SCHEDULE OF DOCUMENTS - FOI-1601   **ATTACHMENT A**

Document no.	Date	Size	Description	Decision on access[1]	Exemption
1	13.2.20	2	AHPPC meeting agenda item 7	R	
2	4.2.20	1	Workshop outcomes	RE	s 22 – page 1 (part) s 47F – page 1 (part)
3	3.2.20	2	High level meeting summary	R	
4	February 2020	4	Interim Novel Coronavirus emergency response plan	R	
5	7.2.20	73	nCoV Plan - Draft	E	s 47C - Whole
6	4.2.20	12	Situation Report	RE	s 22 – pages 1 & 7 (part) s22 – pages 2-6 & 8-12 (whole)
7	31.1.20	4	AHPPC Teleconference – Additional Information	RE	s 22 – page 1 - 4 (part) s 47F – pages 1 & 2 (part)

[1] E = Exempt, R = Release, RI = Release with irrelevant information removed, RE = Release with exempt information removed.

Australian Health Protection Principal Committee Meeting

Meeting Date: 13 February 2020   **Item Number: 7**

Australian Health Sector Response Plan for Novel Coronavirus (COVID-19 Plan)

Sponsor: Australian Government

Speaker: Rhonda Owen

Draft Interim Australian Health Sector Response Plan for Novel Coronavirus

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Recommendations

That AHPPC Members:

1. **ENDORSE** the draft interim Australian Health Sector Response Plan for Novel Coronavirus.

2. **AGREE** the formal activation of the Plan.

3. **NOTE** that the Plan commences in the Initial Action Stage.

Purpose of Paper

For members to discuss and consider endorsement of the draft interim Australian Health Sector Response Plan for Novel Coronavirus (COVID-19 Plan); and, if endorsed, to agree to the formal activation of the COVID-19 Plan. The plan acknowledges that significant actions from the Australian Government and health sector have been occurring in parallel prior to the development and activation of this document. Members should note that the COVID-19 Plan begins in the Initial Action stage of response.

Summary of issues for discussion

The activities outlined in the COVID-19 Plan will be required to support our community during a novel coronavirus outbreak. They will involve state and territory governments, the Australian Government and many other health sector parties. The Department of Health has developed this interim COVID-19 Plan as an outline of health sector measures being undertaken or being considered for implementation in response to the disease outbreak. The COVID-19 Plan is now tabled for member endorsement.

Background

The COVID-19 Plan is based on the Australian Health Management Plan for Pandemic Influenza (AHMPPI). Though an influenza pandemic plan, the detailed guidance in the AHMPPI is particularly relevant for respiratory disease outbreaks. Preliminary consultations with experts in the field supports that AHMPPI measures remain broadly applicable for Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The COVID-19 Plan is a living document that will be periodically updated as more information about the virus, its key at risk groups and other key characteristics, are determined.

Aboriginal and Torres Strait Islander health impact statement

The COVID-19 Plan recognises the distinct needs, cultural values and religious beliefs of Aboriginal and Torres Strait Islander peoples in delivering culturally appropriate and robust health services during the response to COVID-19. The COVID-19 Plan also acknowledges the important role that the National Aboriginal Community Controlled Health Organisation and Aboriginal Community Controlled Health Services will play in delivering equitable and culturally sensitive health care to Aboriginal and Torres Strait Islander peoples during the COVID-19 response.

Attachments

Attachment 1:   Draft interim Australian Health Sector Response Plan for Novel Coronavirus (COVID-19 Plan)

Contact information

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Contact person:	Rhonda Owen, AS
	Health Emergency Management Branch
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Cleared by:	Rhonda Owen

OFFICIAL

From:	Owen, Rhonda
Sent:	Tuesday, 4 February 2020 12:32 PM
To:	MURPHY, Brendan
Cc:	Street, Celia; Kelly, Paul; Barden, Graeme; s47F ; Jenny.Firman@dva.gov.au; s47F s47F . s47F Health Ops
Subject:	Worksop outcomes and escalation of the AHMPPI to Initial Action stage [SEC=OFFICIAL]
Attachments:	High level meeting summary_V3.docx; Interim Novel Coronavirus emergency response plan.docx; Appendix A - AHMPPI 2014 Part 1-2.PDF

Hi Brendan,

Please find attached the High Level Outcomes from yesterday's workshop, along with an interim emergency response plan for novel coronavirus (initial action stage).

The AHMPPI is being used to underpin planning for the response to novel coronavirus and workshop representatives agreed that the AHMPPI is appropriate to guide ongoing response strategies. The strategies outlined in the AHMPPI are applicable, though there are a few small areas which could be made more effective by slight adaptation. These areas have been identified and included in the plan .

