ACT Government
Health

ACT Population Health Bulletin

Volume 1 Number 1 August 2012

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9 September 2012- Canberra Times Fun Run
mid- September 2012 – Opening of Community Grants Funding Round
16 October 2012 – Community Forum on Food Safety
17 October 2012 – Ride your bike to work day

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Introduction

A message from the Chief Health Officer, Dr Paul Kelly

Welcome to the first issue of the ACT Population Health Bulletin. The aim of the Bulletin is to provide regular information about the work of the ACT Government Health Directorate's Population Health Division. The Bulletin will be published quarterly and distributed electronically within the Health Directorate, other ACT Government Directorates, clinicians and other key stakeholders in the ACT and in other jurisdictions.

The Population Health Division is committed to improving the health of the people of the ACT through the delivery of public health, communicable disease control including immunisation, environmental health, and epidemiological services and health promotion programmes. The ACT Government Analytical Laboratory and the Cervical Screening service are also part of the Population Health Division. The Division has two branches – the Health Protection Service and the Health Improvement Branch – and two offices – the Office of the Chief Health Officer and an Executive Support Office.

Each issue of the Bulletin will have a theme and will highlight a particular body of work, a key function, or an emerging topic of interest in population health in the ACT. Upcoming topics include: the main findings from the forthcoming 2012 Chief Health Officer's Report; healthy tips for a safe summer; healthy workplaces; and air quality. In addition, "hot topics" will be highlighted and upcoming events related to population health in the ACT will be outlined.

In this issue, the theme is Emergency Management which at first glance might not clearly be aligned with population health. The key underpinnings of the work of the Population Health Division are a focus on prevention and response as well as a commitment to coordinated approaches. As is discussed in the following pages, preparedness and response are two key components of the ACT approach to emergency management, as is a commitment to Territory-wide coordination of emergency management. The general principle of the "all hazard approach" to emergency management is as applicable to health emergencies such as the outbreak of an emerging infectious disease as it is to the health and health services impacts of fire, flood or an extreme heat event. The Chief Health Officer has a key statutory responsibility in the ACT in relation to emergency management. In this first issue of the Bulletin, the Population Health Division's role in local, national and even international responses to emergencies is outlined and illustrated with case studies related to recent events.

Thanks to the editorial team who have assisted me in getting this initiative off the ground. A particular thanks to Chris Kelly, who unselfishly took on the difficult task of pulling together the first issue. I hope you enjoy the Bulletin, and we would welcome your feedback to guide future issues.

Dr Paul Kelly
Editor
August, 2012.

Health Directorate Emergency Management

Emergency Management Overview

Acronyms

ACT	Australian Capital Territory
ACTAS	ACT Ambulance Service
ACTF&R	ACT Fire and Rescue
AFP	Australian Federal Police
AHPPC	Australian Health Protection Principle Committee
AIIMS	Australasian Inter-service Incident Management System
CBRN	Chemical, Biological, Radiological and Nuclear
CHO	Chief Health Officer
CMCD	Chief Minister and Cabinet Directorate
CSD	Community Services Directorate
DFAT	Department of Foreign Affairs and Trade
DoHA	Department of Health and Ageing
ECC	Emergency Co-ordination Centre
EMA	Emergency Management Australia
EOC	Emergency Operations Centre
ESA	Emergency Services Agency
ESDD	Environment and Sustainable Development Directorate
ETS	Emergo Train System
HC	Health Controller
HECC	Health Emergency Control Centre
HEOC	Hospital Emergency Operations Centre
HEMSC	Health Emergency Management Sub Committee
HEP	Health Emergency Plan
HPS	Health Protection Service
JaCSD	Justice and Community Safety Directorate
LO	Liaison Officer
MCI	Mass Casualty Incident
NSW	New South Wales
NIR	National Incident Room
PaRS	Preparedness and Response Section
PHD	Population Health Division
SEMB	Security and Emergency Management Branch
SEMC	Security and Emergency Management Committee of Cabinet
SEMPG	Security and Emergency Management Planning Group
SEMSOG	Security and Emergency Management Senior Officials Group

Abstract
This paper provides a broad overview of the core emergency management functions of the Population Health Division (PHD) and highlights a number of recent achievements in this important field. Cases studies are provided for: the conduct of a large scale simulation exercise; a recent response to a major incident; and deployment of ACT Health Directorate personnel to an international disaster.

