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OUTCOMES of the
20th Meeting of the Australian Health Protection Committee
Held on Wednesday and Thursday, 18 and 19 April 2012
Department of Health and Ageing, Scarborough House, Atlantic Street, Woden

Members attending:

| | |
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| Professor Chris Baggoley | Chair, Chief Medical Officer |
| Dr Kerry Chant | New South Wales |
| Dr Michael Ackland | Victoria |
| Dr Jeanette Young | Queensland |
| Dr Andrew Robertson | Western Australia |
| Dr Stephen Christley | South Australia |
| Dr Roscoe Taylor | Tasmania |
| Dr Barbara Paterson | Northern Territory |
| Dr Andrew Pengilley | Australian Capital Territory |
| Dr Jeremy McAnulty | Communicable Diseases Network Australia (CDNA) |
| Dr David Smith | Public Health Laboratory Network Chair |
| Mr Jim Dodds | Environmental Health Committee Chair |
| Rear Admiral Robyn Walker | Australian Defence Force |
| Mr Campbell Darby | Emergency Management Australia |
| Professor Beverley Raphael | National Mental Health Disaster Response Committee |
| Ms Alison McMillan | Health Disaster representative |
| Dr Len Notaras | National Critical Care and Trauma Response Centre |
| Mr Greg Sassella | The Council of Ambulance Authorities |
| Mrs Margaret Duguid | Antimicrobial Resistance Subcommittee |

Apologies:

| | | |
|------------------------------|---|------------------------|
| Professor Tarun Weeramanthri | Western Australia | Represented by: |
| Professor Fiona Wood | Burns Expert | Dr Andrew Robertson |
| Dr Rosemary Bryant | Cmwth Chief Nurse and Midwifery Officer | |
| Dr Mark Jacobs | New Zealand Ministry of Health | |
| Dr Paul Kelly | Australian Capital Territory | Dr Andrew Pengilley |
| Dr Rosemary Lester | Victoria | Dr Michael Ackland |
| | CDNA | Dr Jeremy McAnulty |

Department of Health and Ageing:

| | |
|--------------------|-----------------------------------|
| Ms Megan Morris | Office of Health Protection |
| Dr Jenny Firman | Office of Health Protection |
| Ms Julianne Quaine | Health Protection Programs Branch |
| Ms Kay McNiece | Media Adviser |
| Dr Gary Lum | Office of Health Protection |
| Mr Adrian White | AHPC Secretariat |
| Ms Sara Kennedy | AHPC Secretariat |
| Ms Mandy Charlton | AHPC Secretariat |

1.1 Meeting opening

Welcomes / Introductions / Apologies

The Chair, opened the 20th meeting of the Australian Health Protection Committee (AHPC) 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.

1.2 Minutes of the 19th AHPC Meeting

The draft minutes, incorporating the action items, of the 19th AHPC meeting held in Adelaide on 16 November 2011, were provided to members for final endorsement.

Section 2.1 Page 3 Sentence 1 delete: *such as the WA model*

Section 3.8 Page 13 Third paragraph sentence 2 at end add: *and are addressed as an important issue.*

Section 3.8 Page 13 Last action item at end add: *and contaminated substances*

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Members endorsed the requested amendments from Dr Kerry Chant and Dr Andy Robertson and accepted changes to the minutes of 19th AHPC meeting. Members endorsed the amended minutes of the 19th AHPC meeting as a true and accurate record of that meeting.

Outcome

AHPC endorsed the amended minutes of the 19th AHPC meeting, as a true and accurate record of that meeting.

Action

Nil.

1.3 Progress of Actions From Previous AHPC Meetings

Members reviewed the progress of action items from previous AHPC meetings and noted that there were no concerns regarding the current status of the actions. Ms Morris advised that 18 action items have been completed since the 19th AHPC meeting. Ms Morris informed members that two priority action items from the 19th AHPC meeting were listed for discussion on the 20th AHPC meeting agenda namely: the *Pandemic Review Report* at agenda item 3.1; and the *Communicable Diseases Control Framework* at agenda item 3.3.

