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**FLUBORDERPLAN**

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**Australian Government**

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**Department of Health and Ageing**

**FLUBORDERPLAN**

**NATIONAL PANDEMIC INFLUENZA  
AIRPORT BORDER OPERATIONS PLAN**

**February 2009**

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### ATTACHMENTS

Attachment A	The World Health Organization (WHO) and the Australian Pandemic Phases
Attachment B	Health Announcements for Incoming Travellers, Pandemic Influenza.
Attachment C	Health Declaration Card
Attachment D	Airport Flowcharts

### ACKNOWLEDGEMENTS

The National Pandemic Influenza Airport Border Operations Plan has been developed by the Office of Health Protection in the Department of Health and Ageing following extensive consultation and feedback from the Department of the Prime Minister and Cabinet, Department of Immigration and Citizenship, Department of Infrastructure, Transport, Regional Development and Local Government, Australian Quarantine and Inspection Service, Australian Customs Service, state and territory health departments and the airport and airline industry.

The Department of Health and Ageing would like to acknowledge the contribution of these agencies, the Australian Health Protection Committee and the Communicable Diseases Network of Australia, amongst others, in contributing to the policy approaches set out in this document.

The National Pandemic Influenza Airport Border Operations Plan supports the Council of Australian Governments (COAG) National Action Plan for Human Influenza Pandemic (July 2006).

### ASSOCIATED RESOURCES

Council of Australian Governments (COAG) *National Action Plan for Human Influenza Pandemic*.

Australian Government Department of the Prime Minister and Cabinet, Federal Executive Council Handbook, June 2005

*Australian Health Management Plan for Pandemic Influenza 2008 (AHMPPI)*.

*Interim National Pandemic Influenza Clinical Guidelines (June 2006)* –  
Annex to the Australian Health Management Plan for Pandemic Influenza

*Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings (June 2006)* –  
Annex to the Australian Health Management Plan for Pandemic Influenza

*Commonwealth Quarantine Act 1908*

The Department of Health and Ageing pandemic influenza website [www.flupandemic.gov.au](http://www.flupandemic.gov.au)

FLUBORDERPLAN procedures. An indicative list of procedures could include:

- Documentation relating to a pandemic declaration
- Non-automatic pratique
- In-flight announcements
- Health Declaration Cards
- Use of thermal scanners
- Clinical assessment at airports
- Personal protective equipment

## FOREWORD

The Australian Government believes the possibility of an influenza pandemic is real. While it is impossible to predict when a pandemic might occur, Australia aims to be prepared. The Commonwealth Government has already put measures in place to ensure Australia is well equipped to respond to a pandemic. The development of a National Pandemic Influenza Airport Border Operations Plan (FLUBORDERPLAN) is one of these measures.

The Australian Government Department of Health and Ageing has been working closely with a number of Commonwealth and state/territory agencies, as well as professional and industry stakeholders to ensure that organisations are prepared and that agreed processes are in place. FLUBORDERPLAN describes how Commonwealth border agencies, state and territory government bodies and the airline sector will work together in a co-ordinated national response to protect and respond to the threat of an influenza pandemic.

The FLUBORDERPLAN is an operational plan which supports the Council of Australian Governments National Action Plan for Human Influenza Pandemic (July 2006) and is consistent with the health response to pandemic influenza threat outlined in the Australian Health Management Plan for Pandemic Influenza 2008 (AHMPPI).

The FLUBORDERPLAN has been endorsed by the Council of Australian Governments (COAG) and will be regularly reviewed and updated by the Department of Health and Ageing to ensure its processes remain current and consistent with other Government plans.

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### CERTIFICATE OF AMENDMENT

The Office of Health Protection (OHP) within the Department of Health and Ageing (DoHA) will review the FLUBORDERPLAN every two years. Suggestions for amendments to the FLUBORDERPLAN can be forwarded at any time to:

Assistant Secretary  
Health Emergency Management and Biosecurity Branch  
Office of Health Protection  
Department of Health and Ageing  
GPO Box 9848  
CANBERRA ACT 2601

E-mail: [health.ops@health.gov.au](mailto:health.ops@health.gov.au)

Amendments to this copy of FLUBORDERPLAN are to be noted in the columns below.

<b>Amendment No.</b>	<b>Issue Date</b>	<b>Amendment Made By</b>	<b>Date</b>
1. Updated to reflect AHMPPI 2008	09.02.2009	EPRS/PanPrep	09.02.2009

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### GLOSSARY OF TERMS AND ACRONYMS

ADF	<p>Australian Defence Forces</p> <p>The Australian Defence Forces' mission is to promote the security of Australia, and to protect its people and its interests.</p>
AFP	<p>Australian Federal Police</p> <p>The AFP provides a permanent policing and Counter Terrorism First Response (CTFR) presence at each designated airport. The AFP has a role, at designated airports, to co-ordinate the resources of Commonwealth government agencies involved in border control measures that escalate into or cause security incidents; or adversely threaten the integrity of airport security.</p>
AHMPPI	<p><i>Australian Health Management Plan for Pandemic Influenza 2008</i></p> <p>The AHMPPI is a national health plan for responding to an influenza pandemic. Its purpose is to outline the measures that the health sector will consider in response to an influenza pandemic and to provide an overview of the preparedness activities being undertaken to ensure that the health sector is adequately prepared for an influenza pandemic.</p> <p>The AHMPPI is available at <a href="http://www.flupandemic.gov.au">www.flupandemic.gov.au</a></p>
AHPC	<p>Australian Health Protection Committee</p> <p>The AHPC is the national health policy development and coordinating body that plans for and responds to disasters arising from either natural events or a terrorist incident.</p> <p>The AHPC is a Principal Committee of the Australian Health Ministers' Advisory Council (AHMAC), and is chaired by the Australian Government Department of Health and Ageing (DoHA). Membership includes Australia's Chief Medical Officer, Chief Health Officers from each jurisdiction, senior Australian Government officers from Emergency Management Australia and the Department of Defence and clinical experts.</p>
Antiviral	<p>A type of drug used to help prevent or treat illnesses caused by some viruses, including influenza.</p>
APC	<p>Airport Police Commander</p> <p>The APC has direct command and control of all AFP personnel and resources assigned to a designated airport as part of the Unified Policing Model.</p> <p>The APC provides a central point of co-ordination for all law enforcement and security related activity of Commonwealth</p>

