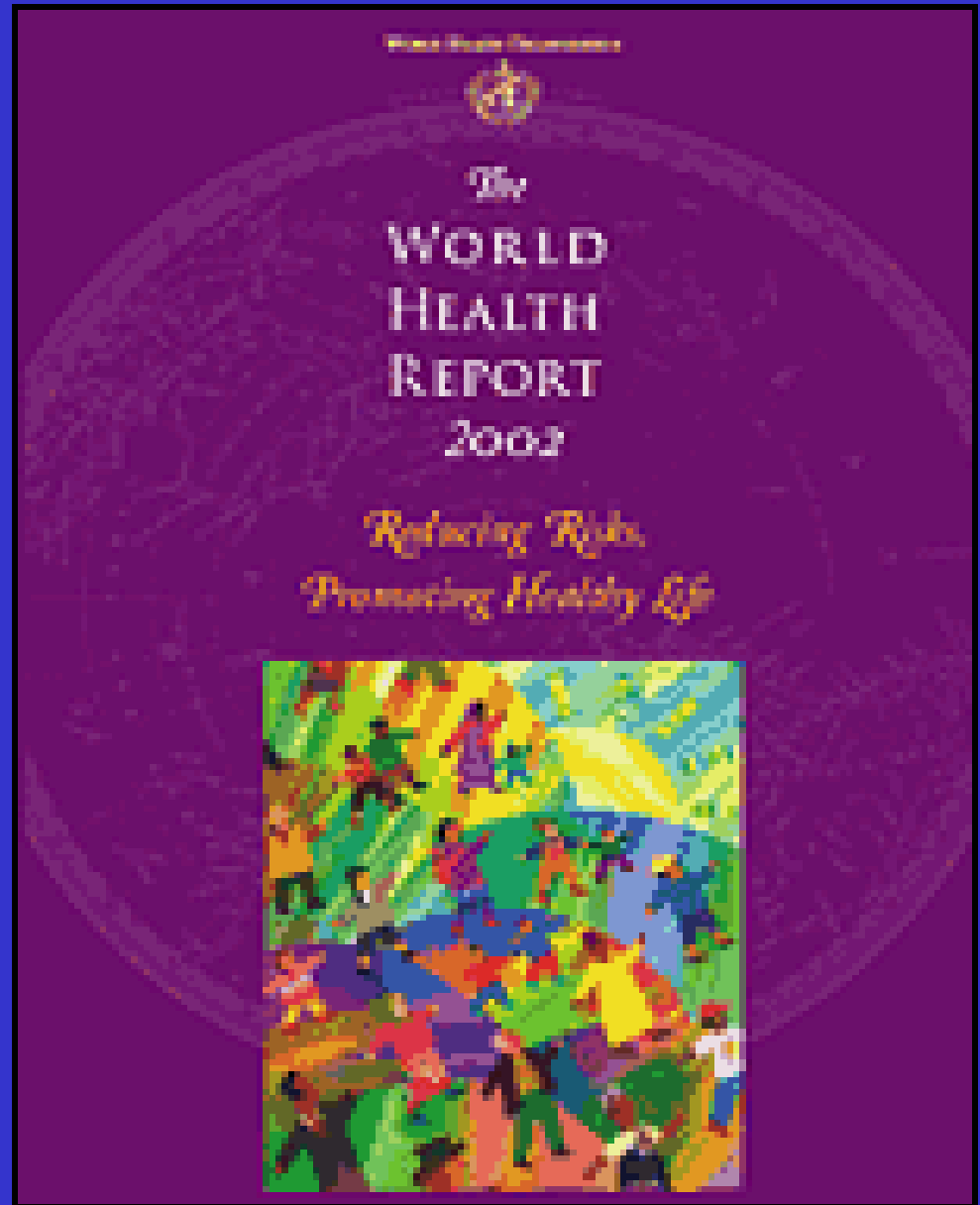


# *Current Issues in Health Protection*

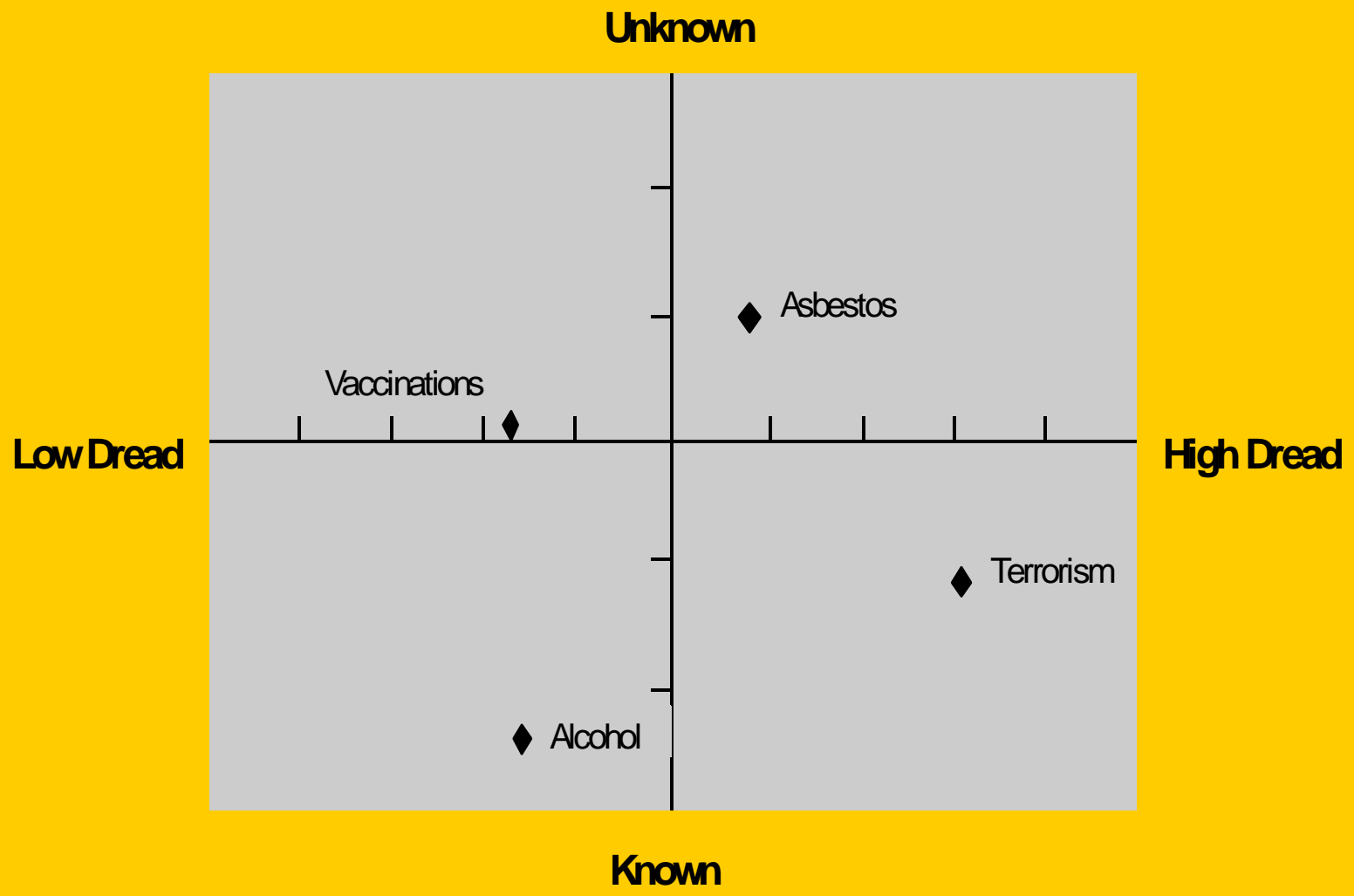
- Dr Charles Guest
- Deputy Chief Health Officer
  - ACT Health

# The WORLD HEALTH REPORT 2002

*Reducing Risks,  
Promoting Healthy Life*



# Knowledge, Dread and Risk



# Lessons for Governments on Risk Communications

- To establish credibility it is necessary to generate trust
- Trust can only be generated by openness
- Openness requires recognition of uncertainty
- Scientific investigation should be transparent
- Any advice from committees should be public
- Any trust the public has should not be put at risk

# WHO Recommendations

- Governments should play greater roles
- Countries should give top priority to developing effective risk prevention policies
- Cost effectiveness analyses should be used to identify high, medium, and low priority interventions
- A balance between government, community and individual action is necessary

# Interim Conclusion

- RM is everyone's business
- RM is part of business as usual

# SARS – Global lessons

- Worldwide surveillance
- Response capacity
- Timely reporting
- Rapid communication
- Evidence-based action