This plan is attached along with the AHMPPI Operational Plan, which will be used to inform response activities for the next stages..

It is therefore recommended that the AHMPPI be formally escalated to the Initial Action Stage. This decision can be made by the Chair of AHPPC, in consultation with AHPPC members.

Today CDNA will also discuss escalating the AHMPPI to the Initial Action Stage.

Regards,
Rhonda

Rhonda Owen
Assistant Secretary
Health Emergency Management Branch

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The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present

2019 Novel Coronavirus Scenario and Planning Workshop

An expert workshop was convened at Scarborough House on Monday 3rd February 2020 to determine the objectives of pandemic response, examine different scenarios for the novel coronavirus outbreak over the next 3-6 months, and define response strategies to enable planning for implementation.

We are presently in the Initial Action stage of our response to this virus and aligned with international efforts by taking a precautionary approach to contain the spread of infection. Measures taken have been informed by the *Australian Health Management Plan for Pandemic Influenza 2019 (AHMPPI),* which participants endorsed as appropriate for the present situation.

It was agreed that the overarching objectives of response should be to maintain public trust, promote equity of outcomes in all population groups and reduce harms to individuals and society.

Participants noted that while evidence is rapidly emerging about the characteristics of novel coronavirus at this time, more information is urgently needed about its infectiousness and clinical severity. This information will enable us to understand the impact it might have on the population's health and society more generally.

While this evidence is being gathered, modelling studies are a useful way to consider plausible future impact scenarios that might be observed, should infections become more widespread in the community. This approach has been used in the AHMPPI to prepare for future influenza pandemics and provides a principled framework to guide targeted response activities as we gain more knowledge about this disease.

Specific recommendations arising from the workshop included:
- Ongoing use of the AHMPPI as an instrument to guide appropriate response actions to novel coronavirus, tailored to our emerging understanding of this new disease;
- Commissioning of a suite of modelling studies to understand ongoing risks of imported infections, and guide scenario analysis planning should novel coronavirus become more widely transmitted within Australia. These studies will estimate future workforce capacity and resource requirements and the likely effectiveness of interventions, enabling identification of the most efficient strategies for sustained response;
- Enhancement and co-ordination of information gathering about the clinical course of novel coronavirus cases and their close contacts. Synthesis of information from a range of studies conducted in the community and health sector will generate needed evidence about the infectiousness and severity of the virus, and groups most at risk of severe outcomes, to inform targeted and proportionate response;
- Consideration by Public Health Units of the need for any additional measures at the present time to strengthen and promote case finding and support self-isolation, given that our current understanding of the virus suggests that containment may be possible;
- Consideration by all jurisdictions of alternative models of care that might be implemented in their context to reduce the acute burden on health services should infections become widespread. These might include fever clinics, remote triaging or cohorting of patients and staff to ensure service continuity.
- Engagement with the Public Health Laboratory Network to ensure that diagnostic testing practices make best use of national capacity, both now and in future should the infection become more widespread in Australia;

1

- Endorsement of the usefulness of serologic studies once tests become available, to see whether our population has any existing immunity to novel coronavirus and allow identification of very mild or asymptomatic infections to know whether they are common. This information is needed to understand how severe the disease is overall;
- Identification of the need for a review of available evidence about the potential infectiousness of novel coronavirus to species other than humans;
- Participants reinforced the need for clear and effective communications to help people understand how important it is that everyone in our community contributes to preventing this disease from spreading.
- Australia is actively contributing to current international efforts to identify effective therapies and develop vaccines targeted to this new virus.

Australian Government
Department of Health

Interim Novel Coronavirus Emergency Response Plan

Australia's pandemic plan, the Australian Health Plan for Pandemic Influenza (the AHMPPI) was developed by federal, state and territory and local governments. It is a comprehensive and detailed plan. In addition to providing guidance regarding influenza, it is also used to underpin Australia's broader communicable disease planning. The AHMPPI is regularly updated to reflect new research, global events and technical developments. It benefits from the considerable investment in pandemic preparedness which has been undertaken since the H1N1 2009 Pandemic, and is informed by both influenza and Sudden Acute Respiratory Syndrome (SARS) literature and modelling.

The AHMPPI is being used to inform the response to the novel coronavirus outbreak.

On 03/02/20, a planning workshop of Commonwealth, State and Territory Government representatives met and agreed that the AHMPPI is appropriate to guide ongoing response strategies. The workshop agreed that the majority of non-pharmaceutical actions outlined in the AHMPPI are broadly applicable. (Pharmaceuticals are not currently available for this virus). This was determined through a literature review of the effectiveness of SARS response measures. Though the virus is different to SARS, response measures used to manage the response to the SARS outbreak have helped to inform the response to novel coronavirus.

