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## Message from the Premier

The Victorian Government takes the threat of a human influenza pandemic seriously and is committed to supporting planning and preparedness to protect all Victorians.

We hope such an event never occurs, but pandemic influenza viruses are unpredictable and can spread rapidly with severe, if not disastrous, effects on communities.

Planning for an influenza pandemic is complex and challenging. In Victoria we are building on our existing emergency management arrangements and national plans, as well as using current knowledge from the World Health Organization and other clinical advice agencies.

This *Victorian Human Influenza Pandemic Plan* is a collaborative effort by many Victorian Government departments and agencies working closely with their colleagues in local government.

Victoria has developed key strategies to minimise transmission, manage cases of human infection, as well as providing continuity of government and essential services, communication and community support and recovery.

Implementing this plan will deliver significant long-term protection for all Victorians. It is also crucial that all Victorians see this plan as *their* plan. This is not about Government telling people what to do.

Whether you are a parent, an employee or a business owner, everyone has an important role to play in planning for the possibility of a human influenza pandemic.

I urge you to join with us in making sure that as a community we are prepared and ready to respond.



The Hon Steve Bracks MP  
**Premier of Victoria**



## Acronyms and definitions

### Acronyms

AHMPPPI	Australian Health Management Plan for Pandemic Influenza
AQIS	Australian Quarantine and Inspection Service
AUSVETPLAN	Australian Veterinary Emergency Plan
CGRC	Central Government Response Committee
CMO	Chief Medical Officer (Australian Government)
CHO	Chief Health Officer (Victoria)
CQO	Chief Quarantine Officers
DHS	Department of Human Services
DoHA	Department of Health and Ageing (Australian Government)
EMMV	Emergency Management Manual Victoria
PPE	personal protective equipment
SECC	Security and Emergencies Committee of Cabinet
VEMCCG	Victoria Emergency Management Council Coordination Group
VHMPPPI	Victorian Health Management Plan for Pandemic Influenza
WHO	World Health Organization

### Definitions

All hazards approach	Dealing with all types of emergencies or disasters and civil defence using the same set of management arrangements.
Antivirals	A class of medicines used to prevent and treat influenza. May also show these properties against a pandemic strain of influenza.
Epidemic	A sudden increase in the incidence of a disease, affecting a large number of people, over a large area.
H5N1 avian influenza (bird flu)	A type A virus affecting birds, but sometimes transmissible 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	A virus that occurs in both humans and animals.
Influenza Type B	A virus that occurs only in humans.
Pandemic	Epidemic on a global scale. Only Type A influenza viruses have been known to cause pandemics.
Prophylaxis	Short-term protection against contracting influenza.
Vaccine	A preparation that produces or artificially increases immunity to an influenza strain.

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# 1. Introduction

The World Health Organization (WHO) reports that we are moving towards an influenza pandemic. A pandemic occurs when a new viral strain appears, for which there is little or no immunity in the population. It is therefore readily transferred between humans, producing infection in a high proportion of people exposed. The potential result is very significant morbidity and mortality, with major social and economic disruption.

We cannot predict when the next pandemic will occur, nor how long it will last. There is however concern that a current avian influenza virus strain known as H5N1 ('bird flu') may soon mutate, triggering a human influenza pandemic.

The WHO has studied the progress of previous pandemics and developed a model to describe the phases of pandemic development. These phases are shown in Figure 1 and can be grouped into three broad periods:

1. 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.
2. In the **intermediate or 'pandemic alert' period (phases 3–5)**, the virus is first transmitted to humans, then between humans, in smaller and larger clusters (geographical areas).
3. In the **'pandemic' period (phase 6)**, the virus is in its active pandemic form and spreads easily between humans, causing widespread illness and in some cases, death.

The length of each phase is uncertain, but the pandemic period (phase 6) could come in several waves, each of up to 12 weeks in duration.

Planning and preparedness are the best ways to mitigate the potentially serious consequences of a new influenza pandemic.

**Effective strategies for control must be activated as early as possible, in response to *any* potential pandemic threat.**

Figure 1. World Health Organization (WHO) and Australian phases of pandemic influenza

		Period	Global phase	Australian phase	Description of phase	
Recovery	Prevention and preparedness	Inter-pandemic		Aus 0	No circulating animal influenza subtypes in Australia that have caused human disease	
			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	
		Pandemic alert	3	Overseas 3	Human infection overseas with new subtype/s: 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	
		Response	Pandemic	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
					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
	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)	
				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	
			Aus 6a	Pandemic in Australia: localised (one area of country)		
			Aus 6b	Pandemic in Australia: widespread		
			Aus 6c	Pandemic in Australia: subsiding		
			Aus 6d	Pandemic in Australia: next wave		
	<b>Recovery</b>					

## 2. Purpose, goals and objectives

### 2.1 Purpose

The *Victorian Human Influenza Pandemic Plan* outlines the responsibilities, authorities, mechanisms and actions to prevent, respond to and recover from an influenza pandemic in Victoria. The Plan identifies and describes the relationship between existing public health and emergency management arrangements. It also describes how our state and local governments, their departments and agencies will work together on:

- **preparedness** – strategies to reduce the risk of pandemic in Victoria; preparing to respond to and recover from any emerging pandemic threats. A significant part of the planning for managing a human influenza pandemic occurs at this stage. Preparedness strategies are implemented during WHO phases 0–3.
- **response** – human-to-human transmission of pandemic influenza anywhere in the world (overseas phase 4) will trigger a well-planned and coordinated response across the breadth of government in Australia. The initial response will focus on containing the spread of the disease, then on supporting maintenance of social norms. Response strategies are outlined in Section 7.
- **recovery** – recovery commences when the first response measures are taken. It aims to provide the necessary support and stimulus to help the Victorian community return to normal living as quickly as possible. Recovery strategies are outlined in Section 8.
- **communication** – providing timely and helpful information to Victorian communities is a critical element of this plan. While communication is integral to managing all stages – prevention and preparedness, response and recovery – it is important enough to warrant its own section (refer Section 6).

The key trigger point is evidence of more than very limited human-to-human<sup>1</sup> transmission, anywhere in the world. This Plan builds on and is consistent with:

- the *National Action Plan for Human Influenza Pandemic*
- the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI)
- Victoria’s Emergency Management Arrangements, as described in the *Emergency Management Manual Victoria* (EMMV).

The relationship between these plans is shown in Figure 2.

All Victorian pandemic plans will sit under this strategic framework, including:

- the *Victorian Health Management Plan for Pandemic Influenza* (VHMPPI)
- the *Human Influenza Pandemic Whole-of-Victorian Government Communication Strategy*
- action plans for all government departments.

