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Australian Health Protection Principal Committee (AHPPC)

Outcomes of AHPPC#21

Department of Health and Ageing – Sydney State Office
260 Elizabeth Street, Surry Hills – Level 10, Room 10.09
Wednesday 8 August 2012

Members attending:

Professor Baggoley	Chair, Chief Medical Officer
Dr Kerry Chant	New South Wales (NSW), Chair, Blood Borne Virus and Sexually Transmissible Infections Subcommittee (BBVSS)
Dr Rosemary Lester	Victoria (VIC) and Communicable Diseases Network Australia (CDNA) Chair
Dr Jeannette Young	Queensland (QLD)
Prof Tarun Weeramanthri	Western Australia (WA)
Dr Stephen Christley	South Australia (SA)
Dr Roscoe Taylor	Tasmania (TAS)
Dr Barbara Paterson	Northern Territory (NT)
Dr Paul Kelly	Australian Capital Territory (ACT)
Dr Mark Jacobs	New Zealand Ministry of Health (NZ)
Dr Gary Lum	National Health Emergency Management Subcommittee (NHEMS) Co Chair
Dr David Smith	Public Health Laboratory Network (PHLN) Chair
Mr Jim Dodds	Environmental Health Subcommittee (enHealth) Chair
Dr Marilyn Cruickshank	Antimicrobial Resistance Subcommittee (AMRSC) Chair
Rear Admiral Robyn Walker	Australian Defence Force
Professor Beverley Raphael	National Mental Health Disaster Response Committee
Ms Chris Jeacle	Emergency Management Australia (EMA)
Dr Len Notaras	National Critical Care and Trauma Response Centre (NCCTRC)
Mr Paul Holman	Ambulance Australia
Dr Rosemary Bryant	Commonwealth Chief Nurse and Midwifery Officer

Apologies:

Prof Fiona Wood	Burns expert
Mr Greg Sassella	Ambulance Australia
Ms Alison McMillan	Health Disaster nominee
Mr Campbell Darby	EMA
Dr Andrew Robertson	NHEMS Co Chair and Health Disaster Nominee

Represented by:

Mr Paul Holman
Ms Chris Jeacle

Observers (by teleconference/ video conference):

Dr Ian Norton	NCCTRC – item 3.2 and 3.3
Mr Charles Blundell	NCCTRC – item 3.2 and 3.3
Mr Leigh McJames	Chief Executive Officer, National Blood Authority (NBA) – item 3.6

Department of Health and Ageing (DoHA):

Ms Megan Morris	First Assistant Secretary (FAS), Office of Health Protection (OHP)
Ms Teresa Morahan	Health Protection and Surveillance Branch
Ms Mary McDonald	FAS, Regulatory Policy and Governance Division – item 3.6
Dr Andrew Singer	Acute Care Division, Principal Medical Adviser
Dr Jenny Firman	OHP, Principal Medical Adviser
Mr Neil Branch	Media Officer
Ms Julianne Quaine	Health Protection Programs Branch – item 2.6 and 3.8

Secretariat:

Mr Adrian White	AHPPC Secretariat
Ms Sara Kennedy	AHPPC Secretariat
Ms Jacqui Kane	AHPPC Secretariat

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1.1 Meeting opening - welcome, introductions and apologies

Summary:

The Chair opened the meeting of the AHPPC#21 at 0900 AEST, welcomed members and proxies to the meeting and noted apologies. Proxies were introduced. Members declared no conflicts of interest for the meeting.

The Chair noted Mr Darby was retiring in the near future as Director-General of EMA and thanked him for his contribution to the AHPPC.

Outcome

AHPPC noted the attendees and apologies.

Action

Chair to write to Mr Darby to record AHPPC's thanks for his contribution.

1.2 Outcomes and action items

Outcome

AHPPC endorsed the minutes of the 20th AHPPC meeting, as a true and accurate record of that meeting.

Action

Nil.

1.3 Progress of actions from previous AHPPC meetings

Summary

Members reviewed the progress of action items from previous AHPPC meetings and noted that there were no concerns regarding the current status of the actions. Ms Morris informed members that enHealth is developing a paper on product contaminations, such as the recent incident of Burmese traditional powders contaminated with arsenic. QLD and NSW, with enHealth Chair, are expected to lead the stocktake of response mechanisms.

Outcome

AHPPC noted the progress of the action items since the last update given at the 20th AHPPC meeting held in Canberra on 18 and 19 April 2012.

