction on the activities of certain enterprises.

These measures may be supplemented where necessary by vaccination, vector control campaigns and wild animal control. Infected and disease-free zones could be established to contain the disease agent and minimise impacts on trade.

A major emergency disease control campaign would also address broader issues such as financial, social and economic impacts, human and animal health, and trade and recovery.

### 3.3. PREVENTION OF AND PREPAREDNESS FOR HUMAN INFECTION – HEALTH RESPONSIBILITIES

In the event of human-to-human infection in Australia, or anywhere in the world, the AHMPPI and allied State and Territory plans will guide the health response across Australia at all levels. The plans are available via [www.flupandemic.gov.au](http://www.flupandemic.gov.au).

These plans provide detailed guidance for the wide range of people who would be involved in responding to a human influenza pandemic. This includes health planners, public and clinical health care providers, State and Territory health departments, emergency workers and those who will be involved in the management of infected or potentially infected people.

Commonwealth, State and Territory plans include:

- ensuring Australia has appropriate laboratory capacity and capability;
- instituting and maintaining appropriate national surveillance activities;
- planning border control measures with the aim of delaying pandemic spread into Australia;
- building a National Medical Stockpile and State and Territory stockpiles that include masks, antivirals and vaccines as they are developed;
- ensuring health services can be adequately maintained in the face of increased demand; and
- ensuring that appropriate decision-making bodies are in place and have the necessary expertise and authority to make decisions quickly and effectively in the face of rapidly developing situations.

### 3.3.1. *Surveillance, monitoring and reporting*

Disease surveillance activities to be undertaken during an influenza pandemic are outlined in the AHMPPI and in State and Territory government plans.

This includes clinical and laboratory surveillance activities for each pandemic phase, a description of surveillance systems, border screening arrangements and case reporting of early cases of pandemic influenza.

More information about surveillance activities is contained in the AHMPPI ([www.flupandemic.gov.au](http://www.flupandemic.gov.au)).

### 3.3.2. *Infection control*

The AHMPPI contains detailed infection control and clinical care guidelines for health workers and the public to minimise transmission of the influenza virus ([www.flupandemic.gov.au](http://www.flupandemic.gov.au)). These include clear procedures and guidelines on:

- transmission;
- incubation period;
- infectious period;
- infection control precautions;
- protective equipment;
- cleaning and disinfection; and
- assessment and management of cases.

### 3.3.3. *Quarantine*

The objectives of human quarantine activities in Australia are to ensure that, as far as possible, diseases of human quarantine concern do not enter the country, and are controlled and eradicated when identified.

Highly pathogenic avian influenza in humans has been subject to the routine quarantine powers available under the *Quarantine Act 1908* following its declaration as a quarantinable disease on 23 March 2004.

Under the supervision of a chief quarantine officer, officers from a State or Territory health authority will undertake any public health action that may be required in the event of an outbreak of a quarantinable disease in Australia. Additionally, these officers will manage human health quarantine requirements at air and sea ports.

More information is contained in the AHMPPI ([www.flupandemic.gov.au](http://www.flupandemic.gov.au)).

### 3.3.4. *Border measures*

Australia, being an island nation, has a greater opportunity than many other countries to prevent or delay the entry of pandemic influenza. The Commonwealth is prepared to implement border measures to attain this objective.

Should the threat of pandemic influenza escalate overseas, consideration will be given to a range of measures that can be taken at airports and seaports to delay the spread of illness to or from affected countries (or jurisdictions). Border measures may include:

- recommending that people do not travel to or from affected countries;
- providing an information sheet on human pandemic influenza, including actions to be taken should symptoms develop, to all entrants into Australia;
- requiring air and sea crew to report to Australian authorities on arrival anyone on their vessel who is sick;
- asking travellers about any contact with people who have influenza symptoms;
- screening travellers to check for symptoms of influenza; isolation of potentially infected persons entering Australia; and
- refusing international vessels entry into Australia's air or sea ports.

In some situations, large numbers of people arriving at the border may need to be quarantined to prevent transmission of pandemic influenza.

The *National Pandemic Influenza Airport Border Operations Plan* (FLUBORDERPLAN) outlines the processes to deploy and operate border measures at designated Australian international airports in response to the threat, or actual transmission, of pandemic influenza. It outlines the roles and responsibilities of Commonwealth, State and Territory government agencies and the air travel industry in this response. The FLUBORDERPLAN is available at [www.flupandemic.gov.au](http://www.flupandemic.gov.au).

The AHMPPI also provides information about border measures.

### 3.3.5. *Public communications capability*

Effective public communications practices will help to minimise adverse health, economic and social impacts, to positively influence attitudes and behaviours, and to encourage individuals to take an active role in preparing for a human influenza pandemic.

For these reasons, it is essential that effective public communications activities are undertaken by all levels of government in a coordinated fashion to help Australians prepare for, respond to, and recover from a pandemic.

The **National Influenza Pandemic Public Communications Capability** has been developed by Commonwealth, State and Territory communications managers to support a coordinated and consistent communications response. The capability comprises:

- the *National Influenza Pandemic Public Communications Guidelines* (at Appendix B);
- National Public Communications Coordination Arrangements, including:
  - the National Influenza Pandemic Communications Officers' Network which brings together public communications experts from a range of Commonwealth, State and Territory government agencies and local government as required;
  - a strategic-level Coordination Centre (based in Canberra);

- public communication and crisis management plans within all States and Territories at State, Territory and local government levels;
- PanComm: a national extranet capability for communications information sharing and collaboration between the Commonwealth, State and Territory governments;
- a dedicated public health information website with links to other resources ([www.flupandemic.gov.au](http://www.flupandemic.gov.au));
- pre-prepared, market tested public communications messages designed to reduce the social and community impacts of an influenza pandemic;
- a comprehensive health public communications strategy developed by the Commonwealth Department of Health and Ageing;
- ongoing public education activities undertaken seasonally by all jurisdictions; and
- providing advice to Australians travelling and residing overseas through [www.smartraveller.gov.au](http://www.smartraveller.gov.au).

Section 4.2.3 *Public communications* outlines the public communications streams that will be activated at particular points in a pandemic. One stream, public education, will primarily occur prior to an influenza pandemic to improve public understanding and awareness of prevention and preparedness measures.

### 3.3.6. Reducing risks of transmission

There are a number of personal and public hygiene practices that can be undertaken by individuals, business and the community generally to reduce the risks of transmission of the virus.

Influenza is a respiratory viral infection transmitted from person to person.

#### Individual level

Measures can be taken at an individual level to minimise the spread of the pandemic. These include:

- widespread, concerted adoption by individuals of good infection control at all times, such as keeping at least one metre away from people with obvious flu symptoms, adopting good hygiene practices, and wearing a surgical mask (or other appropriate nose and mouth covering) when instructed by health authorities;
- presenting to influenza clinics or services if they become unwell or if requested, so that a diagnosis can be made and appropriate treatment commenced;
- maintaining isolation or quarantine if asked to comply by health authorities, and taking medications as prescribed to help prevent the onset of complications of influenza.

The AHMPPI provides detailed guidance on how those in contact with infectious individuals can help slow the spread of the pandemic.

#### Community level – social distancing

Social distancing measures are designed to reduce contact between people in the community. They apply to well people and are in addition to individual measures such as good infection control and personal hygiene. Social distancing measures prevent transmission by

interrupting spread from infectious people who are not showing signs of infection and are still moving about in the community.

Social distancing measures are applied at a community level and include general advice to people to avoid crowded places during a pandemic, and more specific actions to prevent people congregating in places where there may be infectious cases. These actions could include considered closure of places where people gather, such as child care facilities, schools, community centres, cinemas and nightclubs; cancellation of major sporting events such as football matches; and changing public transport arrangements. Governments will make these decisions in consultation with health officials. More information is contained in the AHMPPI.

Social distancing may be widespread or confined to a particular town, city, or other area depending on the extent of the infection and rate of spread through the community.

Activation of social distancing measures will be decided by State and Territory governments on a whole of government basis to take account of the broader health, social and economic impacts. The Commonwealth, State, Territory and local governments will communicate any advice or arrangements to the community.

### **3.3.7. Targeted use of vaccines and antivirals**

Pandemic influenza vaccination is an important component of the response with candidate and customised pandemic vaccines having the potential to provide protection.

A customised vaccine is specific to the *actual* pandemic viral strain and, accordingly, production can only begin once the virus has emerged. Production of the first doses of a customised vaccine would take approximately five months from the emergence of a pandemic virus and up to 12 months before there is enough for all Australians to receive a full course and develop immunity. This reinforces the importance of measures to slow the arrival and spread of pandemic influenza in Australia.

