



Australian Government

Department of Defence
Defence Personnel Executive

Minute

Head Defence Personnel
Executive

HDPE 223/04

Senator Hutchins

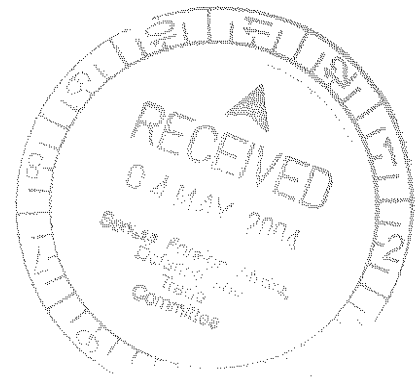
Chair

Senate, Foreign Affairs, Defence and Trade References Committee

**SENATE, FOREIGN AFFAIRS, DEFENCE AND TRADE REFERENCES
COMMITTEE - INQUIRY INTO CURRENT HEALTH PREPARATION
ARRANGEMENTS FOR THE DEPLOYMENT OF AUSTRALIAN DEFENCE
FORCES OVERSEAS - QUESTIONS ON NOTICE**

1. On 26 February 2004, the Director General Defence Health Service, Air Commodore Tony Austin, appeared before the Senate Committee Inquiry into Current Health Preparation Arrangements for the Deployment of Australian Defence Forces. At this hearing he took a number of questions on notice. The responses to these questions are attached.
2. At the end of the hearing Senator Mark Bishop asked that Major General Stevens brief the Committee on the Review of the Defence Health Service. This request will be considered further by the Minister for Defence after the findings of the report have been considered.

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Defence Civilians Vaccinated Against Anthrax

QUESTION 1

Senator Bishop

Hansard: page 55

- a) Were any Defence civilian personnel vaccinated against anthrax?
- b) If so, how many?

RESPONSE

- a) Yes.
- b) 24 personnel.

Expired Anthrax Batches

QUESTION 2

Senator Bishop

Hansard: pages 57 to 65

- a) How many individual vaccinations were in the batch that was alleged to have been faulty?
- b) When did you first become aware that a batch of the vaccine might be faulty? I am not saying it was, but it might have been?
- c) How long would you have had the vaccine in stock?
- d) What is the situation with the UK stock? (refers to manufacturer-recommended life)
- e) If it is decanted into vials, is the shelf life 12 months as well? (refers to UK vaccine)
- f) And what was its manufacture date (refers to UK vaccine)
- g) In terms of the UK, do you know the manufacturer's expiry date?
- h) In terms of the US, do you know the manufacturer's expiry date?
- i) You might check those points for us because it does get to the heart of the problem in the context of our earlier discussion: whether expired drugs were administered (refers to HMAS Kanimbla and HMAS Darwin).
- j) When was the decision made to administer the vaccine at sea, who made the decision, how was it communicated down the line, when the decision was made to implement it and whether the senior officer was simply carrying out instructions, orders or advice as to the processes he carried out?

RESPONSE

- a) The batch referred to as 'alleged to have been faulty' is UK anthrax batch No 390. The primary vaccination schedule for this vaccine consists of four doses. Therefore, the 1200 doses received would have been sufficient to complete the primary vaccination schedule for 300 personnel.
- b) On 12 November 2001, the Defence Health Service was advised by a unit in South Australia conducting a vaccination program, that the adverse event profile appeared worse than anticipated. The reason for the higher than expected adverse events was not known, but a faulty batch was one possible explanation. The vaccination program was suspended on 16 November 2001.
- c) UK anthrax vaccine batch No 390 was in stock in Australia for less than one month before use.
- d) The shelf life for the UK anthrax vaccine is two years from the date of manufacture.
- e) Decanting does not have any impact on the expiry date of the UK vaccine. The UK vaccine expiry date is set at two years from the date of manufacture, regardless of the time of shipping or any other processing.
- f) UK anthrax vaccine batch No 390 was manufactured (certified for release) on 31 January 2001.
- g) For UK batch 390, the expiry was 31 January 2003. The UK vaccine used for personnel deploying to the war in Iraq was UK batch No 413, received in Australia in July 2002, with an expiry date of 29 February 2004.
- h) Three batches of US anthrax vaccine were used for personnel deploying to the war in Iraq. These were US batch No FAV066 (expiry date 26 August 2003), batch No FAV072 (expiry date 27 February 2004), batch No FAV075 (expiry date 13 June 2004).

