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NAHIP ADVISORY COMMITTEE ANNUAL MEETING 2025

MEETING RECORD

Wednesday-Thursday 14-15 May 2025

Start: 9:30 14th May| Close: 12:15 15th May (AEST)

In attendance:

PARTICIPANTS	
Bronwyn Hendry (AHA – Chair)	Stacey Carnogoy (NT - Virtual)
Sheaaz Sakur (AHA – Minutes)	Selina Ossedryver (Qld)
Mikhaila Nye (AHA)	Callain Howarth (SA)
Emily Sears (AHA)	Jennifer Voss (Tas.)
Emily Sellens (Aus. Gov.)	Julia Sarandopoulos (Vic - Virtual)
Harriett Garvey (Aus. Gov.)	Leander McLennan (WA)
Adam Robinson (Aus. Gov.)	Keren Cox-Witton (WHA)
Guy Weerasinghe (Aus. Gov. NAQS)	Johann Schröder (Sheep Producers Australia)
Fiona Knoxx (NAQS - Virtual)	Raymond Chia (Australian Pork Ltd)
Geoff Campbell (NSW - Virtual)	James Watson (ACDP - Virtual)

Apologies: N/A

Objectives of meeting:

- Brief Committee members on program deliverables, achievements, issues and expenditure.
- Receive and discuss urgent program matters.

Welcome and introductions (B Hendry):

- The Chair welcomed participants to the meeting and outlined the objectives and structure of the meeting. The Chair advised that items 3.3 and 3.4 would be combined into one joint item.

1. 2024 in review

1.1 Update on 2024 action items (S Sakur)

- Spoke to the action register and noted the status of all action items from the May 2024 face to face meeting and the October 2024 virtual meeting.

May 2024

- Actions 3, 5, 6, 8-11, 13-16 were complete.
- Action item 1 was carried over.
- Action item 2 was superseded with AHA and NAQS working on an updated data project in for Q2 2025 (Apr-Jun) reporting.
- Action item 4 was closed, as the online format was not suitable to implement for reports of this type.
- Action item 7 was superseded by action item 1 from virtual October NAHIP meeting.
- Action item 12 was superseded due to the cessation of AUSPestCheck.
- Action items 17 and 18 were noted as outstanding and the committee noted that both would be carried over for addressing during the AHSQ update that was in progress.

October 2024

- Actions 6, 8 and 13 were complete.
- Action item 1 was outstanding and further discussed under Agenda item 2.3.
- Action items 2 and 10 were further discussed under Agenda item 2.3.
- Action item 3 was outstanding, with it noted that this would be considered during future work on data quality and case definitions. The item was marked as carried over.
- Action item 4 was closed, with Tasmania advising that there were no further updates.
- Action item 5 was discussed under Agenda item 3.2.
- Action item 7 was completed and will be circulated with the draft record of this meeting.
- Action item 9 was further discussed under Agenda item 6.1.
- Action item 11 was noted to be commencing soon in preparation for the October meeting.
- Action item 12 was further discussed under Agenda item 3.1.

Conclusion

The Committee accepted the update on action items, noting that a revised list with more detailed status updates would be circulated with the draft record.

Actions:

1. *AHA to circulate an updated action item register with greater detail on the status of each item and referencing items that were for discussion during the meeting.*

1.2 Report analytics (S Sakur)

- Spoke to the report on readership on *AHSQ Volume 28* and *AHiA 2023.*
- A question was raised about social media analytics. AHA outlined that downloads are monitored through active interaction with the website links and MailChimp campaigns. AHA noted that it would continue to work with its communications team on available analytics, including additional measures such as social media, and share these as available in future reports.
- AHiA was noted as being distributed via QR code campaigns on promotional materials (e.g. mousepads and coasters), hyperlinks shared on social media, and through mail and email subscriptions.
- AHA confirmed that it works annually with DAFF and WOAH to keep international contact lists up to date for mailing and distribution of AHiA.
- The Committee queried the 25% increase in subscribers in late 2022 (Figure 5). AHA suggested the rise may be linked to a system change or enhanced exposure through WOAH and DAFF activities. A Robinson proposed it may also be related to heightened awareness around the emergence of lumpy skin disease in Indonesia. AHA will follow up with the communications team to confirm any additional information or insights on this increase.
- The Committee raised that a correction is required in Table 4, where identical figures were mistakenly repeated for Volumes 26 and 27. Additionally, the publication date of the 2023 AHiA report should be updated to 24 May 2024.
- The Committee asked whether international download locations align with Australia's major trading partners, noting the absence of countries like Indonesia. A. Robinson explained that the reports are more relevant to meat trade rather than live animal exports. B. Hendry added that factors such as language, economic status, and the availability of local publications may influence international readership.
- While AHA has not formally sought feedback from international subscribers, positive feedback has been received through DAFF channels. Hard copies of AHiA have been found to be particularly

valued by international stakeholders, providing a clear and comprehensive summary for reporting purposes.

Conclusion

The Committee accepted the verbal update and noted that an updated version of the report with the corrections implemented will be circulated along with the draft minutes.

