

## FOR OFFICIAL USE ONLY

### Australian Health Protection Principal Committee (AHPPC) Outcomes of AHPPC#23

Department of Health and Ageing – Adelaide State Office  
Level 14, 11 Waymouth Street, Adelaide  
Wednesday 17 April 2013

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#### Members attending:

Prof. Chris Baggoley	Chair, Chief Medical Officer
Dr Kerry Chant	New South Wales (NSW) and Chair, Blood Borne Virus and Sexually Transmissible Infections Standing Committee (BBVSS)
Dr Rosemary Lester	Victoria (VIC) and Chair, Communicable Diseases Network Australia (CDNA)
Dr Jeannette Young	Queensland (QLD)
Dr Stephen Christley	South Australia (SA)
Dr Paul Armstrong	Western Australia (WA)
Dr Roscoe Taylor	Tasmania (TAS)
Dr Steven Skov	Northern Territory (NT)
Dr Paul Kelly	Australian Capital Territory (ACT)
Dr Fran McGrath	New Zealand Ministry of Health (NZ)
Dr David Smith	Chair, Public Health Laboratory Network (PHLN)
Mr Jim Dodds	Chair, Environmental Health Standing Committee (enHealth)
Dr Gary Lum	Chair, National Health Emergency Management Standing Committee (NHEMS)
Dr Marilyn Cruickshank	Chair, Antimicrobial Resistance Standing Committee (AMRSC)
Dr Len Notaras	National Critical Care and Trauma Response Centre (NCCTRC)
Ms Diane Podlich	Emergency Management Australia (EMA)
Mr Greg Mundy	Chief Executive Officer, Council of Ambulance Authorities (CAA)
Ms Alison McMillan	Health Disaster Expert
Dr Rosemary Bryant	Commonwealth Chief Nurse and Midwifery Officer

#### Apologies:

Prof. Tarun Weeramanthri, WA  
Dr Barbara Paterson, NT  
Dr Mark Jacobs, NZ  
Mr Mark Crossweller, EMA  
Mr Greg Sassella, CAA  
Rear Admiral Robyn Walker, Australian Defence Force (ADF)  
Prof. Fiona Wood, Burns Surgery Expert

#### Presenters:

Dr John Skerritt, National Manager, Therapeutic Goods Administration (TGA)

#### Observers:

Dr Anthony Hobbs, Principal Medical Adviser, TGA

#### Department of Health and Ageing (DoHA):

Ms Megan Morris, First Assistant Secretary (FAS), Office of Health Protection (OHP)  
Mr Rob Cameron, Assistant Secretary (AS), Health Emergency Management Branch (HEMB)  
Dr Jenny Firman, Principal Medical Adviser, OHP – item 5  
Ms Teresa Morahan, A/g AS, Health Protection and Surveillance Branch – items 4 and 16  
Ms Julianne Quaine, AS, Immunisation Branch – item 6  
Dr Andrew Singer, Principal Medical Adviser, Acute Care Division  
Ms Sharon Flanigan, Director, HEMB  
Ms Kay McNiece, Media Adviser  
Mr Neil Branch, Media Adviser  
Ms Sara Kennedy, Secretariat, HEMB

#### Represented by:

Dr Paul Armstrong  
Dr Steven Skov  
Dr Fran McGrath  
Ms Diane Podlich  
Mr Paul Holman

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### 1.1 Meeting opening - welcome, introductions and apologies

#### Outcome

AHPPC members noted the attendees and apologies.

#### Action

Nil.

### 1.2 Outcomes and action items

#### Outcome

AHPPC endorsed the minutes of the 22<sup>nd</sup> AHPPC meeting, as a true and accurate record of that meeting.

#### Action

Nil.

### 1.3 Progress of actions from previous AHPPC meetings

#### Outcome

AHPPC noted the progress of the action items since the last update given at the 22<sup>nd</sup> AHPPC meeting held in Brisbane on 14 November 2012.

#### Action

Nil.

