

## FOR OFFICIAL USE ONLY

### Australian Health Protection Principal Committee (AHPPC) Outcomes of AHPPC#24

National Critical Care and Trauma Response Centre (NCCTRC),  
Royal Darwin Hospital, Level 8, 105 Rocklands Drive  
Thursday 15 and Friday 16 August 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)
Dr Jeannette Young	Queensland (QLD)
Dr Stephen Christley	South Australia (SA)
Prof. Tarun Weeramanthri	Western Australia (WA)
Dr Craig White	Tasmania (TAS)
Dr Steven Skov	Northern Territory (NT)
Dr Paul Kelly	Australian Capital Territory (ACT)
Dr Darren Hunt	New Zealand Ministry of Health (NZ)
Dr David Smith	Chair, Public Health Laboratory Network (PHLN)
Dr Paul Armstrong	Chair, Communicable Diseases Network Australia (CDNA)
Mr Xavier Schobben	Deputy 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)
Rear Admiral Robyn Walker	Australian Defence Force (ADF)
Dr Len Notaras	National Critical Care and Trauma Response Centre (NCCTRC)
Dr Chris Collett	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:

Dr Barbara Paterson, NT  
Mr Mark Crossweller, EMA  
Prof. Beverley Raphael, Mental Health Expert  
Prof. Fiona Wood, Burns Surgery Expert

#### Represented by:

Dr Steven Skov  
Dr Chris Collett

#### 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 – items 2 and 3  
Ms Julianne Quaine, AS, Immunisation Branch – items 9 and 10  
Dr Andrew Singer, Principal Medical Adviser, Acute Care Division  
Ms Sharon Flanigan, Director, HEMB  
Mr Neil Branch, Media Adviser  
Ms Sara Kennedy, Secretariat, HEMB

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

#### Outcome

Members noted the attendees and apologies.

Prof. Baggoley thanked Dr Len Notaras and NCCTRC for hosting the AHPPC meeting in Darwin.

#### Action

Nil.

### 1.2 Outcomes and action items

#### Outcome

Members endorsed the minutes of the 23<sup>rd</sup> AHPPC meeting, as a true and accurate record of that meeting.

#### Action

Nil.

### 1.3 Progress of actions from previous AHPPC meetings

#### Outcome

Members noted the progress of the action items since the last update given at the 23<sup>rd</sup> AHPPC meeting held in Adelaide on 17 April 2013.

#### Action

Nil.

## 2. National Communicable Diseases Control Framework

#### Outcomes:

Members noted the National Communicable Diseases Control Framework (CDCF) update and the extended deadline for the final Framework document to November 2013.

Members agreed that further explanation was needed on:

- the balance between national and state and territory responsibilities;
- the link between the CDCF and the Australian Health Management Plan for Pandemic Influenza (AHMPPI);
- recognition of the benefits of jurisdictional communicable disease control and the need to build on the strengths of the system;
- incorporation of primary care in the CDCF, the role of Medicare Locals and nurses; and
- ultimately the need to prioritise specific actions for AHMAC consideration.

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

#### Actions

- Jurisdictional members to consider the CDCF at the next AHPPC meeting in November 2013.
- Jurisdictional members to consult within jurisdictions on the CDCF including nursing and general practitioner groups.

### 3.1 Australian Health Management Plan for Pandemic Influenza Update

#### Outcomes

Members noted the AHMPPI update.

Members agreed further explanation is needed on:

- the role of the AHPPC and NIR in a pandemic;
- surveillance of the first few hundred cases during the first stage of a pandemic and how this will occur;

- regional governance;
- the link with Medicare Locals and general practice communication in a pandemic;
- the link between the CDCF and the AHMPPI, to ensure consistency with the documents that go to the Australian Health Ministers' Advisory Council (AHMAC);
- a policy for mass vaccinations, including the use of schools, during a pandemic;
- the policies that underpin the AHMPPI such as surge capacity, intensive care unit guidelines, school closure, vaccination priority list, mass vaccination policy and stockpile distribution; and
- the need for a generic response to emerging respiratory infections such as that intended in the National Health Emergency Response Arrangements.

Members noted that an exercise on a pandemic would be a good idea in the future, if funding is available.

Members agreed to provide further comments on the draft AHMPPI by 30 August 2013.

Members did not voice any concerns with the commencement of broader consultations on the draft AHMPPI.

#### **Actions**

- Members to provide comments on the draft AHMPPI to AHPPC Secretariat by 30 August 2013.
- Dr Chant to email the Critical Care Epidemiology guidelines to AHPPC members.
- DoHA to commence consultation on the draft AHMPPI with key stakeholders.