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

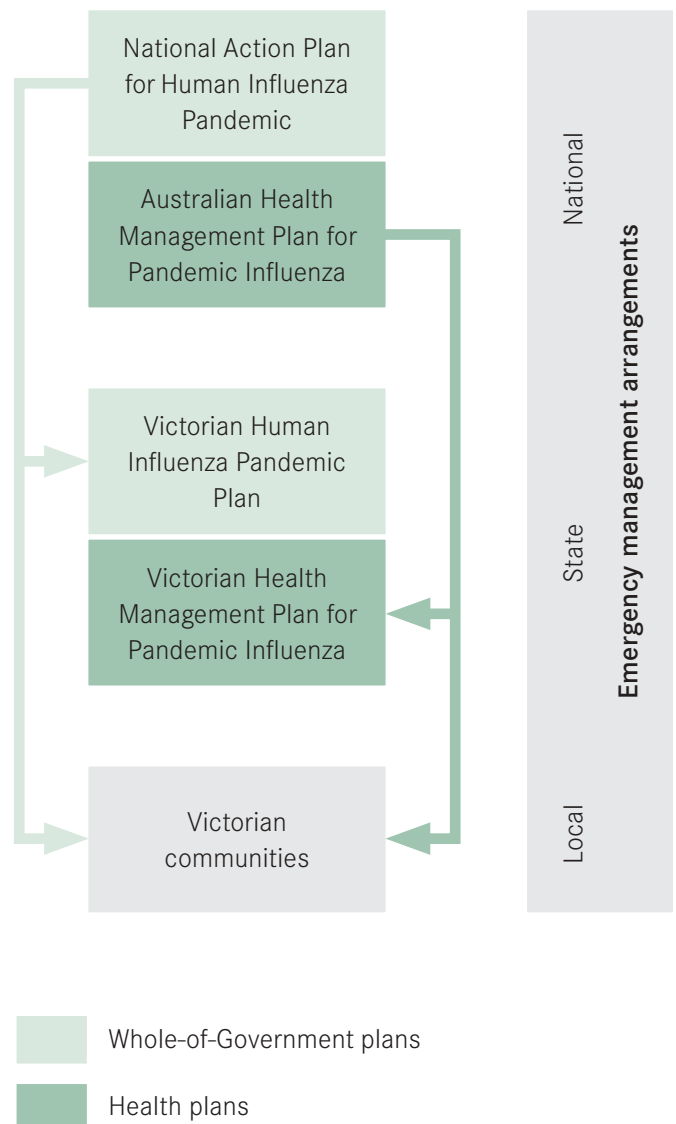
<sup>1</sup> Strategies to prevent and contain avian influenza (transmission of the virus between animals) are outlined in the AUSVETPLAN and are not repeated here.

## 2.2 Goals and objectives

The goals and objectives for Victoria's human influenza pandemic planning are:

- defining key state actions for prevention, preparedness, response and recovery in the event of an influenza pandemic
- ensuring adequate surveillance systems to detect emerging threats, thus supporting containment activities from the outset
- preventing or delaying the entry of an influenza virus with pandemic potential into Victoria
- preventing or delaying the spread of a virus within Victoria
- identifying and planning for the full range of health and non-health related impacts
- putting in place the necessary legislative and administrative frameworks for an effective response
- defining trigger points for key decisions – for example, declaration of pandemic phases.

**Figure 2. Emergency management arrangements and plans for managing an influenza pandemic**



## 3. Planning principles and assumptions

### 3.1 Planning principles

The *Victorian Human Influenza Pandemic Plan* has been developed around the following principles:

- There are unique risks posed to the Victorian community by a human influenza pandemic and these warrant specific planning.
- The full impact and consequences of a human influenza pandemic on the community are largely unknown. Therefore, plans must be broad and flexible.
- National and state actions to prevent, prepare, respond and recover from a human influenza pandemic must be coordinated, with minimal duplication of planning efforts.
- Existing public health and emergency management frameworks and arrangements are to be utilised wherever appropriate.
- Cooperation and consultation must occur between governments at all levels, and their departments and agencies.
- Effective communication and public information-sharing will be critical to the success of all plans and arrangements.
- Rates of serious illness, hospitalisation and deaths will depend on the virulence of the pandemic virus, the ability to minimise its spread and our capacity to treat those affected.
- Rates of absenteeism will depend on the severity of the infection. In a severe pandemic, absenteeism attributable to illness, caring for unwell family members, and fear of infection may reach 40 per cent during the peak weeks, with lower rates of absenteeism during the weeks before and after. Certain public health measures (such as school closures, or quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- Those who become ill can transmit the infection for up to 24 hours before the onset of symptoms. This ‘viral shedding’ and associated risk of transmission will be greatest during the first 2 days of illness, but may continue for up to 7 days in adults and 21 days in children.
- On average, infected persons may transmit infection to two other people.
- Each pandemic wave (period during which outbreaks occur across the country) may last 6 to 12 weeks in affected communities.

### 3.2 Planning assumptions

Pandemics are unpredictable. While history offers useful benchmarks, there is no way of knowing the characteristics of a pandemic virus before it emerges. Nevertheless, assumptions have to be made to facilitate planning efforts:

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained human-to-human transmission will signal that a pandemic is imminent.
- The clinical disease attack rate could be 30–50 per cent of the overall population.
- Among working adults, an average of 20 per cent may become ill during a pandemic.
- Multiple waves of illness are likely to occur and may spread over 2 years or more, with a varying level of impact over this time period. Historically, the largest waves have occurred in autumn and winter, but this cannot be predicted with certainty.
- A minimum of 6 months’ production time will be required before sufficient vaccine would become available to immunise all Australians. This assumes that a vaccine can be developed.
- A pandemic may have serious impacts on normal social functioning, with possible disruption to food supplies and utilities (power, water and communications), as well as affecting the functioning of businesses, service industries and the economy.

