

Division of the Chief Health Officer

Strategic
Directions
for

Communicable Disease Prevention and Control

2009–2012

Toward 
Tomorrow's Queensland



Queensland
Government

Strategic Directions for Communicable Disease Prevention and Control 2009–2012 is part of a suite of planning and reporting documents which describe the work of the population health services within the Division of the Chief Health Officer.

The complete suite includes:

- Population Health Year in Review 2008–2009
- Prevention, Promotion and Protection Plan for the Division of the Chief Health Officer 2009–2014
- Strategic Directions for Cancer Prevention and Control 2009–2012
- Strategic Directions for Chronic Disease Prevention 2009–2012
- Strategic Directions for Communicable Disease Prevention and Control 2009–2012
- Strategic Directions for Environmental Health 2009–2012
- Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012
- Strategic Directions for Injury Prevention and Safety Promotion 2009–2012
- Strategic Directions for Mental Health Promotion 2009–2012
- Strategic Directions for Quality Management 2009–2012

Strategic Directions for Communicable Disease Prevention and Control 2009–2012

Division of the Chief Health Officer

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Message from the Chief Health Officer

Queenslanders are generally very healthy compared to people in other parts of Australia and the world. However, there is still a range of population health challenges that need to be addressed. The rate of chronic diseases (such as diabetes, heart disease and cancer) is growing, and substantial inequalities in health status for Aboriginal and Torres Strait Islander people, socioeconomically disadvantaged people and those living in rural and remote locations continue to be of concern.

The Division of the Chief Health Officer is the primary provider of prevention, promotion and protection services for Queensland Health. These services are known collectively as population health or public health services, and are provided by statewide branches and units and 17 population health units located throughout the state.

Population health services work toward achieving a positive and healthy future for all Queenslanders, including reducing the health status gap between the most advantaged and the least advantaged people in the community.

Responsibilities of Queensland Health's population health services include implementing health promotion interventions at the state and local level, undertaking health surveillance and disease control initiatives, developing and implementing public health legislation, and addressing environmental health hazards. Population health services are provided by a professional workforce comprising environmental health officers and scientists, health promotion officers, public health officers, epidemiologists, public health nurses, public health nutritionists, public health medical officers, immunisation nurses and physiotherapists.

Population health staff work with a range of partners including local government, private industries, educational institutions, childcare providers, and other state government departments. These partners have an important role to play in creating physical and social environments which prevent illness and injury and promote health and wellbeing.

Our strategies contribute to Queensland Health's commitments under the National Partnership Agreement on Preventive Health, and the National Indigenous Reform Agreement. The Queensland Government's vision for 2020 has been described in *Toward Q2: Tomorrow's Queensland* in terms of five ambitions. One of these ambitions is 'making Queenslanders Australia's healthiest people'. Our work will contribute significantly to this aspiration.

The complete body of work that the Division's population health services will undertake over the next three years is identified in our eight strategic directions documents. These documents outline how we will contribute to the Q2 target. They also describe the current and proposed approach to manage health risks, and to prevent and/or respond to public health events. The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) acts as timely reminder of the need for meticulous health protection planning and response.

I trust that you find these strategic directions documents informative. For our staff, I hope these documents will enable us to work together to address priority issues over the next three years. For our stakeholders, I hope these documents give you an insight into our future directions to facilitate collaborative actions across a range of issues. I look forward to continuing to work with you all to promote and protect the health and wellbeing of Queenslanders.

Dr Jeannette Young
Chief Health Officer, Queensland Health



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Vision

Prevention of communicable diseases,
and a **rapid and highly organised response**
to emerging communicable disease threats – achieved through
a sustainable, **high performing**
communicable disease program
across Queensland

Introduction

Communicable diseases are a significant public health priority both in Australia and overseas. Communicable diseases continue to contribute to mortality and morbidity in Queensland, particularly among Aboriginal and Torres Strait Islander people.

While the incidence of most communicable diseases has decreased with improved living conditions and immunisation, some have increased (eg. campylobacter enteritis, dengue, pertussis and salmonellosis). In addition, the changing world environment has resulted in an increased risk of bioterrorism, critical incidents and emerging communicable diseases (eg. Australian bat lyssavirus, Hendra virus, Murray Valley encephalitis and Japanese encephalitis). The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) illustrates the vulnerability of Australians to the emergence of a novel influenza virus capable of causing a pandemic.

Communicable disease and environmental health professionals work with a range of partners to prevent diseases spreading from person to person, from animals to people, and from the environment to people, as well as controlling communicable disease outbreaks when they occur.

Some disease control and prevention methods include:

- immunisation
- community and health provider education
- surveillance and case finding
- post exposure prophylaxis
- hygiene and other disease transmission prevention activities
- ensuring food and water are free of organisms that cause disease
- controlling animals and vectors that carry disease (eg. mosquitoes)
- legislation
- outbreak control strategies.

