

Rapid Assessment Panel

Communicable Disease Incident of National Significance

Japanese Encephalitis

Meeting Details

Date	1 March 2022; 12pm – 1pm	
Reason for RAP	Japanese Encephalitis Outbreak	
Members	Chair: Jennie Hood Scribe:	Participants:
Report Type	Rapid Assessment Panel	

1. Has there been a request for assistance from the affected jurisdiction/s?

YES

- Recommend a CDINS

NO

- Go to question 2.

2. Does the response require enhanced arrangements or additional resources to ensure nationally consistent policy, interventions and/or communications?

- Is the number or severity of cases overwhelming the capacity of the affected health system including the public health sector; and/or
- Is there a need for consistent public messaging about the incident; and/or
- Is there a need for national leadership and coordination; and/or
- Is there a Public Health Emergency of International Concern (PHEIC), or an international outbreak or incident with implications for Australia?

YES

- Recommend a CDINS

NO

- Go to question 3.

3. Does the incident require on-going national investigation, monitoring and/or preparations to enable the response?

- Could the number or severity of cases be overwhelming the capacity of the affected health system including the public health sector; and/or
- Could the public messaging about the incident and/or response require national coordination; and/or
- Is there a need to prepare national public health measures (surveillance, testing, guidelines, management advice) or does the incident require national coordination; and/or
- Is there an international communicable disease incident (which may or may not be a PHEIC) with potential implications for Australia?

YES

- Recommend potential CDINS

NO

- Recommend – Not a CDINS.
 - Reassess when required.

Recommendations for the Chief Medical Officer (CMO)

The Communicable Disease Incident is:

NOT a CDINS <ul style="list-style-type: none"> • Existing arrangements are adequate 	
A POTENTIAL CDINS <ul style="list-style-type: none"> • Ongoing assessment and monitoring required 	
A CDINS <ul style="list-style-type: none"> • Escalation of response measures are required 	

Actions Arising

Communications

Supporting Information

Authorised By

Clearance Officer

Further Information

This report is issued by the Australian National Focal Point (NFP). The Australian NFP is located in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room. The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP at [s22](#)

or



Communicable Disease Incidents of National Significance

A Communicable Disease Incident of National Significance (CDINS) is defined as a Communicable Disease Incident (CDI) that requires implementation of national policy, interventions and public messaging, or deployment of Commonwealth or inter-jurisdictional resources to assist affected jurisdictions.

- A CDI may transition into a CDINS when a jurisdiction's response resources are overwhelmed (either immediately or exhausted over time).
- A CDINS usually involves a significant number of cases of communicable disease, with the potential to spread and affect many more people.

CDINS Rapid Assessment Panel (RAP)

- Chair – Assistant Secretary, Health Emergency Management Branch, Department of Health
- CDNA members, and relevant experts and/or other Australian Government agencies as required.

Role

- Assess the CDI against the triggers to declare a CDINS and/or escalate response measures.
- Recommend to the Chief Medical Officer (CMO) as Chair of AHPPC that the CDI is:
 - not a CDINS and existing arrangements are adequate; or
 - a potential CDINS for ongoing assessment and monitoring; or
 - a CDINS requiring escalation of response measures.

This recommendation can then support the CMO's decision to declare the incident a CDINS and escalate the response as required.
- The CDINS RAP is stood down following the recommendations.

Declaration

Triggers for declaring a CDINS include:

- notification by an affected jurisdiction that assistance in managing the health aspects of the CDI is required;
- enhanced arrangements are required to ensure nationally consistent policy, interventions and/or communications because:
 - the number and/or severity of cases is overwhelming the capacity of the affected health system including the public health sector, and/or
 - there is a need for consistent public messaging about the incident, and/or
 - there is a need for national leadership and coordination, and/or
 - there is a Public Health Emergency of International Concern (PHEIC), or an international outbreak or incident, with implications for Australia
- recommendation from the CDINS RAP that the incident is a CDINS; and
- other circumstances as deemed necessary by the AHPPC or the CMO.

In addition to the recommendation from the CDINS RAP, the CMO may seek additional advice from, and consult with AHPPC and its standing committees, other Australian Government or international agencies in deciding to declare a CDINS.