Candidate vaccines are based on currently circulating H5N1 influenza viral strains with 'pandemic potential' and are not specific to the actual pandemic virus. They may prevent infection or reduce the severity of illness and may also 'prime' the immune system – possibly shortening the time required to mount an immune response to a customised vaccine, and possibly decreasing the number of doses of customised vaccine required. As candidate vaccines can be made and stockpiled, they will be available some months before a customised pandemic vaccine becomes available. Australia has a small stockpile of an H5N1 candidate pandemic vaccine.

Prioritising the distribution of stockpiled H5N1 candidate vaccine and the initial doses of the customised pandemic vaccine will be a whole-of-government decision made at the time of a pandemic.

#### **National Medical Stockpile**

The National Medical Stockpile was established by the Commonwealth Government in 2002 and contains equipment and medications for deployment during a health emergency. The Commonwealth Department of Health and Ageing is responsible for the stockpile.

Stockpile components are distributed to jurisdictions in accordance with a deployment plan agreed between the Department of Health and Ageing and health departments in each jurisdiction.

Chief health officers in States and Territories will decide, consistent with agreed national principles, how the stockpile allocated to their jurisdiction will be deployed within their State or Territory.

Access to the antivirals, vaccines and masks that comprise the National Medical Stockpile will be based on the level of risk of exposure to pandemic influenza and the ability to contain its further spread.

More information is contained in the AHMPPI and jurisdictional health plans.

### 3.4. PREVENTION AND PREPAREDNESS – OTHER KEY ISSUES

While health planning is paramount, the potential impacts of an influenza pandemic on daily life are far reaching. The key non-health issues being considered as part of prevention and preparedness planning are outlined below.

#### 3.4.1. *Protection of Australians and Australian interests overseas*

The Commonwealth Department of Foreign Affairs and Trade leads on the protection of Australians overseas and Australian interests internationally.

The department provides ongoing advice on avian influenza to Australians travelling and residing overseas through [www.smartraveller.gov.au](http://www.smartraveller.gov.au). It also liaises with foreign governments and international organisations to protect Australia's broader political and economic interests.

Australia has in place a National Response Plan for Mass Casualty Incidents Involving Australians Overseas (OSMASSCASPLAN). The plan provides an agreed framework for agencies in all Australian jurisdictions to assess, repatriate and provide care for Australians and other approved persons injured or killed in an overseas mass casualty event that exceeds the capacity of normal day to day operations of relevant agencies.

#### 3.4.2. *Support for neighbouring countries*

As it is most likely a pandemic strain will emerge overseas, Australia is supporting detection and control activities in neighbouring countries to avert or delay the spread. The Commonwealth Government is contributing to initiatives to improve the detection and surveillance, emergency preparedness and response capabilities of countries in the Asia-Pacific region.

Key activities include:

- working with, and supporting work by, other countries;
- building the capacity of developing countries to identify animal and human cases of infection with avian influenza and respond rapidly to prevent potential adaptation and spread of the virus between humans. This support is coordinated by the Australian Agency for International Development (AusAID), with advice from the Department of Health and Ageing and the Department of Agriculture, Fisheries and Forestry;

- supporting work in developing countries by international technical organisations, particularly the WHO, the World Organisation for Animal Health, and the Food and Agriculture Organization of the United Nations; and
- supporting regional efforts through APEC, ASEAN and the Secretariat of the Pacific Community to limit the spread of infectious diseases and prevent pandemics.

### **3.4.3. Social and community impacts**

All governments will work to support local communities, including ensuring that the needs of vulnerable groups are recognised and addressed in pandemic influenza plans at all levels.

Governments will liaise with local communities, the not-for-profit sector and relevant private business to plan and deliver community support services. Planning will encompass a broad range of needs fundamental to minimising the community and social impacts of a pandemic, including needs for information, food, financial support, debt management, and counselling and personal support.

There will be individuals and social groups who require special consideration, including those being cared for by others and people living in vulnerable regional, rural and remote communities, as well as Indigenous Australians. In addition, culturally and linguistically diverse communities and overseas visitors in Australia may need assistance.

### **3.4.4. Continuity of government**

Government departments and agencies are generally well prepared to respond to a range of hazards that could impact on their capacity to function normally and continue to deliver their full range of services. As part of their regular business continuity planning and reviews, many agencies have amended their risk management and business continuity plans to respond effectively to the influenza pandemic scenario, which is unlike other hazards in many respects.

Government departments and agencies' physical infrastructure is likely to remain unaffected during an influenza pandemic but all departments and agencies could have their staffing dramatically reduced for the period of the pandemic (seven-to-ten months). These absences may coincide with a surge in demand for the services provided by those departments and agencies involved in the response to the pandemic.

Departments and agencies are asked to have two levels of plans in place:

- First, planning to ensure the continuity of the services they deliver to the Australian public, which means identifying the essential government services they are responsible for and how these services will continue to be delivered during an influenza pandemic.
- Second, planning to ensure the continuity of their business operations. This includes preparing for absences caused by quarantine and isolation requirements, their own illness, caring for ill family members and carer responsibilities due to the closure of schools and child care facilities. Plans are also being developed to ensure the continuation of IT support, legal services, occupational health and safety requirements and staff welfare and counselling services.

### 3.4.5. *Continuity of business*

While it is impossible to predict the timing or severity of a human influenza pandemic, it is certainly possible to be prepared and have appropriate management plans in place to minimise the impact of, and expedite recovery from, a pandemic.

The very nature of an influenza pandemic in Australia will be unlike any other modern disaster and will create new challenges for business continuity planners. Businesses will need to rethink their existing continuity strategies to cope with such an event.

The primary impact of an influenza pandemic will be on staff absences. Businesses should plan for up to 30-50 percent staff absences at the peak of the pandemic. A pandemic is also likely to impact on the availability of supplies of materials needed for ongoing activity and services from subcontractors or other suppliers. Demand for services may also be impacted, fuel and energy supplies may be disrupted in some locations at times and the movement of people, imports and exports may be restricted or delayed by quarantine measures both within Australia and overseas.

Governments acknowledge that they alone cannot control and manage the spread of pandemic influenza or maintain the essential services that business and the community in general will require. Business and community organisations will also play a vital role in helping to manage a pandemic in Australia.

The Commonwealth, State and Territory governments are encouraging advanced preparation by both private and public sector organisations to ensure business continuity. This planning is critical to control a pandemic, and its potential social and economic impacts, by helping to maintain core functions and services in the business and general community.

All businesses – from small enterprises to large organisations delivering essential services – can minimise the impact of an influenza pandemic on their operation by undertaking business continuity planning to prepare for a changing work environment. Although governments can assist, it is up to businesses to ensure they are in the best position to manage the effects of a pandemic, and to recover as quickly as possible.

Business continuity plans may include policies on hygiene and cleaning practices, social distancing strategies, work-related restrictions on travel to affected areas, staff education and communication, and workplace health and safety.

The Commonwealth Government (through the Department of Innovation, Industry, Science and Research) is providing guidance to help Australian businesses consider the impact a pandemic might have on their business. This guidance, which can be accessed through [www.flupandemic.gov.au](http://www.flupandemic.gov.au), includes a range of tools and information to help businesses prepare and respond. State, Territory and local governments will all play a role in supporting business continuity planning.

#### **Critical infrastructure**

All governments are engaging with providers of critical infrastructure and services to implement pandemic preparedness plans. These include:

- banking and finance;
- emergency services;

- energy (including liquid fuels);
- food supply;
- health care;
- telecommunications;
- transport;
- sanitation and garbage services; and
- a safe water supply.

Critical infrastructure protection identifies critical infrastructure, analyses vulnerability and interdependence, and protects from, and prepares for, all hazards (including pandemic influenza).

The Trusted Information Sharing Network for Critical Infrastructure Protection (TISN) provides a forum for the owners and operators of critical infrastructure to work together, and in collaboration with government, to share information on critical infrastructure protection and organisational resilience. Launched in 2003, it has promoted an 'all hazards' approach to critical infrastructure protection. It includes Infrastructure Assurance Advisory Groups (IAAGs) representing different industry sectors and government agencies with portfolio responsibility for the particular sector. The IAAGs are overseen by the Critical Infrastructure Advisory Council (CIAC), which reports to the Commonwealth Attorney-General, facilitating high level communication with government. The TISN has also formed 'communities of interest', which bring together members from different sectors to work on common issues, including pandemic planning.

#### **3.4.6. Maintenance of public trust and confidence**

Catastrophic events can lead to the disruption of key services and may cause disruption of usual social and community activities.

Though Australian governments recognise that their planning provides for a worst-case scenario that may never arise, they are putting in place structures and measures to manage access to critical services and supplies and maintain law and order, should the need arise.

Planning by the Commonwealth, State, Territory and local governments encompasses:

- continuity of executive government;
- coordination of communications, and consistency and accuracy of messages;
- exchange of critical information;
- powers to take extraordinary measures should they be required, such as State and Territory disaster and emergency management powers, and power to manage the supply of goods and services;
- maintenance of public trust and confidence through visible and authoritative leadership;
- maintaining fair and orderly access to scarce necessities and services; and
- maintenance of public trust and confidence through visible and effective security and law enforcement.

### 3.4.7. *Development of national capabilities*

Good planning, the development and availability of appropriately skilled personnel, leadership and equipment are essential to ensure Australia's capacity to meet the specific needs arising from a human influenza pandemic. Ongoing development and maintenance of these capabilities by all governments are essential to Australia's preparedness.

The occurrence of a pandemic could have widespread and long-term impacts across Australia. It is vital to prepare for the possible consequences of a pandemic by assessing the capabilities required to manage those consequences and implementing appropriate measures. These include:

- appropriate training of health sector, emergency services and other workers;
- access to adequate supplies to continue priority services during the response and recovery phases; and
- testing jurisdictional and national pandemic influenza plans.

The national health response is coordinated through the Australian Health Protection Committee.

Australia's pandemic response is built on established emergency management capabilities.

Each State and Territory has emergency management legislation, structures, plans and procedures. Commonwealth, State and Territory governments have established organisational arrangements and lines of reporting to prepare for, respond to and recover from emergencies. Local government plays an integral part of these arrangements. National emergency policy development is coordinated through the Australian Emergency Management Committee.

The capabilities to meet the challenges of pandemic influenza need to be linked across and between jurisdictions, building on established arrangements. They are being jointly and collaboratively developed to ensure an effective national approach.

### 3.4.8. *Simulation exercises*

The effectiveness and interoperability of Australia's plans for an influenza pandemic are assessed through national exercises.

*Exercise Cumpston 06* exercised the capacity and capability of the health system to prevent, detect and respond to an influenza pandemic. *Exercise Sustain 08* focused on the maintenance of social and economic functioning and supporting recovery when a pandemic is widespread. It enabled Australian governments to consider policy issues, exercise national governance arrangements and processes and assess the National Influenza Pandemic Public Communications Capability to support leaders.

These exercises assessed Australia's level of preparedness, coordination and strategic level decision making within and between all jurisdictions. They also identified any gaps or shortfalls in current arrangements.

All plans are subject to ongoing review to ensure they incorporate the lessons of these and future exercises.

## CHAPTER 4 – RESPONSE

The occurrence of human-to-human transmission in Australia or, anywhere in the world, will trigger a well-planned, coordinated and comprehensive response across the breadth of the Commonwealth, State, Territory and local governments. Government agencies will work closely with relevant professionals, community groups and private sector organisations within their jurisdictions. The primary response from the health sector needs to be supported by a whole of government response across Australia.

The operational response will be activated and upgraded, as required at:

- Overseas Phase 4 to **delay** entry of the virus into Australia by, for example, applying border measures, supporting the overseas response and increasing surveillance;
- AUS Phase 6a to **contain** establishment of the pandemic strain in Australia;
- AUS Phase 6b to **sustain** the response while a customised vaccine is developed; and
- AUS Phase 6c to bring the pandemic under **control** through the mass vaccination of the population with a customised pandemic vaccine.

The WHO and Australian phases are shown in **Figure 2** on page 7. The decision-making and communication arrangements in the response phase are summarised in **Figure 4** on page 10.

The operational response will focus on minimising the transmission of the virus, supporting the community with practical advice about personal and community safety, and minimising disruption to normal living. Continuous provision of accurate, consistent and timely information to the public at all stages of the response will be a priority. All jurisdictions will respond in accordance with their whole of government and health influenza pandemic plans.

### 4.1. GOALS AND OBJECTIVES

The goals of response operations are to:

- limit morbidity and mortality arising from infection with the pandemic virus;
- rapidly implement containment measures to limit the spread of the virus;
- maintain essential infrastructure and services;
- support the maintenance of normal life and civil society; and
- provide households, business, community groups and the media with up-to-date, practical and authoritative information.

Planned recovery actions commence at the very earliest stages of responding to a pandemic. The groundwork laid in these early phases will be pivotal to minimising illness and deaths, maintaining business and civil society, and supporting the quickest possible recovery.

## 4.2. KEY ACTIONS

### 4.2.1. *Operational responsibilities*

State and Territory governments have primary operational responsibility to respond to an occurrence of pandemic influenza in their jurisdiction. State and Territory health, police and emergency services would play a central role.

While primary responsibility for the protection of life, property and the environment rests with the States and Territories, the Commonwealth Government is committed to supporting the States and Territories in developing their capacity for dealing with emergencies and disasters. The Commonwealth Government, through Emergency Management Australia, coordinates a national approach to emergency management.

When States or Territories cannot reasonably cope in an emergency, they can request assistance from the Commonwealth Government.

State and Territory plans outlining local actions and national plans can be accessed through [www.flupandemic.gov.au](http://www.flupandemic.gov.au).

The owners and operators of critical infrastructure will be encouraged to adopt risk management strategies and business continuity plans to endeavour to maintain the supply of essential goods and services to the community throughout an influenza pandemic.

### 4.2.2. *Actions*

Key actions for the various levels of government during the response phase are outlined below. Response actions are also summarised at Appendix A.

The key actions have been developed consistent with the AHMPPI's 'delay', 'contain', 'sustain' and 'control' strategies.

During the response phase the following actions will be implemented progressively as they are required:

- Prime Minister, on advice from the CMO and the Minister for Health and Ageing, consults with First Ministers and the President of the ALGA at each new phase;
- increase border measures, including entry screening and health reports for incoming aircraft/sea vessels;
- support the overseas response to control the outbreak at its source;
- increase surveillance of the overseas and domestic situation (clinical and laboratory surveillance, monitoring and reporting activities);
- escalate preparedness activities in anticipation of moving to a higher phase;
- ensure the health system is best able to cope with an influenza pandemic;
- activate the next phase of the communications strategies to provide public information, including complementary campaigns by State, Territory and local governments;
- implement domestic quarantine measures (national response agencies);
- implement community-level public health strategies, including social distancing measures;

- coordinate deployment of the National Medical Stockpile, including the customised vaccine when it becomes available;
- provide access to normal government safety net assistance for people in need;
- provide community support services, including those relating to information, food, money and income support;
- maintain the continuity of government agencies, businesses and authorities that provide critical products and services;
- Prime Minister consults regularly with First Ministers and the President of the ALGA on the effectiveness of response actions; and
- careful downscaling of the response as the pandemic is brought under control.

### 4.2.3 Public awareness and education

The Commonwealth, State and Territory governments and the local government sector will provide accurate and timely information to the public at all points in the preparation for, response to and recovery from a pandemic. Influenza pandemic public communications will occur through three major streams:

- public education;
- public information; and
- effective media engagement.

#### Public Education

Public education will be undertaken primarily to inform the public *prior* to an influenza pandemic to improve public understanding and awareness of prevention and preparedness measures. Public education messages will ordinarily be quite different in tone and content to those public information messages that would be developed and distributed during a pandemic.

Public education will use channels such as television and radio, press, [www.flupandemic.gov.au](http://www.flupandemic.gov.au) and other websites, brochures, fact sheets and other print material, information kits targeting homes, businesses and professionals, national telephone information lines, State and Territory based call centres. The 'new media' may also provide additional public communications opportunities to disseminate information.

#### Public Information

Public information refers to day to day messaging during the response and recovery phases. It provides critical, real time details on matters that change frequently.

Public information typically will be delivered through media releases, press conferences, print material, talking points, 'frequently asked questions', television and radio announcements, emergency call centres and websites.

#### Media Engagement

The media has the capacity to positively influence community behaviours and attitudes. Effective media engagement will reduce the risk of misinformation and confusion. Working

collaboratively with the media will ensure that it is well positioned to inform the public in a timely, accurate fashion, thus facilitating reassurance, resilience, and disease prevention and control measures.

*National Influenza Pandemic Public Communications Guidelines* have been developed to provide an overarching framework for all levels of government to facilitate a whole of government approach to managing public communications during and following an influenza pandemic. These guidelines are at Appendix B.

Education and information materials will be tailored to meet the special needs of Australians of diverse cultural and linguistic background, Indigenous Australians and people with disabilities.

## CHAPTER 5 - RECOVERY

Unlike most emergencies or disasters, a pandemic influenza event would not generate a single focal point – it would most likely be spread geographically over a period of weeks or months and impact on a range of sectors in our society.

Governments will work together and with the business and community services sectors to address recovery issues with local communities.

The scale and impact of an influenza pandemic on Australia will depend on a number of variables. Some variables, such as our national level of preparedness and response effectiveness, are controllable. Other variables, such as the nature of the virus itself and how it affects the population are not easily controlled. These aspects of an influenza pandemic make it difficult to predict exactly how it would impact on Australia. Our best approach for managing these is to implement prevention, preparedness and response strategies supported by integrated recovery planning.

All governments recognise that, should a pandemic occur, there will be a need for active support and stimulus to help the Australian community return to normal living as quickly as possible. Governments will cooperate to support affected communities to recover from the impacts on the social, economic, built and natural environments.

