part of an Australian Federal Government Special Investigations Unit (SIU) to go to the Ukraine to investigate war crimes that had been allegedly committed by, now Australian citizens, who were once members of the Ukraine Guard.

The second story I would like to relate is much more contemporary and occurred within a few hundred kilometres off our shores, East Timor. When the East Timorese voted for independence from Indonesia, the Indonesian Army (TNI) had given their employed militias the 'green light' to burn and pillage the population.

I think it is important as a witness to these acts that I tell other members of my 'tribe' of what I have seen. My experiences reinforce my opinion of the wisdom of Noam Chomsky's view of the fragility of democracy. By restricting ourselves to professional matters, we may be doing our broader community a disservice in not using our intelligence to strengthen our democracy.

INTERPOL, DVI SYS AND THE NMPVS

Alain Middleton

The world has moved into the digital age. Societies are much more mobile. When disaster strikes or if a loved one is reported missing the likelihood of this occurring far from 'home' is today not uncommon. The need for timely and accurate identification and the transmission of large amounts of data related to that individual often across great distances both physical and cultural have necessitated the development of standards, systems and programs to firstly facilitate and aid in the timely identification of individuals.

This presentation looks at the development of one such system and its application internationally in disaster events be they natural or man-made, and the extension of this system into the development for the first time of a national missing persons data base here in Australia.

EMERGING VIRAL ILLNESSES – PREPAREDNESS, TESTING AND ASSURING SAFETY

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Background: The possibility of a major infectious illness spreading through Australia includes infections such as SARS, avian influenza, pandemic influenza, Ebola virus (EBOV), MERS-CoV, and Zika virus (ZIKV). To date, only two (pandemic influenza, SARS) have resulted in cases in Australia. Such emerging infections may be clinically unrecognised early on, confused with background infections, emerge precipitously, and propagate through the population rapidly. They may be zoonotic pathogens infecting via novel contact (EBOV), changes allowing human infectivity (avian influenza), or newly emerged pathogens, often zoonotic (SARS, ZIKV, MERS-CoV).

Methods: Emerging viral illness response involves diverse skillsets – surveillance, epidemiology, modelling, public health, media, political engagement, as well as clinicians, diagnostics,

and research and development. Reducing impact of emerging viruses involves preparedness including surge capacity, methods in place for detection (diagnostic capacity for known and new agents, sequences), surveillance capabilities, and quality assurance (QA) processes.

Discussion: The medical consequences of pandemic incidents would potentially be catastrophic, unless measures are taken to strengthen preparedness (surveillance, trained workforce, processes in place, surge capacity), prepare diagnostic capacity, and have documented processes. Medical personnel, public health officials, and government agencies that deal with emergency responses must be prepared. A coordinated response, integrating the above agencies listed above, with research capacity, are essential.

UPDATE ON MDR AND XDR TB

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Multi-drug resistant tuberculosis (MDR-TB) and extensively-drug resistant tuberculosis (XDR-TB) is an emerging threat, with rising rates documented within the Asia-Pacific region. The risk posed by imported MDR-TB and the cost of disease management emphasises the need for rapid identification of MDRTB and transmission events. This presentation demonstrates the feasibility of whole genome sequencing (WGS) as an alternative to conventional identification, susceptibility testing and genotyping and as a major step forward in laboratory support for enhanced tuberculosis control. We found 85–100% concordance between phenotypic and WGS-based identification and direct susceptibility testing (DST) with improvements in the turnaround times (TAT). Median TAT from culture positivity to DST report was 11 days for WGS vs 16 days for phenotypic methods. MDR-TB culture remains a limiting step, but the role of direct (culture-independent) approaches focused on the amplification of individual target genes, such as the *rpoB* gene by Xpert MTB/RIF®, or WGS is expanding. The in-house deployment of WGS in networked reference laboratories with public health functions is supported from both the management and clinical perspectives. However, the engagement of clinicians as end-users of WGS data remains critical in order to transform MDR-TB diagnosis, clinical care and public health action.

CJD, TB AND CHICKEN POX IN THE MORTUARY – ARE STAFF AT RISK?

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Over the last two decades the safety standards for staff performing autopsies has significantly increased. New manual handling guidelines, building improvements and documented accreditation standards has ensured, in many jurisdictions, appropriate protocols and equipment are available to minimise the risk of staff contracting a disease or developing an injury.