### **3.2 Border measures for communicable disease public health threats**

#### **Outcomes**

Members noted the *Border measures for communicable disease public health threats* update and that:

- thermal scanners are poor at identifying those travellers with a fever and that fevers are a poor measure of infectivity of respiratory viruses like influenza;
- Health Declaration Cards identify far more travellers as having a disease than actually are affected and that this causes a significant diversion of resources from jurisdictional health services;
- there is a risk that travellers not identified as having the disease in question via thermal scanners or health declaration cards may delay or not seek care if they become unwell; and
- thermal scanners at the borders may be useful as part of a communication strategy, but are not useful in detecting communicable disease public health threats.

Members endorsed the paper on *Border measures for communicable disease public health threats* for forwarding to AHMAC.

#### **Action**

DoHA to forward the *Border measures for communicable disease public health threats* paper to AHMAC for consideration.

### **3.3 Implementation of the Public Health Passenger Locator Form**

#### **Outcomes**

Members noted Australia's decision not to implement the Public Health Passenger Locator Form, but rather to continue to use the Health Declaration Cards; and to file a difference with the International Civil Aviation Organisation (ICAO) in regards to Amendment 23 to Appendix 13, Annex 9 of the Convention.

Members noted that:

- it is practical and highly desirable to have an internationally uniform approach for contact tracing of travellers;
- DoHA currently holds 5.4 million Health Declaration Cards in stock in various languages; and
- the costs associated with implementing the Health Declaration Cards would only include distribution and scanning services, whereas the cost associated with the implementation of the Public Health Passenger Locator Forms would be considerably higher.

Members agreed that when the stock of Health Declaration Cards is depleted, consideration would be given as to whether or not to replace these with Public Health Passenger Locator Forms.

**Action**

Nil.

**4. MERS Coronavirus and Avian Influenza A (H7N9) Updates**

**Outcomes**

Members noted the MERS Coronavirus and Avian Influenza A (H7N9) updates.

Members noted that:

- there is reporting of possible transmission avenues of MERS Coronavirus through camels and cats but this is not confirmed; and
- TGA is liaising with manufacturers and DoHA regarding the development of a vaccine for Avian Influenza A (H7N9).

Members agreed to:

- continue to receive weekly updates on the MERS Coronavirus; and
- ensure that members do not duplicate messages when forwarding the weekly update to general practitioner stakeholders.

**Actions**

- The Chair to forward the latest WHO update to members.
- DoHA to email a list of general practitioner groups who receive the MERS Coronavirus weekly update to Chief Health Officers.

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

**Outcomes**

Members noted the AMRSC Report – *National Surveillance and Reporting of Antimicrobial Resistance and Antibiotic Usage for human health in Australia* (the AMRSC Report).

Members noted:

- that funding has been provided through the 2013-14 Budget to support an AMR national coordinating centre and network to undertake initial work to enhance AMR surveillance and antibiotic usage monitoring in Australia;
- this surveillance needs to address whole of health sector antimicrobial resistance issues to include primary care and aged care; and
- it is important to ensure that AMRSC continues to link in with the CDCF and the AHMPPI.

Members endorsed the AMRSC surveillance report and agreed to provide the recommendations in the AMRSC Report to AHMAC to support national coordination of antimicrobial resistance.

**Actions**

- AHPPC to forward the AMRSC Report to AHMAC.
- DoHA to ensure that the linkages between the National AMR Strategy, CDCF and AHMPPI are clearly identified in any advice going to AHMAC.

**6. National Capability Report**

**Outcomes**

Members noted the National Capability Audit (the Audit) update, and that:

- all states and territories have provided input;
- urban hospitals had apparently less resilience to sudden cuts in supply than rural and remote facilities; and
- the Audit provides for benchmarking between states and territories.

Members agreed that the Capability Audit be forwarded to AHMAC including an explanation of the vulnerabilities and challenges in the covering paper and AHMAC's agreement to the publication of the Audit would be sought.

**Action**

DoHA to forward the National Capability Audit to AHMAC for endorsement.

**7. CACHE Visit**

**Outcome**

Members visited the field hospital cache and noted the presentation given by the NCCTRC.

**Action**

Nil.