## 4. Legal, administrative and policy framework

### 4.1 Declaration of phases

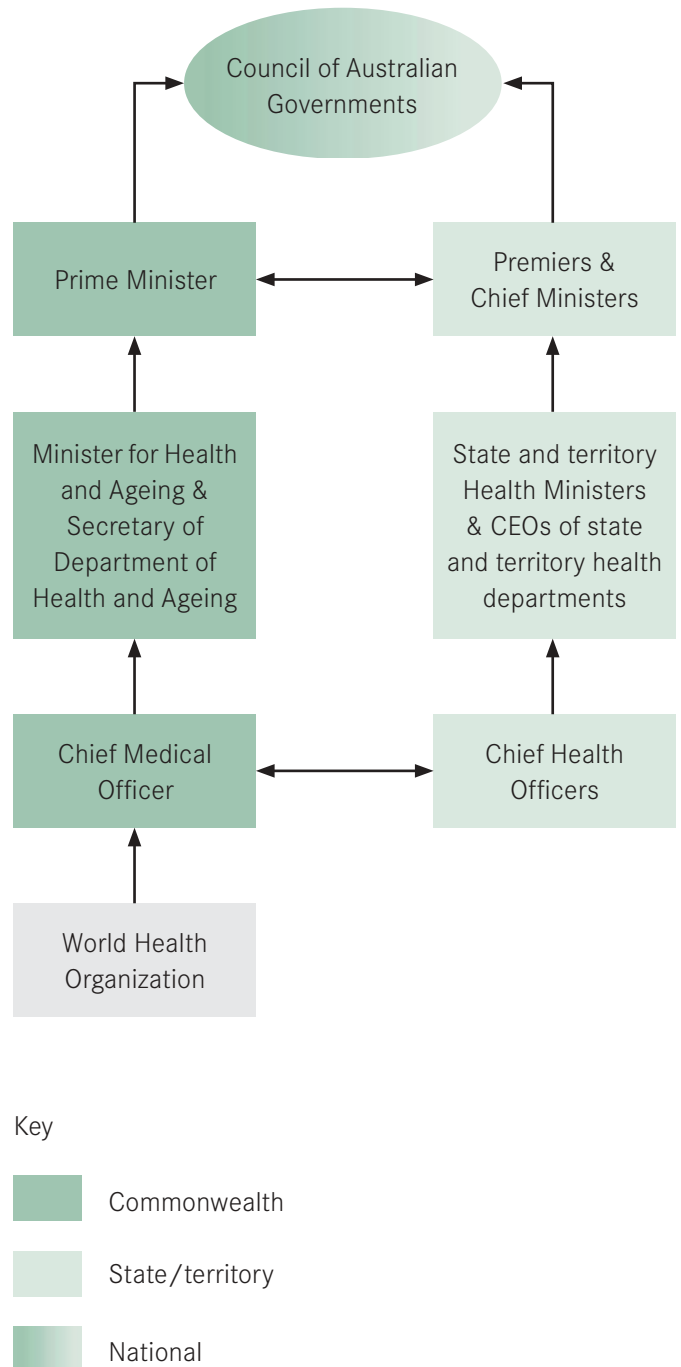
The declaration of phases of a human influenza pandemic coincides with a series of recommended activities to be undertaken by the WHO, governments, agencies and industry. Changes from one phase to another are triggered by several factors, including the epidemiological behaviour of the disease and the virus characteristics. Determination of pandemic phases is described in more detail in the *Australian Health Management Plan for Pandemic Influenza* (refer Section 9 for website details).

The following key Commonwealth Government notification triggers will apply in the event of a human influenza pandemic:

1. The designation of global phases, including decisions on when to move from one global phase to another, is made by the Director-General of the WHO.
2. In Australia, each phase is determined by the Australian Government's Chief Medical Officer (CMO), on advice from the WHO. The CMO will inform the Commonwealth Minister for Health and Ageing, in consultation with all state and territory chief health officers, the Secretary of the Department of Health and Ageing and the Prime Minister.
3. Consistent with the National Emergency Protocol, the Prime Minister will seek agreement from all Premiers, Chief Ministers and the President of the Australian Local Government Association.
4. A public announcement will be made by the Prime Minister.
5. Appropriate actions will then be taken at a state level, in line with agreements and arrangements at a national level, to respond to the declaration of a new pandemic phase.

Arrangements for declaring phases are shown in Figure 3.

**Figure 3. Notification of WHO phases and determination of Australian phases**



## 4.2 Legislation

Key Commonwealth and Victorian legislation that applies in the event of an influenza pandemic is summarised below.

### 4.2.1 Commonwealth legislation

#### ***Quarantine Act 1908***

Responsibility for human quarantine is exercised by the Minister for Health and Ageing, through the Quarantine Act. A number of functions are delegated to the Director for Human Quarantine, who is the Australian Government's CMO.

The day-to-day management of human quarantine is undertaken by the Department of Health and Ageing (DoHA), Australian Quarantine and Inspection Services (AQIS), and state/territory health authorities.

DoHA has primary responsibility for human quarantine activities in Australia. Quarantine activities allow identification, surveillance and management of persons who have been potentially exposed to, or have symptoms of, a quarantinable disease.

The CMO has overall responsibility for human quarantine policy and for providing directions to the Chief Quarantine Officers (CQO) for human quarantine in each state/territory. The roles and responsibilities of the CQO in Victoria are performed under delegation by the Assistant Director, Communicable Disease Control Unit of the Department of Human Services (DHS).

### 4.2.2 Victorian legislation

#### ***Health Act 1958***

The Health Act contains provisions relating to the declaration of public health emergencies, which may apply to influenza pandemics. The Governor-in-Council may proclaim an emergency for the purpose of stopping, limiting or preventing the spread of an infectious disease. The Secretary of DHS is responsible for managing emergencies and is able to order that persons of a specified class can be detained in a proclaimed area, or arrested without warrant and detained in the proclaimed area.

The Secretary may also order that land, buildings or things may be seized to:

- stop, limit or prevent the spread of infectious disease
- be disinfected
- damage or destroy anything contributing to the spread of the infection.

#### ***Emergency Management Act 1986***

The Act creates and defines most of Victoria's emergency management structure, assigns significant roles and responsibilities and provides for special needs concerned with the management of emergencies.

The overall purpose of the Act is to provide for the organisation of emergency management in Victoria. It ensures that prevention, response and recovery are components of emergency management, organised within a structure that facilitates planning, preparedness, operational coordination and community participation.

An 'emergency' is defined under s. 4 of the Emergency Management Act as:

*due to the actual or imminent occurrence of an event which endangers or threatens to endanger the safety or health of any person in Victoria or which destroys or damages, or threatens to destroy or damage, any property in Victoria or endangers or threatens to endanger the environment or an element of the environment in Victoria.*

Under this definition, a human influenza pandemic would be classified as an emergency.

The Act also authorises state authorities to take control of disaster areas, in certain situations. If the Premier has declared a ‘state of disaster’, the Minister for Police and Emergency Services and the Chief Commissioner of Police may exercise certain powers in respect of disaster areas. This includes powers to:

- direct any government agency to do (or not do) anything
- take possession and make use of any person’s property, for the purpose of responding to the disaster
- compel the evacuation of all persons from the disaster area.

The power is intended only for an extreme event of catastrophic proportions.

#### **Essential Services (Year 2000) Act 1999**

The Act provides general protection for the supply of essential services. ‘Essential service’ includes transport, fuel, light, power, water and sewerage services, as well as a service (whether or not of a type similar to the foregoing) declared to be an essential service by the Governor-in-Council. The Governor-in-Council may proclaim a state of emergency in relation to an essential service, where:

- the service ‘is or is likely to be interrupted, dislocated or materially diminished’ and where the employment of relevant persons is threatened
- the health and safety of the public or any section of the public is likely to be prejudiced or threatened
- the maintenance of peace and good order in Victoria is prejudiced or threatened, or is likely to be prejudiced or threatened.

During the state of emergency, the relevant Minister has authority (under s. 5) to make directions for controlling, regulating, modifying or substituting any essential service:

- directing the maintenance of a service
- directing persons to operate a service
- prohibiting the operation and use of a service
- requiring or controlling the use of property in connection with the maintenance and operation of a service.