Background

At essence, emergency management can be considered as a range of measures to manage risks to communities and the environment. Emergency management policies and programs contribute to the goal of *a safer, sustainable community*, helping ensure that all citizens can live, work and pursue their appropriate needs and interests in a safe and sustainable physical and social environment .

Key concepts of contemporary Australian emergency management theory include the ***comprehensive*** and ***integrated approach*** to the development of arrangements and programs for the effective management of emergencies and disasters. This approach is: ***comprehensive***, in encompassing *all hazards* and in recognising that dealing with the *risks* to community safety, which such hazards create, requires a range of *prevention/mitigation, preparedness, response and recovery programs* and other risk management treatments; and ***integrated,*** in ensuring that the efforts of governments, all relevant organisations and agencies, and the community, as a *prepared community,* are coordinated in such programs.

Australia's *comprehensive* approach to emergency management recognises four types of activities that contribute to the reduction or elimination of hazards and to reducing the susceptibility or increasing the resilience to hazards of a community or environment:

- ***prevention/mitigation activities***, which seek to eliminate or reduce the impact of hazards themselves and/or to reduce the susceptibility and increase the resilience of the community subject to the impact of those hazards;
- ***preparedness activities,*** which establish arrangements and plans and provide education and information to prepare the community to deal effectively with such emergencies and disasters as they may eventuate;
- ***response activities***, which activate preparedness arrangements and plans to put in place effective measures to deal with emergencies and disasters if and when they do occur; and
- ***recovery activities***, which assist a community affected by an emergency or disaster in reconstruction of the physical infrastructure and restoration of emotional, social, economic and physical well-being.

More information on emergency management can be found at www.ema.gov.au and www.esa.act.gov.au

[1] Emergency Management in Australia Concepts and Principles - Manual Number 1, 2004

Health Directorate Emergency Management

Emergency Management Overview

Divisional Roles

The PHD, and more specifically the Chief Health Officer (CHO), maintains a number of core emergency management functions both within and external to the ACT Health Directorate. This includes responsibility for:

1. public health emergency management via the operational and regulatory activities of the ACT Health Protection Service (HPS) and under the auspices of the Public Health Act 1997;
2. emergency coordination functions across the ACT health sector including private sector health care facilities and peak bodies under the arrangements set down in the ACT Health Emergency Plan (HEP) and through chairing the ACT Health Emergency Management Sub-Committee (HEMSC);
3. developing and maintaining operational networks with the broader ACT security and emergency management framework under the Emergencies Act 2004 and the ACT Emergency Plan, through representation on the ACT Security and Emergency Management Senior Officials Group (SEMSOG) and related ACT sub-committees; and
4. developing and maintaining operational linkages to the national health emergency management framework, through representation on the Australian Health Protection Principal Committee (AHPPC), and related sub-committees and working groups.

The Chief Health Officer

The CHO is a statutory position created under the auspices of the Public Health Act 1997. Section 9 of the Public Health Act 1997 outlines the functions of the CHO as:

a) to develop and implement strategies to promote and protect public health;

b) to ensure that the Act is complied with;

c) to advise the Minister about proposed legislative or administrative changes related to public health; and

d) to carry out any other functions for the purposes of this Act decided by the Minister in writing.

Section 120 of the Act outlines the emergency actions and directions that may be taken by the CHO who is one of a number of high level ACT officials that may be appointed by the Chief Minister as an Emergency Controller under the ACT Emergency Plan. The CHO is also the Executive Director of the Population Health Division.