Action items

2. *AHA to update the AHSQ – AHiA readership analytics report to reflect the corrections noted during the meeting. AHA will also liaise with the communications team to verify the reported 25% increase in subscribers for AHSQ Volume 28.*

2. Reports

2.1 Aus. Gov. Report (E Sellens)

- E Sellens gave a verbal update on relevant activities and issues influencing Australian health surveillance decisions.
- JEV case definitions have been approved via AHC, outlining definitions for positive cases and past exposure. It was noted that there is no approved negative case definition.
- A data-sharing Memorandum of Understanding (MoU) for JEV was signed in late 2023 between agriculture and health agencies and is now active. A GovTEAMS platform is available for jurisdictions to share JEV data that is outside of the scope of NAHIP reporting. This supplements but does not replace NAHIS reporting. The platform enables timely sharing of various types of JEV data, including inconclusive or serological results that may not meet the case definition for NAHIS reporting.
- The Committee noted that sharing such data might pose trade risks; however, it was pointed out that these risks had already been considered during the consultation process when developing the case definitions for JEV.
- The aim of this platform is not trade/market access or official notifiable disease reporting but to support One Health decision-making.
- As part of the MoU, DAFF will share NAHIS negative JEV data quarterly and will liaise with AHA on timing for this data.
- While the platform will help identify high risk areas, promoting vaccination or funding for vaccination, the Committee raised concerns of the duplication of effort as it does not replace normal reporting processes.
- Committee was informed that due to implementation of reporting only disease investigations in NAHIP, it is anticipated that additional information may be sought for some diseases, such as for export and certification testing that was previously reported through NAHIP (i.e. EIA etc.). It was noted that the move to reporting only disease investigations in NAHIP does resolve queries around if numbers were clinically relevant.
- DAFF outlined that it is working to evaluate surveillance program performance to support market access and validate disease freedom. Current activities include:
    - Under Animal Plan Action 2.3, DAFF has been progressing an activity to audit current/future export/import market access requirements for animals and animal products to guide national surveillance planning (currently focused on live exports, not animal products yet).
    - Under Action 4.1a of the National Lumpy Skin Disease Plan, a national surveillance strategy is being developed. This includes quantitative evaluation of passive surveillance, with potential application to other diseases like FMD.

- The HPAI Taskforce has engaged Ausvet to review Australia's current avian influenza surveillance in animals, with a focus on wild birds and poultry. The review aims to identify gaps and improve alignment with evolving risks. It will include a literature review of global best practices and surveillance frameworks, stakeholder engagement in June, a qualitative evaluation of surveillance system components in July, and the development of recommendations in August to strengthen early detection of HPAI and inform broader surveillance strategies relevant to trade. The final report is expected in September 2025. Enquiries can be directed to the Taskforce via their dedicated email hpai_taskforce2024@aff.gov.au.

Conclusion

The Committee noted the Australian Government report and that the transition to reporting only disease investigations under NAHIP NND may result in increased requests for additional information on certain diseases.

Actions

3. *As part of the JEV MOU for data sharing, DAFF to liaise with AHA on logistics and timing to extract negative JEV data from NAHIS each quarter.*

2.2 Industry Report (R Chia and J Schröder)

Intensive industry:

- R Chia spoke to the paper provided.
- Discussion on the APL *Evidence of Absence* Project noted that, due to AHA's restructure, they were unable to proceed with a full research proposal during the recent round and had to withdraw. APL remains hopeful that AHA will be in a position to submit a full proposal during the August–September 2025 expression of interest period.
- JEV surveillance was conducted in abattoirs this year in light of high rainfall received in several regions, which aimed to detect seroconversion and support early mosquito management by producers. Six farms were included: two each in Qld, NSW, and Vic. Half of the farms in Qld and NSW tested positive for JEV; none in Vic showed positive results. A proposal will be made to conduct another round of JEV surveillance in the next financial year, starting in late spring.
- JEV samples from QLD and NSW were processed at EMAI, and VIC samples at AgriBio. The Committee raised concerns about the ELISA test used at EMAI, as it is not specific to JEV and can detect antibodies to other flaviviruses (e.g., MVE, WNV). As such, positive results may not meet the JEV case definition. G Weerasinghe suggested exploring molecular methods like PCR on tonsil samples due to faster results, while R Chia noted the project prioritised early detection and cost-effective sampling.
- A Robinson asked if states are following up on JEV positives. QLD confirmed they would conduct confirmatory testing beyond an ELISA to meet case definitions of JEV. RC noted that the properties tested were positive in 2023.
- The Australian Duck Meat Association conducted an analysis of avian influenza isolations in ducks from 1976 to 2024. Of the 12 isolations recorded during this period, 11 were identified as low pathogenic strains.
- The Committee was informed that a baseline study on Influenza A in pigs will be conducted next financial year by ACDP, this will be the first of its kind in Australia. This will be a one-year project, and the Committee will be updated on the results once available. Committee noted that all CVOs

have been consulted and are aware of the project's commencement with testing/results being notified to the relevant state.

