

## Infectious disease policy framework

- 2.1 The way in which the Commonwealth Government and state and territory governments respond to threats of imported infectious disease is influenced by a global policy framework, led by the World Health Organization (WHO).
- 2.2 The Commonwealth plays an important role in coordinating public health at a national level. Although the Department of Health and Ageing (DoHA) has a coordination role, there are also a number of Commonwealth agencies in other portfolios that are likely to be involved in responding to an outbreak of infectious disease.
- 2.3 As part of Australia's constitutional arrangements, states and territories have primary responsibility for public health issues, including identifying, treating and controlling infectious diseases in their jurisdiction.<sup>1</sup> Each state and territory operates under its own public health legislation.
- 2.4 These three policy frameworks are discussed in further detail below, with the main focus of this inquiry being the national management of infectious disease issues.

### **Global policy framework**

- 2.5 In its response to infectious disease threats from international sources Australia aims to follow the global public health framework. This

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<sup>1</sup> Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 25 May 2012, p. 49.

framework underpins pandemic planning in Australia and the surveillance activities that are undertaken nationally.<sup>2</sup>

- 2.6 Australia is an active member of the WHO. The WHO provides a framework for discussions between countries regarding public health issues of global importance. Through the WHO, Australia has committed to various initiatives which aim to prevent the spread of infectious disease across international borders, including the:
- International Health Regulations; and
  - Millennium Development Goals<sup>3</sup>

### International Health Regulations (IHR)

- 2.7 As a member of the WHO, Australia is a signatory to the International Health Regulations (IHR), an international legal instrument which aims to:
- ... help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.<sup>4</sup>
- 2.8 As one of 194 signatories to the IHR, Australia is required to report certain disease outbreaks and public health events to the WHO, and strengthen its capacity for public health surveillance and response at a national level.<sup>5</sup>

### Millennium Development Goals

- 2.9 Through the Australian Agency for International Development (AusAID), the Commonwealth Government has committed to implementing the Millennium Development Goals (MDGs), which are agreed targets set by the world's nations to reduce poverty by 2015.<sup>6</sup>
- 2.10 Goal six of the MDGs is to combat HIV/ AIDS, malaria and other diseases. Specifically, this goal is to:

2 Ms Maria Jolly, Assistant Secretary, Health Protection and Surveillance Branch, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 7.

3 Ms Maria Jolly, Assistant Secretary, Health Protection and Surveillance Branch, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 7. See also Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 1.

4 World Health Organization, *What are the international health regulations?* <http://www.who.int/features/qa/39/en/index.html>, viewed on 27 February 2013,

5 World Health Organization, *What are the international health regulations?* <http://www.who.int/features/qa/39/en/index.html>, viewed on 27 February 2013,

6 AusAID, *Millennium Development Goals*, <http://www.ausaid.gov.au/aidissues/mdg/Pages/home.aspx>, viewed on 27 February 2013,

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.<sup>7</sup>

## Pandemic planning

2.11 The WHO also assists its member countries plan for a possible pandemic event. It is currently focussed on guiding countries to plan appropriately for pandemic influenza. An influenza pandemic occurs when:

- a new subtype of influenza virus emerges which most people haven't been exposed to, and are therefore highly susceptible;
- the virus has the potential to cause disease in humans; and
- the virus is easily and rapidly spread between humans, infecting large numbers of people worldwide with the potential for widespread mortality.<sup>8</sup>

2.12 In its 2005 report, *Responding to the Avian Influenza Pandemic Threat*, the WHO states:

Since late 2003, the world has moved closer to a pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred. All prerequisites for the start of a pandemic have now been met save one: the establishment of efficient human-to-human transmission. During 2005, ominous changes have been observed in the epidemiology of the disease in animals. Human cases are continuing to occur, and the virus has expanded its geographical range to include new countries, thus increasing the size of the population at risk. Each new human case gives the virus an opportunity to evolve towards a fully transmissible pandemic strain.<sup>9</sup>

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7 AusAID, *Millenium Development Goals*, viewed on 27 February 2013, <http://www.ausaid.gov.au/aidissues/mdg/Pages/home.aspx>

8 Department of the Prime Minister and Cabinet, *National Action Plan for Human Influenza Pandemic*, p. 4, <http://www.dpmc.gov.au/publications/pandemic/index.cfm>, viewed 7 January 2013.

9 World Health Organization, *Responding to the Avian Influenza Pandemic Threat*, 2005, p. 3.

- 2.13 To minimise the impact of a future influenza pandemic, the WHO has provided a framework to guide member countries in advance planning and preparedness for an influenza pandemic.<sup>10</sup>
- 2.14 The WHO provides a number of documents to assist countries in their pandemic planning, and encourages each country to develop their own national influenza preparedness and response plans.<sup>11</sup>
- 2.15 Based on the WHO framework, the Commonwealth Government and each state and territory government has created a comprehensive pandemic influenza plan to respond to an influenza pandemic.
- 2.16 Australia has its own list of pandemic phases based on the WHO model, but tailored to describe the situation in Australia and guide the national response to a pandemic.<sup>12</sup>
- 2.17 The Australian pandemic phases are:
- PHASE 1: ALERT
    - ⇒ Being alert to the risk of a pandemic and preparing for a pandemic
  - PHASE 2: DELAY
    - ⇒ Once the pandemic virus emerges overseas, keeping the virus out of Australia
  - PHASE 3: CONTAIN
    - ⇒ Once the pandemic virus does arrive in Australia, limiting the early spread
  - PHASE 4: PROTECT
    - ⇒ Protecting vulnerable people and those who care for them from the virus
  - PHASE 5: SUSTAIN
    - ⇒ Sustaining the response, while we wait for a pandemic vaccine
  - PHASE 6: CONTROL
    - ⇒ Controlling the pandemic spread with a vaccine
  - PHASE 7: RECOVER

