
Latrobe City Pandemic Sub Plan



Version Control

The Latrobe City Municipal Emergency Management Pandemic Sub Plan is a sub plan of the Municipal Emergency Management Plan. Major changes to this Sub Plan must be approved and authorized by the Municipal Emergency Management Planning Committee (MEMPC).

This document will be reviewed by the MEMP Committee annually or after an event. Any changes to the document will be forwarded to the MEMPC for adoption.

The record below is to be completed by the person making the amendment(s). Each new page will have a revision number and date of issue printed on it.

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Introduction

Latrobe City Council, as part of its emergency management planning, is producing a Pandemic Management Plan in anticipation of a global pandemic situation. Whilst the likelihood of a pandemic is low, the effects on the community in such an event would be devastating. The Pandemic Plan is a sub-plan of the Municipal Emergency Management Plan (MEMP).

The Manager Safe Communities is nominated as the Pandemic Coordinator for the municipality, and will work with all Department Managers to identify critical staff and functions.

It is requested that all Departments offer as much assistance to the Pandemic Coordinator and provide as much information as is necessary to enable the construction and maintenance of a robust plan to assist in reducing the impacts of a pandemic within our municipality and to provide support and recovery assistance to our affected community where appropriate throughout the duration of the pandemic.

Authority

The Pandemic Management Sub-Plan of the MEMP and is developed pursuant to the *Emergency Management Act 1986*, approved by the Municipal Emergency Management Planning Committee

Council has the power to authorise officers to perform specific public health functions under the relevant legislation. The Public Health & Wellbeing Act 2008 Division 3 outlines the function of Councils in regards to public health, namely Council is to seek to protect, improve and promote public health and wellbeing within the municipality. This includes undertaking investigation into infectious disease, providing immunisation services for the public and other responses under the direction of Department of Health and Human Services

Framework

Legal framework and authorities the actions detailed in this plan are authorised under the following Acts and Regulations:

Public Health and Wellbeing Act 2008 and Public Health and Wellbeing Regulations 2009

Australian Health Management Plan for Pandemic Influenza (AHMPPI Aug.2019)

This Act aims to protect the health and wellbeing of the population and establishes provisions for managing infectious diseases. It confers authority to the Chief Health Officer to investigate, eliminate or reduce public health risks and provides for delegated powers to be exercised by authorised officers appointed under the Act. *Emergency Management Acts 1986 and 2013*

The *Emergency Management Act 1986* outlines Victoria's emergency management structure and authorises state authorities to take control of specific aspects of an emergency when declared by the Premier. The principles of preparedness, prevention, response and recovery are all addressed within this Act.

Under the *Emergency Management Act*, pandemic is classified as an emergency 'due to the actual or imminent occurrence of an event which endangers or threatens to endanger the safety or health of any person in Victoria or which destroys or damages, or threatens to destroy or damage, any property in Victoria or endangers or threatens to endanger the environment or an element of the environment in Victoria'.

Biodiversity 2037- aims to prevent the introduction and spread of specified diseases into and within Australia. It confers power to order compliance to a range of control activities, including observation, examination, detention, segregation and isolation of people.

The Commonwealth Minister for Health and the Minister for Agriculture, Fisheries and Forestry share responsibility for quarantine measures and the Victorian health management plan for pandemic influenza 7 administration of the Biosecurity Act 2015.

The Department of Agriculture, Fisheries and Forestry (DAFF) has primary responsibility for implementing the Act at Australia's borders. It administers the human quarantine provisions on behalf of the Commonwealth Department of Health. It gives powers to the Governor-General to authorise response actions to epidemics. Human quarantine officers have delegations under this Act on behalf of the Commonwealth in the area of human illness and quarantine of returned travellers.

National Health Security Act 2007 (NHS Act) This Act allows for exchange of public health surveillance information (including personal information) between the Commonwealth and the states and territories and, where relevant, WHO. International Health Regulations 2005 (IHR)

These regulations are a legally binding public health treaty administered by WHO. They aim to prevent, control and provide a public health response to the international spread of disease while avoiding unnecessary interference with international traffic and trade. They establish global standards for the reporting, verification, assessment and notification of public health events of international concern, the implementation of WHO-recommended control measures, the development of core capacities for surveillance and response, and inter-country collaboration.

In response to the current Coronavirus outbreak across a number of countries the Australian Government Department of Health prepared the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).

Background

A pandemic situation occurs when a new strain of a particular pathogen emerges in a population to which there is little or no immunity. It is able to be effectively transferred between humans and results in infection in a high proportion of those exposed. New strains of pathogens are often associated with high morbidity, excess mortality and social and economic disruption on a global scale.

Incubation periods vary among pathogens; the longer the incubation period, the further the microbe is able to be geographically spread. An example of a pathogen that is readily distributed among populations is influenza. The incubation period for influenza is typically one to three days. Adults have shed the virus from one day before developing the associated symptoms, and up to seven days after the onset of illness (this can be longer in young children). The influenza virus remains infectious in aerosols for hours and is potentially infectious on hard surfaces for one to two days.

The illness associated with a pandemic occurs in waves. Each wave has the potential to last from 6 to 12 weeks. Pandemics have, in the past, been greater than 12 months in duration and have resulted in numerous deaths around the world.

There were three pandemics in the 20th century: 1918 (Spanish Influenza caused 40-50 million deaths), 1957 (Asian influenza caused 1 million deaths) and 1968 (Hong Kong Influenza caused 1 million deaths).

The 21st century has so far only seen one pandemic, this was in 2009 (Swine flu H1N1). There are also concerns of pandemics occurring due to SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome) and AIDS/HIV, influenza 2009 and the Ebola virus in 2015-2016.

In recent years Australia has experienced a number of spike years for laboratory confirmed influenza:-

2019 – 313,061 case, 2018 – 58,570 cases, 2017 – 249,882 cases, 2016 – 90, 861 cases. These increased numbers has been reflected in both a greater awareness around influenza and the demand for annual influenza vaccinations across Australia. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>

In December 2019 China reported cases of viral pneumonia caused by a previously unknown pathogen emerging from Wuhan, a city of 11 million people in central China. There is currently no vaccine or anti-viral product available for the treatment of this pathogen.

The past instances of pandemic events demonstrate the need for flexible contingency plans that are able to be adapted to a given pandemic situation.

TRANSMISSION OF INFECTION

There are a number of routes of infection by which pathogenic micro-organisms may enter the human body. These are outlined below:

Droplet transmission – occurs when droplets are expelled through the air as a result of the cough or sneeze of an infected person. These droplets are generally propelled up to a metre, and can land on the mouth, nose or eyes of nearby people. Should these droplets contain pathogenic particles, infection can result.

Airborne transmission – can occur through procedures that result in a very fine mist being produced (eg. Hospital procedures), or the particles are present in dust and are inhaled.

Contact transmission – can occur in two ways, as described below:

- Vector transmission – occurs when an individual comes into contact with an infected organism (such as a mosquito), blood or bodily fluids.
- Fomite transmission – occurs when an individual comes into contact with a contaminated object or surface.

Each method of transmission must be taken into consideration when implementing infection control practices, with actions being taken to address all routes by which the pathogen is spread.

Body Fluid Transmission – occurs when body fluids such as semen, blood, saliva or faeces are transmitted from one person to another.

For further information, please refer to the Victorian Health Management Plan for Pandemic Influenza August 2014 and associated action plan 2015

Purpose

The purpose of this Pandemic Management Plan is to document the procedures to be followed in the event of an outbreak of disease on a large scale within the population of Latrobe City. The procedures contained in this Plan intend to guide the response of Latrobe City Council staff in the event of a large portion of the population

AIMS

- to assist DHHS coordinate and concentrate the efforts of preventing the spread of a communicable disease in the population of Latrobe City.
- to reduce the impacts of a pandemic situation on the community.
- to preserve the health of the community and enable business continuity..
to provide support and assistance to those affected throughout the duration of the pandemic where possible.
- to assist DHHS to document actions and procedures that are not present in other Emergency Management protocols and are specific to a pandemic situation.