The Health Protection Service

The HPS is a branch of the Population Health Division of the ACT Health Directorate. The HPS licenses, monitors, tests and undertakes enforcement activities aimed at preventing or minimising public health risks. The HPS also implements strategies regarding timely response to public health incidents, events and emergencies through the Public Health Emergency Plan, Public Health Act 1997 and various related regulations.

The Preparedness and Response Section

The Preparedness and Response Section (PaRS) of the HPS was formed in early 2011. The previous incarnation of the PaRS, the Special Response Unit (SRU), was established in 2009 in response to an increase in both the frequency and complexity of issues and incidents requiring public health management and to quarantine operational response surge capacity with the HPS.

The SRU was established arising out of the ACT Health response to the Pandemic (H1N1) 2009. Subsequently post pandemic, the SRU was maintained to prepare for and coordinate the response to the 2010 influenza season. In late 2010, the scope of the SRU was expanded to include an "all hazards" approach and the two existing HPS-based emergency management positions were transitioned to the PaRS.

The primary goal of the PaRS is to provide:

1. coordinated surge capacity to HPS activities through a continuum of Prevention, Preparedness, Response and Recovery mechanisms (the comprehensive approach).

Secondary goals of the PaRS include:

2. providing an emergency management point of contact and liaison within the ACT Health Directorate for Territory and Commonwealth government agencies, non-government organisations and the private sector; and
3. the provision of emergency management and incident response guidance, expertise, direction and leadership to the ACT Health Directorate and broader health sector.

Health Directorate Emergency Management

Recent Achievements in Emergency Management

Since inception, the PaRS has undertaken a number of high level policy projects and led a number of operational responses. A summary of some key achievements follows.

The Health Emergency Plan

The ACT Health Emergency Plan (HEP) is a supporting plan of the ACT Emergency Plan that outlines the standing health emergency management arrangements in the Australian Capital Territory.

The previous HEP was due for a complete revision over 2011. PaRS led the revision of the HEP, on behalf of the Health Emergency Management Sub-Committee (HEMSC), which is chaired by the CHO.

Membership of the HEMSC is afforded to key agency and organisational representatives within the health sector and across governments as detailed in Table 1.

Chief and Deputy Chief Health Officer (Chair)	Australian Defence Force
Canberra Hospital and Health Services	ACT Emergency Services Agency
Calvary Health Care	AFP-ACT Policing
Calvary John James Hospital	NSW Local Health Districts (Southern and Murrumbidgee)
National Capital Private Hospital	ACT Aged Care Sector
ACT Medicare Local	ACT Ambulance Service
Health Protection Service, Health Directorate	Justice and Community Safety Directorate (SEMB)
Rehabilitation and Aged Care Division, Health Directorate	Community Services Directorate
Business and Infrastructure Division, Health Directorate	Communications and Marketing, Health Directorate
St John Ambulance	Mental Health, Justice Health Alcohol and Drug Service, Health Directorate

Table 1: HEMSC Representation

The role of the HEMSC is to assist the CHO in developing the HEP, and to coordinate government and private health sector support and resources during emergency response and recovery operations.

The HEP was formally endorsed by SEMSOG in January 2012. Figure 1 shows how the Health sector aligns with the broader ACT Emergency Management Framework.