## **4.3 Roles and responsibilities**

The national governance arrangements describe the decision making and communication arrangements for high-level emergency management activities, during a human influenza pandemic. They are described in the *National Action Plan for Human Influenza Pandemic*. Figure 5 illustrates the linkages between the national and Victorian decision-making and communication paths.

In Victoria, governance arrangements for a pandemic follow the existing emergency management governance arrangements. These are based on a multi-agency framework, summarised below. The framework provides for cross-agency coordination and an ‘all hazards’ approach to emergency response.

### **4.3.1 Peak strategic coordination**

#### **Coordinator-in-Chief of Emergency Management**

The Coordinator-in-Chief of Emergency Management is the Minister for Police and Emergency Services. The Coordinator-in-Chief:

- ensures that adequate emergency management measures are taken by government agencies
- coordinates the activities of government agencies carrying out their statutory functions, powers, duties and responsibilities.

#### **Security and Emergencies Committee of Cabinet (SECC)**

SECC is a subcommittee of the Victorian Cabinet. It is the Victorian Government’s supreme decision-making body in the event of a major incident (including a terrorist-related incident) requiring whole of government coordination. SECC comprises of the Premier (Chair), the Minister for Health, the Minister for Police and Emergency Services, the Minister for Finance, the Attorney General and the Deputy Premier. Its functions are:

- Management and coordination of the whole-of-government response to major incidents – the SECC will ensure all necessary actions are taken across government in a consistent, coordinated and timely way. In doing so, it will consider advice on legal issues,

including the powers under which emergency actions are undertaken, and the processes necessary to ensure those powers are properly exercised.

- Communication – the SECC will approve and coordinate public communication in response to a major incident, and coordinate intergovernmental communication if required.

The SECC also considers whole-of-government policies and arrangements, to advance Victoria’s security and emergency prevention, response and recovery capabilities. It is not the role of the SECC to manage the deployment of emergency services. In the event of a pandemic, the SECC would consider all the social, environmental and economic impacts of the disease.

#### **Central Government Response Committee (CGRC)**

The CGRC is chaired by the Secretary of the Department of Premier and Cabinet and comprises a senior representative of each relevant Department at Deputy Secretary level, a senior executive from Victoria Police, the State Emergency Recovery Coordinator and the Emergency Services Commissioner. Its functions are:

- Coordination – the CGRC will ensure that issues are addressed consistently and comprehensively across government.
- Communication – the CGRC coordinates communications within government and with the Commonwealth and provides materials to support public communications by the relevant Minister(s).
- Advice to Ministers – the CGRC coordinates the provision of advice and progress reports to the SECC and/or Cabinet on matters requiring whole-of-government response.

It is not the role of the CGRC to manage the deployment of emergency services or to interact directly with an industry or industries.

In the event of a pandemic, the CGRC will ensure that the management of the disease is coordinated across all government sectors.

#### **Victoria Emergency Management Council Coordination Group (VEMCCG)**

The VEMCCG advises the Coordinator-in-Chief on matters including determining appropriate strategies to ensure resources are optimally and safely deployed to any emergency, whilst also providing an appropriate level of protection for the rest of Victoria. The Group comprises: Coordinator-in-Chief, State Emergency Response Coordinator, State Emergency Recovery Coordinator, Emergency Services Commissioner and chief executive officers of emergency services organisations.

#### **4.3.2 Key operational roles**

The Victorian Government and community require a set of clear and agreed roles and responsibilities to effectively respond to and recover from a human influenza pandemic. DHS, Victoria Police and local government will work together to ensure activities are coordinated at all levels of government. State government departments and agencies will contribute to and coordinate the support for local government, communities, businesses and providers of essential services.

#### **Department of Human Services (DHS)**

DHS is the **lead agency for control of incidents involving human illnesses and epidemics**, including a human influenza pandemic, and for **coordinating recovery** from emergencies.

- A *control agency* is defined in the EMMV as the agency nominated to control the response activities for a specified type of emergency.
- *Recovery* means assisting persons and communities affected by emergencies to achieve a proper and effective level of functioning.

As the control agency, it will provide the overall direction and ensure that adequate planning and logistics are in place to support the response to a human influenza pandemic. The department will also ensure that agencies are tasked to support the response, as the situation dictates.

***Incident Controller: Chief Health Officer***

The officer with the overall responsibility for emergency response operations during a human influenza pandemic is the Chief Health Officer (CHO). The CHO's responsibilities during a human influenza pandemic may include:

- establishing incident control facilities
- assessing emergency causes and impacts
- establishing appropriate incident control system structure, including participation by relevant agencies
- developing incident action plans
- liaising with emergency services organisations and other support agencies
- providing briefings to DHS emergency managers
- allocating tasks to DHS emergency managers
- ensuring safety of personnel involved in response activities
- preparing reports on situation
- managing media requirements
- managing risks associated with incident control
- reviewing the progress of incident control activities.

***State Emergency Recovery Coordinator***

The Executive Director, Operations (DHS) is the State Emergency Recovery Coordinator and is responsible for coordinating emergency recovery activities. At a regional level, recovery coordination is the responsibility of DHS regional directors. Recovery responsibilities include:

- coordinating recovery planning and management at state and regional levels
- assisting with provision of temporary accommodation
- coordinating personal support services and material aid

- supporting councils and community recovery committees in recovery planning and managing recovery activities
- administering personal hardship grants, and subsidies to employ municipal community development officers
- providing advice, information and assistance to affected individuals, communities and municipal councils.

***Victoria Police***

The Chief Commissioner of Police is the State Emergency Response Coordinator. The State Emergency Response Coordinator is responsible for coordinating agencies with roles or responsibilities in emergency response. Victoria Police has appointed coordinators at divisional and municipal levels. The responsibilities of emergency response coordinators are detailed in the EMMV and include:

- ensuring appropriate control and support agencies are in attendance or have been notified and are responding to an emergency
- ensuring effective control has been established, in response to an emergency
- in the event of uncertainty, determining which agency is to perform its statutory response role within a region or other specified area, where more than one agency is empowered to perform that role
- ensuring effective coordination of resources and services
- arranging for the provision of resources requested by control and support agencies
- ensuring consideration has been given to alerting the public to existing and potential dangers arising from a serious emergency – directly or through the media.

### Government departments and agencies

All State Government departments and agencies are responsible for the following:

1. Support the maintenance of society during a pandemic by:
  - ensuring that appropriate plans and processes are in place to enable the continuity of services that would be essential in the event of a pandemic
  - assisting and supporting local government, communities and businesses in addition to non-government essential service providers within their portfolios with pandemic planning.
2. Support the control of the virus spread by:
  - ensuring that appropriate strategies are in place to inform staff and associated stakeholders of actions to be taken in the event of a pandemic
  - creatively using existing networks to further communicate public health messages.