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	<p>Government Agency personnel operating within the precinct of a designated airport.</p> <p>In the event of a security incident occurring within the precinct of a designated airport that requires a policing response in order to manage that incident, the APC will, from the outset, be responsible for the command and control of that incident response. Where Commonwealth Government Agency personnel and resources are engaged in any such response, the APC undertakes a co-ordination role over those personnel and resources.</p>
AQIS	<p>Australian Quarantine and Inspection Service</p> <p>AQIS is a Division of the Australian Government Department of Agriculture, Fisheries and Forestry.</p> <p>AQIS provides quarantine inspection for international travellers, cargo, mail, animals, plants and animal or plant products arriving in Australia, and inspection and certification for a range of agricultural products exported from Australia. AQIS administers human quarantine services at the border on behalf of the Department of Health and Ageing (DoHA).</p>
ASIC	<p>Aviation Security Identification Card</p> <p>The <i>Aviation Transport Security Act 2004</i> requires a special identity card to be worn by anyone who works in an airside area or a landside security zone (collectively the secure area) at a security controlled airport that has regular public transport operations.</p>
Australian Pandemic Phases	<p>The Australian phases describe whether the virus is in countries overseas (OS) or in Australia (AUS). Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the WHO.</p> <p>The Australian phases are outlined in the AHMPPI which can be found at <a href="http://www.flupandemic.gov.au">www.flupandemic.gov.au</a> and are provided at Attachment A.</p>
Automatic Pratique	<p>Automatic Pratique is often referred to as “Pratique by exception”. Section 32B (of the Quarantine Act 1908) provides for pratique to be automatically granted to an aircraft on its arrival into Australia unless:</p> <ol style="list-style-type: none"> <li>a. the Director of Human Quarantine has issued a direction stating that automatic pratique does not apply;</li> <li>b. a quarantine officer advises the commander of the aircraft, before or after it arrives, that he or she is not satisfied that the aircraft is free from infection;</li> <li>c. the commander of the aircraft has notified a quarantine officer of the presence of prescribed</li> </ol>

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	<p>symptom (under Section 22 of the Quarantine Act 1908); or</p> <p>d. the commander of the aircraft has given prescribed information under Regulation 12 of the Quarantine Regulations 2000) required by Section 27B, to a quarantine officer.</p> <p>If one of the circumstances in (a) to (d) listed above applies then “Automatic Pratique” is withdrawn and the vessel (aircraft) is subject to “Non-Automatic Pratique”.</p>
Aviation Transport Security Act 2004	The <i>Aviation Transport Security Act 2004</i> and the <i>Aviation Transport Security Regulations 2005</i> apply to specific airport operators, aircraft operators, regulated air cargo agents and occupiers or controllers of an airport area.
Aviation Transport Security Regulations 2005	The Act and the Regulations require aviation industry participants to have in place approved aviation transport security programs which must detail how the participants will manage security for their operations.
Border control measures	Border control measures will be an essential part of delaying the spread of the virus to Australia. These measures will be implemented at designated international airports in Australia. Decisions regarding border control will be made following advice from the Chief Medical Officer and the Minister for Health and Ageing, to the Prime Minister.
Border nurse	Nurses placed at each of the designated international airports to provide clinical assessment of travellers (passengers and crew) who have signs and symptoms of influenza like illness.
CDNA	<p>The Communicable Diseases Network Australia.</p> <p>CDNA provides national public health leadership and co-ordination on communicable disease surveillance, prevention and control, and offers strategic advice to governments and other key bodies on public health actions to minimise the impact of communicable diseases in Australia and the region.</p>
CDNA case definition	CDNA will provide the national case definition, a tool for pandemic influenza assessment and surveillance.
CGAP	The <i>Commonwealth Government Action Plan for Human Influenza Pandemic</i> outlines how individual agencies and state and territory governments are working together to prepare for, and respond to, an influenza pandemic.

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CHO	<p>Chief Health Officer</p> <p>The CHO in each jurisdiction is responsible for a variety of statutory functions and matters relating to the control of disease and the promotion of health as required.</p>
Clinical Care Guidelines	<p><i>The Interim National Pandemic Influenza Clinical Care Guidelines</i> are an annex to the AHMPPI. They provide guidance primarily for health professionals regarding the assessment and management of avian and pandemic influenza patients.</p> <p>These guidelines are available at <a href="http://www.flupandemic.gov.au">www.flupandemic.gov.au</a></p>
CMO	<p>Chief Medical Officer</p> <p>The CMO is the key adviser to the Commonwealth Government on the development of a pandemic and on declaring the phases of a pandemic in line with the WHO model.</p> <p>The Minister for Health and Ageing is the Minister responsible for human quarantine. Many of the Minister's powers under the <i>Quarantine Act 1908</i> are delegated to the CMO, including the ability to restrict the movement of people both into and within Australia to protect human health. The CMO is also the Australian Government's chief adviser on human quarantine, ie Director of Human Quarantine. The CMO delegates powers for human quarantine to the Chief Quarantine Officers in each state and territory.</p> <p>In this document, CMO is used as the generic term for the Chief Medical Officer or Director of Human Quarantine.</p>
COAG	<p>Council of Australian Governments</p> <p>COAG is the peak intergovernmental forum in Australia, comprising the Prime Minister (chair), State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association (ALGA).</p> <p>The role of COAG is to initiate, develop and monitor the implementation of policy reforms that are of national significance and which require cooperative action by Australian governments.</p>
CQO	<p>Chief Quarantine Officer (human).</p> <p>The CQO of each state and territory has delegation under the <i>Quarantine Act 1908</i> to direct the day to day delivery of human quarantine activity.</p> <p>The CMO delegates powers for human quarantine to the CQOs in each state and territory. All references to CQO within the plan mean CQO (human).</p>

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Customs	<p>The Australian Customs Service</p> <p>Customs is the Australian Government Department responsible for managing the security and integrity of Australia's borders, by detecting and deterring unlawful movement of goods and people across the border.</p>
DIAC	<p>Department of Immigration and Citizenship</p> <p>DIAC's key objectives are to manage the lawful and orderly entry and stay of people in Australia and promote a society which values Australian citizenship, appreciates cultural diversity and enables migrants to participate equitably.</p> <p>Under the <i>Migration Act 1958</i> all travellers are required to undertake immigration clearance. Not doing so may result in travellers becoming unlawful non-citizens, or in the case of Australian citizens, be subject to a fine.</p>
Director of Human Quarantine	Refer Chief Medical Officer
DITRD LG	<p>Department of Infrastructure, Transport, Regional Development and Local Government</p> <p>DITRD LG's aim is to promote economic, social and regional development by enhancing Australia's infrastructure performance.</p>
DoHA	<p>Department of Health and Ageing</p> <p>DoHA's aim is to achieve improved health and wellbeing for all Australians through strengthening evidence-based policy advising, improving program management, research, regulation, and partnerships with other government agencies, consumers and stakeholders.</p>
EAG	<p>Expert Advisory Group on Pandemic Influenza</p> <p>The EAG is a group of key experts in influenza, pandemics and epidemiology, both within and outside the Australian Government. The EAG to the Australian Government assesses and advises on epidemiological developments in a pandemic and is the key advisory body to the CMO in relation to pandemic phases.</p>
Epidemic	An <b>epidemic</b> is a disease that appears as new cases in a given human population, at a rate that substantially exceeds what is "expected", based on recent experience.
HDC	<p>Health Declaration Card</p> <p>Form to be completed by arriving travellers to assist in identifying if they have influenza like symptoms or have been in contact with people with influenza.</p>
ILI	Influenza like illness