Once a CDINS is declared the National Focal Point (NFP), under the International Health Regulations (IHRs) will notify the WHO.

Escalation

- Escalation represents the addition of public health measures that are appropriate to the particular incident. Features of the disease and/or requirements of the response will be considered in deciding to increase response measures.
- Assistance may be requested by a jurisdiction or jurisdictions to:
 - Enhance immediate disease control responses
 - Enhance epidemiological investigations
 - Supply or support laboratory services
 - Conduct research to inform current and future public health response.
- Forms of assistance may include: coordination; communications; consultation; provision of laboratory services; secondment of personnel to affected areas; financial assistance; and/or deployments from the National Medical Stockpile.

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Japanese Encephalitis

Rapid Assessment Panel Meeting

1 March 2022

12pm – 1pm

Videoconference

AGENDA

Agenda Item		Speaker
1.	Welcome and Introduction - Overview of Rapid Assessment Process	Dr Jennie Hood
2.	Update on National Situation	Department of Health
3.	State and Territory Updates	All
4.	Assessment of Japanese Encephalitis incident as a Communicable Disease Incident of National Significance	All
5.	Next Steps	Dr Jennie Hood

MINUTE TO THE ACTING CHIEF MEDICAL OFFICER

To: Dr Sonya Bennet

JAPANESE ENCEPHALITIS INCIDENT – CONSIDERATION OF A COMMUNICABLE DISEASE INCIDENT OF NATIONAL SIGNIFICANCE

Purpose

That you

- **NOTE** the recommendation of the Rapid Assessment Panel that the current Japanese Encephalitis (JE) incident be considered as a Communicable Disease Incident of National Significance (CDINS),
- **DECIDE** if you would like to consult the Australian Health Protection Principal Committee (AHPPC) on whether the JE incident be considered a CDINS
- **DECLARE** that the JE incident be considered:
 - Not a CDINS – Monitor and continue national coordination for communicable disease control through existing mechanisms.
 - A potential CDINS – investigate, monitor and prepare
 - A CDINS – escalate public health and health system measures and coordination mechanisms.

Timing

Your decision is requested by 4 March 2022. This will enable the Department to continue to implement escalated response measures, noting the quickly evolving situation.

Issues/Sensitivities

JE has recently been confirmed in eight piggeries in Queensland, Victoria and New South Wales (NSW). Occurrences of encephalitis have also been detected in a number of people, with one recent death in South Australia. While confirmatory laboratory results in these cases are still pending, there have been two presumptive positive cases in humans. Additional background on the current situation is provided at [Attachment A](#).

The Communicable Diseases Plan (CD Plan) outlines the department's process for responding to a CDINS, including the process for determining whether a disease incident should be considered as a CDINS (or potential CDINS). The process includes consideration, by a Rapid Assessment Panel, of the incident against identified trigger points. These trigger points, and possible outcomes, are included in the decision tree at [Attachment B](#).

Under the CD Plan, the RAP provides its recommendations to the CMO, for decision on whether to declare a CDINS. When considering this decision, you, as the A/g CMO, may also seek further advice or consult with AHPPC and its sub-committees, other government departments or other international agencies.

On 28 February 2022, the department convened an internal Rapid Assessment Team to review the current JE situation, and determine whether the incident should proceed to a RAP for assessment as a CDINS. During this meeting, the Assessment Team agreed that the JE incident proceed to assessment by the RAP. A summary of the Assessment Team's findings are provided at [Attachment C](#).

A RAP was then convened on 1 March 2022 to undertake an assessment of the JE incident, as a potential CDINS. Consistent with processes outlined in the CD Plan, the RAP included members from the Communicable Diseases Network Australia (CDNA), the Chair of the National Arbovirus and Malaria Advisory Committee, representatives from the Public Health Laboratory Network (PHLN), and a representative from the Department of Agriculture, Water and the Environment (DAWE). The Panel was chaired by Jennie Hood, A/g Assistant Secretary, Health Emergency Management Branch, Office of Health Protection and Response.