### Local government

Local government is the closest level of government to the community and is often the first point of contact for assistance, advice and information. It is therefore expected that local government will provide a level of leadership during a pandemic, establishing partnerships with respective service providers within its community. This role can be best described under four distinct areas: community support and recovery, public health, business continuity and essential services. These roles are intrinsically linked, as Figure 4 shows.

**Figure 4. Influenza pandemic planning: a model for local government**



### *Community support and recovery*

Local government has a pivotal role in prevention, response and recovery activities in an emergency. In the recovery phase of an emergency local government role includes assisting individuals and communities. The EMMV outlines the key recovery activities being carried out by local government in close conjunction with, or with direct support by, government departments:

- providing information services to affected communities, using information lines, newsletters, community meetings and websites
- providing and staffing recovery/information centre(s)
- forming and leading municipal/community recovery committees
- post-impact assessment – gathering and processing information
- environmental health management – food and sanitation safety, vector control, such as removing dead animals (domestic, native or feral) from waterways

- providing and managing community development services
- providing and/or coordinating volunteer helpers
- providing personal support services, such as counselling, advocacy, or in-home support
- providing/coordinating temporary accommodation
- organising, managing or assisting with public appeals.

### **Public health**

Local government performs important public health roles during normal day-to-day business. During a human influenza pandemic, this role may be escalated to include:

- conducting extraordinary vaccination sessions
- distributing public information and advice
- assessing the impact of the pandemic in their municipality and assist the State Government develop and implement strategies to maintain public health.

### **Business continuity**

Business continuity will be an essential part of local government's role and should complement and support other activities performed during a pandemic.

Local government planning will need to take into account activities which are specific to an influenza pandemic, as well as its own essential services, in an environment of increased absenteeism and demand on services. *Being Prepared for a Human Influenza Pandemic: A Business Continuity Guide for Australian Businesses* is a comprehensive guide to assist local government undertake this planning. Section 9 contains website details for this guide.

### **Local essential services**

A human influenza pandemic will have an enormous impact on local essential services, which subsequently will have a great impact on communities. During a pandemic, local government will need to ensure important community support services are maintained, such as home and community care programs, maternal and child health services, waste management and other regulatory services.

### **Communities**

In the event of a human influenza pandemic, it will be important for individuals and communities to work together, to achieve common goals for maintained wellbeing. Individuals and communities will have a critical role in minimising the pandemic's spread, by observing basic hygiene measures. These include:

- regular hand-washing with soap and water
- covering mouth when coughing or sneezing
- careful disposal of used tissues.

During a pandemic, DHS will provide information about how communities can contribute to protecting themselves and others. Individuals and communities will be asked to cooperate with a number of social distancing initiatives to reduce the population's risk of exposure to a pandemic virus, such as reducing non-essential social interactions and minimising attendance at mass gatherings.

### **Businesses and essential services**

A human influenza pandemic will see significant levels of staff absenteeism. This will affect the ability of most industries and businesses, including essential services, to maintain and deliver services to the community. To minimise the impact of a pandemic, organisations will need to identify their most critical services and personnel and ensure that business continuity plans and pandemic management strategies are in place, to enable their delivery.

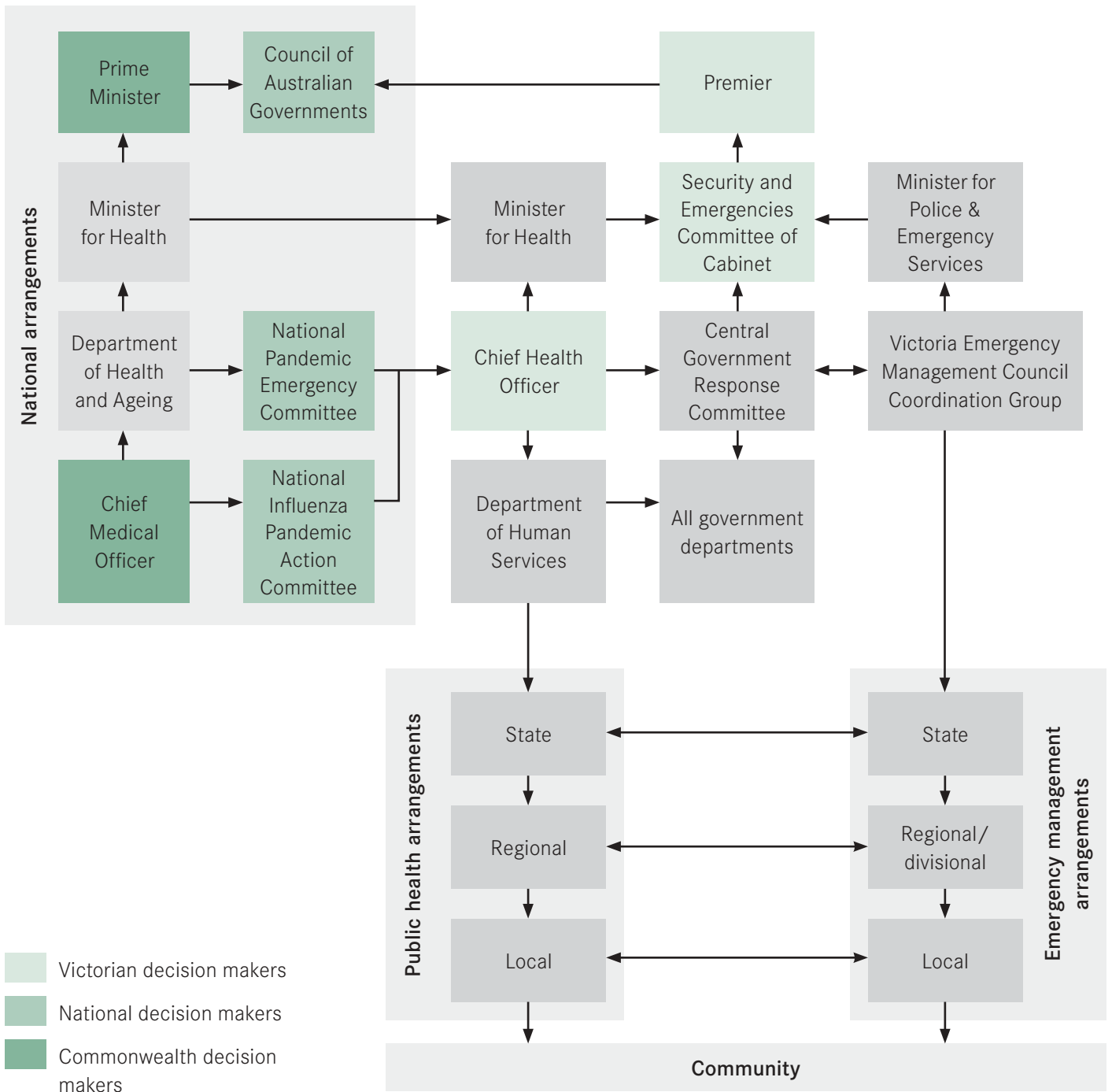
The specific strategies required to support the plans will need to address:

- extended loss of personnel
- extended impact on critical supply chains.

