



**Waikato** District Health Board

# Draft Influenza Pandemic Plan

## Part 2

### Regional Public Health Service

July 2005

The PHU Plan is to be integrated with Waikato DHB Pandemic Plan, which will be incorporated. The PHU Plan is to be linked, at all times, to the NZ National Pandemic Plan

Developed using:

New Zealand National Health Emergency Plan

UK Pandemic Plan, HPA (UK) Pandemic Plan

WHO Pandemic Plan and update 2005

Auckland Regional Health Pandemic Plan

Canadian Pandemic Plan

Contents

<b>1</b>	<b>AIMS AND OBJECTIVES.....</b>	<b>4</b>
1.1	AIM.....	4
1.2	OBJECTIVES .....	4
<b>2</b>	<b>INTRODUCTION .....</b>	<b>5</b>
2.1	PANDEMICS .....	5
2.2	SEASONAL INFLUENZA .....	6
2.3	PANDEMIC INFLUENZA.....	6
2.4	TRANSMISSION.....	6
2.5	PHASES OF A PANDEMIC .....	7
<b>3</b>	<b>KEY ELEMENTS FOR PUBLIC HEALTH UNIT RESPONSE.....</b>	<b>8</b>
3.1	LEADERSHIP, ORGANISATION AND CO-ORDINATION .....	8
3.2	COMMUNICATIONS.....	8
3.3	SURVEILLANCE AND INFORMATION GATHERING.....	8
3.4	REDUCING THE IMPACT OF THE DISEASE .....	8
3.5	INVESTIGATION AND MANAGEMENT OF CASES AND CONTACTS.....	8
3.6	INTERVENTIONS .....	8
3.7	INFECTION CONTROL.....	8
3.8	DEALING WITH THE DEAD.....	8
	<b>APPENDIX 1 ACTION PLAN FOR THE PHU</b>	
	<b>APPENDIX 2 AIMS</b>	
	<b>APPENDIX 3 COMMUNICATIONS</b>	
	<b>APPENDIX 4 ACTIONS PLAN FOR THE PHU TO ADDRESS NOW, IN ORDER TO IMPLEMENT THE PLAN.....</b>	<b>ERROR! BOOKMARK NOT DEFINED.</b>

## **1 Aims and Objectives**

### **1.1 Aim**

The aim of this document is provide a framework for a Public Health response to an influenza pandemic. The response is based on phases as currently defined by the World Health Organisation (WHO) which trigger public health action (Appendix 1).

### **1.2 Objectives**

Provide a plan to ensure rapid, timely and co-ordinated action, including current information for health professionals, the public and media at all stages

Reduce the morbidity and mortality from influenza illness

Ensure the essential public health services are maintained

Provide public health services to major international ports within Waikato (Hamilton airport).

Control and manage cases and contacts

Protect the health of the general community

**The priorities for the Public Health Unit (PHU) are to reduce the impact of influenza on the publics' health and maintain PHU services.**

## 2 Introduction

This document provides a framework to enable the Waikato District Health Board (WDHB) PHU to respond to an influenza pandemic.

### 2.1 Pandemics

A pandemic is a world-wide spread of disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. There have been 31 influenza pandemics reported since the first described in 1580<sup>1</sup>.

Influenza (flu) pandemics have occurred across the world over the last 100 years with devastating effect, far in excess of that resulting from the 'seasonal influenza which occurs most winters. The major epidemics of the 20<sup>th</sup> century, all reaching NZ, were 1918, 1957 and the last one in 1968 ('Hong Kong' flu).

A pandemic of influenza results when a new influenza virus emerges which is markedly different from recently circulating strain and is able to:

- Infect people
- Spread easily from person to person
- Cause illness in a high proportion of the people infected and
- Spread widely, because most people will have little or no immunity to the new virus and will be susceptible to infection.

The conditions in which a new virus may emerge currently exist<sup>2</sup>. The H5N1 virus (Avian Influenza) is now endemic in most poultry in parts of Asia. It has also been isolated from pigs in China, fuelling concerns of the possible emergence of a novel virus from this source<sup>3</sup>.

As there is likely to be little warning of a pandemic, good planning is essential.

---

<sup>1</sup> Lazzari S, Stohr K. Avian influenza and influenza pandemics. Bull WHO. 2004;82:242

<sup>2</sup> NZMJ 118,1121

<sup>3</sup> Jennings L. Avian influenza: a public health risk for New Zealand. N Z Med J 2004;117 (1192)843

This plan recognises the importance of building on existing systems and infrastructures with which people are familiar. The PHU response to a pandemic requires action before, during and after the pandemic.

