

A report from the Communicable Diseases Network Australia, July to September 2004

The Communicable Diseases Network Australia (CDNA) consists of communicable disease authorities from various Australian Government agencies and state and territory health authorities, in addition to expert bodies and individuals in the specific areas of communicable disease epidemiology, clinical management, disease control and laboratory diagnosis. The CDNA provides national public health leadership and co-ordination 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.

Summary of major CDNA activities for the period July to September 2004

During this quarter, CDNA identified several projects/areas to be addressed including:

- proposed changes to the *Australian Immunisation Handbook* 8th Edition 2003 relating to the use of Japanese encephalitis (JE) vaccine for people travelling to Papua New Guinea (PNG);
- acute rheumatic fever and rheumatic heart disease (ARF-HD) as a notifiable disease;
- development of norovirus and meningococcal guidelines;
- policies for the management of health care workers and blood-borne viruses;
- sexually transmitted infection (STI) surveillance in states and territories;
- the management of avian influenza; and
- a recently reported case of Creutzfeld-Jakob disease (CJD) in Victoria.

Changes to *Australian Immunisation Handbook* on Japanese encephalitis and travel to Papua New Guinea

CDNA reconsidered available evidence in relation to JE vaccination travellers to PNG, i.e. a report provided by the Australian Technical Advisory Group on Immunisation (ATAGI) titled '*Japanese Encephalitis Virus: Its potential risk to human and animal health in Australia*', and agreed to accept the ATAGI recommendation to amend the *Australian Immunisation Handbook* to recommend JE vaccination for 'travellers intending to spend a month or more in PNG, particularly if the travel is during the wet season'.

Acute rheumatic fever and rheumatic heart disease as a notifiable disease

The report *Should Acute Rheumatic Fever and Rheumatic Heart Disease be Notifiable?*, prepared by Northern Territory MAE student Philippa Burns, was submitted to CDNA in July 2004, for consideration to make ARF-HD a nationally notifiable disease (ARF-RHD is already a notifiable disease in Northern Territory and Queensland). The North Queensland Tropical Health Unit is preparing a report on the last five years of ARF-RHD data, which may have some bearing on the argument of national notification. This issue will be further discussed at the upcoming CDNA face-to-face meeting on 28–29 November 2004.

Development of norovirus guidelines

In response to continuing reporting of norovirus outbreaks in most states and territories, CDNA agreed to undertake the development of national norovirus guidelines to reduce the incidence of norovirus outbreaks, particularly in settings such as nursing homes and child care facilities. It is anticipated that the guidelines will be available in the second half of 2005.

Development of meningococcal guidelines

A CDNA sub-committee, the Meningococcal Disease Committee (MDC), has recently been reformed. A primary task for the MDC is to review the *Guidelines for the Early Clinical and Public Health Management of Meningococcal Disease in Australia*. Consideration of the meningococcal data fields in relation to enhanced surveillance national datasets is another MDC priority.

Review of sexually transmitted infection surveillance at the state and territory level

CDNA recently endorsed the report, provided by the National Centre on HIV Epidemiology and Clinical Research on behalf of the STI Surveillance Committee (a sub-committee of the Inter-governmental Committee on AIDS/HIV, hepatitis C and Related Diseases). The report was commissioned to document and compare the current state and territory health authority surveillance activities for the four notifiable bacterial STIs, chlamydia, donovanosis, gonorrhoea and syphilis, and to provide procedural recommendations for future national STI surveillance within the framework of the National Notifiable Diseases Surveillance System. The findings of the report indicate the need for a nationally coordinated STI surveillance program. The report will shortly be made available on the CDNA website.

Management of avian influenza

In September 2004, the National Influenza Pandemic Action Committee (NIPAC), advised CDNA that they were developing operational guidelines for implementation of the *National Pandemic Influenza Action Plan*. The initial strategy is containment via use of anti-virals, quarantine isolation and contact

tracing. If and when an epidemic is declared in Australia the second part of the strategy, maintaining essential services, will come into effect. NIPAC will provide a draft of the operational response plan to CDNA in October 2004 for comment.

Classical Creutzfeld-Jakob disease case in Victoria

In September 2004, the Jurisdictional Executive Group of CDNA convened to inform members of a classical CJD case in a cranial surgery patient (now deceased) at Royal Melbourne Hospital. Issues covered included notification of the 1,056 surgical patients who were potentially exposed, instrument sterilisation procedures, the impact on future surgery and blood and organ donation. Investigations on the possible cause of transmission continue.

How to contact CDNA

Key activities of CDNA will be reported quarterly in *Communicable Diseases Intelligence*. For further information, please contact the CDNA Secretariat at: CDNA@health.gov.au, or telephone +61 2 6289 7983 or refer to the CDNA webpages at <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/cda-cdna-index.htm> and <http://www.nphp.gov.au/workprog/cdna/index.htm>