Pandemic Influenza – Role of Rural Doctors
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Overview

- What is pandemic influenza?
- Current threat
- Responding to an influenza pandemic
- Role of primary care practitioners
- Getting ready now

What is Pandemic Influenza?

- Pandemic Influenza is a global outbreak spread by a new influenza virus
  - The virus may spread easily, possibly causing serious illness and death
  - Because so many people are at risk, serious consequences are possible
  - Historically, pandemic influenza has caused widespread harm and death

Pandemic Influenza

- Currently there is no pandemic influenza in Australia or in the world
- There are a great number of pandemic preparedness activities taking place around Australia and the world in order to limit the effects of pandemic influenza when it does occur

Current threat

H5N1 Avian Influenza

- Avian influenza is a disease of wild and domesticated birds
- This type of influenza can also affect some other animals and people
- The virus continues to spread to birds and other animals around the world
- Scientists are closely monitoring the H5N1 virus because of its potential to change into a pandemic influenza strain that will affect humans
- Avian influenza is NOT pandemic influenza
H5N1 Avian Influenza

- This virus has infected a small number of people around the world
- Most human cases have occurred as a result of direct contact with infected birds or their droppings
- So far, there have been a small number of reports of person-to-person spread, but these have only occurred in situations where close and prolonged contact was present

Is H5N1 avian influenza a precursor to pandemic?

Prerequisites for a pandemic

- Emergence of a new influenza subtype (e.g., from birds, swine)
  - no or minimal immunity in community
- New subtype has virulence factors to cause disease in humans
- Capacity to spread from person to person
- H5N1 is new and can cause disease in humans but currently has extremely limited capacity to spread from person to person

Stages in the response to pandemic influenza

(delay)  (contain)  (sustain)  (control)  (recover)

* New phases
‘Stages’ of the pandemic response

- “Delay” stage (pandemic overseas but not in Australia)
  - Overseas phase 4, Australia phase 0-3
- “Contain” stage (sporadic cases and small clusters in Australia)
  - Australian phases 4-6a
- “Sustain” (increasing numbers of cases)
- “Control” – progressively introducing vaccine
- “Recover” – get ready for the next wave

Overview of Australian Modelling Activities

Effect of containment strategies on a hypothetical influenza pandemic (assume 25% attack rate)

Areas under curves are equivalent to the total number of cases - in this scenario, they are equal.

Effect of containment strategies on an hypothetical influenza pandemic (assume 25% attack rate)

Proportion of those protected by the vaccine who would have otherwise become ill

Actions to delay and contain the spread

- Border control and screening
- Early activation of screening activities in emergency departments (EDs)
- Rapid case finding and contact tracing
- Isolation of cases and treatment with antiviral agents
- Quarantine of contacts and antiviral prophylaxis
- Possible closure of schools as an infection control measure
- Raising public awareness
  - keeping public informed
  - infection control advice
  - “social distancing” measures
Actions as the pandemic progresses

- Exit screening at borders
- Move to stand-alone “flu clinics”
- Possible closure of schools
- Possible cancellation of large events
- Managing the surge on the hospital system
- Raising public awareness
  - keeping public informed
  - infection control advice
  - “social distancing” measures

Role of primary health care practitioners

- The challenges due to the sheer potential magnitude of an influenza pandemic are unlike other those of other emergencies.
- The primary care practitioner role may vary between urban, rural and remote areas
- General principles
  - Maintenance of normal business continuity as far as possible by redirection of people with influenza-like-illnesses from community primary care practitioners to public hospitals
  - Careful planning where this is not possible so as to minimise risk of spread of disease

Role of primary care

- Continuing core business
- Keeping yourself and your staff safe
- Referral to “flu clinics” (at public hospitals and MPSs)
- Staffing “flu clinics” and non-influenza health services
- Planning for the recovery phase (likely increase in demand for all services including allied health)

GP involvement in planning

General Practice groups have been involved in all levels of pandemic influenza planning:

- National
  - Primary Care Working Group of the National Influenza Pandemic Advisory Committee (Australian Divisions, RACGP, AMA)
- State
  - Community Management Committee (Alliance of NSW Divisions of GP)
  - Planning workshops with Primary Care stakeholders
- Area
  - involvement of local Divisions of GP

Case identification

- All hospitals with EDs and multi-purpose services will be used to assess suspected cases
- Updated case definitions will be posted to the NSW Health website.
- Telephone triage and diversion of suspected cases from primary care practitioners to public health care facilities will be strongly encouraged.
- In the early stages of an influenza pandemic, private lab collection centres will not be collecting specimens for pandemic influenza testing
### Diversion of patients with pandemic influenza

- **Public information campaign**
  - Early and intense media campaign diverting people with influenza-like illnesses to public hospital facilities
  - People will be discouraged from attending primary care practitioners with influenza-like illnesses
- **Public hospitals will have special arrangements for the assessment and management of people with pandemic influenza**
- **Need for good communication between primary care practitioners and the public health system**

### Rationale for diversion

- The strategy aims to:
  - lessen the burden upon primary care practitioners and their staff
  - protect primary care practitioners, their staff and patients from infection
  - facilitate a timely public health control response
  - facilitate the secure dispensing of antiviral medications from the national medical stockpile
  - facilitate speedy transport and processing of laboratory specimens

