

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points


Malaria

- As at 22 August 2013 there has been one transferee with a confirmed diagnosis of malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The transferee was diagnosed in June with a form of malaria that can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- One staff member also has a confirmed diagnosis. The staff member is a Papua New Guinea national who has a previous history of malaria. It's likely the staff member has experienced a reoccurrence of the earlier infection.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.
- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.
- The contracted health services provider, International Health and Medical Services (IHMS), is arranging for a consultant entomologist to visit Manus Island and develop vector control strategies for the expanded site to minimise future risks.

If asked: Why have higher numbers of malaria infections been reported previously?

- IHMS senior clinicians have reviewed all cases of presumed malaria with its medical directors in Australia and Papua New Guinea, and in consultation with malaria specialists in Australia and accredited laboratory technicians in Port Moresby.
- Following this review IHMS has confirmed most positive malaria diagnoses reported by Lorengau Hospital were false.
- Symptoms of malaria can be very similar to other illnesses such as gastroenteritis.
- IHMS will transfer the interpretation of all blood samples to an accredited laboratory in Port Moresby for analysis to avoid false positives in the future.

s. 22(1)(a)(ii)



Cleared by:

Simon Schiwy
Assistant Secretary
Regional Resettlement Services Branch
23 August 2013

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points


Malaria

- There has been one transferee and four staff diagnosed with malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The transferee, an adult male, was diagnosed during June 2013 with a form of malaria which can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- The four staff were diagnosed during April and July 2013.
 - Two of the staff are Papua New Guinean nationals who previously had malaria before working at the Regional Processing Centre. It is possible they experienced a reoccurrence of the earlier infections.
 - The other two staff are Australians who were deployed to the Regional Processing Centre.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- Some of the people diagnosed with malaria had not been compliant with taking anti-malarial medication.
- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.
- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.

If Asked: What are the details of the staff/which organisations do they work for?

- To safeguard the privacy of the people concerned it would be inappropriate for the department to provide further details.


s. 22(1)(a)(ii)



BACKGROUND (not for release to media):

The two Australian staff diagnosed with malaria work for the s. 47F(1) and the Department of Immigration and Citizenship.

s. 22(1)(a)(ii)



Cleared by:

Amanda Little
Director, Detention Health Services Operations

Paul Denman,
Director, Planning, Reporting and Public Scrutiny

19 July 2013

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points


Malaria

- There have been three transferees and twenty staff diagnosed with malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The transferees, an adult male, was diagnosed during June 2013 with a form of malaria which can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- The four staff were diagnosed during April and July 2013.
 - Two of the staff are Papua New Guinean nationals who previously had malaria before working at the Regional Processing Centre. It is possible they experienced a reoccurrence of the earlier infections.
 - The other two staff are Australians who were deployed to the Regional Processing Centre.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- Some of the people diagnosed with malaria had not been compliant with taking anti-malarial medication.
- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.
- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.

If Asked: What are the details of the staff/which organisations do they work for?

- To safeguard the privacy of the people concerned it would be inappropriate for the department to provide further details.


s. 22(1)(a)(ii)



BACKGROUND (not for release to media):

The two Australian staff diagnosed with malaria work for the s. 47F(1) and the Department of Immigration and Citizenship.

s. 22(1)(a)(ii)



Cleared by:

Amanda Little
Director, Detention Health Services Operations

Paul Denman,
Director, Planning, Reporting and Public Scrutiny

19 July 2013

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points

Malaria

- As at midday 26 July 2013 there have been three transferees and 20 staff diagnosed with malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The transferees are adult males. One of the transferees was diagnosed with a form of malaria that can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- Of the 20 staff diagnosed:
 - Nine are Papua New Guinean nationals, six of whom have previously had malaria before working at the Regional Processing Centre. It is possible some of them experienced a reoccurrence of the earlier infections.
 - Eleven staff are expatriates (10 Australians and one New Zealand national) who had been deployed to the Regional Processing Centre.
- Twenty of the 23 cases have been diagnosed in July, with 11 cases diagnosed from the week commencing 22 July 2013.
- It is currently the wet season in Papua New Guinea meaning mosquitoes are more prevalent.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- Some of the people diagnosed with malaria, including the transferees, had not been compliant with taking anti-malarial medication and following recommended preventative measures.
- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.

- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.
- The contracted health services provider, International Health and Medical Services, is reviewing the current vector control program to minimise further infections.
- Immediate measures have been to increase communication and education among transferees and staff about the importance of following the preventative measures, and increasing the fogging schedule.

If Asked: What are the details of the staff/which organisations do they work for?

- To safeguard the privacy of the people concerned it would be inappropriate for the department to provide further details.

If Asked: Reasons for possible delays in reporting of malaria cases

- IHMS has reported instances of malaria in transferees to the department within a day of diagnosis. The three transferee diagnoses to date were made on 27 June (one case) and 23 July (two cases).
- There were some delays with IHMS reporting malaria diagnoses in staff. IHMS has now improved its reporting of such cases to the department.


s. 22(1)(a)(ii)

BACKGROUND (not for release to media):

The 11 expatriate staff diagnosed with malaria work for:

- the Salvation Army s. 47F(1)
- International Health and Medical Services s. 47F(1)
- the Department of Immigration and Citizenship s. 47F(1)

s. 22(1)(a)(ii)

**Cleared by:**

Paul Denman,
Director, Planning, Reporting and Public Scrutiny
26 July 2013

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points

Malaria

- As at midday 31 July 2013 there have been three transferees and 27 staff diagnosed with malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The transferees are adult males. One of the transferees was diagnosed with a form of malaria that can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- Of the 27 staff diagnosed:
 - Nine are Papua New Guinean nationals, six of whom have previously had malaria before working at the Regional Processing Centre. It is possible some of them experienced a reoccurrence of the earlier infections.
 - Eighteen staff are expatriates (16 Australians and two New Zealand nationals) who had been deployed to the Regional Processing Centre.
- Twenty seven of the 30 cases have been diagnosed in July, with 18 cases diagnosed from the week commencing 22 July 2013.
- It is currently the wet season in Papua New Guinea meaning mosquitoes are more prevalent.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- Some of the people diagnosed with malaria, including the transferees, had not been compliant with taking anti-malarial medication and following recommended preventative measures.
- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.

- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.
- The contracted health services provider, International Health and Medical Services, is reviewing the current vector control program to minimise further infections.
- Immediate measures have been to increase communication and education among transferees and staff about the importance of following the preventative measures, and increasing the fogging schedule.

If Asked: What are the details of the staff/which organisations do they work for?

- To safeguard the privacy of the people concerned it would be inappropriate for the department to provide further details.