Recovery planning and actions commence at the very earliest stages of planning for, and responding to, a pandemic. The groundwork laid in these early phases will be pivotal to minimising deaths, maintaining business and civil society, and supporting the quickest possible recovery.

### 5.1. GOALS AND OBJECTIVES

The primary goal of recovery planning is to help affected communities quickly restore normal functioning following an influenza pandemic, both immediately and in the longer term.

The 'recover' phase occurs at AUS Phase 6d. Key operational objectives include:

- helping Australians return to their usual routines;
- assessing the impacts of the influenza pandemic;
- assisting Australia's social and economic recovery from these impacts;
- restoring essential and community infrastructure to normal service;
- providing measures to restore emotional and psychological wellbeing;
- preparing for the possibility of further waves of the pandemic;
- assisting nation-states to recover from the impacts of the pandemic through bilateral and multilateral relationships, with a particular focus on the Asia–Pacific region; and
- debriefing to learn for future planning.

## 5.2. RECOVERY COORDINATION

Recovery planning and the coordination of recovery operations will be critical to enable governments, industry, business and the community to recover from the impacts on the social, economic, built and natural environments. Accordingly, recovery will be a central component that is considered at all stages of preparing for and responding to a pandemic.

Recovery operates on a general premise of being locally/community centred. A human influenza pandemic may demand more complex and multi layered recovery coordination to address those directly affected as well as the impact on the broader community impacts.

There are a number of national and jurisdictional bodies and arrangements that will play an important role in the recovery from an influenza pandemic. These include the Australian Government Disaster Recovery Committee, the Australian Health Protection Committee, in relation to health aspects of emergencies, and jurisdictional recovery committees.

COAG, through the NPEC, will ultimately be responsible for ensuring recovery mechanisms operate in accordance with agreed national priorities and within a nationally coordinated framework. Coordination and facilitation of recovery will also involve State and Territory governments working together, and with local government authorities and community support and recovery services and agencies.

## 5.3. RECOVERY MANAGEMENT

Recovery is planned for and managed in a structured way. The Commonwealth, State, Territory and local governments will cooperate to implement a coordinated national approach, through a range of services provided by a variety of government and non-government organisations.

To effectively manage recovery operations, transitional arrangements from response to recovery will ensure that arrangements commenced during response are gradually devolved and integrated into recovery management. This will include media arrangements, information management, impact assessment, case management, rehabilitation of built and natural environments, restoring social networks and public confidence.

All State and Territory pandemic influenza plans contain a dedicated focus on recovery planning, which is undertaken through emergency management arrangements via State and Territory recovery committees and arrangements. At the Commonwealth level, recovery activities and policy are coordinated through the Australian Government Disaster Recovery Committee, chaired by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs.

Any recovery program will be based on a comprehensive needs assessment to review the impacts of the pandemic across sectors and communities.

Recovery planning will include an awareness of the potential issues faced by services, individuals, households, communities, business and other sectors. It will also include the potential role of economic and fiscal policy measures to stimulate commercial and trade activity.

This planning is likely to involve a broad spectrum of functional services. These include public and environmental health, hospitals and other health services. They may also include a range of social and financial services to assist the recovery of business, households and communities.

While recovering from the impact of a pandemic, it will also be important to prepare for the possibility of further outbreaks.

### **5.3.1. Income assistance**

Individuals and families in particular may suffer a loss of income for a range of reasons, including illness, lack of access to employment due to workplace closures and business failures.

In these circumstances, safety net assistance through Commonwealth Government payments and services will be available to assist people in need. Eligibility, the level of assistance and payment arrangements will be announced at the time of a pandemic event.

### **5.3.2. Psychological, social and community recovery**

Recognising and mitigating the potential impacts on individuals, families and communities, and putting in place support mechanisms is a crucial part of recovery planning. Organisations providing community services have been advised of the likely impacts and encouraged to prepare for these.

There is the potential for serious psychological consequences and mechanisms must be in place to address these.

Further potential consequences, such as disruption of local economic activity and the flow-on effect on incomes and demand for goods and services, may be both visible and immediate.

Other less visible impacts might include:

- increased and mutually reinforcing levels of uncertainty and fear;
- breakdown in general community activity and levels of interaction;
- breakdown of community support mechanisms, such as volunteering, charitable, sporting and cultural groups; and
- disputes resulting from increased intra-community tensions.

The impacts of an influenza pandemic on vulnerable groups may be magnified, and the special needs of these groups must be considered. There would also be an increased need for psychological support due to personal loss, financial hardship, illness and bereavement.

### **5.3.3. Economic recovery**

Recovery of economic activities and functioning following an influenza pandemic will require a long-term, integrated and sustained response across Commonwealth, State, Territory and local government, community, business and industry.

Australian industry and business may be variously impacted by one or all of the following potential consequences of pandemic influenza:

- a fall in labour supply due to sickness, carer responsibilities and control measures;
- a fall in demand for services and products due to the impacts of the pandemic, control measures and temporary business closures;
- a fall in exports due to pandemic impacts on trading partners, quarantine measures applied to international trade, or interruptions to international transport and communications;
- disruption of domestic production due to interruption of imports;
- reduced consumer, housing, and business investment spending due to loss of confidence;
- a downturn in tourist numbers, international students coming to Australia and recreational activities; and
- a fall in business and foreign investment.

By preparing and putting in place recovery plans early, Australians will be better prepared to meet the challenges that may arise and restore emotional, social, economic and physical well-being as quickly as possible.

#### **5.3.4. Public communications**

As a pandemic subsides, effective public communications by all levels of government, will remain vital to an effective recovery and to minimise (and prepare for) the possibility of further outbreaks. Communications objectives will:

- support and encourage psychological, social and economic recovery;
- provide information on support services and assistance options available;
- restore public confidence; and
- where appropriate, prepare for the possibility of further outbreaks.

# APPENDIXES

## APPENDIX A: SUMMARY OF KEY RESPONSE PHASE ACTIONS

Phase	Key actions
<b>Pandemic alert – global phase 4</b>	
<p><b>Phase Overseas 4: Delay</b> Small cluster(s) consistent with limited human to human transmission overseas but spread is highly localised, suggesting the virus is not well adapted to humans.</p>	<ul style="list-style-type: none"> <li>• Prime Minister consults Premiers and Chief Ministers; response phase of the National Action Plan implemented</li> <li>• Increase surveillance, monitoring and reporting of pandemic virus</li> <li>• Implement border control measures, including consideration of a mechanism to reduce travel from affected areas</li> <li>• Implement public education and awareness campaign</li> </ul>
<b>Pandemic – global phase 5</b>	
<p><b>Phase Overseas 5: Delay</b> Larger cluster(s) overseas but human to human spread still localised overseas, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> <li>• Prime Minister consults Premiers and Chief Ministers</li> <li>• Continue heightened surveillance, monitoring and reporting of pandemic virus</li> <li>• Continue increased border management and quarantine measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>
<b>Pandemic – global phase 6</b>	
<p><b>Phase Overseas 6: Delay</b> Increased and sustained transmission in the general population overseas.</p>	<ul style="list-style-type: none"> <li>• Declaration of a pandemic by the WHO</li> <li>• Prime Minister consults Premiers and Chief Ministers</li> <li>• Continue enhanced surveillance, monitoring and reporting of pandemic virus</li> <li>• Continue to enforce enhanced border management and quarantine measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>
<p><b>Phase Australia 6a: Contain</b> Increased and sustained transmission in the general population in Australia, but cases are still localised to one area of the country.</p>	<ul style="list-style-type: none"> <li>• Declaration of a pandemic in Australia by the Prime Minister, on advice from the Minister for Health and Ageing and the CMO, after consulting First Ministers and the President of the ALGA</li> <li>• Implement measures to contain spread of infection</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Monitor and support supply of food, supplies and services to affected areas</li> <li>• Strategic deployment of the National Medical Stockpile, including targeted distribution of antiviral drugs and vaccines</li> <li>• Implement localised community-level strategies, including social distancing measures</li> <li>• Strengthen public information campaign with relevant updates</li> </ul>

Phase	Key actions
<p><b>Phase Australia 6b: Sustain</b></p> <p>Increased and sustained transmission in the general population in Australia and cases are occurring in multiple regions of the country.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be spreading in Australia after consulting First Ministers and the President of the ALGA</li> <li>• Tailor measures to contain spread of infection</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Monitor and support supply of food, supplies and services to affected areas</li> <li>• Strategic deployment of the National Medical Stockpile and distribution of antiviral drugs and vaccines</li> <li>• Maintain delivery of community support services</li> <li>• Continue widespread community-level strategies, including social distancing measures</li> <li>• Continue public information campaign with relevant updates</li> </ul>
<p><b>Phase Australia 6c: Control</b></p> <p>Increased and sustained transmission in the general population in Australia but the number of cases is subsiding.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic to be subsiding in Australia after consulting First Ministers and the President of the ALGA</li> <li>• Tailor measures to contain spread of infection</li> <li>• Support maintenance of essential infrastructure and services</li> <li>• Review extent of social distancing measures</li> <li>• Distribute customised vaccine</li> <li>• Restock National Medical Stockpile as needed</li> <li>• Continue public information campaign with relevant updates</li> <li>• Evaluate and review communication strategies</li> </ul>
<p><b>Phase Australia 6d: Recover</b></p> <p>Pandemic controlled in Australia but further waves may occur if the virus ‘drifts’ and/or is re-imported.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares the pandemic is under control after consulting First Ministers and the President of the ALGA</li> <li>• Assist recovery of community support services</li> <li>• Assist recovery of essential infrastructure and services</li> <li>• Continue public information campaign about recovery</li> </ul>

### *Australia as the source of an influenza pandemic*

Pandemic preparedness planning in Australia is based on the premise that an influenza pandemic strain will first emerge overseas and will enter Australia via an infected traveller.