OBJECTIVES

- Prevention of transmission of the infection responsible for the pandemic situation through the implementation of infection control measures and provision of services to those who are quarantined or in isolation.
- Provide for critical service continuity with regards to employee absenteeism and an increase in the demand on particular resources.
- Develop and utilise communication links in order to distribute messages to the community, in line with those distributed by the state government. This intends to inform the community of alterations to routine service delivery.
- Ensure that community support and recovery planning is undertaken in a comprehensive manner, with specific focus on the pandemic situation.

This Plan is designed to be adapted to all types of communicable disease pandemics. The most likely diseases to be involved in a pandemic situation include, but are not limited to, the following:

- Influenza
- Avian influenza H5N1
- Swine influenza H1N1
- Japanese encephalitis (JE)
- Meningococcal disease
- Pertussis
- Rubella
- Yellow fever
- Severe Acute Respiratory Syndrome (SARS)
- Dengue Fever
- Measles
- Ebola virus
- Zika virus
- Covid 2019

This Plan is to be used in conjunction with, and as a supplement to, existing emergency management plans in place within state, regional, Latrobe City Council and the wider community.

Part One - Preparation

1.1 WHAT KEY STAKEHOLDERS CAN DO IN PREPARATION PHASE?

- Ensure infectious diseases pandemic plans are in place for each sector ensuring links to the Latrobe City Municipal Emergency Management Plan (MEMP) and the Victorian Health Management Plan for Pandemic Influenza (VHMPPi)
- Encourage businesses to implement business continuity plans that consider an infectious diseases pandemic.
- Ensure resources are available and ready for rapid response
- Monitor the emergence of diseases with pandemic potential
- Communicate Pandemic Plans with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave.
- Identify vulnerable elements of the community
- Promote seasonal influenza vaccination to the community including workplaces
- Monitor Department of Health and Human Services information

1.2 WHAT WE DO IN STANDBY PHASE

The standby stage is characterised by activities and key messages that focus on commencing arrangements in preparation for an impending infectious diseases pandemic and increased vigilance for case detection. This stage involves the actions of most key stakeholders and is implemented in line with information received from the Department of Health and Human Services (DHHS).

1.3 IMPLEMENT THE MUNICIPAL EMERGENCY COMMUNICATION PLAN

The communication plan provides key health messages to the community during this time via media releases, website news, tourist information centres, community newsletters, agency newsletters and emergency broadcasters.

- Key messages (as directed by DHHS):
 - Seasonal influenza immunisation for at risk groups
 - seasonal influenza immunisation in workplaces
 - other medical advice
 - good hygiene, which includes hand hygiene and respiratory/cough etiquette
 - staying away from school, childcare, work or public gatherings if symptomatic to minimise the risk of infecting others
 - seeking medical advice if symptoms continue or get worse

1.4 PLAN FOR THE DELIVERY OF MASS VACCINATIONS

DHHS guidelines will be made available to assist immunisation providers in a range of settings to meet their professional responsibilities and community expectations for a quality program and safe service delivery. During this phase Council will work with key stakeholders to ensure that procedures are in place to manage mass vaccination if requested.

Residents in nursing homes, disability accommodation, correctional facilities and immobile patients who receive care at home through community health care service providers will be provided with vaccine via existing health care providers. If people are showing symptoms of illness (either influenza or other similar) then they should attend relevant GP clinic for assessment and treatment.