Dr Barbara Paterson in reference to action item 3.8 raised the issue of products containing scheduled substances purchased over the internet or from overseas. Dr Kerry Chant advised members of NSW Health's warning on 14 April regarding Burmese traditional powders which advised the community to avoid the use of Burmese traditional powders, often used to improve digestion and strength in babies. NSW Health and the NSW Food Authority are currently investigating. Samples recently bought in Sydney have been found to contain dangerously high amounts of arsenic. Members suggested that AHPC could undertake a stocktake of current mechanisms to respond to product contaminations, which could include relevant state and territory legislative responsibilities. Members suggested that FSANZ and TGA be consulted in this process.

Outcomes

AHPC members noted the progress of the action items since the last update given at the 19th AHPC meeting held in Canberra on 16 November 2011.

AHPC members to undertake a stocktake of current mechanisms to respond to product contaminations.

Action

enHealth to prepare a paper on a stocktake of current mechanisms to respond to product contaminations.

1.4 AHMAC Principal Committees Review

The Chair advised that the Review of the AHMAC Committee Structure was driven in part by the desire to align the Principal Committees with the broader health reforms. The changes to AHPC include the establishment of the Antimicrobial Resistance Subcommittee and the Blood Borne Virus and Sexually Transmissible Infections (BBV&STI) Subcommittee. At this stage, it is not clear whether the Screening Committee will also become part of AHPC. Oversight for this subcommittee is expected to be discussed at the AHMAC CEO's meeting on 27 April.

Members discussed the AHPC role, terms of reference and agreed to amend the role of AHPC to include a focus on the evolution of AHPC, the developing focus on policy setting and the need to emphasise health protection over and above the response to health emergencies

Outcome

AHPC agreed to amend the AHPC role and terms of reference for the AHMAC 27 April meeting.

AHPC agreed to be called Australian Health Protection Principal Committee.

Action

Secretariat to obtain members endorsement of the amended AHPC role and terms of reference out of session by Monday 23 April.

Secretariat to forward updated AHPC role and terms of reference to AHMAC for the 27 April meeting.

2.1 Communicable Diseases Network Australia (CDNA) report

Dr Jeremy McAnulty advised that there were no updates to the agenda paper. Dr McAnulty highlighted that a working group of CDNA has commenced work on the Communicable Disease Control Framework (refer to agenda item 3.7). The Chair noted the work on the Series of National Guidelines and said that the term 'guideline' may create expectations of certain standards in the document. He proposed that these and other guidelines under AHPC auspices should set out clearly the process for preparing the advice.

The Chair advised that evidence in the US supports maternal immunisation against pertussis in last trimester over cocooning. Results have shown that an unborn baby retains antibodies well which carries through until babies receive vaccination at 8 weeks.

Dr Roscoe Taylor suggested that there is a public waning of confidence in the pertussis vaccine. Dr McAnulty acknowledged the public perception and noted that the immunisation surveillance data was equivocal on this point.

Dr Kerry Chant suggested that there needed to be research undertaken regarding the effectiveness of the maternal vaccination compared to our current vaccination policy and the cocooning strategies. She noted that clinicians would need advice on this new approach and a strong evidence base was required. Members suggested this research could be undertaken by the National Centre for Immunisation Research and Surveillance.

Dr Chant suggested that there needed to be a cost benefit analysis of what is funded on the National Immunisation Schedule. She raised the difficulty that states and territories have in funding the delivery of new programs and the need to be consistent across jurisdictions. This information was also required in briefing Ministers on the change in approach. Dr Chant noted as priorities: the new HPV vaccine for boys; varicella; and maternal immunisation for pertussis. The Chair noted that the new HPV vaccine for boys had been approved by the Pharmaceutical Benefits Advisory Committee (PBAC) but is currently awaiting a decision from Australian Government on funding. He said funding for maternal immunisation for pertussis was a long way from PBAC consideration.

Outcome

AHPC members noted the CDNA report.

Action

Nil.

2.2 Public Health Laboratory Network (PHLN) report

Dr David Smith advised that there were no further updates in addition to the written agenda paper.

Dr Smith advised that PHLN in November 2011 approved minor changes to its Terms of Reference. The changes involve extending the range of committees that PHLN collaborates with.

AHPC noted the paper on the history, origins and key issues of PHLN is proposed to come to AHPC at the 8 August 2012 meeting.

AHPC noted the Rotavirus and Hepatitis C Virus Laboratory Case Definitions are currently being finalised and it is proposed that both will be sent to AHPC out of session for noting. The revised rotavirus LCD addresses the problem of high false positive rates with the rotavirus antigen test which is leading to over-notification of disease and underestimating the impact of the vaccination program.

