

Early Response to High Consequence Infectious Diseases

Summary This document outlines the roles and responsibilities of all NSW Health parties involved in the initial stage of a centrally coordinated response to the identification of a High Consequence Infectious Disease case in NSW.

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Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.



NSW Health

POLICY DIRECTIVE

Early Response to High Consequence Infectious Diseases

POLICY STATEMENT

NSW Health coordinates a central, specialised response during the initial stage of high consequence infectious disease management, in order to mitigate the risk of public health emergency and associated healthcare system impacts.

SUMMARY OF POLICY REQUIREMENTS

High consequence infectious diseases have the potential to significantly impact individual and population health, and can in turn pose a risk to the delivery of healthcare services. A specialised, centrally coordinated response is required to ensure effective clinical management and containment of such diseases.

This Policy Directive details the NSW Health operational response to the early phase when there is limited or no transmission in the community including the function of: the Statewide High Consequence Infectious Disease service, the Physical Containment Level 4 (PC4) High-Security Laboratory at NSW Health Pathology Institute of Clinical Pathology and Medical Research, and a summary of strategic and planning activities that need to occur in the initial phase should case numbers be expected to rise.

The roles and responsibilities of all parties involved in a centrally coordinated response are outlined in this Policy Directive.

Local health districts, specialty health networks and pillars of NSW Health are required to ensure relevant planning and clinical staff are familiar with the Policy Directive and make any local preparations necessary to guarantee adherence to the roles and responsibilities described, in the event of a high consequence infectious disease case presentation.

The Policy Directive includes direction on key response actions such as communication, enhanced surveillance, laboratory diagnostic testing, clinical management, infection prevention and control processes, and acquisition and distribution of key treatments and equipment.

Different immediate patient flow and referral actions are detailed for identification of potential high consequence infectious disease patients at international borders, GP or specialist rooms, and hospital facilities.

This Policy Directive will remain in effect until disease-specific operational response plans are developed and ready for implementation, or until the High Consequence Infectious Diseases Advisory Group considers there is no further risk of transmission or significant health impacts within NSW.



NSW Health

POLICY DIRECTIVE

REVISION HISTORY

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PD2024_005 February 2024	Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Ministry of Health	Additional detail about initial teleconference procedures
PD2023_008- February-2023	Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Ministry of Health	New policy directive



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1. BACKGROUND

High consequence infectious diseases (HCID) for the purposes of this policy directive include infectious diseases where:

- There is a potential for human to human, animal to human or human to animal spread.
- The disease is not established in the NSW population.
- The disease has a significant health impact on the individual or at a population level should more widespread transmission occur or significant animal health implications.

This situation may be caused by:

- Newly emerged pathogens where there will be limited knowledge of key characteristics that will inform a risk assessment e.g. novel coronaviruses, emerging orthopoxviruses.
- Existing or re-emergent pathogens:
 - Known pathogen, usually a zoonosis, that is presenting with a different epidemiology (e.g. expansion into new geographic location or new population, such as monkeypox worldwide in 2022 and Japanese encephalitis in NSW in 2022).
 - Known high consequence pathogen, such as viral haemorrhagic fevers (VHF), where an occasional returning traveller may present, especially in the context of reported outbreaks overseas.
 - Re-emergence of existing high consequence pathogens (e.g. SARS-CoV-1, poliovirus).
 - Deliberate release of a known disease in an act of bioterrorism (e.g. anthrax, smallpox or tularaemia), or accidental laboratory release (e.g. viral cultures).

1.1. About this policy

This policy details the NSW Health operational response to the early phase when there is limited or no transmission in the community, including:

- The function and role of the NSW Specialist Service for High Consequence Infectious Diseases based at Westmead Hospital.
- The function and role of the Physical Containment Level 4 (PC4) High-Security Laboratory at NSW Health Pathology Institute of Clinical Pathology and Medical Research (ICPMR).
- A summary of strategic and planning activities that need to occur in the initial phase to prepare should case numbers be expected to rise.



Early Response to High Consequence Infectious Diseases

This policy is always 'active' and does not require 'activation'. The NSW Chief Health Officer may designate an infectious disease a HCID, having considered the advice of the NSW High Consequence Infectious Disease Advisory Group.

This policy must be read in conjunction with existing NSW and Commonwealth guidelines for the management of such diseases. These are available from the NSW and Commonwealth government websites. Infection prevention and control guidance are to be in line with [Preventing and Controlling Healthcare-Associated Infection Standard](#).

This policy will remain in effect until disease-specific operational response plans are developed and ready for implementation, or until the High Consequence Infectious Diseases Advisory Group considers there is no further risk of transmission or significant health impacts within NSW.

1.2. Risks

1.2.1. Newly emerged pathogens

At any time a number of infectious agents (bacteria, viruses, prions) circulate without causing significant disease in humans. At times these agents change such that they can become either more transmissible to humans and/or transmissible amongst humans.

These pathogens are challenging as there may be little known about characteristics of the disease (e.g. incubation periods, infectious periods, clinical course) and relevant treatments or preventative measures for the disease.

Where the disease is closely linked to animal health and welfare (e.g. avian influenza), a coordinated response with animal health agencies is required.