Action

Nil.

1.4 AHMAC Principal Committees Review – 2nd tier

Summary

The Chair advised that AHMAC at its 27 April meeting agreed to AMRSC and BBVSS falling under the AHPPC umbrella. AHMAC also commissioned a Review of the Second Tier of AHMAC Committees. The final report from the Review is proposing no change to the AHPPC subcommittee structure. The Report does propose that Second Tier Committees be called "Standing Committees" where appropriate. The Report will be considered by AHMAC on 31 August.

The Chair advised that the AHPPC Secretariat proposes to submit an AHMAC out of session paper seeking agreement to the terms of reference, chairing and membership of the AMRSC and to the revised terms of reference and membership of enHealth. The out of session paper would also propose that the CDNA, PHLN and enHealth continue to use their non-standard names.

Outcomes

- AHPPC noted the Review of Second Tier AHMAC Principal Committees update.
- AHPPC agreed to seek AHMAC endorsement following this review process to the CDNA, PHLN and enHealth continuing to use their non-standard names; for the terms of reference, chairing and membership of the AMRSC and to the revised terms of reference and membership of enHealth.

Action

Secretariat to draft an AHMAC out of session paper following the review process.

2.1 CDNA Report

Summary

Dr Lester advised that the endorsement from AHPPC of the *Rabies and Australian Bat Lyssavirus CDNA National Guidelines for Public Health Units* has been expedited as a result of advice from QLD Health that a tourist organisation in Far North QLD allowed people to handle bats without appropriate measures to prevent bat bite or scratch injuries. CDNA endorsed this National Guideline as a SoNG on 3 August 2012.

Dr Firman provided an update on recent developments related to the *Bacillus Calmette-Guerine* (BCG) vaccine. She noted that Sanofi Pasteur had voluntarily recalled all unused batches of BCG vaccine in Australia following consultation with the Therapeutic Goods Administration. BCG vaccine is now available in Australia from an alternative supplier.

Outcomes

- AHPPC noted the CDNA report.
- AHPPC noted the Blood Borne Viruses and Sexually Transmissible Infections Surveillance subcommittee of CDNA is forming a working group to make recommendations on surveillance requirements to assess progress with HIV transmission reduction targets.
- AHPPC noted that CDNA planned to reconvene its HPV Working Party in light of the rollout of HPV for boys.
- AHPPC endorsed the *Rabies and Australian Bat Lyssavirus CDNA National Guidelines for Public Health Units*.

Action

Nil.

2.2 PHLN Report

Summary

Members discussed the accuracy of the diagnostic testing for Lyme disease. A review of current data by PHLN shows no evidence that *Borrelia* species that cause Lyme disease are present in Australia, and that it is likely that the results from the United States laboratory testing are false positive results. Jurisdictions suggested that the development of a statement on Lyme disease could reduce public concern and also educate general practitioners on testing practices.

Dr Smith discussed PHLN members' concerns about the impact of the intangible transfer of technology requirements under the Defence Trade Controls Bill for routine diagnostic and public health laboratory practices, and to applied research carried out in laboratories. PHLN members were concerned that this may negatively impact on the ability to predict and prepare for emerging infectious disease threats including regional collaborations, training activities and applied research activities. PHLN has flagged a need to pursue a more consultative approach to the development of new regulations and modifications to existing regulations where these impact on laboratories. Dr Lum and Rear Admiral Walker updated members on consultation arrangements with Defence.

Outcomes

- AHPPC noted the PHLN report.
- AHPPC agreed to develop a statement on Lyme Disease.
- AHPPC noted ongoing consultations with Defence on the Defence Trade Controls Bill.

Action

AHPPC through CDNA, PHLN and the DoHA media unit to develop a statement on Lyme Disease.

2.3 enHealth Report

Summary

Mr Dodds advised that the uptake of *the Asbestos – a guide for households and the general public* which was published in May 2012 has been significant. Members noted that some criticism had been received from members of the public on the risk factor information included in the Guide. Members are awaiting the release of the Asbestos Management Review Report.

Mr Dodds reported that the International Agency for Research on Cancer revised its monograph on diesel exhaust to classify it as carcinogenic to humans (Group 1). This is an upgrade from the previous Group 2A classification as probably carcinogenic to humans. Jurisdictions felt this work and the Australian Child Health and Air Pollution Study was important in environmental planning for schools to ensure that that they are built away from main roads and tunnels to reduce the health implications of vehicle exhausts for children.