1.5 WHAT KEY STAKEHOLDERS CAN DO IN STANDBY PHASE?

- Activate Pandemic Plans
- Activate Business Continuity Plans
- Activate Communication Strategy
- Monitor DHHS for up to date information
- Promote DHHS infection prevention and control measures
- Communicate with staff on matters relating to workplace policies and arrangements that are likely to be affected or altered in the event of a pandemic, such as compulsory exclusion due to influenza like illness, cancellation of personal leave, increased overtime, and use of sick and carer's leave.
- Manage suspected cases by following the advice in Chief Health Officer alerts. Notify cases to the department's Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions
- Restrict visitors and staff members with influenza-like illness
- Continue to participate in surveillance activity within the organisation and ensure correct data collection processes are in place.
- Develop and refine surveillance systems and assess resources and priorities for their sustainability
- Prepare to deliver a pandemic immunisation program

1.6 WHAT WE DO IN INITIAL RESPONSE PHASE

The control agency in the event of a pandemic is the DHHS

Latrobe City Council and stakeholders will implement public health control measures within the municipality in line with information received from the DHHS during a pandemic. These measures aim to limit or slow the spread of a pandemic throughout the community in order to minimise infection rates and disruption to social and economic activity.

The initial response stage is characterised by activities that focus on minimising transmission, morbidity and mortality with limited information. This stage involves the actions of most key stakeholders and is implemented in line with information received from the DHHS.

1.7 WHAT WE DO IN THE TARGETED RESPONSE PHASE

The targeted response stage is characterised by activities that focus on minimising transmission, morbidity and mortality in the wake of enhanced understanding of the spread of the pandemic, its mode of transmission, its infectiousness, its severity and optimal treatment regimens. Demand for urgent clinical services, combined with staff absenteeism, is likely to be high.

Latrobe City Council will:

- Establish a Municipal Emergency Coordination Centre (MECC), either formally or in 'virtual' form (teleconference), or Crisisworks to determine which elements of the Municipal Pandemic Plan need to be implemented when requested by the Incident Controller.
- Maintain MECC activity as requested throughout the onset of the pandemic where appropriate.
- Establish relief & recovery arrangements refer to recovery operational procedures
- Assist DHHS to develop Relief and Recovery Plans to establish and deliver community support services. In addition how health related medical services will be delivered

1.8 WHAT KEY STAKEHOLDERS CAN DO IN TARGETED RESPONSE PHASE?

- Implement emergency plans for a pandemic, mass casualties, business continuity and surge capacity.
- Manage suspected cases by following the advice in Chief Health Officer health alerts. Notify cases to the department's Communicable Disease Prevention and Control section on 1300 651 160 as per surveillance instructions
- Storage and disposal will be directed by DHHS
- Designated hospitals may be nominated by the Department of Health and Human Services if appropriate.
- Restrict visitors and staff members with infectious diseases-like illness.
- Continue measures outlined for standby, with an increase in infection prevention and control measures
- Coordinate a pandemic immunisation program (if/when vaccine is available).
- Ensure access to DHHS Chief Health Officer alerts, which will provide up-to-date information in relation to pandemic case/contact definitions, use of antivirals and laboratory tests.
- Continue to implement enhanced triaging of patients/clients (where appropriate) such as segregation, cohorting and use of appropriate personal protection equipment (PPE).
- Reduce transmission of infectious diseases within primary health services by reducing non-urgent care patients/clients (consider home visits and phone consultations if appropriate).
- Provide advice to individuals suspected and/or confirmed mild cases to isolate them at home.
- Liaise with local health services.

- Liaise with local municipal organisations (as per routine community support arrangements) for community support services for isolated cases.
- Provide antivirals as directed by the Chief Health Officer
- Provide patients with information on community support and other community-based provision available from the DHHS.
- Implement changes to staffing levels as appropriate in response to increased demands

1.9 STAND-DOWN PHASE

The focus of activities within this stage is regaining normal activities and services. Where applicable:

- Prepare for the likelihood of further waves of the pandemic.
- Undertake operational debriefs and update pandemic influenza plans to reflect any lessons learnt.

1.10 WHAT KEY STAKEHOLDERS CAN DO IN STAND-DOWN PHASE?

- Support and maintain quality care
- Cease activities that are no longer needed, and transition activities to seasonal or interim arrangement
- Monitor for a second wave of the outbreak
- Monitor for the development of antiviral resistance
- Communicate activities to support the return from pandemic to normal business services
- Evaluate systems and revise plans and procedures

1.11 RECOVERY PHASE

The Municipal Recovery Manager will convene a Municipal Recovery Working Group as early as possible to determine:

- The level of impact to people, communities and businesses
- The level of assistance affected by the pandemic to achieve an effective level of functioning
- The DHHS Gippsland Regional Emergency Management Planning Committee has developed and endorsed a Regional Recovery Plan for Gippsland.