AHPC noted that the PHLN Guideline on the Handling of Suspicious Substances was initially focused on the handling of suspected anthrax samples and has now been extensively revised to expand the scope to include suspicious substances in general.

Dr Kerry Chant advised that one of the key strategies from the BBV&STI Subcommittee is increasing testing rates for HIV which may have an impact in a laboratory capacity setting. Dr Jeremy McAnulty said this was also important for improving the CDNA surveillance of HIV cases. Dr Smith noted this.

Outcomes

AHPC endorsed the revised Terms of Reference.
AHPC noted the PHLN Guideline on the Handling of Suspicious Substances.
AHPC noted the Anthrax Laboratory Case Definition.

Action

Nil.

2.3 Environmental Health Committee (enHealth) report

Mr Jim Dodds provided an update to members on recent activity in enHealth.

Mr Dodds highlighted enHealth's work on *Asbestos: A guide for householders and the general public* and the *Environmental Health Workforce Working Group Guidance Statements* under agenda items 3.5.1 and 3.5.2 respectively.

Mr Dodds reported that the *2012-2015 Strategy* builds on the Charter and policies established by the *National Environmental Health Strategy 1999*. The *Strategy* is intended to be a practical and focused guide for national policy development and related activities. It reflects the fact that the scope of environmental health has settled and avoids aspirational objectives. It acknowledges that other bodies make decisions on environmental health policy.

Mr Dodds reported on the *Risky Business - Enterprise Risk Management & Environmental Health Local Government Resource* developed by enHealth to raise the awareness of Local Government councillors and senior management of the capacity to minimise the financial, health and reputational risks related to environmental health responsibilities. AHPC noted that the document was developed in close consultation with State Governments, Local Government Associations, individual councils and Environmental Health Australia in Victoria, South Australia and Queensland.

Outcomes

AHPC noted the enHealth report.
AHPC noted the *National Environmental Health Strategy 2012-2015*.
AHPC endorsed the Local Government Environmental Health Risk Management Resource.

Action

The *National Environmental Health Strategy 2012-2015* to be forwarded to the AHMAC for consideration.

2.4 National Health Emergency Management Subcommittee (NHEMS) report

Dr Gary Lum provided an update to members on recent activity in NHEMS. Dr Lum advised that the AUSMAT Working Group has been progressing a number of items including the AUSMAT Manual (refer to agenda item 3.2.1), AUSMAT Database (refer to agenda item 3.2.2), National Capability Audit (refer to agenda item 3.3) and the CBRN Technical Panel (refer to agenda item 3.4).

Dr Lum reported that the AUSMAT Immunisation Policy is currently being addressed by the AUSMAT Working Group and a final draft will be distributed to NHEMS and CDNA for comment and endorsement prior to seeking final approval from AHPC.

Outcome

AHPC noted the NHEMS report.

Action

Nil.

3.1 Pandemic Review Implementation Advisory Committee Update

Dr Jenny Firman advised that the Pandemic Review Implementation Advisory Committee (PRIAC) discussed an amended approach to pandemic planning. This includes reducing Australia's pandemic phases to three only, with the focus on having an initial response period and a targeted response period, with the operational response to be guided by detailed decision support documents. Defining three levels of pandemic impact was also discussed.

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Dr Firman reported that PRIAC felt that the development of the decision support documents will require considerable thought and consultation with jurisdictions. AHPC discussed the importance of consulting with their colleagues outside of the committee membership regarding the details of the draft Implementation Plan and felt that this would be an essential part of the consultation process. Dr Firman noted that management of the next pandemic, if it occurs while the current policy review processes are still incomplete, will require careful management.

Outcomes

AHPC noted the Progress Report from the PRIAC.

AHPC noted the next teleconference of PRIAC was scheduled for 7 June 2012.

Action

Nil.

3.2.1 AUSMAT Formation, Rostering, Twinning and Governance arrangements

Dr Gary Lum reported that in November 2011 AHPC agreed to trial the roster arrangement for a 12 month period. NHEMS is proposing that the AUSMAT formation, twinning and governance arrangements continue to be trialed and further refined over the next few months. It is proposed that the AUSMAT working group provide these arrangements to the AHPC for approval in August 2012.