The workshop noted there are some areas in which the implementation of activities in response to the novel coronavirus would differ from application to influenza. The key areas were:

- Increased importance of identification and isolation activities (as it is suspected that individuals may be less infectious prior to the onset of symptoms, making isolation of identified cases more effective at reducing onward spread.)
- The likelihood that, due to the longer serial interval (time between successive cases in a chain of transmission), it will be necessary to sustain the response for longer. This will have significant implications for the sustainability of resources. It will also increase the importance of looking at alternative methods for management and carefully monitoring when actions should be scaled back or ceased.

More evidence is needed to direct our ongoing response. The international community is gathering needed evidence on clinical severity, and seeking to identify groups at increased risk of severe outcomes. The Government will continue to monitor this incoming information closely and, working with key committees and stakeholders, to adapt this plan as needed.

The response is currently in the **Initial Action stage**. As more evidence about this disease becomes available, this will allow us to move to more targeted interventions. The AHMPPI has a detailed plan of targeted actions which will be adapted in consultation with jurisdictions and relevant experts (see Appendix A for AHMPPI Overview of National Approach and Operational Plan).

The table below looks at the individual measures outlined for this stage of the AHMPPI.

1

Initial Action Stage

Initial activities will focus on**:**

- **minimising transmission;**
- **preparing and supporting health system needs;**
- **managing initial cases**;
- **identifying** and characterising the nature of the disease within the Australian context;
- providing **information to support best practice health care** and to **empower the community and responders** to manage their own risk of exposure; and
- supporting effective **governance.**

In the Initial Action stage, the following measures could be considered for implementation:

Minimising transmission

Minimising transmission through:	- Border measures; - Voluntary isolation of cases, close contacts and suspected cases; - Case and contact management; and - Quarantine of repatriated nationals and approved foreign nationals.

Preparing and supporting initial Health System needs & managing initial cases

Resources (HR & stockpile)	- Provide PPE, as appropriate (healthcare workers/ border workers); - Organise delivery to points of use (states and territories); - Consider prioritisation of resources; - Maintain the National Incident Room (staff, equipment, management systems); - Deploy stockpile items from storage sites to State and Territory delivery sites ready for use; - Monitor health system capacity; - Health system to prepare for potential need to engage surge staff. - Consider needs for additional support to health systems in remote communities; - Maintain essential health system activities.
Clinical care & public health management	- Manage cases and contacts; - Encourage voluntary isolation of cases, close contacts and suspected cases; - Monitor and support needs of at risk groups (when identified); - Encourage advance planning directives of aged care providers and residents; - Health system to prepare for potential need to engage surge staff; - Consider strategies to reduce routine hospital demand; - Develop and disseminate triage algorithm; - Develop cohort strategy; - Support outbreak investigation and management in residential care facilities, schools, prisons and other institutions.

2

Infection control	• Confirm with responders the application of standard infection control strategies (or provide alternate advice if appropriate); • provide advice to the public on respiratory hygiene and hand-washing.

Identification

Surveillance	• Identify and describe the epidemiology, clinical severity and virology of the disease in Australia through enhanced surveillance of confirmed cases. • Conduct contact tracing (where need is identified); • Develop and refine case definitions as needed; • Confirm identification of at risk groups; • Analyse and report Australian and major trends in international data; • Maintain case notification system; • Activate academic studies using enhanced data to test assumptions; and • Monitor sustainability of surveillance systems.
Laboratory Capacity	• Isolate the virus (genome mapped); • Undertake laboratory testing as required to monitor the outbreak and for individual patient care; • Implement testing protocols to support case management, surveillance needs and to preserve laboratory capacity; and • Maintain laboratory capacity/capability to detect/test for novel virus.

Communications

Information should be provided as early as possible and acknowledge any associated uncertainty.

Sharing information between responders	• Provide public health management guidance (Series of National Guidelines); • provide clinical health management guidance (primary care and hospital based); • share information on the status of disease spread and the current response; • raise awareness of at risk groups (when identified); • provide any information to WHO required under International Health Regulations (IHR) reporting arrangements; and • liaise with other international counterparts.
Public Communications	• Coordinate Whole-of-Government messaging to provide information on the status of disease spread and the current response; • Provide specific information for groups at risk or with specific needs when identified.(e.g. culturally and linguistically diverse (CALD), aged care or Aboriginal and Torres Strait Islander people, schools, suspected cases, universities and vocational education training sector, hospitality and tourism industry, employers). • Monitor feedback and refine communications to address issues and concerns identified; • Provide media with access to daily updates on the status of disease spread and the current response; • Provide access to background information.