1.2.2. Re-emerging pathogens or pathogens new to NSW

A large number of diseases are not commonly found in NSW. With global travel, the risk of introduction of a single case of a HCID remains, particularly for diseases endemic overseas that could be introduced into NSW.

Insect vectors may also be transported and may spread disease through the animal or human population. Bioterrorism may see the release of known pathogens or modified pathogens within the NSW population.

These diseases may have known treatments. However, these treatments may not be widely available in NSW. Similarly, vaccines or passive immunisation via administration of immunoglobulin/convalescent plasma may be able to help prevent disease development or spread but there may be a constrained supply.

Advice regarding modes of transmission and risk groups may be available but must be adapted to the circumstances in which the pathogen has emerged or is spreading overseas. Information regarding HCIDs (particularly novel HCIDs) can pertain to particular populations or locations globally and may not be consistent with the risks in NSW. For example, a pathogen in the NSW context may present a lesser threat in the practice of good sanitation and safe water supplies, compared to the observed threat overseas in a developing country.



2. ROLES AND RESPONSIBILITIES

2.1. NSW High Consequence Infectious Disease Advisory Group

The NSW High Consequence Infectious Disease Advisory Group individually and collectively provides advice to the NSW Chief Health Officer to assist in the preparedness and early response to an infectious disease. This includes:

- Advice regarding which diseases to consider HCIDs and preparedness for those diseases.
- Direction on appropriate surveillance for the emergence or re-emergence of HCID (e.g. sewage surveillance, syndromic surveillance, surveillance of specific populations).

Once an infectious disease, which is present or likely to be present in NSW, is considered a new HCID by the NSW Chief Health Officer, a meeting is convened with all stakeholders to cover the relevant issues detailed below:

- Advice regarding testing for a HCID, including new test development, increasing laboratory capacity, time taken for results, laboratory safety (PC4), necessary equipment and personnel, and optimum sampling techniques (e.g. specimen collection for samples to be cultured and sequenced simultaneously).
- Clinical guidance for disease assessment and management, including whether hospitalisation of all cases is warranted, whether relevant treatments need to be disseminated to other facilities, supply chain information for consumables, and information relevant to clinical alerts.
- Infection control advice based on what is understood about the pathogen.

If the new HCID means transfer is preferred to the NSW Biocontainment Unit (NBU), the clinical lead of the NSW Biocontainment Centre (NBC) and an appropriate executive of Western Sydney Local Health District are to be involved in initial meetings until the situation is assessed and evolves.

More generally, the High Consequence Infectious Disease Advisory Group will provide specific preparedness and response advice, including:

- Relevant antibiotics, antivirals, antitoxins, monoclonal antibodies, phage therapies and vaccines that should be held by NSW Health, including quantities likely required to manage individual cases and small outbreaks.
- Networked testing capacity for relevant diseases, and the time taken to commence and scale up testing. This may include the private pathology sector.
- Threats to global supply of relevant therapeutics, testing reagents and vaccines.
- Screening of patients, staff and visitors presenting to facilities, if required.
- Considerations regarding whether there is an urgent need for updates to surveillance, electronic medical records and other systems for disease-specific information or data collection.
- Consideration of the impact of the disease on Aboriginal and Torres Strait Islander

people, especially given their higher incidence of chronic diseases which may impact severity of an infectious disease – including the risk vs benefit of transferring a patient away from their home and the impact of this on their overall wellbeing.

- Identification of any relevant cultural or other higher risk groups disproportionately impacted to ensure a tailored response that does not increase any stigma these groups may already face but is effective in managing the risk to that group.

2.2. NSW Specialist Service for High Consequence Infectious Diseases

The NSW Specialist Service for High Consequence Infectious Diseases is based at Westmead Hospital, in Western Sydney Local Health District.

It works with other parts of NSW Health to deliver a high quality integrated infectious disease service to facilitate pathogen isolation and identification, patient management and advice regarding public health consequences of the disease.

The NSW Specialist Service for High Consequence Infectious Diseases incorporates the NSW Biocontainment Centre, with six specialised quarantine class (Q-class) and negative pressure (N-class) beds. It is co-located with a 10-bed inpatient infectious diseases unit.

The Institute of Clinical Pathology and Medical Research provides a stat laboratory present within the NSW Biocontainment Centre to deliver rapid urgent pathology results e.g. haematology, biochemistry and certain microbiology PCR tests.

This service maintains:

- Specialist staff (including medical, nursing, pharmacy, laboratory, and allied health staff) able to manage patients with a HCID.
- Expert infectious diseases advice, including referral to relevant diagnostic testing (point of care, PC4 Laboratory, other laboratories) and locations of testing, and management able to be stood up as a 24/7 service in the early phases of the response.
- Links with the NSW Health Pathology Institute of Clinical Pathology and Medical Research Westmead laboratory service and advice through NSW Health Pathology.
- The NSW Biocontainment Centre (NBC) for admission and management of patients (both paediatric and adult) with HCIDs, including maintenance of pathways for emergency department (ED) bypass access and capacity to provide advanced life support including ventilation and extracorporeal membrane oxygenation (ECMO).
- The NSW contingency stock of rarely used antibiotics, antivirals, antitoxins, vaccines and other key therapeutics based on the advice of the NSW High Consequence Infectious Disease Advisory Group and awareness of other locations of stock and the mechanism to rapidly deploy stock as required.
- Pathways for access to experimental therapies such as phage therapies.
- Where available, point of care diagnostics for HCIDs and point of care biochemistry, haematology and coagulation assays.
- Infection prevention and control training expertise for managing patients with HCIDs,

including the ability to support rapid scaling of training in conjunction with the Clinical Excellence Commission (CEC), especially of staff groups most likely to care for patients or in geographical locations where infections most likely to emerge.