AHPC noted that whilst there was no formal deployment of an AUSMAT, the arrangements were used during two incidents: the PNG landslide on 24 January 2012 and the sinking of the MV Rabaul Queen off PNG on 2 February 2012. The draft roosting arrangements have created order to the process and retained the flexibility to propose a deployment from a non-rostered state (in the PNG landslide scenario).

Dr Lum reported that the AUSMAT working group is working on an initial draft for NHEMS of the next chapters in the AUSMAT Manual to be considered which include AUSMAT Structure and Classification, Training and Exercising and Standards of Deployment. It is planned to provide these to AHPC for approval in August 2012.

Dr Kerry Chant asked whether the guidelines would be national or at the jurisdictional level. She noted that there needed to be flexibility to acknowledge previous experience and relevant skills that may not be in the medical field. Dr Stephen Christley noted that there may need to be a judgement call on capabilities. Dr Lum suggested that these issues be looked at as part of the AUSMAT Manual to ensure there was a degree of flexibility.

Outcomes

AHPC noted the update on the pilot of the AUSMAT governance, formation, roosting and twinning arrangements.

AHPC agreed to continue with these arrangements noting that they will be reviewed by the AUSMAT working group following each deployment as part of the continuous improvement process.

Action

Nil.

3.3.2 AUSMAT Database

Dr Gary Lum advised that a project plan for the AUSMAT Database Network was endorsed by NHEMS in May 2011. This project plan noted various ways states and territories could be involved in the Database. 'Opt in' means a jurisdiction uses the NCCTRC database as their own hub.

Dr Lum reported that a trial database was released earlier in the month with a request to populate it with dummy data. AHPC members advised that jurisdictions were largely happy with the database.

Outcome

Nil.

Action

Nil.

3.3 National Capability Audit

Dr Gary Lum advised that, following comments received from members at the November 2011 AHPC meeting and the December 2011 out of session package, the approach to the audits were reconsidered extensively. Comments were received from 11 members and the majority of comments were supportive of the revised approach.

AHPC agreed to these identified areas to be examined in the audits:

- Health supply chain vulnerabilities
- AUSMAT (including field hospitals)
- Capability to provide assistance across borders and capacity to receive patients
- Hospital business continuity capability
- Pre-hospital care and retrieval
- Training and management
- Hospital care facility evacuation

AHPC noted that the Audit 2012 will establish a baseline for these areas. This also means future audits can be benchmarked.

Outcome

AHPC agreed on the areas that will be examined through the audit program and agreed to the process and timeline for Audit 2012.

Action

Nil.

3.4 CBRN Technical Panel

Dr Gary Lum reported that the Radiological Guidelines aim to provide a plain language, practical manual which will provide health professionals with the resources to undertake clinical care following a mass casualty radiation event. In developing these Guidelines, the Technical Panel consulted with enHealth, PHLN, CDNA and Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). No major concerns were raised.

Dr Jeanette Young drew attention to the reference that the Australian Nuclear Science and Technology Organisation and the ARPANSA are the only Australian laboratories with a routine and traceable capability to measure fission products following a nuclear detonation (page 62). Dr Young advised that QLD has this capability as well and asked for the guidelines to be amended.

Dr Lum advised that the review of the Anthrax Guidelines has now been finalised by the Technical Panel and will be ready for AHPC endorsement following review by CDNA. AHPC had no comments to make on the Anthrax Guidelines.

Dr Lum advised that there is currently no overarching national CBRN plan which details governance arrangements and roles and responsibilities of the Commonwealth and states and territories from a health perspective. The Technical Panel has been working to develop a national plan which will sit as a pillar under the National Health Emergency Response Arrangements. AHPC discussed elements of the CBRNINC Plan including:

- The inclusion/ exclusion of operational level arrangements, such as triage and decontamination arrangements.
- The possible need for specific annexes on Chemical, Biological and Radiological Nuclear exposure which would sit under the overarching Health CBRNINC plan.
- National consistency in such areas as hospital lock down, decontamination and personal protection equipment.
- The Plan as a support to decision-making rather than creating perception of capacity and/or capability to respond to a CBRNINC.

Outcomes

AHPC endorsed the Radiological Guidelines with the amendment to include that QLD also has routine and traceable capability to measure fission products following a nuclear detonation.

AHPC to consider the Anthrax Guidelines out of session after CDNA review.

