

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2012-2013, 30 & 31 May and 1 June 2012

Question: E12- 034

OUTCOME 14: Biosecurity and Emergency Response

Topic: Infectious Disease and Migration

Type of Question: Written Question on Notice

Number of pages: 2

Senator: Senator Boyce

Question:

This document referred to in QoN E12-33 also goes on to say the following and I quote:
(Document Reference)

- a) Has this issue been resolved, what advice was sought and what advice was given?
- b) In regards to tuberculosis, how many cases have been detected in migrants, refugees or asylum seekers since September 2007?
- c) How were they detected?
- d) What health monitoring occurs in regard to migrants, refugees or asylum seekers in regard to tuberculosis?

Answer:

- a) Following a workshop in 2006, hosted by Department of Immigration and Citizenship (DIAC), the National Tuberculosis Advisory Committee (NTAC) drafted a report on the Procedure for Health Assessments of Unauthorised Fisherpersons Apprehended off the North Coast of Australia. Endorsement by Communicable Diseases Network Australia was delayed pending advice from DIAC. In December 2007 DIAC advised the Department of Health and Ageing that they wished to rewrite part of the document to reflect current practices.

In February 2009, in a request from DIAC to the Department under Memorandum of Understanding arrangements established between the two Departments, NTAC was asked to provide its advice regarding management of tuberculosis in Illegal Foreign Fisherpersons (IFFs).

NTAC maintained its position on IFFs: that ideally IFFs found to have tuberculosis should be allowed to remain in Australia for a full course of tuberculosis treatment

when circumstances are such that curative treatment elsewhere is not possible. NTAC recognised that there will be visa and legal issues for these cases.

The issue has not been progressed further.

- b) Identification and management of tuberculosis in the Australian community is the responsibility of the relevant state and territory health authority. Enhanced data on cases of tuberculosis notified to the National Notifiable Diseases Surveillance System (NNDSS) are finalised by the September following the annual reporting period. The most recently reportable data available is up to 31 December 2010.

Between 1 September 2007 and 31 December 2010, a total of 4,275 cases of tuberculosis were notified to the NNDSS. Of these cases, 3,733 cases (87 per cent) were reported in overseas-born people. The time since first arrival in Australia of these overseas-born cases ranged from less than one year to greater than 80 years.

In overseas-born people notified with tuberculosis over this period, 163 were reported as refugees/ humanitarian entrants. This figure should be interpreted with caution as this information is self-reported by each case and is not verified against DIAC records.

- c) These cases may be identified through the patient presenting with clinical symptoms, contact tracing of active cases and routine screening of specific population groups.
- d) State and territory health authorities are responsible for the detection and management of tuberculosis in the Australian community, including in people following migration. States and territories report all cases of tuberculosis to the NNDSS.