JOINT SELECT COMMITTEE ON AUSTRALIA'S IMMIGRATION DETENTION NETWORK

Q39

Health Fears and Asylum Seekers

Question: Have any people with treated or untreated communicable diseases been transported to the mainland from Christmas Island? How? What are the disease management protocols on Christmas Island?

Answer: No person with an untreated communicable disease has been transported to the mainland. People with a treated communicable disease, and who are no longer contagious, are transported to the mainland as part of normal operational requirements.

Transport is by commercial or chartered aircraft for general or non-urgent transfers, and by air ambulance or the Royal Flying Doctor Service for emergency transfers.

Please note, in all but one of these cases, the communicable disease was detected during the person's health induction assessment, which is generally completed within 72 hours of arrival on Christmas Island.

Details of Christmas Island disease management protocols are below.

Communicable Diseases at CI Detention Centre

Detection of Communicable Diseases

Established communicable diseases are diagnosed either clinically or through investigations at health induction.

All communicable diseases are notifiable to WA Population Health Unit (WA PHU)

Disease	Diagnosis	Management	Comments
Chlamydia	On symptoms and signs and pathology	Azithromycin	Contacts in foreign countries Clients counselled
Crypto-sporidium	Symptoms and stool for culture	fluids	Personal hygiene and education for contacts
Dengue	Symptoms and signs in very recent boat arrivals	Rapid test; if positive – to hospital for treatment	CI has Aedes alpopictus, which is a secondary vector. There is no Aedes egypti detected so far Inform WA PHU
Gonorrhoea	symptoms and signs and path	Ceftriazone 250mg IM	Contacts in foreign country client counselled
Hand, foot and mouth	clinical	symptomatic	Exclusion from school and other children Inform Public Health CI
Hep A	On clinical grounds	To hospital for blood tests and isolation Contact tracing	Have not had a case Vaccinate contacts

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
Impetigo	Skin diagnosis	antibiotics	Hygiene for self and contacts. Exclusion from school
Influenza	Signs and symptoms	fluids, analgesics	Education for the compound Seasonal vaccination
Leprosy	On symptoms and signs and pathology	To hospital for diagnosis. Treatment either in hospital or on site. Isolation and contact tracing.	Inform Public Health
Malaria	Diagnosed on symptoms	Blood tests at hospital and treatment	CI does not have Anopheles mosquitoes Inform Public Health CI and WA PHU
Meningococcal	Signs and symptoms	Ceftriaxone hospitalisation	Education and vaccination Inform Public health CI Antibiotic prophylaxis for possible contacts
Measles, Mumps and rubella	clinical	Isolation during infective phase	Inform Public Health CI Exclusion from school Early MMR vaccination in new arrivals when indicated
Syphilis	On induction blood tests	Bicillin 1.8gm weekly x 3 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.	Positive active TB clients are treated in hospital for 2 weeks before returning to detention centre Inform Public health, CI and Chest Clinic, Perth and WA PHU
TB (Latent)	Granulomas on CXR and no respiratory symptoms	No treatment	This has been discussed with the chest clinic in Perth
Typhoid	Symptoms and signs	Send to hospital for stool collection	Treatment starts in hospital. Clients on return will have own toilet. Repeat stool 2 weeks after start of treatment. Inform WA PHU
Varicella	Clinical grounds	symptomatic	Excluding from school and other children during infective period. Inform Public Health CI Vaccinate adult contacts if no previous disease
Viral Gastroenteritis	Symptoms Stool C&S	fluids	Personal hygiene and education for contacts

Public Health concerns at Christmas Island IDC

1) Active TB

Action: Public health screening is done on all Irregular Maritime Arrivals on arrival. Any person noted to have a cough for 3 months or haemoptysis has a mask put on immediately. The GP is notified and the client is sent to Christmas Island hospital for urgent chest x-ray (CXR) and sputum collection, and management. All contacts have a Mantoux test and CXR and treated as necessary.

All long term clients with a productive cough for 3 months or more have a repeat CXR.

All long term clients with haemoptysis are sent to hospital with mask on for sputum collection and repeat CXR.

All positive active TB is reported to WA Public Health and Chest Clinic, Perth.

2) Sexually Transmitted Diseases

Action: All active, past and possible latent STDs are treated. No contact tracing done on a male arriving by himself.

Tracing is done on family groups.

All cases reported to WA Population Health Unit.

3) Mosquito borne illness

Action: Client is sent to hospital. No primary mosquito vectors on Christmas Island. Contact tracing not needed.

All cases reported to WA Population Health Unit.

4) Gastrointestinal diseases

Action: Hygiene education to patient as well as clients in compound.

5) Childhood infectious diseases

Action: Isolation and education.

All cases reported to Christmas Island Public Health as well as WA Population Health.

6) Respiratory Tract Infection

Action: Need advice on when to declare an endemic situation. IHMS will offer influenza vaccination when the rest of Australia receives their vaccine (usually autumn).