## **2.2 Seasonal influenza**

Influenza is an acute viral infection, characterised by the sudden onset of fever, chills, headaches, muscle pains, and usually cough, with or without a sore throat or other respiratory symptoms. The acute symptoms last about a week, although full recovery may take longer. In most years influenza occurs within winter. For most people, this seasonal influenza is an unpleasant but self limiting illness and not life endangering. However, in some such as the elderly or those with chronic illness, the illness can lead to a much more serious illness and be life threatening.

## **2.3 Pandemic influenza**

In past pandemics, the scale and severity of illness has been of a much greater magnitude than general seasonal influenza. There have also been difference in the age groups affected such that those of working age may be more affected. A recent article in the NZ Medical Journal estimated the impact of the next pandemic on population health and health sector capacity for NZ. For NZ as a whole with incidence rates of between 15% and 35% for the 1<sup>st</sup> wave, the deaths would be between 1600 and 3700. The number of hospitalisations would be between 6900 and 16,200. The numbers requiring a medical consultation would be 325,000 to 759,000. For Waikato, assuming a 35% incidence, the associated figures would be 282 deaths, 1241 hospitalisations and 59,843 consultations. It is generally perceived that approximately 95% of cases will be dealt with in the community and may not be in contact with any medical personnel.

## **2.4 Transmission**

Influenza is easily spread through droplets from an infected person (suspended in the air through coughing or sneezing) being inhaled by another person, or through

contact with contaminated objects. The incubation period ranges generally from one to three days, but can be up to seven days. Adults are infectious for one or two days before symptoms start until about day five of the illness. Children can remain infectious until day seven of the illness. Once individuals have recovered from the illness they then have immunity.

## **2.5 Phases of a Pandemic**

The World Health Organisation (WHO) has a set of definitions that classify the stages of a pandemic, these have recently been revised in 2005. New Zealand has based its national plan and actions around the WHO phases. The PHU plan will also be based around the NZ/WHO phases (Appendix 1)

Table 1: WHO Pandemic Phase April 2005

WHO Pandemic phases	Characteristics	Matches NZ will change as plan being updated nationally
Interpandemic period		
Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals, the risk(a) of human infection or disease remains low	Information (White) No new influenza subtype in humans
Phase 2	No new influenza virus subtypes have been detected in humans however, a circulation animal influenza virus subtype poses a substantial risk (a) of human disease	White No new influenza subtype in humans but present in animals and risk is substantial
Pandemic alert Period		
Phase 3	Human infection (s) with a new subtype, but no human-human spread, or at most rare instance for spread to a close contacts	Yellow Human cases but no human to human spread, or very rare spread to close contacts
Phase 4	Small cluster(s) with limited human to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans (b)	Yellow Human clusters with limited human to human spread still localised
Phase 5	Larger cluster(s) but human to human spread still localised, suggesting that the virus is becoming increasingly adapted to humans, but may not yet be fully transmissible (substantial pandemic risk) (b)	Red Large human clusters with limited spread still localised
Pandemic period		
Phase 6	Pandemic phase:	Activation (Red)

	increased transmission in general population	<p>Pandemic overseas, not in humans in NZ</p> <p>Pandemic in NZ but localised to one area</p> <p>Pandemic in NZ widespread</p> <p>Pandemic in NZ subsiding</p> <p>Pandemic in NZ, next wave of widespread cases</p>
Postpandemic period	Return to interpandemic period	Stand-down (Green)

### **3 Key elements for Public Health Unit response**

Many of the actions and decisions to act listed below will be informed by the Technical Advisory Group at the Ministry of Health. There will be a chain of communication between them, DHBs and PHUs. Guidance will be developed and circulated on, for example, the use and delivery of anti-virals and vaccine, case definitions, prioritisation of primary and secondary care, the use and make up of community based centres and how to deal with dead bodies.

#### **3.1 Leadership, organisation and co-ordination**

The unit response would operate within a CIMS structure. There would be a nominated pandemic control team already up to date with plan and issues and will be tasked with developing and implementing the plan. This would be expected to meet regularly prior and during a pandemic. The team must have authority to make key decisions and to have a clear chain of accountability. They will have clear roles and responsibilities

#### **3.2 Communications**

There will be several levels to a communication strategy including: professional information and guidance and communications with the public and media

Communication will provide the backbone for an effective and co-ordinated response. A wide range of groups at all levels will require accurate, timely and consistent information and advice. The PHU will be required to communicate both internally within the unit and WDHB, linking with the WDHB Pandemic team, and externally both upwards to regional and national teams, but outwards to a variety of professional bodies including primary care and territorial local authorities, and the public. Much of this communication, including nomination of correct pathways and processes, requires planning prior to a pandemic and will build on already existing networks.