## 2. Drug Shortages

#### Outcomes:

AHPPC noted the drug shortages presentation by Dr Skerritt, and the:

- potential for unexpected increase in demand for drugs associated with disease outbreaks e.g. Tamiflu and avian influenza A(H7N9);
- recent shortage of Morphine (Hospira) injectable painkiller;
- Australia's reliance on a number of drugs manufactured overseas;
- increased number of protein based drugs with shorter shelf life and the consequential impact on stockpiling; and that,
- potential solutions are:
  - o establishment of a Clinical Reference Group from across the industry to guide clinical management of shortages of critical medicines;
  - o establishment of a critical medicines list; and
  - o development of communication strategies and protocols to engage with stakeholders.

AHPPC noted that, as a condition for being subsidised on the Pharmaceutical Benefits Scheme, companies are required to assure the Pharmaceutical Benefits Advisory Committee that they are able to make stock available.

#### Action

Nil.

## 3. Australian Health Management Plan for Pandemic Influenza Update

#### Outcome

AHPPC agreed to consider the *Australian Health Management Plan for Pandemic Influenza* (AHMPPI) with a focus on border issues at the AHPPC Workshop on 18 April 2013.

#### Action

- AHPPC to provide comments on the drafts of the Governance and Escalation Chapters of the revised but not yet finalised AHMPPI by 30 April 2013.

#### 4. Climate Change

##### 4.1 Assessment of Health System Preparedness for Climate Change

###### Outcomes

AHPPC noted the *Assessment of Health System Preparedness for Climate Change* update.

AHPPC agreed that:

- in relation to Recommendation Four, DoHA, with guidance from enHealth, be responsible for producing a report, and that enHealth review the report prior to its submission to AHPPC; and
- Recommendation Six be amended to include an identification of policy gaps.

###### Action

- DoHA to amend Recommendations Four and Six and AHPPC to consider the revised paper Out of Session, prior to submitting it to AHMAC for endorsement.

##### 4.2 A National Approach to Heat Preparedness

###### Outcomes

AHPPC noted the National Approach to Heat Preparedness update, and that the Senate Standing Committee on Environment and Communication's inquiry into recent trends in and preparedness for extreme weather events is expected to report on 26 June 2013.

AHPPC agreed to undertake a critique of the Bureau of Meteorology and the Commonwealth Scientific and Industrial Research Organisation (CSIRO) report, (*Defining heatwaves: heatwave defined as a heat-impact event servicing all community and business sectors in Australia*). NSW, ACT and TAS offered their assistance if required.

###### Actions

- AHPPC Secretariat to email DoHA's submission on the Senate Standing Committee on Environment and Communication's inquiry into recent trends in and preparedness for extreme weather events to AHPPC by 20 April 2013.
- enHealth to undertake a critique of the report, (*Defining heatwaves: heatwave defined as a heat-impact event servicing all community and business sectors in Australia*).

#### 5. National Communicable Diseases Control Framework

###### Outcomes

AHPPC noted the National Communicable Diseases Control Framework update and draft recommendations.

AHPPC agreed to a targeted consultation with relevant external stakeholders on the Framework now, with a broader two month public consultation following endorsement of the final Framework and Appendix scheduled for July 2013.

###### Action

- AHPPC members to consult with their internal networks on the National Communicable Diseases Control Framework and provide any comments to the AHPPC Secretariat by 30 May 2013.

#### 6. National Immunisation Program Update

##### 6.1 National Immunisation Strategy

###### Outcomes

AHPPC noted the National Immunisation Strategy update.

AHPPC agreed to:

- delete second dot point of page 17 "*Checking immunisation status as part of routine enrolment requirements for child-care centre, pre-school and school also provides an opportunity to review a child's immunisation status and remind parents of the need for*

*catch-up vaccinations, if required.*” from the *National Immunisation Strategy for Australia 2013-2018 March 2013* document (National Immunisation Strategy);

- review page 18 of the National Immunisation Strategy “*however there is limited evidence that refugees are at risk of contracting VPDs and the complexities in determining which vaccines to administer have been acknowledged*”;
- clarify the catch-up arrangements for refugees in each state and territory;
- amend 4th key action under Strategic Priority 1 to read “*Ensure equity of access to immunisation services for all Australians regardless of financial or geographical barriers*”;
- endorse the National Immunisation Strategy and its eight strategic priorities for improvement out of session; and
- forward the National Immunisation Strategy to AHMAC, once endorsed by AHPPC.