During this assessment, the RAP considered each of the trigger points outlined in the CD Plan, and unanimously agreed that the current JE Incident **should be considered a CDINS**, on the basis of the following (Attachment D):

- The incident is currently affecting four states
- There is a need for consistent and coordinated communication and public messaging
- There is an urgent need for national coordination
- It is a significant emerging pathogen for Australia
- There is a need for coordination across human and animal health, as well as vector management and surveillance

Your decision is now sought as the A/g CMO, and considering recommendations of the RAP, on whether the current JE Incident should be declared as an CDINS. In this role, you may take the following decisions:

- Not a CDINS – Monitor and continue national coordination for communicable disease control through existing mechanisms.
- Potential CDINS – investigate, monitor and prepare
- Declare as CDINS – escalate public health and health system measures and coordination mechanisms.

As outlined above, you may also seek additional seek additional advice or consult with AHPPC and/or its subcommittees, other government departments, or other international agencies, if required in reaching this decision.

Given the incidence of this outbreak in pigs, a Consultative Committee on Emergency Animal Diseases has also been convened. Ongoing, effective coordination across the animal (and other One Health sectors) will be important in responding to this incident. The department will continue to communicate with the DAWE on this response.

Next steps

Should you agree to declare the JE incident as a CDINS, management of the incident would be escalated, which may include the provision of assistance to jurisdictions, for example, to enhance immediate disease control, or to support epidemiological investigations and laboratory services. It may also include increased Australian Government support through coordination, communication, personnel support, financial assistance or deployments from the National Medical Stockpile.

In addition, if the decision is made to declare a CDINS, a separate minute will be provided to you seeking agreement to activate the National Incident Centre for this response.

Consultation

As part of the Rapid Assessment decision making process, CDNA (including jurisdictions), PHLN, NAMAC, and DAWE have been consulted.

Recommendation

That you

- **NOTE** the recommendation of the RAP that the current JE incident be considered as a CDINS

Noted

- **DECIDE** if you would like to consult AHPPC on whether the JE incident be considered a CDINS

Consult AHPPC

- **DECLARE** that the JE incident is (please circle one):

- A CDINS

s22

Dr Sonya Bennett

3 / 03 /22

Attachments:

Attachment A – Japanese Encephalitis – summary of incident as at 28 February 2022

Attachment B – Decision tree for declaration of a CDINS

Attachment C – Summary of outcomes from meeting of the internal Rapid Assessment Team

Attachment D – Summary notes of outcomes from meeting of the Rapid Assessment Panel

Contact officer: Jennie Hood

Phone: s22

TRIM ref: D22-543361

Cleared by:

Japanese Encephalitis situation report – 28 February 2022

BACKGROUND

Japanese Encephalitis (JE) is a viral disease spread by mosquitos. The natural hosts are water birds, but mosquitos can spread the virus onto humans, horses, pigs and other animals. Humans and horses are dead-end hosts meaning once infected mosquitos cannot carry the virus onto other hosts – while no signs of disease may be seen in many infected humans or horses, in some cases it can result in serious and sometimes fatal consequences. Pigs are amplifying hosts, the virus reproduces rapidly in pigs to be transmitted further by mosquitos. In pigs, infection with JE virus (JEV) can cause abortions and other reproductive losses. In Australia, JE has been largely confined to the tropics with regular surveillance conducted in the Torres Strait. There was one fatal human case of JE in Tiwi Islands in 2021.

PRESENT SITUATION

In recent weeks there have been reports of reproductive losses in piggeries in Queensland, NSW and Victoria. At the same time there have been reports of encephalitis in humans. There have also separately been some reports of horses with neurological signs that had been diagnosed with West Nile virus infections, another vector-borne disease. On Friday 25 February JE was confirmed in a number of piggeries. Currently 8 piggeries have confirmed infections (Goondiwindi, Queensland; Forbes, NSW; 2 premises in Grong Grong, NSW; Corowa, NSW; Stockinbingal, NSW; Baradine, NSW; Lockington, Victoria).