If Asked: Reasons for possible delays in reporting of malaria cases

- IHMS has reported instances of malaria in transferees to the department within a day of diagnosis. The three transferee diagnoses to date were made on 27 June s. 47F(1) and 23 July s. 47F(1)
- There were some delays with IHMS reporting malaria diagnoses in staff. IHMS has now improved its reporting of such cases to the department.


s. 22(1)(a)(ii)

BACKGROUND (not for release to media):

The 18 expatriate staff diagnosed with malaria work for:

- the Salvation Army s. 47F(1)
- International Health and Medical Services s. 47F(1)
- the Department of Immigration and Citizenship s. 47F(1)
- G4S s. 47F(1)

s. 22(1)(a)(ii)

**Cleared by:**

Paul Denman,
Director, Planning, Reporting and Public Scrutiny
26 July 2013

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points

Malaria

- As at midday 13 August 2013 there have been four transferees and 36 staff diagnosed with malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The latest case was a transferee who arrived on Manus Island on 11 August 2013 and was diagnosed on 12 August 2013. It is possible the transferee arrived in Australia with the disease.
- The transferees are adult males. One of the transferees was diagnosed in June with a form of malaria that can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- Of the 36 staff diagnosed:
 - Ten are Papua New Guinean nationals, six of whom have previously had malaria before working at the Regional Processing Centre. It is possible some of them experienced a reoccurrence of the earlier infections.
 - 26 staff are expatriates (21 Australians and five New Zealand nationals) who had been deployed to the Regional Processing Centre.
- 37 of the 40 cases have been diagnosed since the beginning of July, with 28 cases diagnosed from the week commencing 22 July 2013.
- It is currently the wet season in Papua New Guinea meaning mosquitoes are more prevalent.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- Some of the people diagnosed with malaria, including the transferees, had not been compliant with taking anti-malarial medication and following recommended preventative measures.

- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.
- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.
- The contracted health services provider, International Health and Medical Services, is arranging for a consultant entomologist to visit Manus Island and develop vector control strategies for the expanded site to minimise further infections.
- Immediate measures have been to increase communication and education among transferees and staff about the importance of following the preventative measures, and increasing the fogging schedule.

If Asked: What are the details of the staff/which organisations do they work for?

- To safeguard the privacy of the people concerned it would be inappropriate for the department to provide further details.

s. 22(1)(a)(ii)


BACKGROUND (not for release to media):

The 26 expatriate staff diagnosed with malaria work for:

- the Salvation Army s. 47F(1)
- International Health and Medical Services s. 47F(1)
- the Department of Immigration and Citizenship s. 47F(1)
- G4S s. 47F(1)

- Playfair s. 47F(1)
- Toll Holdings s. 47F(1)

s. 22(1)(a)(ii)



Cleared by:

Simon Schiwy,
Assistant Secretary
Regional Resettlement Services Branch
13 August 2013

Manus Island – malaria and dengue fever cases

Issue:

Possible media interest in malaria and dengue fever cases at the Manus Island Regional Processing Centre.

Talking Points


Malaria

- As at 22 August 2013 there has been one transferee with a confirmed diagnosis of malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.
- The transferee was diagnosed in June with a form of malaria that can sit in the body for years and for which symptoms can occur periodically if the condition is not treated appropriately. As such, this client may have been infected in previous countries of residence or transit.
- One staff member also has a confirmed diagnosis. The staff member is a Papua New Guinea national who has a previous history of malaria. It's likely the staff member has experienced a reoccurrence of the earlier infection.
- With appropriate treatment malaria is completely curable. The treatment is provided at the Regional Processing Centre or the nearby hospital.
- People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.
- There is a comprehensive mosquito control program in place at Manus Island Regional Processing Centre comprising:
 - the removal or reduction of stagnant water
 - the use of larvicides and insecticides to control mosquito populations including regular fogging
 - the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.
- The contracted health services provider, International Health and Medical Services (IHMS), is arranging for a consultant entomologist to visit Manus Island and develop vector control strategies for the expanded site to minimise future risks.

If asked: Why have higher numbers of malaria infections been reported previously?

- IHMS senior clinicians have reviewed all cases of presumed malaria with its medical directors in Australia and Papua New Guinea, and in consultation with malaria specialists in Australia and accredited laboratory technicians in Port Moresby.
- Following this review IHMS has confirmed most positive malaria diagnoses reported by Lorengau Hospital were false.
- Symptoms of malaria can be very similar to other illnesses such as gastroenteritis.
- IHMS will transfer the interpretation of all blood samples to an accredited laboratory in Port Moresby for analysis to avoid false positives in the future.

s. 22(1)(a)(ii)



Cleared by:

Simon Schiwy
Assistant Secretary
Regional Resettlement Services Branch
23 August 2013

Manus Island Health Issues

Malaria

As at 13 August 2013 there have been four transferees and 36 staff diagnosed with malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012.

The latest case was a transferee who arrived on Manus Island on 11 August 2013 and was diagnosed on 12 August 2013. It is possible the transferee arrived in Australia with the disease.

Thirty-seven of the 40 cases have been diagnosed in July, with 28 cases diagnosed from the week commencing 22 July 2013. People at the Manus Island Regional Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.

The current mosquito control program in place at Manus Island Regional Processing Centre comprising:

- the removal or reduction of stagnant water
- the use of larvicides and insecticides to control mosquito populations including regular fogging
- the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.

The contracted health services provider, International Health and Medical Services, is arranging for a consultant entomologist to visit Manus Island and develop vector control strategies for the expanded site to minimise further infections.

Immediate measures have been to increase communication and education among transferees and staff about the importance of following the preventative measures, and increasing the fogging schedule. IHMS has also proposed a vector control study for our consideration.

Elizabeth MIEGEL

From: Paul DENMAN
Sent: Thursday, 27 June 2013 4:21 PM
To: Hayley ABBOTT
Subject: FW: Manus RPC: Malaria case [DLM=For-Official-Use-Only]

For-Official-Use-Only

fyi

For-Official-Use-Only

From: Paul WINDSOR
Sent: Thursday, 27 June 2013 4:19 PM
To: Ken DOUGLAS; Amanda LITTLE; Simon DE VERE; Jasmine NEWMAN; Ian CAMPBELL; Paul DENMAN; National Comms
Subject: FW: Manus RPC: Malaria case [DLM=For-Official-Use-Only]

For-Official-Use-Only

Malaria confirmed by Mark Parrish

Paul Windsor
 Assistant Secretary Detention Health Services
 Department of Immigration and Citizenship
 Telephone: (02) 6264 1576
 Mobile: s. 47F(1)
 Email: paul.windsor@immi.gov.au

For-Official-Use-Only

From: Mark PARRISH [<mailto:mark.parrish@ihms.com.au>]
Sent: Thursday, 27 June 2013 4:15 PM
To: Paul WINDSOR
Cc: Amanda LITTLE; Paul DOUGLAS; Peter YOUNG; Wendy COX (DR); Stephen BROOKER; Ian GILBERT; Jennifer VOLLMER
Subject: Manus RPC: Malaria case


Dear Paul

s. 47F(1)

This gentleman was diagnosed with malaria at the Manus RPC yesterday and confirmed as having Vivax malaria when his blood films were reviewed at the local hospital at Lorengau.

