# NAHIP ADVISORY COMMITTEE ANNUAL MEETING 2024

## MEETING RECORD

**Tuesday 21 May 2024**

Start: 9:30| Close: 16:34 (AEDT)

**In attendance:**

| Participant | Organisation |
|---|---|
| Bronwyn Hendry | AHA – NAHIP Chair |
| Mikhaila Nye | AHA – record |
| Madeleine Leyden | AHA |
| Emily Sears | AHA |
| Daniela Navarro López | AHA |
| Andrew Breed | DAFF |
| Emily Sellens | DAFF |
| Michele Byers | DAFF NAQS – proxy |
| Rebecca Forsythe | NSW – proxy |
| Stacey Carnogoy | NT – virtual |
| Greg Williamson | Qld |
| Selina Ossedryver | Qld |
| Callain Howarth | SA |
| Emma Watkins | Tas |
| Julia Sarandopoulos | Vic |
| Diana Turpin | WA – virtual |
| Keren Cox-Witton | WHA |
| Johann Schroder | SPA |
| Raymond Chia | APL |
| James Austen | Student w/ DAFF – observer |

**Apologies:** Guy Weerasinghe (Aus. Gov. – NAQS), Geoff Campbell (NSW), Peter Dagg (AHA)

**Objective of meeting:**

- Brief Committee members on program deliverables, achievements, issues and expenditure.
- Receive and discuss urgent program matters
- AUSPest*Check*® (APC) review

**Welcome and introductions (B Hendry):**

- The Chair welcomed participants to the meeting and outlined the objectives and structure of the meeting.

## 1. 2023 in review

### 1.1 Update on 2023 action items (M Leyden)

- Spoke about the action register and noted the status of all action items from the June 2023 face to face meeting and the August 2023 virtual meeting.

**June 2023**

- Actions Items 1, 2, 5, 7, 8, 9, 10, 11, 12 and 13 are complete. Action item 4 is complete with this meeting.
- Action Item 3: *AHA to coordinate a review of AHSQ during 2023-24 to ensure it is fit for purpose given planned data changes. DAFF to begin discussions internally* is in progress, with a discussion under Agenda Item 3.3.
- Action Item 6: *WHA and NAQS to document where wildlife and feral animal data is reported between eWHIS, NAQS and NAHIS databases* is outstanding. AHA is in consultation with NAQS on data standards and this action will be held over to be discussed as part of that process.
- Action Item 14: *The 'laboratory standards' subgroup of the Committee to document standard lab tests for key nationally notifiable diseases and develop criteria for reporting against the 'status' or outcome of the investigation based on results of laboratory testing for circulation to the Committee* is in progress and an update was provided under Agenda Item 2.3.
- Further discussion on Action Item 5: *AHA to raise the Committee's concerns about the increased risk of high pathogenicity avian influenza with the Surveillance and Epidemiology Working Group*. DAFF noted that there is broad awareness amongst stakeholders on activities occurring nationally, and areas for improvement of preparedness for avian influenza are being discussed. Noted that a round table activity is planned for June and a variety of activities are in place to strengthen surveillance in wildlife species. Following the June round table, a symposium focused on HPAI is to be held. Activities are also occurring to bring people together and identify priorities and gaps. The AHC National Veterinary Epidemiology and Surveillance Advisory Group (NVESAG) activities are focusing initially on an LSD surveillance strategy.
- WHA noted the importance of general surveillance and awareness building around HPAI. WHA resources on HPAI can be found at https://wildlifehealthaustralia.com.au/Incidents/Incident-Information/high-pathogenicity-avian-influenza-information
- Tas noted activities in the preparedness space in wild birds occurring in Tas including sending sampling materials and providing training for biologists going to Macquarie Island and Antarctica with the aim to improve sample quality.
- Query on vaccination for wild birds, with DAFF confirming that Australia has never had vaccination as part of their policy for responding to HPAI. Vaccination in birds doesn't provide complete protection and can impact trade and confidence in freedom of disease. The current clade (2.3.4.4b) presents a more serious threat than previous clades, so vaccination is now being considered more closely, for example, if this HPAI clade was to become established in Australia. Noted that historically, Australia only considered migratory bird spread in the north, (HPAI is circulating in our near neighbours including Indonesia and Timor Leste, but not the 2.3.4.4b lineage) but the current risk of spread from the south from Antarctica which had not been previously considered as an entry pathway.

- AHA confirmed that currently, eWHIS data is not in scope for the APC development project. Data in eWHIS is held by WHA and comes directly from sentinel surveillance partners. WHA state coordinators have access to the data, as do vets and DAFF, as required. Requests for data access go to WHA. WHA has had discussions with AHA and DAFF regarding future connections with APC. WHA is continuing to scope the potential future inclusion of NNDI wildlife data with livestock data in APC or CAHD.
- The committee noted a disconnect between the Jurisdictions NAHIP Coordinators and eWHIS Coordinators.

**August 2023**

- Actions Items 1, 2, 3 and 5 are complete.
- Action Item 4: *WA to discuss its LIMS system and its relation to the syndrome list to Qld, NSW and Tas* is outstanding – discussed at NAHIP SCAHLS workshop and has been confirmed as complete.
- Action Item 6: *AHA/PHA and NAQS to hold further discussions on the inclusion of NAQS data within APC* is in progress. Discussions are ongoing at this stage.

**Conclusion**

The update on action items was accepted by the Committee. Noted that Action Item 4 from the August 2023 NAHIP teleconference is complete, and that further discussions are ongoing around the reporting of feral animal disease data, and inclusion of NAQS and WHA data in APC.

**Actions**

1. *WHA and NAQS to document where wildlife and feral animal data is reported between eWHIS, NAQS and NAHIS databases.*
2. *AHA and NAQS to continue discussions on the reporting of NAQS data in APC.*

**1.2 Report analytics (M Leyden)**

- Spoke to the presentation on readership on *AHSQ Volume 27* and *AHiA 2022.*
- SciQuest downloads were strong from Australia, followed by NZ, UK and Indonesia.
- Feature articles and state and territory reports continue to remain the most frequently downloaded. AHA will include percentages in future reports to better showcase the number of articles vs. downloads.
- There has been a small increase in engagement for the last two issues of Vol 27.
- AHSQ engagement is consistently above average for email interactions compared with industry standards. AHiA downloads are also consistent, with above average engagement.
- The Committee requested additional information on the engagement with different types of articles by readers within and outside Australia to compare which articles overseas versus Australian readers are accessing. The committee also requested the inclusion of the number of new subscribers and those that have unsubscribed. AHA will also investigate whether analytics can be obtained by country in relation to which readers are opening the email alerts.
- Discussion on digital platform versus downloadable formats for AHSQ and AHiA, and a query about whether the digital platform being adopted for AUSVETPLAN with imbedded reports may be a suitable platform for AHSQ or AHiA. The committee noted that some readers, particularly overseas, may not have reliable internet access. Agreement on the importance of having both a hard copy version and also a downloadable and printable PDF version available. The next edition of the AHiA System Report is planned to be developed next year, a digital platform format may be suitable for this publication.

**Conclusion**

The Committee accepted the verbal update and noted that a paper reporting the analytics for AHSQ and AHiA will be circulated after the meeting. AHA will incorporate the suggested additional analytics where available.

**Actions**

3. *AHA to circulate the Analytics Report to the Committee out of session with inclusion of comparison of article downloads from international vs Australian audiences, and numbers of new vs unsubscribing for mail chimp, and confirm whether analytics by country from Mailchimp are available.*
4. *AHA to seek advice from its communications team on feedback on the new digital report layout/style, which is being adopted by AUSVETPLAN, and the analytics available for that type of report.*

