

**Senate Community Affairs Committee**

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

**Supplementary Budget Estimates 2015 - 2016, 21 October 2015**

**Ref No:** SQ15-000757

**OUTCOME:** 9 - Biosecurity and Emergency Response

**Topic:** Lyme Disease

**Type of Question:** Written Question on Notice

**Senator:** Madigan, John

**Question:**

Lack of official data limits the government's ability to calculate morbidity rate of Lyme and Lyme-like disease in Australia and to appropriately respond. Why has Lyme-like disease still not been added to the Communicable Diseases Network Australia listing? It should be noted that this has been considered previously in 2013 and inter alia that there was no chance of an outbreak, there was no need to monitor changes in the disease and no need to inform policy makers, thus how many more cases (currently 1,494 medically confirmed cases Australia wide) will be required for reassessment?

**Answer:**

On 1 May 2013, a Joint Criteria Assessment Group (JCAG) nominated by Communicable Diseases Network Australia (CDNA) assessed the need for the national notification of Lyme disease in Australia. This assessment was made against the CDNA and Public Health Laboratory Network endorsed criteria which include the outbreak potential of the disease, whether national notification is required to facilitate public health follow-up and the feasibility of data collection.

The JCAG considered that national notification of Lyme disease is not currently warranted, and that other methods for monitoring the disease would be more appropriate. The difficulties associated with developing an acceptable case definition for Lyme disease would reduce the feasibility of data collection.

The assessment was based on the position that there is currently no definitive evidence of Lyme disease being acquired in Australia. The need for national notification would be re-assessed if any new evidence of locally-acquired disease and the presence of a competent vector become available.

One of the possible ways of improving surveillance would be for states and territories to work with public health laboratories to improve data on the number of cases and to ensure the appropriateness of laboratory protocols and practices.

The diagnosis of Lyme disease in Australia is controversial. Citing a number of 1494 cases would require independent validation.