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10 World Health Organization, *Pandemic Influenza and Preparedness Response*, 2009, [http://www.who.int/influenza/resources/documents/pandemic\\_guidance\\_04\\_2009/en/index.html](http://www.who.int/influenza/resources/documents/pandemic_guidance_04_2009/en/index.html), viewed on 28 February 2013.

11 World Health Organization, *Pandemic Influenza and Preparedness Response*, 2009, p. 9, [http://www.who.int/influenza/resources/documents/pandemic\\_guidance\\_04\\_2009/en/index.html](http://www.who.int/influenza/resources/documents/pandemic_guidance_04_2009/en/index.html), viewed on 28 February 2013,

12 Department of Health and Ageing, *FLUBORDERPLAN*, February 2009, Attachment A, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/fluborderplan>, viewed on 9 January 2013.

⇒ Once the pandemic is under control, returning to normal, while remaining vigilant.<sup>13</sup>

2.18 The influenza pandemic plans in place in the Commonwealth, state and territories are outlined further in this chapter.

## Commonwealth policy framework

2.19 At a Commonwealth level, responsibility for managing Australia's exposure to imported infectious diseases and the risk of epidemic or pandemic disease outbreaks is shared by numerous agencies, in differing capacities. These agencies include:

- The Department of the Prime Minister and Cabinet (PM&C);
- The Attorney-General's Department (AGD);
- The Department of Health and Ageing (DoHA);
- The Department of Immigration and Citizenship (DIAC);
- The Department of Agriculture, Fisheries and Forestry (DAFF);
- The Australian Agency for International Development (AusAID);
- The Department of Foreign Affairs and Trade (DFAT);
- Australian Customs and Border Protection Service (Customs); and
- The Department of Defence.

2.20 In the event of a pandemic or other national health emergency, a whole-of-government approach is employed to respond to the emergency. Mr Gregory Saphin of DIAC illustrated how Commonwealth agencies would work together to respond to a pandemic:

Yes, we are involved, with most other agencies in Canberra it seems, when the pandemic flag goes up, as it were. There are multiple whole-of-government meetings about ensuring that pandemic plans are in place. That is not just within the government agencies but also within the broader community. Again, they are run by the Department of Health and Ageing, as the lead agency. We have a major role in coordinating our

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13 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmp2009-1>, viewed on 7 January 2013, p. 17 and pp. 26-32. See also: Department of Health and Ageing, *FLUBORDERPLAN*, February 2009, Attachment A, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/fluborderplan>, viewed on 9 January 2013.

response at the border, particularly with DAFF, Customs et cetera. We do that in a coordinated way.<sup>14</sup>

- 2.21 How Australia responds to a pandemic event or infectious disease issue of national concern is addressed in Chapter 5 of this report.

### Committee comment

- 2.22 The Committee appreciates that the above list of agencies does not present an exhaustive list of all Commonwealth agencies involved in responding to infectious disease issues in Australia.
- 2.23 Due to the scope and nature of this inquiry, the Committee was unable to hear from all relevant Commonwealth agencies in these roundtable discussions.
- 2.24 Representatives of DoHA, DAFF/AQIS, DIAC and AusAID participated in the roundtable discussions for this inquiry. PM&C declined an invitation to participate in one of the roundtable discussions.
- 2.25 The roles of the PM&C, AGD, DoHA, DIAC, DAFF, AusAID and the state and territory governments are discussed further below.

### Department of Prime Minister and Cabinet (PM&C)

- 2.26 The Committee was informed through correspondence that PM&C had responsibility to support the Prime Minister where a national response was required for an influenza pandemic.<sup>15</sup>
- 2.27 In this capacity, PM&C produced the National Action Plan for Human Influenza Pandemic (NAP). The NAP is outlined further below.
- 2.28 In the event of a crisis requiring national coordination, the Committee was told that PM&C may convene the Australian Government Crisis Committee (AGCC) to coordinate a whole-of-government response. The AGCC has broad membership including representatives from key Commonwealth departments and agencies with responsibility for emergency management. There is also capacity for PM&C to convene a National Crisis Committee which would supplement the AGCC with representatives of the states and territories.<sup>16</sup>

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14 Mr Gregory Saphin, Director, Business Continuity and Incident Response Section, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 27.

15 Sourced from correspondence provided to the Committee secretariat from the Department of the Prime Minister and Cabinet, in an e-mail dated 18 July 2012 from Linda Geddes, Assistant Secretary, Cyber Policy and Homeland Security Division, Department of Prime Minister and Cabinet.