AHPC noted the Health CBRNINC Plan.

Action

DoHA to amend the Radiological Guidelines (page 62).

3.5.1 Asbestos: A guide for householders and the general public

Mr Jim Dodds reported that the *Asbestos: A Guide for householders and the general public* was developed in response to the high volume of individual householder inquiries received by state and territory environmental health units in relation to asbestos identification and management. The document draws together existing advice, available through various jurisdictions, to formulate nationally consistent advice to the general public on the public health risks associated with asbestos encountered during home renovations.

Mr Dodds advised that the development of the Asbestos Householders Guide has included extensive consultations with the jurisdictions and other government agencies including Safe Work Australia and the public.

AHPC noted that the Asbestos Management Review as a key factor in a timely release of the Asbestos Householders Guide.

Outcomes

AHPC endorsed the enHealth publication *Asbestos: A Guide for householders and general public*.

AHPC members indicated that this document did not require signoff from AHMAC state and territory CEs. The Chair undertook to ascertain the Commonwealth perspective on AHMAC sign off.

Action

DoHA to place the enHealth publication *Asbestos: A Guide for householders and general public* on the website.

3.5.2 Environmental Health Workforce Working Group Guidance Statements

Mr Jim Dodds advised that the *Environmental Health Workforce Working Group Guidance Statements* were endorsed by enHealth at their December 2011 meeting. enHealth decided that, due to the complex nature of workforce issues, a series of statements should be established to encompass overarching workforce issues. These are: supporting local government; education and training/ professionalism; and environment health technicians' support for environmental Health.

AHPC noted that these statements fit within the framework of the new *National Environment Health Strategy 2012-2015*.

Outcome

AHPC noted the enHealth Guidance Statements–Environmental Health Workforce.

Action

Nil.

3.6 The National Assessment of Health System Preparedness for Climate Change

Mr Peter Morris updated AHPC on the status of the National Assessment of Health System Preparedness for Climate Change (the Assessment). Mr Morris advised that in February 2012 the Department of Climate Change and Energy Efficiency and the Department of the Prime Minister and Cabinet advised that there no longer remained a compelling need for a published document to acquit the 2007 COAG decision to produce a National Adaptation Action Plan for Human Health.

As a result, Professor Chris Baggoley, Chief Medical Officer (CMO) and Chair of AHPC held a teleconference with jurisdictional Chief Health Officers and the Chair of the enHealth to decide on an appropriate strategy for adaptation action. Members agreed that their needs would be better met by developing an assessment of health system preparedness for climate change, involving two stages: stage

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one, undertaking a stocktake of current planning and preparedness; and stage two, analysing the results to identify any gaps. The final document is to be provided to the AHMAC.

Dr Richard Matthews, former Deputy Director-General at NSW Health, has joined a small team established in the Australian Government Department of Health and Ageing (DoHA) to work with jurisdictions under the guidance of the CMO. A survey accompanied by a background paper is to be circulated to members seeking input on jurisdictional adaptation planning and policies. DoHA will consolidate input and develop a gap analysis in consultation with jurisdictions. Dr Andrew Pengilley suggested that the draft questions are sent to states and territories for comment to ensure that there is clarity around the content of the questions.

Dr Kerry Chant raised the issue of taking account of the broader aspects of climate change such as equity and social structure as these indirectly affect the health systems preparedness for climate change.

Outcomes

AHPC notes the status of the Assessment.

DoHA to circulate the draft survey to AHPC for comments prior to seeking input.

Action

AHPC to provide input on the Assessment to DoHA.

3.7 Communicable Disease Control Framework

Dr Jenny Firman updated AHPC on the development of the National Framework for Communicable Disease Control in Australia. It is anticipated that a draft of this framework will be completed by March 2013 for AHPC endorsement by June 2013.

Dr Firman advised that the first national consultation workshop is being held on 2 May 2012 and will include CDNA members and possibly one additional jurisdictional representative, nominated by their jurisdictional CDNA member.

Outcome

AHPC noted the project update for a National Framework for Communicable Disease Control in Australia.

Action

Nil.

3.8 Antimicrobial Resistance Subcommittee Update

Mrs Margaret Duguid advised that the Antimicrobial Resistance Subcommittee (AMRSC) is due for consideration and endorsement by AHMAC on 27 April as part of its committee restructuring. It is proposed that AMRSC will be a Subcommittee of AHPC. AMRSC will oversee coordination of a national strategy for antimicrobial resistance in Australia.