Outcomes

- AHPPC noted the enHealth report.
- AHPPC noted that the *National Aboriginal and Torres Strait Islander Environmental Health Action Plan for 2012 – 13* is currently being drafted.
- AHPPC noted the accreditation project for national environmental health courses held a stakeholder engagement workshop on 27 July in Adelaide.

Action

Secretariat to circulate the *Australian Child Health and Air Pollution Study* once made available.

2.4 NHEMS Report

Summary

Dr Lum provided members with an update on NHEMS activities.

Outcome

- AHPPC noted the NHEMS report.
- AHPPC noted that the Health Chemical, Biological, Radiological, and Nuclear (CBRN) Incidents of National Consequence Plan has been provided to NHEMS members for comment.
- AHPPC noted work is soon to begin on Chemical and Smallpox Guidelines through the CBRN Technical Panel.

Action

Nil.

2.5 AMRSC Report

Summary

Dr Cruickshank reported that the membership of AMRSC now includes a member from the Australian Pesticides and Veterinary Medicines Authority and Department of Agriculture, Fisheries and Forestry. Members recognised this is important to understand the link between animal health and human health in relation to antibiotic usage and antimicrobial resistance across Australia.

Outcomes

- AHPPC noted the AMRSC report.
- AHPPC noted the formal establishment of AMRSC.
- AHPPC noted the progression of work on the report: '*Reporting and Surveillance of Antibiotic Usage and Antimicrobial Resistance in Australia: A National Study*'.

Action

Nil.

2.6 BBVSS Report

Summary

Jurisdictions felt that increased testing and treatment is needed in Australia to satisfy the targets of the UN Declaration of reducing sexual transmission of HIV by 50 per cent by 2015. Members suggested that the cost of testing and the time laboratory testing took needed to be addressed before a reduction in the transmission rates of HIV are achieved. Members discussed the overall system of testing such as the quality of the testing (in the context of point of care testing and access to self-testing), and availability of testing in the private sector to assist in achieving these outcomes. Dr Chant advised NSW was conducting a trial on the role of point of care testing as an adjunct to other testing.

Outcomes

- AHPPC noted the BBVSS report.
- AHPPC noted that the BBVSS will provide updated Terms of Reference for endorsement by AHPPC after the August BBVSS meeting.
- AHPPC noted the *National Blood-borne Virus and Sexually Transmissible Infections Surveillance and Monitoring Report, 2011*.

Action

BBVSS to forward its revised Terms of Reference to AHPPC for consideration.

3.1 Pandemic Review Implementation Advisory Committee (PRIAC) Update

Summary

Members discussed the evidence reviews by experts. The key message is that the impact of a pandemic cannot be simply defined and should be evaluated in terms of both transmissibility and severity. Both of these parameters will influence which interventions are likely or unlikely to reduce the overall impact of a pandemic. Members highlighted the need to clarify the system in terms of state and territory role compared with a hospital role. Members also suggested PRIAC take account of the experience of seasonal flu increase of numbers in aged care facilities and earlier hospital surveillance.

Dr Jacob outlined the experience in NZ where tamiflu (oseltamivir) is readily available from pharmacists which is not currently the case in Australia. Members felt this could be an option to explore.

Outcome

AHPPC noted that the Progress Report from the Pandemic Review Implementation Advisory Committee.

Action

Nil.

3.2 Australian Medical Assistance Team (AUSMAT) Program

3.2.1 Update

Summary

Dr Lum reported that the eight month trial of the AUSMAT governance, formation, roster and twinning arrangement has received positive feedback from state and territories.

Jurisdictional members discussed the NCCTRC's national capability with regards to their uniforms, equipment and medical cache. Dr Lum advised that the AUSMAT working group has discussed with states and territories the option to establish relationships with the NCCTRC on a bilateral basis to access these resources.

Outcome

AHPPC noted the progress of the development of policies and procedures for a national AUSMAT manual by the AUSMAT working group, and the timeframe for the completion of the remaining chapters.

Action

Nil.

3.2.2 AUSMAT Database

Summary

Dr Lum provided background on the Database and introduced Mr Blundell from NCCTRC who made a power point presentation of the functionality of the Database. Dr Lum reported that the NCCTRC will be providing training on the Database for two members from each state and territory in September 2012. Members suggested providing information in the database on the deployment conditions to allow participants to opt out before medical information is obtained in the Database.