16 Sourced from correspondence provided to the Committee secretariat from the Department of the Prime Minister and Cabinet, in an e-mail dated 18 July 2012 from Linda Geddes, Assistant

- 2.29 The PM&C advised the Committee that apart from its coordination role in the event of an influenza pandemic, PM&C does not have a defined coordination role for other infectious disease outbreaks. This responsibility would lie with relevant departments, with the AGCC able to assist should a higher level of coordination be required.<sup>17</sup>

### National Action Plan for Human Influenza Pandemic (NAP)

- 2.30 The NAP outlines the roles and responsibilities of the Commonwealth, states and territories and local governments in the event of an outbreak pandemic human influenza. It sets out the coordination arrangements for the management of such an outbreak and its likely consequences.<sup>18</sup>
- 2.31 The NAP was originally endorsed by the Council of Australian Governments (COAG) at its meeting of 14 July 2006, and updated in April 2009, April 2010 and September 2011.<sup>19</sup>
- 2.32 The NAP builds on the health response to pandemic influenza threat outlined in the Australian Health Management Plan for Pandemic Influenza (AHMPPI)<sup>20</sup>, equivalent state and territory health plans and other emergency management plans.<sup>21</sup>
- 2.33 The NAP was updated in light of the lessons learned from the response to pandemic (H1N1) 2009.<sup>22</sup>
- 2.34 The NAP covers the following:
- Framework

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Secretary, Cyber Policy and Homeland Security Division, Department of Prime Minister and Cabinet.

- 17 Sourced from correspondence provided to the Committee secretariat from the Department of the Prime Minister and Cabinet, in an e-mail dated 18 July 2012 from Linda Geddes, Assistant Secretary, Cyber Policy and Homeland Security Division, Department of Prime Minister and Cabinet.
- 18 Department of the Prime Minister and Cabinet, *National Action Plan for Human Influenza Pandemic*, <http://www.dpmc.gov.au/publications/pandemic/index.cfm>, viewed on 7 January 2013.
- 19 Department of the Prime Minister and Cabinet, *National Action Plan for Human Influenza Pandemic*, <http://www.dpmc.gov.au/publications/pandemic/index.cfm>, viewed on 7 January 2013.
- 20 The Australian Health Management Plan for Pandemic Influenza (AHMPPI) is the national health plan for responding to an influenza pandemic developed by DoHA's Office for Health Protection in consultation with peak bodies, advisory groups and experts in pandemic influenza.
- 21 Department of the Prime Minister and Cabinet, *National Action Plan for Human Influenza Pandemic*, <http://www.dpmc.gov.au/publications/pandemic/index.cfm>, p. 3, viewed on 7 January 2013.
- 22 Department of the Prime Minister and Cabinet, *National Action Plan for Human Influenza Pandemic*, <http://www.dpmc.gov.au/publications/pandemic/index.cfm>, p. 3, viewed on 7 January 2013.

- ⇒ Purpose
- ⇒ Assumptions and considerations
- ⇒ Context
- ⇒ Prevention, preparedness, response and recovery
- ⇒ Key milestones in a national influenza pandemic
- Roles and responsibilities
  - ⇒ Division of roles and responsibilities
  - ⇒ Determination and announcement of key milestones in a national influenza pandemic
- National coordination
  - ⇒ National coordination mechanisms
  - ⇒ Workplace planning
- Public information coordination
  - ⇒ National announcement and messages<sup>23</sup>

## Attorney-General's Department (AGD)

- 2.35 The Attorney-General's Department (AGD), through Emergency Management Australia (EMA), is responsible for emergency management at a Commonwealth level, including developing policy and plans to respond to and minimise the effects of all natural disasters or crises. Circumstances which might require a national emergency management response are broad, and could include a pandemic event.<sup>24</sup>
- 2.36 EMA maintains a number of Australian Government emergency management plans, including the Australian Emergency Management Arrangements (AEMA), which provides an overview of how Federal, state, territory and local governments collectively approach emergency management, including catastrophic disaster events.<sup>25</sup>
- 2.37 The AGD oversees the Commonwealth response to any national emergency through the emergency management framework (if a

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23 Department of the Prime Minister and Cabinet, *National Action Plan for Human Influenza Pandemic*, <http://www.dpmc.gov.au/publications/pandemic/index.cfm>, p. ii, viewed on 7 January 2013.

24 See Attorney-General's Department, *Emergency Management* <http://www.ag.gov.au/EmergencyManagement/Pages/default.aspx>, viewed on 7 January 2013.

25 Attorney-General's Department, *Australian Emergency Management Arrangements*, p. 5, <http://www.em.gov.au/Emergencymanagement/Preparingforemergencies/Plansandarrangements/Pages/AustralianGovernmentEmergencyManagementPlans.aspx#aema>, viewed 7 January 2013.



Commonwealth response is required). Where the emergency is health related, DoHA coordinates with AGD and other agencies to implement a whole-of-government response.<sup>26</sup>

- 2.38 The Committee considers the role of DoHA, as the leading agency in a national health emergency, below.

## Department of Health and Ageing (DoHA)

- 2.39 DoHA works closely with other Commonwealth agencies, the states and territories, infectious disease experts and international agencies to develop Australia's communicable disease prevention and preparedness strategies.<sup>27</sup>
- 2.40 DoHA also has primary responsibility for coordinating a national response to any health emergency.<sup>28</sup> Planning and responding to a national health emergency is discussed further in Chapter 5.
- 2.41 The Office of Health Protection (OHP) within DoHA is responsible for public health on a Commonwealth level. The mission of OHP, in partnership with key stakeholders, is:
- ... to protect the health of the Australian community through effective national leadership and coordination and building of appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.<sup>29</sup>
- 2.42 OHP's primary goals are to:
- identify, analyse and prioritise health threats requiring national intervention;

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26 Dr Jennifer Ruth Firman, Principal Medical Adviser, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 6.