Within the Division of the Chief Health Officer, our population health services focus on:

- improving immunisation rates in target populations
- preventing and controlling communicable disease outbreaks*
- controlling mosquitoes
- enhancing surveillance systems
- reporting communicable diseases data
- conducting and disseminating research.

* The Centre for Healthcare Related Infection Surveillance and Prevention (CHRISP) is responsible for infection control within a hospital setting. CHRISP work has not been included in this document.

What are we seeking to achieve over the next three years?

This document identifies priority actions for preventing communicable disease over the next three years. Overall progress against these actions will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting. Annual reporting will inform decisions about policy, practice and future investment.

What we are seeking to achieve	How will we know?
Maintenance of high immunisation rates at designated milestones	Vaccination rates at designated milestones Vaccination rates at designated milestones for Aboriginal and Torres Strait Islander people
Increased knowledge of and compliance with National Health and Medical Research Council (NHMRC) guidelines for vaccine management	Number of vaccines discarded due to cold chain breaches
Minimisation of the impact of communicable diseases on the Torres Strait population	Number of new tuberculosis cases among Torres Strait residents
Enhanced prevention and control of mosquito borne diseases, particularly related to the vectors <i>Aedes albopictus</i> and <i>Aedes aegypti</i>	Number of locally acquired cases of dengue Breteau Index (BI) for: – local governments known to have <i>Aedes aegypti</i> – local governments not known to have <i>Aedes aegypti</i>
Maintenance and enhancement of best practice communicable disease surveillance and reporting systems	Percentage of notifiable conditions with data supplied to the National Notifiable Diseases Data System, as per national field definitions Percentage and number of completed enhanced surveillance forms that include: – Indigenous identification – vaccination status (where relevant)
Increased communicable disease incident response capacity across the Division	Number and proportion of endorsed recommendations arising from the review of the Pandemic (H1N1) 2009 (Human Swine Influenza) response actioned Proportion of population health units/branches with current business continuity and response plans for use in an influenza pandemic

Strategic agenda

1. Immunisation

Immunisation is the most efficient and effective way to prevent a range of diseases including varicella (chickenpox), diphtheria, tetanus, pertussis (whooping cough), hepatitis B, *Haemophilus influenzae type b* (Hib), meningococcal C disease, human papillomavirus (HPV), polio, rotavirus, influenza, measles, mumps, rubella and pneumococcal disease.

Australia has a nationally coordinated immunisation approach that includes:

- a schedule of government funded vaccines (National Immunisation Program)
- technical and procedural information for vaccine service providers (Australian Immunisation Handbook)
- a register of vaccinations for children aged seven and under (Australian Childhood Immunisation Register).

In Queensland, childhood vaccines are provided primarily by general practitioners (approximately 83 per cent), Queensland Health, local governments and other service providers including Community Controlled Health Services and the Royal Flying Doctor Service¹. While Queensland children have a high vaccination rate (92.2 per cent of children aged 24 to 27 months were fully immunised at July 2009¹), improvements can be made by targeting vulnerable and inadequately vaccinated groups. Queensland's vaccination coverage rates for Aboriginal and Torres Strait Islander children at 24 to 27 months are comparable to both the national average and the non-Indigenous population coverage. However, vaccination coverage rates at 12 to 15 months of age and at 60 to 63 months of age are significantly less for Aboriginal and Torres Strait Islander children compared to non-Indigenous children. This indicates that these children are either not protected through vaccination, or are being vaccinated later than the recommended age, and are therefore at risk of contracting a range of vaccine preventable diseases.

The Division will address these issues by working with vaccine service providers to increase the number of people immunised according to designated milestones. Improving the timeliness of vaccination of Aboriginal and Torres Strait Islander children will be a key priority.

Another key priority will be preventing influenza, which is widely recognised as a health threat for high risk populations such as residents of aged care facilities². Under the National Immunisation Program, the Division provides free influenza vaccine for all individuals aged 65 years and over and Aboriginal and Torres Strait Islander people over 50 years of age or aged 15 to 49 years with specific risk factors. In response to Pandemic (H1N1) 2009 (Human Swine Influenza), population health services within the Division will collaborate with the Australian Government to develop and implement a mass vaccination program, and will continue to work with partners to improve influenza vaccination rates in key target groups.

Queensland's increasing population is putting heavy demands on the existing immunisation system. Over the next three years, the Division will respond to this and other challenges by implementing a range of key strategies (consistent with the new National Immunisation Strategy currently under development) such as improving communication, facilitating an inter-agency immunisation approach, and supporting vaccine service providers to safely store and administer vaccines.

What are we going to do over the next three years?

