

### Question on notice no. 3

Portfolio question number: SQ19-000772

#### 2019-20 Supplementary budget estimates

#### Finance and Public Administration Committee, Cross Portfolio Indigenous matters

**Senator Patrick Dodson:** asked the Department of Health on 25 October 2019—

**Dr De Toca:** I've discussed the issue of the syphilis outbreak with you before, Senator. **Senator DODSON:** Yes, I know. I recognise your face, but I couldn't put your name to it. **Dr De Toca:** As you indicated, the outbreak is currently in four jurisdictions: Northern Territory, Queensland, Western Australia and South Australia. South Australia has been part of the outbreak since November 2016. As my colleagues have indicated, we consider that although the outbreak is still producing cases, we are identifying quite a number of cases ongoing, partly as a result of markedly increased testing across the outbreak areas. There are early indications of a potential stabilisation or a likely stabilisation of the outbreak in terms of numbers of new cases that are coming up. I know this might sound frustrating because it has been a while since the response started, but it is expected, particularly as epidemiologically we are still in the early stages of the response effort, that as testing ramps up, new cases will be picked up. That's exactly what we want to see: the combined effort of the government, state and territory clinics, the Aboriginal community controlled health sector, primary health services and all the entities really ramping up the testing in outbreak areas, finding the cases and, of course, treating them. **Senator DODSON:** The outbreak in Queensland is of particular concern. Has there been an increase in Queensland of new cases? What's happening? **Dr De Toca:** As you pointed out—**Senator DODSON:** I should have said Far North Queensland; Queensland is a big place. **Dr De Toca:** Yes, agreed. As you pointed out the outbreak commenced in Queensland, in the north-west region in 2011. Queensland still has the highest number of cases in total as part of the outbreak. It's also been the longest in the outbreak. There was a new region added to Queensland as part of the epidemiological counting of cases—that was Central Queensland in September. In terms of monthly cases: we are seeing a stabilisation, if not a slight drop, in the number of cases that are coming out of the Queensland regions without a correlated drop in testing. So we don't have any indication that testing has dropped, while the number of new cases in Queensland has ever so slightly dropped. We might be seeing a stabilisation, but it's very early to claim that. **Senator DODSON:** In February you said you were funding eight ACCHOs—and this may be a question for someone else, not for you. Are extra ACCHOs being added? **Dr De Toca:** We currently fund 19 ACCHOs for augmented workforce supplementation on the dedicated sexual health effort across four jurisdictions. Those 19 ACCHOs have been selected in close partnership with NACCHO, with the seven Territory affiliates and with the public health authorities. We're providing them with funds in very different forms, because it's been co-designed to tailor to each region to respond to the way in which they see fit. In addition to that, currently we're rolling out the point-of-care testing program that Ms Edwards alluded to earlier to a further 11 ACCHOs in the outbreak regions. As we

speaking, ACCHOs are being added to that. **Senator DODSON:** Maybe it would be even simpler if you could just give us the detail of where these places are. **Ms Edwards:** This was an important issue, which you have rightly raised with us, and we have responded to it. I should just mention that we have actually proceeded to train 367 clinicians to work on this issue, and there have been over 27,000 people tested for syphilis since the surge began. So we're not out of the woods yet and we're taking it very seriously. We're not stopping our efforts, but we are seeing glimmers of hope, which is good news. **Senator DODSON:** But that's better than the 6,000 you mentioned in February, which is good news. **Ms Edwards:** We'll provide you with an update on notice.

**Answer —**

*Please see answer attached.*

**Senate Finance and Public Administration Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Supplementary Budget Estimates 2019 - 2020, 25 October 2019**

**Ref No:** SQ19-000772

**OUTCOME:** 2 - Health Access and Support Services

**Topic:** Syphilis Outbreak

**Type of Question:** Hansard Page 50, 25 October 2019

**Senator:** Patrick Dodson

**Question:**

Dr De Toca: I've discussed the issue of the syphilis outbreak with you before, Senator.

Senator DODSON: Yes, I know. I recognise your face, but I couldn't put your name to it.

Dr De Toca: As you indicated, the outbreak is currently in four jurisdictions: Northern Territory, Queensland, Western Australia and South Australia. South Australia has been part of the outbreak since November 2016. As my colleagues have indicated, we consider that although the outbreak is still producing cases, we are identifying quite a number of cases ongoing, partly as a result of markedly increased testing across the outbreak areas. There are early indications of a potential stabilisation or a likely stabilisation of the outbreak in terms of numbers of new cases that are coming up. I know this might sound frustrating because it has been a while since the response started, but it is expected, particularly as epidemiologically we are still in the early stages of the response effort, that as testing ramps up, new cases will be picked up. That's exactly what we want to see: the combined effort of the government, state and territory clinics, the Aboriginal community controlled health sector, primary health services and all the entities really ramping up the testing in outbreak areas, finding the cases and, of course, treating them.

Senator DODSON: The outbreak in Queensland is of particular concern. Has there been an increase in Queensland of new cases? What's happening?

