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**Professor Brendan Murphy**  
Commonwealth Chief Medical Officer

Infectious diseases – a global challenge

Rapid sharing of information and a shared response culture to national health emergencies is as important as the medical response, Australia’s Chief Medical Officer, Professor Brendan Murphy, told a public health conference in Melbourne today.

Opening a conference on communicable disease management, a joint venture by the Public Health Association of Australia and the government partnerships, the Communicable Diseases Network of Australia and the Public Health Laboratory Network, Professor Murphy said keeping track of communicable diseases in Australia is the key to adequately responding to them.

“We have learned many lessons from our national responses to disease outbreaks such as the H1N1 flu, Ebola, food borne infections and many others but the ability to share surveillance information has been the key to our successful national responses,” Professor Murphy said.

“However, we cannot afford to be complacent as there are current challenges that we are a long way from controlling both locally and internationally and there is always the certainty of new and emerging infections.

“The potential for emerging and re-emerging communicable disease is always high, both locally and internationally.

“With diseases such as avian influenza viruses, Hendra virus, MERS, Ebola virus, Zika virus and many more our strong local surveillance needs to supplemented by international partnerships and intelligence and collaboration.

“A good example of this is the leadership role we play in influenza, with Australia hosting one of the six major WHO Collaborating Centres and three National Influenza Centres.”

Professor Murphy said changes in land and animal use globally have significantly increased the risk of spillover of zoonotic diseases into humans.
“In Australia, our population distribution pattern, the wide range of climatic conditions and climate change and a range of novel wildlife pose special challenges.

“We are continually needing to improve our interface with our Veterinary and Agriculture colleagues but have now developed a stronger network for notification and investigation from the Veterinary sector, Wildlife health, and primary industry.

“Again, international collaborations are very important in the One Health approach to zoonotic diseases.”

Professor Murphy said one particular local issue of great concern is the incidence of sexually transmitted diseases in Indigenous Australians, particularly in remote communities.

“Although the Syphilis outbreak has received most attention and response, significantly increased rates are seen with HIV, gonorrhea, and Hepatitis B and C,” Professor Murphy said.

“Despite significant efforts in the jurisdictions and now much better surveillance data we have at best only flattened the growth and new strategies will be required.”

Professor Murphy said that food borne diseases are also of concern and can occur at any time.

“We were all surprised at the recent frozen berries disease outbreak but again this was handled swiftly and another very good example of excellent collaboration and response.”

Professor Murphy said another major concern in Australia is vaccination.

“The rising incidence of Meningococcal W and more recently Meningococcal Y is of concern and we must ensure that our current vaccination strategy is appropriate for this emerging epidemiology, this includes examining the time it takes to get vaccines on the National Immunisation Program.”

Professor Murphy said that antimicrobial resistance is major international issue with some suggesting it is a threat greater than terrorism.

“We have our Australian strategy, implementation plan, a One Health partnership, good human surveillance, stewardship programs and good infection control practices in hospitals and very strong centres of research excellence. But we all agree that there needs to be a significant upscaling of the pace of change.”

Professor Murphy said as a high income country Australia is rightly expected to be able to use its capacities to respond to public health emergencies in other countries and also to contribute significantly to the development of capacity and disease control in other countries.

“Australia is focusing its health aid program in the region and the Minister for Foreign Affairs has only this month announced the appointment of a regional health security
ambassador. We are investing in our region in a number of areas, such as the hugely troubling TB situation in Papua New Guinea.

“In terms of response capacity, our highly regarded AUSMAT team coordinated from Darwin last year received WHO accreditation and has responded to a number of regional public health emergencies in recent years.”

Professor Murphy said that Australia will be testing its capacity to respond to emerging infectious diseases by participating in a Joint External Evaluation later this year.

“The JEE will investigates our core capacities under the World Health Organization’s International Health Regulations. In a two-step process, the Commonwealth Department of Health will coordinate a comprehensive self-assessment of Australia's compliance with the IHR on 19 core capacities, with input from a large number of jurisdictional authorities and expert committees.

“This will be followed by an external evaluation led by the World Health Organization and involving international experts visiting Canberra and Melbourne. The international evaluation team will produce a Mission Report that both highlights our strengths and makes recommendations for improvement. Australia will then be expected to develop a National Action Plan to address any identified gaps to further advance our IHR implementation.

“We are all involved in a process of continuous improvement in managing emerging infectious diseases. Strong collaboration between Australian health authorities and our international partners is the key to achieving success,” Professor Murphy said.

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