- Develop and implement strategies to improve the timeliness, coverage and reporting of immunisations for Aboriginal and Torres Strait Islander people by working with key stakeholders to establish an Aboriginal and Torres Strait Islander Immunisation Advisory Group to coordinate a collective response and integrate activities with Closing the Gap Indigenous health initiatives
- Develop and implement strategies to identify and immunise 'hard to reach' children
- Promote childhood immunisation through a range of mechanisms including Child Health Service programs and other agencies
- Develop, implement and evaluate strategies to improve influenza vaccination coverage in target groups, including promoting uptake of vaccination by people living and working in residential aged care facilities
- Participate in the development of the National Immunisation Strategy and related implementation plan, and determine implications for the Queensland program
- Improve the quality of Queensland's immunisation services by:
 - facilitating a statewide, inter-agency immunisation approach through implementation of a comprehensive Queensland Immunisation Framework
 - developing and evaluating appropriate measures to ensure the provision of high quality immunisation practices (safe vaccine storage, vaccine management processes, and vaccine data administration and recording) including a mechanism for dealing with inappropriate practice
 - implementing and evaluating more effective and efficient general practitioner immunisation processes, systems and relationships (including development of web-based information)
 - determining the future role of the Vaccination Information Vaccination Administration System (VIVAS) and managing transition to an agreed approach for recording vaccinations
 - responding to recommendations arising from the evaluation of the School Based Vaccination Program
- Increase the vaccination coverage rates for children aged four years
- Develop and implement the Queensland component of the national mass vaccination program in response to the emergence of Pandemic (H1N1) 2009 (Human Swine Influenza).

2. Disease control response and preparedness

A key responsibility of the Division's population health services is to prevent and control communicable diseases that risk public health.

The current priority areas for communicable disease prevention and control are:

- continuous improvement of surveillance and control activities
- preventing and managing communicable disease outbreaks in residential aged care facilities and child care centres
- managing threats from existing and emerging vector borne diseases
- developing a communicable diseases risk assessment framework
- establishing processes to anticipate and mitigate disease risks from changing water use.

Other priority initiatives include reviewing key pieces of public health legislation (ie. *Public Health Act 2005* and the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, and enhancing their implementation and administration by establishing and maintaining systems that ensure disease control protocols and other communicable disease resources are kept current.

The ability to successfully address the priority areas relies on fostering and maintaining good working relationships and partnerships between Queensland Health and other government departments, local government and non-government and industry services.

What are we going to do in the next three years?

- Conduct continuous, evidence based, systematic reviews of communicable disease control policies, protocols, procedures, and publications according to an agreed schedule, including:
 - contributing to national communicable disease policy and procedure reviews and integrating changes into relevant statewide policies and procedures
 - evaluating activities for appropriateness and effectiveness
- Review the implementation of the *Public Health Act 2005*, the *Public Health (Infection Control for Personal Appearance Services) Act 2003* (ICPAS Act) and public health regulations relevant to the control of communicable diseases by:
 - improving administration tools and overcoming other barriers relating to the administration of the *Public Health Act 2005*
 - developing a 'plain English' guide to the legislation
 - surveying and supporting local government implementation of ICPAS Act responsibilities
 - making recommendations for appropriate legislative amendments
- Implement and evaluate a sustainable and effective management response to outbreaks in residential aged care facilities (particularly outbreaks of respiratory and gastrointestinal illnesses) to increase capacity to respond to outbreaks
- Develop, implement and evaluate a communicable disease risk assessment methodology to determine infectious disease threats, in collaboration with Communicable Diseases Network Australia
- Develop a comprehensive, sustainable and effective response to prevent and manage outbreaks in child care facilities, including a set of investigation protocols
- Revise the guidelines for health care workers infected with blood borne viruses in line with the national guidelines (when available)
- Develop and implement an effective communication strategy regarding communicable disease risks and preventive measures for the public and for health service providers, including:
 - using information and communications technology to target specific audiences
 - establishing Queensland Health as a credible and preferred source of communicable disease information
- Investigate the impacts and issues related to the management of non-multiresistant Methicillin Resistant *Staphylococcus aureus* and develop an appropriate position for the Division
- Work with the Australian Department of Agriculture Fisheries and Forestry and Biosecurity Queensland to develop and implement the Biosecurity Act.

3. Pandemic preparedness and major incident response

Population health services within the Division are responsible for responding to and managing major public health incidents in Queensland, including those involving communicable diseases. This includes responsibility for leading public health efforts to contain an influenza pandemic until it can be controlled by an effective vaccine, or until containment is no longer feasible.

In April 2009, the World Health Organization declared an influenza pandemic following the emergence of the novel virus Pandemic (H1N1) 2009 (Human Swine Influenza). In response, the Queensland Health Pandemic Influenza Plan was activated. At the same time, the Division was already managing a dengue outbreak.

The Division and Health Service Districts committed considerable resources to review pandemic preparedness, provide an effective operational response and undertake further planning. This involved public health containment strategies such as border control, disease surveillance, case ascertainment and isolation, contact tracing, quarantine and chemoprophylaxis of contacts.