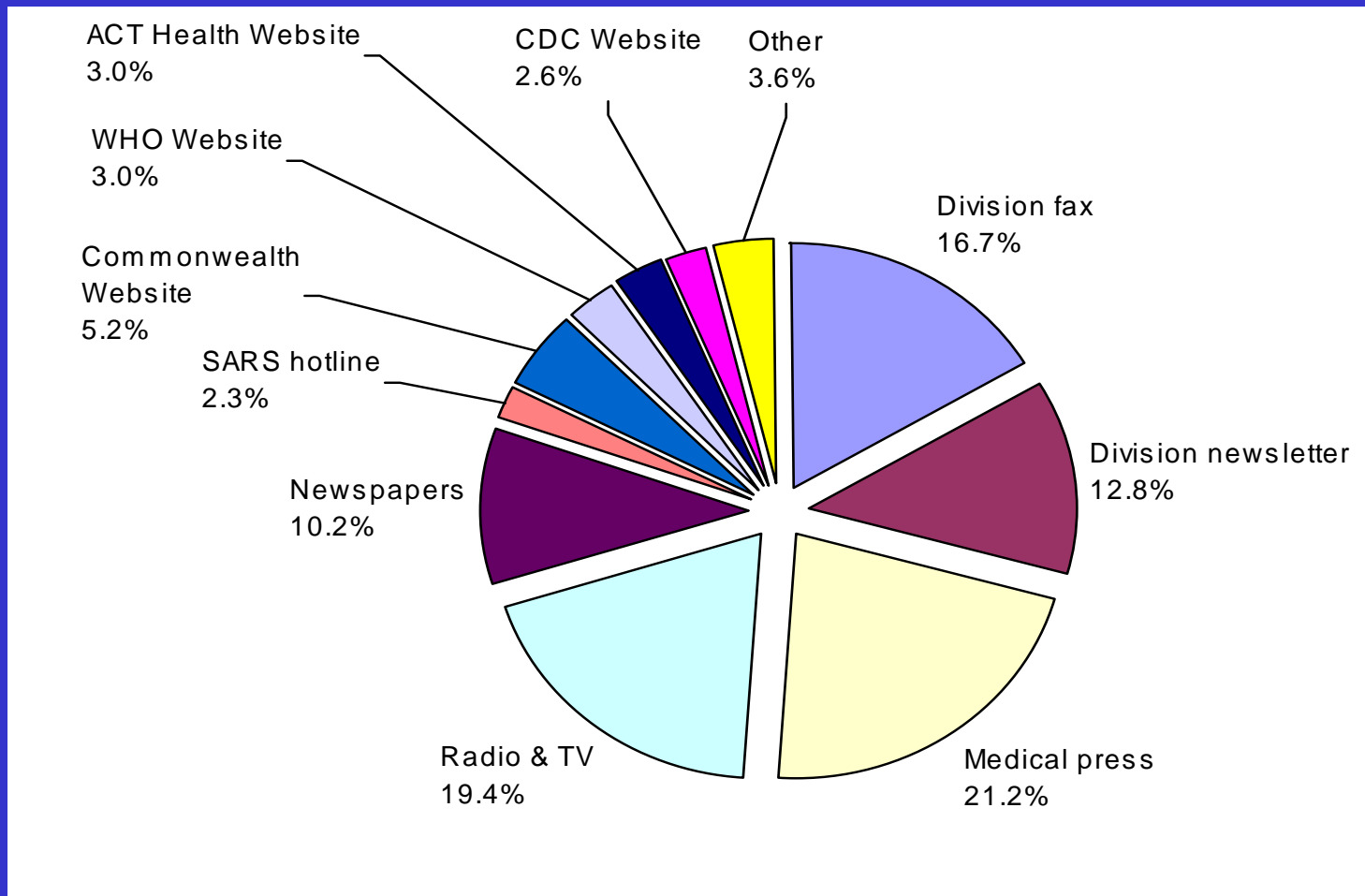
# SARS – National lessons

- Leadership to mobilise entire society
- Speed
- Improved coordination between national and district levels
- Increased investment in public health
- Updated quarantine/ other legislation
- Improved infection control

# ACT Biothreat Preparedness Survey

- General Practitioner preparedness for a serious emerging disease
- Information sources
- Capacity for involvement