These should be included as pandemic-specific in their business continuity plans, in addition to an 'all hazards' approach.

Organisations should also expand the focus of their business continuity planning, to include the planning undertaken by providers or suppliers that could impact on their organisation. This would include situations where extended unavailability of staff impacts any service on which the organisation relies, or where one of their critical services is delivered by a third party, or outsourced.

Figure 5. Decision-making and communication paths



NOTES:  
 The Department of Human Services (DHS) is the designated control agency for responding to a human influenza pandemic. The nominated incident controller for DHS is the Chief Health Officer (CHO). During a pandemic situation, the CHO would occupy a chair on the Central Government Response Committee. For more information about the national arrangements refer to the *National Action Plan for Human Influenza Pandemic*.

## 5. Preparedness

### 5.1 Managing cases of human infection in Victoria

The State Government has undertaken detailed planning to prepare for and recover from the impacts of any emerging threats or outbreaks of pandemic influenza. Preparedness strategies will be implemented during WHO global phases 0–3.

In the event of human infection in Australia, the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) and allied state and territory plans will mobilise health plans across both public and private sectors, at all levels. These plans provide detailed guidance for health planners, public and clinical health care providers, state and territory health departments, emergency services workers and those involved in managing infected (or potentially infected) people.

The AHMPPI and allied state and territory plans are already being implemented. Australia needs to have in place the building blocks to prevent, prepare for, and if necessary contain, an influenza pandemic:

- ensuring sufficient 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 that includes masks and antivirals
- ensuring health services can be adequately maintained in the face of increased demand
- appropriate decision-making bodies with the necessary expertise and authority to make decisions quickly and effectively, in response to rapidly developing situations
- enabling planning by local communities and organisations, by providing support, information and appropriate tool kits.

The *Victorian Health Management Plan for Pandemic Influenza* (VHMPPI) aims to minimise the morbidity and mortality associated with an influenza pandemic, as well as its impacts on the Victorian community, health care system and economy. It presents strategies and activities to identify the necessary planning and preparedness actions. The VHMPPI includes specific details on:

- surveillance
- public health (contact tracing, isolation, quarantine)
- clinical care
- vaccine/antiviral policy and distribution
- laboratory (diagnostic testing)
- communication strategies for all stages of a pandemic.

### 5.2 Other impacts following human infection in Victoria

#### 5.2.1 Social and community impacts

All levels of government will work to support local communities, 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 businesses, to plan and deliver community support services. Planning must address a broad range of needs – information, food, financial and income support, debt management, counselling and personal support.

Special consideration should be given to individuals and social groups 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.

#### 5.2.2 Continuity of government

In Victoria, executive government, government departments and agencies are generally well prepared for emergencies that could impact on normal functioning and service delivery. Amendments to regular business continuity planning and reviews have been necessary, as the influenza pandemic scenario is unlike other hazards in many respects.

Government departments and agencies could have their staffing dramatically reduced for a period of weeks or even months. These absences may coincide with a surge in demand for the services of departments and agencies involved in the pandemic response.

As identified at the start of this plan, all departments and agencies must have two levels of planning in place:

1. Planning to support the maintenance of society. This includes identifying how essential government services will continue to be delivered during an influenza pandemic and considering how other essential non-government services can be supported.
2. Planning to support containment strategies, to minimise the spread of the influenza virus. This includes preparing strategies to communicate with staff, clients, suppliers and wider stakeholders on ways to limit the spread of the disease.

### 5.2.3 Continuity of business and essential services

Organisations should enhance their business continuity plans to prepare for the direct impacts of extended staff absences during a human influenza pandemic – 30 to 50 per cent during the peak of the pandemic. Extended staff absences can be expected for many reasons:

- personal illness/incapacity (suspected/actual/post-infectious)
- some employees needing to stay home and care for ill family members
- others needing to stay home and look after children (schools/child care centres are likely to be closed)
- people feeling safer at home (for example, keeping away from crowded public transport)
- some people fulfilling voluntary roles in the community.

The Victorian Government is encouraging the private and public sectors to have specific pandemic management plans (building on current business continuity plans) in place, to ensure they are in the best position to manage the effects of a pandemic and recover as quickly as possible. This planning is critical to controlling a pandemic's potential social and economic impacts, by helping to maintain core functions and services in the business and the general community. This includes:

- banking and finance
- police and emergency services
- energy
- food supply
- health care
- telecommunications
- transport
- sanitation and waste services
- water supply
- mortuary services.

The Australian Government has developed resources to assist Australian businesses and other organisations to prepare for and develop continuity plans for human influenza pandemic. This includes the guide *Being Prepared for a Human Influenza Pandemic: A Business Continuity Guide for Australian Businesses*. For the link to this document and other useful information, refer to Section 9.

## 6. Communication

### 6.1 Whole-of-Victorian Government communication strategy

The communication strategy for the whole-of-Victorian Government maximises stakeholder engagement and existing networks. At the highest level, the stakeholders for this communication strategy are all Victorians – in particular, Victorian families. The strategy aims to reach Victorian families through various channels (so called ‘influencers’), including:

- community centres
- community leaders
- business
- police
- media
- schools and child care centres
- other community and health providers
- hospitals
- pharmacists
- general practitioners
- the internet
- local government.

In the event of an influenza pandemic, most Victorians will focus on their family needs. In the first two communication stages of an influenza pandemic – preparedness and containment – key influencers will play a critical role in preparing, informing and preparing their own stakeholders and communities. These key influencers include government departments, the health sector, local government, emergency services, infrastructure services, community services and business associations.

Table 1 outlines the key objectives and themes that will guide communications across the whole-of-Victorian Government – through preparedness (stage 1), containment (stage 2), then maintenance and recovery (stages 3 and 4).

Research has shown that audiences require relevant and practical information to develop their own pandemic plans. This information needs to be embedded in rational communications, related to running their organisations as effectively as possible. There will be limited direct communication to the community during the preparedness phase, which is consistent with the research recommendations and the Australian Government’s approach.

### 6.2 Communication principles

The guiding principles for the whole-of-Victorian Government communication strategy are:

- informed by research
- reaching all Victorians, by leveraging the reach and resources of key influencers
- accurate, consistent messages
- using existing communication channels and protocols wherever possible
- using credible, trusted sources
- aligned with national plans.

The strategy will be reviewed regularly and updated in line with any major revisions to state or federal influenza pandemic plans.

The communication objectives are to:

- mobilise key influencers across Victoria to prepare for a possible human influenza pandemic
- encourage all Victorians to take basic precautionary measures
- inform Victorians that the Victorian Government is leading the preparations for an influenza pandemic in this state.