Risk communication prior to and during a pandemic is a key element of the response. Clear active engagement of the public will be a priority throughout, working with the DHB communications team. Many different media will be used including, email, letters, radio, television, and newspapers. Early preparation of a communications plan for the PHU including templates on information such as case and contact definitions, what is influenza, how to manage cases at home, infection control, antiviral use and vaccines is imperative.

### **3.3 Surveillance and information gathering**

Surveillance for influenza is co-ordinated nationally. The PHU must to ensure that they receive timely information from a national level to be able to act locally. Locally, the PHU needs to work closely with primary care, secondary care providers and local laboratories to identify investigate, control and manage clusters of unusual respiratory illness prior to a pandemic and of influenza during the pandemic. The PHU will link closely with the microbiology and virology laboratories in Waikato.

### **3.4 Reducing the impact of the disease**

This will include field investigation, handling and feedback of information from suspected incidents and outbreaks, using appropriate protocols and application of population control measures. Hygiene and hand washing is particularly important measure in reducing the spread. Work will be carried out prior to a pandemic to produce guidance to inform primary care, elderly care institutions, schools and the public on the issue.

Major work needs to be carried out to educate and prepare the public for a pandemic. Many will be caring for and supporting friends and family in the community without using health services.

As the pandemic spreads it may be appropriate to restrict travel to and from affected areas. Such measures would include:

- Health screening at borders which will be carried out by the PHU and other DHB staff working in partnership with the airport staff. Meetings will be held to work through protocols using lessons learnt from SARS screening.
- Voluntary home isolation of cases
- Local restrictions of movement of people in a community
- Restriction of public gatherings especially international
- School closures

### **3.5 Investigation and management of cases and contacts**

This will generally be an issue at the beginning of the pandemic when we are trying to contain transmission and manage cases. Protocols will be developed as to the diagnosis, use of antivirals, control of infection and exclusion of cases and contacts.

### **3.6 Interventions**

#### Immunisation and Antivirals

Information on the use of antivirals for either prevention or treatment during the different phases, and who should have them will come from the Ministry. PHU, primary care and WDHB will carry out these recommendations using the best local delivery plan. Discussion will be carried out using possible scenarios with relevant parties prior to a pandemic to develop delivery processes.

Once vaccine is available, the action required will be similar to above.

### **3.7 Infection Control**

Protocols developed nationally will be implemented locally building on action already implemented on guidance for infection control to limit the spread of respiratory illness in primary care, elderly care homes and the home.

### **3.8 Dealing with the dead.**

The Ministry will provide guidance on this, including necessary infection control measures to be taken. Information needs to be communicated widely including the public. The PHU will link closely with the DHB to ensure the necessary and appropriate procedures are in place.

## Appendix 1 New Zealand Pandemic Stages

New Zealand Influenza Pandemic Action Plan 2005 (proposed update to Appendix III, NHEP:ID)

### SUMMARY OF NEW ZEALAND PANDEMIC PHASES IN THIS PLAN

WHO PERIOD*	WHO PHASE*	NZ SCENARIO**	NZ STRATEGY	MoH/DHB ALERT CODE***	
Interpandemic Period	Phase 1		Planning	N/A	
	Phase 2	Scenario 1			
Pandemic Alert Period	Phase 3	Scenario 2		WHITE (Information / advisory)	
		Scenario 1			
		Scenario 3		YELLOW (Standby)	
		Scenario 4			
	Phase 4	Scenario 1	Border Management	RED (Activation)	
	Phase 5	Scenario 2			
Pandemic Period		Scenario 1	Pandemic Management		
	Scenario 2				
Post Pandemic Period	Post Pandemic Period		Recovery		GREEN (Stand down)

\* As per WHO guidelines (2005).