- i) Personnel deploying to Iraq who were vaccinated against anthrax received either the US or the UK vaccine. No vaccine batches used were out of date.
- j) On 10 January 2003 an in-principle decision was made to vaccinate personnel deploying to the Middle East against anthrax. In the interim, Headquarters Australian Theatre directed all tasked areas to prepare to implement the vaccination program if, and when ordered. The order to vaccinate was given on 3 February 2003, at which time the ship was conducting its final readiness evaluation and final stores had to be loaded in Darwin on 4 February 2003, so implementation was not possible until 5 February 2003.
 - i. Commander Australian Theatre made the decision.
 - ii. The decision was communicated down the chain of command by signal message.
 - iii. Authorisation to commence the anthrax vaccination program was made on 3 February 2003. The Commanding Officer HMAS Kanimbla implemented the decision onboard his ship.
 - iv. The Commanding Officer HMAS Kanimbla was following the order of his superior officers (the most senior being the CDF) to conduct the vaccination program, and taking account of medical advice.

Biological and chemical threats

QUESTION 3

Senator Bishop

Hansard: pages 65 to 87

- a) Can you tell me what other assessed biological threats there were to our deployed forces – other than anthrax?
- b) What vaccines were available for those other assessed threats?
- c) Can you take it on notice to provide details of the assessed chemical warfare threats?
- d) What equipment/agents were available to counter these chemical threats?

RESPONSE

- a) The potential biological threats were advised by the Defence Intelligence Organisation and the information is security classified.
- b) to d) The information is classified security.

Number of Reservists in Iraq

QUESTION 4

Senator Bishop

Hansard: page 87

- a) Can you take on notice the number of Reservists who were dispatched (refers to Iraq)?
- b) Were any of the MOs or those other levels – not MOs but health people who were embedded or attached, reservists as well?

RESPONSE

- a) Reservists deployed to Iraq were on “Full-Time Service” and administered the same as members of the permanent force. Separate data is not recorded for Reservists once they are “Full-Time Service”.
- b) There were six Reservist Medical Officers (MO) (3 Navy and 3 Air Force) deployed. There were three Navy Reservist health support personnel deployed.

Multiple vaccinations

QUESTION 5

Acting Chair, Senator Hogg

Hansard: page 63

How many instances are there of people being vaccinated on more than one occasion?

RESPONSE

353 personnel received two doses of anthrax vaccine and 2,263 personnel received three doses of vaccine, which is in accordance with the promulgated vaccination schedules. An additional 17 personnel who had previously been vaccinated against anthrax received a booster.

Implementation Dates of HealthKeys Project

QUESTION 6

Acting Chair, Senator Hogg

Hansard: page 70

What about Phase 2 (refers to implementation dates of HealthKeys project)?

RESPONSE

Implementation of Phase 2 is planned for July 2005 to December 2009.

Senate, House of Representatives, Joint House Committee or ANAO inquiries

QUESTION 7

Acting Chair, Senator Hogg

Hansard: page 91

I would like to know what internal or Senate or House of Representatives or joint house committee inquiries you have been subjected to and what ANAO inquiries you have been subjected to in the last ten years.

RESPONSE

There have been three major inquiries into the Defence Health Service over the last 10 years:

- Defence Efficiency Review 1996 and Defence Reform Program 1996/1997.

The Defence Efficiency Review Report was tabled on 1 March 1997 and made the following recommendations:

Defence should implement a program structure which is more closely aligned to its functions and outputs... and

Responsibility and accountability for the provision of health services are fragmented and diffused throughout the Defence Organisation. Scope exists to improve the efficiency and effectiveness of deployable health support capabilities as well as in the provision of in-base health support. We believe that a single, integrated, joint health organisation should be formed to control all Defence health activities.

- Australian National Audit Office (ANAO) Audit 1997 and ANAO follow up Audit 2001.

The ANAO audit report on the Defence Health Service was tabled in Parliament on 27 May 1997, and made 19 recommendations for improved efficiency and cost-effectiveness of which Defence agreed to all but one.

Four of the agreed recommendations have not yet been implemented. They are dependent on the completion of rationalisation and the installation of HealthKEYS.

The Joint Committee of Public Accounts considered the Report on 25 July 1997 and in its Report 359, made two recommendations that were particularly pertinent to the Defence Health Service:

Defence to cost hospitals and medical facilities and rationalise beds where costs exceed those of comparable civilian facilities; and

Defence take steps towards sourcing its requirements for dentists from outside the full-time ADF.

- Inspector General Department of Defence inquiry HealthKEYS 2002.

The Inspector General inquiry provided a report in December 2002, which made recommendations regarding deliverables, project board meetings and record keeping. As a result, in-patient record capability is being addressed. While HealthKEYS was always intended to focus on outpatient care, the project is currently costing and building a functional requirement for an in-patient module.