- Capacity to deploy relevant staff to other locations across NSW if required, supported by telemedicine or other remote support.
- Pre-incident identification and training of staff to support a surge in cases at the NSW Biocontainment Centre and at other likely surge centres, including nursing, paediatrics, infectious diseases, other medical specialties and allied health.
- Liaison with Health Protection NSW regarding cases for public health follow up.
- Liaison with Western Sydney LHD executive to facilitate safe transfer of patients.
- Liaison with the Aeromedical Control Centre where retrieval to either a larger health facility (eg where transfer to the NSW Biocontainment Unit is not required, but transfer to a tertiary care centre is needed), an interstate centre (if appropriate) or to the NSW Biocontainment Unit is required.

The service can be contacted on 1800 HCID 00 (1800 424 300).

2.3. NSW Health Pathology

NSW Health Pathology, via Public Health Pathology Services and NSW Health Pathology - Institute of Clinical Pathology and Medical Research Westmead, will provide advice regarding appropriate sampling, timing of tests, length of time from arrival in laboratory to validated result and provision of positive test information for clinical management and public health action.

Services to rural areas will be carefully considered to ensure rapid diagnosis is made if the patient does not need to be transferred to the NSW Biocontainment Centre. NSW Health Pathology will consult with other experts and laboratories as required, including any advice from the Public Health Laboratory Network.

Rapid development of IT solutions may be required to ensure smooth tracking of specimens from collection to result and reporting.

The NSW Biocontainment Centre laboratory is located at Westmead Hospital. All relevant pathology samples are processed by the NSW Biocontainment Centre at the NSW Health Pathology Institute of Clinical Pathology and Medical Research Westmead. A stat laboratory, for some HCIDs and routine point of care testing, is located within the NSW Biocontainment Centre.

Clinical and laboratory advice for patients at the NSW Biocontainment Centre is managed by the microbiologists and infectious diseases staff in the Institute of Clinical Pathology and Medical Research.

NSW Health Pathology maintains the capacity to rapidly develop and undertake the following for high consequence pathogens:

- diagnostic tests
- viral culture, critical in the assessment of novel pathogens
- genomic technologies
- neutralizing and other antibody assessments.



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NSW Health Pathology provides a statewide service for expert advice regarding interpretation of relevant results. There is a comprehensive Service Contract between the NSW Ministry of Health and NSW Health Pathology for specialised public health testing.

NSW Health Pathology will develop plans for scale-up of diagnostic testing informed by present and future epidemiology and likely pattern of clinical presentations. Testing services will be extended to other NSW Health Pathology laboratories as required and will be coordinated by the NSW Health Pathology Public Health Pathology Service and NSW Health Pathology senior leadership. NSW Health Pathology will liaise with private sector partners regarding referral of specimens to the appropriate laboratory and the approach to private sector testing in the longer term.

NSW Health Pathology:

- Ensures that there is adequate contingency for availability of relevant consumables for the testing likely to be required for possible surges in case numbers.
- Will work with other jurisdictional public laboratories, the Public Health Laboratory Network (PHLN) and the state public health veterinary laboratory (EMAI) as required.

2.4. National Centre for Immunisation Research and Surveillance

The National Centre for Immunisation Research and Surveillance (NCIRS) provides advice regarding available vaccines and strategies for utilisation of those vaccines. It will also:

- Provide advice on any expected cross-protection from previously administered vaccines and other circulating viruses.
- Advise on the establishment of clinical trials of the use of available vaccines or immunoglobulin/convalescent plasma.
- Design serosurveys, if required.
- Advise on the use of experimental, novel or overseas registered vaccines.
- Advise on systems for monitoring of Adverse Events Following Immunisation (AEFI).
- Assist in the education of health professionals and the public around any vaccine that may be recommended.
- Advise on the role of passive immunisation (e.g. utility of polyclonal or specific immunoglobulins, along with advice from other clinical expert groups).

The Australian Technical Advisory Group on Immunisation and the Therapeutic Goods Administration will also provide advice to governments regarding the use of and regulatory status of vaccines.

2.5. NSW Ministry of Health

Many infectious diseases, including zoonoses, will require close coordination with other NSW and Australian government departments. Diseases may impact both human and animal populations and may have impacts on food and water supply, water contamination, animal welfare and staff availability for core activities.