\*\* Scenarios are based on WHO suggestions 'Additional national subdivisions of new phases'

**Appendix 2 PHU Actions**

Code White	Develop and build on existing relationships Work closely with the DHB emergency planner Establish necessary working groups for PHU and Waikato	DHB Primary Care Pharmacists Labs Police Fire Civil Defence TLAs Education
	Establish a Pandemic Team Inform all the PHU regularly	Weekly meetings
	Establish a working plan Linked closely to the MOH information	International and National situation Case definitions Contact definitions Case and contact process Taking and processing of samples Isolation Information various PPE information Avian influenza Border management School closures and gatherings
	Border management	Establish a team to

		carry out border screening/quarantine where necessary
	Delivery of immunisation	Develop a plan to deliver a vaccine
	Communications	<p>Work closely with DHB communications and develop a communications strategy</p> <p>Establish code White information tree and enable PHU to communicate quickly with relevant agencies</p> <p>Ability to communicate with other agencies using the working plan where necessary</p>
	Business continuity Using MED document	<p>Establish essential and non essential services</p> <p>Establish database of staff and contacts</p> <p>Establish information as to who will work or not work</p> <p>Establish information regarding sickness</p>

Code Yellow	Relationships	Established and working well Regular meeting and local level
	Pandemic team	Meets daily
	Pandemic working plan	Established Changes where necessary based on new information on virus epidemiology Enhanced surveillance based on case definition established Communicated to relevant bodies
	Border control	Reviewed and amended Contacts ready
	Communications	Developed and Code Yellow actions carried out
	Business continuity	Reviewed and amended

Code Red	Relationships	Teams meeting regularly Providing advice where required
	Public Health Powers activated	Link with above to enforce relevant actions
	Pandemic team	Twice daily meetings might be face to face or by teleconference
	Pandemic working plan	Activated

	Border control	Activated
	Communications	Activated code red actions
	Vaccination	Team ready awaiting vaccine
	Business continuity	Noon essential services ceased Monitored daily Staff sickness monitored

Green	Relationships	Continue and review
	Public Health Powers	Revert to normal
	Pandemic team	Weekly and review
	Pandemic working plan	Review
	Border control	Revert to normal
	Communications	Advise stand down Thank and feedback Review
	Vaccination	Continue
	Business continuity	Non essentials returned Review work Review plan

## Appendix 3 CASE REPORT FORM

### Case report form –Influenza A/H5N1 (Avian)

A report should be made when a patient fits the surveillance case definition of possible avian influenza.

#### 1. Reporting details

Name of Reporter .....

Institution /Organization .....

Date of report \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Contact tel. No. ....

#### 2. Patient details

Sex ( please tick)                       Male                       Female                       Unknown

Date of birth                      \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Age                      Years----- Months-----

##### **Current contact details:**

Surname                      .....                      First name .....

Full address .....

Country .....

Telephone ..... Fax .....

Nationality ..... Ethnicity .....

#### 3. Signs and Symptoms

Date of onset of illness \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Body temp. higher than 38°C                       Yes  No  Unknown

Cough                       Yes  No  Unknown

Sore throat                       Yes  No  Unknown

Shortness of breath                       Yes  No  Unknown

#### 4. History of admission to hospital

Has the person been admitted to hospital  Yes  No  Unknown

If **YES**, complete the details below:

Date of admission \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) Hospital-----  
----

Date of transfer \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) Hospital-----

#### To be completed ONLY once

Termination date of hospital stay ( correspond to date of discharge from **final** hospital, or date of death) \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

During any of the hospital admissions was the person:

Isolated or cohorted  Yes  No  Unknown

If **YES**, date of isolation in **final** hospital \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Mechanically ventilated?  Yes  No  Unknown

Admitted to an intensive care unit?  Yes  No  Unknown

#### 5. Travel History

During the 7 days prior to the onset of symptoms, did the person travel to or reside outside NZ?  Yes  No  Unknown

If **YES** complete the details below:

Country/area visited	From	To
1. -----	Length of Stay ___/___/___ (dd/mm/yyyy)	___/___/___ (dd/mm/yyyy)
2. -----	Length of Stay ___/___/___ (dd/mm/yyyy)	___/___/___ (dd/mm/yyyy)

Date of return to the NZ \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) Port-----  
-----

Symptomatic on flight/ship/train? -----

During the 7 days prior to the onset of symptoms, did the person travel to or reside in areas **within**

NZ?  Yes  No  Unknown

If **YES** provide details: -----  
-----

#### 6. Occupational Exposure

During the 7 days prior to the onset of symptoms, has the person been working:

- 6a** In an at-risk animal-related occupation?  Yes  No  Unknown
- 6b** As a worker in laboratory where samples are tested for influenza A/H5 viruses  Yes  No  Unknown
- 6c** As a health care worker?  Yes  No  Unknown

### 7. History of exposure to animal populations

During the 7 days prior to the onset of symptoms, has the person had contact with live or dead domestic fowl, wild birds or swine?