## 2. Reports

### 2.1 Aus. Gov. Report (A Breed)

- Spoke about the paper provided.
- Noted that overseas countries are requiring better evidence to support substantiation of Australia's animal health status.
- The WOAH code for bovine spongiform encephalopathy (BSE) has changed with passive surveillance, rather than active surveillance, now the requirement for proof of freedom. While this will not result in any immediate changes in Australia, the information coming from other countries on what they are doing will change. Some claims on BSE status may need to be changed and assurances around import requirements may be required. There are potential opportunities for cost savings for Australia by undertaking passive surveillance programs rather than active surveillance such as through the TSEFAP, but this won't be a simple process.
- Query from industry on why the Transmissible Spongiform Encephalopathies Freedom Assurance Project (TSEFAP) is not focused solely on BSE, if BSE is the sole focus of WOAH?
- The WOAH reviews of the requirements for freedom from contagious bovine pleuropneumonia and African horse sickness (AHS) have been tabled for next year, with greater scrutiny on evidence to show freedom expected. The WOAH reviews have commenced African swine fever, peste des petits ruminants (PPR), and classical swine fever (CSF).
- An improved evidence base from animal health surveillance activities in Australia could have better supported
    - proof of freedom from lumpy skin disease (LSD) following the positive detections of lumpy skin disease in live cattle transported to Indonesia following arrival. Additional surveillance following the detections was reported to Indonesia and Malaysia (see dossier: Australia's freedom from lumpy skin disease - DAFF (agriculture.gov.au).
    - poultry and poultry products going to Vietnam testing positive to Newcastle disease.
- These events highlight that trading partners seem to be more confident in pausing trade following positive post boarder detections.
- DAFF has established a new team within the current International Strategy team, led by Ash Jordan, that will review import and export market requirements under AnimalPlan (Section 2.3 in the Plan).
- Query on whether any additional reporting requirements could be incorporated into the national database to demonstrate more robust surveillance activities and support applications for proof of freedom to WOAH. DAFF responded that it is something that can be investigated further. The level of scrutiny from WOAH, and the type of feedback that will be given from WOAH to Australia, is

unclear. The process is carried out differently across diseases, for example, although PPR has moved closer to Australia recently, the risk of an outbreak in Australia remains low, so it seems WOAH is continuing to recognise Australia's free status based on current surveillance levels.

- Discussion on the LSD Action Plan. The Plan sets out what the LSD Surveillance Strategy should include such as descriptive epidemiological analysis of LSD surveillance and evaluation of the surveillance activities. Data from NAHIS, as well as abattoirs, NAQS etc. will likely be included in the analysis. There is the need to look the sensitivity of the overall surveillance system in relation to LSD. This could follow similar processes as for human health surveillance analyses. Activities are planned to take place over the next 6 months, so Jurisdictions should check their representatives on NVESAG to confirm contact points or reach out to Andrew Breed as Chair of the group if there are any questions.

**Conclusion**

The Committee accepted the Australian Government report from DAFF.

**Actions**

- NA

**2.2 Industry report (R Chia and J Schroder)**

- R Chia spoke to the paper provided and J Schroder gave a verbal update.
- Noted that the avian influenza funding from DAFF has been greatly appreciated by industry.
- Discussion on the APL Evidence of Absence Project noting that it is challenging to differentiate between increased investigations support by the Project and normal surveillance activities.
- AHA voiced appreciation to APL for their well-considered paper that showcased representation from industry forum on key priorities.
- The Committee supported having a standing agenda item at Industry Forum to inform on the NAHIP to inform the updates provided by industry NAHIP committee members at the May NAHIP meeting. AHA offered to present at Industry Forum on the NAHIP.
- Tas are continuing to report Japanese encephalitis exclusions through passive surveillance activities, piggybacking on feral pig testing. An additional round of mosquito trapping has also occurred.
- Qld also did a second round of JEV delimiting serosurveillance testing in the season following the national round.
- APL noted that JEV vaccine work is underway. The vaccine has 98% efficacy and is very safe for use in pigs. APL is seeking APVMA approval to undertake a larger field trial, with a response is expected in late 2024. The process is very slow and has already been ongoing for two years.
- Sheep Producers raised that in last year's incident of clinical BTV in sheep in NSW, advice to industry was tardy. Industry now receive weekly updates from the NSW CVO.
- Discussion on the role of Industry in NAHIP. Biosecurity starts on farm and producers are the first to see clinical cases and report to their veterinarian, but they do not directly enter surveillance data Historically, reporting by producers has sometimes had punitive consequences (e.g. due to regulation of Johne's disease in sheep) and this disincentive to report needs to be addressed.
- Tas highlighted that Bruce Jackson and Tas are collecting intelligence for endemic disease modelling that is provided back to producers. By establishing surveillance champions, a biosecurity project now supports a network of producers, vets, sale yard operators, abattoir workers etc. Anonymous reports of disease incidents are compiled in a newsletter and circulated. This helps inform livestock partners on endemic diseases in their area.

