JOINT SELECT COMMITTEE ON AUSTRALIA'S IMMIGRATION DETENTION NETWORK

Q40

Health Fears and Asylum Seekers

Question: Please provide a copy of the DIAC disease management protocol?

Answer: The department follows the advice of the contracted health services provider, International Health and Medical Services (IHMS), in relation to the management of communicable diseases. Provided below is IHMS' disease management protocol for Christmas Island, which has been provided for indicative purposes. All detention facilities follow these protocols, with notifications of State or Territory health bodies the only variant. These protocols have been developed along Centre for Disease Control guidelines.

Management of Communicable Diseases at CI Detention Centre

Established communicable diseases are diagnosed either clinically or through investigations at the client's 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 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 A	On clinical grounds	To hospital for blood tests and isolation Contact tracing	Have not had a case Vaccinate contacts
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
Measles, Mumps and rubella	clinical	Isolation during infective phase	Inform Public Health CI Exclusion from school Early MMR vaccination in new arrivals when indicated
Meningococcal	Signs and symptoms	Ceftriaxone hospitalisation	Education and vaccination Inform Public Health CI Antibiotic prophylaxis for possible contacts
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. Contact tracing.	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 management at Christmas Island IDC

1) Active TB

Action: Public health screening is done on all asylum seekers on arrival. Any person noted to have a cough for 3 months or haemoptysis has a mask put on immediately. and the GP notified and client send to CI hospital for urgent chest x-ray (CXR) and sputum collection, and management. All contacts have a Mantoux test and CXR and treat 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 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 male arriving by himself.

Tracing is done on family groups.

All cases reported to WA Population Health Unit.

3) Mosquito borne illness

Action: Client sent to hospital. No primary mosquito vectors on 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 in autumn.