27 Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 2.

28 Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 2. The terms 'emergency' and 'disaster' are used nationally and internationally to describe events which require special arrangements to manage the situation. 'Emergencies' or 'disasters' are characterised by the need to deal with the hazard and its impacts on the community. The term 'emergency' is used on the understanding that it also includes any meaning of the word 'disaster'. See The Attorney-General's Department, *Australian Emergency Management Arrangements*, p. 5, footnote 2, <http://www.em.gov.au/Emergencymanagement/Preparingforemergencies/Plansandarrangements/Pages/AustralianGovernmentEmergencyManagementPlans.aspx#aema>, viewed 7 January 2013.

29 Department of Health and Ageing, *About the Office of Health Protection*, <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-about.htm>, viewed 29 November 2012.

- prevent health threats through implementation of national strategies and effective regulation;
  - support national health readiness through the development of plans, capacities and capabilities; and
  - coordinate health responses to emergencies and other threats.<sup>30</sup>
- 2.43 Ms Megan Morris, of the OHP, explained the Commonwealth's public health role:
- What we do, and what you have just heard described for a while, is that we both recognise and respect the role and the capability of states in public health, and the Commonwealth plays a coordinating and, where appropriate, a value-adding or leadership role.<sup>31</sup>
- 2.44 As part of its role in national coordination role, DoHA oversees the following, which are discussed further below:
- The National Notifiable Diseases Surveillance System;
  - National expert committees on infectious disease control; and
  - The Australian Health Management Plan for Pandemic Influenza.

### National Notifiable Diseases Surveillance System (NNDSS)

- 2.45 Each state and territory has public health legislation which lists 'notifiable' diseases that individual clinicians and laboratories are required by law to report to the authorities when they are detected. This data is shared with the Commonwealth (through DoHA) under the Nationally Notifiable Diseases Surveillance System (NNDSS).<sup>32</sup>
- 2.46 The NNDSS was established in 1990 through the Communicable Diseases Network Australia (CDNA). 65 communicable diseases must be reported through the NNDSS by the states and territories, although not all 65 diseases are notifiable in each jurisdiction.<sup>33</sup>
- 2.47 Data obtained through the NNDSS is made available to the public in several ways:

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30 Department of Health and Ageing, *About the Office of Health Protection*, <http://www.health.gov.au/internet/main/publishing.nsf/content/ohp-about.htm>, viewed 22 February 2013.

31 Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 25 May 2012, p. 49.

32 Dr Jennifer Ruth Firman, Principal Medical Adviser, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 45.

33 Department of Health and Ageing, *Surveillance Systems*, [http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-surv\\_sys.htm#nndss](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-surv_sys.htm#nndss), viewed on 14 January 2013.

- data is updated daily on DoHA's website;
- a summary report and data table are published each fortnight; and
- the data is published in *Communicable Disease Intelligence*<sup>34</sup>, a quarterly publication of DoHA.<sup>35</sup>

## National expert committees

2.48 DoHA, like the Commonwealth more broadly, draws on a pool of expertise in communicable disease control and related fields, through a number of national networks and working groups.

2.49 These groups report to and advise the Commonwealth about emerging infectious disease risks of national significance, as well as providing input into public health decisions, policy and programs.<sup>36</sup> Such groups include (but are not limited to):

- Australian Health Ministers' Advisory Council (AHMAC);
- Australian Health Protection Committee (AHPC);
- Australian Health Protection Principal Committee (AHPPC);
- Communicable Diseases Network Australia (CDNA);
- Public Health Laboratory Network (PHLN);
- National Health Emergency Management Subcommittee (NHEMS);
- National Pandemic Emergency Committee (NPEC);
- Commonwealth Government Deputy Secretaries' Inter-departmental Committee on Influenza Pandemic Prevention and Preparedness (IDC);
- Secretary and Health Chief Executive Officers' Committee (SEC/CEOs);
- Chief Medical Officer's Expert Advisory Group on Pandemic Influenza (EAG);
- National Influenza Pandemic Action Committee (NIPAC);
- National Tuberculosis Advisory Committee (NTAC);
- Australian Technical Advisory Group on Immunisation (ATAGI); and
- Seasonal Influenza Surveillance Strategy Working Group (SISSWG).

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34 Department of Health and Ageing, *Surveillance Systems*, [http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-surv\\_sys.htm#nndss](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-surv_sys.htm#nndss), viewed on 14 January 2013.

35 Department of Health and Ageing, *Surveillance Systems*, [http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-surv\\_sys.htm#nndss](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-surv_sys.htm#nndss), viewed on 14 January 2013.

36 Department of Health and Ageing, *Communicable diseases information*, <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-communic-1>, viewed 21 February 2013.

- National Arbovirus and Malaria Advisory Committee (NAMAC)
- 2.50 The Committee was told that the CDNA, PHLN and AHPC have key roles to play regarding a potential or actual communicable disease outbreak of national significance in Australia. These committees are discussed further below.