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Infection Control Guidelines	<p><i>The Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings</i> (June 2006) is an annex to the AHMPPI. They provide guidance primarily for health professionals regarding infection control, for health and community settings, in the management of pandemic influenza patients.</p> <p>These guidelines are available at <a href="http://www.flupandemic.gov.au">www.flupandemic.gov.au</a></p>
Masks	<p>There are a variety of masks that could be used during a pandemic depending on the circumstances. Some are:</p> <ul style="list-style-type: none"> <li>• Surgical masks — reduce the chances of inhaling virus that is in respiratory droplets. This protection is most useful in lower risk situations, particularly when the infected patient is able to wear a mask.</li> <li>• P2 masks (P2 respirator) — reduce the chances of inhaling virus that is in the form of fine respiratory particles. This is only recommended for use when undertaking medical procedures that lead to the generation of aerosols, or if the patient is infectious and cannot wear a surgical mask. They are used in high-risk situations where the patient is known to be infectious and distancing is not possible.</li> </ul>
National Action Plan	<p>The Council of Australian Governments (COAG) <i>National Action Plan for Human Influenza Pandemic (2006)</i> sets out how the Australian, state, territory and local governments will cooperate in prevention, preparedness, response and recovery from a human influenza pandemic.</p> <p>The National Action Plan can be found at <a href="http://www.dpmpc.gov.au/publications/pandemic/index.htm">http://www.dpmpc.gov.au/publications/pandemic/index.htm</a></p>
National Pandemic Emergency Committee	<p>This committee is chaired by the Commonwealth and comprises representatives of first ministers' and health departments, the Australian Local Government Association (ALGA) and emergency services agencies.</p>
NEP	<p>National Emergency Protocol</p> <p>The NEP provides for the coordination of communications between first ministers in the event of an imminent or actual emergency of national significance.</p>
NHEMRN	<p>The National Health Emergency Media Response Network</p> <p>This network consists of media representatives from DoHA, state and territory health departments and other Commonwealth Government Agencies (including AQIS). The network will be responsible for ensuring consistency of public health communication messages during an influenza pandemic. The NHEMRN reports directly to AHPC.</p>

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NIR	<p>National Incident Room</p> <p>DoHA's operational facility for coordinating national responses to health emergencies. The NIR is located in Scarborough House, Canberra.</p>
NMS	<p>National Medical Stockpile</p> <p>Australian Government national strategic reserve of medicines, vaccines and equipment for use in response to health emergencies, such as a major outbreak of communicable diseases.</p>
Non-Automatic Pratique	<p>"Non-Automatic Pratique" is often referred to as "Positive Pratique" which requires that all vessels (including aircraft) have to report to a quarantine officer to request pratique, even if no illness was present or had occurred.</p> <p>In accordance with <i>Quarantine Regulations 2000</i> (Item 11, 12&amp;12A) commanders of an aircraft are required to declare the health status of all travellers on board the plane. The <i>Quarantine Act 1908</i> requires airlines to report on prescribed symptoms, quarantinable and prescribed diseases, an outbreak of an infectious disease, and any death which may have occurred during the flight.</p>
Pandemic	<p>A pandemic is an <a href="#">epidemic</a> on a global scale.</p>
Passengers	<p>Those people arriving on a flight from an international destination (also includes the crew). See traveller.</p>
PM&C	<p>The Department of the Prime Minister and Cabinet</p> <p>The principal matters that PM&amp;C deals with are the coordination of government administration; assistance to Cabinet and its committees; policy advice and administrative support to the Prime Minister; intergovernmental relations and communications and government ceremonial and hospitality.</p> <p>The PM&amp;C plays a coordinating role in the development of integrated, whole-of-government national security policy and convenes inter-departmental committees and the National Pandemic Emergency Committee.</p>
PPE	<p>Personal Protective Equipment</p> <p>PPE is equipment that can be worn by an individual to protect them or others from infection.</p> <p>PPE Includes the following type of equipment: protective masks, gowns, gloves and goggles.</p>
Pratique	<p>Pratique is a health clearance that is granted to all incoming international vessels (both aircraft and ships) if they are considered to be free from infection.</p>

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Primary Line	The first of the clearance process for all travellers which is operated by the Australian Customs Service.
<i>Quarantine Act 1908</i>	<i>The Quarantine Act 1908</i> provides legal authority for quarantine measures. Under the Act, AQIS is responsible for animal, plant and general quarantine and DoHA is responsible for human quarantine.
Quarantine Officer	A person appointed under sub-section 9 (2) or 9A (1) of the Quarantine Act.
Thermal Imaging Scanners	Thermal imaging scanners measure a person's skin temperature from a distance. Thermal imaging scanners will be used to detect elevated temperatures in arriving travellers.
TIC	<p>Traveller with illness Checklist</p> <p>The primary assessment tool used at the borders to screen for the presence of quarantinable diseases. This checklist was developed by DoHA with extensive input from CQOs, AQIS operational staff and AQIS Central Office.</p> <p>The Checklist is administered by AQIS officers and is designed to provide information required to determine whether an ill traveller poses a serious risk to Australian public health. In determining which diseases should be screened for, the list of quarantinable diseases in the <i>Quarantine Proclamation 1998</i> was taken to represent those currently agreed to be of most concern.</p>
Traveller	As defined in the <i>International Health Regulations (IHR) 2005</i> – a natural person undertaking an international voyage. Includes both passengers and crew.
Travel Restrictions	Travel restrictions may be imposed on incoming travellers to prevent the arrival in Australia of people who may have been exposed to pandemic influenza overseas.
WHO	<p>World Health Organization</p> <p>The World Health Organization (WHO) is the United Nations specialized agency for health. The objective of the WHO, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health.</p>
WHO Pandemic Phases	<p>The World Health Organization (WHO) has a set of six pandemic phases that it uses to describe the global situation. These six phases inform the world of the seriousness of the pandemic threat and the need to launch progressively more intensive preparedness activities.</p> <p>Information on the WHO pandemic phases can be found at <a href="http://www.who.int/csr/disease/avian_influenza/phase/en/index.html">www.who.int/csr/disease/avian_influenza/phase/en/index.html</a></p>

## Part 1: Introduction

### 1.1 Context

The World Health Organization (WHO) has reported that the world is moving closer to an influenza pandemic. An influenza pandemic occurs worldwide when:

1. a new strain of influenza virus emerges, to which there is little or no immunity;
2. the virus is capable of causing severe disease in humans; and
3. the virus is easily spread between humans.