Part Two - Procedures for Plan Activation

2.1 ACTIVATION OF PANDEMIC MANAGEMENT PLAN

The activation of the Latrobe City Council Pandemic Management Plan will be dependent upon direction from the DHHS, which is the designated control agency for incidents involving human disease such as influenza pandemic, which is the DHHS will notify Council of the need to activate the Pandemic Management Plan; however, should the possibility of a pandemic situation arise, precautionary steps are to be taken in preparation for such an event.

The national strategy for dealing with the threat posed by a pandemic situation is to contain the infection for as long as possible. When this method is no longer effective, the focus will be on the maintenance of community functioning and critical business continuity.

2.2 STEPS INVOLVED IN PLAN ACTIVATION

1. Concern over growing pandemic threat.
2. WHO raises Global Pandemic Alert Phase.
3. Australian Pandemic Alert Phase raised.
4. Pandemic Coordinator notified by DHHS Representative of Pandemic situation and is advised to activate the municipal Pandemic Management Plan.
5. Pandemic Coordinator activates the Pandemic Management Plan.
6. Infection control measures put in place.
7. Community education and support plans implemented.

2.3 ACTIVATION OF MASS VACCINATION PLAN

The activation of the Latrobe City Council Mass Vaccination Sub Plan will be dependent upon direction from DHHS.

Part Three – Appendix 1

Pandemic FAQs

Seasonal influenza

Seasonal flu follows predictable yearly patterns, in Australia generally from March through to October.

Viruses associated with seasonal flu include influenza A, influenza B and influenza C. People usually have some immunity built up from previous exposure to circulating seasonal flu viruses.

Pandemic influenza

A pandemic is a global disease outbreak.

A flu pandemic is possible when an influenza A virus makes a dramatic change that results in a new or novel virus to which people have little or no immunity.

The new virus then begins to cause serious illness, spreads easily from person to person and can sweep around the world quickly.

Pandemic influenza differs from seasonal influenza in that everyone is at risk of infection with the new strain and larger numbers of people catch it.

Current vaccines for seasonal influenza will not offer protection against pandemic influenza and need to be developed to target the specific virus.

Key points to remember

- Everyone is at risk of infection
- Vaccination is the best way to prevent seasonal influenza.
- Influenza is very infectious so good hygiene, such as regular hand washing and cough etiquette are important.
- Influenza is caused by a virus so antibiotics cannot be used to treat it.
- Influenza can be more serious in babies and young children, pregnant women, older adults with chronic medical conditions, people with a disability and indigenous Australians
- Contact your family doctor if you or your child has influenza and has a chronic medical condition or signs of severe illness.
- If you do have influenza avoid contact with others to prevent it spreading.

Is there a vaccine available for protection against pandemic influenza?

Vaccines are the first line of defence against a pandemic, but it could take at least six months to produce the vaccine for a new virus. This complex process cannot begin until the pandemic begins and the new virus has been identified.

Once a vaccine is available, the DHHS will work in collaboration with Local Government and other health agencies to deliver a pandemic influenza immunization program.

Community Information

Monitor websites and listen to local and national radio, watch news reports on television, and read your newspaper and other sources of printed and web-based information.