#### Communicable Diseases Network Australia (CDNA)

- 2.51 The CDNA was established in 1989 as a joint initiative of the National Health and Medical Research Council (NHMRC) and AHMAC.<sup>37</sup> The CDNA is a sub-committee of the AHPPC.<sup>38</sup>
- 2.52 The CDNA provides national public health coordination on communicable disease surveillance, prevention and control, and offers strategic advice to governments and other key bodies on public health actions to minimise the impact of communicable diseases in Australia and the region.<sup>39</sup>
- 2.53 The CDNA aims to oversee:
- the coordination of national communicable disease surveillance;
  - the response to communicable disease outbreaks of national importance; and
  - field training of communicable disease epidemiologists.<sup>40</sup>
- 2.54 Members of the CDNA include the head of each public health unit in the state and territory governments and additional experts from a range of associated areas.<sup>41</sup>
- 2.55 Dr Jennifer Firman, Principal Medical Adviser of the OHP, explained how the CDNA would mobilise in the event of an emerging health threat in Australia:

When an event like that occurs, CDNA would quickly meet and look at what sort of information is required for a coordinated

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37 Department of Health and Ageing, <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-cdna.htm>, viewed 19 April 2012.

38 Department of Health and Ageing, <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-cdna.htm>, viewed 19 April 2012.

39 Department of Health and Ageing, *Communicable Diseases Network Australia*, See also <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-cdna.htm>, viewed on 10 January 2013.

40 Department of Health and Ageing, <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-cdna.htm>, viewed 19 April 2012.

41 Dr Jennifer Ruth Firman, Principal Medical Adviser, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 25 May 2012, p. 39.

national response so that all the states and territories, who will actually be doing the work on the ground.<sup>42</sup>

2.56 Dr Firman said that once the group was mobilised, they would undertake the following tasks:

- develop a case definition to assist with diagnosis;
- consider what surveillance systems were needed to detect the disease quickly; and
- liaise with the PHLN to determine the laboratory capacity and laboratory issues associated with the disease.<sup>43</sup>

2.57 Dr Firman noted that while the states and territories were responsible for providing the nurses and doctors who treated and managed any outbreak of infectious disease in the hospitals, the CDNA had the major coordinating role.<sup>44</sup>

2.58 Dr Paul Armstrong, of the Western Australia Department of Health, told the Committee that CDNA was a key network and part of an effective system of managing cross border infectious disease issues:

If there were any type of national emergency, the CDNA can be very quickly convened by teleconference and the risk analysed. There is a national incident room at the Department of Health and Ageing where incidents such as the one you described – where, say, a measles case comes in through an infectious passenger who is on a plane travelling from Europe to Singapore to Perth to Sydney – we can quickly gather that information and feed it to the national incident room. From a national point of view, things are coordinated from there. So I think we do have a fairly effective system for managing those cross-border infectious disease issues.<sup>45</sup>

#### Public Health Laboratory Network (PHLN)

2.59 The PHLN is a collaborative group of laboratories which have expertise in, and provide services for, public health microbiology. It aims to provide

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42 Dr Jennifer Ruth Firman, Principal Medical Adviser, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 25 May 2012, p. 39.

43 Dr Jennifer Ruth Firman, Principal Medical Adviser, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 25 May 2012, p. 39.

44 Dr Jennifer Ruth Firman, Principal Medical Adviser, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 25 May 2012, p. 39.

45 Dr Paul Armstrong, Director, Communicable Disease Control Directorate, Department of Health, Western Australia, *Official Committee Hansard*, Perth, 8 August 2012, pp. 7-8.

leadership in all aspects of public health microbiology and communicable disease control.<sup>46</sup>

2.60 Dr David Smith, clinical virologist and Chair of the PHLN, advised:

The Public Health Laboratory Network was formed about 15 years ago to bring together major public health laboratories within the country to play a leading role in the laboratory aspects of public health microbiology control of infectious diseases. All of the jurisdictions are represented on that, with senior members from each of the laboratories. Most of us are medical practitioners who have specialised in microbiology in infectious diseases. Most of us also have associations with universities and with hospitals as well.<sup>47</sup>

2.61 The PHLN is a subcommittee of the AHPC.<sup>48</sup>

#### Australian Health Protection Committee (AHPC)

2.62 During any health emergency, the Australian Health Protection Committee (AHPC), a subcommittee of the Australian Health Ministers' Advisory Council (AHMAC), is convened. The AHPC is chaired by the Commonwealth Chief Medical Officer and comprises the chief health officers from each state and territory, and representation from the Department of Defence and Emergency Management Australia.<sup>49</sup>

2.63 Ms Megan Morris, of the OHP, told the Committee that the AHPC could be convened within half an hour's notice.<sup>50</sup>

2.64 The Committee was told that the CDNA, as a subcommittee of AHPC, provided advice to the AHPC and assisted in coordinating and leading the response to any national emergency.

2.65 Dr Firman told the Committee that the processes of the AHPC and CDNA had been tried and tested:

I think that the processes that we went through in terms of CDNA and AHPC are tested, tried and true. They work every time. In

46 Department of Health and Ageing, *Public Health Laboratory Network*, <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-phln-phln.htm>, viewed on 22 February 2013.

47 Dr David William Smith, Chair, Public Health Laboratory Network of Australia, *Official Committee Hansard*, Canberra, 25 May 2012, p. 35.

48 Department of Health and Ageing, 'Overview of the Public Health Laboratory Network (PHLN)' <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-phln-phln.htm>, viewed 29 November 2012.

49 Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 6.