In the absence of immunity, a new influenza strain may spread rapidly across the globe, causing worldwide epidemics or a pandemic, with high numbers of cases and deaths.

The WHO has a set of pandemic phases that it uses to describe the global situation (phases 1-6). These inform the community of the seriousness of the pandemic threat and the need to launch progressively intensive preparedness activities.

Australia uses the same numbering system as WHO to describe each phase; however, the Australian pandemic phases are designed to describe the situation in Australia and to guide Australia's response. Thus, the Australian and the WHO phase may not always be the same.

The Australian phases describe whether the virus is in countries overseas (OS) or in Australia (AUS). Different response strategies may be used simultaneously in different parts of Australia, due to variations in the local stage of a pandemic. Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the WHO. A summary of the Australian phases of pandemic alert is provided at *Attachment A*.

The WHO has declared that the world is currently in global phase 3 – that is, human infection with a new subtype but no human spread or at most, rare instances of spread to a close contact.

Australia is at corresponding phase ALERT (OS3) – a novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.

It is generally expected that a pandemic form of the influenza virus would first emerge overseas. This gives Australia some advantages in responding. We can be alert to the development and spread of any new influenza virus overseas, take early measures to delay its arrival in Australia and contain the establishment of the pandemic strain in Australia.

Once the pandemic strain emerges overseas it will be important to delay the entry of pandemic influenza in to Australia for as long as possible. When DELAY (OS4) is *imminent* or *occurs*, (that is, small clusters of cases in one country overseas) the Australian Government will implement a series of measures to prevent or minimise the transmission of pandemic influenza. Such measures may include:

1. pandemic declaration;
2. border control measures;
3. the targeted use of quarantine; and
4. possible travel restrictions.

### 1.2 Purpose

The Australian Government has prepared a series of overarching plans to reduce the impact of an influenza pandemic on the Australian community. These include:

- The Council of Australian Governments (COAG) National Action Plan for a Human Influenza Pandemic (2006);
- The Commonwealth Government Action Plan for Human Influenza Pandemic (CGAP); and
- The Australian Health Management Plan for Pandemic Influenza 2008 (AHMPPI).

The FLUBORDERPLAN is an operational plan that supports and is consistent with the health response outlined in the *COAG National Action Plan for a Human Influenza Pandemic (July 2006)* and the AHMPPI. It aims to outline the roles and responsibilities of Commonwealth Government border agencies, state/territory government agencies and the airline sector in response to the threat, or actual transmission of pandemic influenza in Australia. It also outlines the processes to deploy and operate border control measures at designated Australian international airports. It has been developed with knowledge currently available on the epidemiology of the virus, and will be updated, as necessary, as further information becomes available and as national policy directions are further developed.

The border control measures described in Fluborderplan provide key decision makers with a variety of screening options which may be fully or selectively implemented at international airports according to the situation at the time.

### 1.3 Roles and responsibilities

The roles and responsibilities of Commonwealth Government border agencies, state/territory government agencies and the airline sector in relation to managing the threat, or actual transmission of pandemic influenza in Australia are outlined in general terms in the Fluborderplan. These agencies and corporations are developing local pandemic plans to assist with procedures in their jurisdictions. This list of agencies is not comprehensive and it should be noted that other agencies may be involved on a case by case basis.

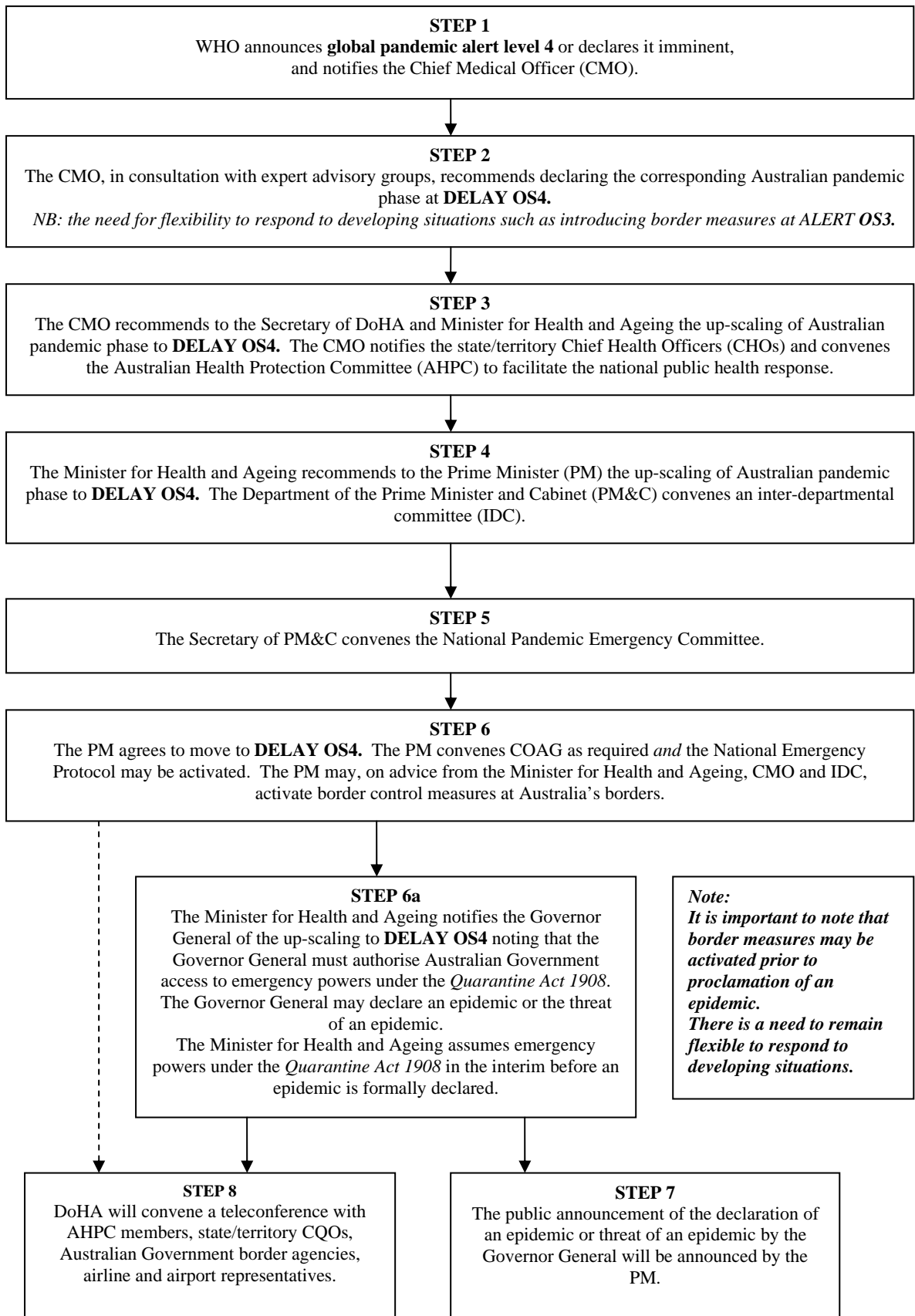
## Part 2: Pandemic Declaration

The WHO determines each global pandemic phase. In Australia, each phase is determined on advice from the Chief Medical Officer (CMO) to the Minister for Health and Ageing and the Prime Minister. The process for determining pandemic phases is outlined in more detail in the AHMPPI.