JE appears to have successfully entered southern Australia due to warm and wet conditions which have favoured waterbirds, mosquitoes and possibly feral pigs. The timing of this is yet to be determined. The main known native mosquito vector of JEV is *Culex annulirostris* which is widespread and mobile in all states (except Tasmania) and the Northern Territory. However other *Culex* species are also competent vectors for JEV and present in these areas.

IMPACTS

- JE is a serious public health threat. While symptomatic JE is rare in humans (less than 1% of those infected), the case fatality rate among those with encephalitis is between 20-30%. Permanent neurological or other long-term debilitating illnesses occur in 30-50% of those with encephalitis.
- In pigs the most common signs of disease are mummified or stillborn piglets. Neurological signs can occasional be seen in piglets in the first 6 months of life.
- In horses, most infections are subclinical (no signs of disease are apparent), but signs can include lethargy, nervous signs or sometimes hyperexcitability. Mortality is generally about 5% but can reportedly be up to 30 – 40% in severe outbreaks.
- JE cannot be transmitted in food but those working with pigs (piggeries, abattoirs) should take precautions against mosquitos and exposure to bodily fluids of infected pigs.
- JE is a World Organisation for Animal Health (OIE) listed disease, Australia will report its change of status. JE in Australia would affect exports of live horses and some animal products, these restrictions on exports are being worked through with trading partners.

RESPONSE

Chief Veterinary Officers and Chief Health Officers at Commonwealth and jurisdictional level have met over the weekend and again on Monday 28 February to analyse the situation and potential implications and actions. Meetings are also being held with affected industries (pig, horse), and further public communications will be issued.

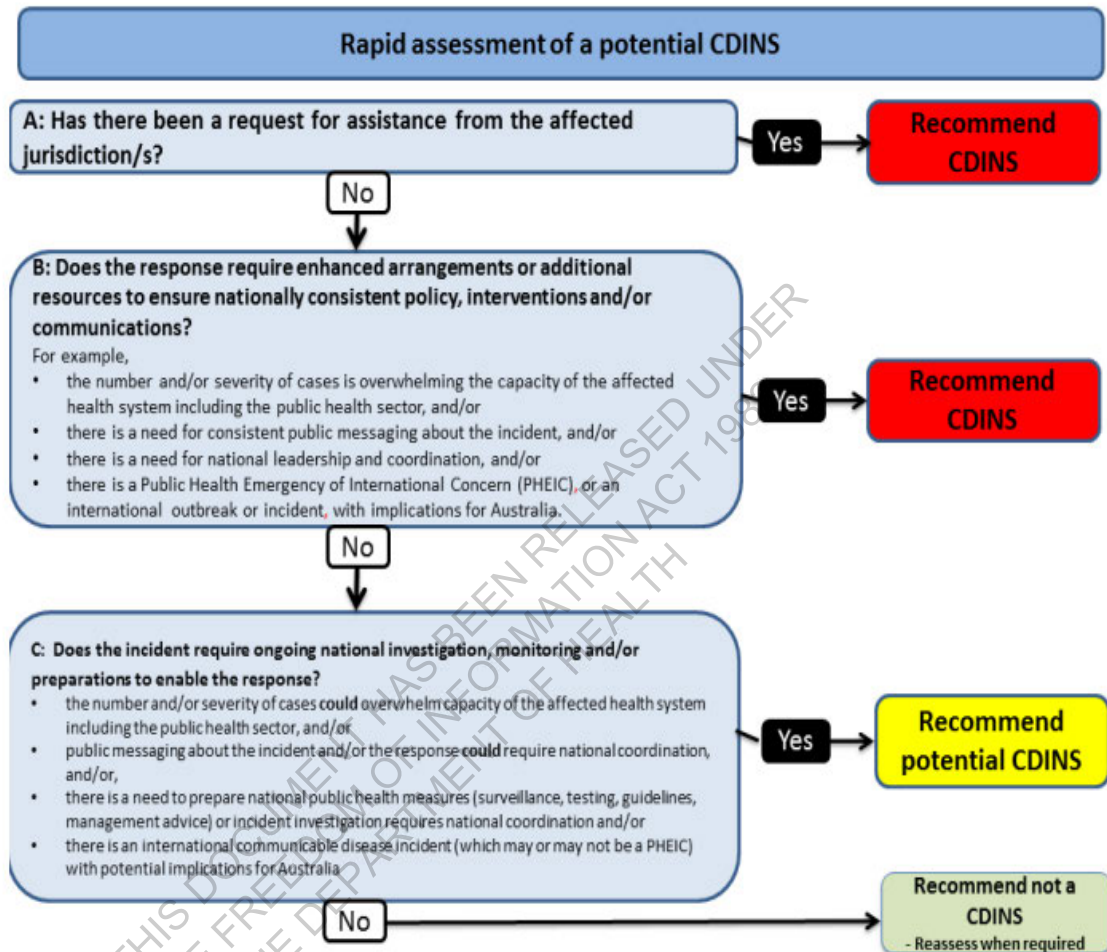
Several jurisdictions have already issued public health alerts advising clinicians to be on the alert for clinical presentations and the public to minimise exposure to mosquitos through the use insect repellent and by wearing appropriate loose-fitting clothing. A joint statement to be issued by the Commonwealth Chief Veterinary Officer and the A/g Chief Medical Officer is being prepared.