- Local Hospital websites
- Latrobe Community Health Services www.lchs.com.au
- Central Gippsland Health Service – www.cghs.com.au
- Department of Health and Human Services Influenza website <http://www.health.vic.gov.au/influenza/>, includes information on seasonal influenza, pandemic influenza and immunisation (include workplace influenza resources)
- Chief Health Officer Website <http://www.health.vic.gov.au/chiefhealthofficer/advisories/index.htm>. Includes all Health Alerts and Advisories
- IDEAS website <http://ideas.health.vic.gov.au>. Includes information on diseases and outbreaks, notifications, resources, disease data, privacy information and other publications
- Better Health Channel www.betterhealth.vic.gov.au. Includes consumer information
- Travel Health – Have you recently arrived or returned from overseas?
- [http://www.healthemergency.gov.au/internet/panflu/publishing.nsf/Content/resources-1/\\$FILE/travel.pdf](http://www.healthemergency.gov.au/internet/panflu/publishing.nsf/Content/resources-1/$FILE/travel.pdf)
- V/line Gippsland Travel Updates – Gippsland Commuter Portal
- <http://www.vline.com.au/maps-stations-stops/lineinfo/travelupdates/gippsland.html>
- Emergency Management Victoria <http://www.emv.vic.gov.au/plans/victorian-action-plan-for-pandemic-influenza/>
- Medical Advice
- In an emergency, call triple zero (000) or 106 for people with a hearing or speech impairment - <http://relayservice.gov.au/making-a-call/emergency-calls/>.
- For 24 hour health advice call Nurse-On-Call on 1300 60 60 24 for the cost of a local call from anywhere in Victoria. (Calls from mobile phones may be charged at a higher rate.)
- [Victorian Health Management Plan for pandemic influenza](#) - VHMPPi

Appendix 2 – Coronavirus

In December 2019 China reported cases of viral pneumonia caused by a previously unknown pathogen emerging from Wuhan, a city of 11 million people in central China. There is currently no vaccine or anti-viral product available for the treatment of this pathogen. The initial cases were linked to exposures in a seafood market in Wuhan where a large range of live animal and animal products were sold. (*Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*). The pathogen was identified as a novel coronavirus which is closely related genetically to the virus that caused the 2003 SARS outbreak.

- Novel coronavirus (nCoV-2019) has been officially named by the World Health Organization and is now known as coronavirus disease 2019 (COVID-19).
- The Guideline for Health Services and General Practitioners has been updated (Version 7) 11 February 2020.
- A person under investigation category has been added to the case definition which captures new countries for consideration of testing. Clarification of casual healthcare worker contact information has also been added.
- It remains critical that clinicians identify cases, and notify the department on 1300 651 160, 24 hours. Be alert for cases, take a travel history and advise persons under investigation and suspected cases to isolate until you provide the result to your patient.
- People who have been in mainland China (excluding Hong Kong SAR, Macau and Taiwan) and Iran in the past 14 days are advised to self-isolate until 14 days after leaving those countries.
- There is no requirement for people from the other countries recommended for testing to self-isolate if they are well.
- Anyone who has been in close contact with a confirmed case of COVID-19 should also stay at home and avoid public settings until 14 days after their last contact.
- Coronavirus disease can spread after close contact with an infectious person, through droplets from a cough or sneeze, and touching of contaminated services. This is most likely to occur after travel to an affected country, or through living in a house with a person with the infection

Practice good respiratory hygiene:

- Cover your mouth and nose with a tissue when coughing or sneezing.
- Cough into your elbow.
- Dispose of tissues.
- Wash your hands with soap afterwards.

Symptoms

Many people who contract COVID – 19 will suffer only mild symptoms. However early indications are that the elderly and people with pre-existing medical conditions are more at risk of experiencing severe symptoms. The most common symptoms reported include:

- Fever
- Breathing difficulties such as breathlessness
- Cough
- Sore throat
- Fatigue or tiredness.

For the latest advice to share via social media, follow and share content from the department's channels:

- Stay informed of updates at <https://www.dhhs.vic.gov.au/novelcoronavirus> and <https://www.dhhs.vic.gov.au/coronavirus>
- Facebook <https://www.facebook.com/VicGovDHHS>
- Twitter [@VicGovDHHS](https://twitter.com/VicGovDHHS)
- Instagram [@vicdhhs](https://instagram.com/vicdhhs)
- LinkedIn <https://www.linkedin.com/company/163421/>
- For the latest guidance for health professionals follow the Victorian Chief Health Officer on Twitter:
<http://www.twitter.com/victoriancho>