Simultaneously managing two major public health incidents placed a heavy demand on the Division's population health workforce, and highlighted areas of current incident management strategies in need of review and refinement to achieve best practice.

What are we going to do in the next three years?

- Review, revise, implement and evaluate an incident management framework (including guidelines) that aligns with and enhances the Queensland Health emergency management framework and supports a consistent and effective response to communicable disease incidents such as disease outbreaks and emerging diseases, including:
 - incorporating learnings from recent responses (eg. dengue, measles and Pandemic (H1N1) 2009 (Human Swine Influenza))
 - revising current service models to build in greater flexibility and improve service options
 - reviewing the roles and responsibilities of Public Health Medical Officers and Public Health Nurses
- identifying the best skill mix to provide an effective response
- providing training for the population health workforce in relevant response skills
- building capacity within the communicable diseases workforce to provide adequate and high level support
- building in mechanisms to facilitate continuous quality improvement
- Coordinate the review and revision of Queensland Health's pandemic influenza preparedness approach, in line with the *Australian Health Management Plan for Pandemic Influenza* including:
 - conducting debriefs of the approach's performance in relation to Pandemic (H1N1) 2009 (Human Swine Influenza)
 - incorporating learnings into revised plans, guidelines and protocols for use in future waves of the current pandemic and future pandemics
- Review and revise collaborative agreements with other parts of the health system and other agencies to contribute to the overall Queensland Health and whole-of-government approach by:
 - engaging with Health Service Districts, Divisions of General Practice, GPs, community pharmacists and local government
 - developing a structured framework for biosecurity
 - undertaking enhanced surveillance
 - conducting routine exercises and training
 - developing an effective communication strategy
 - developing a concrete model for the management of critical emergent disease outbreaks which links to other emergency management processes
- Review and revise business continuity planning for the Division's population health services.

4. Aboriginal and Torres Strait Islander communicable disease prevention and control*

Aboriginal and Torres Strait Islander people have disproportionately high disease rates for some vaccine preventable diseases (eg. invasive pneumococcal disease)². As Indigenous status is poorly identified, it is difficult to determine the true burden of disease for many other notifiable conditions.

Higher rates of injury and illness (including communicable diseases) are experienced in Aboriginal and Torres Strait Islander communities for a variety of reasons, including poor environmental health conditions. Details of the Division's strategies to improve environmental health conditions for Aboriginal and Torres Strait Islander people are provided in *Strategic Directions for Environmental Health 2009–2012*.

Over the next three years, population health staff will work collaboratively within Queensland Health to ensure communicable disease strategies are addressed within broader Aboriginal and Torres Strait Islander health improvement initiatives. Improving Indigenous identification will be a key component of this approach.

What are we going to do in the next three years?

- Develop, implement and evaluate a concrete multi-strategy project to improve Indigenous identification on the Notifiable Conditions System database
- Develop and implement strategies for improving health service response to key Aboriginal and Torres Strait Islander communicable disease risks (eg. acute rheumatic fever and post-streptococcal glomerulonephritis), including:
 - improving data generation and analysis
 - mapping local service and disease patterns
 - gaining agreement on priority issues from Health Service District Chief Executive Officers
 - investigating and developing integrated responses for identified issues
 - determining culturally appropriate methods to engage the Indigenous community in the prevention and control of communicable diseases
- Advocate for and contribute to the development of inter-governmental policy solutions to address the increasing risk of tuberculosis transmission in the Torres Strait.

* Strategies to improve the timeliness, coverage and reporting of immunisations for Aboriginal and Torres Strait Islander people are included in this document under Strategic Agenda 1 Immunisation.

5. Mosquito borne disease prevention and control

Ross River virus infection, Barmah Forest virus infection and dengue are the most common mosquito borne diseases in Queensland. Other mosquito borne diseases (eg. Murray Valley encephalitis, Japanese encephalitis and malaria) are rarely notified.

The risks of contracting mosquito borne diseases have increased as a result of importation (eg. dengue), new vectors (eg. *Aedes albopictus*) and changed water storage practices (eg. increased numbers of household rainwater tanks). Queensland Health manages mosquito borne disease prevention and control initiatives in partnership with a range of other organisations and government departments, in particular, local government.

Population health services within the Division have developed the *Queensland Mosquito Management Strategic Plan* and the *Dengue Response Plan* in consultation with key stakeholders and expert groups. Over the next three years, we will implement and refine these plans to promote an effective, coordinated and consistent mosquito management approach across Queensland.

What are we going to do in the next three years?

- Act on the recommendations of the 2009 Dengue Summit to:
 - define roles and responsibilities of statewide population health services, population health units, and local government agencies in the management of dengue outbreaks
 - improve engagement with local government
- Finalise and prioritise activities for consistent, high quality mosquito management across Queensland under the *Queensland Mosquito Management Strategic Plan* and the *Dengue Response Plan*
- Develop a sustainable containment strategy for *Aedes albopictus* in the Torres Strait.