- DAFF queried whether there would be a case for this to occur at the national level and whether there would be value in understanding endemic diseases dynamics at a broader geographic scale.
- Tas voiced that endemic reporting drives notifiable reporting and if those relationships are established, then closer to real-time reporting would be facilitated. APC funding will hopefully support some of this work in Tas.
- Discussion on if there should be an optional data field in APC to support collection of endemic findings from national notifiable disease exclusions. Sheep Producers noted that there is an activity in South Africa involving voluntary disease reporting by vets to private industry (rural vet association), which is then published through monthly reports. This supports the tracking of clinical cases of endemic diseases, almost in real time, across the country. It is private at a vet level and circumvents government.
- Reporting of non-notifiable endemic diseases is outside of the scope of the current NAHIP program. Resolving disincentives to report would be key to such a program working well, as articulated in an Ausvet report.

**Conclusion**

The industry update was accepted by the Committee. The Committee supported a standing agenda item at Industry Forum on surveillance and industry's role as it relates to NAHIP.

**Actions**

5. *AHA to circulate the extensive industry paper out of session.*

**2.4 Data quality subgroup update (B Hendry)**

- Spoke about the paper provided.
- The Subcommittee on Animal Health Laboratory Standards (SCAHLS) gave feedback that connection with the two committees was very helpful, and the meeting helped to reactivate consideration of data quality.
- Data quality documentation could be shared on the Surveillance Extranet (showcased later in the agenda).
- DAFF noted that negative test data is useful, and differentiating between clinical suspicion and negative results yielded from healthy animals is more useful than negative data only. Negatives with clinical suspicion have value as exclusions. Recent concern about LSD and ND by trading partners is leading to an improved understanding about what is required to support trade. The DAFF trade team would find it useful to have access to a layer of data more detailed than what is being asked by and provided to trading partners, and total numbers of investigations is becoming less sufficient, as trading partners are asking for more comprehensive information such as exclusion data from clinical cases and location data. There is value in being able to differentiate between clinically consistent cases and the opportunistic testing of healthy animals.
- Discussion on reporting of negative test results vs. actual exclusions and the associated level of robustness of the 'negative' outcome/status data field. Noted it is difficult to clearly distinguish between exclusion vs other testing as it's a continuum. A negative result may not technically exclude a disease but could still be useful data.
- AHA could update the wording such as in AHiA to 'negative results' rather than 'exclusions' if the word 'exclusions' is too high a bar.
- NSW noted that 'test type' is used when considering which results can be entered as 'exclusions'. However, there is not a specific requirement around sample type.