Dr Lum invited states and territories to commence discussions with the NCCTRC regarding bilateral service agreements to allow jurisdictions to proceed at their own pace in taking up the Database.

Outcomes

- AHPPC agreed that states and territories that wish to commence using the Database are supported in the roll-out of the Database to these jurisdictions.
- AHPPC endorsed the roll-out of the National AUSMAT Database to individual states and territories.
- AHPPC noted the roll-out will be to individual states and territories in a staggered manner based on a timeframe that suits each state and territory.
- AHPPC noted the invitation to states and territories to commence discussions with the NCCTRC regarding bilateral service agreements.

Action

Secretariat to distribute the AUSMAT Database power point presentation.

3.3 National Capability Audit

Summary

Dr Lum updated members on the National Capability Audit. Dr Jacobs suggested that NZ would like to participate in the National Capability Audit. Members were advised the audit could commence as soon as possible. Dr Lum noted that outcomes of the audit would be reported to relevant national emergency management committees.

Outcomes

- AHPPC endorsed the draft National Capability Audit 2012 questionnaire.
- AHPPC noted the timeline for the National Capability Audit 2012.

Action

AHPPC members to be advised of the start date for the National Capability Audit.
Secretariat to distribute the National Capability Audit power point presentation.

3.4 National Communicable Disease Control Framework

Summary

Some members suggested that public input into the National Communicable Disease Control Framework would be important. Dr Firman reported that the CDNA National Framework for Communicable Disease Control Working Group held a national workshop on 2 May 2012. Positive feedback was received on the Framework. Key stakeholders will be consulted on the proposed Framework during August to December 2012, this would include PHLN and enHealth.

Outcomes

- AHPPC noted the update for the development of a National Communicable Disease Control Framework in Australia.
- AHPPC noted that the CDNA working group intends to seek AHPPC endorsement in April 2013.

Action

Nil.

3.5 National Health Security Agreement Review

Summary

Members commended the *National Health Security Agreement Review of Implementation and Effectiveness Discussion Paper July 2012*. Members proposed that the Discussion Paper should provide the basis for the report to Ministers.

Outcomes

AHPPC agreed to seek SCoH endorsement of the final report, including its recommendations, through AHMAC out of session.

Action

DoHA to develop an AHMAC paper on the National Health Security Agreement Review for AHPPC endorsement out of session.

3.6 AHPPC Involvement in Blood Supply Emergencies

Summary

Members discussed the role of AHPPC in Blood Supply Emergencies and whether the trigger points for activating the AHPPC are appropriate and whether the role of the AHPPC is sufficiently clear. Members acknowledged that the system is complex and can differ within states and territories. Members felt that the link between Jurisdictional Blood Committee (JBC) and AHPPC was important and noted proposals that the JBC membership be elevated to a higher level to include state and territory Chief Health Officers as appropriate.

The Chair informed members that a review of the recent failure of the Australian Red Cross Blood Service IT system is proposed. The Chair proposed a separate consideration of AHPPC involvement in blood supply emergencies.

Outcome

AHPPC, DoHA and NBA to consider the optimal involvement of AHPPC in blood supply emergencies.

Action

Dr Chant, Dr Christley, Mr McJames, Dr Lum and Ms McDonald to consider the optimal AHPPC involvement in blood supply emergencies and to report back at the next AHPPC meeting.

3.7.1 Biosecurity Bill - Update

Outcomes

- AHPPC noted the Exposure Draft for the health chapter and some other chapters of the Biosecurity Bill have been released.
- AHPPC noted that Department of Agriculture, Fisheries and Forestry will be conducting information sessions during the Exposure Draft period with States and Territories.

Action

Secretariat to email the link Biosecurity Bill website link (www.biosecurity.govspace.gov.au).

3.7.2 Biosecurity Bill: Human Disease List

Summary

Members discussed that many diseases are difficult to detect at the border based on symptoms and travel history. The cost-effectiveness of border measures to control the entry of diseases should be considered. Members discussed the Human Disease List amendments and suggested “grandfathering” arrangements for diseases which might otherwise not be on the List. The need for a strategy was suggested to manage social expectations to list other diseases which evoke a fear/dread response.

Members also noted that as some jurisdictional laws differ, actions taken under the legislation in response to listed human diseases may vary between states and territories. Some states and territories suggested expanding the Human Disease List to provide them with additional options for human health interventions at the border.

Outcome

AHPPC noted the development of the Biosecurity Bill: Human Disease List.

Action

Chair to consider how to reflect members’ advice in finalisation of Human Disease List.