Released by DIBP under the
 Freedom of Information Act 1982

s. 47F(1)



Mark

Dr Mark Parrish

Regional Medical Director, Health Services

International Health and Medical Services

Level 3, 45 Clarence St

Sydney NSW 2000

Tel: +61 2 9372 2509

Mob: s. 47F(1)

Fax: +61 2 9372 2576

Email: mark.parrish@ihms.com.au

Web: www.ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982

Elizabeth MIEGEL

From: Emma KAYE <emma.kaye@ihms.com.au>
Sent: Wednesday, 21 August 2013 2:28 PM
To: Hayley ABBOTT
Cc: DH Reporting; Paul DENMAN; Jennifer VOLLMER; DIAC Requests
Subject: Malaria Register
Attachments: Malaria stats_210813.xlsx

Hi Hayley,

Please see the latest Malaria Register attached.

As discussed earlier today, IHMS has reviewed all cases of presumed malaria with its medical directors in Australia and PNG, and in consultation with malaria specialists in Australia and accredited laboratory technicians in Port Moresby.

IHMS does not believe that the cases of positive malaria reported by the Lorengau Hospital represent a true picture of malaria and the results do not marry with the clinical picture and/or rapid test results done on site.

We have had the slides that were returned from the hospital cross-checked and none of the recent cases of confirmed malaria parasites on blood film were confirmed as accurate.

IHMS believes that so far there have been 2 cases of malaria onsite, one transferee with vivax malaria and one recipient with likely falciparum that was most probably contracted offsite. The details are highlighted in the attached sheet.

The IHMS team will be transferring the interpretation of all blood slides to an accredited laboratory in Port Moresby for analysis with a process of cross-referencing these results in Australia.

There has been one new case reported, as highlighted on the register at number 41. However, after further clinical testing and from an analysis of their symptoms, it was determined that the Contractor did not have Malaria.

If you have any queries in regard to the above or after reading the report please let me know.

Kind Regards,

Emma

Emma Kaye RN
 Clinical Reporting Team Leader
 International Health and Medical Services
 Level 8, 45 Clarence Street
 Sydney NSW 2000
 Ph: (02) 9372 2582
 Fax: (02) 9372 2577
 Email: emma.kaye@ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this

Released by DIBP under the
 Freedom of Information Act 1982

communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982

Elizabeth MIEGEL

From: Emma KAYE <emma.kaye@ihms.com.au>
Sent: Friday, 2 August 2013 4:45 PM
To: Hayley ABBOTT; DH Reporting; Paul DENMAN
Cc: DIAC Requests; Jennifer VOLLMER
Subject: Malaria Report - Friday 2 August 2013
Attachments: Malaria stats_020813.xlsx

Hi Hayley,

Please find Friday's Malaria Report attached as requested. There have been 5 new case since Tuesday's report. No new Transferee cases have been reported.

Kind Regards,

Emma

Emma Kaye RN
Clinical Reporting Team Leader
International Health and Medical Services
Level 8, 45 Clarence Street
Sydney NSW 2000
Ph: (02) 9372 2582
Fax: (02) 9372 2577
Email: emma.kaye@ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982

Elizabeth MIEGEL

From: Emma KAYE <emma.kaye@ihms.com.au>
Sent: Friday, 9 August 2013 3:50 PM
To: Hayley ABBOTT; Paul DENMAN
Cc: DH Reporting; Jennifer VOLLMER; DIAC Requests
Subject: Malaria Stats - Friday 9 August 2013
Attachments: Malaria stats_090813.xlsx

Hi Hayley,

Please find the Malaria Register for Friday 9 August 2013 attached.

There have been two new cases reported of IHMS and G4S staff. There have been no new Transferee cases reported.

Kind Regards,

Emma

Emma Kaye RN
Clinical Reporting Team Leader
International Health and Medical Services
Level 8, 45 Clarence Street
Sydney NSW 2000
Ph: (02) 9372 2582
Fax: (02) 9372 2577
Email: emma.kaye@ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982

Elizabeth MIEGEL

From: Emma KAYE <emma.kaye@ihms.com.au>
Sent: Tuesday, 13 August 2013 10:35 AM
To: Hayley ABBOTT
Cc: Paul DENMAN; Jennifer VOLLMER; DIAC Requests
Subject: RE: ##17710## : Positive Malaria Case in Transferee [DLM=For-Official-Use-Only]
Attachments: Malaria stats_130813.xlsx

Hi Hayley,

I have completed the Malaria Register for today. The new Transferee case is highlighted in yellow. It is attached for your review.

Please let me know if you require anything further.

Kind Regards,

Emma

Emma Kaye RN
 Clinical Reporting Team Leader
 International Health and Medical Services
 Level 8, 45 Clarence Street
 Sydney NSW 2000
 Ph: (02) 9372 2582
 Fax: (02) 9372 2577
 Email: emma.kaye@ihms.com.au

From: Hayley ABBOTT [<mailto:hayley.abbott@immi.gov.au>]
Sent: Tuesday, 13 August 2013 10:15 AM
To: DIAC Requests
Cc: Emma KAYE
Subject: RE: ##17710## : Positive Malaria Case in Transferee [DLM=For-Official-Use-Only]

For-Official-Use-Only
 Hi Emma

Thanks for the notification.

If possible, could you please confirm the below details as outlined in the IHMS malaria register for this particular transferee as soon as possible.