Yes  No  Unknown

Entered settings where animal species were confined or had been confined in the previous six weeks?

Yes  No  Unknown

### 8. History of exposure to human cases

During the 7 days prior to the onset of symptoms, has the person been in contact ( within touching or speaking distance) with:

**8a** A confirmed human case of influenza A/H5 infection?  Yes  No  Unknown

**8b** A person with an unexplained acute respiratory illness that later results in death?  Yes  No  Unknown

**8c** Any other person for whom diagnosis of influenza A/H5 is being considered?  Yes  No  Unknown

**8d** If **YES** to 8a or 8c, the person is part of a cluster, tick "Applicable"  Applicable  Not applicable

**8e** If Applicable, is the cluster  Already Known (Indicate cluster Identifier in 8f.)  Newly identified (Assign, and indicate cluster identifier in 8f)

**8f** Indicate cluster identifier -----

What is the setting of this cluster?

- Household
- Extended family
- Hospital
- Other residential institution
- Military barracks
- Recreational camps
- Other, specify

**9. Laboratory investigation results**

Positive influenza A by IFA or other test?  Yes  No  Unknown

**10. Prophylaxis against Influenza**

Was the person vaccinated against influenza in the 5 months prior to the onset of symptoms?  
 Yes  No  Unknown

If **YES**, in which country? -----

During the 7 days prior to the onset of symptoms was the person taking any antiviral medication (Oseltamivir, Zanimivir, Amantadine, Eimantadine)?  
 Yes  No  Unknown

If **YES**: Name of antiviral -----

Dosage-----

Taken from: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) to: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

**11. Outcome (to be completed ONLY once)**

- Recovered (Recovered includes persons discharged from hospital)
- Deceased
- Lost to follow-up

Date final status was determined \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

**12. Additional Comments**

-----  
-----  
-----  
-----  
-----  
-----

Resource reference: Health Protection Agency Centre for Infectious Influenza (UK) A/H5 (Avian) surveillance reporting form.

## **H5N1 Influenza A Contact Tracing and Management Protocol.**

Public Health contact tracing and monitoring during the pandemic will vary depending on:

1. Phase of the pandemic
2. Likely effectiveness of the activity
3. Staffing and resources

The response will be very intense when the first cases are detected. The rationale for this is to try and delay as long as possible the widespread distribution of illness.

This is consistent with the Cluster Control (or “stamp it out” phase) described by the Ministry of Health in Phase 5: Code RED of the *Influenza Pandemic Action Plan*. The duration of this intense cluster control phase will be determined by the pattern of spread of disease in NZ, staffing and resources.

Cluster control will effectively cease once Phase 6 (Pandemic period-RED) is underway and widespread transmission occurs. At this point it is likely that contact tracing outside immediate households or other small groups will effectively cease.

---

### **Contents of this section:**

- 1. Definition of a contact**
- 2. Identifying contacts & contact information sheet**
- 3. Contact protection**
- 4. Restriction on contacts**
- 5. Information for close contacts**
- 6. Counselling**
- 7. Prophylaxis**

---

### **1. Definition of a contact**

- Person(s) who had close (within 1 metre) contact with an infectious case(s)

#### 4 OR

- Shared the same confined airspace for >/60 mins as an infectious person (e.g. enclosed room, bus, air flight cabin etc).

Note that influenza virus is extremely infectious. Infectious cases may have a very large number of contacts.

## 2. Identifying Contacts

Ask about a case's contacts during the period of communicability. Use the sheet attached to record activities.

Cover the following groups in this order:

Contact type	Activities of interest	Information required from contact
<b>4.1 Household</b>	All household contacts: <ul style="list-style-type: none"> <li>• Living at the same address</li> <li>• Visitors</li> <li>• Caregivers, babysitters, nannies etc</li> <li>• Partners/girl or boyfriends (exchanged saliva with case)</li> </ul>	<ul style="list-style-type: none"> <li>• Name &amp; address if different from case</li> <li>• Date(s) of exposure</li> <li>• Period of exposure (hours/days/constant)</li> <li>• Any symptoms</li> </ul>
Preschool or school Workplace	<ul style="list-style-type: none"> <li>• Close contact: shared activities in confined space</li> <li>• Dorm or room share at boarding schools, barracks, camps, marae etc.</li> <li>• Shared office/meeting room</li> <li>• Check if case has travelled to work recently: aircraft or car? Who with?</li> <li>• Attended conferences or seminars</li> </ul>	<ul style="list-style-type: none"> <li>• Name and address of supervisor</li> <li>• Names and address of the site</li> <li>• Date(s) of exposure</li> <li>• Period of exposure (hours/days/constant)</li> <li>• Activities undertaken at the school/workplace with relation to the case</li> <li>• Any symptoms?</li> </ul>
Attendance at social functions Identify the organiser first and obtain: • <i>Number of attendees</i>	<ul style="list-style-type: none"> <li>• Parties</li> <li>• Functions: weddings, funerals, birthdays</li> <li>• Tangi</li> <li>• Hangi</li> <li>• Sporting activities</li> <li>• Church activities including</li> </ul>	<ul style="list-style-type: none"> <li>• Name and address where possible</li> <li>• Date(s) of exposure</li> <li>• Period of exposure</li> <li>• Activities undertaken at the event</li> <li>• Any symptoms?</li> </ul>