Ms Duguid advised that whilst there are some national activities currently occurring in Australia to address the antimicrobial resistance these are limited. The scoping study and development of a business case will be used to provide recommendations on how current activities might be linked and to provide options for national reporting and analysis of antimicrobial resistance and usage surveillance.

Outcomes

AHPC endorsed the formation, Chair (Dr Marilyn Cruickshank) and membership of the Antimicrobial Resistance Subcommittee.

AHPC endorsed the proposal to undertake a scoping study and the development of a business case for national surveillance of antimicrobial resistance and usage.

Action

Nil.

3.9 National Medical Stockpile Taskforce progress update

Dr Gary Lum updated members regarding the progress of the National Medical Stockpile (NMS) Taskforce. The Taskforce had been established within the Office of Health Protection with an Interdepartmental Steering Committee chaired by DoHA and including Prime Minister and Cabinet, Department of Finance and Deregulation, Treasury, Defence, and the Therapeutic Goods Administration to oversee the process.

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The Strategic Review of the National Medical Stockpile identified a number of opportunities to enhance the operations and management of the Stockpile, particularly in collaboration with key stakeholders including state and territory health agencies. The primary outcomes of the Review can be summarised into three groups: inventory management, governance and planning, and deployment.

Dr Lum advised that the next step of the NMS reform is developing a medium to long term strategic plan in consultation with states and territories. This document will be developed over the coming months and will reflect an agreed position between the Commonwealth and states and territories on the degree of integration in inventory management, deployment processes and stockpile content. It is planned to present this paper to AHPC at the August 2012 meeting and then AHMAC.

Dr Andrew Pengilley suggested that the NMS needs to consider how much can be disclosed for security and classification issues. Dr Kerry Chant said that NSW would be keen to know the time to deployment. It does not necessarily need to know the location.

AHPC suggested that the NMS Stockpile is linked into the pandemic planning process and noted the role of the public and private sector, in particular the role of general practitioners.

Outcomes

AHPC agreed to the development of a medium to long term strategic plan for the National Medical Stockpile in consultation with states and territories.

AHPC noted the progress of the National Medical Stockpile Taskforce.

Action

AHPC to develop a medium to long term strategic plan for the National Medical Stockpile in consultation with states and territories.

3.10 Review of the National Health Security Agreement

Ms Morris informed AHPC of the requirement under the National Health Security Agreement to review its operation by June 2012 and that AHPC will be required to provide advice on this matter to AHMAC and SCoH.

AHPC agreed that the Review process would be undertaken through a joint working group comprising members from the Commonwealth and some or all of the states and territories, with membership being nominated by AHPC. Dr Kerry Chant and Dr Andrew Pengilley expressed interest in their state and territory being on the working group.

Ms Morris advised that the Department will prepare a paper to AHMAC in which AHPC recommends this course of action. AHPC will consider and approve this paper out of session.

Prof. Beverly Raphael said that sharing information could be important in the review of the National Health Security Agreement especially in light of the recent Norway experience.

Outcomes

AHPC noted that the National Health Security Agreement requires that it be reviewed by June 2012.

AHPC agreed to nominate a joint working group to undertake the Review.

AHPC agrees to make a recommendation, through AHMAC, to SCoH to endorse the Review strategy.

Action

AHPC to provide a list of potential members for the Working Party to undertake the Review.

4.1 Update on Nationally Coordinated Responses Since AHPC#19

Dr Gary Lum advised members on the initial responses to the contamination of the blood product Albumin, PIP breast implants, Papua New Guinea Landslide and floods in QLD, SA, NSW and VIC have completed. The National Incident Room continues to maintain a watching brief on these incidents.

Outcome

AHPC noted the recent nationally coordinated response to disaster and other protection issues.

Action

Nil.

4.2 Visiting Ships Panel (Nuclear)

Dr Gary Lum provided members with an update on the work of the Visiting Ships Panel (Nuclear) VSP(N) which has responsibility for developing guidelines and arrangement for nuclear powered warships (NPWs) visits to Australian ports in the unlikely event of a nuclear reactor incident during a visit.

AHPC noted it would be useful for NHEMS members to be aware of the emergency arrangements in place for ports which have been approved for visits by NPWs.

