

Appendix 2-Template Report

Assessment of the need for national notification of [DISEASE]

[INSTRUCTIONS: This template provides the basic framework for reporting to CDNA on the outcomes of an NSA panel. Instructional text is in red, and should be replaced with relevant wording, or options chosen or deleted if not relevant]

Notifiable status assessment (NSA) Panel for the Communicable Diseases Network Australia (CDNA)

[DATE]

Summary

An NSA Panel nominated by CDNA assessed the need for national notification of [DISEASE] in Australia against CDNA and PHLN endorsed criteria. The NSA panel considered that [FINDING] [RATIONALE]. Using the current CDNA-endorsed criteria for assessing the need for national notification, [DISEASE] scored within the threshold for action “national notification recommended/national notification to be further considered/national notification not recommended”. National notification is [recommended/not recommended], and [should be progressed through AHPPC and the State and Territory and Australian health ministers with the endorsement of CDNA] [AHPPC should be advised of the outcome of the assessment for noting].

Introduction

The Australian Government Minister for Health may include a disease in the NNDL if the Minister considers that an outbreak of the disease would be a public health risk. In 2014, the Communicable Disease Network Australia endorsed a set of criteria (Appendix A) to guide assessment of the need for inclusion of a disease on the NNDL, in order to advise the Minister for Health. The criteria are based on a system of scoring developed by the Public Health Agency of Canada (PHAC) which is designed to assist in determining surveillance priorities.¹ CDNA had previously developed and endorsed a system in 2008 based on the Centers for Disease Control and Prevention surveillance goals², but the system allowed too much variation in the way that diseases may be assessed, and the goals and criteria were vague and the criteria were never published. These assessments are carried out by an NSA panel, consisting of a CDNA jurisdictional executive group member (Chair); a laboratory expert nominated by the Public Health Laboratory Network (PHLN); a local public health unit representative; a technical writer; and other experts drawn from CDNA or elsewhere, when required. On 30 July 2014, CDNA endorsed a revised set of criteria that enables assessment of the public health priority and feasibility of national notification for a disease, and result in a score that guides

further action. The NSA panel assess the disease against the CDNA endorsed criteria, and then develop a discussion paper for CDNA and PHLN with recommendations about whether surveillance for the condition would be useful, and the best method of surveillance as compared to other methods of disease monitoring (e.g., surveys, notifications, using existing datasets).

[DISCUSSION OF EPIDEMIOLOGY, PUBLIC HEALTH IMPACT, KNOWLEDGE GAPS, OBJECTIVES OF SURVEILLANCE (INCLUDING AS DEFINED IN SONG WHERE RELEVANT), DESCRIPTION OF CURRENT SURVEILLANCE MECHANISMS, LEVEL OF PUBLIC CONCERN]

At the CDNA teleconference on [date], members agreed to form a NSA panel to assess and make recommendations about whether [DISEASE] should be made nationally notifiable. [INSERT ANY FURTHER DETAILS ABOUT HOW AN NSA PANEL CAME TO BE NOMINATED e.g. LETTER FROM THE PUBLIC TO CDNA CHAIR]

For status as a nationally notifiable disease to have any effect, the disease must be notifiable in the states and territories, as this will provide the basis for laboratories and state and territories to collect the information under jurisdictional public health legislation. As at [DATE], [DISEASE] was notifiable in [LIST STATES AND TERRITORIES].

Other issues that may be discussed include the history of past assessments for the disease.

Composition of the Panel

The NSA panel comprised:

- [NAME], CDNA jurisdictional executive group member [JURISDICTION]
- [NAME],[EXPERTISE/REPRESENTATION/ROLE]
- [NAME],[EXPERTISE/REPRESENTATION/ROLE]
- [NAME],[EXPERTISE/REPRESENTATION/ROLE]
- [NAME],[EXPERTISE/REPRESENTATION/ROLE]
- [NAME],[EXPERTISE/REPRESENTATION/ROLE]
- [NAME],[EXPERTISE/REPRESENTATION/ROLE]

Assessment against CDNA endorsed criteria 2014

The NSA panel assessed the need for national notification against the 12 criteria endorsed by CDNA in 2014. The scoring matrix, the assessed scores for [DISEASE] and the explanation for each of the scores is at appendix A. Possible scores under the revised criteria range from 0 to 48, with thresholds for action set as <15 national notification not recommended, 15 to 25 national notification to be considered further, and 25+ national notification recommended (unless there are compelling reasons not to recommend this). The score for [DISEASE] was [SCORE], thus [national notification is recommended/to be considered further/not recommended].

[SUMMARISE AREAS WHERE DISEASE SCORED HIGHLY OR OTHER IMPORTANT FEATURES]

International public health significance and notification practices

[RELEVANT INFORMATION]

Further considerations (if required)

This is particularly relevant where a score for a particular disease fell within the range 15 to 25, “further consideration required” but can also be relevant where there are critical issues that prevent/compel national notification, but which aren’t reflected in the score. The score should not be considered an absolute guide to the outcome. The overall assessment still relies on the expertise and judgement of the panel members.

Recommended monitoring

This is particularly relevant where the NSA panel has assessed that national notification is not recommended. Alternatives to national notification or additional monitoring (if required) should be described here.

References

[INSERT]

Other sources of information

[LINKS]

Appendix A – Reporting template– Assessment against CDNA criteria for national notification of [DISEASE]

Criterion	Score	Notes/explanation for scores given
Priority setting		
1. Necessity for public health response		
2. Utility and significance of notification for prevention programs		
3. Vaccine preventability		
4. Importance for Indigenous health		
5. Emerging or re-emerging disease		

6. Communicability and potential for outbreaks		
7. Severity and socioeconomic impacts		
8. Preventability		
9. Level of public concern and/or political interest		
Feasibility of collection		
10. A case is definable		
11. Data completeness is likely to be acceptable		
12. Alternative surveillance mechanisms		