Table 1. Communication shifts by stages

Pandemic influenza WHO & Australian phases	Phase 0–2	Phase 3–5	Phase 6a–6d
Whole-of-Victorian Government communication shifts	Stage 1 (preparedness)	Stage 2 (containment)	Stages 3 & 4 (maintenance & recovery)
Pandemic state	<ul style="list-style-type: none"> <li>No human-to-human transmission</li> <li>Focus on preparedness</li> </ul>	<ul style="list-style-type: none"> <li>Limited or sustained human-to-human transmission</li> <li>Call to action</li> <li>Direct to public</li> </ul>	<ul style="list-style-type: none"> <li>Increased and sustained human-to-human transmission</li> <li>Emergency response</li> <li>Maintenance and recovery</li> </ul>
Whole-of-Victorian Government systems	<ul style="list-style-type: none"> <li>Key influencers to use their own systems</li> </ul>	<ul style="list-style-type: none"> <li>Add limited whole-of-Victorian Government systems</li> </ul>	<ul style="list-style-type: none"> <li>Adopt emergency response and recovery systems</li> </ul>
Communication objectives	<ul style="list-style-type: none"> <li>Engage key influencers to prepare for an influenza pandemic</li> <li>Equip key influencers to share the influenza pandemic story with their communities</li> </ul>	<ul style="list-style-type: none"> <li>Ensure key influencers mobilise their communities</li> <li>Position the Victorian Government as the lead voice within the community</li> </ul>	<ul style="list-style-type: none"> <li>Maintain public order</li> <li>Minimise fear</li> </ul>
Themes	<ul style="list-style-type: none"> <li>Key influencers, get ready now</li> <li>All Victorians, start thinking about this issue</li> </ul>	<ul style="list-style-type: none"> <li>All Victorians, act now</li> </ul>	<ul style="list-style-type: none"> <li>We are in an emergency situation – follow instructions</li> </ul>
Public voice	<ul style="list-style-type: none"> <li>Chief Health Officer</li> <li>Chief Veterinary Officer (animal-related issues)</li> <li>Minister for Health</li> </ul>	<ul style="list-style-type: none"> <li>Premier of Victoria</li> <li>Chief Health Officer</li> <li>Minister for Health</li> </ul>	<ul style="list-style-type: none"> <li>Premier of Victoria</li> <li>Chief Health Officer</li> <li>Minister for Health</li> </ul>

## 7. Response

### 7.1 Transmission prevention strategies

Two major strategies will be used in Victoria to respond to a pandemic threat: **containment** and **maintenance**. Both strategies aim to minimise pandemic morbidity and mortality.

<p><b>Containment of the spread of the virus</b></p>	<p>Preventing or delaying the spread of the virus by strict border control, isolation of cases, quarantine of contacts and targeted use of antiviral medication. In the early stages of containment, every effort will be made to eradicate the disease before it spreads more broadly into the community. The success of this strategy will be largely dependant upon the characteristics of the virus, such as how easily it spreads between people.</p>
<p><b>Maintenance of social function</b></p>	<p>If the virus can no longer be contained and has spread more widely into the community, containment may no longer be possible. Prevention efforts will then focus on priority groups, while minimising the spread of the virus in the community. Every effort will be made to support the community until a vaccine can be developed and rolled out, or the pandemic is over.</p>

Measures used in the containment and maintenance strategies are essentially the same, but their intensity varies. The focus during the containment phase will be to stop the spread of the virus. In the maintenance phase, the focus will be on minimising its social, economic and health impacts.

Under Victoria's emergency management arrangements, DHS – as the control agency – is responsible for responding to a human influenza pandemic. The CHO, as nominated incident controller, has extensive powers under the Health and Quarantine Acts. These are outlined in Section 4 of this plan.

The department will work with agencies responsible for providing services, personnel or material.

The Chief Commissioner of Victoria Police, as the State Emergency Response Coordinator, has the responsibility to ensure that the appropriate agencies and resources are brought together for an effective response.

Emergency response plans also provide for the operation of emergency response coordination centres. These operate at state, regional and municipal levels to receive, collate and disseminate information and coordinate the provision of resources, as per the EMMV.

More information on the key response activities at different phases of an influenza pandemic are detailed in the VHMPPI and the AHMPPI.

During the response phase of a human influenza pandemic, DHS will assume the role of control agency and the following containment and maintenance strategies will be implemented.

### 7.2 Surveillance, monitoring and reporting

In Victoria, surveillance, monitoring and reporting activities will be a vital element of the pandemic response. In particular, DHS receives notifications from laboratories and general practitioners of laboratory confirmed human influenza cases. The department is responsible for:

- contact tracing
- issuing health alerts to general practitioners.

## 7.3 Infection control

Appropriate infection control will be crucial to preventing the spread of influenza. Infection control will involve a multi-faceted approach:

- basic hygiene
- social distancing
- isolation and quarantine
- border control
- targeted use of antivirals, and personal protective equipment (masks, gloves, gowns and protective eyewear and vaccines).

Combined, these measures are intended to reduce or delay the rate of infection, until an effective vaccine is developed and distributed.

### 7.3.1 Basic hygiene

Underpinned by public awareness and education, basic hygiene practices are an effective way for individuals to protect themselves and their families. These measures include cough etiquette and washing hands.

### 7.3.2 Social distancing

Social distancing refers to various personal and physical infection control measures designed to reduce the risk of transmission between people. Social distancing measures need to be implemented appropriately and progressively at different phases of a pandemic, in order to maximise their benefits and limit any unnecessary impact on communities and business. *Moderate* measures may include advising people to minimise physical contact and avoid large gatherings and public places; *extreme* measures might include closing schools and recreational facilities, cancelling public events, home isolation or strict travel restrictions.

All Australian Governments are working together on a set of principles to guide decisions on social distancing measures.

### 7.3.3 Isolation and quarantine

Isolation and quarantine are common public health control measures used to limit the spread of influenza:

- *Isolation* refers to the separation of individuals with infectious disease from those who are healthy, and the restriction of their movement to stop the spread of disease.
- *Quarantine* refers to the separation and restriction of movement of contacts who may develop the disease and become infectious.
- Isolation and quarantine can be voluntary or mandatory.
- Cases or contacts could be isolated or quarantined in hospitals, their homes or designated facilities. Designated hospitals have been identified and equipped to manage the first cases of human influenza pandemic in Victoria.

Isolating cases early may effectively prevent, or at least, significantly slow the spread of disease. However, during the later stages of a pandemic, these measures are unlikely to be effective.

### 7.3.4 Border control

Guidelines for border control (air and sea ports) screening and evaluation are contained within the AHMPPI. Victoria, through the CQO, provides the medical support and direction for the following on-site activities:

- procedures for passenger screening
- border nurse actions
  - assessment summaries
  - pandemic influenza surveillance forms
  - distribution of health information cards.

### 7.3.5 Targeted use of antivirals, personal protective equipment and vaccines

The use of antivirals will depend on the pandemic phase in Australia and will be carefully monitored. Antiviral medication can be used for:

- treatment with one course of medication
- preventing infection after exposure (post-exposure prophylaxis), with one course of medication
- continuous prevention of infections (prophylaxis), where one course provides ten days of protection.

