

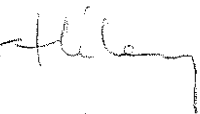
Australian Government
Department of Health and Ageing

Secretary
Dept of Parliamentary Services

RESUBMIT

SECRETARY

Ms Hilary Penfold QC
Secretary
Department of Parliamentary Services
Parliament House
CANBERRA ACT 2600

Dear Ms Penfold 

I am writing to you to express my disappointment at the report, "*Critical but stable: Australia's capacity to respond to an infectious disease outbreak*", released on 16 November by the Parliamentary Library, which I understand falls within your Department.

The Parliamentary Library has built an enviable reputation for the quality and credibility of its research over the years. I therefore find it unusual that this report does not meet the high standards for fact and research that the Library has prided itself on previously.

There are several errors in fact, which I believe need to be addressed urgently.

- The Biosecurity and Disease Control Branch in the Department of Health and Ageing has responsibility for coordinating surveillance, disease management, health emergency preparedness and response planning. This is significantly broader than the role outlined in the report.
- The Biosecurity and Disease Control Branch has four medical advisers on staff in addition to epidemiologists, microbiologists, medical anthropologists and other health scientists in leading policy and advisory positions. With regard to sourcing external expertise, the Chief Medical Officer (CMO) has visited each of the professional colleges and has arrangements in place to source senior expert advice on a 24-hour basis as required.
- Further, the Department has established an internal Chemical, Biological and Radiological (CBR) Committee to coordinate internal efforts and share information on the development of responses to natural and man-made threats. Membership of the CBR Committee includes the Chief Medical Officer, Professor Horvath, and the Chief Medical Adviser to the Therapeutic Goods Administration, Dr John McEwan. This Committee monitors the global situation with regard to avian influenza and Severe Acute Respiratory Syndrome (SARS) as part of its key responsibilities.

- My Department has been, and continues to be, involved in many training exercises involving a wide range of Federal and State and Territory agencies. To date in 2004, my Department has participated in 5 exercises and already is planning to participate in up to a further 8 exercises in the next twelve months. These exercises range from 'desk exercises' to test existing plans, to extensive full-scale exercises involving many agencies and operational staff across the Australian Government and States and territories.
- The Quarantine Act provides the CMO with wide ranging powers if needed. Further, the role of the CMO in a national health emergency, such as an influenza pandemic, is clearly defined in national response plans, with escalation of response linked to declarations of emergency by the CMO.

Other areas where the report would benefit from the inclusion of additional information are:

- A review of the international or peer reviewed literature and research on bioterrorism, disease surveillance or planning for health emergencies.
- Detailing the key role of the Australian Health Disaster Management Policy Committee (AHDMPCC). This committee has responsibility for the national coordination of responses to a health emergency. Members include the Deputy Secretary of the Department of Health and Ageing, Ms Mary Murnane, the CMO, Professor John Horvath, and the Chief Health Officers in each State and Territory. It brings together high level representatives of all of the key agencies that would be involved in a national response to a disaster or emergency. AHDMPCC has investigated the ability of the hospital systems to meet rapidly increasing demands, such as a national health emergency. All jurisdictions have in place disaster plans underpinned by state health exercises and operation centres.

I am concerned that in developing the report, my Department was not consulted. The Department of Health and Ageing has responsibility for leading Australia's response and preparedness planning with regard to infectious diseases. Further, the methodology underpinning the report would be strengthened by a reduced reliance on information gathered through informal sources, such as opinions that are not attributed and news reports. It would be further strengthened by the inclusion of comments and more formal input drawn from a wider range of individuals who are engaged in responses to emerging diseases and biological threats.

I would urge you to consider revising the report to overcome these shortcomings. As it stands, the report does not provide a comprehensive view of Australia's preparedness planning. Therefore it does not meet the brief it set out to fulfil. My Department would be pleased to assist in this task. Should you wish to discuss this matter further, please contact Ms Mary Murnane, Deputy Secretary, on 6289 8406.

Yours sincerely,



Jane Halton
Secretary

16 November 2004