When the threat of a pandemic is considered imminent, for example the WHO changes the pandemic phase to global phase 4, there are a number of steps that the Australian Government will take to activate Australia's pandemic response. This process is outlined in the flowchart at *Diagram 1*.

# FLUBORDERPLAN

**Diagram 1: Decision-making and communication paths for escalation to DELAY OS4**



### Part 3: Border Control Measures – Operation, Deployment and Stand-down

Border control measures will be an essential part of the Australian Government's efforts to delay the arrival or minimise the spread of a virus with pandemic potential and may be implemented early in the development of a pandemic overseas. It is recognised that border control measures will not keep the pandemic virus out of Australia indefinitely. Border measures are one of a number of control measures which if taken together and implemented early and effectively, could slow the development of a pandemic in Australia.

Border control measures are a whole of government decision. The trigger points for escalating border control measures will need to be determined by situational information on the epidemiology of the pandemic virus.

The Australian Government is likely to establish the following, minimum level of border control measures:

- non-automatic pratique;
- in-flight announcements;
- completion of Health Declaration Cards;
- use of thermal screening at designated international airports;
- a clinical (nursing) presence at designated international airports; and
- the use of personal protective equipment for border workers.

In addition, on recommendation from the WHO, under our IHR obligations, the Australian Government may implement travel restrictions (exit screening) on travellers intending to leave Australia. The decision to close borders is a major one which will be made by the Prime Minister taking into account a wide range of economic, political and social factors.

The FLUBORDERPLAN outlines the processes to activate border control measures. There are no fixed points at which actions will be taken, however there are decision making and communication (*Diagram 1*) protocols in place under the *National Action Plan for Human Influenza Pandemic*. Decisions will be made based on the transmissibility and epidemiology of the pandemic virus.

The CMO will convene a teleconference with Australian Health Protection Committee (AHPC) members, Australian Government border agencies, state/territory CQOs, international airlines and Australian airport corporation representatives detailing the introduction of border control measures including the implementation of non-automatic pratique, the requirement for the dissemination of the amended in-flight announcement, completion of Health Declaration Cards (HDCs) and the use of thermal scanners.

The Australian Defence Forces (ADF) will adopt the border screening measures being implemented by the Australian Government for arriving ADF international flights at ADF airfields. The ADF will provide the health staff to conduct the screening. ADF personnel will be required to complete usual customs, immigration and quarantine clearance processes when border screening measures are implemented. The ADF will request access to the Department of Health and Ageing (DoHA) standardised training packages for Australian Government border workers and may request access to the National Medical Stockpile (NMS) border worker personal protective equipment (PPE) and antiviral medications in accordance with the Australian Government guidelines.

As border control measures are a component of the Australian Government's objective to delay the arrival or minimise the transmission of the pandemic virus, it is intended that these measures will be activated for a limited time only. A decision by the Prime Minister to stand down or vary the measures outlined in the FLUBORDERPLAN would be based on advice

from the Minister for Health and Ageing and the CMO having regard to public health interests and the best use of available resources. Once the pandemic is established in Australia, border screening may no longer be viable or effective. A decision may be made that the benefits to be gained by diverting resources to border control could be more effectively used in containing the spread of the disease internally.

### 3.1 Legislation and powers

The purpose of the Commonwealth *Quarantine Act 1908* (The Act) was to ensure a nationally consistent approach to Quarantine for the new nation.

The basic Commonwealth law is contained in the *Quarantine Act 1908*. The Act has broad coverage over matters of quarantine concern in Australia. In particular, section 4 of the Act outlines the scope of quarantine as follows:

- a) the examination, exclusion, detention, observation, segregation, isolation, protection, treatment and regulation of vessels, installations, human beings, animals, plants or other goods or things; and
- b) the prevention or control of the introduction, establishment or spread of disease or pests that will or could cause significant damage to human being, animals, plants, other aspects of the environment or economic activities.

The Act provides for certain matters to be dealt with in regulations, proclamations and determinations.

#### *Emergency Provisions Quarantine Act 1908*

A Proclamation of an Epidemic by the Governor General is issued under **Section 2B** of the Act and marks the transition to a situation where emergency quarantine powers operate. This section provides the broad scope for the powers, including for the movement of people to be restricted.

**Section 2B (1)** “Where the Governor General is satisfied that an epidemic caused by a quarantinable disease or quarantinable pest or danger of such an epidemic exists in part or the Commonwealth, the Governor General may, by Proclamation declare the existence in that part of the Commonwealth of that epidemic or of the danger of that epidemic.”

An issuing of a Proclamation under *Section 2B (1)* allows the Minister during the period of the Proclamation to “give such directions and take such action as he or she thinks necessary to control and eradicate the epidemic, or to remove the danger of the epidemic, by quarantine measure or measures incidental to quarantine.”

**Sub section 12A (1)** provides that “if, in the opinion of the Minister, an emergency has arisen that requires the taking of action **not otherwise authorised under this Act**, the Minister may take such quarantine measures or measures incidental to quarantine and give such directions as he or she thinks necessary or desirable for the diagnosis, for the prevention or control of the introduction, establishment or spread, for the eradication or for the treatment of a disease or pest”.

The Minister’s powers under this provision are dependent among other things, on the Minister forming the opinion, which must not be ‘unreasonable’ (in the legal sense) that an “emergency has arisen that requires the taking of action not otherwise authorised under the Quarantine Act.”

Written directions can be made under *Section 12A* and *Section 2B* that can prevent all or some entry into Australia. For example, entry of all planes could be prohibited or prohibition of entry of all planes other than those carrying freight.

### State and Territory Public Health Powers:

State and Territory public health legislation has scope to enable the restriction of persons with a notifiable disease as well as those who appear well.