Early Response to High Consequence Infectious Diseases

The Ministry of Health will maintain its role supporting government and in system management. In the early stages of a HCID threat it will:

- Maintain links to the Australian Government's Chief Medical Officer through the Australian Health Protection Principal Committee (AHPPC).
- Disseminate public health alerts and communications materials tailored to the community at risk - these will be principally developed by Health Protection NSW, supported by the Ministry of Health Communications teams.
- Manage human surveillance of the disease and statewide reporting, including system impacts where relevant (e.g. hospitalisation).
- Manage the resolution of any regulatory impedances to distribution of medicines.
- Engage subject matter experts for specialist advice as needed and liaise with key external stakeholder groups within government and external to government.
- Provide advice regarding appropriate prophylaxis, including immunisation or chemoprophylaxis for staff managing patients.
- Provide updates to the clinical community, in conjunction with Health Protection NSW, the Agency for Clinical Innovation (ACI) and primary care organisations.
- Work with government to enact appropriate regulation for control of the disease through the *Public Health Act 2010* (NSW), if required.
- Consider the impact on Aboriginal and Torres Strait Islanders, ensuring culturally safe and appropriate education and care, including through liaison with the Centre for Aboriginal Health and the Aboriginal Health and Medical Research Council.
- Liaise with partner agencies (e.g. NSW Chief Veterinary Officer, the NSW Food Authority) regarding diseases requiring a coordinated approach.
- Liaise with adjacent jurisdictions in regard to preferred patient transfer pathways.

2.6. Health Protection NSW

Health Protection NSW (HPNSW) works with the Ministry of Health, pillar organisations, and the NSW Specialist Service for High Consequence Infectious Diseases to conduct risk assessments regarding HCID incursions and inform the NSW Health system regarding those impacts, including potential impacts on the broader health system and population of NSW.

Key functions and responsibilities of Health Protection NSW include:

- Being the link to the Communicable Diseases Network Australia (CDNA) and Environmental Health Standing Committee (enHealth) regarding the national situation and consideration of advice to the Australian Health Protection Principal Committee (AHPPC).
- Developing local disease control guidelines, in consultation with laboratory and clinical groups.
- Develop public health alerts and communications materials tailored to the community at risk, supported by the Ministry of Health Communications teams.

- Coordinating the NSW strategy for public health investigation and contact tracing and briefing relevant clinical groups regarding the current public health threat, including access to prevention (e.g. vaccines, post-exposure prophylaxis) if available.
- Liaising closely with potentially impacted clinical groups (e.g. infectious diseases clinicians, GPs, allied health, paediatrics, cancer patients, sexual health services).
- Working with NSW Public Health Units (PHU) to facilitate contact tracing and management of contacts, as well as preparation for roll out of immunisation and prophylaxis where available.
- Liaison with the Strategic Communications Branch and Centre for Aboriginal Health in consideration of the response in hard-to-reach populations, including Aboriginal people, Justice Health and Forensic Mental Health Network, the culturally and linguistically diverse (CALD) community, those with less digital literacy and those with disabilities.
- Working with key Aboriginal stakeholders within LHDs such as LHD Aboriginal Health Units to ensure the risks specific to Aboriginal people are identified and mitigated in a collaborative and effective way.
- Working with NSW Health Pathology current and future Laboratory Information Systems (e.g. FUSION) and current and future notification systems (e.g. NCIMS/SIGNAL) to ensure seamless laboratory notification data transfer.
- Advice to support the response of other government sectors, for example, education, transport and emergency services.

Health Protection NSW also works with the NSW Chief Health Officer to ensure briefings to and from the Australian Health Protection Principal Committee, Communicable Diseases Network Australia, Public Health Laboratory Network and to NSW-based Human Biosecurity Officers are disseminated to key stakeholders in a timely fashion.

Health Protection NSW will tailor a surveillance plan to the specific risk, utilising existing surveillance assets, and identify the need to scale these or augment with new surveillance system. Examples of existing surveillance systems include laboratory surveillance, emergency department syndromic surveillance, sewage surveillance, mosquito trapping and sentinel chicken flocks.

2.7. Clinical Excellence Commission

The Clinical Excellence Commission (CEC) is the lead agency for infection prevention and control advice to NSW Health, through its Infection Prevention and Control (IPAC) and Healthcare Associated Infection (HAI) programs.

The Clinical Excellence Commission is linked to national and international Infection Prevention and Control advice for the relevant pathogen. It provides infection control advice, education and educational tools to NSW Health, particularly regarding the level of precautions and any special considerations in the management of cases. Where staff exposures require a complex assessment the Clinical Excellence Commission will lead work on a consistent approach to the risk assessment of staff and management of exposed staff.



The Clinical Excellence Commission is also the lead agency for medication safety and antimicrobial stewardship advice regarding the safe use of novel medicines and therapeutics if required, including handling of those medicines and monitoring uptake.

The Clinical Excellence Commission also manages the NSW Health Safety Alert Broadcast System (SABS) which will be used to alert clinicians and health service managers in the public and private sectors in managing possible incursion risks.

2.8. Local Health Districts, Specialty Health Networks and health facilities

Local health districts (LHD) must ensure that each hospital has in place a contingency plan for the assessment and management of patients with an increased possibility for a HCID, who present to their facility. The plan must also address workforce contingency considerations.