**8. New Australian study linking cancer to computed tomography (CT) exposures in childhood.**

**Outcomes**

Members noted the findings in the recent Australian study by Professor John Mathews of the University of Melbourne titled "*Cancer risk in 680,000 people exposed to computed tomography scans in childhood or adolescence: data linkage study of 11 million Australians*", including:

- the incidence of first cancer was increased by an average of 24 per cent (during the course of the study) in exposed as compared to unexposed children and that while most children only had a single scan, the incidence rate increased with each further scan. The study also found that first exposure between ages 0-4 posed the greatest risk.
- there were as many as 600 cancers attributable to diagnostic CT scan radiation amongst 60,674 cancers from all causes between 1985 and 2005.
- Medicare and the National Cancer Register provided the data for the study, however the Medicare data does not include information on the number of young people who were imaged as public patients.

Members noted that at the SCoH meeting on 14 June 2013, state and territories agreed to:

- develop their own data sets on the frequency of CT scanning by public hospitals, particularly for children; and
- undertake a review of their CT protocols especially for children, to ensure that only necessary CT scans are done and performed with optimal techniques.

**Action**

State and territory members to forward information on the frequency of CT scanning by public hospitals particularly for children, to the AHPPC Secretariat by 30 August 2013.

**9. National Immunisation Program Update**

**Outcomes**

Members noted the National Immunisation update.

Members agreed:

- to endorse the national core data set for reporting adverse events following immunisation (AEFI);
- that jurisdictions commence implementation of the national AEFI core data set by 1 January 2014;
- to endorse the *Protocols for National Immunisation Program Action and Communication* subject to agreement by CDNA and WA;
- if significant comments received AHPPC to endorse again out of session; and
- that CDNA consider the issue of immunisation target rates and provide advice to the next AHPPC meeting.

#### **Actions**

- CDNA and WA to endorse the *Protocols for National Immunisation Program Action and Communication*.
- CDNA to provide advice on national immunisation target rates for the next AHPPC meeting in November 2013.

### **10. Response from AHPPC to AHMAC correspondence from the Pharmacy Liaison Forum**

#### **Outcomes**

Members noted the correspondence from the Pharmacy Liaison Forum to AHMAC and that AHMAC has requested AHPPC advise on this issue.

Members noted:

- in a pandemic, increased workforce capacity would be useful;
- if there is a move to include pharmacists as immunisation providers there would be a need to consult further with the Pharmacy Board of Australia;
- the variations in jurisdictional support and that this was linked to the immunisation coverage of different cohorts, workforce issues and specific program delivery arrangements; and
- that pharmacist vaccination was not preferred for NIP vaccines.

Members agreed that pharmacist vaccination should include;

- administration by appropriately trained personnel, generally nurses;
- processes in place to respond to adverse events following immunisation; and
- administration of vaccines in an appropriate clinical setting.

#### **Actions**

- Members to forward advice on implementing pharmacist administration of influenza vaccine in their state and territory to the AHPPC Secretariat by 30 August 2013.
- DoHA to provide feedback to AHMAC.

### **11. HPV Surveillance Update**

#### **Outcomes**

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

- the 2012 extension to the HPV Vaccination program to include males included funding for surveillance to monitor the impact of the program; and
- these activities being undertaken through the HPV Surveillance Working Group of the CDNA include: HPV serosurvey, genital warts surveillance and HPV genotype surveillance in Aboriginal and Torres Strait islander women.

#### **Action**

Members to be kept informed on the progress of the HPV Surveillance activities.

## 12. Food Borne Disease Investigation

### Outcomes

Members noted the food borne disease Investigation update, and that the review of the processes involved with national foodborne disease outbreak investigations and public health response is being conducted by Dr Jim Birch, of Ernst and Young, and is expected to be completed by end of 2013.

### Action

Members to be kept informed on the progress of the food borne disease investigation.

## 13. Standing Committee Reports

### 13.1 CDNA

#### Outcomes

Members noted the CDNA Report and thanked Dr Rosemary Lester, CDNA Chair for her hard work and efforts over the years.

Members welcomed the new CDNA Chair Dr Paul Armstrong and noted the Deputy Chair, Dr Mark Veitch.

Members expressed concern at the level of resourcing for the Series of National Guidelines (SoNGs) and that they should be a high priority for CDNA including;

- developing national guideline development for all national notifiable diseases;
- development of national guidelines for HIV, Hepatitis B and Hepatitis C; and
- jurisdictions capacity for SoNG production costs.

Members agreed that CDNA will develop a business case for future SoNG development including a model for funding.

#### Action

CDNA to develop a business case for future SoNG development including possible resourcing models from states and territories.

### 13.2 PHLN

#### Outcomes

Members noted the PHLN Report and that PHLN has:

- concerns with the Barmah Forest Virus (BFV) testing kits where a number of jurisdictions had noticed a dramatic increase in notifications of BFV; and
- indicated that it does not believe that this increase is genuine but may be due to false positive IgM reactions in commonly used Panbio EIA tests.