6. Surveillance and research

Communicable disease surveillance and research are essential to:

- monitor communicable disease rates
- enable early identification of potential new disease threats to inform prevention, management and control strategies
- allow for rapid response to disease threats to minimise spread of disease
- assist in the evaluation of specific control programs
- inform the control of diseases that continue to contribute to significant morbidity.

Over the next three years, Queensland Health's population health services will review communicable disease surveillance and reporting processes and consolidate the research agenda.

What are we going to do in the next three years?

- Review and improve communicable disease surveillance and reporting processes including:
 - reviewing the Notifiable Conditions System (NOCS) business rules and implementing endorsed recommendations
 - developing and implementing the suite of required communicable disease reports and conducting an evaluation based on user feedback
 - establishing systematic linkages with other population health reporting processes including the Population Health Year in Review and Chief Health Officer Report
 - strengthening surveillance systems for certain vaccine preventable diseases (eg. rotavirus, human papillomavirus)
- Identify processes for rapidly implementing enhanced surveillance when required, including availability of standard questionnaires, intelligence gathering and customisation of databases for use in outbreak and pandemic management
- Identify, prioritise and progress future policy and practice based research.

Attachment A

Deliverables for 2009–2010*

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Immunisation		
1.1 Develop and implement strategies to improve the timeliness, coverage and reporting of immunisations for Aboriginal and Torres Strait Islander people by working with key stakeholders to establish an Aboriginal and Torres Strait Islander Immunisation Advisory Group to coordinate a collective response and integrate activities with Closing the Gap Indigenous health initiatives	Establish an Aboriginal and Torres Strait Islander Immunisation Advisory Group	Participate in Advisory Group Promote Indigenous identification and child and adult immunisation through liaison and support of general practice and community agencies Support and further develop strategies to identify and immunise 'hard to reach' Indigenous children and adults
1.2 Participate in the development of the National Immunisation Strategy and related implementation plan, and determine implications for the Queensland program	Provide input to the development of the National Immunisation Strategy including involvement in working groups	Provide input to the development of the National Immunisation Strategy
1.3 Increase vaccination coverage rates for children aged four years	Improve data quality and provide a framework for data quality expectations by identifying specific data cleaning activities focused on the four-year-old cohort Work collaboratively with General Practice Queensland and other key stakeholders on data quality issues	Prioritise and complete identified data cleaning activities to meet data quality expectations Participate in collaborative initiatives, and engage with local key stakeholders on data quality issues
1.4 Develop and implement the Queensland component of the national mass vaccination program in response to the emergence of Pandemic (H1N1) 2009 (Human Swine Influenza)	Work collaboratively with the Australian Government and State Health Emergency Coordination Centre to plan the implementation of the pandemic vaccination program	Work locally with Health Service Districts, Divisions of General Practice, local government and the non-government sector to facilitate and coordinate the planning and implementation of the pandemic mass vaccination program

* This attachment includes deliverables against the reform agenda only. Ongoing work is described in Attachment B. All population health strategies are conducted in a collaborative manner. Lead agencies have been identified in the responsibility columns.

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
2. Disease control response and preparedness		
2.1 Conduct continuous, evidence based, systematic reviews of communicable disease control policies, protocols, procedures, and publications according to an agreed schedule	Coordinate and contribute to the development and review of national communicable diseases policies, guidelines and procedures	Contribute to the development and review of national communicable diseases policies, guidelines and procedures
2.2 Review the implementation of the communicable disease component of the <i>Public Health Act 2005</i> , <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i> , and public health regulations relevant to the control of communicable diseases	Prioritise and progress recommendations from the 2009 stakeholder reviews of the implementation of the <i>Public Health Act 2005</i> and the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>	Contribute to progressing recommendations from the 2009 stakeholder reviews of the implementation of the <i>Public Health Act 2005</i> and the <i>Public Health (Infection Control for Personal Appearance Services) Act 2003</i>
2.3 Develop a comprehensive, sustainable and effective response to prevent and manage outbreaks in child care facilities, including a set of investigation protocols	Meet with Department of Communities to identify ways to improve coordination of agency involvement in outbreak prevention and response, and identify levers for improving immunisation coverage in child care facility staff	
2.4 Investigate the impacts and issues related to the management of non-multiresistant Methicillin Resistant <i>Staphylococcus aureus</i> and develop an appropriate position for the Division	Convene a forum of key stakeholders to determine appropriate action	Participate in stakeholder meetings to determine appropriate action
2.5 Work with the Australian Department of Agriculture Fisheries and Forestry and Biosecurity Queensland to develop and implement the Biosecurity Act	Meet with Biosecurity Queensland to identify public health implications of the Biosecurity Act and any actions required	Contribute to the review of the Biosecurity Act