In the unlikely scenario that an influenza pandemic virus first emerges in Australia, relevant prevention and preparedness and response actions outlined in this Plan would be activated. The actions for AUS Phase 3, AUS Phase 4 and AUS Phase 5 are shown below. If a pandemic virus emerges in Australia, the actions for AUS Phase 6a (contain), AUS Phase 6b (sustain) and AUS Phase 6c (control) will come into play.

<p><b>Australia 3: Stamp-out</b> New subtype/s but no human-to-human spread or at most rare instances of spread to a close contact.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, change of phase in Australia</li> <li>• Agricultural efforts to stamp out infection in birds and animals</li> <li>• Protection for humans in close contact with such animals</li> <li>• Heightened surveillance for human cases and provide appropriate health care</li> <li>• Step up public education campaign</li> </ul>
<p><b>Phase Australia 4: Avert</b> Small cluster(s) consistent with limited human to human transmission in Australia but spread is highly localised, suggesting the virus is not well adapted to humans.</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares occurrence of limited human-to-human transmission in Australia</li> <li>• Monitor supply of food, supplies and services to affected areas</li> <li>• Targeted distribution of antiviral drugs and strategic deployment of National Medical Stockpile</li> <li>• Implement localised community-level strategies, including social distancing measures</li> <li>• Implement border exit screening measures at international airports</li> <li>• Step up public information campaign</li> </ul>
<p><b>Phase Australia 5: Avert</b> Larger cluster(s) but human to human spread still localised in Australia, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> <li>• Prime Minister, on advice from the Minister for Health and Ageing and the CMO, declares further spread of human-to-human transmission in Australia</li> <li>• Monitor supply of food, supplies and services to affected areas</li> <li>• Targeted distribution of antiviral drugs and strategic deployment of National Medical Stockpile</li> <li>• Implement localised community-level strategies, including social distancing measures;</li> <li>• Implement border exit screening measures at international airports</li> <li>• Continue public information campaign with relevant updates</li> </ul>

## APPENDIX B: NATIONAL INFLUENZA PANDEMIC PUBLIC COMMUNICATIONS GUIDELINES

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## 1. INTRODUCTION

- 1.1. The *National Influenza Pandemic Public Communications Guidelines* ('the Guidelines') are appended to and form part of the National Action Plan (NAP) for Human Influenza Pandemic.
- 1.2. The Guidelines provide an overarching framework for all levels of government to facilitate a whole of government approach to managing public communications in preparing for, responding to and recovering from an influenza pandemic. They do not replace existing arrangements or plans of each jurisdiction, but rather complement, support and link existing Commonwealth, State, Territory and local government public communications arrangements.
- 1.3. Part A outlines the context, key objectives and centralised arrangements for public communications for influenza pandemic.
- 1.4. Part B describes the whole of government coordination arrangements for public communications that will be active in the event of an influenza pandemic.
- 1.5. Parts C, D and E identify national principles for public education, public information and media engagement strategies, and provide clear advice to communications officers to support effective and coordinated communications efforts.
- 1.6. Public confidence and stability in the context of a global influenza pandemic is critical. The Commonwealth, State and Territory governments and the Australian Local Government Association (ALGA) are committed to providing consistent, accurate and timely information to the public at all times in the preparation for, response to and recovery from a pandemic.

## 2. NATIONAL INFLUENZA PANDEMIC PUBLIC COMMUNICATIONS GUIDELINES

### *Intended Audience*

- 2.1. The Guidelines are aimed at officers across all levels of government involved in public communications during all phases of an influenza pandemic.
- 2.2. They are designed to be read and understood by a range of officers with varying levels of skills and experience. In the event of an influenza pandemic, it will be necessary to engage a range of personnel who are on call as a reserve staffing capacity. As some will have limited experience in crisis communications, the Guidelines cater to their needs to ensure continuity of government communications.

### *Intended Outcomes*

- 2.3. The Guidelines will assist strategic and coordinated public communications activities which:
  - support and assist the broader operational and policy response to the pandemic;
  - encourage community resilience and help reduce the overall impact of the pandemic and strengthen the ability of the community, economy and affected individuals to recover; and
  - maintain community confidence in government, its agencies and its processes (whilst acknowledging uncertainty or the severity of the event).
- 2.4. They will do this by assisting agencies in their efforts to meet the following outcomes:
  - public messages are consistent, responsive, timely, accurate and authoritative;

- communications activities influence behaviours and attitudes to minimise the spread and impact;
- public communications support crisis response activities through effective communications across governments;
- media engagement will be proactive and responsive;
- trust and confidence in government will be strengthened and maintained;
- community resilience, and resilience within governments, will be strengthened and maintained; and
- communications activities will be sustainable through all phases of a pandemic.

2.5. The Guidelines will help officers reduce the risk of:

- inaccurate or contradictory information reaching the public;
- loss of public trust and confidence in government;
- increased threat to public health/safety; and
- non-compliance with emergency response/control activities.

### ***Relationship to Other Plans***

2.6. The Guidelines should be considered together with other key national plans, including:

- the NAP;
- the *Australian Health Management Plan for Pandemic Influenza (AHMPPI) 2008*;
- the Australian Health Pandemic Influenza Communications Strategy; and
- State and Territory pandemic communications plans.

2.7. For access to these and other strategic documents for influenza pandemic prevention and preparedness, go to [www.flupandemic.gov.au](http://www.flupandemic.gov.au).

## PART A: NATIONAL INFLUENZA PANDEMIC COMMUNICATIONS

### 3. National Communications Context

- 3.1. All stages of an influenza pandemic affecting Australia will require clear and accurate communications to the Australian public. This section outlines some of the objectives and arrangements for communications generally, as well as principles for the development and delivery of national messages.
- 3.2. Effective public communications practices will help to minimise health, economic and social impacts, to positively influence attitudes and behaviours, and to encourage individuals to take an active role in preparing for a pandemic. For these reasons, it is essential that effective public communications activities are undertaken by all levels of government to prepare for, respond to and recover from a pandemic, by educating individuals and seeking to minimise the potential impact.
- 3.3. To that end, the unified capacity of all levels of governments (Commonwealth, State/Territory and local governments) will work to develop and deliver public messages throughout all phases of an influenza pandemic, drawing on existing structures, committees, people and resources.
- 3.4. Public communications, in this context, refers to communications undertaken via a range of media channels with all areas of the public, including individuals and families, businesses, the non-government sector, industry groups, and a range of other relevant stakeholders and audiences. Planning by all jurisdictions should target a range of public audiences when developing and delivering public messages. Communications with these audiences should be guided by the principles in this document. Agencies should utilise existing mechanisms and networks to facilitate government communications with specific stakeholders.
- 3.5. While each jurisdiction is governed by its own existing arrangements, all activities should be guided by the principles outlined in these Guidelines, ensuring that all parts of the whole are working in unison with a clear line of sight of one another.
- 3.6. To meet the national communications objectives, the agencies of each jurisdiction should ensure the following responsibilities are met:
  - adequate numbers of communications officers are trained and available to assist in delivering the national communications response;
  - communications officers are aware of the communication responsibilities and objectives of their own agency as well as possess a clear understanding of the national communications principles laid out in these Guidelines;
  - senior officials are aware of and familiar with their agency's role within the communications arrangements;
  - consideration is given ahead of time to those marginalised and/or vulnerable audiences likely to require targeted or adapted messages, and appropriate arrangements made (where possible) to meet their needs prior to a pandemic;
  - adequate internal communications plans are developed and agreed and response planning takes into account any communications implications for key stakeholders; and
  - internal communications plans are regularly reviewed and tested.

