

A report from the Communicable Diseases Network Australia January – March 2005

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.

Face-to-face meetings

In mid-March the full CDNA met in Adelaide, along with the CDNA Jurisdictional Executive Group (JEG). Further details of the meetings will be reported to *Communicable Diseases Intelligence* as outcomes are achieved. The major discussion points of these meetings were:

- revision of National Smallpox Guidelines;
- revision of the National Norovirus Guidelines;
- planning for the Communicable Diseases Control Conference 2-3 May 2005;
- Business Rules are being developed and will result in protocols for all aspects of the CDNA and its subcommittees (including appointment of the CDNA chair and making diseases nationally notifiable); and
- a workshop addressing the protocols around communicable diseases exposure on airlines and contact tracing to be conducted in Canberra in April 2005 was discussed.

These face-to-face meetings also provided an opportunity to conduct a joint meeting between the CDNA JEG and the National Immunisation Committee (a CDNA sub-committee). Outcomes of this meeting will be detailed in forthcoming reports to *Communicable Diseases Intelligence*. In summary the joint CDNA JEG/NIC meeting resolved to:

- re-establish the Measles Elimination Advisory Committee; and
- conduct varicella surveillance in support of the Australian Government's new varicella immunisation program.

Improving Indigenous Identifiers in Communicable Disease Reporting Project

The Improving Indigenous Identifiers in Communicable Disease Reporting Project (IIICDRP) report was finalised in late 2004 and is the result of over four years collaboration between the Australian Government Department of Health and Ageing (DoHA), the IIICDRP Steering Committee and various stakeholders. CDNA established a working group to consider implications of the recommendations of the IIICDRP report.

Introduction of new reporting format

A new reporting format, developed by the Surveillance Section of DoHA, was introduced to CDNA teleconferences. The new proforma is divided into two parts:

- disease specific tables (influenza notifications, meningococcal notifications, serogroup C meningococcal notifications, pertussis notifications,

vaccination status of pertussis notifications in children <1 year of age, vaccination status of pertussis notifications in children <1 year of age by state and territory, and measles notifications); and

- a table of all notifiable diseases, by state and territory, for the current reporting period.

State and territories will provide additional information to supplement the national report.

CDNA representatives to Australian Technical Advisory Group on Immunisation Rotavirus Working Party

In late 2004 the Australian Technical Advisory Group on Immunisation agreed to form the Rotavirus Working Party to review and report on the available data on the epidemiology and disease burden of rotaviral infections in Australia. Three members of CDNA will participate on the working party.

Advice on incoming refugees

In considering the public health implications for resettled refugees, CDNA sought and obtained a commitment from the Australian Government Department of Immigration and Indigenous Affairs to ensure notification of incoming refugees be provided to all jurisdictions prior to arrival. Details to be provided include country and camp of origin. This information will be useful in determining possible health management requirements of incoming refugees.