Extensive industry:

- J Schröder gave a verbal update.
- No surveillance activities to report at this time.
- As a member of the National Johne's Disease Program Steering Committee, J Schröder informed the Committee of a new diagnostic technique for Johne's disease (JD), being developed in collaboration with Dairy Australia, ACDP, and CSIRO. The method involves detecting microRNAs from exosomes in blood and serum, allowing earlier pathogen detection. This molecular approach has potential applications across multiple diseases and represents a shift away from traditional serology.
- JD is being used as the model for this test due to the difficulty in monitoring the disease. Sensitive tests such as PCR can produce false negatives because of JD's intermittent and low-level shedding.
- A Robinson expressed concern about how a more sensitive diagnostic test might impact export markets, noting discrepancies between how JD is defined and perceived domestically and internationally.
- S Ossedryver questioned why JD was removed from the Sheep Health Monitoring Program but remains listed in EDIS. It was noted that, although JD has been deregulated, it remains a notifiable disease, requiring mandatory reporting if detected. AHA indicated that it would take this question on notice.

Conclusion

The industry update was accepted by the Committee.

Actions

4. *AHA will discuss internally why Johne's Disease remains listed on EDIS despite its removal from the Sheep Health Monitoring Program and will report back to the Committee.*

2.3 Data quality subgroup and syndrome list update (B. Hendry)

- B Hendry gave a verbal update.
- Data quality subgroup work has been on hold, as the priority was to finalise and implement the new data standards, ongoing resourcing for this work has been impacted by the internal AHA organisational restructure.
- Noted that SCAHLS (the AHC Sub-Committee on Animal Health Laboratory Standards) is taking carriage of updating the syndrome list, with the work due to kick off in May 2025, led by Louise Jackson, Biosecurity Science Laboratory (BSL) QLD. K Cox-Witton noted that WHA is keen to have input but does not have a SCAHLS rep. S Ossedryver offered to ask the SCAHLS reps if WHA could be involved.

Case definitions: note to Committee this discussion occurred on day 2

- Noted that NSW and QLD have done extensive work to document the tests used for each notifiable disease and to provide guidance to NAHIP data submitters on interpreting 'outcomes' for reporting purposes. WA also shared its guidance document for key priority diseases.
- Jurisdictions have noted that applying this level of detail across all notifiable diseases would be resource intensive. As a result, a suggestion was made to focus on a select number of diseases where differences in what constitutes a 'positive' or 'negative' outcome could have meaningful implications. It was discussed that it would be valuable to document these differences, particularly

for endemic diseases, as testing for exotic diseases is generally more consistent and typically involves PCR.

- It was proposed that this work could potentially be done in collaboration with SCHALS.
- DAFF noted that defining negative case outcomes is generally a lower priority for endemic diseases. Since negative results are rarely questioned, the focus has typically been on defining what constitutes a positive case.
- While there were concerns about resource limitations, the committee agreed it remains valuable to understand jurisdictional differences in negative case definitions and assess whether greater consistency is achievable. It was decided that, where possible, jurisdictions would focus on a few key diseases (e.g., *B. suis,* BVD, and JD) to document variations in case definitions for both positive and negative outcomes.

Conclusion

The Committee accepted the update regarding the pause in the data quality subgroup's work and noted that the syndrome list will be updated by SCAHLS. It was also collectively agreed that available jurisdictions will focus on comparing their positive and negative case definitions for diseases B. suis, BVD, and JD.

Actions

5. *Qld to circulate the names of the Syndrome List Revision Working Group to the NAHIP Committee, so members know who to contact if they wish to discuss the syndrome list revisions.*
6. *Following circulation of the meeting record, jurisdictions to nominate themselves to participate in providing their positive and negative case definitions for B. suis, BVD, and JD.*

3. NAHIP Data Reporting and Database

3.1 Central Animal Health Database update (Ausvet - B. Madin)

- Ausvet provided an update on the Central Animal Health Database (CAHD), reflecting on its 20-year evolution since NAHIS (National Animal Health Information System) was placed under AHA's ownership.
- Over time, the system has matured into a robust, scalable, and cost-effective platform, central to programs like NAHIP, NAMP, and EDIS. It supports spatial analysis and automated alerts, particularly useful in NAMP.
- Recent efforts have focused on cybersecurity upgrades, infrastructure improvements, and updating core software components. Moving forward, logging into the database will be done through user's organisation Microsoft or Google account.
- Future focuses for improvement may include more granular data for spatiotemporal data scanning, improved spatial resolution, better linkages to other data sources (e.g. BOM, lab systems, abattoirs, NLIS, CDC, One health integration etc.), and machine learning and other models. Updated location details would be needed to improve mapping components.
- Noted that AHA have the capability to quickly set up new projects as required.
- The Committee highlighted that while there are many opportunities and capabilities within the system for data analysis and integration, NAHIP members need to be cognisant of the aim of the program (supporting market access) and budget.
- The Committee noted that while improved spatial resolution is valuable, privacy considerations and the granularity of the systems that feed up into NAHIS (e.g. lab systems) limit this.

Conclusion

The CAHD update was accepted by the Committee.