#### 3.1.2 Commonwealth powers to detain a person with a quarantinable disease

The Commonwealth powers enable strict containment and detention measures to be taken. This power includes subjecting a person infected with a quarantinable disease into quarantine [s.18] and allows a quarantine officer to direct the person to remain at a particular place, such as a quarantine designated place, their home or restrict their movement until they are declared free of infection [s.70D].

#### 3.2 Non-automatic pratique

Non-automatic pratique requires commanders of incoming international flights to declare the health status of all people on board prior to arrival in Australia. This process is an additional step to the standard automatic pratique where flight commanders are required to declare if they have a traveller on board who is ill.

As part of the proposed increased border control measures, the CMO (as Director of Human Quarantine) may issue a direction in accordance with the *Quarantine Act 1908* stating that automatic pratique does not apply. To activate this measure, the CMO will write to the Executive Director of the Australian Quarantine and Inspection Service (AQIS) requesting the introduction of non-automatic pratique. The request will specify the commencement date, elements to be reported by airlines, reporting requirements and details of any other activated border control measures.

In practice, this means that for all incoming international aircraft, the aircraft commander must notify the ground handler or the airline agent prior to landing, against each of the prescribed elements of pratique (as listed in *Reg 12 Quarantine Regulations 2000*) confirming either a negative or positive response. The ground handler or airline agent then notifies AQIS. This facilitates the provision of the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

#### 3.3 In-flight announcement

At the time of the introduction of non-automatic pratique, the CMO (as Director of Human Quarantine) will advise that a health in-flight announcement for human quarantine relating to pandemic influenza will be introduced (under section 74AA *Quarantine Act 1908*) in addition to the existing quarantine (animal/plant) announcement which is provided to travellers.

The in-flight announcement will be required to be delivered prior to aircraft landing at an Australian international airport.

This announcement will encourage self-reporting of ill health by travellers, will inform travellers of their obligation to declare whether they are experiencing specific symptoms and the requirement to complete Health Declaration Cards.

DoHA will provide internationally operating airlines with standard scripts for the in-flight announcement in a number of languages. A proposed script for the 'Health Announcement for Incoming Travellers, Pandemic Influenza' is provided at *Attachment B*.

### 3.4 Customs, Immigration and Quarantine (CIQ) clearance

Implementation of the following border control measures does not preclude the requirement for all arriving international travellers (including ADF personnel) to proceed through customs, immigration and quarantine clearance. Protocols are required by each individual airport for the CIQ processing of emergency cases who may have to be taken to hospital.

### 3.5 Completion of Health Declaration Cards

All travellers arriving in Australia, aboard international flights, will be required to complete Health Declaration Cards (HDCs) requesting basic health information. A sample HDC is provided at *Attachment C*.

HDCs will be distributed to all airline operators by DoHA under the NMS Deployment Plan. All international airlines entering Australia will be required to disseminate HDCs to all travellers.

Ideally, HDCs will be completed in-flight to avoid creating lengthy delays and congestion at the primary line. In the event that, following the initiation of border control measures, the deployment of HDCs to all airlines and aircraft is incomplete, it is proposed that ground staff will provide the HDCs to arriving aircraft. Travellers will then be provided with, and complete their HDCs prior to disembarkation.

HDCs request the following information from each arriving traveller:

- name;
- flight number;
- seat number;
- passport number;
- self identification of influenza like symptoms;
- identification of whether the individual has had contact with a person with respiratory illness within the last seven days; and
- contact details for the first seven days of the individual's time in Australia.

HDCs will be available in a number of languages including:

- English
- Simplified and traditional Chinese
- Vietnamese
- Thai
- Indonesian
- Japanese

In addition, there are poster sized guides ('master cards') in the following languages to assist travellers who do not speak one of the standard HDC languages:

- English
- Simplified and traditional Chinese
- Vietnamese
- Thai
- Indonesian

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- Japanese
- Malay
- Korean
- French
- Arabic
- Spanish
- Greek
- Italian
- German.

HDCs will be collected and reviewed by Australian Customs Service (Customs) officers at the primary line. Customs officers will:

- a. assess the HDCs for completeness of contact details in Section A and B (at a minimum, this will include the traveller's name, contact details whilst in Australia, alternate contact details and country of origin);
- b. alert AQIS officers if a traveller has answered YES to Question 1 on the card;
- c. provide the health alert notice attached to the HDC, or other information supplied by DoHA (alternative health messages may be provided at overseas phase 5 and 6) to the traveller; and
- d. batch HDCs by flight number or time, dependent on local arrangements.

Customs will notify AQIS of any traveller who has answered 'YES' to health question 1. The AQIS officer will escort the traveller to the border nurse for further assessment.

If the border nurse's assessment indicates the traveller does not present an influenza risk, the traveller's HDC will be stamped by the border nurse as cleared and they will be referred back to the primary line for processing.

If the border nurse's assessment indicates the traveller does present an influenza risk, the traveller will be processed via jurisdictional protocols for sick travellers with suspected pandemic influenza including the requirement for CIQ clearance.

DoHA will arrange for completed HDCs to be collected from Customs at staggered intervals depending on the respective airport (possibly 3-4 times per day at Sydney and Melbourne).

HDCs contain a disclaimer noting that health information provided by travellers will only be disclosed to agencies administering the quarantine regulations and only those entitled to receive the information under Australian law. The Department of Immigration and Citizenship (DIAC) document 'Safeguarding Your Personal Information' is available to all travellers arriving in Australia from DIAC officers at airports.

### 3.6 Use of thermal imaging scanners

Thermal imaging scanners are hand held, or tripod mounted, devices, that are used to check arriving travellers' surface (skin) temperature. Thermal imaging scanners provide a means of identifying elevated temperature, but further clinical assessment is needed to determine if a traveller may be infected with influenza.

DoHA will deploy thermal imaging scanners and their supporting equipment to designated AQIS representatives at each of the identified international airports in accordance with the NMS deployment procedures. While DoHA maintains ownership of the thermal imaging scanners, AQIS will have responsibility for their safe storage after signature of receipt.

Thermal imaging scanners will be operated by contracted labour, sourced through AQIS for screening incoming airline travellers at designated international airports. DoHA will provide training for the AQIS operators in the operation and use of the thermal imaging scanners. AQIS will ensure the contracted operators are issued with Aviation Security Identification Cards (ASIC), or Visitor Identification Cards and are escorted by an ASIC carrying officer.

AQIS operators will follow local arrangements for the placement of the scanners within the airport environment. This will be dependent on the number and type of international flights arriving, the number of thermal imaging scanner operators and the layout of the airport.

AQIS officers will accompany the contractors performing the scanning and will escort any individual identified as having an elevated temperature to the border nurse for further assessment.

### 3.7 Clinical assessment at airports

When DELAY OS4 has been declared, or is imminent, the deployment of a clinical (nursing) presence to designated international airports will be implemented as part of the proposed increased border control measures.

