

QUESTION TAKEN ON NOTICE

BUDGET ESTIMATES HEARING: 24 MAY 2011

IMMIGRATION AND CITIZENSHIP PORTFOLIO

(BE11/0615) Program 4.3: Offshore Asylum Seeker Management

Senator Cash asked:

In relation to the answer to QoN 334 from the 19 October 2010 Estimates – please provide an update as to the communicable diseases that have been detected in any of the detention facilities on Christmas Island. What are they and how have they been managed?

Answer:

The following communicable diseases have been detected in immigration detention facilities on Christmas Island from 1 July 2010 to 6 May 2011.

Diagnosis	Total
Chlamydia	4
Dengue	2
Gonorrhoea	1
Hepatitis B	10
Hepatitis C	3
Malaria	1
Pertussis	1
Shingles	3
Syphilis	29
Tetanus	1
Tuberculosis (active)	1
Grand Total	56

Attachment A sets out current disease management protocols followed by the Health Services Provider for these diseases.

Attachment A**Disease management protocols followed by HSP**

Disease	Diagnosis	Management	Comments
Chlamydia	On symptoms and signs and pathology.	Azithromycin	Contacts in foreign countries. Clients counselled.
Dengue	Symptoms and signs in very recent boat arrivals.	Rapid test; if positive – to hospital for treatment.	CI has Aedes albopictus, mosquito, which is a secondary vector. There is no Aedes egypti detected so far. Inform WA PHU.
Gonorrhoea	On symptoms and signs and pathology.	Ceftriazone 250mg IM	Contacts in foreign country. Client counselled.
Hep B	On induction blood.	Acute – LFT and counselling. Carrier status – counselling and contact tracing in family groups	All chronic carriers are counselled. WA PHU informed
Hep C	Blood test is offered to patient with past history of drug use.	Further test for viral loads and LFT	Notifiable disease
Malaria	Diagnosed on symptoms.	Blood tests at hospital and treatment.	CI does not have Anopheles mosquitoes (ie. clients do not contract Malaria on CI). Inform Public Health CI and WA PHU.
Pertussis	Clinical and blood test.	Erythromycin Quarantine	Notifiable disease Exclusion from school
Shingles/Herpes Zoster	Clinical.	Famvir/Valtrex	Contagious for patient with no previous chicken pox
Syphilis	On induction blood tests.	Bicillin 1.8gm weekly x three weeks	All latent, past or present syphilis are treated WA PHU informed
TB (active)	Clinical diagnosis of haemoptysis. Chronic cough, weight loss and night fever. Diagnosis on CXR.	Mask on immediately. Send to hospital for CXR and sputum collection x 3 days. Contact tracing.	Positive active TB clients are treated in hospital for two weeks, before returning to the detention facility. Inform Public Health, CI and Chest Clinic, Perth and WA PHU.
Tetanus	Clinical and history.	Diazepam	Medivac out