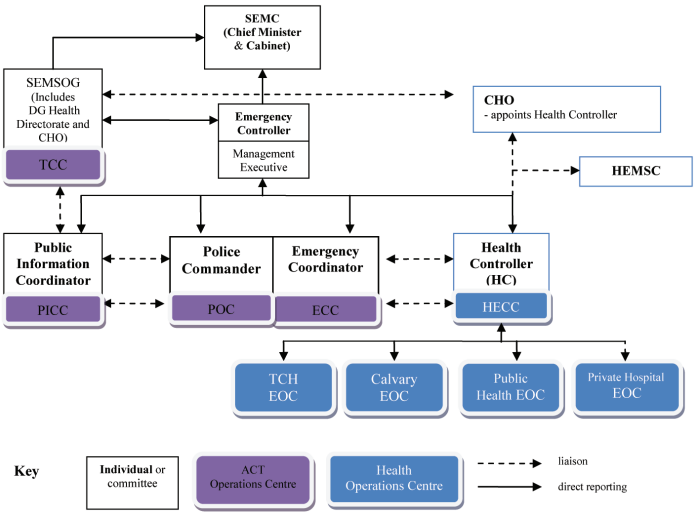

Figure 1: Health Alignment with ACT Emergency Arrangements

Emergency Management Training

The revised HEP recommends that health sector staff who may be appointed roles in emergency operations centres such as a Health Emergency Control Centre (HECC) or a Hospital Emergency Operations Centre (HEOC) should undertake Australasian Inter-service Incident Management System (AIIMS) training. The AIIMS provides a common incident management framework that can be applied to any size incident. The framework provides for an expanded response as an incident grows in either size or complexity.

AIIMS is based on three key principles:

- Span of control (the number of direct operational reports during) being less than or equal to the ratio of 1 to 5;
- Functional management; and
- Management by objective.

Since January 2011, more than 70 Health Directorate staff have undertaken formal AIIMS training. The large pool of AIIMS trained personnel ensures adequate capacity within the directorate to be able to mount a sustained response.

Health Directorate Emergency Management

Emergency Exercises

The capability of the health sector emergency management structure to conduct effective emergency response and recovery operations within the scope the HEP needs to be regularly reviewed through exercises conducted by agencies individually and by the health emergency management structure collectively.

Recent emergency exercises led by the PaRS include:

- 25 October 2011 HEMSC Discussion Exercise Emerald (HEP and Summer Preparedness)
- 2 December 2011 HPS Discussion Exercise (Summer Preparedness)
- 20 December 2011 and 13 April 2012 Aged Care Providers Workshop and Discussion Exercise
- 8-9 March 2012 Exercise Ayotu

Case Study: Exercise Ayotu

Exercise Ayotu was the final in a series of regular mass casualty exercises conducted since 2008. Ayotu incorporated a multi-agency response to a simulated mass casualty terrorist event. Like previous exercises, Ayotu utilised the EmergoTrain System (ETS) and tested pre-hospital and hospital mass casualty management and major incident coordination.

The ETS is a pedagogic educational simulation system used for training and testing health sector preparedness and management of major incidents and disasters. The system is easy to use and does not require any sophisticated equipment. Magnetic symbols are used to represent patients, staff, resources and structures. The use of a large patient bank with associated validated clinical protocols provides the basis for the realism and measurable outcomes of the ETS. ETS exercises run in real time and according to staffing and occupancy profiles present at the time of the exercise, but do not impact core business in clinical units within hospitals or the ambulance service.

Figure 2: Emergo Train System scenario for ETS Exercise Ayotu

Figure 3: Canberra Hospital staff participate in Exercise Ayotu

Approximately 85 personnel participated in Exercise Ayotu. The exercise was led by the PHD and participating agencies included:

- Calvary Hospital, Calvary Health Care ACT
- Canberra Hospital and Health Services, ACT Health Directorate
- Strategy and Corporate Division, ACT Health Directorate
- National Capital Private Hospital, Healthscope
- ACT Ambulance Service, Emergency Services Agency

The scenario for exercise Ayotu involved the simulated detonation of two improvised explosive devices at major public transport hubs generating in excess of 570 casualties. In response to this scenario the following clinical areas were tested using the EmergoTrain System:

<u>ACT Ambulance Service – Day One</u>

- Incident Site
- Casualty Clearing Area (CCA)
- Loading Point
- Ambulance Coordination

<u>Calvary Health Care ACT</u>

- Emergency Department
- Intensive Care Unit/Critical Care Unit
- Operating Theatres & Recovery Room

<u>Canberra Hospital</u>

- Emergency Department
- Intensive Care Unit/Critical Care Unit
- Operating Theatres & Recovery Room

<u>National Capital Private Hospital</u>

- Intensive Care Unit/Critical Care Unit
- Medical/Surgical Wards
- Operating Theatres & Recovery Room

Health Directorate Emergency Management

Exercise Ayotu also involved the real time activation of the: Health Emergency Control Centre (HECC); Calvary Hospital Emergency Operations Centre; Canberra Hospital Emergency Operations Centre and the National Capital Private Hospital Emergency Operations Centre.