No.	Nationality	Company	Boat ID	Blood slide Sample Date	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel
-----	-------------	---------	---------	-------------------------------	-----------------	-----------------------------------	----------------------	-----------------------------

Many thanks

s. 47F(1)

No.	Nationality	Malaria type	Previous History of Malaria
1	PNG	TBC	
2	PNG	TBC	
3	Iranian	Vivax	No
4	PNG	Vivax	No
5	PNG	Falciparum	Yes
6	PNG	Falciparum	Yes
7	PNG	Falciparum	Yes
8	PNG	Vivax	Yes
9	Australian	Falciparum	No
10	Australian	Falciparum	No
11	Australian	Falciparum	No
12	Australian	Falciparum	No
13	Australian	Falciparum	No
14	Australian	Falciparum	Yes
15	PNG	Falciparum	Yes
16	PNG	Falciparum	Yes
17	Australian	Falciparum	No
18	Australian	Falciparum	No
19	Vietnamese	Falciparum	No
20	Iraqi	Falciparum	No
21	New Zealand	Falciparum	No
22	Australian	Falciparum	No
23	Australian	Falciparum	No
24	Australian	Falciparum	No
25	Australian	Falciparum	No
26	Australian	Falciparum	No
27	Australian	Falciparum	No
28	New Zealand	Falciparum	No

s. 47F(1)

29	Australian	Falciparum	No
30	Australian	Falciparum	No
31	Australian	Falciparum	No
32	New Zealand	Falciparum	No
33	Australian	Falciparum	No
34	Australian	Falciparum	No
35	New Zealand	Falciparum	No

Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
Unknown	Unknown	Unknown	Unknown	Unknown
Unknown	Unknown	Unknown	Unknown	Unknown
TBC	Transferee	Sent to POM - for medical investigations	client now off the Is.	Not always
20/06/2013	Australia transit pom	Yes	No	No
14/06/2013	Buka - POM	Yes	No	no
10/06/2013	Lae	Yes	No	No
13/07/2013	Village/Central - POM	Yes	No	No
Unknown	Highlands - POM	Yes	No	No
Unknown - 4th Rotation	Australia transit POM	Yes	No	No
9/07/2013	Australia transit POM	no	Yes	No
4/07/2013	Australia transit POM	Yes	Yes	Not always
15/07/2013	Australia transit POM	no	Yes	Not always
30/07/2013	Australia transit POM	Yes	Yes	Not always
2/07/2013	Australia transit POM	Yes	Yes	Not always
30/05/2013	Pom- Highlands	Yes (resides out)	No	No
10/07/2013	Still here from last arrival	Yes	No	No
9/07/2013	5th rotation here	Yes	Yes	Not always
22/06/2013	Australia transit POM	Yes	Yes	Not always
1/05/2013	Transferee	No	Unsure	Not always
1/07/2013	Transferee	No	Unsure	Not always
12/07/2013	Australia transit POM	Yes	Yes	Not always
4/07/2013	Australia transit POM	Yes	Yes	Not always
1/07/2013	transit via POM	Yes	Yes	Not always
23/07/2013	transit via POM	Yes	Yes	Not always
3/07/2013	transit via POM	Yes	Yes	Yes
29/06/2013	transit via POM	Yes	Yes	Not always
9/07/2013	transit via POM	Yes	Yes	Yes
28/06/2013	transit via POM	Yes	Yes. Client now off Is	Not always

23/07/2013	transit via POM	Yes	Yes	Not always
15/07/2013	transit via POM	Yes	Yes	Not always
23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Uses repellant
23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Uses repellant
23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Not always
23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Not always
23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Unknown

s. 47F(1)

No.	Nationality	Malaria type	Previous History of Malaria
1	PNG	TBC	
2	PNG	TBC	
3	Iranian	Vivax	No
4	PNG	Vivax	No
5	PNG	Falciparum	Yes
6	PNG	Falciparum	Yes
7	PNG	Falciparum	Yes
8	PNG	Vivax	Yes
9	Australian	Falciparum	No
10	Australian	Falciparum	No
11	Australian	Falciparum	No
12	Australian	Falciparum	No
13	Australian	Falciparum	No
14	Australian	Falciparum	Yes
15	PNG	Falciparum	Yes
16	PNG	Falciparum	Yes
17	Australian	Falciparum	No
18	Australian	Falciparum	No
19	Vietnamese	Falciparum	No
20	Iraqi	Falciparum	No
21	New Zealand	Falciparum	No
22	Australian	Falciparum	No
23	Australian	Falciparum	No
24	Australian	Falciparum	No
25	Australian	Falciparum	No
26	Australian	Falciparum	No
27	Australian	Falciparum	No
28	New Zealand	Falciparum	No

s. 47F(1)

29	Australian	Falciparum	No
30	Australian	Falciparum	No
31	Australian	Falciparum	No
32	New Zealand	Falciparum	No
33	Australian	Falciparum	No
34	Australian	Falciparum	No
35	New Zealand	Falciparum	No
36	Australian	Falciparum	Yes
37	New Zealand	Falciparum	No

s. 47F(1)

Arrived Manus Is.	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
Unknown	Unknown	Unknown	Unknown
Unknown	Unknown	Unknown	Unknown
TBC	Sent to POM - for medical investigations	client now off the Is.	Not always
20/06/2013	Yes	No	No
14/06/2013	Yes	No	no
10/06/2013	Yes	No	No
13/07/2013	Yes	No	No
Unknown	Yes	No	No
Unknown - 4th Rotation	Yes	No	No
9/07/2013	no	Yes	No
4/07/2013	Yes	Yes	Not always
15/07/2013	no	Yes	Not always
30/07/2013	Yes	Yes	Not always
2/07/2013	Yes	Yes	Not always
30/05/2013	Yes (resides out)	No	No
10/07/2013	Yes	No	No
9/07/2013	Yes	Yes	Not always
22/06/2013	Yes	Yes	Not always
1/05/2013	No	Unsure	Not always
1/07/2013	No	Unsure	Not always
12/07/2013	Yes	Yes	Not always
4/07/2013	Yes	Yes	Not always
1/07/2013	Yes	Yes	Not always
23/07/2013	Yes	Yes	Not always
3/07/2013	Yes	Yes	Yes
29/06/2013	Yes	Yes	Not always
9/07/2013	Yes	Yes	Yes
28/06/2013	Yes	Yes. Client now off Is	Not always

s. 47F(1)

23/07/2013		Yes	Yes	Not always
15/07/2013		Yes	Yes	Not always
23/07/2013		Yes (resides out)	No	Uses repellant
23/07/2013		Yes (resides out)	No	Uses repellant
23/07/2013		Yes (resides out)	No	Not always
23/07/2013		Yes (resides out)	No	Not always
23/07/2013		Yes (resides out)	No	Unknown
23/07/2013		Yes, to the jettty	Yes	Unknown
Unknown		Unknown	Unsure	Not always

Hayley

Hayley Abbott
 Assistant Director
 Health Service Delivery
 Regional Settlement Services Branch
 Department of Immigration and Citizenship
 Telephone: (02) 6221 8789
 Email: hayley.abbott@immi.gov.au

From: DIAC Requests [<mailto:diacrequests@ihms.com.au>]
Sent: Tuesday, 13 August 2013 10:10 AM
To: Hayley ABBOTT
Cc: diacrequests@ihms.com.au
Subject: RE: ##17710## : Positive Malaria Case in Transferee

Hi Hayley,

As discussed a moment ago, the Transferee actually arrived on Manus Island from CI on 11 August 2013. He was diagnosed with Malaria from a positive blood slide on 12 August 2013.

As stated previously, the client will be reviewed by the Doctor today. Apologies for any confusion.