<ul style="list-style-type: none"> <li>• <i>Age group</i></li> <li>• <i>Activities involved (eating, drinking, sports, dancing etc)</i></li> </ul>	<ul style="list-style-type: none"> <li>• at-home meetings</li> <li>• Pubs, clubs, restaurants, theatres, concerts</li> <li>• Coffee groups, playgroups</li> </ul>	<ul style="list-style-type: none"> <li>• Can contacts provide info on others who were at the same event as themselves and the case?</li> </ul>
International air flights	<ul style="list-style-type: none"> <li>• Same aircraft and flight</li> <li>• Close seating (2 rows ahead, behind and either side)</li> <li>• Cabin crew or other passengers in close contact (i.e. provided first aid or other care to case).</li> </ul>	<ul style="list-style-type: none"> <li>• Name and address of contacts</li> <li>• Current location</li> <li>• Date(s) of exposure</li> <li>• Period of exposure</li> <li>• Type of exposure</li> <li>• Any symptoms?</li> </ul>

### **Contacts in other health districts**

These should be documented. Inform the HPO who will arrange referral to the Public Health Unit/Office in the other district. (On weekends the HPO will do this after discussion with MOH). Ask other district to return the completed form.

- **Contacts overseas**

If possible the MOH should communicate with the overseas Public Health authorities. Alternatively, the family of the case may be able to communicate with the overseas contacts, tell them the diagnosis and advise them to seek medical advice overseas.

- **Contacts of cases from other districts**

When another health district refers contacts of a case in their district, follow this protocol. Notify the referring district by sending them the information (either using their specific format or your own district). All documentation should be forwarded via MOH.

### 3. Contact Protection

- Determine if the person is a contact as per the definition above

If NO – provide disease information only.

If YES – assess need for treatment or chemoprophylaxis and disease information.

#### **If any contact is feeling unwell, assess if the symptoms suggest influenza**

If **yes**, advise them to telephone a medical centre for advice. **DO NOT GO TO THE CENTRE WITHOUT PRIOR NOTICE.**

If **no**, continue with the contact protocol.

#### ***Disease information***

All contacts should be given advice concerning influenza and warned of the signs and symptoms so they seek early medical advice.

Lower risk contacts should be informed that their risk is not greater than that of the general population and that they will not need chemoprophylaxis.

Be aware that some lower risk contacts will be anxious and may demand treatment/prophylaxis. Make sure they know that you do not have any with you. Advise them to seek information and support from their GP.

#### ***Personal Protective Equipment (PPE)***

Early in the epidemic all cases and contacts should be given a supply of masks. NOTE that it is more important for contacts to wear masks than cases.

#### ***Treatment***

All contacts with symptoms should be given Tamiflu in accordance with national guidelines and treatment guidelines for the drug.

### ***Chemoprophylaxis***

All contacts who have no symptoms should be given Tamiflu in accordance with national guidelines and treatment guidelines for the drug.

Explain that Tamiflu does not guarantee protection, but will reduce the chances of getting influenza. Treated contacts **MUST** maintain a high level of awareness of the symptoms of influenza.

### ***Informed Consent***

Not necessary for administration of chemoprophylaxis; however a parent or caregiver must give consent for children under 16 to receive medication. **DO NOT GIVE MEDICATION TO CHILDREN TO TAKE HOME.** Deliver it to the parent/caregiver directly.

## **4. Restrictions on contacts**

There are several levels of contact restriction available, the level used will depend on the risk of assessment of the case, evolving epidemiology and advice from MoH.

**Level 1:** Monitor temperature a minimum of twice daily. **Do not restrict usual activity unless symptoms develop.**

**Level 2:** **Voluntary home isolation** and monitor temp twice daily – do not go to work/school etc. Sleep in a separate room to other household members and do not mix with others in the house. Use separate living, bathroom and toilet facilities to rest of household if available, if not wipe down surfaces after use.