Figure 4: CHO Dr Paul Kelly as the Health Controller (white tabard) with support staff in the HECC during ETS Exercise Ayotu

One week prior to the exercise, Exercise Management Team members collected clinical 'snapshot' data from each of their respective facilities. This data was used to enhance the realism of the exercise by pre-loading the simulated clinical areas of participating facilities with realistic patient, equipment and staffing levels. For each clinical area simulated during Exercise Ayotu, the following information was collected:

- Available equipment (including number and type)
- Deidentified staffing levels (including skill level and designation)
- Deidentified patient levels (including age, gender, diagnosis and estimated length of stay)
- Transport times (to and from various other areas within the facility).

A number of valuable lessons were learnt during the conduct of the exercise. The formal exercise report identified the following key elements as being crucial to the successful management of the health sector when responding to a mass casualty incident:

- Effective communication – between the HECC and individual agencies/facilities; and between different areas within facilities
- Strong awareness of ACT Health Emergency Arrangements – as well as knowledge of relevant facility and agency emergency plans
- Efficient and timely allocation of resources – both within and across agencies/facilities
- Awareness of media management protocols – both from a health sector-wide standpoint and agency/facility standpoint.

Operational Response

The Health Directorate maintains a CHO On-call capability staffed by a select pool of appropriately experienced medical officers who perform the legislated functions of the CHO afterhours. Over 2011-12 the PaRS have trialled a close-call arrangement to provide dedicated emergency management support to the CHO On-call for when a response is indicated.

The primary response mechanism detailed in the HEP is the HECC. The main function of the HECC is to support the Health Controller (HC) in the strategic activities of the health sector in emergency management and crisis response. The HECC may also:

1. Coordinate ACT health sector input into ACT government operations;
2. Coordinate with other health authorities and the Commonwealth Department of Health and Aging;
3. Conduct strategic planning for longer term and concurrent activities; and/or
4. Develop and maintain an overall health specific record of the event.

The common functions that are carried out by the HECC include:

- *Control* – the overall control of the response from a health perspective;
- *Command* – the direction of operational activities.
- *Coordination* – ensuring responders (both individual and multi-agency) are working together and aware of each other's roles and responsibilities (including resource deployment);
- *Information Management* – the necessity for the HECC to maintain accurate records and collect, interpret and disseminate information;
- *Decision Making* – decisions made to give direction to the overall response to the situation;
- *Operational Management* – actions undertaken to meet demands created by the emergency; and
- *Public Information* – lead or participate in the development of public information via the Public Information Coordination Centre if activated.

The HECC has been activated on five occasions since 2010, as shown in Table 2.

Date	Hazard
11 December 2010	Regional flood watch
28-29 February 2011	TCH Code Yellow ruptured water main
8-10 April 2011	TCH Code Yellow medical gas failure
16-20 September 2011	Mitchell factory fire
11-14 December 2011	TCH Code Yellow storm damage and flooding
1 March 2012	Regional severe weather and flood watch

Table 2: HECC Activations

Health Directorate Emergency Management

Operational Response

Case Study: Mitchell Fire, September 2011

At approximately 2340hrs on Thursday 15 September 2011, ACT Fire and Rescue (ACTF&R) responded to the scene of a large factory fire at Dacre Street in Mitchell. The ACTF&R subsequently determined that the smoke plume emanating from the fire may have contained toxic chemicals. As a result, Fire and Rescue requested the activation of the ACT Emergency Coordination Centre (ECC) in order to better facilitate a whole-of-government response to the incident. Health Directorate Liaison Officers (LOs) attended the ECC at Fairbairn from approximately 0330hrs on 16 September until the closure of the ECC at 1900hrs 18 September to assist in the all-agencies approach to the management of the incident.