Actions

N/A

3.2 Future database consultation project update (E Sears)

- E. Sears provided a verbal update on AHA's upcoming consultation process with members to help define the long-term requirements for a future national animal health database.
- As outlined by Ausvet, significant behind-the-scenes work has been completed this year to stabilise the current CAHD, ensuring a secure and functional platform during the consultation period. AHA has been discussing with members more broadly, including at the last AHA Member Engagement Week (MEW), and with updated including through AHC 47 OOS 15.
- AHA has commissioned a consultancy project to gather input from members and stakeholders on the design of a secure, modern, and collaborative national animal health surveillance and monitoring platform. The aim is to assess options that will enhance biosecurity and system resilience.
- The consultation, led by business design firm Accelio, will include stakeholder mapping, targeted engagement sessions (interviews, virtual workshops, and surveys) and an analysis of requirements to prioritise future upgrades. Key deliverables include a final report detailing insights, stakeholder priorities, and recommended pathways for database development. Accelio will work in partnership with AHA and operate under strict confidentiality, privacy, and IP terms as per the consultancy agreement. AHA will be aiming to provide an update on the project at the September MEW.
- Priorities for 2025–2026:
    - Strengthen data quality across existing national programs and routine reporting.
    - Member consultation project to define the ideal future animal health database — exploring improvement areas, new technologies (e.g. trend analysis, predictive modelling), and safe linkages with other datasets. This will involve surveys, focus groups, and workshops, resulting in a report outlining key insights and priorities.
    - Future planning will be based on consultation outcomes, guiding the next phase of database development in collaboration with AHA members.
- AHA to confirm with executives whether there are relevant insights or learnings from the AUSPestCheck (APC) consultation process that could inform this project.
- The strategy of initiating consultation at a high level (e.g., CVO level) raised some concerns. The Committee felt that individuals at this level might not be fully acquainted with the technical focus or limitations of specific programs. There was concern that discussions could become overly detailed, potentially leading to requests for features outside the project's intended scope. However, the reasoning behind this approach is to secure early executive buy-in, with more focused engagement from technical and advisory groups to follow.

Conclusion

The Committee noted the significant progress made in preparing for AHA's upcoming consultation on the future national animal health database, including the stabilisation of CAHD and the establishment of national data management and use policies. While some concerns were raised about initiating discussions at the executive level, the Committee recognised the value of early strategic engagement, with more technical input to follow in later stages.

Industry acknowledged the high value of the database as a knowledge resource and highlighted that access to the database is important for legitimate research purposes (under conditions that will safeguard the

integrity of the information). Current reports from the database represent "snapshots" in time, however trend analysis has the potential to enrich the value of the data.

Actions

7. *AHA to discuss internally with their executives to see what records and insights are available from the consultation led by the DAFF team during the APC pilot project.*

3.3 Data standards discussion; and 3.4 Data management use policy updates (E Sears)

- E. Sears provided a verbal update on the new data standards and the data management use policy updates. The committee discussed the feedback provided on the new data standards and data management and use policy through the pre-meeting survey.
- The Committee generally found the new workbook to be clear and user-friendly, with most feedback focused on minor adjustments to headings and field descriptions. However, as existing LIMS systems were built around the previous NAHIS format, some jurisdictions noted that additional time and effort were required to adapt their data entry processes this quarter.
- User and lab reference field instructions in the workbook:
    - Committee suggested that the workbook instructions on user reference should align more closely with the instructions within the DMU policy.
    - Further clarification is needed for the lab reference field, which is mandatory. AHA explained it is used for traceability and will update the field's description in the workbook for clarity to reflect this.
- The Committee commented that as this was the first reporting period using the new standards, that they often switched between the DMU and the workbook. It was suggested that additional detail could be added to the yellow guidance section within the workbook to reduce the need for cross-referencing.
- Syndrome list:
    - It was noted that the syndrome "increased mortality – such as sudden death" appears in the workbook dropdown but is missing from the DMU list.
    - SCAHLS is currently reviewing the syndrome list, jurisdictions also highlighted discrepancies between their internal reporting of syndromes and what is reflected in NAHIS. It was noted that once the SCAHLS review is complete, that NAHIS would be updated to reflect any changes agreed to.
- Optional fields:
    - The Committee discussed the role of optional fields and agreed this should be explored further by the Data Quality Subgroup, particularly in terms of their importance for specific diseases.
    - Changes in field classifications from mandatory to optional have impacted the presentation of AHSQ data. In particular, it has impacted six diseases which include EHV-1, EIA, EVA, ND, AI bovine brucellosis. Changes in presentation was expected following the removal of health testing which is the vast majority of EIA and EVA data. Further discussions of data reporting in the AHSQ will be addressed under agenda item 5.1.
    - DAFF emphasised that while some fields may be technically optional, if they are essential for accurately communicating surveillance outcomes they may need to be re-evaluated and treated as mandatory.
    - AHA and DAFF will review the new data standards and AHSQ layout to identify any gaps and assess whether the current format continues to meet reporting and surveillance needs.