I look forward to your advice on how to proceed further.

Kind Regards,

Emma

Emma Kaye RN
 Clinical Reporting Team Leader
 International Health and Medical Services
 Level 8, 45 Clarence Street
 Sydney, NSW 2000
 Tel: +61 2 9372 2582
 Fax: +61 2 9372 2577
 Email: emma.kaye@ihms.com.au

Requester : Emma KAYE
 Due by time : N/A
 Category : 2. Internal
 Description :
 Hi Hayley,

I've just been informed that there is a positive case of Malaria in a Transferee that has come from CI.

It's my understanding at this stage that he has just arrived on Manus Island today (13 Aug 2013) and will be reviewed by the Doctor today.

Released by DIBP under the
 Freedom of Information Act 1982

Can you advise what further information you need from me in respect to this case as it's the first positive case I've had in a Transferee since completing the register.

Kind Regards,

Emma

Emma Kaye RN
Clinical Reporting Team Leader
International Health and Medical Services
Level 8, 45 Clarence Street
Sydney NSW 2000</p><P><Ph: (02) 9372 2582</p><Fax: (02) 9372 2577</p><Email: emma.kaye@ihms.com.au P>

<

Click for details : <http://SYDNURSEREP:8080/WorkOrder.do?woMode=viewWO&woID=17710></>A>

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

For-Official-Use-Only

Important Notice: If you have received this email by mistake, please advise the sender and delete the message and attachments immediately. This email, including attachments, may contain confidential, sensitive, legally privileged and/or copyright information. Any review, retransmission, dissemination or other use of this information by persons or entities other than the intended recipient is prohibited. DIAC respects your privacy and has obligations under the Privacy Act 1988. The official departmental privacy policy can be viewed on the department's website at www.immi.gov.au. See: <http://www.immi.gov.au/functional/privacy.htm>

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982

Elizabeth MIEGEL

From: Simon SCHIWY
Sent: Tuesday, 6 August 2013 9:27 AM
To: 'Mark PARRISH'
Cc: Paul DENMAN; Hayley ABBOTT; 'Ian GILBERT'; 'Wendy COX (DR)'
Subject: RE: Stakeholder malaria prevention on Manus Island

Thanks Mark for this update. Understood and we are doing what we can from our side re practices by staff, regards Simon

L
 Sent with Good (www.good.com)

-----Original Message-----

From: Mark PARRISH [mark.parrish@ihms.com.au]
Sent: Tuesday, August 06, 2013 09:06 AM AUS Eastern Standard Time
To: Simon SCHIWY
Cc: Paul DENMAN; Hayley ABBOTT; Ian GILBERT; Wendy COX (DR)
Subject: Stakeholder malaria prevention on Manus Island

Dear Simon

I look forward to meeting in the near future and hope your visit to PNG is successful. This is a note to follow up on conversations we have had locally and with your team about a recent apparent increase in malaria on Manus.

We have had a number of employees from stakeholders presenting for tablets and advice to prevent malaria as well as having symptoms that have subsequently been diagnosed as malaria. Malaria is a major problem in PNG and Manus Island and we are keen to prevent it happening as much as possible: our vector control team has successfully kept mosquitoes at bay and the health team provide regular education and advice.

The recent spike in malaria presentations is of interest and we are reviewing the results to ensure all diagnoses were correct as it's an unusual increase despite the rainy season.

We have also provided your team with further education and advice about malaria, to pass on to stakeholders. I realise that in these times of increasing operational tempo some things do slip through the cracks: if we can all continue to emphasise the importance of predeployment education about malaria; starting malaria tablets well in advance of travel to Manus; and being aware of how to avoid bites while there we will have gone a long way to decrease the incidence. IHMS can further assist as necessary with this.

Dr Mark Parrish
 Regional Medical Director, Health Services

Released by DIBP under the
 Freedom of Information Act 1982

International Health and Medical Services
Level 3, 45 Clarence St
Sydney NSW 2000
Tel: +61 2 9372 2509
Mob: s. 47F(1)
Fax: +61 2 9372 2576
Email: mark.parrish@ihms.com.au
Web: www.ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982

Elizabeth MIEGEL

From: Emma KAYE <emma.kaye@ihms.com.au>
Sent: Tuesday, 13 August 2013 10:35 AM
To: Hayley ABBOTT
Cc: Paul DENMAN; Jennifer VOLLMER; DIAC Requests
Subject: RE: ##17710## : Positive Malaria Case in Transferee [DLM=For-Official-Use-Only]
Attachments: Malaria stats_130813.xlsx

Hi Hayley,

I have completed the Malaria Register for today. The new Transferee case is highlighted in yellow. It is attached for your review.

Please let me know if you require anything further.

Kind Regards,

Emma

Emma Kaye RN
 Clinical Reporting Team Leader
 International Health and Medical Services
 Level 8, 45 Clarence Street
 Sydney NSW 2000
 Ph: (02) 9372 2582
 Fax: (02) 9372 2577
 Email: emma.kaye@ihms.com.au

From: Hayley ABBOTT [<mailto:hayley.abbott@immi.gov.au>]
Sent: Tuesday, 13 August 2013 10:15 AM
To: DIAC Requests
Cc: Emma KAYE
Subject: RE: ##17710## : Positive Malaria Case in Transferee [DLM=For-Official-Use-Only]

For-Official-Use-Only
 Hi Emma

Thanks for the notification.

If possible, could you please confirm the below details as outlined in the IHMS malaria register for this particular transferee as soon as possible.

No.	Nationality	Company	Boat ID	Blood slide Sample Date	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel
-----	-------------	---------	---------	-------------------------------	-----------------	-----------------------------------	----------------------	-----------------------------

Many thanks

For Official Information Only

Malaria Incidence - Manus Island RPC as at 30 July 2013

s. 47F(1)

No.	Nationality	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	Other protective measures
1	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
2	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
3	Iranian	Vivax	No	TBC	Transferee	Sent to POM -for medical investigations	client now off the Is.	Not always
4	PNG	Vivax	No	20/06/2013	Australia transit pom	Yes	No	No
5	PNG	Falciparum	Yes	14/06/2013	Buka - POM	Yes	No	no
6	PNG	Falciparum	Yes	10/06/2013	Lae	Yes	No	No
7	PNG	Falciparum	Yes	13/07/2013	Village/Central - POM	Yes	No	No
8	PNG	Vivax	Yes	Unknown	Highlands - POM	Yes	No	No
9	Australian	Falciparum	No	Unknown - 4th Rotation	Australia transit POM	Yes	No	No
10	Australian	Falciparum	No	9/07/2013	Australia transit POM	no	Yes	No
11	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
12	Australian	Falciparum	No	15/07/2013	Australia transit POM	no	Yes	Not always
13	Australian	Falciparum	No	30/07/2013	Australia transit POM	Yes	Yes	Not always