Outcome

AHPC agreed to invite the chair of the VSP(N), Commodore John Bryson and the ARPANSA representative, Dr Stephen Solomon to attend the next NHEMS meeting to present on the issue.

Action

Nil.

4.3 New MAE Program

Dr Jenny Firman updated AHPC on the new Master of Philosophy in Applied Epidemiology Program (MAE) at the National Centre for Epidemiology and Population Health (NCEPH) Australian National University (ANU).

Outcome

AHPC noted the new MAE Program being run by NCEPH at the ANU.

Action

Nil.

4.4 Progress in the implementation of recommendations of the Horvath Review

Ms Julianne Quaine updated members on the work on the Horvath Review. The key focus is on the recommendation to address the governance arrangements of the vaccine safety system in Australia and to establish a Vaccine Safety Committee. The Vaccine Safety Committee is expected to provide vaccine safety advice to the TGA and to OHP on vaccines provided on the National Immunisation Program.

AHPC noted that states and territories have broadly agreed on the minimum data set for reporting adverse events and these protocols are expected to be provided to the AHPC in May for consideration out of session.

Outcomes

AHPC noted the update on the implementation of the recommendations arising from the Horvath Review. AHPC noted the nationally agreed protocols for program action will be provided to the AHPC for consideration out of session.

Action

AHPC to be provided with the nationally agreed protocols for program action out of session.

5.1 AHPC AHMAC Cost-Shared Budget 2012-13 Work Program

Ms Morris updated AHPC on the AHPC AHMAC Cost-Shared Budget 2012-13 Work Program.

AHPC noted the new Blood Borne Virus and Sexually Transmissible Infection Subcommittee has not sought funding for its work program for 2012-2013. The new AMRSC sought funding for a scoping study and development of a business case for national surveillance of antimicrobial resistance and usage. This proposal would enable AMRSC to develop a business case for a coordinated, efficient national approach to antimicrobial resistance. AHPC noted this project is expected to take up to eighteen months and cost up to \$100,000. Up to \$50,000 will be paid by DoHA this financial year.

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New and carried over continuing projects for 2012-2013 are:

1. Proposal for scoping study and development of a business case for national surveillance of antimicrobial resistance and usage. Up to \$50,000
2. Development of a National Communicable Disease Control Framework. Up to \$62,000.
3. Series of National Guidelines. Up to \$40,000.
4. Expert advice to inform the review of the Australian Health Management Plan for Pandemic Influenza. Up to \$50,000.
5. Scoping study for a nationally consistent approach to a laboratory information sharing network. Up to \$30,000.
6. Australian Medical Assistance Team desktop (AUSMAT) exercise. Up to \$20,000.
7. Scoping study and development of a business case for national surveillance of antimicrobial resistance and usage. Up to \$50,000.

Outcomes

AHPC endorsed the activities to be funded under the AHPC AHMAC Cost Shared Budget for 2012-2013 Work Program.

AHPC noted updates on these activities will be provided in accordance with standard practice.

Action

AHPC project updates on these activities to be provided in accordance with standard practice.

5.2 Out of Session Items Update

Ms Morris provided a summary and progress on the items sent to AHPC Members out of session since the 19th AHPC meeting. There were no outstanding items.

Outcome

AHPC noted the update on items sent out of session.

Action

Nil.

5.3 Correspondence

Prof. Chris Baggoley notified AHPC members that no correspondence was sent and received since the 19th AHPC meeting held on 16 November 2011 (November 2011 to March 2012).

Outcome

AHPC noted nil outgoing correspondence since the 19th AHPC meeting held on 16 November 2012 (November 2011 to March 2012).

Action

Nil.

5.4 Meeting Schedule for 2012

AHPC discussed the venue and timing for meetings in 2012.

Members agreed that the 8 August 2012 meeting would be held in either Melbourne or Sydney.

Outcomes

Members agreed that the 8 August 2012 meeting to be held in Melbourne or Sydney.

Members agreed that the 16 November 2012 meeting would be held interstate to link in with the AHPC training session. Members noted a preference for this being held on the morning after the meeting.

Action

AHPC Secretariat to confirm location of the meeting scheduled for 8 August and 16 November 2012.

6.1.1 Other Business

Nil.

Prof. Baggoley closed the meeting at 1515 AEST.