- Committee requested that DAFF advise what information will generally be required for dossiers and trade enquires so that jurisdictions can ensure this information is available in the future when needed (e.g. counts of animals tested).
- Noted an update is required in the NNDN workbook to removal 'primary' within instruction #3.
- The Committee discussed whether *Salmonella enteritidis* falls within the scope of NAHIP and the NND project, given it does not cause clinical disease in poultry. AHA will take in this query and discuss it internally.
- A query was raised regarding bee diseases. While the reporting criteria tab advises against including field-based exclusions or bee diseases, the DMU contains a field for "field-only investigations." Clarification was sought by the Committee on whether bee diseases fall outside the project's scope. This will be discussed further internally with AHA, and with DAFF, with consideration of WOAH reporting requirements/definitions.
- The Committee questioned the relevance of the NEDI tab, noting it is rarely used and primarily captures unusual disease events. It was confirmed that data from this tab is not included in AHiA or AHSQ reports. AHA will consult with DAFF to determine whether the tab is still necessary and to clarify future requirements for reporting new and emerging diseases.
- Victoria commented on the difficulty of finding the correct species for AI and ND exclusions, with no generic options provided such as pigeons or geese. It was noted that a lot of the species options are geared towards wild birds. It was discussed that it would be good as a Committee to look at what NAHIP should convey in those data tables and to what species level. Ultimately it was decided that such decision is best to be informed by DAFF to see what species level the data is required at and to identify if there are any gaps.
- Classification of disease investigations:
    - The Committee discussed how disease investigations should be defined and recorded, particularly during outbreaks where a single event may involve multiple related investigations.
    - An example from NSW raised the question of whether repeated visits to the same property over a short period with negative results (e.g., 17 visits) should be recorded as one investigation (a single line of data) or as multiple investigations (multiple lines). Once a positive result is confirmed, further data is not recorded unless it pertains to a different disease.
    - Victoria noted that if the clinical signs remain consistent and the case relates to the same investigation, even with multiple lab submissions over time, it is treated as a single investigation. A different clinical presentation may warrant a new investigation.
    - Views varied across jurisdictions on whether repeated investigations during an event should be grouped or separated as individual investigations.
    - As a result, AHA will document current jurisdictional practices for a single investigation vs an event over time and consider the potential benefits and risks of standardising these definitions.
- The Committee commented that further clarifications is required for the Incident ID field, and this would be further looked at by the data quality subgroup.
- Ovine Brucellosis:
    - The Committee discussed the requirement to continue reporting OB accreditation through NAHIP, noting that this project sits within the remit of EDIS. AHA requested that as the data in EDIS is not regularly updated by the relevant Jurisdictional data uploaders, that the NAHIP data coordinators continue to upload this data for Jan-Mar 2025. This will ensure it is available for reporting in AHSQ Q1.

- As only the total counts by Jurisdiction are reported for OB accreditation in AHSQ, Jurisdictions are able to upload one line of data with the total count, rather than needing to break it down by LGA/location.
- AHA will raise internally the need and timeliness of OB reporting through EDIS to be improved, and advise that following Jan-Mar 2025, this data will no longer be provided through NAHIP as it is not in scope for the program.

Conclusion

Committee acknowledged the progress made in implementing the new data standards with several areas requiring further clarification or review were identified, including field definitions, reporting scopes, and species classifications. The Committee emphasised the importance of ongoing collaboration between jurisdictions, AHA, and DAFF to ensure the data collected continues to meet both national reporting and trade-related needs.

Actions

8. *AHA and DAFF to discuss the new data standards and data reporting requirements, with particular focus on*
    a. *the scope of the NAHIP NND and the inclusion of Salmonella enteritidis given its lack of clinical disease*
    b. *determine whether the New and Emerging Disease project is still necessary to support international requirements, and if there are any adjustments into the future for this*
    c. *the inclusion of bee diseases and the scope of reporting between plants and animals, noting limited data*
    d. *on any guidance on the required species-level data and identify any existing gaps.*
    e. *the AHSQ quarterly statistics and data sections to identify any gaps and assess whether the current format continues to meet reporting and surveillance needs or if adjustments are required*
9. *DAFF to confirm the expected additional information needed for trade enquiries (e.g. count of animals tested) to inform jurisdictional data collection.*
10. *AHA to document current jurisdictional practices regarding the definition of a single investigation versus an event over time and assess the potential benefits and risks of standardising these definitions across jurisdictions.*
11. *AHA to coordinate with internal EDIS staff to manage Ovine Brucellosis data entry and provide NAHIP coordinators with a list of EDIS contacts to facilitate internal communication.*

4. NAHIP Business Plan

4.1 Business plan- including review of the risk register (M Nye)

- Outlined the updates tracked in the draft 2025-28 Business Plan.
- AHA clarified that there is currently no plan to transition any data to a new database so the risk around the loss of historical data in transition to APC has been removed. Mentions of APC data standards have also been updated to refer to data standards more broadly. The risk register layout was revised to align with the new AHA format—consolidated into a single table with overall risk ratings included at the end. Appendix B outlines the risk rating criteria. References to APC and data transition risks were also removed.
- Updated financial figures were included in alignment with the AHA AOP for payment purposes.
- It was confirmed that Appendix 1 (page 33) contains outdated information regarding coordination payments and FTE estimates for NAHIP Coordinators. Committee members were asked to provide

AHA with current average coordinator salaries and FTEs to allow for an updated average across jurisdictions to be included in the BP.