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
3. Pandemic preparedness and major incident response		
<p>3.1 Review, revise, implement and evaluate an incident management framework (including guidelines) that aligns with and enhances the Queensland Health emergency management framework and supports a consistent and effective response to communicable disease incidents such as disease outbreaks and emerging diseases</p>	<p>Review and revise an incident management framework for population health services</p>	<p>Contribute to the review and revision of an incident management framework for population health services</p> <p>Update incident response plans</p>
<p>3.2 Coordinate the review and revision of Queensland Health's pandemic influenza preparedness approach, in line with the <i>Australian Health Management Plan for Pandemic Influenza</i></p>	<p>Conduct debriefs of the approach's performance in relation to Pandemic (H1N1) 2009 (Human Swine Influenza)</p> <p>Incorporate learnings into revised plans, guidelines and protocols</p>	<p>Conduct debriefs to capture learnings from Pandemic (H1N1) 2009 (Human Swine Influenza)</p> <p>Review and revise local population health unit pandemic influenza plans</p>
<p>3.3 Review and revise collaborative agreements with other parts of the health system and other agencies to contribute to the overall Queensland Health and whole-of-government approach</p>	<p>Engage with stakeholders to identify issues and develop mechanisms to improve collaboration</p>	<p>Contribute to the review of the collaborative agreements</p>
<p>3.4 Review and revise business continuity planning for the Division's population health services</p> <p>[This item links with Strategic Directions for Quality Management Attachment A, Item 1.7]</p>	<p>Finalise the business continuity plan for Communicable Diseases Branch</p>	<p>Review and revise local population health unit business continuity plans</p>

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
4. Aboriginal and Torres Strait Islander communicable disease prevention and control		
4.1 Advocate for and contribute to the development of inter-governmental policy solutions to address the increasing risk of tuberculosis transmission in the Torres Strait	<p>Advocate at state and national levels for the development of and support of programs to improve tuberculosis control in Papua New Guinea</p> <p>Monitor management of Papua New Guinea tuberculosis patients in the Torres Strait Treaty zone, and advocate for the Cairns Regional Tuberculosis Control Unit to provide an appropriate service</p>	

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
5. Mosquito borne disease prevention and control		
5.1 Act on the recommendations of the 2009 Dengue Summit	<p>Work collaboratively with stakeholders to define the roles and responsibilities of statewide population health services, population health units, and local government agencies in the management of dengue outbreaks</p> <p>Work with the Local Government Association of Queensland to improve engagement with local government in response to dengue outbreaks</p>	<p>Work collaboratively with stakeholders to define the roles and responsibilities of statewide population health services, population health units, and local government agencies in the management of dengue outbreaks</p> <p>Implement agreed mechanisms to improve engagement with local government in response to dengue outbreaks</p>
5.2 Finalise and prioritise activities for consistent, high quality mosquito management across Queensland under the <i>Queensland Mosquito Management Strategic Plan</i> and the <i>Dengue Response Plan</i>	<p>Finalise the plans and identify priority activities to be implemented across Queensland, including options for service delivery</p> <p>Implement identified priority activities</p>	<p>Implement identified priority activities</p> <p>Develop and/or review population health unit dengue management plans to incorporate learnings from the dengue outbreak and to align with the <i>Dengue Response Plan</i></p>
5.3 Develop a sustainable containment strategy for <i>Aedes albopictus</i> in the Torres Strait		Develop strategies to contain <i>Aedes albopictus</i> and prevent establishment on the mainland [Tropical]

What are we going to do? (three years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
6. Surveillance and research		
6.1 Review and improve communicable disease surveillance and reporting processes	Determine communicable disease epidemiology reporting processes, and deliver information for <i>Prevention, Promotion and Protection Health Performance Information Needs, 2009–2012</i> , routine reporting, and reporting against Strategic Directions	
6.2 Identify processes for rapidly implementing enhanced surveillance when required, including availability of standard questionnaires, intelligence gathering and customisation of databases for use in outbreak and pandemic management	Conduct a debrief of pandemic response with key stakeholders to clarify the role of epidemiologists in outbreaks to ensure consistent, rapid and quality outputs which effectively inform interventions	Contribute to debrief of pandemic response to clarify the role of epidemiologists in outbreaks to ensure consistent, rapid and quality outputs which effectively inform interventions Update population health unit procedures to align with agreed new process for implementing enhanced surveillance