- Qld suggested including test type and sample type in the data fields, as well as a level of certainty on the negative outcome/status or having a set of case definitions to inform exclusions.
- DAFF noted that it can't know in advance what data will be required, it is aware that Australia will need to be able to provide scientific evidence to substantiate claims of freedom. DAFF could identify some priorities where negative evidence is being used currently or is likely to be used.
- WA confirmed that they have some case definitions that identify when certain tests are required for certain priority diseases. In the sample management system, the pathologist can tick if a sample was adequate for testing, and if not adequate, then the data isn't included in reporting (e.g. wrong type of sample or sample quality issue). WA confirmed that it will share this work with the Committee.
- Qld suggested that the sample and test type could be included to support the status field and then used in conjunction with clinical signs and species to create a scale for confidence/robustness. DAFF suggested coming up with some key species and hosts and clarifying the type of data that will be useful for them.
- Vic noted that developing case definitions, such as for JEV, is resource intensive, and reporting is already time intensive, so adding more fields may not be beneficial.
- Qld queried if they should stop uploading negatives that are a low level of suspicion if other jurisdictions are requiring a higher level of robustness. Agreement that Qld should continue to report all data as it is still valuable to report those negatives, and if removed, it could impact trends in reports such as AHSQ. Agreement that a clearer picture on what is being included as a negative could have a future benefit that outweighs the short-term impact.
- Tas raised that some guidelines would be useful, but Australia's evidence of absence is based on low likelihood exclusions, and additional exclusions are strengthening the evidence of absence.
- Additional DAFF engagement is required around the type of data that is useful for trade and how it is being used from a scientific and epidemiology perspective. Then, continued engagement with AHA and jurisdictions on data quality will help us to jointly improve data quality. Jurisdictional and national systems will need to be able to accommodate the changes required to improve data quality.
- Tas noted in addition to quantitative data, qualitive stories in AHSQ are also a valuable way of presenting exclusions.

**Syndrome list**

- Noted the Qld SCAHLS representative has submitted a paper to SCAHLS requesting that SCAHLS revise the list.
- WHA raised that they have identified some issues to the syndrome list but don't sit on SCAHLS. Qld offered to receive WHA's feedback to pass on to their SCAHLS representative.
- AHA noted that ACDP have requested to be included on the NAHIP Committee to support a stronger link between diagnostics and surveillance. The Committee were supportive of the request.

**Conclusion**

The Committee accepted the report. Endorsed the inclusion of ACDP on the NAHIP AC.

**Actions**

6. *WA to share its case definitions with the committee*
7. *DAFF to advise on priority diseases and hosts where additional negative case definitions would be valuable and AHA to facilitate looking at how that data can be incorporated into the national database system.*

8. *AHA to circulate the minutes from the SCAHLS/NAHIP meeting out of session along with the comparison work done by Qld in relation to list its new and disparate syndromes on the syndrome list and associated broad case examples.*
9. *WHA to provide feedback on the current syndrome list to Qld. Qld to pass on WHA feedback to its SCAHLS representative and ensure WHA is consulted on the syndrome list revision.*

## 3. NAHIP Data Reporting and AUSPestCheck update

### 3.1 AUSPestCheck reflections and update (E Sears)

- AHA would like to thank the Jurisdictions and WHA for their ongoing involvement with APC.
- AHA noted adequate testing of the system, and ensuring the ICT system can accommodate critical program requirements and stakeholder needs, is critical. AHA is continuing to work with PHA with the aim of APC being enhanced to the stage where it could accommodate the critical requirements of NAHIP and other national animal health surveillance and biosecurity programs.
- The MOU and DMU are currently on pause until APC is developed and tested to demonstrate that it can meet the critical requirements of the programs. Some elements of the MOU and DMU are dependent on the ICT solutions and approaches within the system.
- AHA plans to test APC using a range of scenarios, including the recent zone changes required by the National Arbovirus Monitoring Program (NAMP). AHA continues to await PowerBI functionality, which is required for reporting outputs such as in AHSQ and AHiA.
- AHA Executive and Board have agreed to invest in CAHD, so it continues to meet the requirements of the programs in the interim, including a substantial cybersecurity uplift. This will occur in the first half of 2024-25 and will ensure CAHD continues to function well through till June 2025.
- AHA will stay in close communication with the Committee on the progress of APC.
- AHA acknowledges the work that has occurred already around data reporting, which was endorsed by AHC at AHC45 OOS12.
- The Committee discussed the proposal to consolidate NNDI to utilise the APC data standard where feasible for NNDI reporting into CAHD.
- Qld noted that this is an opportunity to trial the new data standard in CAHD before it is used in APC.
- The Committee noted that the endorsement from AHC of AHC45 OOS12 was related to the transition to APC, so a new paper will need to be submitted to AHC for the consolidated data standard to be implemented in CAHD.
- AHA will highlight the points of difference between the NNDI data standard for APC and that proposed in CAHD e.g. CAHD can accommodate a flexible LGA/PIC region centroid field, and a user generated UID.
- Noted that 5 jurisdictions have been able to upload pilot data to APC. The remaining jurisdictions were encouraged to add their data, but this not a critical step in the interim. There is sufficient data in the system to enable testing for NAHIP.

