

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2015 - 2016, 10 February 2016

Ref No: SQ16-000221

OUTCOME: 9 - Biosecurity and Emergency Response

Topic: Lyme Disease

Type of Question: Written Question on Notice

Senator: Madigan, John

Question:

At Supplementary Budget Estimates in October, Dr Lum said that he has no argument with the overseas labs accreditation. However, this advice from the Dept Health has not permeated the health system and made it possible for doctors to recognise and treat the disease based on positive test results from overseas. Hence there is both a gap in how information is shared amongst doctors and the government and how pathology laboratories are regulated. Australian Lyme-like patients are falling through the gaps.

a) What has been done to educate the Australian medical community in this issue?

Answer:

Dr Lum mentioned that serological diagnosis is an indirect method of diagnosis and explained that test interpretation and predictive value of a diagnostic test are important factors. Dr Lum explained that when serologically less stringent interpretive criteria are employed along with poor predictive value associated with testing a low prevalence population with nonspecific symptoms, reactive serological results should be viewed cautiously. False reactive results do not indicate the presence of disease. Dr Lum also mentioned that nonreactive serological test results performed in a low prevalence population with nonspecific symptoms using the intended interpretive criteria reflect the true absence of disease.

a) The “Australian guidelines for the diagnosis of overseas acquired Lyme disease” are publicly available and have been mentioned in communiques from the Chief Medical Officer to Australian medical practitioners.