Attachment B

Ongoing work roles and responsibilities

Statewide responsibilities	Population health unit responsibilities
1. Immunisation	
<p>Continue significant contribution to the National Immunisation Program and participation in other national expert and advisory groups, as required</p> <p>Coordinate the implementation of the National Immunisation Program in Queensland, including developing a coordinated and timely response to schedule changes</p> <p>Negotiate vaccine and program funding with the Australian Government Department of Health and Ageing</p> <p>Procure and distribute vaccines through a quality distribution process</p> <p>Provide ongoing information, advice and education to assist service providers to implement recommendations from the Australian Immunisation Handbook</p> <p>Continue to refine, implement and evaluate immunisation policies, procedures, protocols and legislative/regulatory frameworks</p> <p>Implement agreed protocols/models for vaccine management to be used by all vaccine service providers</p>	<p>Contribute to the development of national and state strategies to improve immunisation rates and facilitate local implementation</p> <p>Maintain and enhance vaccination overdue reminder system, data cleaning and quality checks and feedback to vaccine service providers regarding data quality</p> <p>Monitor impacts of changes to vaccine service provider incentive schemes</p> <p>Provide ongoing information, advice and education to assist service providers to implement recommendations from the Australian Immunisation Handbook</p> <p>Critically review and provide feedback on policies, procedures, protocols and legislative/regulatory frameworks, and participate in the review and endorsement process for such documents</p>

Statewide responsibilities	Population health unit responsibilities
1. Immunisation	
<p>Review cold chain breach management processes and protocols to improve efficiency</p> <p>Monitor vaccination incidents and provide advice</p> <p>Continue liaison with key stakeholder groups including General Practice Queensland, Australian Medical Association Queensland, Royal Australian College of General Practitioners and the education sector to implement the National Immunisation Program and maintain and improve vaccination rates</p> <p>Coordinate implementation of the School Based Vaccination Program and the Indigenous Flu-Pneumo Program and provide appropriate resources, support, monitoring and quality assurance</p> <p>Monitor community attitudes to vaccination</p> <p>Ensure population health staff are able to access current immunisation policies, resources and frequently asked questions</p> <p>Improve processes relating to adverse events following immunisation (eg. reporting, analysis and provision of feedback to vaccine service providers), in line with NOCS data</p>	<p>Investigate and support vaccine service providers to manage cold chain breaches</p> <p>Investigate and respond to vaccination incidents</p> <p>Support vaccine service providers to provide safe and effective vaccinations to target populations including providing information, advice, education and training and quarterly immunisation reports</p> <p>Provide expert advice on the National Immunisation Program to the community and key stakeholders (eg. School Based Youth Health Nurse Coordinators and child care, education and aged care sectors), and respond to community concern about vaccinations and immunisation</p> <p>Coordinate the School Based Vaccination Program and the Indigenous Flu-Pneumo Program, including managing service agreements and quality assurance</p> <p>Contribute to the review of processes relating to adverse events following immunisation (eg. reporting, analysis and provision of feedback to vaccine service providers), in line with NOCS data</p>

Statewide responsibilities	Population health unit responsibilities
2. Communicable disease prevention and control	
<p>Lead and coordinate outbreak control activities that cross more than one population health unit area</p> <p>Provide current evidence based resources for use in communicable disease prevention and control and implement a systematic process for reviewing these documents</p> <p>Provide advice to the community, service providers and other stakeholders regarding communicable disease prevention and control</p> <p>Participate in national processes to develop and implement communicable disease response frameworks</p> <p>Maintain communicable disease response frameworks</p> <p>Plan and implement statewide media strategies relevant to communicable disease prevention and control, in conjunction with Public Affairs</p> <p>Respond to communicable disease information requests from the Minister, the Director-General and the Chief Health Officer, as well as from the media, community and other government agencies</p> <p>Work across sectors on a coordinated approach to prevent Australian bat lyssavirus infections in humans</p> <p>Scan the horizon for emergent (or re-emergent) communicable diseases that may affect Queenslanders</p>	<p>Lead and coordinate local outbreak control activities</p> <p>Participate in statewide outbreak control teams</p> <p>Undertake routine follow-up of notifiable conditions</p> <p>Contribute to the review of communicable disease resources, policies, protocols, procedures and publications</p> <p>Provide advice to the community, service providers, community groups and other stakeholders (eg. child care, education and aged care sectors) regarding communicable disease prevention and control</p> <p>Provide communicable disease training and support to health care providers, including distributing resources and practice manuals</p> <p>Contribute to the maintenance of communicable disease frameworks</p> <p>Implement targeted interventions (including media strategies) to improve community and stakeholder awareness of communicable disease risks, preventive measures and infection control information</p> <p>Respond to communicable disease information requests from the Minister, the Director-General and the Chief Health Officer, as well as from the media, community and other government agencies</p> <p>Manage Australian bat lyssavirus exposures</p>