**Conclusion**

The update was noted by the Committee. AHA will put forward a proposal to AHC for the new data standards for NNDI to be incorporated in CAHD.

**Actions**

10. *AHA to propose to AHC the implementation of the new data standards for NNDI in CAHD.*
11. *AHA to circulate an updated workbook with the new data standard for NNDI to the committee for approval, including identifying differences between data fields between the APC and proposed CAHD data standards (e.g. LGA and UID).*

12. *AHA to flag with PHA and DAFF the need for an update to be provided to AHC on the delay in the system development of APC, and further information on the proposed ongoing costs associated with APC.*

**3.2 Data management use policy (E Sears)**

- The current tracked change draft of the Data Management and Use Policy was circulated with the meeting papers. Formal approval on the DMU is on pause pending the resolution of critical issues in the APC system.
- Noted that the Minimum Viable Product for transition to APC includes NAMP, NAHIS and EDIS. The enhancements to CAHD will ensure its continued functionality for the next 12 months. Ongoing costs for APC are unknown.
- Agreement that the work that has been undertaken has been valuable and we want that to build on this progress while we are still using CAHD, rather than continuing with the current reporting with its associated challenges. Noted the substantial investments made within the jurisdictions during this process.
- DAFF confirmed that the aquatics APC tenancy is in use. Noted that there may be cross-sectorial benefits in having the plant, aquatics and animal surveillance data in a single system. PHA are looking to convene the APC Reference Group in the next few weeks and a poll is out with attendees.
- DAFF noted challenges with communications to stakeholders. The Committee confirmed that AHC is the best forum for updates on APC.
- AHA provided a brief update on key changes to the data standards in the NAHIP DMU policy following further consultation. 'Test level' has been removed, with 'yes/no' fields added for stateLab, referenceLab, fieldInvestigation, pocTest, privateLab. Confirmed that multiple levels can be identified as being tested at for the diseases that the record is referring to.
- SA noted that it has a contract with a private lab rather than a state government lab and that the definition of state lab should encompass this arrangement.
- NAQS data standard is under development. Once finalised, it would become part of the NAHIP DMU policy as a sperate data project.
- Noted a correction needed in the DMU on page 16 around species/host.
- Discussion on the release of a new NNDI list. The new list was approved by AHC in November 2023. Qld noted they have communicated the updated list to their vets already, given the removal of *E. canis*. Tas noted they would usually make the update to legislation at the end of the FY. AHA noted that historically within AHiA and AHSQ, footnotes have been to provide context around the removal or addition of diseases because of updates to the national list.
- The Committee raised concerns that there was a lack of communication to jurisdictions about the publication of the updated national notifiable diseases list. AHA will raise this with the AHC Secretariat.

**Conclusion**

The update was noted by the Committee. AHA will update the NNDI list to reflect the changes to the national list, circulate a summary of the changes, and convey the Committee's feedback to the AHC Secretariat about the lack of communication to jurisdictions about the publication of the updated national notifiable diseases list.

**Actions**

13. *AHA and SA to update wording in the data field around state lab testing to reflect that SA contracts a private lab.*

14. *AHA to implement updating of the disease list in NNDI for the next reporting period to reflect changes to the national list.*
15. *AHA to raise with the AHC secretariate feedback from the committee that more proactive communication, for example in relation to the publication of the updated national notifiable diseases list., should be provided to AHC members, and to request inclusion of the NND list updates in Around AHC.*
16. *AHA to circulate the summary of updates to the national list to the NAHIP Committee.*