The prospects of eradicating JE appear poor given the estimated timing of first impact in piggeries in NSW and VIC being November 2021, the abundance of natural and amplifying hosts (water birds, pigs) and vectors (mosquitos), and the present warm and wet weather conditions. However, further testing and surveillance activities are underway to allow for more detailed understanding of the extent of the outbreak.

The Department of Health is assessing the recent Japanese Encephalitis incident, working closely with jurisdictions and technical experts, to determine next steps in responding to this incident. A Rapid Assessment Panel has been convened to recommend if the incident should be considered a Communicable Disease Incident of National Significance. Under the Department's Communicable Diseases Response Plan, this assessment will guide next steps in appropriately responding to the incident.

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9.1 Decision instrument to support Rapid Assessment Panel



Japanese Encephalitis

Meeting Details

Date	2022-02-28		
Reason for RAT	Japanese Encephalitis Outbreak		
Members	Chair: Jennie Hood Scribe: s22	Participants: s22 Hood, s22 Darius Everett, s22	Jennie Emily Harper,
Report Type	Rapid Assessment Team Outcomes		

Situation: Knowns

What do we know?

Epidemiology / Current Surveillance Information

- Geography - dispersed amongst a number of piggeries around the country
- Pigs have tested with confirmed JE infection
- Pigs are moved around as well as other possible vectors involved with breeding of pigs.
- Detected across at least 3 jurisdictions /farms - 6 properties in NSW alone, 6 under investigation
- Early belief is that JE probably has been around since November.
- No confirmed cases in humans, 2 cases are presumptive positive, awaiting results
 - Vic, SA (came from Victoria, both were just over border of NSW)
 - Potentially 6 other cases in SA

Morbidity, Mortality, Transmission and Treatment

- Less than 1 per cases have severe infection
 - JED 20-30% case mortality rate in JED in general. 50% have ongoing neurological sequelae.
- Differential diagnosis is the challenge – a range of things can cause encephalitis.

At-Risk Groups / Vulnerable Populations

- Most severe in young children – under 5 (dataset and experience is from countries where it is endemic and disproportionally affecting children). Adults would also be presumably affected in non endemic countries.

Laboratory Testing

- s22
- s22
- PHLN is developing an urgent statement on best-practice JE diagnostic testing and referral pathways.
- PHLN is also undertaking a mapping exercise of current diagnostic tests available/in use and common referral pathways.
- NSW Health are reviewing Vector surveillance samples for the 2021-22 mosquito season and conducting additional surveillance in response to the outbreak

Other:

- s22

Public health guidance:

- No SoNG
- Jurisdictional documents that are in use in QLD and NSW in particular
- Vector control is key recommendation
- Prioritisation of vaccine of those most vulnerable.
- Need to worry about mosquitoes rather than pigs as key transmission risk (in area of piggeries).
 - No recent detections of JEV from mosquito collections in the Tiwi Islands or N QLD

- Some evidence has been presented that the outbreak has been triggered by combination of migratory birds and mosquito emergence following rainfall produced by an ex-tropical cyclone that crossed interior Australia
- While JEV can be vertically transmitted by mosquito vectors, Australian mosquito vectors (primary vector is *Culex annulirostris*) don't have eggs capable of dry diapause like *Aedes* vectors.
- Outbreak will likely persist with ephemeral ground pool mosquito habitat created by La Niña conditions.
- Chemical and cultural controls (e.g. use of repellents, clothing reducing skin exposure for bites and avoiding dawn and dusk biting times) offer opportunities for community protection

Situation: Unknowns

What don't we know?