Members agreed to endorse Dr Vitali Sintchenko as PHLN Chair from September 2013 and thanked Dr David Smith, PHLN Chair, for his hard work and efforts over the years.

#### Action

Nil.

### 13.3 enHealth

#### Outcomes

Members noted the enHealth Report, and that QLD is undertaking a review of Legionella reporting.

#### Action

Review of Legionella reporting in QLD to be placed on the agenda for the next AHPPC meeting.

#### 13.4 NHEMS

##### Outcomes

Members noted the NHEMS report and that:

- it is important that the National AUSMAT Database Network be operational before the 2013–14 disaster season to facilitate the deployment of an AUSMAT if required;
- the NCCTRC is currently negotiating bilateral Deeds of Agreement with states and territories for the implementation of the AUSMAT Database;
- the draft Paediatric Annex, the third Annex to support the Domestic Response Plan for Mass Casualty Incidents of National Consequence (AUSTRAMAPLAN) is currently being circulated to stakeholders for comment;
- the Chemical Guidelines will be provided to AHPPC for endorsement at the next meeting; and
- the 2002 Smallpox Guidelines will be reviewed by NHEMS and completed by early 2014.

##### Actions

- Members to comment on the draft Paediatric Annex to the AUSTRAMAPLAN by end September 2013.
- Members to endorse the Chemical Guidelines at the next AHPPC meeting.
- The AUSMAT Roster to be placed on the Agenda for the next AHPPC meeting for endorsement.

#### 13.5 AMRSC

##### Outcome

Members noted the AMRSC update and the One Health Antimicrobial Resistance Colloquium held on 18 July 2013 where food, animal and health experts were brought together to discuss key 'one health' priorities and strategies to address antimicrobial resistance in Australia.

##### Action

Dr Cruickshank to email the One Health Antimicrobial Resistance Colloquium report to AHPPC when received.

#### 13.6 BBVSS

##### Outcomes

Members noted the BBVSS update, that the update of the National Blood Borne Viruses and Sexually Transmissible Infections Strategies has been extended into 2014 and that all states and territories will need to develop national targets for HIV testing without additional funding.

The Chair discussed a letter received from Prof. Michael Kidd from the Australian Therapeutic Goods Advisory Committee expressing concern and frustration with point of care testing including:

- delay in improvements and roll out of devices;
- changes in clarification when approved; and
- lack of coordination with TGA of registration of these devices.

Members agreed to BBVSS providing advice on HIV Point of Care testing to the Chair by end December 2013.

##### Action

The Chair to email Dr Chant the letter received from Prof. Michael Kidd, on point of care testing concerns for advice by 30 August 2013.

#### 14. Update on nationally coordinated responses since AHPPC#23

##### Outcome

Members noted the update.

**Action**

Nil.

**15. Operational items**

15.1 Out of session items update

15.2 Correspondence

15.3 Next Meeting

**Outcomes**

Members noted:

- the update on items sent out of session; and
- the membership change from Dr Rosemary Lester, Chair of CDNA to Dr Paul Armstrong.

Members agreed that the next meeting of AHPPC will be a two day meeting on Wednesday 13 November and Thursday 14 November 2013 in Canberra.

Members endorsed the three face to face meetings of AHPPC in 2014. They will be held on these dates:

- Thursday, 10 April in Adelaide;
- Thursday, 14 August in Sydney; and
- Thursday 13 November in Canberra.

Members endorsed that the 2014 AHPPC Clinical Stakeholder Forum on will be held on Friday 28 February in Sydney.

**Action**

Nil.

**16. Other Business**

**Australian Red Cross Service Questionnaire**

**Outcomes**

Members noted that:

- TGA had met with the Australian Red Cross Service Board on Friday 19 July 2013 where the issue of changes to the Donor Questionnaire regarding “travel and lifestyle questions” was raised, specifically, a change from 12 months to six months exclusion from donating blood for men who have sex with men;
- no changes will be introduced until July 2015; and approval will need to be sought from each of the jurisdictions.

**Action**

Nil.

**Draft guide for pre-dialysis methanol poisoning management in Bali**

**Outcomes**

Members noted the draft guide for pre-dialysis methanol poisoning management in Bali, and that:

- a toxicology session was held in April in Bali and was attended by approximately 120 people, including health department, ambulance staff, doctors and nurses of Sanglah Hospital in Denpasar; and
- a training exercise is planned in Bali in September for pre dialysis methanol poisoning management in Bali before schoolies week in November/ December 2013. This exercise will include participants from Lombok.

**Action**

Nil.

The meeting closed at 1120 (ACST).