50 Ms Megan Morris, First Assistant Secretary, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 6.

terms of the review post the pandemic [the flu pandemic], we looked back to say what we could do better just like every country in the world did and the WHO did. That issue about severity and having your response flexible was one of the key things to come through. We would set up systems whereby we could really assess that severity more efficiently than we did last time, so that we can get that information as quickly as possible. We have it clear that we have a plan that is quite flexible, that can respond to different levels of severity.<sup>51</sup>

- 2.66 The coordination between the national expert committees and the Commonwealth regarding infectious disease issues is discussed further in Chapter 6.

### The Australian Health Management Plan for Pandemic Influenza (AHMPPI)

- 2.67 The AHMPPI is a national health plan for responding to an influenza pandemic, based on international best practice and evidence. It was developed by the OHP in consultation with peak bodies, advisory groups and experts in pandemic influenza.<sup>52</sup>
- 2.68 The AHMPPI provides an overarching framework for preparedness and response activities within the health sector.<sup>53</sup> It was updated in December 2009 to reflect the lessons learnt from the H1N1 influenza pandemic.<sup>54</sup>
- 2.69 The AHMPPI provides clear links with whole of government planning and outlines where advice from the health sector would feed into whole of government decision making.<sup>55</sup>
- 2.70 The AHMPPI covers the following:
- Australia's Health Plan for Pandemic Influenza
    - ⇒ What is pandemic influenza
    - ⇒ The strategy for responding to an influenza pandemic

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51 Dr Jennifer Ruth Firman, Principal Medical Adviser, Office of Health Protection, Department of Health and Ageing, *Official Committee Hansard*, Canberra, 20 March 2012, p. 40.

52 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmpipi-2009-l>, viewed on 7 January 2013, p. 11.

53 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmpipi-2009-l>, viewed on 7 January 2013, p. 15.

54 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmpipi-2009-l>, viewed on 7 January 2013, p. 16.

55 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmpipi-2009-l>, viewed on 7 January 2013, p. 15.

- ⇒ Key actions to achieve operational objective
- How individuals can help control the spread of the virus
  - ⇒ Preparing your household for an influenza pandemic
  - ⇒ Infection control – general advice
  - ⇒ What happens if I have influenza
  - ⇒ If an infected person is being cared for in the household
  - ⇒ Psychological and mental health aspects
  - ⇒ Advice for individuals in the workplace
- More information for Decision Makers and Health Professionals
  - ⇒ Decision making structures
  - ⇒ Assumptions
  - ⇒ Looking to the future<sup>56</sup>

2.71 The AHMPPI describes the purpose of pandemic planning as follows:

The purpose of pandemic planning within the health sector is to ensure that we are ready whenever the pandemic occurs - ready to assess the situation, ready to make decisions quickly, ready to take action and most importantly ready to work together to reduce the impact and recover as quickly as possible. A coordinated response across all levels of government namely, Australian, state, territory and local, and across all sectors (for example, transport, power, food, telecommunications, welfare) is required to effectively respond to an influenza pandemic. Health is just one of many sectors that will be involved in the response. The health sector, however, plays a pivotal role within a whole of government response.<sup>57</sup>

2.72 The AHMPPI is designed to be read in conjunction with state and territory pandemic plans, whole of government pandemic plans (such as the NAP, outlined above) and broader emergency response strategies.<sup>58</sup>

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56 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmppi-2009-1>, viewed on 7 January 2013, pp. 4-6.

57 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmppi-2009-1>, viewed on 7 January 2013, p. 14.

58 Australian Health Management Plan for Pandemic Influenza, updated December 2009, <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/ahmppi-2009-1>, viewed on 7 January 2013, p. 16.



## The Department of Immigration and Citizenship (DIAC)

- 2.73 The Department of Immigration and Citizenship (DIAC) plays an important role protecting Australians from the importation of infectious diseases.
- 2.74 With four to five million visitors from overseas arriving in Australia each year, DIAC acknowledges that they cannot screen all people. Over 90 per cent of cross border arrivals are Australian residents returning after a short absence overseas or short-term visitors to Australia. The remainder are permanent or long-term arrivals.<sup>59</sup>
- 2.75 The following factors are used to determine which visitors are screened and what examinations they might undergo:
- the risk of tuberculosis (or multi-drug resistant tuberculosis) in the person's country of origin;
  - what people are coming for, how long they are coming for and whether there is any special significance around that particular visit;
  - if the person is arriving as part of a special humanitarian refugee; and
  - if the person is an irregular maritime arrival (ie a person without a valid visa arriving in Australia by boat).<sup>60</sup>
- 2.76 Applicants for Australian visas have to meet health requirements set out in migration law. Dr Paul Douglas of DIAC advised that the purpose of the health requirement was to protect the Australian community from public health and safety risk and to contain public expenditure.<sup>61</sup>
- 2.77 Under the *Migration Act 1958*(Cth), there are two specific public health criteria:
- the applicant must be free from tuberculosis; and
  - the applicant must not be a public health threat or danger to the Australian community.<sup>62</sup>
- 2.78 DoHA provides DIAC with advice as to what is considered to be a public health threat or public health risk.<sup>63</sup>

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59 Australian Bureau of Statistics, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Previousproducts/3401.0Feature%20Article1Dec%202012?opendocument&tabname=Summary&prodno=3401.0&issue=Dec%202012&num=&view=>, viewed 7 March 2013.