- The Committee was reminded that NAHIP is a core-funded program: one-third funded by the federal government, one-third by state/territory governments, and one-third by industry. Core program budgets are approved through the AOP process each May.
- J Schröder noted that the language around budgets and its context within NAHIP, particularly in Table 7 (page 27) is confusing. AHA will revise the table heading and text to read payment summary instead of budget.
- The Committee was also advised that, the AHA executive are currently reviewing and considering the presentation of financial information across its programs and will advise of any changes in due course.
- In Table 4 (Risk Analysis), dot point 3 under Item 7 will be removed following the provision of advice to AHC that jurisdictions are not obligated to continue collecting data that is no longer in scope.
- Table 3 to be updated to include the reports required to be provided by Committee members at the two annual meetings (DAFF and Industry at the May meeting, jurisdictions and AHA at the October meeting).

Conclusion

The Committee accepted the draft Business Plan, noting the identified corrections. AHA will make the necessary updates and circulate the final version to the Committee out of session.

Actions

12. Committee members to provide current average coordinator salaries and FTE figures to AHA to enable the inclusion of updated jurisdictional averages in the BP.

5. AHSQ

5.1 Data reporting in AHSQ (M Nye and E Sears)

- M Nye spoke through the draft Jan-Mar 2025 data reporting in AHSQ using the new data standards.
- Noted the following as key changes in the summary data compared with previous quarters:
    - EHV1: Reporting is relatively consistent with previous quarter
    - Bovine Brucellosis: Notably lower numbers than previously reported due to the removal of export and health testing.
    - HPAI/ND: Slight decrease observed.
    - TSE and Arboviruses: No significant changes; reporting remains consistent.
    - NNDI: Total number reported is significantly higher than in previous quarter, but this change is not related to the new data standards.
    - AHA confirmed that the TSE data on the summary page was derived from the NTSE program, not from NNDI and will provide clarification around this.
- Endemic disease monitoring:
    - JD: No changes noted, as data is sourced from EDIS.
    - Ovine Brucellosis: Jurisdictions are still required to upload a single data line indicating the total case count for Jan–Mar as these data are not currently available through NAHIS and is not reliably available from EDIS as noted earlier under agenda item 3.3/3.4.
- Serological testing:
    - Text has been added for the EIA and EVA table to indicate that data reporting has changed.
    - The EIA/EVA table reflects the number of animals tested; where no test count was indicated, each line of data was counted as one test. The Committee is to consider whether each line

of data should represent one investigation or if the actual number of tests conducted should be counted.
    - The Equine Disease Investigation table was originally included to support trade. AHA will consult with DAFF on the continued relevance of this table.
    - Queensland recommended consolidating equine-related diseases into a single equine table, rather than separating them into individual endemic diseases.
    - The committee was advised that a key challenge with EHV1 data is that the original table was designed to separate cases by syndrome (abortion, neurological, or other). When jurisdictions do not include syndrome information with their EHV1 test data, it becomes difficult to categorise cases in this way. Jurisdictions such as Qld and NSW noted that identifying the syndrome is relatively straightforward, whereas Vic explained that it often requires reviewing clinical signs on the lab form to assign a syndrome, but that this is manageable when dealing with smaller volumes of data such as for EHV-1
    - AHA will provide guidance notes in the workbook and DMU to clarify which diseases require test counts or syndrome assignment. This guidance will assist with the next reporting cycle, pending further advice from DAFF.
- Surveillance activities
    - Bovine Brucellosis: A summary sentence was added to describe data changes. The table captures the number of tests and categorises them by syndrome (abortion vs. other). Where test numbers weren't provided, one test was assumed per line of data. AHA to consult DAFF on the value of continuing to collect this information.
    - Avian Influenza (AI) and Newcastle Disease (ND): both these diseases involve the number of birds and number of laboratory submissions being reported. While lab submissions can be derived from data lines, bird count data is now missing due to the optional nature of the field, and inconsistent jurisdictional reporting. The committee noted this is a question for DAFF regarding the required level of granularity. Lab submission data may not be fully reliable, as it can include multiple birds, pooled samples, or repeated tests. The committee recommended that capturing the number of samples tested would be more accurate and easier to extract. Victoria noted that once a positive submission is recorded, they do not enter follow-up tests into NAHIS, potentially underrepresenting total lab submissions.
    - Newcastle disease: The committee confirmed that pigeon paramyxovirus cases are no longer reported if they test positive for ND PCR, with only virulent ND cases being reported. Nomenclature and wording in the ND section will be updated accordingly.
    - NNDI table: No significant changes flagged as clinical investigations continue to be reported. An ongoing issue remains around species-level reporting and determining the appropriate level of detail. TSE records in this table include all clinical TSE data uploaded under NNDI and should match or exceed what's reported in the TSE project.
- Summary charts:
    - Queensland enquired whether the summary charts remain within the scope of NAHIP and suggested that they be integrated into the DMU. Also suggested that data be uploaded to NAHIP, rather than relying on the current email process. AHA informed that the existing ad hoc process remains the preferred approach, as AHA still needs to manually integrate the data for analysis and figure development. However, integrating information around this into the DMU will be considered.
    - The Committee was informed that the original purpose of the summary charts was to illustrate the total national surveillance effort for the quarter. While this may fall slightly outside the formal NAHIP scope, it is still considered valuable.