**Level 3:** **Compulsory home isolation** – as above but if person un-co-operative then use legal powers under Health Act 1956.

**Level 4:** Compulsory or voluntary (in the case of tourists or people who do not have a home in NZ) **quarantine at secure PH designated quarantine facility – locations to be confirmed.**

Ensure that the required level of restriction is clearly explained to the contact(s).

Provide them with contact information sheet and self-care information.

## 5. Management of large groups and contacts in institutions

Identify a key person e.g. a supervisor or manager.

Discuss with the key person the intervention that may be necessary. Enlist the help and support of the key person. Gather the following information:

- The number of the group including staff
- The age range of the group
- The eating and sleeping arrangements of the institution.

Discuss with the MOH who will decide on the appropriate follow-up. To proceed:

- Consult with CD resource nurse to ensure adequate workforce
- With a key person, arrange a meeting of the contacts or their caregivers in a large room at a time that is mutually suitable. This should be on the same day and on the premises wherever possible. The meeting is to give information and perhaps prophylaxis.
- Ensure that you take sufficient supplies of forms, information, equipment medicine and a cell phone.
- Explain who you are and why you are calling the meeting.
- Discuss the disease, signs, symptoms and risk factors.
- Answer questions.

*If treatment or prophylaxis are required:*

- Discuss the rationale for the prophylaxis.
- Discuss the side effects and precautions and how the medicine should be taken
- Ensure there is no contraindication to treatment or prophylaxis.
- Give each person written information regarding the disease and treatment/prophylaxis.
- Give a contact number for further questions
- Give treatment or chemoprophylaxis as appropriate.

### **Contacts in Schools or Early Childhood Centres (ECC)**

- Tell parents of the case that you have to inform the school/ECC but that you will preserve privacy as much as possible.
- As soon as practicable inform the school/ECC, usually by phone, that a student is sick.
- Give verbal information and reassure.

- Make an appointment to speak to the relevant staff.
- Give pamphlets and verbal information, answer questions, reassure.
- Reinforce handwashing, covering face when coughing and sneezing, not sharing spit, ventilation of rooms.
- Stress that for privacy reasons the name of the case should not be widely discussed.
- Inform the PHN for the school that there has been a case. The PHN may wish to contact the person in charge of the school in case supplementary action or advice is needed afterwards.

## **6. Information for close contacts**

Provide all close contacts with information sheet.