In some circumstances, the clinical severity of the individual's illness may make it inappropriate to immediately transfer a patient assessed as having an increased possibility of a HCID to the Biocontainment Centre at Westmead Hospital Centre. In this case, the hospital where the patient is being managed must provide as near as possible complete containment by following the practical guidance in this Policy Directive. This includes:

- An isolation care area with private bathroom facilities (if possible) and an anteroom to manage patients until they can be transferred, while recognising that the labile nature of such infections may make immediate transfer difficult. In hospitals where such facilities are not available, interim arrangements may be required, such as use of commodes in the patient's room and designating restricted areas outside of the patient's room.
- Appropriate personal protective equipment (PPE) for healthcare workers managing HCID cases, with reference to NSW infection prevention and control policies and Australian infection prevention and control guidelines.
- The provision and revision processes of education to healthcare workers on necessary infection prevention and control measures and on the use of required PPE.
- Arrangements for transfer of patients to the Westmead Hospital NSW Biocontainment Centre if recommended or to other definitive care, where the Biocontainment Unit is not required.
- Arrangements for transfer of patient samples to NSW Health Pathology - Institute of Clinical Pathology and Medical Research Westmead as requested by Health Protection NSW or NSW Health Pathology Public Health Pathology.
- Ability to receive specialist medications or vaccines as required for local management.
- Support to the local public health unit who may have increased activity due to the potential disease incursion or level of response required.
- Support to infection control and prevention staff to ensure staff are up to date with current procedures and practices.
- Active dissemination of clinical alerts to clinical staff.
- Readiness to support other health facilities or local health districts as required if they are disproportionately impacted.

- Utilisation of Aboriginal Health workforce should an Aboriginal person present with HCID. This may include Aboriginal Health Workers, Aboriginal Hospital Liaison Officer and Aboriginal Health Practitioners.

If additional assistance with public health actions is required, local health districts should be prepared to surge teams to assist in contact tracing, contact management, testing, chemoprophylaxis and immunisation.

2.9. NSW Ambulance Aeromedical Control Centre

The Aeromedical Control Centre (ACC) works with infectious diseases staff at Westmead Hospital to coordinate the safe transport of patients from the site of diagnosis to Westmead Hospital or to other appropriate definitive care. They can be contacted on 1800 650 004.

2.10. The Newborn & Paediatric Emergency Transport Service

The Newborn & Paediatric Emergency Transport Service (NETS) is a statewide service of NSW Health, hosted by the Sydney Children's Hospitals Network. NETS can be contacted on 1300 36 2500 to provide emergency and non-emergency inter-hospital transport for very sick or injured babies and children up to the age of 16 years. They may transport relevant patients to the NSW Biocontainment Unit or to other appropriate definitive care.

2.11. HealthShare NSW

HealthShare NSW will be engaged in initial meetings to coordinate the purchasing and distribution of relevant medications, specialised equipment and personal protective equipment as required.

HealthShare NSW can also be engaged to deliver the Patient Transport Service (PTS) that provides booking, scheduling, road transport and clinical services for people requiring non-emergency transport across nine local health districts in NSW.

The Patient Transport Service is also responsible for the booking and management of the Fixed Wing division, providing non-emergency air transport across 13 local health districts in NSW, as well as the booking of commercial flights with medical escorts for patients assessed as suitable.

HealthShare NSW may assist with transport for cases or contacts who do not require medical retrieval.

2.12. Agency for Clinical Innovation

The Agency for Clinical Innovation (ACI) ensures that relevant clinical networks have information about the HCID, including information from Health Protection NSW regarding the current risk assessment for incursion into NSW Health facilities and pathways to testing and treatment for affected patients.

2.13. Cancer Institute NSW

The Cancer Institute NSW ensures that relevant clinical networks and cancer patients have information about the HCID, including information from Health Protection NSW regarding the



current risk assessment for incursion into NSW Health facilities and pathways to testing and treatment for affected patients.

2.14. Justice Health and Forensic Mental Health Network

The Justice Health and Forensic Mental Health Network (JHFMHN) ensures that relevant clinical networks and patients have information about the HCID, including information from Health Protection NSW regarding the current risk assessment for incursion into Justice Health and Forensic Mental Health Network and pathways to testing and treatment for affected patients and staff.

2.15. eHealth NSW

eHealth NSW leads the delivery of digital solutions for clinical care and business services across NSW Health. eHealth NSW supports a digitally enabled and integrated health system that delivers quality patient-centred health experiences and outcomes to the people of NSW in collaboration with local health districts and clinicians.

The Electronic Medical Record (eMR) COVID-19 Clinical Advisory Group (CAG) is responsible for the rapid operationalisation of policy through collaboration, cooperation and shared responsibility across the NSW Health system. It coordinates the review of clinical direction to embed policy within the eMR to support clinicians needs. This may include prompts for screening patients for the relevant exposure/disease and advice regarding clinical testing and management. Other diseases may require a similar approach.

The group operates under the remit of the NSW Health Chief Clinical Information Officer Executive Leadership Group and will continue to be a scalable and agile model that responds to future critical clinical needs in delivering digital healthcare.

3. RESPONSE TO HIGH CONSEQUENCE INFECTIOUS DISEASES

3.1. National co-ordination

The occurrence of newly emerged pathogens will lead to a coordinated national response involving the Australian Health Protection Principal Committee (AHPPC), Communicable Diseases Network Australia (CDNA), Public Health Laboratory Network (PHLN) and the Infection Prevention and Control Expert Group (ICEG).