AHPPC noted that an implementation plan to support the National Immunisation Strategy will be developed in consultation with states and territories. AHPPC also noted that the National Immunisation Strategy is a good document overall and well set out.

#### **Actions**

- DoHA to make minor amendments to the National Immunisation Strategy on pages 17 and 18 as soon as possible.
- AHPPC to endorse the National Immunisation Strategy, incorporating these amendments, out of session as soon as possible.

#### **6.2 Strengthening the Immunisation requirements for school entry**

##### **Outcomes**

AHPPC noted the immunisation requirements for school entry and, based on advice received from Chief Health Officers, did not agree to the merits of requiring immunisation status checks at new school enrolments in primary school.

AHPPC noted that:

- not all states and territories have legislation and administrative procedures which require schools to record the immunisation status of children as part of the enrolment process; and
- based on the experience of most jurisdictions with this type of legislation, the administrative and process overheads of implementing a national approach were unlikely to gain a commensurate public health outcome.

##### **Action**

- Nil.

#### **6.3 Vaccine Procurement – National distribution of agreed market shares**

##### **Outcomes**

AHPPC noted the vaccine procurement decision making update, and that:

- where vaccines are otherwise interchangeable and provide similar outcomes in terms of disease control then ideally at least two or more suppliers should be contracted to ensure security of supply;
- where there is only one supplier for a vaccine this would be procured through a direct source.
- where more than one vaccine provider is successful in a tender process, it will be expected that the total orders for that vaccine placed by each jurisdiction will be in line with the national market share splits agreed during contract negotiations; and
- once a vaccine has been delivered to a jurisdiction’s warehouse, it is a jurisdictional decision as to how it is distributed.

States and territories agreed to comply with current market share arrangements as agreed in deed negotiations. DoHA agreed to brief AHPPC members on procurement approach prior to each new vaccine procurement.

**Action**

- Ms Quaine to brief CDNA, Jurisdictional Executive Group members on the vaccine procurement process.

**7. AMRSC Report – National Surveillance and Reporting of Antimicrobial Resistance and Antibiotic Usage in Australia**

**Outcomes**

AHPPC noted the AMRSC Report – *National Surveillance and Reporting of Antimicrobial Resistance in Australia* (the AMRSC Report) report, and that:

- while acknowledging the importance of Antimicrobial Resistance (AMR) and antibiotic use in veterinary and agricultural practice, the scope of the report is limited to bacteria in the context of human health; and
- the AMRSC Report uses a framework to link together data on resistance and antibiotic use from humans, animals and agriculture to provide a national picture of AMR to guide action on preserving the effectiveness of antimicrobial agents.

AHPPC agreed to place AMR on the agenda for its next meeting with the intention of providing recommendations to AHMAC.

**Actions**

- AHPPC members to consult within their jurisdictions and provide any corrections/ comments on the AMRSC Report to Dr Cruickshank as soon as possible.
- AHPPC to consider an amended AMRSC Report at the next AHPPC meeting in August 2013.

**8. Foodborne Disease Investigation**

**Outcomes**

AHPPC noted the Foodborne Disease Investigation update, and that:

- the recent outbreaks of salmonellosis and listeriosis provide an opportunity to consider the response to such events at a multijurisdictional level;
- there is some confusion about roles and responsibilities during foodborne disease investigation outbreaks and, in particular, a lack of clarity about which agency should be responsible for communicating public health messages;
- OHP in partnership with FSANZ, is commissioning a review of the processes involved with national foodborne disease outbreak investigations and public health response;
- Dr Jim Birch, former CEO of SA Health will be conducting this work; and
- enHealth held a meeting on 20 March to discuss the product contamination project and is awaiting the findings of the review in order to progress this project further.

**Action**

AHPPC members to be kept informed on the progress of the Foodborne Disease Investigation.

**9. HPV Surveillance Update**

**Outcomes**

AHPPC noted the Human Papilloma Virus (HPV) Surveillance update, and that:

- the 2012 extension to the HPV Vaccination Program to males included funding for surveillance to monitor the impact of the program; and
- a process is underway to identify the components of an effective suitable surveillance system for monitoring the impact of the HPV Vaccination Program, using the HPV Surveillance Working Group of the CDNA.

