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A pandemic-induced withdrawal of Coalition forces from Iraq

This *National Security Practice Note* explores the likely consequences of an influenza pandemic on Coalition forces in Iraq. Both the armed forces and contractors who support the military and the Iraq reconstruction effort need to consider the impact of an actual or impending pandemic.

The advent of an influenza pandemic anywhere in the world will do something that nearly three years of insurgency in Iraq couldn't – it would see the rapid withdrawal of Coalition forces.

The most compelling argument for the pullout will be that Coalition forces will have vastly diminished military capability during the several month period between when the disease becomes widespread and when the military get a vaccine. In this pre-vaccine stage, troops will be discouraged from undertaking operations which bring them into contact with possibly infected civilians, or involve working in enclosed spaces, such as in command posts or in armoured fighting vehicles.

These measures are designed to reduce the likelihood of catching the influenza virus, which can occur in three ways. Firstly, through droplets from an infected person, such as when they sneeze or cough. These droplets can be propelled several meters. Secondly, from contaminated airborne particles shed from an infected person's skin or through an orifice. Thirdly, from touching a surface contaminated by the virus, and then touching your eyes, mouth or face.

While gloves, suits and masks can be worn to reduce the chance of getting the disease, these are impractical for long periods, and would be unworkable while undertaking strenuous work in the

harsh climate of Iraq. In addition, they can cause severe skin reactions if worn continuously.

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Another solution is to take antivirals as a medicine to guard against influenza. These products, such as tamiflu and relenza, are about 70 to 80% effective in disease prevention. However, they are not a long-term solution to enabling soldiers to work among infected people. This is because antivirals shouldn't be taken for more than 6 weeks continuously. Technically, it is possible to put soldiers onto a course of antivirals for 6 weeks, then remove them to an safer environment and take them off the medication,

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before returning them to the field after once again giving them the medicine. However, as antivirals will be in huge demand for treating infected people and be in limited supply, providing them to soldiers as a preventative medicine will not be looked upon favourably by those in charge of the nation's antiviral stockpile.

The best way to prevent becoming infected is to be vaccinated. However a vaccine for the pandemic strain of influenza can only be developed once the virus exists. It is expected that it will take between

three and six months to identify the virus, then produce and distribute large amounts of the vaccine. And even once it is produced, soldiers will be competing against other priority groups, such as health workers, to receive it.

Consequently, if troops remained in Iraq during the period before the vaccine became available, they would invariably be confined to bases. While this environment, which brings soldiers into close contact with others, is far from ideal, it may be safer than patrolling and working amongst the Iraqi population. This is because once the insurgents and those Iraqis wanting the Coalition forces to leave the country understand the potentially lethal and stressful effect that spitting on soldiers can have, the use of bodily secretions as a weapon may become common.

Keeping the soldiers in relative isolation within bases means that their military effectiveness is almost zero. Given this, retaining large numbers of troops in Iraq will serve no military or political purpose.

There are several other factors which will add to the pressure for troops to be brought home if a pandemic materialises or appears imminent.

Firstly, troops and contractors supporting the military effort will all want to return home quickly so as to be with their families as the disease spreads. The soldiers' relatives are also likely to be extremely vocal in calling for an immediate pull out.

Secondly, to slow the spread of the virus, many countries will close their borders and instruct their businesses to close down. This will rapidly disrupt supply chains. Given that the logistic support to US operations in Iraq requires a massive 3.5 million tons of cargo a year, the Iraq operation is highly vulnerable to supply chain failures. As a breakdown in supplies appears inevitable during a pandemic, the military will want to remove their personnel before this occurs. Extraction from Iraq after the loss of key supplies, such as fuel, aircraft, landing rights, food or spare parts, will become more difficult the longer troops remain in the country.

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Thirdly, in the event of a pandemic, the Iraqi population will start converging on Coalition bases, pleading for antivirals and treatment for the sick. This is because the Coalition will have supplies and skills, whereas the Iraqi hospitals will have very little. If the civilians are allowed to enter the military camps, the disease will spread more quickly among Coalition troops. Turning back these people may require force, probably with weapons because the use of close formation, anti-riot type measures will not be popular as they will bring soldiers into close contact with one-another and with Iraqi civilians. The use of force on non-combatants will be emotionally difficult for soldiers as well as being a potentially powerful insurgent recruitment tool.

And given that, in any one year, there is a 10 per cent chance of a new flu pandemic ... a pandemic-induced withdrawal of Coalition forces and contractors from Iraq is far from fanciful.

While the likelihood of large numbers of Australian, US and other Coalition soldiers dying in Iraq during a pandemic is low because of their greater access to antivirals and medical treatment, Coalition forces are still likely to withdraw rapidly if it appears that a pandemic is impending.

And given that, in any one year, there is a 10 per cent chance of a new flu pandemic according to Australia's Chief Medical Officer, a pandemic-induced withdrawal of Coalition forces and contractors from Iraq is far from fanciful.

More information on Australia's pandemic planning

Australian Management Plan for Pandemic Influenza - June 2005.