## 4. National Communications Objectives

### **Preparedness (AHMPPI: Alert/Delay)**

- 4.1. The primary aim for government communications during the preparedness stage is public education. Effective education will reduce the risks associated with influenza pandemic, as informed people are more likely to be prepared and are more likely to be responsive to information and advice from government and health authorities.
- 4.2. Objectives for educating the public throughout the preparedness stage are:
- improve general public understanding and awareness, including the risks of an influenza pandemic occurring in Australia, the potential health implications, what it could mean for individuals, businesses, industry sectors and other major groups, what measures can be taken to prepare for such an event, and how effective these measures may be;
  - influence attitudes and beliefs to minimise misconceptions and encourage positive behaviours, self-reliance, community resilience and preparedness measures;
  - inform the public on the role of government, including what governments can (and cannot) do to assist the public leading up to, responding to and recovering from a pandemic; and
  - inform the public on the pandemic planning assumptions taken into consideration, and alert the public to uncertainties about the threat and possible severity of the situation.

### **Response (AHMPPI: Contain/Sustain/Control)**

- 4.3. Public messages during the response stage will be critical to managing the disease threat, minimising public anxiety and supporting continuation of normal life as long as possible. Messages will generally be statements of fact, practical advice and appropriate reassurance, drawing on a sound evidence base.
- 4.4. The content of messages will be determined by the nature and severity of the event, and will be developed based on the decisions of relevant national committees (refer to Part B).
- 4.5. Objectives for government communications in the response phase are to:
- advise individuals, communities and specific stakeholder groups on how they can manage (including health protection measures, support services, information resources, etc.);
  - provide the latest information on the situation and what is being done to reduce the spread and impact (in particular, what governments are doing to assist in the response);
  - influence behaviours and attitudes to reduce the spread of disease and minimise psychological, social and economic impacts; and
  - maintain public trust and confidence in government.

### **Recovery (AHMPPI: Recover)**

- 4.6. As a pandemic subsides, communications with the public will remain vital to an effective recovery and minimise (and prepare for) the possibility of further outbreaks.

- 4.7. As with the response stage, the content of messages will be determined by the nature and severity of the event, and will be developed based on the decisions of relevant national committees (refer to Part B).
- 4.8. Communications objectives during the recovery stage will be to:
- support and encourage psychological, social and economic recovery;
  - provide information on support services and assistance options available;
  - restore public confidence; and
  - where appropriate, prepare for the possibility of further outbreaks.
- 4.9. A summary of the objectives for communication of public messages by government agencies is at Figure 1.

**Figure 1: National Public Communications Objectives**

	PHASE	OBJECTIVES
Preparedness	ALERT	Build public understanding and awareness* of an influenza pandemic, potential risks and preparedness measures that can be undertaken now, the role of government and the assumptions incorporated into pandemic planning.  Maintain public education via general flu season preparedness activities to inform the public on flu etiquette, control measures, etc.  <i>*(Note: Consideration is currently being given to what would be the most appropriate timing for public education during the alert phase as information delivered too early during this phase could be ineffectively received).</i>
	DELAY	Maintain Alert Phase activities. Continue communications planning and collaboration between jurisdictions.
Response	CONTAIN	Provide the latest information on the situation and what is being done to reduce the spread and impact of the pandemic.
	SUSTAIN	Advise individuals, communities and specific stakeholder groups on how they can manage during the influenza pandemic.  Influence behaviours and attitudes to reduce the spread of disease and minimise psychological, social and economic impacts.
	CONTROL	Maintain public trust and confidence in government.
Recovery	RECOVER	Support and encourage psychological, social and economic recovery. Provide information on support services and assistance options available. Restore public confidence. Prepare audiences for the possibility of further outbreaks.

## PART B: NATIONAL PUBLIC COMMUNICATIONS COORDINATION ARRANGEMENTS

### 5. National Pandemic Emergency Committee

- 5.1. In the event of an influenza pandemic, the Secretary of the Department of the Prime Minister and Cabinet (PM&C) will convene the National Pandemic Emergency Committee (NPEC). The NPEC comprises representatives of First Ministers' and health departments, ALGA and emergency service agencies.
- 5.2. NPEC will agree the high-level national policy and public communications response. Public communications will be a standing item on the agenda at each NPEC meeting. The NPEC Secretariat at PM&C will circulate decisions relating to public communications after each meeting.
- 5.3. The NPEC will support the Council of Australian Governments (COAG) in its role of achieving cooperation among governments.

### 6. National Public Communications Coordination Arrangements

- 6.1. To facilitate national coordination of public communications the Commonwealth Government will initiate National Public Communications Coordination Arrangements ('National Arrangements').
- 6.2. The National Arrangements are not permanently active. PM&C will activate the National Arrangements when a nationwide response is required. This is likely to occur when there are clusters of infections overseas consistent with limited human-human transmission (Overseas Phase 4: DELAY) but may be activated in response to a range of other factors if the need is identified. Jurisdictions will be informed when this occurs.
- 6.3. The National Arrangements comprise two elements:
  - i. a strategic-level **Coordination Centre** (refer: paragraph 6.6) managed and staffed by the Commonwealth Government; and
  - ii. a **Communications Officers' Network** (refer: paragraph 6.8) comprising of:
    - (i) Commonwealth, State, Territory and local government representatives from a range of relevant agencies; (ii) representatives from key communications committees and networks; and (iii) other stakeholders as relevant.
- 6.4. The Commonwealth Government will maintain a Network directory of primary contacts on *PanComm*, the national pandemic influenza communications extranet (for information on how to access and utilise *PanComm*, contact the PM&C Pandemic Team at [pandemic.team@pmc.gov.au](mailto:pandemic.team@pmc.gov.au)).
- 6.5. The Arrangements will support NPEC, with the Manager of the Coordination Centre (or delegate) present at all NPEC meetings.

#### **Coordination Centre**

- 6.6. The Coordination Centre will be led by PM&C and based in Canberra. It will be staffed by the Pandemic Emergency Taskforce and include a dedicated Communications Team who will support the Communications Officers' Network (the Network). They will:
  - i. activate and coordinate the Network in consultation with members;

- ii. maintain, oversight and exercise the Network in consultation with members;
  - iii. schedule regular teleconferences between Network members;
  - iv. attend national decision-making meetings (including between national leaders, NPEC and the Australian Health Protection Committee) and, in doing so:
    - represent the national public communications interests;
    - keep Network members informed of national communications activities and decisions; and
    - distribute a summary of the key strategic decisions with national public communications implications.
  - v. circulate other materials (e.g. Australian Government talking points, media responses and interview transcripts to assist public communications activities of other jurisdictions); and
  - vi. develop and manage mechanisms to enable members to share information to ensure consistency of messages (e.g. *PanComm*).
- 6.7. Pandemic Emergency Taskforce correspondence should be sent via the email address [pandemic.team@pmc.gov.au](mailto:pandemic.team@pmc.gov.au).

### **Communications Officers' Network**

- 6.8. The Communications Officers' Network will draw on officers from a range of different agencies (First Ministers' departments, community services departments, health departments) to deal with a full range of whole of government issues and related public messages.
- 6.9. The Network will include senior communications officers within the Commonwealth, State, Territory and local governments.
- 6.10. Members of the Communications Officers' Network will represent their jurisdiction at Network meetings. Members are responsible for identifying and engaging all relevant communications officers within their jurisdiction and advising them about national decisions and information arising from meetings of the Communications Officers' Network.
- 6.11. In the event of an influenza pandemic, the Network will:
- i. collaborate to produce national messages based on NPEC decisions; and
  - ii. provide strategic advice to NPEC to inform the national communications strategy.
- 6.12. Network members should:
- i. include senior representatives from the public communications arrangements activated within the Commonwealth, State, Territory and local governments;
  - ii. share materials and advice about communications activities (past, current and proposed);
  - iii. ensure public communications are undertaken in alignment with the principles outlined in these Guidelines;
  - iv. work together to resolve communications issues that arise, such as information gaps or inaccuracies;
  - v. disseminate advice from the Network to their relevant stakeholders, including briefing jurisdictional representatives prior to national meetings; and

- vi. communicate with each other via teleconferences, email and other mechanisms (e.g. *PanComm*).
- 6.13. In the preparedness stage jurisdictions should continue ongoing collaboration and information-sharing practices that currently occur through existing committees and networks of officers. Jurisdictions can also continue to share information, materials and ideas by utilising *PanComm* (for information on how to access and utilise *PanComm*, contact PM&C Pandemic Team at [pandemic.team@pmc.gov.au](mailto:pandemic.team@pmc.gov.au)).