- It was clarified the intent of the third figure is to show the lab effort by state, regardless of where the animal originated. AHA to add note to the third figure reflects the level of lab effort for each jurisdiction and is not reflective of where that animal has originated from.
- The committee suggested trialling the extraction of the data for the first figure by AHA directly from NAHIS. AHA will investigate this and confirm the figures with jurisdictions as part of the usual data verification steps.

Conclusion

The Committee accepted the updates to AHSQ data reporting, noting that several of the ongoing changes will require further guidance and direction from DAFF for both the current and upcoming reporting cycles.

Actions

13. *AHA to engage with DAFF to review the value and required granularity of data related to equine diseases, bovine brucellosis, and avian influenza/Newcastle disease (AI/ND). AHA will report back to the committee with outcomes and guidance from these discussions.*
14. *AHA to review the wording in the Newcastle disease (ND) section, specifically regarding virus nomenclature and the reference to pet cage birds.*
15. *AHA to document within the DMU the quarterly responsibilities of program coordinators, including the purpose and expectations of summary reports.*
16. *AHA to consult with ACDP on how to ensure the figures presented in the summary section of state and territory reports better reflect overall laboratory testing effort. AHA to add note to the 3rd figure that the lab work at the jurisdiction irrelevant where that animal has originated from.*
17. *AHA to begin extracting the figure titled "Submissions to state and territory government animal health laboratories to investigate clinical disease in domestic animals that include at least one test for a national notifiable animal disease" from NAHIS. AHA will also provide the committee with a supporting table detailing what is included in these figures to support data checking.*

6. Extranet

6.1 Extranet feedback (S Sakur)

- The Surveillance Extranet has been further developed in response to Action Item 9 from the October 2024 meeting, which requested inclusion of jurisdictional data quality documents.
- Development began in September 2023 but was paused in June 2024 due to resourcing constraints. Work resumed in February 2025 following agreement at the October 2024 meeting.
- Since then, the platform has progressed significantly, with key resources and program documents uploaded. While nearly complete, a new Extranet template is currently being proposed and may slightly change the platform's appearance and navigation.
- User access will be limited to program coordinators only, and accounts will be rolled out once the design is finalised.
- The NAHIP section includes:
  - Program Documentation: Contains the latest Business Plan.
  - Committee Meetings: Hosts relevant meeting materials.
- Coordinators will also have access to the AHSQ section, which includes:
  - Links to NAHIS/NAMP databases and access to AHSQ publications.
  - Deadlines – showing key dates for case reports, text/data uploads, and the CVO foreword.
  - Templates and Guidelines – including the data summary template, CVO foreword guidelines, and the AHSQ writing guide.
- Feedback will be welcomed during the rollout phase with any suggestions to be shared via email.

- The Committee questioned whether the extranet could support live or working documents (e.g., case reports and feature articles that go through multiple edits in the AHSQ process), as a way to better track changes and reduce reliance on email exchanges. AHA advised that the platform is not set up to allow users to edit or upload documents, but that another option for document c collaboration could be explored.
- It was suggested that a FAQ page could be added to address common questions and issues, improving user experience and reducing repetitive queries.
- There was discussion around expanding access of extranet beyond program coordinators to include other relevant parties listed in the DMU. AHA clarified since not all data uploaders are committee members, document access and platform security need to be considered. A potential solution is to create a separate section for data uploaders, containing key resources and guidance.

Conclusion

The Committee accepted the update on the Extranet, noting that the revised design will be shared with members for feedback once completed.

Actions

18. *AHA to explore internally the alternative platforms to support document sharing among committee members, in particular, for the AHSQ review process.*

7. Other business

7.1 Other business:

Data sharing for non-clinical animals

- Queensland raised a query around interjurisdictional sharing of negative results for health certification data where the animal originated in a different state/territory now that the scope of NAHIS has been refined and if there is still a need to share this data with the jurisdiction of animal origin (i.e. in situations where lab testing is done in a state different to the property of animal origin).
- Vic noted they are wanting full lab submission reports with the lab results included.
- Other jurisdictions noted that there may be value in directly sharing data to support risk assessment and export certification.
- NAHIP coordinators agreed that each would confirm with their CVO what their expectations are of data sharing for non-clinical testing performed interstate (e.g. format and timeliness), communicate these expectations clearly with other jurisdictions and then compare expectations from other jurisdictions with current practices to identify any discrepancies or gaps.

Actions

19. *NAHIP coordinators are to consult with their CVOs to clarify expectations around data sharing, communicate these expectations to other jurisdictions, and then compare other jurisdictions expectations against current practices to identify any discrepancies or gaps.*

Meeting close

- Thanked attendees for their valuable input in the meeting.
- Date of next virtual meeting - propose week starting 13 October
- Date of next F2F meeting – propose week starting 11 May 2026
- Meeting closed 12.00pm.