14	Australian	s. 47F(1)	Falciparum	Yes	2/07/2013	Australia transit POM	Yes	Yes	Not always
15	PNG		Falciparum	Yes	30/05/2013	Pom- Highlands	Yes (resides out)	No	No
16	PNG		Falciparum	Yes	10/07/2013	Still here from last arrival	Yes	No	No
17	Australian		Falciparum	No	9/07/2013	5th rotation here	Yes	Yes	Not always
18	Australian		Falciparum	No	22/06/2013	Australia transit POM	Yes	Yes	Not always
19	Vietnamese		Falciparum	No	1/05/2013	Transferee	No	Unsure	Not always
20	Iraqi		Falciparum	No	1/07/2013	Transferee	No	Unsure	Not always
21	New Zealand		Falciparum	No	12/07/2013	Australia transit POM	Yes	Yes	Not always
22	Australian		Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
23	Australian		Falciparum	No	1/07/2013	transit via POM	Yes	Yes	Not always
24	Australian		Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
25	Australian		Falciparum	No	3/07/2013	transit via POM	Yes	Yes	Yes
26	Australian		Falciparum	No	29/06/2013	transit via POM	Yes	Yes	Not always
27	Australian		Falciparum	No	9/07/2013	transit via POM	Yes	Yes	Yes
28	New Zealand		Falciparum	No	28/06/2013	transit via POM	Yes	Yes. Client now off Is	Not always
29	Australian		Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
30	Australian		Falciparum	No	15/07/2013	transit via POM	Yes	Yes	Not always

For Official Information Only

s. 47F(1)

No.	Nationality	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
1	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
2	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
3	Iranian	Vivax	No	TBC	Transferee	Sent to POM - for medical investigations	client now off the Is.	Not always
4	PNG	Vivax	No	20/06/2013	Australia transit pom	Yes	No	No
5	PNG	Falciparum	Yes	14/06/2013	Buka - POM	Yes	No	no
6	PNG	Falciparum	Yes	10/06/2013	Lae	Yes	No	No
7	PNG	Falciparum	Yes	13/07/2013	Village/Central - POM	Yes	No	No
8	PNG	Vivax	Yes	Unknown	Highlands - POM	Yes	No	No
9	Australian	Falciparum	No	Unknown - 4th Rotation	Australia transit POM	Yes	No	No
10	Australian	Falciparum	No	9/07/2013	Australia transit POM	no	Yes	No
11	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
12	Australian	Falciparum	No	15/07/2013	Australia transit POM	no	Yes	Not always
13	Australian	Falciparum	No	30/07/2013	Australia transit POM	Yes	Yes	Not always
14	Australian	Falciparum	Yes	2/07/2013	Australia transit POM	Yes	Yes	Not always
15	PNG	Falciparum	Yes	30/05/2013	Pom- Highlands	Yes (resides out)	No	No
16	PNG	Falciparum	Yes	10/07/2013	Still here from last arrival	Yes	No	No
17	Australian	Falciparum	No	9/07/2013	5th rotation here	Yes	Yes	Not always
18	Australian	Falciparum	No	22/06/2013	Australia transit POM	Yes	Yes	Not always
19	Vietnamese	Falciparum	No	1/05/2013	Transferee	No	Unsure	Not always
20	Iraqi	Falciparum	No	1/07/2013	Transferee	No	Unsure	Not always
21	New Zealand	Falciparum	No	12/07/2013	Australia transit POM	Yes	Yes	Not always
22	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
23	Australian	Falciparum	No	1/07/2013	transit via POM	Yes	Yes	Not always
24	Australian	Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
25	Australian	Falciparum	No	3/07/2013	transit via POM	Yes	Yes	Yes
26	Australian	Falciparum	No	29/06/2013	transit via POM	Yes	Yes	Not always
27	Australian	Falciparum	No	9/07/2013	transit via POM	Yes	Yes	Yes
28	New Zealand	Falciparum	No	28/06/2013	transit via POM	Yes	Yes. Client now off Is	Not always
29	Australian	Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
30	Australian	Falciparum	No	15/07/2013	transit via POM	Yes	Yes	Not always
31	Australian	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Uses repellent
32	New Zealand	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Uses repellent
33	Australian	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Not always
34	Australian	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Not always
35	New Zealand	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Unknown
36	Australian	Falciparum	Yes	23/07/2013	transit via POM/ resides offsite	Yes, to the jetty	Yes	Unknown
37	New Zealand	Falciparum	No	Unknown	Unknown	Unknown	Unsure	Not always

s. 47F(1)

No.	Nationality	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
1	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
2	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
3	Iranian	Vivax	No	TBC	Transferee	Sent to POM - for medical investigations	client now off the Is.	Not always
4	PNG	Vivax	No	20/06/2013	Australia transit pom	Yes	No	No
5	PNG	Falciparum	Yes	14/06/2013	Buka - POM	Yes	No	no
6	PNG	Falciparum	Yes	10/06/2013	Lae	Yes	No	No
7	PNG	Falciparum	Yes	13/07/2013	Village/Central - POM	Yes	No	No
8	PNG	Vivax	Yes	Unknown	Highlands - POM	Yes	No	No
9	Australian	Falciparum	No	Unknown - 4th Rotation	Australia transit POM	Yes	No	No
10	Australian	Falciparum	No	9/07/2013	Australia transit POM	no	Yes	No
11	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
12	Australian	Falciparum	No	15/07/2013	Australia transit POM	no	Yes	Not always
13	Australian	Falciparum	No	30/07/2013	Australia transit POM	Yes	Yes	Not always
14	Australian	Falciparum	Yes	2/07/2013	Australia transit POM	Yes	Yes	Not always
15	PNG	Falciparum	Yes	30/05/2013	Pom- Highlands	Yes (resides out)	No	No
16	PNG	Falciparum	Yes	10/07/2013	Still here from last arrival	Yes	No	No
17	Australian	Falciparum	No	9/07/2013	5th rotation here	Yes	Yes	Not always
18	Australian	Falciparum	No	22/06/2013	Australia transit POM	Yes	Yes	Not always
19	Vietnamese	Falciparum	No	1/05/2013	Transferee	No	Unsure	Not always
20	Iraqi	Falciparum	No	1/07/2013	Transferee	No	Unsure	Not always
21	New Zealand	Falciparum	No	12/07/2013	Australia transit POM	Yes	Yes	Not always
22	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
23	Australian	Falciparum	No	1/07/2013	transit via POM	Yes	Yes	Not always
24	Australian	Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
25	Australian	Falciparum	No	3/07/2013	transit via POM	Yes	Yes	Yes
26	Australian	Falciparum	No	29/06/2013	transit via POM	Yes	Yes	Not always
27	Australian	Falciparum	No	9/07/2013	transit via POM	Yes	Yes	Yes
28	New Zealand	Falciparum	No	28/06/2013	transit via POM	Yes	Yes. Client now off Is	Not always
29	Australian	Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
30	Australian	Falciparum	No	15/07/2013	transit via POM	Yes	Yes	Not always

s. 47F(1)