Dr De Toca: As you pointed out—

Senator DODSON: I should have said Far North Queensland; Queensland is a big place.

Dr De Toca: Yes, agreed. As you pointed out the outbreak commenced in Queensland, in the north-west region in 2011. Queensland still has the highest number of cases in total as part of the outbreak. It's also been the longest in the outbreak. There was a new region added to Queensland as part of the epidemiological counting of cases—that was Central Queensland in September.

In terms of monthly cases: we are seeing a stabilisation, if not a slight drop, in the number of cases that are coming out of the Queensland regions without a correlated drop in testing. So we don't have any indication that testing has dropped, while the number of new cases in Queensland has ever so slightly dropped. We might be seeing a stabilisation, but it's very early to claim that.

Senator DODSON: In February you said you were funding eight ACCHOs—and this may be a question for someone else, not for you. Are extra ACCHOs being added?

Dr De Toca: We currently fund 19 ACCHOs for augmented workforce supplementation on the dedicated sexual health effort across four jurisdictions. Those 19 ACCHOs have been

selected in close partnership with NACCHO, with the seven Territory affiliates and with the public health authorities. We're providing them with funds in very different forms, because it's been co-designed to tailor to each region to respond to the way in which they see fit. In addition to that, currently we're rolling out the point-of-care testing program that Ms Edwards alluded to earlier to a further 11 ACCHOs in the outbreak regions. As we speak, ACCHOs are being added to that.

Senator DODSON: Maybe it would be even simpler if you could just give us the detail of where these places are.

Ms Edwards: This was an important issue, which you have rightly raised with us, and we have responded to it. I should just mention that we have actually proceeded to train 367 clinicians to work on this issue, and there have been over 27,000 [20,000] people tested for syphilis since the surge began. So we're not out of the woods yet and we're taking it very seriously. We're not stopping our efforts, but we are seeing glimmers of hope, which is good news.

Senator DODSON: But that's better than the 6,000 you mentioned in February, which is good news.

Ms Edwards: We'll provide you with an update on notice.

**Answer:**

**Syphilis Enhanced Response: sites and locations of the 19 funded Aboriginal Community Controlled Health Services (ACCHS) with augmented workforce support**

No.	Organisation	Location Served
<b>QUEENSLAND</b>		
1	Wuchopperen Health Service	Cairns
2	Townsville Aboriginal and Islander Health Service (TAIHS)	Townsville
<b>NORTHERN TERRITORY</b>		
3	Danila Dilba Health Service Aboriginal Corporation	Darwin
4	Wurli Wurlinjang Aboriginal Corporation	Katherine Township
5	Sunrise Health Service	Katherine Region
6	Katherine West Health Board	Katherine Region
7	Miwatj Health Aboriginal Corporation	East Arnhem Region
8	Mala'la Health Service Aboriginal Corporation	West Arnhem Region

<b>WESTERN AUSTRALIA</b>		
9	Kimberley Aboriginal Medical Service	Kimberley Region
10	Puntuturnu Aboriginal Medical Service	West Pilbara Region
11	Derby Aboriginal Medical Service	Derby
12	Wirraka Maya Health Service Aboriginal Corporation	Port Headland and South Headland
<b>SOUTH AUSTRALIA</b>		
13	Port Lincoln Aboriginal Health Service Inc.	Port Lincoln
14	Tullawon Health Service Incorporated	Yalata
15	Ceduna Koonibba Aboriginal Health Service (Aboriginal Corporation)	Ceduna
16	Pika Wiya Health Service Aboriginal Corporation	Port Augusta
17	Nunyara Aboriginal Health Service Inc.	Whyalla
18	Umoona Tjutagku Health Service Aboriginal Corporation	Coober Pedy
19	Aboriginal Health Council of South Australia (with service provision through Nunkuwarnin Yunti Health Service)	Adelaide

The Department has identified 11 additional ACCHS in outbreak regions to extend the use of POCT kits and relevant training. As per the previous phases, these sites have been chosen in consultation with jurisdictions and the National Aboriginal Community Controlled Health Organisation (NACCHO) commencing from September 2019.

#### **Stage Two: Point of Care Test (POCT) Only ACCHS Sites**

<b>No.</b>	<b>Organisation</b>	<b>Location Served</b>
<b>QUEENSLAND</b>		
1.	Mamu Health Service Limited	Innisfail
2.	NPA Family and Community Services Aboriginal & Torres Strait Islander Corporation	Cape York, Torres Strait
<b>NORTHERN TERRITORY</b>		
3.	Anyinginyi Health Aboriginal Corporation	Tennant Creek
4.	Central Australian Aboriginal Congress Aboriginal Corporation	Alice Springs
<b>WESTERN AUSTRALIA</b>		
5.	Broome Regional Aboriginal Medical Service	Broome
6.	Bega Garnbirringu Health Services Incorporated	Kalgoorlie
7.	Mawarnkarra Health Service	Roebourne
8.	Bidyadanga Health Centre	Broome

The Department is in negotiation with a further three ACCHS to implement the POCT only model.