DoHA will convene an emergency teleconference of the AHPC to advise jurisdictional CHOs of the need to deploy border nurses to designated international airports for the hours of operation of the airport.

The role of the border nurse will be to provide clinical assessment of arriving travellers who have signs and symptoms of influenza like illness (ILI). These may have been identified through non-automatic pratique or screening processes (thermal scanners and HDCs).

AQIS will assist the nurse/s by allowing access to the existing AQIS health room facility within the airport in order to undertake the assessment of travellers. DoHA will identify where the AQIS health room facility is not appropriate and will negotiate alternate facilities with individual airport corporations.

DoHA will provide the border nurses with appropriate PPE from the NMS, and will organise appropriate facilities to assist them to carry out their role, including a laptop and telephone. Training on the aims and methods of border screening, infection control and reporting requirements will be provided to the jurisdictional nurses.

Jurisdictional health departments will attempt to identify nurses to work at the borders in advance and arrange for Aviation Security Identification Cards (ASIC) as soon as possible. If required, the Department of Infrastructure, Transport, Regional Development and Local Government (DITRDLG) will prepare an instrument under the *Aviation Transport Security Act 2004* that will exempt border nurses from needing to wear an ASIC. If the deployment of border nurses is required prior to issue of an ASIC or this instrument being available, the border nurses will need to be issued with a Visitor Identification Card, after producing appropriate identification, and must be escorted, at all times, by an ASIC carrying officer.

#### 3.7.1 Screening

Nurses deployed to the border will conduct clinical screening/assessment of arriving travellers identified as at risk of influenza by the airport screening processes, and/or through non-automatic pratique, at a designated facility within the airport. These nurses will assess the traveller's symptoms against the most recent Communicable Diseases Network Australia

(CDNA) case definition for influenza, measure and record the individual's temperature, enquire about their travel history and complete a health assessment.

If the assessment indicates the traveller does not present an influenza risk, the border nurse will stamp their HDC as cleared and refer the traveller back to an AQIS officer for standard assessment using the DoHA Traveller with Illness Checklist.

The border nurse will advise the jurisdictional CQO (Human), or delegate, of any travellers identified as meeting the CDNA case definition. The border nurse should consult with the CQO, or their delegate, in the assessment and identification of any travellers who should be referred to jurisdictional health care for further assessment. If required individuals can be ordered under the Quarantine Act to comply with instructions.

At the end of each shift, the border nurse at each airport will fax, or submit electronically, a completed border nurse Assessment Summary to the DoHA National Incident Room and to the jurisdictional health authorities for analysis.

The border nurses are not provided for general medical assessments. The Commonwealth will assist border nurses to obtain a language interpreter if necessary.

### 3.8 Personal protection for border workers

In the event of an escalated threat of pandemic, border workers and nurses may be required to undertake various activities in an environment in which they may be in close contact with infected people. DoHA has purchased PPE for provision to border workers and nurses. This PPE includes protective masks, goggles, gowns and gloves to increase personal protection in instances where other infection minimisation measures, such as social distancing, are not practical.

Occupational health and safety for Commonwealth Government border workers is the responsibility of their employer. However, to assist agencies in the event of an escalated threat of pandemic, DoHA is preparing guidelines for infection control and the use of PPE in the airport environment. The guidelines are based on anticipated exposure and risk of possible transmission.

The Commonwealth DVDs '*Prepared and Protected: Infection Control and Personal Protective Equipment for Respiratory Diseases*' and '*Safe Use of Personal Protective Equipment*' are available to view online at the DoHA website [www.flupandemic.gov.au](http://www.flupandemic.gov.au) and should be viewed by all border workers and border nurses.

DoHA will arrange for transportation of PPE from storage to receiving officers nominated by border agencies at designated locations. This will be managed under the normal NMS deployment arrangements.

## **Part 4: Disembarkation**

Individual airports and airlines will have different processes for informing AQIS of a flight that has reported an individual who has been identified as having an ILI through non-automatic pratique. Generally, however, the aircraft commander will inform the airline's ground handlers or airline agent of the situation, who will in turn advise AQIS.

The arriving aircraft will be met by a border nurse and an AQIS officer wearing full PPE (gown, goggles, gloves and protective mask). The traveller identified as having an ILI will be escorted to the front of the aircraft, or just off the aircraft by crew. The traveller will be assessed by the border nurse in as close proximity to the aircraft as possible. All the other travellers remain on the aircraft until this process is complete.

If the border nurse determines the traveller does NOT meet the CDNA case definition their HDC will be stamped to clear the traveller and they will be provided with information from the tear off portion of the card. The traveller will then disembark according to standard airport operating procedures.

If the identified traveller meets the CDNA case definition, they will be processed according to jurisdictional protocols for sick travellers with suspected pandemic influenza. The CQO (human), or their delegate, will determine the risk of transmission to others during the flight. Some or all of the travellers on the flight may be required to be quarantined while testing for the pandemic influenza virus is undertaken.

The border nurse will provide surgical masks and alcohol rub to the flight crew for distribution to the travellers who are likely contacts according to the latest CDNA definition. All travellers on the flight will then disembark according to the individual Emergency Airport Plan developed by airport corporations in consultation with relevant stakeholders. All travellers must undertake Customs, Immigration and Quarantine (plant/animal) processing.

Flowcharts of the standard procedures for disembarkation and screening of travellers during an international pandemic alert is provided at *Attachment D*. The flowcharts provide procedures for the:

- management of travellers identified through non-automatic pratique;
- management of the other travellers on the plane; and
- management of those travellers identified through screening processes.

#### 4.1 International Transit travellers

DoHA has examined the potential risk international transit travellers pose to other travellers and airport staff when required to transit in international airport lounges. International travellers undertake border screening processes at their final port of disembarkation into Australia; however they may transit through another Australian international airport, and disembark to international transit lounges.

It has been identified that it may be appropriate to separate international transit travellers, from high risk areas, from other travellers in the international transit lounge, and that cabotage should cease if border control measures are implemented. Discussions will occur with international airlines and airport corporations should these measures be required.

### **Part 5: Quarantine of Arriving International Travellers**

The Australian Government may implement incoming travel restrictions on travellers travelling to Australia from regions of the world affected by pandemic influenza.

DoHA is developing a nationally consistent protocol for the management of people after processing at an international airport when the CQO (human), or delegate, determines there is sufficient risk of pandemic influenza aboard the flight to justify quarantining some or all of the travellers.

### **Part 6: Cleaning and Disinfection of Aircraft and the Airports.**

Cleaning and disinfection of environmental surfaces are important components of routine infection control. In particular it is recommended that environmental surfaces, particularly frequently touched surfaces, are cleaned with a neutral detergent followed by a disinfectant solution; and appropriate disposal units for tissues and other contaminated waste are provided.