3

Public communications (cont.)	- Make spokespeople available; - Respond to media requests; - Provide advice on: - respiratory hygiene and hand-washing; - mask wearing (if appropriate); - how to find out more information; and - Hotline details.

Border measures

Border measures	Implement enhanced border measures, such as enhanced entry screening, non-automatic pratique, preventative biosecurity measures
Communications	- Provide information to travellers through - in-flight announcements - fact sheets (incoming travellers, border workers, airlines, cruise industry) - communication materials (e.g. printed and electronic media) at the border; and - social media - Provide guidance for border workers on: - the disease and personal risk - respiratory hygiene and hand-washing - appropriate use of PPE while assessing ill travelers; and - where to find more information.
Traveller clearances	- Maintain requirements for customs, immigration and biosecurity clearances (including for Australian Defence Force Personnel); - Enhance for travellers identified as potentially higher risk.

Governance

AHPPC	- Coordinate allocation of national resources to support quality care and public health measures, as needed; - Consider whether any social distancing or border measures should be implemented and advise NCC as appropriate; - Support the repatriation of Australians from overseas, as required; - Manage requests for exit screening; and - Coordinate provision of Australian Medical Assistance Teams in response to requests for international assistance (if appropriate).
Whole of government	- Convene the NCC and other relevant expert committees as required; and - Minister for Health assumes emergency powers under the *Biosecurity Act 2015*, if required to support pandemic response measures.
Legislation	- Declare a human biosecurity emergency under the *Biosecurity Act 2015*, if required to support pandemic response measures (Governor General); and - Undertake any state based legislative processes required to support implementation of disease control measures.
International obligations	Meet IHR reporting requirements.

4

New coronavirus (2019-nCoV) 2019
Health Situation Report

Date of Issue	2020-02-*04* 1900 AEDT	**Version**	*16*
Reference	NIR #2238	**Next Report**	*2020-02-05 1900 AEDT*
Prepared By	s22 NIR Planning Officer	**Authorised By**	Rhonda Owen, Acting FAS OHP
Context	This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR supports national coordination of health sector emergencies under the Australian Health Protection Principal Committee. Changes are shown in *red italics*.		
Distribution	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat. Please note we are in the process of updating our distribution list.		

Situation

s22

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BY THE DEPARTMENT OF HEALTH

s22

	s22
Australian Health Protection Principal Committee (AHPPC)	• s22 • *AHPPC was also given a brief from the Pandemic Planning workshop held in Canberra yesterday which found the Australian Health Management Plan for Pandemic Influenza 2019 as appropriate to base planning around the current virus. Further modelling and scenario planning will be undertaken in the next few months.* • s22
Public Health / Communicable Disease Network Australia (CDNA)	s22

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BY THE DEPARTMENT OF HEALTH

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BY THE DEPARTMENT OF HEALTH

s22

s22

s22

From:	PHLN Secretariat
Sent:	Friday, 31 January 2020 9:15 AM
To:	s22
Subject:	FW: URGENT: AHPPC Teleconference - Additional information for discussion [SEC=OFFICIAL]
Follow Up Flag:	Follow up
Flag Status:	Flagged

Hi s22

FYI ☺ Hope it helps!

s22

From: AHPPC Secretariat <AHPPC.Secretariat@health.gov.au>
Sent: Thursday, 30 January 2020 2:42 PM
s47F

s22

Subject: URGENT: AHPPC Teleconference - Additional information for discussion [SEC=OFFICIAL]

Members

Please find below an email from s47F **for discussion during the meeting currently underway**

From: s47F
Date: Thursday, 30 Jan 2020, 12:22 pm
To: MURPHY, Brendan <Brendan.Murphy@health.gov.au> s47F
Subject: Relevant talking points for this afternoon - do these meet your needs? [SEC=No Protective Marking]

Hi Brendan

s47F and I have colluded on the following – is this what you had in mind? Please let us know if not aligned with your needs or if there are any further queries

all the best

s47F

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s22

FOI 1601   Document 7

What are the possible actions Australia might take?
The AHMPPI provides a framework for tailoring actions that are proportionate to the likely clinical and societal impact on an infectious disease emergency event, which is determined by both severity and transmissibility. These considerations remain highly relevant to management of 2019-nCoV. Broadly, the AHMPPI "menu of options" includes:

1. Border measures - communication, identification, restrictions

2. Personal measures - PPE/HH in healthcare settings, PPE/HH in community settings

3. Social distancing - school closure, case quarantine, contact isolation, workplace closure, cancellation of mass gatherings

4. Business continuity and impact mitigation

5. Vaccines and antivirals (of limited relevance to nCoV currently)

Kind regards
s22

s22

Australian Health Protection Principal Committee (AHPPC)
of the Australian Health Ministers' Advisory Council (AHMAC)

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I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past and present.