**3.3 NAHIP data reporting structure and impacts on outputs such as AHSQ (E Sears, D Navarro Lopez)**

- Spoke to the objectives of the NAHIP and highlighted current AHSQ reporting inclusions.
- Spoke to proposed changes to the summary page of AHSQ to include EAD hotline data and remove AI, ND, EHV1 and bovine brucellosis. Purposed inclusion of a SWF visual summary, additional NAMP context, and any additional information around activities/key points for the quarter.
- Discussion on the potential of including endemic disease reporting, noting that the 'finding' field will be optional in the new data standards, and is a free text field. Industry noted that the Meat and Livestock Australia report has a list of priority diseases, but the reports against those diseases are all estimates. Having real data on endemic diseases would be very beneficial. The Committee noted that endemic disease reporting is out of scope for NAHIP, but that there could be value in confirming the priority diseases for industry, which could possibly inform reporting back to industry on endemic findings.
- WHA noted that they do include a list of endemics identified in their AHSQ updates, where appropriate, which could be mirrored for livestock.
- DAFF noted that the role of AHSQ is market access. Discussion on if removing AI from the summary page would cause concern from trading partners, given recent importance overseas. It was suggested that the summary page include priority listed diseases by species as pictorials.
- DAFF raised that an evaluation of our surveillance activities in Australia would support a better understanding as to where to focus resources and what to include in AHSQ and AHiA.
- Confirmed that oversight of EAD hotline data reporting on a Jurisdictional level sits with SCEAD.
- Discussion on removal of AI and ND disease table from body and footnotes to be used to confirm strain. Option to include commentary on summary card if still utilised. Noted the importance of specifying that the exclusion testing is for HPAI.
- Recommend trialling a quarter of clinical data in AHSQ and the see how much the values in publication will change.
- Recommend trialling splitting out priority diseases such as ASF, AHS, FMD, AI, LSD etc. for inclusion in the summary as the key focus, and then leaving everything else to the final table.

**Conclusion**

The Committee noted the suggestions on visualisation of data in AHSQ and recommended three options be trialled.

**Actions**

17. *DAFF to confirm diseases, markets or populations that are a priority for trading partners and AHA to mock up what this data would look like on a summary page.*
18. *AHA to mock up what inclusion of EAD hotline, SWF and NAMP would look like on the summary page, and what the page would look like if just clinical cases were used for the current summary page layout.*

**3.4 Extranet introduction and demonstration (M Leyden)**

- Provided an overview of the Surveillance Extranet, a resource that will be used as a document repository across all NAHIS data programs.
- Noted that add additional files can be added once agreed, such as data standards or data quality documents.
- New folders could be added by request through AHA with confirmation via the Committee out of session.

**Conclusion**

- The update was noted by the Committee. AHA will finalise the Surveillance Extranet and send logins to Committee Members.

**Actions**

- NA

## 4. NAHIP Business Plan

**4.1 Business Plan – including review of risk register (B Hendry)**

- Spoke about the updates to the Business Plan and confirmed the 2024-25 budget and the updated Committee list.
- Noted that AHA will update the Program Schedule (Section 2.6) to reflect biannual committee meetings.
- Noted updates to Figure 1 to be implemented to remove meat inspection for granulomas which is no longer an active program. Discussed that contagious ovine epididymitis accreditation required updating to reflect current naming as the Ovine Brucellosis Accreditation register. Also, the extra reports box to include the summary data provided by WHA.
- Agreement to continue virtual meetings in early October of 90 minutes, to avoid running too close to when data is due.
- Noted a new risk to be added of not having a suitable database to meet the requirements of the program, and a risk around inadequate program funding, either due to increased costs to maintain the program and its associated systems, or reduced funding into the program.
- The Committee noted risks associated with APC can be included at a high level in the NAHIP Business Plan but should sit more with the APC project, otherwise they are duplicated across all programs that may transition to APC.
- AHA noted the review of AHA risk register layouts has begun and involves better risk monitoring of high-level risks across programs.
- Committee supported the request to add an ACDP representative to the Committee. Noted that Qld representation will change to Selina Ossedryver, with Greg still compiling the Qld data and Jo will step back from NAHIP. *DAFF confirmed post meeting that representation will change form Andrew Breed to Emily Sellens.*
- WHA highlighted a correction to section 3.1.9, dot point 1, as WHA don't upload data to NAHIS under NAHIP.
- AHA noted that the budget is set, but that if there was to be a required change, such as new publication or other expenditure in addition to normal activities, there would be the opportunity for committee discussion at the October meeting to then inform the 25-26 budget through AHA's Annual Operating Plan process in January.