### **Relationship between Networks**

6.14. In addition to the Communications Officers' Network, two other networks will operate in parallel to coordinate the delivery of information to the public. These networks coordinate the communication activities of all key stakeholders within their specific area of responsibility. These networks involve relevant Commonwealth, State and Territory government agencies. These two networks are:

- The **Primary Industry National Communications Network (NCN)**, which leads on animal infection issues. Through AUSVETPLAN, the network coordinates communication across Commonwealth agencies, State and Territory governments and the agriculture industry. The activities of the network are coordinated by the Australian Department of Agriculture, Fisheries and Forestry.
- The **National Health Emergency Media Response Network (NHEMRN)**, which leads on human health issues. At the Commonwealth Government level, the NHEMRN involves the Australian Department of Health and Ageing. The NHEMRN is managed by the department's media unit and includes State and Territory health departments and relevant Commonwealth Government agencies (including the Department of Agriculture, Fisheries and Forestry, Emergency Management Australia, AQIS and the Australian Customs and Border Protection Service), medical colleges and associations (including the Australian Medical Association and Royal Australian College of General Practitioners) and relevant parts of the private sector as appropriate during an emergency. The NHEMRN supports the Australian Health Protection Committee, the National Influenza Pandemic Advisory Committee, the chief health officers in all states and territories and the Communicable Diseases Network Australia.

As stated above, the Communications Officers' Network will deal with a full range of whole of government issues and related public messages while the NCN and the NHEMRN will deal with specific areas of responsibility. At least one senior member each of the NCN and of the NHEMRN will also be a member of the Communications Officers' Network and will ensure alignment and coordination across portfolio areas.

### **Consultation on National Messages**

- 6.15. All governments and jurisdictions will be responsible for public communications throughout all phases of a pandemic.
- 6.16. Whilst high-level cooperation between jurisdictions will be achieved through the Council of Australian Governments (COAG), consultation and strategic decision making on national communications issues will be achieved via the National Pandemic Emergency Committee (NPEC).

- 6.17. NPEC is chaired by the Secretary of PM&C and comprises high-level representatives of First Ministers' and health departments, the Australian Local Government Association (ALGA) and emergency service agencies.
- 6.18. Consultation and coordination on detailed communications issues will be achieved via the Communications Officers' Network, coordinated by PM&C.
- 6.19. Detailed or specialised public messages specific to each jurisdiction (consistent with NPEC decisions) can be developed and delivered to the public via the existing mechanisms of each State or Territory government. However, consultation with relevant jurisdictions and/or agencies should occur in the following circumstances:
- where the information has the potential to affect or overlap with the responsibilities or interests of another agency or jurisdiction;
  - where the information may have broader national policy implications (i.e. border control, school or work closures); or
  - where the information is of a particularly sensitive nature (i.e. morbidity or mortality rates, access to antivirals, access to critical infrastructure).

*Note: These criteria may need to change during the pandemic as new information emerges. Appropriate spokespeople and the tactical approach taken will be regularly reviewed, taking into consideration factors such as the rate of infection and the level of public concern.*

- 6.20. Consultation on areas which may affect or overlap with another agency or jurisdictions (including between States/Territories and Commonwealth agencies) should be undertaken with that agency or jurisdiction. Consultation on broader national policy issues should be undertaken with PM&C.
- 6.21. Information which is of a particularly sensitive nature may require broader consultation with one or more agencies or jurisdictions (i.e. PM&C, Department of Health and Ageing, First Ministers' departments, State/Territory health or community services departments, etc.).
- 6.22. Existing mechanisms to facilitate government communications with specific target audiences will continue to apply. Representatives of relevant committees on the Communications Officers' Network will provide broader contextual information and links. In some instances, the Network may wish to seek the assistance of other key committees and/or agencies to facilitate a more targeted distribution of public communications.

### **Delivery of National Messages**

- 6.23. Consultation on national messages will be undertaken between the Prime Minister, First Ministers and the ALGA President. The Prime Minister will:
- declare changes in phases of human infection leading up to and including an influenza pandemic (on advice from the Minister for Health and Ageing and the Chief Medical Officer); and
  - have responsibility for announcements relating to broader national policy decisions (e.g. border control).

### **Development of National Messages**

- 6.24. The following process describes how the Communications Officers' Network will support national public communications:
- PM&C convenes a teleconference of the Communications Officers' Network;

- Members provide strategic advice based on community attitudes and communications needs and gaps within their jurisdiction to inform future communications strategies for consideration by NPEC;
- Members collaborate to agree message themes and the general strategy for public communications based on NPEC decisions;
- Jurisdictions develop public communications for their jurisdiction that support the national strategy, based on NPEC and Network decisions.

6.25. The protocol for the development of national, whole of government messages is described below:

- Pandemic Emergency Taskforce Communications Team, in consultation with the Network, develops content and crafts communications material for whole of government messages;
- Communications Team clears content with policy/operational experts;
- Communications Team clears content with Prime Minister's Office (if required) and distributes via appropriate channels.

### **National Communications Mechanisms**

6.26. A range of mechanisms will be utilised to deliver public information. In addition to usual avenues available to each jurisdiction, there are several national resources and tools that can be utilised in the event of a pandemic to communicate with the public:

#### **Websites**

- National human-health websites, managed by DoHA (including [www.flupandemic.gov.au](http://www.flupandemic.gov.au));
- National animal-health website, managed by the Department of Agriculture, Fisheries and Forestry ([www.outbreak.gov.au](http://www.outbreak.gov.au));
- Commonwealth recovery assistance website, managed by the Department of Families, Housing, Community Services and Indigenous Affairs ([www.disasterassist.gov.au](http://www.disasterassist.gov.au)); and
- Website for Australians residing or travelling overseas, managed by Department of Foreign Affairs and Trade (DFAT) ([www.smartraveller.gov.au](http://www.smartraveller.gov.au)).

#### **Call Centres**

- Commonwealth Government emergency call centre infrastructure, operated by Centrelink; and
- State/Territory emergency call centre infrastructure, specific to each jurisdiction.

## **7. Jurisdictional Public Communications Arrangements**

7.1. Coordination of public communications within jurisdictions will be in accordance with their standing arrangements and may vary. Public communications arrangements in each jurisdiction will, among other things:

- determine their own communications strategy, consistent with these Guidelines;
- implement relevant public communications decisions within their jurisdictions;

- assist their respective governments in providing public leadership throughout the pandemic;
- provide the media with timely access to authorised information and spokespeople; and
- maintain close contact with other communications officers through their network representative/s.

## **8. Evaluation and Review**

- 8.1. The Arrangements can be modified and adjusted with agreement by Network members at any time to enable more flexible and responsive public communications distribution.
- 8.2. A review of the Arrangements will be undertaken following their use or exercise.
- 8.3. PM&C will be responsible for updating and distributing revised versions of the Arrangements to Network members as required.

## PART C: PUBLIC EDUCATION FOR INFLUENZA PANDEMIC

### 9. Public Education Context

- 9.1. Public education will be undertaken primarily to inform the public prior to an influenza pandemic. Public education messages will ordinarily be quite different in tone and content to those public information messages that would be developed and distributed during the response phase (refer to Part D: Public Information).
- 9.2. Public education will use channels such as television and radio, press, websites, brochures, fact sheets and other print material, information kits targeting homes, businesses and professionals, national telephone information lines and state-and territory-based call centres.

### 10. Principles for Public Education

- Public education should always be transparent, accurate, authoritative, and coordinated.
- Public education should improve public understanding of Australia's pandemic prevention, preparedness and response strategies; generate confidence in Australia's ability to respond; and create public trust in messages and advice disseminated by government.
- Public education should seek to influence attitudes and behaviours to ensure public safety and to support public health strategies.
- Education materials should encourage individuals to be self-reliant and take an active role in preparing their homes, families, or businesses for a pandemic.
- Education materials should be appropriately targeted for a range of audiences, including: Indigenous Australians; people from culturally and linguistically diverse backgrounds; people with disabilities (including hearing or visually impaired); people with limited literacy skills; people from rural and remote communities; and other vulnerable groups.

### 11. Advice for Communications Officers

- Where appropriate, material should be market tested to ensure relevance, clarity and accessibility.
- Communications should be practical, clear and presented in a logical manner (i.e. checklists, step-by-step instructions or diagrams).
- A record of all pre-approved, pre-prepared education material should be kept by each agency/department. Pre-prepared material should be immediately and easily accessible to all staff who may have a role in its delivery prior to (or during) an influenza pandemic.
- Education strategies should take into account other activities and materials which may overlap target audience, purpose, content or timing. This will ensure consistency of messaging and avoid overwhelming the intended audience with excessive or repetitive information.

## PART D: PUBLIC INFORMATION FOR INFLUENZA PANDEMIC

### 12. Public Information Context

- 12.1. Public information (as distinct from public education) refers to day-to-day messaging during the response phase. It provides critical, real-time details on matters that are likely to change frequently. Public information typically will be delivered through media releases, press conferences, print material, talking points, 'frequently asked questions', television and radio announcements, emergency call centres and websites.
- 12.2. DoHA has developed a range of pre-prepared templates and materials to ensure a national public information campaign can be implemented quickly. In addition, FaHCSIA has produced a range of pre-developed messages that are designed to encourage community resilience and to reduce the social and community impacts of an influenza pandemic.
- 12.3. These materials have been designed to be broadly flexible to enable prompt transfer of messages into a range of communication mediums in the event of a pandemic. The pre-prepared materials will supplement those detailed messages developed and delivered by other Commonwealth, State and Territory agencies and local government authorities at the time of an influenza pandemic, once further details are known of the likely scope and severity of the event.