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Airlines and airport corporations will continue to be responsible for the cleaning and disinfection of their aircraft and the airport environment during a pandemic. Airlines and airport corporations should refer to page 21 and 35 of the *Interim Infection Control Guidelines for Pandemic Influenza in Healthcare and Community Settings* for advice on the appropriate disinfectants for pandemic influenza virus and on cleaning passenger aircraft. The Infection Control Guidelines can be found at <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/interim-infection-control-guidelines-1>

### Part 7: Finance

The Australian Government will reimburse states and territories for costs associated with the deployment of border nurses. State and territory health services must maintain detailed records of the costs associated with the deployment of border nurses and must provide these details to the Australian Government upon request.

### Part 8: Communications

Major stakeholders will be consulted and their activities coordinated through various avenues during periods of heightened risk. An indicative list of the committees and avenues for communicating is as follows:

Agency/Position	Committee/avenue of communication
Commonwealth Government Agencies	IDC for pandemic planning
First ministers, state/territory health departments, the Australian Local Government Association and emergency service agencies.	NPEC
State/territory Chief Health Officers and CQOs	AHPC
Airlines and Airport Corporations	CMO convened meeting
Border Agencies	CMO convened meeting
Border workers	Border Agencies
Airline/Airport workers	Airlines and airport corporations

PM&C are developing a whole of government public communication strategy that will identify how all levels of government will undertake public communications during an influenza pandemic. This document will form an appendix to the National Action Plan for Pandemic Influenza.

The National Health Emergency Media Response Network (NHEMRN) consists of media representatives from DoHA, state and territory health departments and other Commonwealth Government Agencies, and will be responsible for ensuring consistency of public health communication messages during an influenza pandemic. The NHEMRN reports directly to AHPC.

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There is a large amount of communication material available for the community, business and health practitioners about pandemic influenza preparedness. These resources can be found at DoHA's Pandemic Influenza website [www.flupandemic.gov.au](http://www.flupandemic.gov.au)

### **Part 9: Training**

The Australian Government will require trained, skilled people to implement the border control measures outlined above. DoHA has developed training to assist border agencies in the event that border control measures outlined in this FLUBORDERPLAN are initiated.

AQIS contractors and airport staff are being trained in the operation of the thermal imaging scanners to provide capacity to rapidly respond to a government requirement to commence thermal scanner operations at the eight major designated Australian international airports. As part of the Australian Government's commitment to pandemic preparedness, this training will be ongoing.

State and territory health departments have assisted DoHA to develop and deliver practical training packages to border workers and nurses. AQIS, Customs, Australian Federal Police (AFP) and Department of Immigration and Citizenship (DIAC) border workers have received training in infection control principles and the correct use of PPE.

Prior to deployment border nurses will also receive training in infection control principles and the effective use of PPE, as well as in the aims and methods of border screening and reporting requirements.

### **Part 10: Intersection with other Plans**

The FLUBORDERPLAN is not a stand alone document. The overarching national plans prepared by the Australian Government to reduce the impact of an influenza pandemic on the Australian Community are supported by state and territory emergency management and influenza pandemic plans and industry specific business continuity plans.

Each airport has an emergency management plan which incorporates planning for an influenza pandemic. Reference will be made to these plans in the operational annex as they become available.

### **Part 11: The National Medical Stockpile (NMS)**

The NMS provides a reserve capacity of medicines, vaccines and equipment that could be rapidly deployed in the event of a national emergency such as a major outbreak of communicable disease. The CMO is delegated to approve deployment of the NMS and this process is co-ordinated through the National Incident Room (NIR).

The deployment of border worker PPE from the NMS will follow a request from an Australian Government agency. Alternatively, the deployment process may be automatically triggered by activation of the FLUBORDERPLAN.

11.1 The use of items from the NMS will be allocated to 'at risk' individuals according to priorities determined at the time and in line with pandemic planning priorities. The government's strategy on the current policy on the distribution and use of antiviral medicines as part of a pandemic response is set out in the *AHMPPI 2008* Appendix H: Antivirals.

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***The World Health Organization (WHO) and the Australian Pandemic Phases***
**WHO Pandemic Phases**

The WHO uses a series of six phases of pandemic alert to inform the world of the seriousness of the pandemic threat and of the need to launch progressively more intensive preparedness activities. Each alert phase coincides with a series of recommended activities by the WHO, the international community, governments, and industry. Changes from one phase to another are triggered by several factors, which include the epidemiological behaviour of the disease and the characteristics of circulating viruses.

The Director-General of the WHO designates global phases, making decisions on when to move from one phase to another.

The WHO scale is based on the real-world development of a pandemic.

**Table 1: WHO Pandemic Phases**

<b><i>Period</i></b>	<b><i>Global Phase</i></b>	<b><i>Description of Phase</i></b>
<b><i>Interpandemic period</i></b>	<b><i>Phase 1</i></b>	<i>No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</i>
	<b><i>Phase 2</i></b>	<i>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</i>
<b><i>Pandemic alert period</i></b>	<b><i>Phase 3</i></b>	<i>Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.</i>
	<b><i>Phase 4</i></b>	<i>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</i>
	<b><i>Phase 5</i></b>	<i>Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).</i>
<b><i>Pandemic period</i></b>	<b><i>Phase 6</i></b>	<i>Pandemic: increased and sustained transmission in general population.</i>

**Australian pandemic phases**

Australia uses the same numbering system as WHO to describe each phase; however, the Australian pandemic phases are designed to describe the situation in Australia and to guide Australia's response. Thus, the Australian and the WHO phase may not always be the same. The Australian phases describe where the virus is whether in countries overseas (OS) or in Australia (AUS). Different response strategies may be used simultaneously in different parts of Australia, due to variations in the local stage of a pandemic. Having an Australian system

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means that actions can be taken in Australia before a change of phase is declared by the WHO.

**Table 2: Australian Pandemic Phases**

Australian phase	Description
<b>ALERT OS3</b>	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans.  Novel virus has not arrived in Australia.
<b>DELAY OS4/OS5/OS6</b>	Novel virus has not arrived in Australia.  OS4 Small cluster of cases in one country overseas.  OS5 Large cluster(s) of cases in only one or two countries overseas.  OS6 Large cluster(s) of cases in more than two countries overseas.
<b>CONTAIN AUS 6a</b>	Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.
<b>SUSTAIN AUS 6b</b>	Pandemic virus is established in Australia and spreading in the community.
<b>CONTROL AUS 6c</b>	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.
<b>RECOVER AUS 6d</b>	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.

Further information about the Australian pandemic phases can be found in the *Australian Health Management Plan for Pandemic Influenza (AHMPPI 2008)*