60 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

61 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

62 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

- 2.79 Before being granted a visa, some migrants and refugees may be required to enter into a 'Health Undertaking', if this is deemed necessary by the assessing Medical Officer.<sup>64</sup>
- 2.80 Entering into a Health Undertaking requires the visa holder to undergo any medical treatment requested by the relevant state or territory jurisdiction. While TB control remains the primary condition of concern, Dr Douglas emphasised that the Health Undertaking applies more broadly:
- That health undertaking means that, when a client turns up onshore, they have to present themselves to a public health service within each of the state jurisdictions and undergo any treatment that state jurisdiction says. It does not just relate to TB; it relates to other public health diseases – communicable diseases such as hepatitis, HIV, leprosy, to name a few.<sup>65</sup>
- 2.81 People who have entered into a Health Undertaking can be tracked through a central database. Dr Douglas advised that if an individual on a Health Undertaking does not contact DIAC within 28 days of their arrival into Australia, they will be followed up by DIAC.<sup>66</sup>
- 2.82 DIAC works with state and territory-run clinics which advise whether a person has complied with their Health Undertaking.<sup>67</sup> Dr Douglas explained the success of this follow up process:
- Initially, we have about a 75 per cent positive contact rate. After that 28 days and the follow-up, we are now sitting at around 97 per cent follow-up and contacting these people.<sup>68</sup>
- 2.83 DIAC undertakes health screening for all people who are placed in immigration detention. Health screening for people in immigration detention consists of a physical examination, blood tests for some blood-borne viruses, and a chest X-ray. Anyone who is found to have active TB

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63 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

64 Department of Immigration and Citizenship, *Health Undertakings*, Canberra, 25 May 2012, <http://www.immi.gov.au/allforms/health-requirements/health-undertakings.htm>, viewed 10 December 2012.

65 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

66 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 26.

67 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 26.

68 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 26.

or any other communicable disease is treated by DIAC's contracted health provider, IHMS, under the jurisdiction of whichever state they are in.<sup>69</sup>

- 2.84 In the event of a risk of epidemic or pandemic disease outbreak, DIAC acts in accordance with the appropriate Commonwealth action plans and in conjunction with other agencies, including PM&C, AGD, DoHA, DAFF and Customs.<sup>70</sup>

## The Australian Agency for International Development (AusAID)

- 2.85 The Australian Agency for International Development (AusAID) has a role in identifying health issues in the region, strengthening country capacity and, along with other Commonwealth departments, supporting multilateral organisations, like the WHO, with health investments.<sup>71</sup>
- 2.86 AusAID works closely with other agencies, particularly DAFF, in undertaking surveillance and monitoring activities in the region, including on diseases that can be transmitted between humans and animals.
- 2.87 In the event of a humanitarian emergency, AusAID would work with other agencies such as DoHA and non-government agencies to respond to the emergency, with a focus on both humanitarian issues and the national interest.<sup>72</sup>
- 2.88 Ms Jenny Da Rin of AusAID expanded on the breadth of the agency's responsibilities regarding health issues across international borders:

We have an aid policy framework and one of the strategic goals in that policy framework is to save lives. We have a health strategy that sits under that framework and talks about our areas of focus. One of our areas of focus is combating infectious and non-communicable diseases and also strengthening health systems. Probably our biggest investments really are about building partner-government capacity to deal with these issues themselves, to monitor effectively both at the national level and at the subnational level, and to have good data so that they have got a

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69 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

70 Dr Paul Douglas, Chief Medical Officer and Global Manager Health, Department of Immigration and Citizenship, *Official Committee Hansard*, Canberra, 25 May 2012, p. 20.

71 Ms Jenny Da Rin, Assistant Director General, Education and Health Branch, AusAID, *Official Committee Hansard*, Canberra, 25 May 2012, p. 19.

72 Ms Jenny Da Rin, Assistant Director General, Education and Health Branch, AusAID, *Official Committee Hansard*, Canberra, 25 May 2012, p. 19.

good understanding of what is going on, and to have effective coordination and control.<sup>73</sup>

2.89 Ms Joanne Greenfield of AusAID, told the Committee:

So we take a multipronged approach to what we do and we build up a framework around actually building the systems in the countries that we work in to actually deliver the health services to save lives, to control diseases and to prevent maternal and child deaths.<sup>74</sup>

## The Department of Agriculture, Fisheries and Forestry (DAFF)

2.90 DAFF manages biosecurity at the border, both for passengers and for imports.<sup>75</sup> DAFF undertakes most of its work under the *Quarantine Act 1908* (Cth). This Act is co-administered by the Minister for Agriculture, Fisheries and Forestry and the Minister for Health and Ageing.<sup>76</sup>

2.91 At the time of completing this inquiry, the *Biosecurity Bill 2012 (the Bill)* had been introduced into Parliament. The Explanatory Memorandum explains the purpose of the Bill:

The Biosecurity Bill 2012 (the Bill) will provide the primary legislative means for the Australian Government to manage the risk of pests and diseases entering Australian territory and causing harm to animal, plant and human health, the environment and the economy.<sup>77</sup>

2.92 The Explanatory Memorandum notes the Bill will largely reflect the current operation of the *Quarantine Act*, and will provide an improved and modernised regulatory framework.<sup>78</sup>

2.93 DAFF's responsibilities in protecting Australians from infectious disease imported from overseas includes:

- delivering passenger screening services at the border on behalf of DoHA;

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73 Ms Jenny Da Rin, Assistant Director General, Education and Health Branch, AusAID, *Official Committee Hansard*, Canberra, 25 May 2012, p. 19.