**Conclusion**

The Committee accepted the draft Business Plan noting the corrections identified. AHA will update the Plan and circulate it as a final to the Committee out of session. AHA will reach out to ACDP to confirm a representative to sit on the Committee.

**Actions**

19. *AHA to update the Business Plan (Fig 1 map, Table 3 schedule, risk register, table 6 committee members, 3.1.9 WHA responsibilities), and circulate it to the Committee before finalisation.*

## 5. Meeting close

**5.1 Wrap up (B Hendry)**

- Thanked attendees for their valuable input in the meeting.
- Meeting closed.

# NAHIP ADVISORY COMMITTEE MEETING MAY 2024
# ACTION REGISTER

| # | ACTION | WHO | BY |
|---|---|---|---|
| 1 | Document where wildlife and feral animal data is reported between eWHIS, NAQS and NAHIS databases. | WHA and NAQS | May 2025 |
| 2 | Continue discussions on the reporting of NAQS data in APC. | AHA and NAQS | May 2025 |
| 3 | Circulate the Analytics Report to the Committee out of session with inclusion of comparison of article downloads from international vs Australian audiences, and numbers of new vs unsubscribing for mail chimp, and confirm whether analytics by country from Mailchimp are available. | AHA | June 2024 |
| 4 | Seek advice from its communications team on feedback on the new digital report layout/style, which is being adopted by AUSVETPLAN, and the analytics available for that type of report. | AHA | September 2024 |
| 5 | Circulate the extensive industry paper out of session. | AHA | June 2024 |
| 6 | Share its case definitions for priority diseases with the committee | WA | September 2024 |
| 7 | Advise on priority diseases and hosts where additional negative case definitions would be valuable and AHA to facilitate looking at how that data can be incorporated into the national database system. | DAFF | August 2024 |
| 8 | Circulate the minutes from the SCAHLS/NAHIP meeting out of session along with the comparison work done by Qld in relation to list its new and disparate syndromes on the syndrome list and associated broad case examples. | AHA | June 2024 |
| 9 | Request its SCAHLS representative to consider WHA feedback on revision of the syndrome list | Qld | September 2024 |
| 10 | Propose to AHC the implementation of the new data standards for NNDI in CAHD. | AHA | August 2024 |
| 11 | Circulate an updated workbook with the new data standard for NNDI to the committee for approval, including identifying differences between data fields between the APC and proposed CAHD data standards (e.g. LGA and UID). | AHA | August 2024 |
| 12 | Flag with PHA and DAFF the need for an update to be provided to AHC on the delay in the system development of APC, and further information on the proposed ongoing costs associated with APC. | AHA | July 2024 |
| 13 | Update wording in the data field around state lab testing to reflect that SA contracts a private lab. | AHA and SA | September 2024 |

| | | | |
|---|---|---|---|
| 14 | Implement updating of the disease list in NNDI for the next reporting period to reflect changes to the national list. | AHA | August 2024 |
| 15 | Raise with the AHC secretariate feedback from the committee that more proactive communication, for example in relation to the publication of the updated national notifiable diseases list., should be provided to AHC members, and to request inclusion of the NNDL updates in Around AHC. | AHA | July 2024 |
| 16 | Circulate the summary of updates to the national list to the NAHIP Committee. | AHA | August 2024 |
| 17 | Confirm diseases, markets or populations that are a priority for trading partners and AHA to mock up what this data would look like on a summary page. | DAFF | September 2024 |
| 18 | Mock up what inclusion of EAD hotline, SWF and NAMP would look like on the summary page, and what the page would look like if just clinical cases were used for the current summary page layout. | AHA | September 2024 |