The aim of this document is to provide a detailed guide for the Australian response to a pandemic influenza threat. This plan targets the wide range of people who will be involved in planning and responding to an influenza pandemic: health planners, public and clinical health care providers, border workers, state and territory health departments, essential service providers, and those involved in the media and communications.

It is available from <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-influenza.htm>

Travel advisories are provided the Department of Foreign Affairs and Trade (DFAT) and can be accessed at <http://www.dfat.gov.au/travel/>

Frequently asked questions on an influenza pandemic

These FAQs are drawn from the Department of Health and Aging's website¹ except where otherwise noted.

Q: What is an influenza (or flu) pandemic?

A: A flu pandemic is a world-wide outbreak of disease that occurs when a new influenza A virus appears in the human population, causes serious illness and is able to spread easily from person to person.

Q: How does pandemic flu spread?

A: Pandemics of flu are spread from person to person by respiratory secretions in three ways:

1. Through spread of droplets from one person to another (eg coughing, sneezing).
2. By touching things that are contaminated by respiratory secretions and then touching your mouth, eye or nose.
3. Through spread of particles in the air in crowded populations in enclosed spaces.

Q: What are the symptoms of pandemic flu?

A: The symptoms of pandemic flu are the same as the seasonal flu virus. For example, sudden onset of high temperature, muscle aches and pains, tiredness, cough, sore throat and stuffy or runny nose.

Q: How long do symptoms take to develop and how long do they last?

A: It may take 2 to 7 days to show symptoms when you catch the flu and the symptoms may last for up to a week.

Q: How is pandemic flu treated?

A: The mainstays of treatment include rest, ensuring adequate fluid intake and nutrition and taking medications to help with fever and pain such as aspirin (but not in children) and paracetamol. Complications, such as bacterial pneumonia, can develop in some people and can be treated with antibiotics. Those who are severely affected may need hospitalisation, supplemental oxygen therapy and respiratory support through artificial ventilation.

Q: What about antiviral medications?

A: The effectiveness of antivirals in the treatment of pandemic influenza is unclear. *The Australian Management Plan for Pandemic Influenza* provides for some limited use for management of cases and contacts. However, in the event of a pandemic these medications will be in short supply. The Australian Government has developed a significant stockpile of the antivirals which will be used for prevention and treatment with the aim of minimising the overall sickness and death in the population.

The *Australian Management Plan for Pandemic Influenza* states that:

- antivirals— both neuraminidase inhibitors and ion blockers— are effective in preventing influenza. The effectiveness in studies ranges from 70-80%
- if given within 48 hours, antivirals are effective in reducing the severity of the symptoms of influenza and shortening of the course of illness
- it is unproven that the use of antivirals for treatment also reduces transmission of the virus
- it is unproven that antivirals used for treatment of influenza reduce mortality in humans, although in some animal studies mortality is reduced.²

There are two neuraminidase inhibitors - Roche and Gilead's *Tamiflu*, known generically as oseltamivir, and GlaxoSmithKline's Relenza.³

Q: How can I protect myself and others from pandemic flu?

A: Apart from the influenza antivirals, there are many measures that individuals can take to protect themselves and others from all respiratory diseases, including pandemic flu.

For example:

- general hygiene measures such as regular handwashing;
- cough hygiene (turning away from other people and covering the mouth with tissues when coughing or sneezing, disposing of the tissues afterwards and washing hands after disposal of the tissues);
- when unwell, avoiding public places and contact with children or people with underlying illnesses;
- when attending a medical practice, alerting the receptionist to your symptoms so you can be seated away from others and possibly be given a surgical mask; and
- maintaining good general health and staying up-to-date with the recommended vaccinations, such as the pneumococcal and seasonal flu vaccine for those in high risk groups (see below for further information about vaccines).

Q: What about vaccines during a flu pandemic?

A: The seasonal flu vaccine will not protect against pandemic flu. However, in the lead up to a pandemic, it will still be important to vaccinate high risk groups against any seasonal strains of flu which are currently circulating. The pneumococcal vaccine is also important for the elderly, as it can prevent secondary bacterial pneumonia, caused by the pneumococcal bacteria. The Australian Government has signed contracts with 2 vaccine manufacturers to ensure that enough pandemic vaccine for all Australians will be produced during the event of a pandemic. However, the vaccine may take at least 3-6 months to produce, and initially will be in short supply. Once sufficient pandemic vaccine has been produced, all Australians will be able to receive the vaccine.

Q: If I get pandemic flu will I be put in quarantine?

A: Depending upon the severity of diseases, people who have symptoms of pandemic flu will be advised to stay at home or will be cared for in hospital (in isolation from other patients without pandemic flu.) Depending on the timing and severity of the pandemic outbreaks, quarantining of contacts (ie family or friends) of pandemic influenza patients may occur, usually in the home. Quarantine or isolation measures may be used to help stop pandemic flu coming into Australia, as well as keeping it contained in the event the pandemic has arrived in this country.

Q: How long would people be quarantined for?

A: Based on the current bird flu strains, individuals may be quarantined for 7 - 10 days. This will need to be reviewed according to the characteristics of the pandemic virus itself.

¹ <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-faq.htm>

² Source: Australian Management Plan for Pandemic Influenza

³ Source: Author.