74 Ms Joanne Greenfield, Senior Health Officer, AusAID, *Official Committee Hansard*, Canberra, 25 May 2012, p. 19.

75 Ms Rona Mellor, Deputy Secretary, Biosecurity, Department of Agriculture, Fisheries and Forestry, *Official Committee Hansard*, Canberra, 25 May 2012, pp. 20-21.

76 Ms Rona Mellor, Deputy Secretary, Biosecurity, Department of Agriculture, Fisheries and Forestry, *Official Committee Hansard*, Canberra, 25 May 2012, p. 21.

77 *The Parliament of the Commonwealth of Australia – Biosecurity Bill 2012, Explanatory Memorandum.*

78 *The Parliament of the Commonwealth of Australia – Biosecurity Bill 2012, Explanatory Memorandum.*

- managing the Imported Food Inspection Scheme, on behalf of DoHA, under the Australia New Zealand Food Standards Code managed by Food Standards Australia New Zealand (FSANZ), including testing for certain chemicals and diseases within imported food
  - managing all exports going out of the country and certifying that they are safe<sup>79</sup>
- 2.94 DAFF has a focus on animal and plant health, including monitoring zoonoses (diseases which can cross from animals to humans), issuing import permits for the management of goods coming across the border, and managing passenger, vessel and cargo movements.<sup>80</sup>

## State and territory policy framework

### State and territory legislation

- 2.95 The states and territories retain major responsibility for public health management of communicable diseases.<sup>81</sup>
- 2.96 In each state and territory, public health legislation has been implemented which mandates the reporting of certain diseases by medical practitioners, hospitals, and/or laboratories to the relevant state or territory communicable diseases unit.
- 2.97 The relevant state and territory legislation is:
- *Public Health Act 1997* (ACT);
  - *Public Health Act 1991* (NSW);
  - *Notifiable Diseases Act* (NT);
  - *Public Health Act 2005* (Qld);
  - *Public Health Act 2011* (SA);
  - *Public Health Act 1997* (Tas);
  - *Public Health and Wellbeing Act 2008* (Vic); and
  - *Health Act 1911* (WA).<sup>82</sup>

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79 Ms Rona Mellor, Deputy Secretary, Biosecurity, Department of Agriculture, Fisheries and Forestry, *Official Committee Hansard*, Canberra, 25 May 2012, p. 21.

80 Ms Rona Mellor, Deputy Secretary, Biosecurity, Department of Agriculture, Fisheries and Forestry, *Official Committee Hansard*, Canberra, 25 May 2012, p. 21.

81 Department of Health and Ageing website, accessed on 23 October 2012, <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-state-legislation-links.htm>

- 2.98 Notifications are collected at a state/territory level, and then DoHA collates the information into the National Notifiable Diseases Surveillance System (NNDSS) for analysis at a national level.

### State and territory pandemic influenza plans

- 2.99 Each state and territory has its own pandemic plan; these include:
- Australian Capital Territory Health Management Plan for Pandemic Influenza
  - NSW Health Influenza Pandemic Plan
  - Northern Territory Special Counter Disaster Plan for Human Pandemic Influenza
  - Queensland Pandemic Influenza Plan
  - South Australia Pandemic Influenza Operational Plan for Health Care Workers
  - Tasmanian Action Plan for Human Influenza Pandemic
  - Victorian Action Plan for Human Influenza Pandemic
  - Western Australian Health Management Plan for Pandemic Influenza<sup>83</sup>

### Committee comment

- 2.100 It is not possible for this report to present a comprehensive overview of Australia's infectious disease policy framework. Rather the Committee prefers to provide an insight into the infectious disease control policy environment and describe the context of some of the key policy initiatives.
- 2.101 In presenting this information in summary form, it has become evident to the Committee just how complex the infectious disease policy framework actually is. For example, the report has listed nine Commonwealth Government agencies that have a significant role in managing infectious disease and biosecurity threats to Australia. The Committee acknowledges that there are may be others agencies that are not included in that list. The report also lists 15 expert committees and working/ advisory groups, and briefly outlines some of major infectious disease management/ response plans. The Committee realises that the list of expert committees and plans is by no means exhaustive.

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82 Department of Health and Ageing website, <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-state-legislation-links.htm>, viewed on 23 October 2012.

83 To view each state and territory pandemic influenza plan, see Department of Health and Ageing, *Plans and guidelines*, <http://www.health.gov.au/internet/panflu/publishing.nsf/Content/plans-1>, viewed 9 January 2013.

- 2.102 At a national level, Australia's federal system of government means that responsibility is shared between Commonwealth, and state and territory governments. Australia's national infectious disease policy framework also sits within broader global policy context.

### **Recommendation 1**

- 2.103 **The relevant government agencies that have a significant role in managing the biosecurity threat develop a coordinated approach which addresses the health threats to Australians and recognises the impact on the economy.**
- 2.104 In the remainder of the report the Committee will examine in more detail key issues that have arisen during roundtable discussions. A recurring theme, the need to coordinate Australia's national infectious disease control, is specifically addressed in Chapter 6.