The Communicable Diseases Network Australia will develop suspected, probable and confirmed case definitions, define contacts and relevant isolation and quarantine periods.

The Public Health Laboratory Network will have a lead role in coordinating national testing capability and design, developing and promulgating laboratory case definitions, and working with the Therapeutic Goods Administration and other relevant national regulators around test kit or development of tests.

NSW Human Biosecurity Officers will be briefed by the Commonwealth and Health Protection NSW regarding the current threat assessment and actions to take if informed of possible cases at the international border.

3.2. Key response actions

3.2.1. Stakeholder alert

Once a new pathogen has been labelled as a HCID by either the Australian Health Protection Principal Committee or the Chief Health Officer, relevant briefings will occur with key stakeholders to raise awareness and implement immediate actions to address the threat.

3.2.2. Enhanced surveillance for cases

Clinical alerts will be developed and updated by Health Protection NSW, including:

- input from relevant experts to support early identification of cases
- instructions for infection prevention and control (led by the Clinical Excellence Commission)
- guidance for clinical management and the public health response in relation to the case and contacts
- notification when risk level subsides.

(Refer Appendix 2 for an example alert and Appendix 3 for the draft safety alert template).

These alerts may be issued to general practitioners, pharmacists, emergency departments, private health facilities and relevant specialist groups in both private and public health sectors. The clinical alerts are issued through the Safety Alert Broadcast System with confirmation sought through the district or network's Director of Clinical Governance that distribution to nominated groups has been affected.

Where appropriate, facility entrance screening guidelines may be implemented to assist in early identification of patients.

Public alerts¹, to increase awareness of the need to come forward with clinically relevant syndromes or exposures of public health relevance, are issued by the Ministry of Health.

Where a particular cultural group is impacted urgent consultation with community leaders is undertaken. Consideration of the risk to and needs of Aboriginal and Torres Strait Islander peoples is essential, along with appropriate communications through trusted networks. Local health districts should ensure that, where affected or likely to be affected, risks specific to Aboriginal people are identified and mitigated in a collaborative and effective way – both with internal and external stakeholders.

3.2.3. Laboratory diagnostic testing

NSW Health Pathology, via the Public Health Pathology service in conjunction with the Institute of Clinical Pathology and Medical Research, will coordinate the rapid development of a testing capability or advise on testing that is already available or can quickly be adapted from overseas.

Initially specimens may need to be sent interstate or overseas for confirmation testing pending the development of a validated test being available in NSW. The movement of specimens to a

¹ Which can also be affected by a media alert or other forms of alerting the community

definitive testing platform must be carefully monitored, with timeframes for results communicated to both clinical and public health staff.

If a definitive test is not available or access to such tests are not timely, exclusion criteria based on clinical details and laboratory testing may be used to define suspected/probable cases pending later confirmation. Specimens may need to be stored appropriately for future testing at NSW Health Pathology - Institute of Clinical Pathology and Medical Research Westmead.

Where additional samples from patients are required for the development of tests this must be in the context of informed consent from the patient, given it may not contribute directly to their clinical care.

3.2.4. Clinical management

At the commencement of the operational response, cases will be preferably hospitalised at the NSW Biocontainment Centre (NBC) at Westmead Hospital². Both adult and paediatric patients can be treated at the NSW Biocontainment Centre.

In exceptional circumstances where movement of the patient would compromise their care or present other risks, management at the presenting hospital can occur. Depending on the nature of the pathogen and the clinical status, other centres may be asked to prepare to receive and care for patients.

The decision on how to manage and/or transport the patient will be made following a teleconference hosted by the NBC On Call officer, and facilitated via Aeromedical Control Centre software, involving Westmead HCID specialists (through the 1800 HCID 00 number), the nominated operations managers at Westmead Hospital and the originating hospital, NSW Ambulance, the treating clinical team and public health.

These teleconferences can be established by contacting the Medical Retrieval Unit on 1800 650 004. Local public health units can be contacted through 1300 066 055 or via details available at <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>.

Teleconferences will utilise the High Consequence Infectious Disease Case Management Teleconference Action record template, held and maintained by the NSW Specialist Service for High Consequence Infectious Diseases. This will be used as a discussion guide by the NBC teleconference chair, and NSW Ambulance will nominate a member of their team responsible for recording outcomes and circulating the record to attendees following the meeting.

Depending on the urgency of the particular situation, initial considerations for patient management and transport may include:

- Timely access to laboratory testing for the suspected pathogen as well as other diagnostic tests forming part of the differential diagnosis.
- Adequacy of infection control including recency and nature of staff training and physical infrastructure (including single rooms with anteroom and bathroom facilities).
- Access to therapeutic interventions.

² Cases presenting in border areas or geographical proximity to state borders will follow the same process but interstate representatives may be included to inform decisions on transfer and/or diagnostic testing)

- Access to appropriate care if the patient's condition deteriorates and the added complexity of transfer if this is to occur.
- Clinical and infection control risks associated with transfer.
- Ensuring culturally safe care is considered both for Aboriginal and Torres Strait Islander peoples and those from Culturally and Linguistically Diverse communities.