No.	Nationality	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
1	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
2	PNG	TBC		Unknown	Unknown	Unknown	Unknown	Unknown
3	Iranian	Vivax	No	TBC	Transferee	Sent to POM - for medical investigations	client now off the Is.	Not always
4	PNG	Vivax	No	20/06/2013	Australia transit pom	Yes	No	No
5	PNG	Falciparum	Yes	14/06/2013	Buka - POM	Yes	No	no
6	PNG	Falciparum	Yes	10/06/2013	Lae	Yes	No	No
7	PNG	Falciparum	Yes	13/07/2013	Village/Central - POM	Yes	No	No
8	PNG	Vivax	Yes	Unknown	Highlands - POM	Yes	No	No
9	Australian	Falciparum	No	Unknown - 4th Rotation	Australia transit POM	Yes	No	No
10	Australian	Falciparum	No	9/07/2013	Australia transit POM	no	Yes	No
11	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
12	Australian	Falciparum	No	15/07/2013	Australia transit POM	no	Yes	Not always
13	Australian	Falciparum	No	30/07/2013	Australia transit POM	Yes	Yes	Not always
14	Australian	Falciparum	Yes	2/07/2013	Australia transit POM	Yes	Yes	Not always
15	PNG	Falciparum	Yes	30/05/2013	Pom- Highlands	Yes (resides out)	No	No
16	PNG	Falciparum	Yes	10/07/2013	Still here from last arrival	Yes	No	No
17	Australian	Falciparum	No	9/07/2013	5th rotation here	Yes	Yes	Not always
18	Australian	Falciparum	No	22/06/2013	Australia transit POM	Yes	Yes	Not always
19	Vietnamese	Falciparum	No	1/05/2013	Transferee	No	Unsure	Not always
20	Iraqi	Falciparum	No	1/07/2013	Transferee	No	Unsure	Not always
21	New Zealand	Falciparum	No	12/07/2013	Australia transit POM	Yes	Yes	Not always
22	Australian	Falciparum	No	4/07/2013	Australia transit POM	Yes	Yes	Not always
23	Australian	Falciparum	No	1/07/2013	transit via POM	Yes	Yes	Not always
24	Australian	Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
25	Australian	Falciparum	No	3/07/2013	transit via POM	Yes	Yes	Yes
26	Australian	Falciparum	No	29/06/2013	transit via POM	Yes	Yes	Not always
27	Australian	Falciparum	No	9/07/2013	transit via POM	Yes	Yes	Yes
28	New Zealand	Falciparum	No	28/06/2013	transit via POM	Yes	Yes. Client now off Is	Not always
29	Australian	Falciparum	No	23/07/2013	transit via POM	Yes	Yes	Not always
30	Australian	Falciparum	No	15/07/2013	transit via POM	Yes	Yes	Not always
31	Australian	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Uses repellent
32	New Zealand	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Uses repellent
33	Australian	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Not always
34	Australian	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Not always
35	New Zealand	Falciparum	No	23/07/2013	transit via POM/ resides offsite	Yes (resides out)	No	Unknown

Hayley

Hayley Abbott
 Assistant Director
 Health Service Delivery
 Regional Settlement Services Branch
 Department of Immigration and Citizenship
 Telephone: (02) 6221 8789
 Email: hayley.abbott@immi.gov.au

From: DIAC Requests [<mailto:diacrequests@ihms.com.au>]
Sent: Tuesday, 13 August 2013 10:10 AM
To: Hayley ABBOTT
Cc: diacrequests@ihms.com.au
Subject: RE: ##17710## : Positive Malaria Case in Transferee

Hi Hayley,

As discussed a moment ago, the Transferee actually arrived on Manus Island from CI on 11 August 2013. He was diagnosed with Malaria from a positive blood slide on 12 August 2013.

As stated previously, the client will be reviewed by the Doctor today. Apologies for any confusion.

I look forward to your advice on how to proceed further.

Kind Regards,

Emma

Emma Kaye RN
 Clinical Reporting Team Leader
 International Health and Medical Services
 Level 8, 45 Clarence Street
 Sydney, NSW 2000
 Tel: +61 2 9372 2582
 Fax: +61 2 9372 2577
 Email: emma.kaye@ihms.com.au

Requester : Emma KAYE
 Due by time : N/A
 Category : 2. Internal
 Description :
 Hi Hayley,

I've just been informed that there is a positive case of Malaria in a Transferee that has come from CI.

It's my understanding at this stage that he has just arrived on Manus Island today (13 Aug 2013) and will be reviewed by the Doctor today.

Released by DIBP under the
 Freedom of Information Act 1982

P

△

100

1

Elizabeth MIEGEL

From: Simon SCHIWY
Sent: Tuesday, 6 August 2013 9:27 AM
To: 'Mark PARRISH'
Cc: Paul DENMAN; Hayley ABBOTT; 'Ian GILBERT'; 'Wendy COX (DR)'
Subject: RE: Stakeholder malaria prevention on Manus Island

Thanks Mark for this update. Understood and we are doing what we can from our side re practices by staff, regards Simon

L
 Sent with Good (www.good.com)

-----Original Message-----

From: Mark PARRISH [mark.parrish@ihms.com.au]
Sent: Tuesday, August 06, 2013 09:06 AM AUS Eastern Standard Time
To: Simon SCHIWY
Cc: Paul DENMAN; Hayley ABBOTT; Ian GILBERT; Wendy COX (DR)
Subject: Stakeholder malaria prevention on Manus Island

Dear Simon

I look forward to meeting in the near future and hope your visit to PNG is successful. This is a note to follow up on conversations we have had locally and with your team about a recent apparent increase in malaria on Manus.

We have had a number of employees from stakeholders presenting for tablets and advice to prevent malaria as well as having symptoms that have subsequently been diagnosed as malaria. Malaria is a major problem in PNG and Manus Island and we are keen to prevent it happening as much as possible: our vector control team has successfully kept mosquitoes at bay and the health team provide regular education and advice.

The recent spike in malaria presentations is of interest and we are reviewing the results to ensure all diagnoses were correct as it's an unusual increase despite the rainy season.

We have also provided your team with further education and advice about malaria, to pass on to stakeholders. I realise that in these times of increasing operational tempo some things do slip through the cracks: if we can all continue to emphasise the importance of predeployment education about malaria; starting malaria tablets well in advance of travel to Manus; and being aware of how to avoid bites while there we will have gone a long way to decrease the incidence. IHMS can further assist as necessary with this.