### Rural and remote primary care practitioners

- May have “hands on” role in support for local hospital/Multi-Purpose Service (MPS)
- If no hospital in the town possible models of care include:
  - maintaining existing structures
  - where more than one practice exists, designating one practice in town as a “influenza practice”, that will follow NSW Health protocols for management of pandemic influenza patients and keeping other practices “clean”
  - diverting all patients with influenza-like illnesses to a hospital or MPS in a larger centre and maintaining core business in the smaller centre

### Pharmacies

- Pharmacies will be requested to:
  - continue normal business (dispensing prescriptions)
  - continue to supply over-the-counter medication
  - continue to supply health information
  - may be requested to extend other health services (e.g., baby health checks)
  - refer those with influenza-like illnesses to influenza assessment centres (during containment)

### Vaccination Strategy

- CSL Ltd. contracted to produce 50 million doses pandemic vaccine
- Won’t be available immediately
- Prioritisation of vaccine recipients will depend on the epidemiology of the illness
- Decisions regarding prioritisation will be made at the national level
- Vaccination will be carried out in public clinics co-ordinated by Area Health Services
- GPs (or their practice staff) may be requested to assist Area Health Services at these clinics
Starting to prepare now

This winter:
- Ensure you and your staff are trained in infection control
- Have some personal protective equipment on hand, now (useful for any disease transmitted by the airborne route)
- Offer patients with respiratory infections a surgical mask whilst they wait
- Encourage hand hygiene and cough etiquette in patients with respiratory infections
- Encourage staff to have seasonal influenza vaccinations
  - Won’t protect against a pandemic,
  - Will decrease the risk of seasonal influenza
  - Will encourage a culture of a vaccinated workplace

Spread of influenza

Unable to be determined until pandemic strain emerges, but assumed to be:
- Direct contact with respiratory droplets
- Indirect contact via contaminated hands or equipment (fomites)
  - This can include contact with contaminated environmental surfaces
- Airborne via the respiratory tract
  - Associated with aerosol generating procedures

Infection control & primary care practitioners

- Need to consider enhancement of infection control practices in surgeries
- Ensure an adequate personal protective equipment (PPE) supply for staff and patients
- Identify isolation room (or area) within the surgery
- Infection control resources*
  - Prepared and Protected DVD
  - National Pandemic Influenza Infection Control Guidelines posters, signage
  *See Australian Government’s Dept. Health and Ageing pandemic preparedness website:

Personal protective equipment (PPE) from the National Medical Stockpile

- The Australian Government Department of Health and Ageing is in the process of purchasing a range of PPE for GPs, including P2 masks, goggles, alcohol hand rub, gloves and gowns.
- GPs will be considered similarly to other health care workers with respect to provision of personal protective equipment from National Medical Stockpile
- Distribution policy is still being developed at the national level

Antiviral agents

- 8.8 million courses stockpiled
- Strategies for use will vary according to the phase of the pandemic
- Primary care practitioners will be considered similarly to other health care workers with respect to provision of antiviral agents from the National Medical Stockpile

Communications – fax stream
Communication with primary care practitioners

- Information from the NSW Department of Health
  - via fax-stream to medical practitioners (especially GPs) and through the pharmacy guild at changes in phase
  - onus is upon primary care practitioners to keep up to date via the NSW Health website www.health.nsw.gov.au
- Information from Area Health Services
  - through Divisions of General Practice
  - other local arrangements

Maintenance business continuity

- Challenges to maintaining business continuity during an influenza pandemic include:
  - staff absenteeism
  - supply chain interruption
  - changes in availability of laboratory services

Staff absenteeism

- Could be due to
  - fear of workplace
  - being sick
  - caring for the sick
  - caring for family members (e.g., if schools close)
  - being placed in home quarantine

Supply chain interruption

- Other businesses will be subject to similar pressures
- Waste management (especially hazardous waste)
- Water supply
- Electricity
- Supply of gases
- Medical supplies (may be in high demand compared to usual)

Changes in laboratory service delivery

- Generally, private laboratories in NSW will not process suspected pandemic influenza specimens
- As the pandemic progresses, laboratories may choose to prioritise certain testing and/or perform some testing less frequently
- Your supplier of pathology services will be able to update you on their plans for operations during an influenza pandemic

Keeping up-to-date

- Broadband internet connections (for instructional videos and rapid downloads) – where available
- Watch the web-sites
  - www.health.nsw.gov.au
  - www.health.gov.au
Resources for Business Continuity

- Small business workshops
  - www.industry.gov.au/workshops
- Australian Government’s guide for Business Continuity

Key plans

- Australian Government Department of Health and Ageing – Australian Health Management Plan for Pandemic Influenza
  - a Primary Care Annex is in development
  - www.health.gov.au
- NSW Health Interim Action Plan for an Influenza Pandemic
- Area Health Service Plans

In Summary

- GPs and primary care groups need to be involved at all levels of pandemic planning
- The role of GPs, in particular, may vary from state to state
- Primary care practitioners must be able to continue carrying out core primary care work
- Rural primary care practitioners may have a more direct role in the pandemic response
- Each Area Health Service is producing a local pandemic plan
- Planning should start with seasonal influenza