Special circumstances may arise and will require particular patient management arrangements with the Justice Health Forensic Mental Health Network if an affected person is incarcerated and movement is difficult for security reasons.

In the event that the decision is made to manage the patient in the presenting hospital the NSW Specialist Service for High Consequence Infectious Diseases will provide the following support:

- Infection control advice and training specific to the pathogen, including the deployment of appropriately trained and immunised infection control staff on site if required.
- Facilitation of access to timely diagnostic testing and advice on test result interpretation.
- Clinical advice and support including onsite review or telemedicine consultation.
- Facilitation of access to antivirals, antibiotics, antitoxins held by the statewide HCID service.

Infectious diseases clinicians at Westmead will provide an on-call service to clinicians and GPs to discuss suspected cases of the new disease. This service will operate 24 hours a day, 7 days a week. They can be contacted on 1800 HCID 00 (1800 424 300).

3.2.5. Infection Prevention and Control Processes

The Clinical Excellence Commission will confirm the required infection prevention and control activities and communicate these to the system.

The NSW Biocontainment Centre will provide initial specific advice and, potentially, staff as required to locations where patients are in situ.

3.2.6. Acquisition and distribution of key treatments and equipment

Where there is an identified need for the urgent acquisition of key pharmaceuticals or equipment for a potential increase in number of cases, the Ministry of Health will work with HealthShare and the Clinical Excellence Commission to secure and distribute relevant equipment and medications.

3.2.7. Transition beyond early response phase

Once additional information is available regarding modes of transmission, testing methods, likely health system impact and populations at risk, disease-specific plans and clinical management advice will be developed. The High Consequence Infectious Diseases Advisory Group will continue to play an advisory role once these plans come into effect unless specific plans identify an alternate advisory structure.

4. PATIENT LOCATION AT IDENTIFICATION AND PATIENT FLOWS

4.1. Identification of potential case at the international border

Biosecurity officers may identify a person at the international border. They may have administered the 'Traveller with Illness Checklist' (TIC):

- due to information contained in a pre-arrival report (from an aircraft or maritime vessel)
- where a person shows signs of illness, or
- where a person has identified themselves to biosecurity staff.

In rare cases, the Australian Government's National Incident Centre will inform biosecurity officers at the border that an ill traveller is on a particular international aircraft or vessel. Key activities are outlined in the NSW Health Guideline *Human Biosecurity Officer* ([GL2021_003](#)).

Where a case requires hospitalisation usually the most appropriate action will be transfer to the care of the NSW Specialist Service for High Consequence infectious Diseases within the NSW Biocontainment Centre at Westmead Hospital, if the illness and risks are compatible with the current case or contact definition.

4.2. Identification of a potential case at a GP, Aboriginal Community Controlled Health Organisation or other specialist rooms

Where a patient meets the current case definition as a suspect or probable case the GP or other specialist is to contact the NSW Specialist Service for High Consequence Infectious Diseases (1800 HCID 00 [1800 424 300]) for advice. This may include the need for urgent transfer via ambulance to Westmead Hospital. In rural areas, a teleconference as detailed in section 3.2.4 may assist in determining methods of retrieval, if appropriate, and timing thereof.

Depending on the nature of contact with the patient and PPE worn, and the nature of the HCID (e.g. standard, contact, droplet, airborne or a combination of precautions required) the relevant staff and persons exposed in the waiting room must also be identified for the purposes of contact tracing and any preventative interventions appropriate.

Health Protection NSW and the local public health unit will assist in the risk assessment and management of community contacts.

4.3. Identification of a potential case in a hospital facility

Where a patient meets the current case definition as a suspect or probable case, the staff must isolate the patient from others as soon as possible and ensure appropriate PPE is used in the assessment and care of the patient.

Clinicians are to ensure that urgent advice is sought from local infectious disease experts. Where there is no local infectious diseases expertise, the case is to be discussed directly with the NSW Specialist Service for High Consequence Infectious Diseases.



Where the local infectious diseases physician agrees that the patient meets current case definitions as a suspect or probable case, they must urgently consult with the NSW Specialist Service for High Consequence Infectious Diseases regarding appropriate sample collection and testing, transfer and clinical management.

Infection control staff, in consultation with local infectious disease staff or the NSW Specialist Service will assess and manage contacts in the healthcare facility. Local public health units (PHUs) may assist with this, as determined by local arrangements.

The PHU will conduct contract tracing outside hospital facilities in accordance with guidelines.

5. APPENDICES

1. Relevant plans for management of high consequence infectious diseases
2. Sample Clinician Alert - External to NSW Health
3. Safety Alert Template



5.1. Appendix 1 – Relevant plans for management of high consequence infectious diseases

This policy must be read in conjunction with existing and emerging NSW and Commonwealth guidelines for the management of such diseases. Supporting guidelines for specific diseases are available on the NSW Health and Australian Government Department of Health websites. (<https://www.health.nsw.gov.au/Infectious/Pages/default.aspx> and <https://www.health.gov.au/resources>)

These documents include disease control guidelines, including guidance for reporting and follow up of contacts.

Specific guidelines developed as an addendum to this plan can be found at: <https://health.nsw.gov.au/Infectious/Pages/guidelines-high-consequence.aspx>.