The HECC was activated at 0700hrs at the request of the Chief Health Officer. A significant degree of contingency planning was undertaken to ensure any impact to the ACT public hospital system following this incident was minimised. The HECC remained in close contact with representatives from both the Canberra Hospital and Calvary Hospital for the duration of the response.

Initially on 16 September the Calvary Hospital Emergency Department reported a total of nine incident-related presentations, most with minor to moderate upper respiratory irritation with no associated serious injuries. No further incident-related presentations to the Calvary Hospital Emergency Department were recorded after 16 September. The Canberra Hospital Emergency Department did not report any incident-related presentations.

The HD provided advice to the lead agencies, ESA and ESDD, with regard to public health risks and potential exposure to polychlorinated biphenyls (PCBs) – a class of chemical known to be stored at the Mitchell site.

Health Resources

Several providers of essential hospital supplies (linen, clinical waste disposal bins, sterilising services) are located in the Mitchell precinct, and were within the exclusion zone enforced by the ACT F&R and ACT Policing from 16 September to 1830hrs 18 September.

The HECC liaised with hospitals and providers alike to ensure continued provision of essential supplies to the ACT hospital system. At times, this involved the coordination of escorted entries into the Mitchell exclusion zone to retrieve supplies.

Health Directorate Involvement in Recovery Phase

Following closure of the ECC on the evening of 18 September, the Health Protection Service (HPS) continued to provide advice to the Environment & Sustainable Development Directorate (ESDD) with regard to testing for residual toxins (including dioxins).

Figure 5: Mitchell, 16 September 2011

In addition, the Directorate also briefed the acting ACT Health Minister regarding the potential health effects of dioxins, and prepared a factsheet for use by the ESDD.

After Action Review

On 21 September 2011, the HPS facilitated a Directorate-wide debriefing session. The meeting was attended by representatives from various divisions across the Directorate and NSW Health was also in attendance. A list of 'Lessons Identified' was provided to the whole-of-government after action review.

Links to National Policy and Response

The Health Emergency Plan directs how the ACT health sector will interact and augment with national level health sector mechanisms and arrangements to coordinate extra-jurisdictional health resources when required. The HEP also directs how to coordinate ACT input into the management of a health emergency of national consequence.

National emergency health sector governance is provided by the Australian Health Protection Principal Committee (AHPPC) and its sub-committees. The AHPPC operates under the governance of the Australian Health Ministers Advisory Council (AHMAC). The CHO represents the ACT on the AHPPC.

The National Health Emergency Response Arrangements (the Arrangements) articulate the strategic mechanisms for the coordination of the Australian health sector, through the AHPPC, in response to health emergencies of national consequence. The Department of Health and Ageing maintains the National Incident Room (NIR). The NIR is the central coordination point for health emergencies of national consequence.

Health Directorate Emergency Management

Link to National Policy and Response

Figure 6: AusMat trainees participating in the course in Canberra, December 2011

Figure 7: Map of Japan showing Tokyo and the site of the damaged nuclear reactor

Australian Medical Assistance Team (AusMAT)

The Australian Government may, after receipt of a request for help from a foreign government, formally task the Australian health sector with coordinating the provision of an appropriate AusMAT to meet the request. Contribution of any medical assistance is coordinated by the Department of Health and Ageing using the resources of the NIR, the AHPPC and State and Territory health resources.

The main role of the States and Territories is the provision of health emergency response personnel and support services. The ACT shares its responsibility with NSW Health as the lead agency, and maintains an ability to support a NSW deployment.

The ACT has identified suitable personnel with a range of skills and expertise for AusMAT deployments. An AusMAT Team Members training course was held in Canberra on 10-12 December 2011 with 11 people trained from the ACT, comprising: 4 Doctors, 3 Paramedics, 3 Nurses (including 1 nurse practitioner), and 1 Emergency Manager/Logistician.