The use of antivirals will be limited. Priority groups will be determined to ensure that antivirals are used to reduce the associated population-wide morbidity and mortality.

The policy for access to antivirals that comprise the national medical stockpile will be based on the level of risk of exposure to pandemic influenza and the ability to further contain its spread. The priority use of antivirals is outlined in further detail in the VHMPPPI. Nonetheless, some decisions can only be made once the virulence of the pandemic strain is known.

Personal protective equipment (PPE) is used to protect the wearer from contact with the pandemic influenza virus and may include masks, gowns and protective eyewear. During the early phases of a pandemic when the transmission characteristics of a new virus are not fully understood, immunity to the virus will not exist and vaccines will be unavailable. Appropriate PPE will be recommended for all close contacts of pandemic influenza patients, where there is any chance of spread by droplets. In the later phases, recommendations will be updated in light of increasing knowledge about the virus, availability of PPE and availability of antivirals and vaccines.

A human pandemic influenza vaccine can only be developed once the nature of the virus is known. It will take a minimum of 6 months before this vaccine becomes available. DHS is developing mass immunisation arrangements, to ensure that all Victorians can be immunised.

## 8. Recovery

### 8.1 Recovery arrangements

The State Emergency Recovery Arrangements are jointly owned by all levels of government, together with agencies and organisations that participate in supporting the recovery of communities and people affected by emergencies. The Arrangements provide the strategic framework within which recovery planning and operations are undertaken in Victoria. Recovery will operate at multiple levels (municipal, regional, state, and national).

This approach to recovery recognises that emergencies have broad impacts, requiring resources across a range of issues:

- understanding the emergency impacts and subsequent range of needs
- developing robust plans that address these needs
- facilitating access to services in a streamlined manner
- providing opportunities for individuals to seek information and be involved in decision making.

DHS is responsible under the Emergency Management Act for coordinating and facilitating recovery at the state and regional levels. The department's Executive Director of Operations is the State Recovery Coordinator. At a regional level, recovery coordination is the responsibility of the department's regional directors. Recovery service provision will be (as far as possible) devolved to local government, with resource support from the Victorian Government where necessary.

During the recovery phase, governments and communities will work together to assist affected individuals and communities to move towards a healthy, safe and functioning environment. This will be achieved through:

- coordinating recovery planning and management at state and regional levels
- assisting with provision of temporary accommodation
- coordinating personal support services and material aid
- supporting councils and community recovery committees in recovery planning and managing recovery activities
- administering personal hardship grants and subsidies to employ municipal community development officers
- providing advice, information and assistance to affected individuals, communities and municipal councils.

### 8.2 Material and financial assistance

Individuals and families may lose income for a range of reasons, including illness, lack of access to employment due to social distancing, workplace closures and business failures. In these circumstances, safety net assistance through Australian Government payments and services would be available to assist people in need.

Victoria will also have material and financial assistance programs available to the community. This may include business and industry support through the Department of Innovation, Industry and Regional Development and resources for community building and volunteering, through the Department for Victorian Communities. More information on material and financial assistance will be made available at the time.

### 8.3 Psychosocial and community recovery

A crucial aspect of recovery planning is recognising and mitigating the potential impacts of a pandemic on individuals, families and communities, by putting support mechanisms in place. A pandemic has potentially serious psychosocial consequences for individuals and communities – consequences that may be visible, immediate and further exacerbated by the disruption to local economic activity.

Other impacts may be less visible – and not always immediately apparent:

- increased and mutually reinforced 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
- increased incidence of family violence
- increased incidence of substance abuse
- disputes resulting from increased intra-community tensions.

The impacts of an influenza pandemic on vulnerable groups may be magnified, so the special needs of these groups must be considered. There will also be an increased need for bereavement and grief counselling.

The following principles will apply during the recovery stage of a human influenza pandemic:

1. *Coordination/integration* – psychosocial and community support is part of an overall emergency management system that must be provided in a coordinated and integrated manner.
2. *Community based* – recovery management and interventions that make use of and enhance existing services will ensure sustainable support for affected individuals.

3. *Community involvement* – recovery planning should try to include those who were affected by the influenza pandemic. Interventions will be based on enhancing the existing strengths of the individual, family and community and on building resilience.
4. *Flexibility* – recovery processes must remain flexible at all times, to support the range of needs of all those affected, as they arise.
5. *Sharing information* – client information sharing must be based on the needs of those affected and provided in accordance with established inter-agency collaborations, established protocols and the Commonwealth *Privacy Act 1988*.
6. *Training/professional support* – all those providing services must be appropriately trained, briefed and have access to regular supervision.

### 8.4 Economic recovery

Recovery of economic activities and functioning following an influenza pandemic will require a long-term, integrated and sustained response across all government jurisdictions, working collaboratively with community, business and industry. As specified in the *National Action Plan for Human Influenza Pandemic*, industry and businesses may be affected by one or all of the following consequences:

- a fall in labour supply, due to sickness and social distancing
- less demand for services and products, due to quarantine 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 Victoria and recreational activities
- a fall in business and foreign investment.

The Victorian Government is committed to working together with the business and community services sectors to address local economic recovery issues. Recovery planning and actions commence at the very earliest stages of preparedness 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.

## 8.5 Ongoing recovery

Individuals and communities recover from trauma at their own pace and this is often determined by previous exposure to trauma, life experiences and access to support services. Recovery is not time-limited and the impacts of a human influenza pandemic are likely to be long term and complex.

## 9. More information

### Victorian information

Portal for Victorian and national information on pandemic planning:  
[www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)

*Victorian Health Management Plan for Pandemic Influenza:*  
[www.health.vic.gov.au/ideas/regulations/vic\\_influenza.htm](http://www.health.vic.gov.au/ideas/regulations/vic_influenza.htm)

*Emergency Management Manual Victoria:*  
[www.justice.vic.gov.au/emergencymanual](http://www.justice.vic.gov.au/emergencymanual)

State legislation:  
[www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

### National information

*Australian Health Management Plan for Pandemic Influenza:*  
[www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-ahmppi.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ohp-pandemic-ahmppi.htm)

*Australian Veterinary Emergency Plan:*  
[www.animalhealthaustralia.com.au/programs/eadp/ausvetplan\\_home.cfm](http://www.animalhealthaustralia.com.au/programs/eadp/ausvetplan_home.cfm)

*Being Prepared for an Influenza Pandemic: A Business Continuity Guide for Australian Businesses:*  
[www.industry.gov.au/pandemicbusinesscontinuity](http://www.industry.gov.au/pandemicbusinesscontinuity)

*National Action Plan for Human Influenza Pandemic:*  
[www.dPMC.gov.au/publications/pandemic/index.htm](http://www.dPMC.gov.au/publications/pandemic/index.htm)





**For more information visit:**  
[www.health.vic.gov.au/pandemicinfluenza](http://www.health.vic.gov.au/pandemicinfluenza)



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