Other resources

The Clinical Excellence Commission publishes a range of resources to assist in infection prevention and control within healthcare settings. These are available on the Clinical Excellence Commission [Preventing and Controlling Healthcare-Associated Infection Standard](#) website.

5.2. Appendix 2 – Sample Clinician Alert - External to NSW Health

CLINICAL ALERT: MONKEYPOX

- Fifteen confirmed cases of monkeypox have been detected in Europe and the United States. A further 38 cases are suspected
- Most cases were adult men who have sex with men (MSM) with no recent travel to West Africa
- There have been no reports of monkeypox in NSW
- Clinicians who suspect monkeypox are advised to immediately contact their local infectious diseases specialist to discuss the case and management

What is the issue?

- 15 confirmed cases of monkeypox have been reported in the UK (n=9), America (n=1) and Portugal (n=5). Thirty-eight suspected cases have been reported in Spain and Portugal. Recent cases have predominantly been detected in gay, bisexual, or men who have sex with men (MSM).
- Monkeypox is a rare zoonotic viral infection usually associated with travel to West and Central Africa. One case in the UK had recently returned from Nigeria. Other cases have not reported any recent travel, indicating likely community transmission.
- No case of monkeypox has been detected in NSW to date.

How does monkeypox present?

- First symptoms (prodrome) of monkeypox include fever, malaise, headache, and sometimes sore throat and cough, and lymphadenopathy.
- Following the prodrome, lesions first begin in the mouth and spread to the face, arms and legs. Lesions start as a macular rash that develops into papules, vesicles, then pustules, which crust and fall off.

How is monkeypox transmitted?


- Infection of humans results from direct contact with the blood, bodily fluids, or cutaneous or mucosal lesions of infected animals. In Africa, evidence of monkeypox virus infection has been found in many animals.
- Person-to-person transmission is unusual, and is mainly through direct contact of lesion material, or via respiratory droplets. Monkeypox has not previously been described as a sexually transmitted infection though it can be passed on by direct contact during sex and contact with clothing or linens used by a person who has monkeypox.

How to manage a suspect monkeypox case

- Clinicians are asked to look out for signs and symptoms consistent with monkeypox particularly in returned travelers or persons with clinically compatible rash. A telemedicine consultation is advisable where possible.
- If monkeypox is suspected immediately contact the local ID specialist to discuss the case, testing and management. The ID specialist should immediately contact the on-call Westmead Hospital Infectious Diseases Specialist on 8890 5555 where they suspect monkeypox. Isolate the patient in a negative pressure room, or if not available a single room. Ask the patient to wear a surgical mask while awaiting further advice. There are no specific treatments available for monkeypox infection. It is usually a mild self-limiting illness and most people recover within a few weeks.

Further information

- Please contact your local Public Health Unit on 1300 066 055 for more information.



Dr Jeremy McAnulty
Executive Director Health Protection NSW
19 May 2022

NSW Ministry of Health
ABN 92 697 899 630
1 Reserve Rd St Leonards NSW 2065
Locked Mail Bag 2030 St Leonards NSW 1590
Tel. (02) 9391 9000 Fax. (02) 9391 9101
Website. www.health.nsw.gov.au

5.3. Appendix 3 – Safety Alert Template

NB Depending on the clinical severity/scale of issue this may be issued using a different alert level



Safety Notice 00#/YY

Insert Heading

E.g. Occurrence of XXX in XXX
Risk to NSW from XXX Disease

(xx Month 202X)

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Regulation & Compliance Unit

Action required by:

- Chief Executives
-
- Directors of Clinical Governance

We recommend you also inform:

- Heads of Department
- Emergency Department
- Intensive Care Unit staff
- ?relevant other clinical groups (eg sexual health, respiratory, haematology)
-

Situation

Brief summary and reason for alert

Background

Information regarding – disease, what is known of the epidemiology, key risk groups in this circumstance

Clinical guidance

What we need people to know to do

-identification (eg syndrome, travel history (if relevant), occupation (e.g. abattoir workers, health care workers))

-testing (including what specimens to test locally and what to send and where to send them)

-treatment

-location for treatment (including whether urgent transfer may be required)

-management of those exposed (if relevant)

Who to notify

-consult with xxx

-notify your local public health unit (timeframe, with what)

Infection control and prevention

-Is door screening required – if so, where and by whom (Passive? Active?)

?Triage to separate waiting area

?PPE to wear

?Other relevant guidance specific to this disease

-



- Public Health Unit staff

Expert Reference Group

Content reviewed by:

- Office of Chief Health Officer, MoH
- Health Protection NSW HPNSW
- NSW High Consequence Infectious Disease Expert Panel
- XXX (others)
-

Clinical Excellence Commission

Tel: 02 9269 5500

Email:

CEC-PatientSafety@health.nsw.gov.au

Internet Website:

<http://health.nsw.gov.au/sabs>

Intranet Website:

<http://internal.health.nsw.gov.au/quality/s>

Review date

XX/XX/202X

Actions required by local health districts/networks

1. Ensure relevant clinicians receive this update
2. Enact infection control recommendations
3. Ensure local procedures and clinical pathways include immediate notification to NSW HCID Specialist Service at Westmead of new cases fitting the case definition
4. XXX (other recommendations)