Case Study: Deployment of Health Directorate Specialist to Japanese Radiological Emergency

On 12 March 2011 Japan experienced a severe earthquake and a subsequent large scale Tsunami. These combined natural disasters damaged nuclear power facilities on the north-east cost of the main island (Honshu).

Critical failures of cooling occurred at a nuclear power facility in Fukushima prefecture, approximately 250km north-east of Tokyo. Japanese officials undertook extensive response to the earthquake and tsunami, including substantial efforts to restore power to all reactors at the Fukushima nuclear plant and contain any radiation leaks as they occurred.

At the commencement of the radiation crisis, the Department of Foreign Affairs and Trade (DFAT) requested that the Department of Health and Ageing (DoHA) deploy a senior public health specialist to assist in providing public health advice to Australian consular officials in Japan. A medical specialist from Western Australia was initially deployed for a period of two weeks to perform this function.

Dr Andrew Pengilley, Deputy Chief Health Officer, was deployed as the second specialist to Japan to provide consular level public health advice to DFAT staff at the Australian Mission in Tokyo. Dr Pengilley undertook this role for approximately two weeks, from 25 March to 9 April 2011.

Based on the experiences of his deployment Dr Pengilley subsequently developed Public Health Management of low level exposure to radiation sources to be included as an additional chapter to the Chemical Biological Radiological Nuclear (CBRN) Radiological Guidelines currently being drafted by a national sub-committee of the AHPPC.

Dr Pengilley also coauthored a paper "Fukushima Nuclear Incident: The Challenges of Risk Communication" with Dr Andy Robertson of Western Australia. The article is currently scheduled for publication in an upcoming issue of Asia Pacific Journal of Public Health.

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Hot Topics

Food

In March this year the Population Health Division implemented several amendments to the ACT Food Act aimed at improving compliance with food hygiene standards and provide transparency to the public. The Act was amended after consulting with food businesses and the public. ACT food businesses historically have had high standards of food safety, with a few operating with poor safety standards that potentially jeopardise public health. Food related infection such as Salmonellosis can be serious, and a number of the approximately 150 cases notified this year have been linked to several outbreaks associated with commercial premises. To assist food businesses in understanding food safety the Population Health Division has produced a short guide "Food safety is your business" (www.health.act.gov.au/health-services/population-health/health-protection-service) which will be made available in a number of languages. This will be followed by the introduction in August 2013 of a requirement that all food businesses have a food safety supervisor. Food safety supervisors will be required to undergo training to be knowledgeable about safe food handling and preparation. Transparency about a food business' compliance with standards has been improved by requiring businesses that have been served a prohibition order to post closure notices in an area visible to the public. It is expected that these measures will assist in bringing all food businesses up to a high standard of food safety. This will hopefully be reflected in reductions in the rate of food borne disease affecting the Canberra community.

Flu

This winter the ACT has experienced its most severe influenza season since the 2009 pandemic. Influenza notifications have occurred at a rate of 72 per 100 000 population this year, compared to 59 per 100 000 last year. Unlike recent seasons, the predominant strain in this year's influenza has been the H3N2 influenza rather than the H1N1 pandemic strain. The majority of notifications have occurred in children <14 years of age and in people >75 years of age, which is a pattern more historically typical of seasonal influenza pattern. Media and messages to the public have focused on vaccination, good hygiene and staying home when ill (not 'soldiering on') to reduce the amount of virus circulating in the community. There have been a number of outbreaks in aged care facilities and the Population Health Division has worked with these institutions to implement effective infection control measures. In two aged care outbreaks the administration of oseltamivir (Tamilfu) to residents was co ordinated with general practitioners to reduce transmission of influenza. Vaccination remains the most effective protection against influenza, although a slight genetic shift in the H3N2 strain means that the vaccine is not a perfect match for the virus currently circulating. Although the influenza season seems to have reached it's peak, surveillance for activity and specific outbreaks will continue.