- Size of worker population in piggery may inform what vaccine we need
- Geographical questions about where detections are and no of workers in area.
- Seasonal worker program – pacific cohort for vaccine?
- Mapping exercise needed on PCR primer to ensure compatible with this strain.
- On top of presumptive cases – 6 other cases of encephalitis of unknown origin also being investigated.
- Vector surveillance can assist in delimitating the infested area and identifying mosquito control priorities and is planned by NSW, VIC and SA.
 - Information gaps in species biology and population dynamics within Australia.
- Cases are reported through jurisdictions, but we are not necessarily getting data on non serious cases due to lack of severe symptoms.

Risk to humans:

Moderate to High (considering severity of disease in those severely affected and uncertainty of current spread).

Who do we need to inform?

- Annex 2 of IHR regulations provides a decision tree for whether or not a formal notification is required.
- Mosquito – is there a risk of exportation? By March or April, populations will be very low.
- Ministers Office is aware
- DAWE is aware.

Risk

Risk of Importation to Australia

Negligible	Very Low	Low	Moderate	High	Very High	N/A X	Unknown
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- Comments: detected in Australia

Risk of Ongoing Transmission in Australia

Negligible	Very Low	Low	Moderate	High	Very High X	N/A	Unknown
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- Comments:

Regional Risk

Negligible	Very Low	Low	Moderate	High	Very High	N/A X	Unknown
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- Comments: regional risk not within scope of discussion.

Escalation Triggers

What changes would increase our level of concern?

- Increase number of confirmed cases in humans.

Map

Actions Arising

Common Actions	Responsibility	Due
<input type="checkbox"/> Stand Down: Business As Usual		
<input checked="" type="checkbox"/> Log as Incident YES	NFP	
<input checked="" type="checkbox"/> Increase Surveillance YES		
<input type="checkbox"/> Establish IMT		
<input checked="" type="checkbox"/> Rapid Assessment Panel (CDINS) YES	OHPR	
<input type="checkbox"/> Minute to CMO/Minister		
<input type="checkbox"/> Develop QTB/SEB		

Other Actions	Responsibility	Due
CNDA, NAMAC and PHLN will be involved. High level of secretariat support may be required.		

Communications

Who should we consider informing now? (Note: does not mean this document. Communications are targeted to stakeholders as required.)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Health Ops | <input type="checkbox"/> OHP SES | <input type="checkbox"/> OHP MSAU |
| <input type="checkbox"/> OHP EL2 | <input type="checkbox"/> OHP ALL | <input type="checkbox"/> Health Executive |
| <input checked="" type="checkbox"/> Minister's Office | <input type="checkbox"/> Health Media Unit | <input type="checkbox"/> Other Divisions |
| <input type="checkbox"/> AHPPC | <input type="checkbox"/> CDNA | <input type="checkbox"/> PHLN |
| <input type="checkbox"/> NHEMS | <input type="checkbox"/> Jurisdictions (Other - Specify:) | |
| <input checked="" type="checkbox"/> DAWE | <input type="checkbox"/> DFAT CHS | <input type="checkbox"/> DFAT GWO |
| <input type="checkbox"/> DFAT Health Policy | <input type="checkbox"/> DFAT Humanitarian | <input type="checkbox"/> DIO |
| <input type="checkbox"/> HA ABF | <input type="checkbox"/> HA EMA | <input type="checkbox"/> HA Health Policy |
| <input type="checkbox"/> Geneva Mission | <input type="checkbox"/> PM&C | <input type="checkbox"/> WHO |
| <input checked="" type="checkbox"/> IHR Notification(s) (Specify: Decision Instrument to be completed – likely Article 6) | | |
| <input type="checkbox"/> Other (Specify:) | | |

Next Meeting

RAP to be formed – date/time TBC.