**Action**

HPV Surveillance to be placed on the agenda for the next AHPPC meeting in August 2013.

**10. Report to the Standing Council on Health (SCoH) on Progress on the Australian Response to HIV and AIDS**

**Outcomes**

AHPPC noted the update, and the *Report on the progress in implementing the Sixth National HIV Strategy 2010-2013*.

AHPPC also noted that:

- CDNA, PHLN and BBVSS are working together to examine utility of point of care tests for HIV;
- 20<sup>th</sup> International AIDS Conference (AIDS 2014) will be held in Melbourne between 20 and 25 July 2014;
- *Alere Determine HIV 1/2 Ag/Ab Combo* HIV test can only be delivered at accredited sites by trained personnel; and
- specific UN targets to reduce sexual transmission of HIV by 50% by 2015 will be challenging due to relatively low prevalence in Australia.

**Actions**

- Members to provide any additional comments on the SCoH paper to Dr Chant directly.
- CDNA be asked to consider how best to report against these targets (eg. appropriate performance measures).

**11. CDNA Report - A rapid risk assessment of the potential for foodborne transmission of community-acquired Clostridium difficile in Australia**

**Outcomes**

AHPPC noted the CDNA Report - *A rapid risk assessment of the potential for foodborne transmission of community-acquired Clostridium difficile in Australia* and agreed to forward to AMRSC for consideration.

**Actions**

- AMRSC to consider the CDNA Report - *A rapid risk assessment of the potential for foodborne transmission of community-acquired Clostridium difficile in Australia* to CDNA in the context of Antimicrobial Resistance use and surveillance by 30 April.
- CDNA Report - *A rapid risk assessment of the potential for foodborne transmission of community-acquired Clostridium difficile in Australia* to be placed on the agenda for consideration at the next meeting in August.

**12. National Capability Audit**

**Outcomes**

AHPPC noted the National Capability Audit update, and that states and territories should have received their input to the Audit from the NCCTRC.

AHPPC agreed to consider the National Capability Audit at the next AHPPC meeting in August 2013.

**Actions**

- States and territories to forward comments on their sections of the National Capability Audit Report to the NCCTRC by 31 May 2013.
- NCCTRC to finalise the fourth National Capability Audit by mid July 2013.
- The National Capability Audit to be placed on the agenda for the next AHPPC meeting in August 2013.

**13. Update on nationally coordinated responses since AHPPC#22**

**Outcome**

AHPPC noted the update.

**Action**

Nil.

**14. Standing Committee Reports – CDNA, PHLN, enHealth, NHEMS, AMRSC and BBVSS**

**Outcome**

AHPPC noted the Standing Committee Reports, with no exceptions.

**Action**

Nil.

**15. Operational items**

15.1 Out of session items update

15.2 Correspondence

15.3 Next Meeting

**Outcomes**

AHPPC noted:

- the update on items sent out of session; and
- the membership change from Greg Sassella, Council of Ambulance Authorities to Greg Mundy.

AHPPC agreed that the next meeting of AHPPC will be on Thursday 15 August (afternoon) and Friday 16 August (morning) in Darwin.

**Action**

Nil.

**16. Other Business**

**AHPPC – ANZCTC – ANZEMC Discussion Exercise Proposal**

**Outcome**

AHPPC noted the Australian New Zealand Counter Terrorism Committee (ANZCTC) is proposing a joint ANZCTC, Australian New Zealand Emergency Management Committee (ANZEMC) and AHPPC major health consequence/ terrorism focussed exercise.

**Action**

Dr Lester to obtain further information on the proposal for a joint exercise and forward to members by end April 2013.

**Management of Human Remains under the Quarantine Act**

**Outcome**

AHPPC agreed to review the proposed revised arrangements for the importation of corpses and human body parts into Australia which are to repeal the provisions in the *Quarantine Proclamation 1998* that deal with importation of corpses and human body parts into Australia (Division 2, Part 3).

**Action**

AHPPC members to review the risk assessment and advise by 3 May 2013.

The meeting closed at 1630 (ACST).