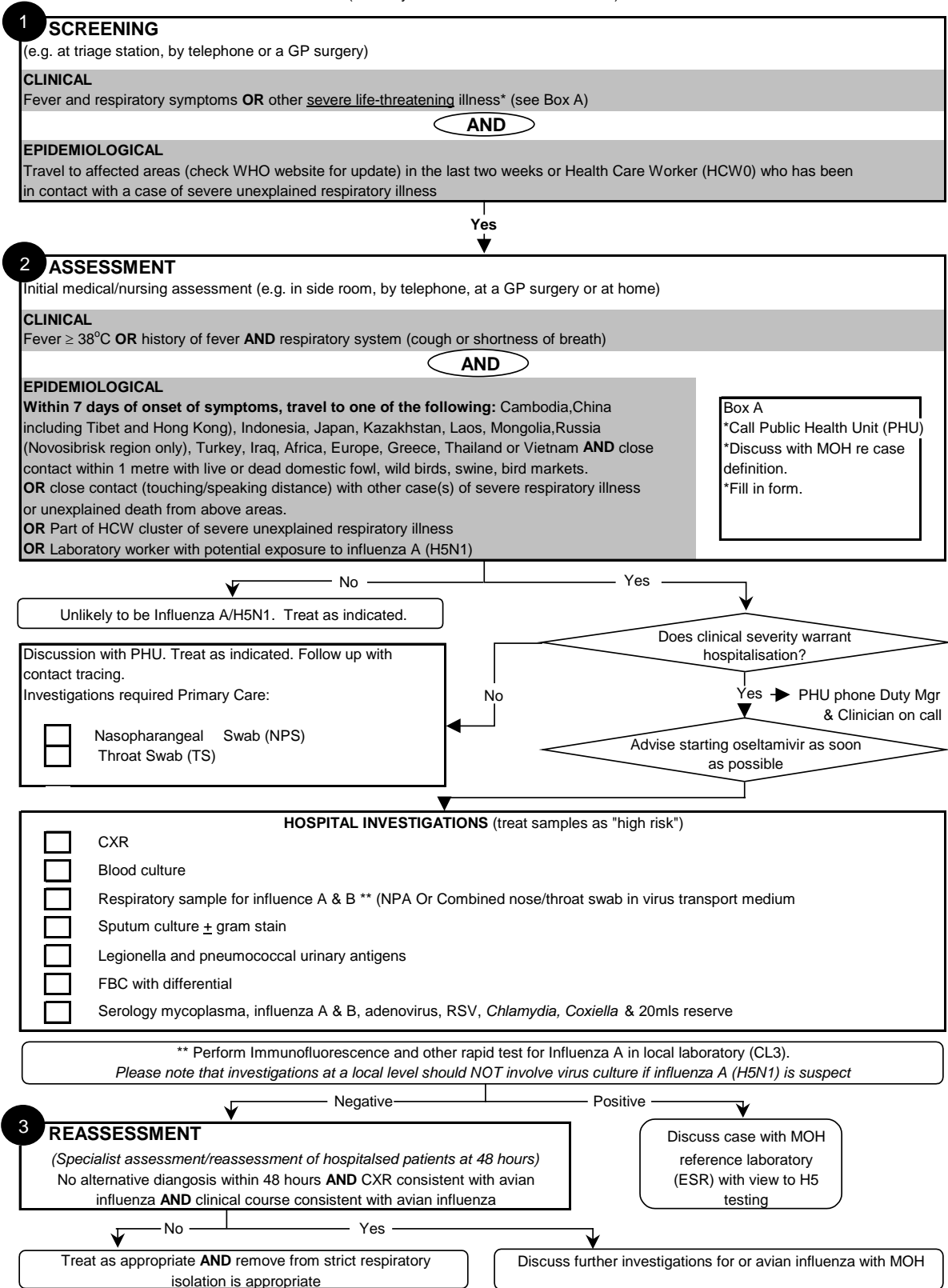
## 7. Counselling

- Provide advice to contact to minimise potential transmission and early recognition of illness (close contact information sheet).
- Ensure that contacts have access to telephones/email systems to allow them contact with families and friends.
- Provide services to promote compliance: comfortable surroundings, entertainment if possible.

Resource reference: Regional Public Health, Upper Hutt, Wellington.

***H5N1 Influenza A contact tracing and management protocol.***

**Algorithm for the management of returning travellers from countries affected  
by avian influenza presenting with febrile respiratory illness:  
recognition, investigation and initial management**  
(Possibly use for initial Pandemic Cases)



## UPDATE RE BORDER CONTROL PLANNING

### **Pandemic Planning – Border Control**

Progress update as at 10/2/06

#### **Hamilton International Airport**

Plan first draft being reviewed.

Continuing liaison between the Waikato PHU and Airport management, Airport Fire Rescue, Aviation Security and New Zealand Customs. Pandemic updates are communicated to these services as required.

The above services last met with the Waikato PHU on 16/12/05. The meeting took place in the Airport Customs area. The purpose of the meeting was to discuss the draft version of the NZ Customs Service document on responses and contact points for the Customs Service in the event of closer border management<sup>1</sup>. The issue of how and where to screen and possibly quarantine passengers from international flights was also discussed. The outcomes of this meeting are being documented by NZ Customs and will be sent to the Waikato PHU later this month.

The Hamilton International Airport is currently undergoing major renovations to all its terminal areas. These renovations will continue over the next 12 –18 months and will have considerable implications on where passengers are able to be screened or quarantine.

25/01/06. John Ladd (Manager, Operations Co-ordination, Customs NZ) visited Mystery Creek Events Centre to consider it's potential as a national quarantine centre.

<sup>1</sup> *Standard Operating Procedure in the Event of a Pandemic and Decision to Actively Manage the Border*. To be read in conjunction with the Airport Emergency Plan.

#### **4.2 Taharoa International Seaport**

This seaport operates as a unique port as the seaport as such is a buoy attached to a pipeline located 3 kilometres offshore. The M.V Taharoa Express is the only vessel that uses this 'seaport'. Crew are confined to the vessel while it is attached to the buoy. The shipping agent and Government officials are the only people who access the vessel while it is 'in port'. The seaport is controlled by New Zealand Steel, Taharoa.

A point of contact has been made with New Zealand Steel to determine any progress that has undertaken in regard to Pandemic planning and response to the "Maritime Tool Kit". The Public Health Unit is currently waiting to be updated by New Zealand Steel.