### 13. Principles for Public Information

- Public health and safety is the highest priority. All messages should take into account the potential impact on public safety.
- All public information should support operational policies and actions. Messages should be developed in consultation with operational managers to ensure public information does not impede critical response activities.
- Public information should be transparent, accurate (i.e. evidence based), authoritative and coordinated. It should acknowledge uncertainties about the threat and possible severity of the situation where appropriate.
- Prior to public release of information by an agency or jurisdiction, consultation with other relevant agencies/jurisdictions should be undertaken to ensure consistency when any of the following criteria apply:
  - where the information has the potential to affect or overlap with the responsibilities or interests of another jurisdiction;
  - where the information may have broader national policy implications (i.e. border control, school or work closures); or
  - where the information is of a particularly sensitive nature (i.e. morbidity or mortality rates, access to antivirals, access to critical infrastructure).

*Note: These criteria may need to change during the pandemic as new information emerges. Appropriate spokespeople and the tactical approach taken will be regularly reviewed, taking into consideration factors such as the rate of infection and the level of public concern.*

- Each jurisdiction/agency should only release information for which it has responsibility.

- DoHA is the lead Commonwealth agency responsible for the development and distribution of specialised human health-based information. Agencies should consult DoHA to ensure messages are in line with revised pandemic planning assumptions applicable at the time.
- All public information should take into account the needs of marginalised or vulnerable audiences (i.e. culturally and linguistically diverse groups, Indigenous groups, remote/rural communities and individuals with limited literacy skills) and be targeted appropriately.
- Public information and media releases should be cleared at an appropriately senior level prior to public release.
- Public information relating to broader policy issues and decisions should be delivered at Ministerial level, while detailed information relating to public health and safety can be delivered by senior officials and specialists.

## 14. Advice for Communications Officers

- The aim of any public information campaign is to ensure public health and safety is the highest priority, to alleviate panic and anxiety, to provide a realistic expectation of the capability of authorities to manage a pandemic and its impacts, and to build community resilience.
- Public messages or statements should consider the following four principles as the basis for effective, transparent communication:
  - this is what we know
  - this is what we don't know
  - this is what we are doing
  - this is what we want you to do
- Public messages should be timely and appropriately targeted. Communications officers should consider the following questions when developing and distributing any public information:
  - WHY should this information be distributed?
  - To WHOM is this message intended (i.e. target audience)?
  - WHEN is the most appropriate time to distribute this message?
  - HOW should the information be presented or distributed?
  - WHO ELSE may need to be consulted on this information?
- Key messages should be developed and repeated regularly. Repetition of information is the best way to ensure messages are well received and understood.
- Messages should be accurate and supported by clear facts. Avoid speculation or generalisation.
- Avoid using technical jargon. Be as clear as possible, using simple language that is not overly scientific or specialised.

- Advice or instructions should be simple and practical, using checklists or clearly described steps where possible.
- Relevant spokespeople/information specialists should be identified early. Possible spokespeople include political leaders, subject experts and “on-the-ground” response representatives.
- Whilst it is important for the key spokesperson to be authoritative and credible in the public eye, the best representative may not always be the highest level government official. Spokespeople should possess an accurate and comprehensive understanding of the situation, be calm and appropriately trained/skilled.
- A record of all public information released should be kept by each agency.
- Jurisdictions should share information and keep relevant stakeholders informed of significant messages to ensure effective coordination of public messages.

## PART E: MEDIA ENGAGEMENT FOR INFLUENZA PANDEMIC

### 15. Media Engagement Context

- 15.1. The media has the capacity to positively influence community behaviours and attitudes. Effective media engagement will reduce the risk of misinformation and confusion. Working collaboratively with the media will ensure that it is well positioned to inform the public in a timely, accurate fashion, thus facilitating reassurance, resilience, and disease prevention and control measures.
- 15.2. Engagement with the media will normally occur through media liaison officers using press conferences, media releases and other avenues of communication. Media interest is likely to follow three major peaks: cases overseas; cases in Australia; and recovery. Media engagement strategies and information provided should be tailored to each.
- 15.3. Media engagement strategies should take into consideration the potential impact of social distancing measures on effective media engagement. Press conferences and other public activities may not be appropriate, given the infection control measures that may apply. Media liaison officers may need to draw on other tools such as video streaming, pod-casting and other web-based communication.

### 16. Principles for Media Engagement

- Public health and safety is the highest priority. All media engagement should take into account the impact of public messaging on public safety.
- Media engagement activities should support operational policies and actions. Media strategies should be developed in consultation with operational managers to ensure information released to the media does not impede critical response activities.
- Direct media engagement, such as press conferences or distribution of public talking points, should be held on a regular and frequent basis.
- Media liaison officers should consult where possible on major media engagements, such as press conferences or door-stop interviews, to coordinate activities and ensure consistency of statements and tone.
- All incorrect or inappropriate information should be followed up and corrected immediately.
- Agencies must ensure spokespeople are adequately and regularly briefed, and are readily available.
- Spokespeople should possess an accurate and comprehensive understanding of the situation, be credible and authoritative, calm and adequately trained for the role.
- Where possible, governments should establish pre-arranged agreements with media and other stakeholders that will enable the prompt and effective distribution of information to the public.

## 17. Advice for Communications Officers

- The media will be under considerable pressure to provide frequent updates on the event as it develops. The active engagement of the media and provision of new and accurate information will reduce the risk of an information vacuum that could encourage the spread of incorrect or inappropriate information.
- By identifying and briefing nominated spokespeople early and regularly, governments will be able to effectively direct the flow of media interest to an appropriate point.
- Information developed and targeted specifically to journalists will assist in meeting the needs and expectations of the media, and enable governments to tailor and release messages in a manner consistent with their communications strategies. 'Fact sheets' or 'questions-and-answers' are a good format for distributing information in a way that is practical and comprehensible.
- Anticipate potential media issues and queries and plan ahead by developing possible solutions or likely responses. Consider providing supplementary resources to the media, such as film footage, photographs, maps, report findings and other materials to ensure privacy for those affected.
- It is important that communications officers maintain regular contact with their Ministerial media advisors to ensure clear and open communication channels between the agency and their Minister.
- It is important that communications officers continually monitor the media to ensure misinformation is identified as early as possible and report public perception issues to decision makers. The willingness of the public to trust authorities will be based primarily on how competent and honest they perceive authorities to be; unconfirmed or inconsistent information may generate mistrust or fear in the community.

## 18. Media Engagement Networks

18.1. In addition to the national influenza pandemic Communications Officers' Network, which is activated as a component of the National Arrangements, there is a range of networks already established which deliver public messages via the media in a collaborative and timely fashion. The principal networks are:

- The **National Health Emergency Media Response Network (NHEMRN)**, coordinated by DoHA, that leads on the public communication of human health issues;
- The **Primary Industry National Communication Network**, coordinated by DAFF, that leads on animals and agriculture industry issues;
- The **DFAT Media Liaison Section** that will lead on communications regarding Australians overseas and support to neighbouring countries.

18.2. These networks will operate in close partnership and will undertake all activities in alignment with the principles outlined in these Guidelines.

## GLOSSARY

### *Abbreviations*

ALGA	Australian Local Government Association
AHMPPPI	Australian Health Management Plan for Pandemic Influenza
APEC	Asia Pacific Economic Cooperation
AQIS	Australian Quarantine and Inspection Service
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Agency for International Development
AUSVETPLAN	Australian Veterinary Emergency Plan
CMO	Chief Medical Officer of Australia
COAG	Council of Australian Governments
COMDISPLAN	Commonwealth Government Disaster Response Plan
FLUBORDERPLAN	National Pandemic Influenza Airport Border Operations Plan
NPEC	National Pandemic Emergency Committee
OSMASSCASPLAN	National Response Plan for Mass Casualty Incidents Involving Australians Overseas
WHO	World Health Organization

### *Definitions*

Commonwealth Government	The Federal Government of Australia.
Epidemic	An outbreak or unusually high occurrence of a disease or illness in a population or area.
First Ministers	The Prime Minister of Australia, Premiers of the States and Chief Ministers of the Territories.
H5N1 avian influenza (bird flu)	A virus affecting birds but transmissible in rare circumstances to humans who are in close contact with affected birds. It causes severe influenza-like symptoms and may result in death.
Influenza (the flu)	A highly contagious disease of the respiratory tract caused by the influenza virus.
Influenza Type A	Occurs in humans and animals.
National	Commonwealth, State, Territory and local governments
Pandemic	Epidemic on a global scale.
Social distancing	A community level intervention to reduce normal physical and social population mixing in order to slow the spread of a pandemic throughout society. Social distancing measures include school closures, workplace measures, cancellation of mass gatherings, changing public transport arrangements and movement restrictions.