**Figure 1 Sources of information on SARS used by ACT GPs during the 2003 outbreak (n=875)**



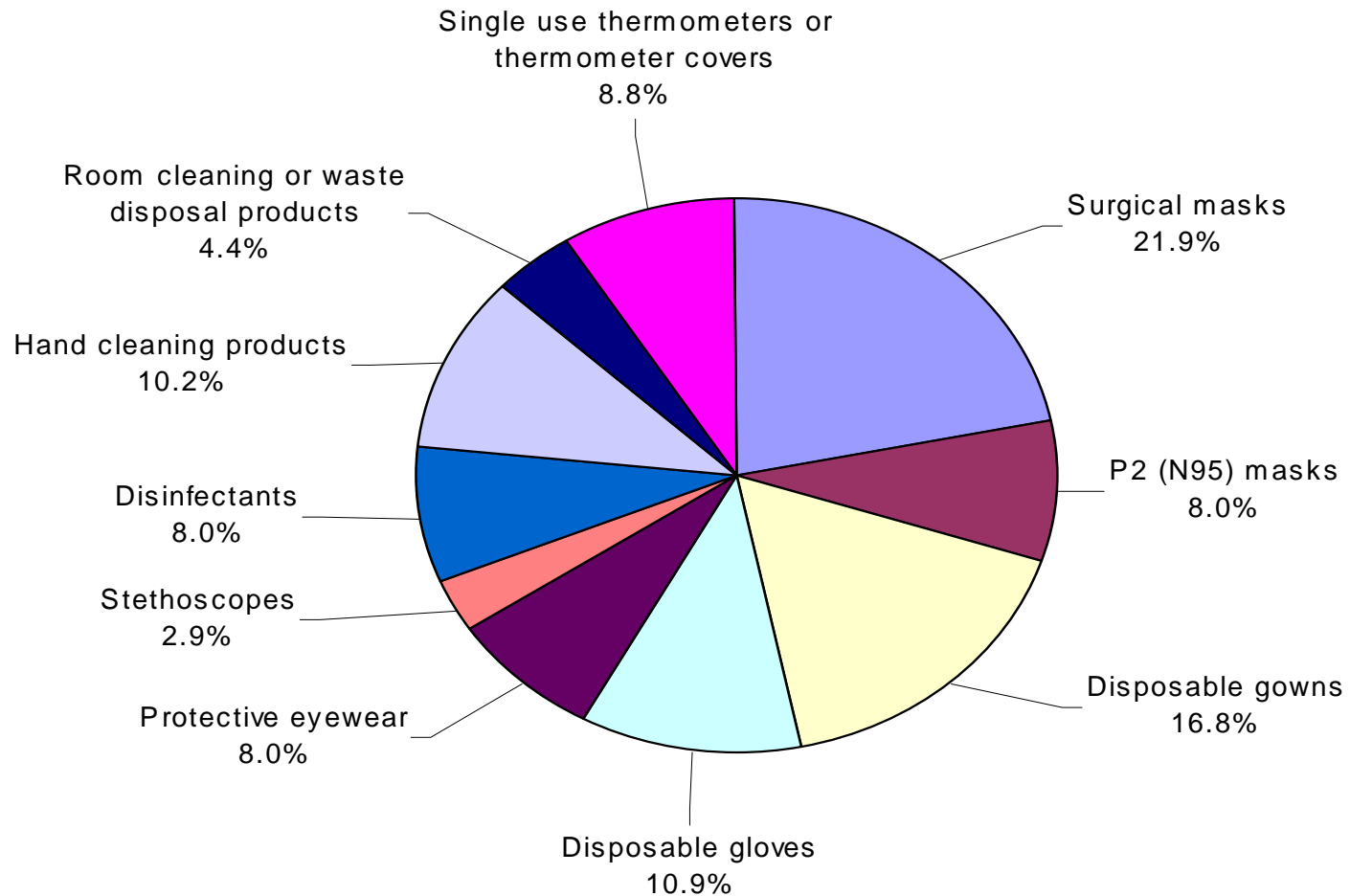
# Patient Screening Methods

- Telephone triage (Travel 42%, Fever 29%)
- Face-to-face (52%, 53%)

# GP Activities consistent with Guidelines

- Surgical masks available 70%
- Advisory sign at entrance 58%
- Identified person available to check SARS-affected areas 43%

## Reported equipment purchases by ACT general practices



# Recommendations

- Methods of delivery of urgent public health advice require further investigation
- Public health guidelines for GPs should be implementable
- CPD to Identify/reduce barriers:
  - Role delineation
  - Equipment/other costs
- Response teams/centralised assessment centres

# Planning

- Disaster
- Influenza Pandemic
- SARS
- Mass Casualty
- Public Health Emergency

# Practice

- Exercise ACTON
- ACT Health/ESA test of Health Emergency Management SubPlan

# The Canberra Times

2004

- No extra jobs done to prepare (25 February)
- Threat dire but no alert (27 February)
- Officials had early warning (4 March)
- Bushfire victims in dark (8 March)
- 'Warning ACT not my job' (18 March)
- Forces Marshalled, but no warning (17 April)

# Is Current Alert/Response sufficient?

- Sustainability
- Capacity, routine & surge
- Laboratory diagnosis/surveillance
- Integrated information – clinical, epidemiological, laboratory
- Communication – transparent, accurate, timely

# Biosecurity Surveillance System

- Syndromic surveillance
- Faster detection, emerging/existing diseases
- Improved, nationally consistent reporting





NATIONAL EMERGENCY SERVICES MEMORIAL



# Emergency Services - Attributes

- Vigilance Readiness Coordination Service  
Humility Volunteerism Prevention Cooperation  
Camaraderie Trust Capability Awe Vulnerability  
Spirit Grief Sacrifice Courage Skill  
Compassion Support Honour Resilience  
Recovery Community Hope