

New Zealand Influenza Pandemic Plan

A framework for action

Acknowledgement

The Ministry of Health would particularly like to acknowledge its debt to Professor Geoffrey W Rice. Professor Rice's history of the impact of the 1918 pandemic on New Zealand, *Black November*, compiled from primary sources and interviews with people who were affected, has been invaluable to our planning (Rice 2005).

Comments

The New Zealand Influenza Pandemic Action Plan has been in existence since 2002, but has undergone substantial revision since then due to the evolving threat from H5N1 influenza, the influenza A (H1N1) 2009 pandemic and the subsequent all-of-government programme of pandemic planning and exercises that have been implemented.

This plan will continue to evolve. If you have any comments please send them to the Ministry of Health:

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Version

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Key revisions since last version: Changes have been made to reflect changes in terminology, legislation, agencies names, population based calculations and references to publications and websites.

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Foreword

The *New Zealand Influenza Pandemic Plan: A framework for action* sets out the all-of-government measures to be taken to prepare for and respond to an influenza pandemic. It updates the *New Zealand Influenza Pandemic Action Plan 2010*.

The Ministry of Health leads the Government's response to a pandemic. It is the responsibility of other agencies to plan for and respond to a pandemic in their respective sectors and settings, based on the direction set out by the Ministry of Health.

Pandemics by their nature are unpredictable in terms of timing, severity and the population groups that are most affected. This version of the New Zealand Influenza Pandemic Plan establishes a framework for action that can readily be adopted and applied to any pandemic, irrespective of the nature of the virus and its severity.

This plan updates the 2010 version to reflect legislative changes and new terminology. The key decisions, public health interventions and phases of the plan remain valid and are based on revision of the plan following extensive consultation carried out in 2008/09. It takes into account lessons learned in the pandemic influenza A (H1N1) 2009 response. It is a working document to give direction to future responses.

This work is very important. The risk of a global pandemic has not declined and the severity of its impact, and those most vulnerable will only be known at the time. Since the first version of this plan the New Zealand National Security System has been codified and the health sector has responded effectively as a support agency to a range of hazards and threats including the Canterbury, Seddon and Kaikoura earthquake sequences as well as numerous local and regional events.

This edition of the *New Zealand Influenza Pandemic Plan* reflects the sophistication of a third-generation, risk-based plan that promotes collaboration across all levels of government, agencies and organisations when planning for, responding to and recovery from a pandemic event. Aspects of this plan are directive, requiring entities and organisations across government, within the health and disability sector and in the community to enter into arrangements and partnerships, develop plans, manage risks, and build capabilities to strengthen the resilience of New Zealand.

Chai Chuah
Director-General of Health

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Different areas may implement different controls at different times, depending on whether they have no cases, are managing a suspected cluster, or are managing district-wide illness. For example, one local area may need to mount intensive cluster control measures, while areas as yet unaffected by the pandemic can remain at a state of alert. Action in the affected area should be informed not only by the need to protect and support the local population, but also by the need to prevent the spread of disease to other localities. Quick, decisive and far-reaching measures that are temporarily disruptive to the locality concerned but are in the national interest may be the most effective in the Keep It Out or Stamp It Out phases.

Border management

In a potential or actual global pandemic, New Zealand may be able to prevent the virus from entering the country or to delay its entry, allowing other response measures to be put in place (during the Keep It Out phase). Such an intervention may be feasible because of New Zealand's geographical isolation, its limited number of entry points and its well-coordinated border management systems. In the Keep It Out phase routine public health risk management procedures at the border could be elevated, according to the development of the global situation. Elevated measures may include increasing information to arriving passengers, providing travel advisories, closing the border to certain categories of arrival or imposing mandatory quarantine for categories of arrivals.

There is value in trying to keep the virus out, or to at least delay the arrival of the virus, to allow time for virus attenuation and reduce the time the virus is in the country before a pandemic vaccine for it becomes available. Effective border management is the best way to protect New Zealanders from the effects of a future pandemic.

Specific border actions are described in Table 8 and in the 'public health interventions: border management' sections of the Phase Action Tables in Part B of this document. Decisions on border management measures will be made through NSS processes and will depend on the situation, including the threat from the virus, the actions being taken by other countries and the possible adverse consequences of control measures. Border interventions do not conclude after the Keep It Out phase; they are maintained through the Stamp It Out phase, when exit assessment may be introduced to ensure New Zealand does not export the disease.

Voluntary cooperation is usually sought by designated officers for health interventions, and is usually obtainable without recourse to statutory powers. Health officers seek to preserve patient autonomy, as the least restrictive option in carrying out their duties.

Approaches to border management

The measures described in the Action Plan support a strategy of exclusion. This strategy involves limiting arrivals from affected areas, using intervention measures for those from affected areas intending to travel to New Zealand, and quarantining arrivals who have been, or may have been, exposed to pandemic influenza. Limiting arrivals will be particularly important to ensure Keep It Out measures are sustainable for the weeks or months that they may be necessary. Programmes to reduce arrivals from affected areas can include: