



Australian Government

Department of Immigration and Border Protection

Attachment A

DECISION RECORD

Request Details

FOI Request FA14/05/00708
File Number ADF2014/16597

Scope of request

"I request information regarding infections, suspected or confirmed, of malaria and tuberculosis amongst staff and/or transferees at the Manus Island Regional Processing Centre from August 2013 to the present."

Documents in scope

1. Malaria stats 090813
2. Malaria stats 210813
3. Malaria stats 020813
4. Supplementary Estimate Hearing 18/11/2013
5. IMMI 4047 – Infectious diseases 9/12/2013
6. IMMI 4060 – Manus Malaria 20/11/2013
7. QTB – Offshore Processing Centre (OPC) Manus
8. Talking Points – IHAG Meeting – Regional Processing Centres
9. Senate Estimates – 19/11/2013 – Offshore Processing Centres in PNG

Authority to make decision

I am an officer authorised under section 23 of the FOI Act to make decisions in respect of requests to access documents or to amend or annotate departmental records.

Information considered

In reaching my decision, I have considered the following:

- ✓ The *Freedom of Information Act 1982*;
- ✓ Departmental files and/or documents (identified above); and
- ✓ The Australian Information Commissioner's Guidelines relating to access to documents held by government.

Reasons for decision

I am satisfied that I have been provided with all the relevant documents to consider in my decision. I have considered the documents and am satisfied that no exemptions apply. Therefore, I am releasing the relevant documents in full.

Deletion of exempt or irrelevant material under s.22 of the FOI Act

Section 22(2) of the FOI Act provides that, where an agency reaches the view that a document contains exempt information or material that is irrelevant to the request **and** it is possible for the agency to prepare an edited copy of the document with the irrelevant or exempt material deleted, then the agency must prepare such a copy.

This edited copy must be provided to the applicant. Further, the decision maker must advise the applicant in writing that the edited copy of the document has been prepared and of the reason(s) for each of the deletions in the document (s.22(3) of the FOI Act).

people our business

Exempt material is deleted pursuant to s.22(1)(a)(i) and irrelevant material is deleted pursuant to s.22(1)(a)(ii) of the FOI Act.

The attached Schedule of Documents identifies documents where material has either been deleted as exempt information under the FOI Act or deleted as irrelevant to the scope of the request.



Mel Heggart
Authorised decision maker
FOI & Privacy Policy Section
Parliamentary and Executive Coordination Branch
Immigration and Border Protection Portfolio
Phone (02) 6264 3131
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7 July 2014



Australian Government

Department of Immigration and Border Protection

Attachment B

SCHEDULE OF DOCUMENTS TO DECISION RECORD

FOI Request FA14/05/00708
File Number ADF2014/16597

1. Other documents;

Pages	Description	Decision	Legislation
1	Malaria stats 090813	Release	s22(1)(a)(ii)
1	Malaria stats 210813	Release	s22(1)(a)(ii)
1	Malaria stats 020813	Release	s22(1)(a)(ii)
7	Supplementary Estimate Hearing 18/11/2013	Release	s22(1)(a)(ii)
2	IMMI 4047 – Infectious diseases 9/12/2013	Release	s22(1)(a)(ii)
3	IMMI 4060 – Manus Malaria 20/11/2013	Release	
7	QTB – Offshore Processing Centre (OPC) Manus	Release	s22(1)(a)(ii)
4	Talking Points – IHAG Meeting – Regional Processing Centres	Release	s22(1)(a)(ii)
5	Senate Estimates – 19/11/2013 – Offshore Processing Centres in PNG	Release	s22(1)(a)(ii)

No.	Nationality	Company	Boat ID	Blood slide Sample Date	Malaria type	Previous History of	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
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s. 22(1)(a)(ii)

36	Australian	s. 22(1)		s. 22(1) () (ii)	Falciparum	Yes	23/07/2013	s. 22(1)(a)(ii)	Yes, to the jetty	Yes	Unknown
37	New Zealand	s. 22(1)		s. 22(1) () (ii)	Falciparum	No	Unknown	s. 22(1) () (ii)	Unknown	Unsure	Not always

No.	Nationality	Company	Boat ID	Blood slide Sample Date	Malaria type	Previous History of Malaria	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	other protective measures
[Redacted Content]											

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

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No.	Nationality	Gender	Company	Boat ID	Blood slide Sample Date - Lorengau	PRESUMED Malaria type based on Lorengau blood slide	Previous History of Malaria	Arrived Manus Is.	History of recent travel	Movements In/Out RPC	Chemoprophylaxis Compliant	Other protective measures	FINAL malaria diagnosis post blood slide cross- checking
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s. 22(1)(a)(ii)



36	Australian	M
37	New Zealand	M
38	PNG	M
39	Iran	M
40	Australian	F
41	Australian	F

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



Falciparum <input type="checkbox"/>	Yes	23/07/2013
Falciparum <input type="checkbox"/>	No	23/07/2013
Falciparum <input type="checkbox"/>	No	23/07/2013
Falciparum <input type="checkbox"/>	No	11/08/2013
Falciparum <input type="checkbox"/>	No	5/08/2013
Falciparum <input type="checkbox"/>	Yes	4/07/2013

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



Yes, to the jetty	Yes	Unknown	Not malaria
Unknown	Unsure	Not always	Malaria unlikely
Yes (resides out)	Unsure	Not always	Malaria unlikely
No	Yes	Yes. Has only been on Is for 2 days	Not malaria
Yes, to the jetty	Yes	Wears Long Sleeves	Not malaria
Yes, to the jetty	Yes	Unknown	Not malaria

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QUESTION TIME BRIEF

CXXX
11/10/2013

OFFSHORE PROCESSING CENTRE (OPC) MANUS

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

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QUESTION TIME BRIEF

11/10/2013

- As at 10 October 2013, one transferee and one PNG national staff member had confirmed diagnosis of malaria since the OPC commenced in November 2012. It's highly likely both people contracted malaria outside of the OPC.
- In August 2013, due to a rapid increase in the number of malaria cases over the previous six weeks, IHMS conducted a review of the positive malaria diagnoses made by the Lorengau Hospital. IHMS confirmed that most positive malaria diagnoses were false.
- IHMS now transfers the interpretation of all blood slides to an accredited laboratory in Port Moresby for analysis to avoid false positives in the future.

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

Contact: AS Brian Silkstone	Phone: 02 6264 2433 -s. 22(1)(a)
Division: Detention Infrastructure and Services	Action Officer: Brian Silkstone
Date first prepared: 7/9/12	Date last Updated: 11/10/2013
Originating Source: MO	Version: 46

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IMMI 4047

IMMIGRATION

09/12/2013

INFECTIOUS DISEASES

KEY FACTS/KEY FIGURES

Communicable/Infectious Diseases - New cases identified amongst IMAs: 8 September – 1 December 2013*			
Disease	s. 22(1)	s. 22(1)	Manus
s. 22(1)(a)(ii)			
Malaria	s	s	0
s. 22(1)(a)(ii)			
Tuberculosis - Active	s	s	0
s. 22(1)	s		
s. 22(1)	s. 22(1)	s. 22(1)	s. 22(1)
s. 22(1)(a)(ii)			

*^ On 4/12/2013 IHMS advised that one transferee to Manus Island has confirmed s. 22(1) and a preliminary diagnosis of abdominal tuberculosis. The transferee is currently receiving treatment at the Pacific International Hospital, Port Moresby. This data will be recorded in next week's data set. s. 22(1)(a)(ii) refer to QTB IMMI 4071.

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

IMMI 4047

IMMIGRATION

09/12/2013

INFECTIOUS DISEASES

Talking Points

- For Illegal Maritime Arrivals (IMAs) who arrive after 7 September 2013, Health Induction Assessments (HIAs) are conducted within a shorter timeframe of 48 hours to ensure the rapid transfer of IMAs to an OPC.
- All elements of the standard IMA Health Induction Assessment (HIA) have been maintained.
- The HIA includes, but is not limited to, public health screening, including a chest x-ray, screening for pre-existing medical conditions, mental health screening and pathology screening.
 - No chest x-ray is required for children under 11 years of age and those who are pregnant. The possibility of TB in these groups is addressed through a TB questionnaire and physical examination.
- Chest x-ray results are available within 48 hours, before transfer to an OPC.
- Pathology results are now generally available within three to six days and are provided directly to IHMS staff at the OPCs where necessary. Where these results subsequently reveal the presence of a blood borne virus s. 22(1)(a)(ii) transferees are managed in accordance with appropriate clinical practice, and may be returned to Australia.
- Health issues identified after transfer are addressed by IHMS at an OPC.
- The Department's Chief Medical Officer has confirmed that with the other elements of the health induction assessment, such as chest x-rays, nurse observations and GP assessments, there is no additional public health risk from IMAs being transferred before pathology results are finalised.

Background and chronology

Nil

Contact: Paul Windsor (for onshore detention health)
Simon Schiwiy (for OPC health)

Phone: s. 22(1)(a)
Phone: s. 22(1)(a)

Division: Detention Infrastructure and Services
Offshore Detention and Returns Task Group

Action Officer: Ian Campbell s. 22(1)(a)(ii)

Date first prepared: 13/11/2013

Date last Updated: 09/12/2013

Originating Source: MO

Version: 13

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Freedom of Information Act 1982

MANUS - MALARIA

KEY FACTS/KEY FIGURES

- As at 24 November 2013, there has been one transferee and one staff member with confirmed diagnoses of malaria since the Offshore Processing Centre (OPC) at Manus commenced operation in November 2012.
- The transferee and staff member have recovered.
- Malaria is spread to humans via the bite of an infected Anopheles mosquito (vector). Four of the five species of human malaria exist in Papua New Guinea.
- Malaria is among the leading causes of hospital admission in PNG.
- An integrated and comprehensive malaria control program has been implemented in the Manus OPC (the first three dot points are known as 'vector control'):
 - the creation of a buffer zone around the OPC;
 - the removal or reduction of stagnant water;
 - the use of larvicides and insecticides to control mosquito populations including fogging, which occurs every second day subject to weather;
 - the reduction of human/mosquito contact through measures such as resident education, protective clothing, insect repellent, provision of bed-nets and window screens;
 - chemoprophylaxis (medication to prevent infection); and
 - partnership and collaboration with communities near the OPC to assist with the control of Malaria.

IMMI 4060

IMMIGRATION

20/11/13

MANUS - MALARIA

Talking Points

- An entomologist from the contracted health service provider, International Health and Medical Services (IHMS), conducted a review of the OPC site during initial construction and another review of the expanded site was completed in October 2013.
- There is a comprehensive mosquito control program in place at Manus designed, and recently reviewed by a consultant entomologist to cover the expanded site.
- The program has been effective to date with only a very small number of Anopheles mosquitos (the mosquito that carries malaria) being detected by vector control staff in and around the OPC.
- Transferees and all staff working at the OPC are offered regular course of anti-malarial medication.

Background and chronology

- The transferee was diagnosed in June 2013 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 transferee may have been infected in previous countries of residence or transit.
- The staff member is a Papua New Guinea (PNG) national with a previous history of malaria and is likely to have experienced a reoccurrence of the earlier infection.
- In August 2013, due to a rapid increase in the number of malaria cases, IHMS conducted a review of the positive malaria diagnoses made by the Lorengau Hospital. IHMS confirmed most positive malaria diagnoses were false.
- IHMS have confirmed that positive diagnoses in October were also false.
- IHMS has transferred the interpretation of all blood samples to an accredited laboratory in Port Moresby for analysis and results will be reviewed by senior clinicians to avoid false positives in the future.
- With appropriate treatment malaria is completely curable.
- People at the Manus Offshore Processing Centre, including staff, are offered anti-malarial medication and are advised of the risks if they do not take it.
- Treatment is provided at the OPC or the Lorengau Hospital and includes intravenous anti-malarial medication and supportive care.
- Severe cases (none to date) are likely to require transport to a facility with acceptable intensive care capabilities, such as the Pacific International Hospital in Port Moresby.

Contact: Simon Schiwy
Division: Offshore Detention and Returns Task Group
Date first prepared: 20/11/2013

Phone: 02 6264 3090
Action Officer: Hayley Abbott
Date last Updated: 29/11/2013

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IMMI 4060

20/11/13

IMMIGRATION

MANUS - MALARIA

Originating Source: DIBP

Version: 2

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SENATE ESTIMATES
19 NOVEMBER 2013

UPDATE: OFFSHORE PROCESSING CENTRES IN PAPUA NEW GUINEA

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




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




Management of Malaria Risk

- As at 17 November 2013 there has been one transferee and one staff member with confirmed diagnoses of malaria since the OPC at Manus commenced operation in November 2012.

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



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



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Immigration Health Advisory Group Meeting – Regional Processing Centres

MANUS ISLAND TALKING POINTS

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

Malaria

- Up until mid-August 2013, 40 cases of malaria (36 staff and four transferees) had been diagnosed using the Lorengau hospital.
- Following a review by IHMS it has been confirmed that most positive malaria diagnoses were false.
- As at 27 August 2013, one transferee and one PNG national staff member had confirmed diagnoses of malaria since the Regional Processing Centre on Manus Island commenced operation in November 2012. It's highly likely both people contracted malaria outside of the RPC.
- International Health Medical Services will transfer the interpretation of all blood slides to an accredited laboratory in Port Moresby for analysis to avoid false positives in the future.
- There is a comprehensive malaria prevention 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.
 - anti-malarial medication
- Vector control activities have begun on the expanded site to minimise future risks.

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

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**SENATE ESTIMATES BRIEF
SUPPLEMENTARY ESTIMATES HEARING
18 NOVEMBER 2013 (TBC)**

ISSUE: OFFSHORE PROCESSING CENTRES IN PAPUA NEW GUINEA

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



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7. HEALTH SERVICES

TALKING POINTS:

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

Health Exclusions

- Administrative arrangements agreed with the Papua New Guinea government mean detainees are not transferred if they pose a risk in relation to possible transmission of a communicable disease, including active tuberculosis s. 22(1)(a)(ii)

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

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



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



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Management of Malaria Risk

- Transferees and all staff working at the Manus Island OPC are offered a regular course of anti-malarial medication.
- IHMS also provides vector control services, comprising:
 - the removal or reduction of stagnant water

- the use of larvicides and insecticides to control mosquito populations. This includes fogging, which occurs every second day subject to weather.
- the reduction of human/mosquito contact through measures such as resident education, insect repellent, provision of bed-nets and window screens.
- All transferees are issued with mosquito nets for their beds. It is at the transferee's discretion whether to use them. Some transferees state that they do not want to use a mosquito net because they perceive that nets can reduce air flow and increase temperature.
- The contracted health services provider, International Health and Medical Services (IHMS), recently arranged for a consultant entomologist to visit Manus and develop vector control strategies for the expanded site to minimise future risks.
- G4S reports that it replaces damaged fly-screens. It encourages transferees to report damaged screens.

If asked: how many positive cases of malaria have been identified

- In August 2013, due to a rapid increase in the number of malaria cases over the previous six weeks, IHMS conducted a review of the positive malaria diagnoses made by the Lorengau Hospital. IHMS confirmed that most positive malaria diagnoses were false. A review of cases diagnosed in October also revealed false positives.
- IHMS now transfers the interpretation of all blood slides to an accredited laboratory in Port Moresby for analysis to avoid false positives in the future.
- As at 31 October 2013 there has been one transferee and one staff member with confirmed diagnoses of malaria since the OPC at Manus commenced operation in November 2012.
- One transferee was diagnosed in June 2013 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.
- 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.

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

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