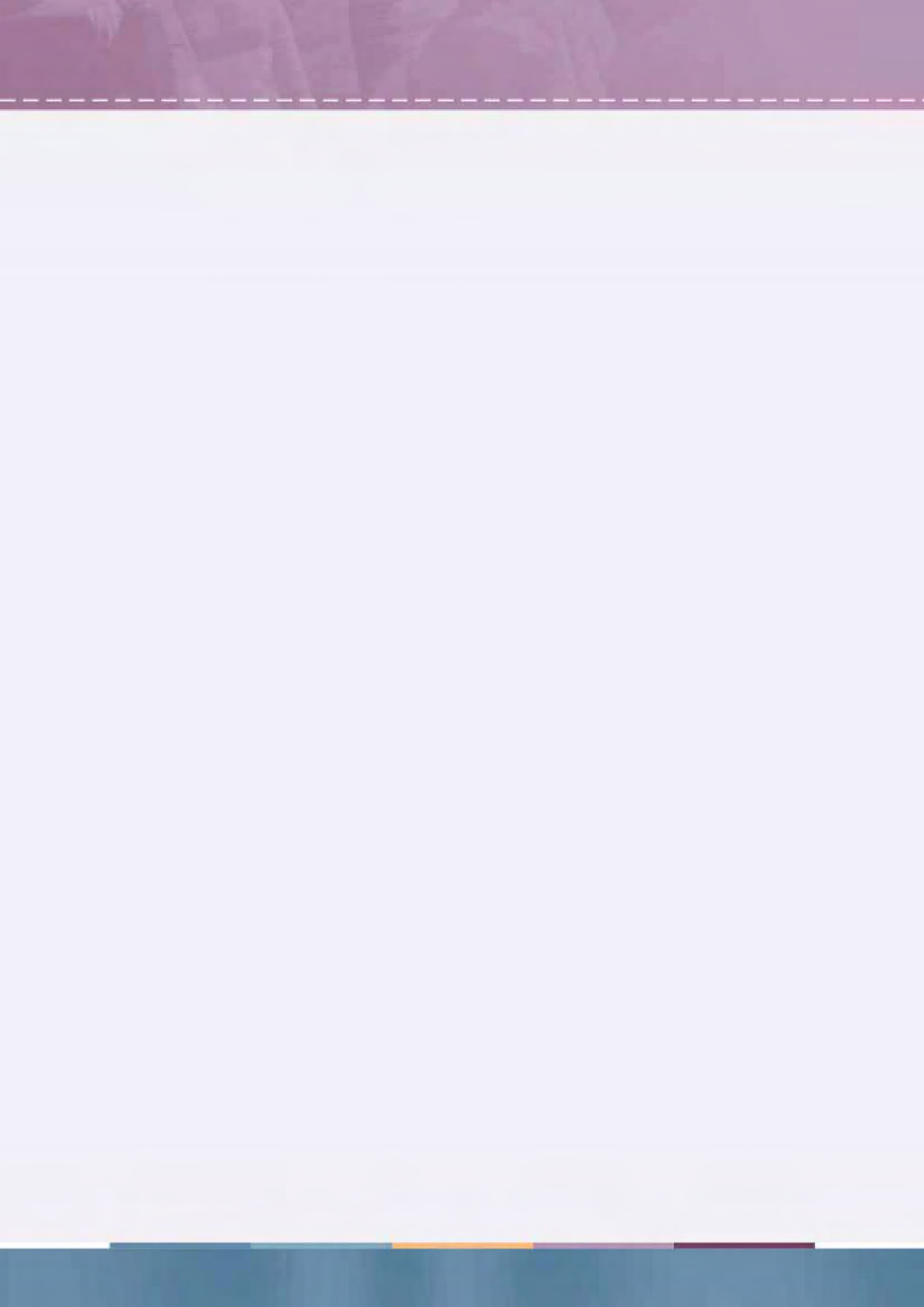
Statewide responsibilities	Population health unit responsibilities
3. Aboriginal and Torres Strait Islander communicable disease prevention and control	
	Work with local service providers and communities to maintain and enhance strategies to address communicable disease issues in Indigenous communities

Statewide responsibilities	Population health unit responsibilities
4. Mosquito borne disease prevention and control	
<p>Coordinate a systematic survey process for container breeding mosquitoes</p> <p>Manage relationship with Local Government Association of Queensland to facilitate collaborative relationships with local government regarding mosquito management</p>	<p>Work with local government to implement surveys for container breeding mosquitoes</p> <p>Work with local government to maintain and improve mosquito management strategies</p>

Statewide responsibilities	Population health unit responsibilities
5. Surveillance and research	
<p>Maintain communicable disease monitoring and surveillance systems, including providing high quality surveillance and reporting for notifiable conditions</p> <p>Continue intensive surveillance activities for notifiable gastrointestinal infections to detect and respond to food borne and other point source outbreaks, and inform food safety practices</p> <p>Analyse and report on communicable disease trends, including vaccination rates</p> <p>Maintain data quality and data management procedures</p>	<p>Contribute to maintaining communicable disease monitoring and surveillance systems</p> <p>Contribute to gastrointestinal disease surveillance</p> <p>Monitor, prepare routine reports and distribute information on communicable disease trends</p> <p>Monitor and improve the quality of case reporting</p>

References

1. *Australian Childhood Immunisation Register*, June 2009.
2. Queensland Health. 2006, *The Health of Queenslanders 2006. Report of the Chief Health Officer Queensland*, [Online] Available at: http://www.health.qld.gov.au/cho_report/default.asp





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