

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Supplementary Budget Estimates 2015 - 2016, 21 October 2015**

**Ref No:** SQ15-000769

**OUTCOME:** 9 - Biosecurity and Emergency Response

**Topic:** Lyme Disease

**Type of Question:** Written Question on Notice

**Senator:** Madigan, John

**Question:**

In January 2014, the Lyme Disease Association of Australia (LDAA) presented the DoH with a comprehensive Strategic Action Plan to assist the government in addressing the Lyme disease problem.

- a) Can you please explain: What steps the DoH has taken to implement the aspects of this strategic plan that are not reliant upon identifying a causative agent; and,
- b) The leadership or direction the DoH has provided to facilitate action on these strategies where responsibility for implementation falls within the jurisdiction of another department or agency?
- c) Has the Department of Health (DoH)'s primary focus to date been on proving or disproving the presence of a particular organism in Australia or on trying to understand the nature and causes of the condition that presents like Lyme disease and is affecting Australian patients?

**Answer:**

The Lyme Disease Association of Australia (LDAA) patient strategic action plan was received by the Department of Health and has been considered. Some elements of the plan have been actioned as follows:

- I. Australian Patients experience difficulties obtaining a reliable diagnosis for Lyme-like illness in Australia.

The Department has contracted with the National Serology Reference Laboratory to evaluate the in vitro diagnostic devices used for the serological diagnosis of Lyme disease. The Department is also working with the Public Health Laboratory Network and the Communicable Diseases Network Australia on better understanding the role and place of Culture Independent Diagnostic Testing and the ramifications of Whole Genome Sequencing and Next Generation Sequencing in clinical microbiology practice.

- II. Australian patients with Lyme-like illness experience difficulties accessing appropriate and affordable medical treatment for their condition(s) and often encounter discrimination.

The Medicare Benefits Schedule and the Pharmaceutical Benefits Schedule are Australian Government programs that offer universal access to medical care and therapeutics. Based on expert clinical and scientific assessment, medical care including diagnostics and therapeutics are subsidised to minimise the out of pocket costs to Australian patients.

- III. The Australian public has not been made aware of the potential risks of exposure to Lyme-like illness from ticks and other possible vectors nor has a national health policy been developed to address treatment issues.

The Department has published a fact sheet on the prevention and treatment of tick bites on its Lyme disease webpage <http://www.health.gov.au/lyme-disease#preventing-treating>

- IV. Patients with Lyme-like illness experience discrimination because their medical condition is not formally recognised.

Lyme disease is recognised and acknowledged by the Australian medical profession. The Department continues to encourage general practitioners and other healthcare practitioners with patients presenting with multiple nonspecific chronic debilitating symptoms to work with general practice and public health units in medical schools to research this cohort of Australian patients and to develop a robust case definition.

Patients identified these Priority Strategies:

- I. Chief Medical Officer to issue a public statement acknowledging the existence of Lyme-like illness in Australia and ensure widespread dissemination throughout medical and public agencies, as well as through mass media.

The Chief Medical Officer (CMO) wrote to medical practitioners in 2013, 2014 and 2015 about Lyme disease in Australia. While there remains no evidence of an indigenous aetiological agent and competent vector in Australia, the CMO and the department acknowledge some Australians are experiencing multiple nonspecific chronic debilitating symptoms.

- I. Implement a broad scale Public Education Program, targeting medical community and sectors of the public identified as 'at risk'.

The Department provides public information on its Lyme disease webpage and encourages the medical profession, other healthcare practitioners and the Australian public to access this information.

- II. Implement an Interim Treatment Strategy for existing patients while further research into causative factors is conducted.

Patients who are experiencing multiple chronic debilitating symptoms should seek medical treatment from their general practitioner in the first instance so that a supportive symptomatic treatment and management plan can be developed. Until a cause is discovered and the natural history of the disease can be described, a treatment strategy encouraging the long term cyclical use of multiple antimicrobials including intravenous antimicrobials cannot be supported. The current weight of evidence demonstrates no benefit in such a strategy. Adverse events associated with long term intravenous antimicrobial use are well documented and include life threatening

intravenous line infection as well as the development of multiple drug resistant bacteria which can be a danger to the patient and to others.

III. Review Australian laboratory testing processes to ensure reliability of testing.

The department has contracted the National Serology Reference Laboratory to evaluate the in vitro diagnostic devices used for the serological diagnosis of Lyme disease. The department is also working with the Public Health Laboratory Network and the Communicable Diseases Network Australia on better understanding the role and place of Culture Independent Diagnostic Testing and the ramifications of Whole Genome Sequencing and Next Generation Sequencing in clinical microbiology practice.

1. Conduct a study of the unique patterns (epidemiology) of Lyme-like illness in Australia before making assumptions about its causes.

The department continues to encourage general practitioners and other healthcare practitioners with patients presenting with multiple nonspecific chronic debilitating symptoms to work with general practice and public health units in medical schools to research this cohort of Australian patients and to develop a robust case definition.

2. Pursue research into 'causative factors' ensuring an open focus to consider all potential sources of transmission.

The Department has acknowledged the need and importance of research. The Department welcomes research in tick borne disease and as a result of a scoping study it commissioned on research questions about Lyme disease, has made research questions about tick borne diseases available on its Lyme disease webpage.

<http://www.health.gov.au/lyme-disease#scoping>