Dr Mark Parrish
 Regional Medical Director, Health Services

Released by DIBP under the
 Freedom of Information Act 1982

International Health and Medical Services
Level 3, 45 Clarence St
Sydney NSW 2000
Tel: +61 2 9372 2509
Mob: S. 47F(1)
Fax: +61 2 9372 2576
Email: mark.parrish@ihms.com.au
Web: www.ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

Released by DIBP under the
Freedom of Information Act 1982



"Skye MAGUIRE"
<skye.maguire@immi.gov.au>

18/04/2013 07:48 PM

To Ian CAMPBELL <ian.campbell@immi.gov.au>, DH
Reporting <dh.reporting@immi.gov.au>
cc Odette RAPPELL <odette.rappell@immi.gov.au>

bcc

Subject FW: Malaria on Manus [DLM=For-Official-Use-Only]

Protective Mark For-Official-Use-Only

For-Official-Use-Only

For-Official-Use-Only

FYI

Skye Maguire
A/g Director
Detention Health Operations Section
Department of Immigration and Citizenship

Telephone: (02) 6225 8879

Mobile: s. 47F(1)

Email: skye.maguire@immi.gov.au

For-Official-Use-Only

From: Amanda LITTLE

Sent: Thursday, 18 April 2013 6:07 PM

To: Matt CAHILL; Paul WINDSOR

Cc: Skye MAGUIRE; Fatime SHYQYR; Simon DE VERE; Mark PAINTING

Subject: RE: Malaria on Manus [DLM=For-Official-Use-Only]

For-Official-Use-Only

Matt / Paul

Further to the advice from IHMS that there have been two cases of malaria on Manus, the following information subsequently provided by Dr Mark Parrish of IHMS, confirms there has been no failure of vector control.

"...It is likely that both cases were a reactivation as both are PNG nationals with a previous history. In terms of Vector Control, no ex-pat staff or transferees living at the centre have contracted Malaria in the time the centre has been operational. No anopheles has been caught in any traps."

Kind regards

Amanda

Amanda Little

A/g Assistant Secretary

Detention Health Services

Department of Immigration and Citizenship

Telephone: (02) 6264 1576

Mobile: s. 47F(1)

Released by DIBP under the
Freedom of Information Act 1982

Email: amanda.little@immi.gov.au

For-Official-Use-Only

From: Matt CAHILL

Sent: Wednesday, 17 April 2013 9:26 PM

To: Paul WINDSOR; Amanda LITTLE; Fatime SHYQYR; Simon DE VERE; Mark PAINTING

Subject: RE: Malaria on Manus [DLM=For-Official-Use-Only]

For-Official-Use-Only

Can you let me know the outcome of our inquiries

Matt Cahill

A/g Deputy Secretary

Immigration Status Resolution Group

Department of Immigration and Citizenship

Telephone: 02 6264 2002

Mobile: s. 47F(1)

Email: matt.cahill@immi.gov.au

For-Official-Use-Only

From: Paul WINDSOR

Sent: Wednesday, 17 April 2013 10:14 AM

To: Amanda LITTLE; Fatime SHYQYR; Simon DE VERE; Mark PAINTING

Cc: Matt CAHILL

Subject: Re: Malaria on Manus [DLM=For-Official-Use-Only]

Classification: [DLM=For-Official-Use-Only]

A - It seems the case but we need to be 100% satisfied that this is not and is not perceived as a failure of vector control measures on Manus.

Paul

From: Amanda LITTLE

Sent: Wednesday, April 17, 2013 10:01 AM

To: Paul WINDSOR

Subject: Fw: Malaria on Manus [DLM=For-Official-Use-Only]

Classification: [DLM=For-Official-Use-Only]

Fyi

Amanda Little

A/g Assistant Secretary, Detention Health Services

Department of Immigration and Citizenship

Sent from my BlackBerry

From: Mark PARRISH [<mailto:mark.parrish@ihms.com.au>]

Sent: Wednesday, April 17, 2013 09:01 AM

To: Amanda LITTLE; Skye MAGUIRE

Cc: Stephen BROOKER <stephen.brooker@ihms.com.au>; Peter YOUNG <peter.young@ihms.com.au>; Wendy COX <wendy.cox@ihms.com.au>; Jennifer VOLLMER <jennifer.vollmer@ihms.com.au>

Subject: Malaria on Manus

Dear Amanda and Skye

We have had a couple of cases of malaria on Manus in the last 48 hours: both in PNG nationals working for service providers (IHMS and G4S) who have had malaria before.

They have been seen by IHMS medical team and treated with antimalarials

s. 47F(1)

We'll provide updates as necessary, just wanted you to know incase you hear this elsewhere. We'll put details in this week's weekly report

Mark

Dr Mark Parrish

Regional Medical Director, Health Services

International Health and Medical Services

Level 3, 45 Clarence St

Sydney NSW 2000

Tel: +61 2 9372 2509

Mob s. 47F(1)

Fax: +61 2 9372 2576

Email: mark.parrish@ihms.com.au

Web: www.ihms.com.au

Important Notice: This communication (including any attachments) is intended for the use of the intended recipient(s) only and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.


For-Official-Use-Only

1 OFFSHORE PROCESSING CENTRE – WEEKLY REPORT

s. 22(1)(a)(ii)


Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)



8. A vector control teleconference was held on the 7th March in attendance; Michael Bangs (Entomologist, International SOS), Dr Mark Parrish (Regional Medical Director Health Services , IHMS), John Pitchford (Site Manager, IHMS), Lysaght Griffin (Vector Control Technologist, IHMS) and Matthew Sorensen (IHMS National Operations Manager). Current vector control program reviewed and continues to be highly effective with nil confirmed cases of malaria on site. Vector control program to be expanded and to encompass nearby surrounding areas in the Naval Base. This will enable the clearing of storm water drains and the reduction of potential nearby mosquito breeding sites.

s. 22(1)(a)(ii)



Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

1 OFFSHORE PROCESSING CENTRE – WEEKLY REPORT

s. 22(1)(a)(ii)

5. The cases of malaria continue to increase, reference to Malarial spreadsheet. Transfer of slides to POM has not occurred as yet. HSM following up on this point.

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

3. Malaria incidents continue to present the clinic with a new focus to understand fully the demands of treating malaria and understanding malaria treatment needs. Although fogging has been increased this is only one area of fighting malaria and there will be a need to analyse information and take practical and effective measures to achieve a malaria free environment. It is also accepted that many PNG staff will have contracted malaria a long time before working in the RPC. Nevertheless all cases will be treated the same no matter if a person has got malaria already or not.

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982

s. 22(1)(a)(ii)

Released by DIBP under the
Freedom of Information Act 1982