NAHIP ADVISORY COMMITTEE MEETING MAY 2025 ACTION REGISTER

#	ACTION	WHO	BY
1	AHA to circulate an updated action item register that provides more specific details on the status of each item and indicates where they will be addressed during the meeting.	AHA	COMPLETE
2	AHA will update the AHSQ – AHiA readership analytics report to reflect the corrections noted during the meeting. AHA will also liaise with the communications team to verify the reported 25% increase in subscribers for AHSQ Volume 28.	AHA	JULY 2025
3	As part of the JEV MOU for data sharing, DAFF to liaise with AHA on logistics and timing to extract negative JEV data from NAHIS each quarter.	DAFF	SEPTEMBER 2025
4	AHA will discuss internally why Johne's Disease remains listed on EDIS despite its removal from the Sheep Health Monitoring Program and will report back to the Committee	AHA	JULY 2025
5	Qld to circulate the names of the Syndrome List Revision Working Group to the NAHIP Committee, so members know who to contact if they wish to discuss the syndrome list revisions.	Qld	JULY 2025
6	Following circulation of the meeting record, jurisdictions to nominate themselves to participate in providing their positive and negative case definitions for B. suis, BVD, and JD.	Jurisdictions	JULY 2025
7	AHA to discuss internally with their executives to see what records and insights are available from the consultation led by the DAFF team during the APC pilot project.	AHA	AUGUST 2025
8	AHA and DAFF to discuss the new data standards and data reporting requirements, with particular focus on a. the scope of the NAHIP NND and the inclusion of Salmonella enteritidis given its lack of clinical disease b. determine whether the New and Emerging Disease project is still necessary to support international requirements, and if there are any adjustments into the future for this c. the inclusion of bee diseases and the scope of reporting between plants and animals, noting limited data	AHA and DAFF	DECEMBER 2025

	d. on any guidance on the required species-level data and identify any existing gaps. e. the AHSQ quarterly statistics and data sections to identify any gaps and assess whether the current format continues to meet reporting and surveillance needs or if adjustments are required		
9	DAFF to confirm the expected additional information needed for trade enquiries (e.g. count of animals tested) to inform jurisdictional data collection.	DAFF	AUGUST 2025
10	AHA to document current jurisdictional practices regarding the definition of a single investigation versus an event over time and assess the potential benefits and risks of standardising these definitions across jurisdictions.	AHA	OCTOBER 2025
11	AHA to coordinate with internal EDIS staff to manage Ovine Brucellosis data entry and provide NAHIP coordinators with a list of EDIS contacts to facilitate internal communication.	AHA	JULY 2025
12	Committee members to provide current average coordinator salaries and FTE figures to AHA to enable the inclusion of updated jurisdictional averages in the BP.	Jurisdictions	MAY 2026
13	AHA to engage with DAFF to review the value and required granularity of data related to equine diseases, bovine brucellosis, and avian influenza/Newcastle disease (AI/ND). AHA will report back to the committee with outcomes and guidance from these discussions.	AHA and DAFF	AUGUST 2025
14	AHA to review the wording in the Newcastle disease (ND) section, specifically regarding virus nomenclature and the reference to pet cage birds.	AHA	AUGUST 2025
15	AHA to document within the DMU the quarterly responsibilities of program coordinators, including the purpose and expectations of summary reports.	AHA	OCTOBER 2025
16	AHA to consult with ACDP on how to ensure the figures presented in the summary section of state and territory reports better reflect overall laboratory testing effort. AHA to add note to the 3rd figure that the lab work at the jurisdiction irrelevant where that animal has originated from.	AHA	DECEMBER 2025
17	AHA to begin extracting the figure titled “Submissions to state and territory government animal health laboratories to investigate clinical disease in domestic animals that include at least one test for a national notifiable animal disease” from NAHIS. AHA will also provide the committee with a supporting table detailing what is included in these figures to support data checking.	AHA	AUGUST 2025

18	AHA to explore internally the alternative platforms to support document sharing among committee members, in particular, for the AHSQ review process.	AHA	SEPTEMBER 2025
19	NAHIP coordinators are to consult with their CVOs to clarify expectations around data sharing, communicate these expectations to other jurisdictions, and then compare other jurisdictions expectations against current practices to identify any discrepancies or gaps.	Jurisdictions	OC TOBER 2025

OCTOBER VIRTUAL 2024 MEETING

Item	Description	Who	When	Status
3	AHA to consult with jurisdictions and advise DAFF of any differences in disease reporting that have been noticed between jurisdictions and where negative case definitions are required (e.g. enzootic diseases such as Johne's).	AHA and Jurisdictions	AUGUST 2025	CARRIED OVER
11	AHA to consider providing further guidance on the information/level of detail expected in jurisdictional annual reports (including to potentially supply a summary table of data extracted from NAHIS), to improve consistency of reporting.	AHA	OCTOBER 2025	YET TO COMMENCE

MAY F2F 2024 MEETING

Item	Description	Who	When	Status
1	Document where wildlife and feral animal data is reported between eWHIS, NAQS and NAHIS databases.	WHA and NAQS	MAY 2026	CARRIED OVER
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	AUGUST 2025	CARRIED OVER
18	Mock up what inclusion of EAD hotline, SWF and NAMP would look like on the summary page.	AHA	DECEMBER 2025	CARRIED OVER