Supporting Information

Authorised By

Jennie Hood

Distribution

Health (OHP SES, OHP MSAU, OHP EL2)

Further Information

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or

Japanese Encephalitis

Meeting Details

Date	1 March 2022; 12pm – 1pm	
Reason for RAP	Japanese Encephalitis Virus (JEV) Outbreak Consideration of a Communicable Disease Incident of National Significance (CDINS)	
Members	Chair: Jennie Hood Scribe: s22	Participants: s22 Emily Harper, s22 Jennie Hood, s22 Darius Everatt, Gary Lum, s22
Report Type	Rapid Assessment Panel	

1. Has there been a request for assistance to the Commonwealth from the affected jurisdiction/s?

YES

- Recommend a CDINS

NO

- Go to question 2.

2. Does the response require enhanced arrangements or additional resources to ensure nationally consistent policy, interventions and/or communications?

- Is the number or severity of cases overwhelming the capacity of the affected health system including the public health sector; and/or **NO**
- Is there a need for consistent public messaging about the incident; and/or **YES**
- Is there a need for national leadership and coordination; and/or **YES**
- Is there a Public Health Emergency of International Concern (PHEIC), or an international outbreak or incident with implications for Australia? **NO**

YES

- **Recommend a CDINS**

All jurisdictional members agreed that the current situation with JEV should be declared a CDINS. It was agreed key factors for this decision were:

- The incident is currently affecting four states
- There is a need for consistent and coordinated communication and public messaging
- There is an urgent need for national coordination
- It is a significant emerging pathogen for Australia
- There is a need for coordination across human and animal health, as well as vector management and surveillance

In addition, it was also noted that the current flood situation may result in a rapid increase in cases, and early response to the outbreak is therefore important. The disease itself was also potentially serious.

Members briefly discussed what triggers could be considered for de-escalation of the outbreak. It was noted this question was currently difficult to answer, given the unknowns of the situation. Possible triggers for de-escalation could include when there is established governance and policies in place and the jurisdiction were comfortable in managing the outbreak

NO

- Go to question 3.

3. Does the incident require on going national investigation, monitoring and/or preparations to enable the response?

- Could the number or severity of cases be overwhelming the capacity of the affected health system including the public health sector; and/or
- Could the public messaging about the incident and/or response require national coordination; and/or
- Is there a need to prepare national public health measures (surveillance, testing, guidelines, management advice) or does the incident require national coordination; and/or
- Is there an international communicable disease incident (which may or may not be a PHEIC) with potential implications for Australia?

YES

- Recommend potential CDINS

NO

- Recommend – Not a CDINS.
 - Reassess when required.

Recommendations for the Chief Medical Officer (CMO)

The Communicable Disease Incident is:

NOT a CDINS <ul style="list-style-type: none">Existing arrangements are adequate	
A POTENTIAL CDINS <ul style="list-style-type: none">Ongoing assessment and monitoring required	
A CDINS <ul style="list-style-type: none">Escalation of response measures are required	YES

Actions Arising

- JEV RAP to provide recommendations to the acting CMO, based on the considerations of the RAP, to seek approval that JEV be escalated to a CDINS.
- CDNA secretariat to seek nominations for the JEV surveillance working group out of session.
- s22 to share the NAMAC discussion paper on JEV with CDNA members.
- s22 to share information on the development of the VIC surveillance strategy with members.
- Notify the World Health Organization (WHO) under the International Health Regulations, that Australia has listed JEV as a CDINS.

Communications

- Define the requirements of the response.
 - Urgent need for national coordination on the emerging pathogen.
 - Nationally consistent public messaging.
 - Seamless cohesive coordination across the human, animal and vector function.
 - National epidemiological and surveillance reporting.
 - Consideration of eradication versus elimination.
 - Identification of the gaps.
 - Consideration of the risks to all states not just the four jurisdictions that are currently affected.

Supporting Information

Authorised By

Clearance Officer

Further Information

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