3.8 National Immunisation Program Update

Summary

Jurisdictional members discussed the HPV vaccination program funding to extend the listing of Gardasil to include boys aged 12-13 years through the school immunisation program with a two year catch-up program for boys aged 14-15 years. States and territories discussed the difficulties of delivering and funding the program in 2013. Some states and territories are unable to provide funding for the program to commence in 2013. Members noted there is no provision under the National Healthcare Agreement to provide additional funding to jurisdictions for the implementation of a new school-based program. Negotiations are still continuing.

Outcomes

- AHPPC noted the update on the National Immunisation Program (NIP).
- AHPPC agreed that the NIP Update would be a standing item at meetings.
- AHPPC members noted that public consultation on the Australian Immunisation Handbook 10th edition will close on 15 August.

Action

DoHA will consult with Chief Health Officers (CHO’s) on implementation of HPV for boys.

4.1.1 Update on nationally coordinated incidents since AHPPC#20

Outcomes

- AHPPC noted the update on recent nationally coordinated responses to disaster and other protection issues.
- AHPPC noted the Bali 10th Anniversary on 12 October 2012.

Action

Nil.

4.1.2 Australia China disaster preparedness and response exchanges

Summary

Prof. Raphael provided an overview of collaborations between Australia and China about Disaster Mental Health Planning and Response, and shared research and program development.

Outcome

AHPPC noted that a joint workshop will be held on 14 to 17 October in China to develop ways of assessing and responding to post disaster with crisis intervention strategies that can lessen the risk of more severe and long term mental health and health consequences of environmental disasters.

Action

Nil.

4.2 Assessment of Health System Preparedness for Climate Change

Summary

The Chair thanked those jurisdictions who provided comments on the National Assessment of Health System Preparedness for Climate Change Survey. It is expected that the updated survey will be provided to jurisdictions on 17 August with a five week turnaround time.

Outcome

AHPPC noted the revised timeframe for finalisation and circulation of the National Assessment of Health System Preparedness for Climate Change survey.

Action

DoHA to circulate the National Assessment of Health System Preparedness for Climate Change survey to members.

4.3 National Medical Stockpile Review Progress Update

Outcome

AHPPC noted the National Medical Stockpile Review Progress Update.

Action

Nil.

5.1 Out of session items update

Outcome

AHPPC noted the update on items sent out of session.

Action

Nil.

5.2 Correspondence

Outcome

AHPPC noted correspondence sent and received since the 20th AHPPC meeting held on 18 and 19 April 2012.

Action

Nil.

5.3 Next Meeting – 14 November 2012

Outcome

AHPPC agreed to the next meeting of the AHPPC on Wednesday 14 November in Brisbane.

Action

Secretariat to organise the next meeting of the AHPPC on Wednesday 14 November in Brisbane.

6.1 Other business

***Clostridium difficile* infection in Australia 2011-2012**

Summary

Members discussed the article by Professor Thomas Riley from PathWest Laboratory Medicine on '*Clostridium difficile* infection in Australia 2011-2012'. Members suggested that the article should be peer reviewed to obtain expert advice on the findings. Members felt there had been an increase in *clostridium difficile* infection in Australia recently.

Outcome

AHPPC noted the paper on '*Clostridium difficile* infection in Australia 2011-2012'.

Action

CDNA to convene a working party, drawing on appropriate expertise, to provide advice to AHPPC out of session.

6.2 Emerging Issues

Summary

Members discussed emerging issues such as:

- an increase in *Listeria* infections in hospitals and aged care facilities;
- the lack of and the ageing of the public health workforce;
- increased community concerns with wind farms;
- a need for a national policy on needle stick injuries; and
- the analysis of options for frozen blood.

Members noted that AHPPC members in different jurisdictions had different responsibilities and it would be useful to collect this information.

Members felt that *the Asbestos – a guide for households and the general public* were useful. enHealth clarified that the promotion of the Guideline was the responsibility of individual states and territories.

Outcomes

- AHPPC noted the emerging issues.
- AHPPC agreed that emerging issues would be a standing item at future meetings.

Action

Secretariat to seek advice from CHOs on responsibilities.

6.3 Operational Issues

Outcomes

- The Chair confirmed he would rotate acting AHPPC Chair arrangements with Chief Health Officers when he was overseas.
- Members noted face to face meetings of subcommittees could be held less often particularly with video conferencing facilities.

The meeting closed at 1545 (AEST).