Australian Government
Department of Home Affairs

Clients with Hep C (active at 26 July 2018)	Count
Hepatitis C	**119**
Brisbane ITA	7
Christmas Island	2
Maribyrnong IDC	4
Melbourne ITA	16
Perth	5
Villawood IDC	50
Yongah Hill IDC	35
Grand Total	**119**

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FOI IR Document no. 2

Australian Government
Department of Immigration and Border Protection

Communicable Disease Management Framework

Health Services Branch

November 2014

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people our business

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Overview

What is Communicable Disease?

The terms *infectious disease* and *communicable disease* are often used interchangeably.

Infectious [communicable] diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The diseases can be spread, directly or indirectly, from one person to another.[1]

Direct transmission of diseases between humans can occur through exposure to bodily substances such as saliva, mucus, vomit, faeces, urine, blood and semen. Examples of diseases spread directly between humans include hepatitis, HIV/AIDS, measles, syphilis, tuberculosis and varicella (chicken pox).

Diseases can be spread indirectly between humans by *vectors*, such as mosquitoes (eg. dengue fever and malaria).

Background and Context

Human population movement is a contributor in the emergence and spread of communicable diseases. [2] As such, communicable diseases may present in the onshore immigration detention and Offshore Processing Centre (OPC) environments, as well as in the broader Australian and Regional Processing Country (RPC) communities.

In 2013, at the request of the Department of Immigration and Border Protection's (the Department) Audit Committee, a risk and internal audit consultant (Protiviti) completed an internal audit of the Department's management of the risk of communicable disease in people in immigration detention.

The Audit considered the Department's duty of care to detainees and acknowledged that the immigration status resolution pathway and interaction of Illegal Maritime Arrivals (IMAs) with the community creates a number of contexts in which duty of care obligations flow, including:

- providing screening and treatment to all IMAs;
- monitoring the health of all IMAs; and
- providing a level of comfort to the Australian community that the spread of communicable diseases to the community is minimised.[3]

[1] World Health Organization, *Infectious Diseases*, http://www.who.int/topics/infectious_diseases/en/

[2] Pramodh, Nathaniel. Limiting the spread of communicable diseases caused by human population movement. Journal of Rural and Remote Environmental Health 2(1): 23-32 (2003)

[3] Department of Immigration and Citizenship. Internal Audit Report. Management of the Risk of Communicable Diseases in Irregular Maritime Arrivals Report. 2 May 2013

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The Audit determined that the Department should strengthen its assurance mechanisms to provide additional confidence that its contracted Health Services Provider (HSP) and other health providers are complying with the Department of Health's notification framework for the management of non-tuberculosis (TB) related communicable disease risk.

The Audit commented that recent communicable disease data indicated that the risk profile of the (then) current IMA cohort had increased[3], highlighting the importance of the Department having a control framework and documented processes in place for the management and mitigation of communicable diseases across the immigration detention and OPC networks. This Communicable Diseases Management Framework has been developed in response to the Audit's recommendation.

While the Department acknowledges the benefits of having a documented Communicable Diseases Management Framework, it notes that a Parliamentary report released in March 2013 found that there are robust screening processes in place to protect Australians from the importation of infectious disease from migrants, refugees and asylum seekers and that the risk of infectious diseases spreading to the Australian community from migrants, refugees and IMAs who undergo pre-arrival and/or post-arrival health screening is small.[4] As such, this Framework should be viewed as an articulation of, and guide to, how existing measures already operate to manage communicable disease risks in the onshore detention and OPC populations.

[4] House of Representatives Standing Committee on Health and Ageing, *Diseases have no Borders: Report on the Inquiry into Health Issues across International Borders*, Canberra, March 2013, p 49.

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Purpose

This Communicable Diseases Management Framework provides Departmental officers and service provider staff with an understanding of communicable diseases that may be encountered in the onshore immigration detention network and at OPCs. It describes the Department's approach to managing communicable diseases in detainees (both IMA and compliance cohorts) in immigration detention facilities (IDFs) and Community Detention (CD), and in transferees in OPCs.

The Framework articulates the roles and responsibilities of Departmental staff, the Department's contracted HSP staff, detention service provider (DSP) staff and other relevant stakeholders, including:

- who is responsible for managing the risk, identification and treatment of communicable diseases;
- how communicable diseases are reported to state/territory public health authorities and the Department; and
- how the Department assists in the management of detainees and transferees with a communicable disease.

The key components of the Framework, as outlined in Diagram 1, are:

- Policy;
- Prevention;
- Health Screening;
- Treatment;
- Outbreaks;
- Continuity of Care;
- Reporting; and
- Review.

The communicable disease categories addressed by this Framework are broadly consistent with the National Notifiable Diseases Surveillance System, and include:

- Blood Borne Diseases;
- Gastrointestinal Diseases;
- Other;
- Other Bacterial (including Tuberculosis (TB));
- Quarantinable Diseases;
- Sexually Transmitted Infections;
- Vaccine Preventable Diseases;
- Vector Borne Diseases; and
- Zoonoses (transmissible by animals).

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Diagram 1 – Communicable Disease Framework

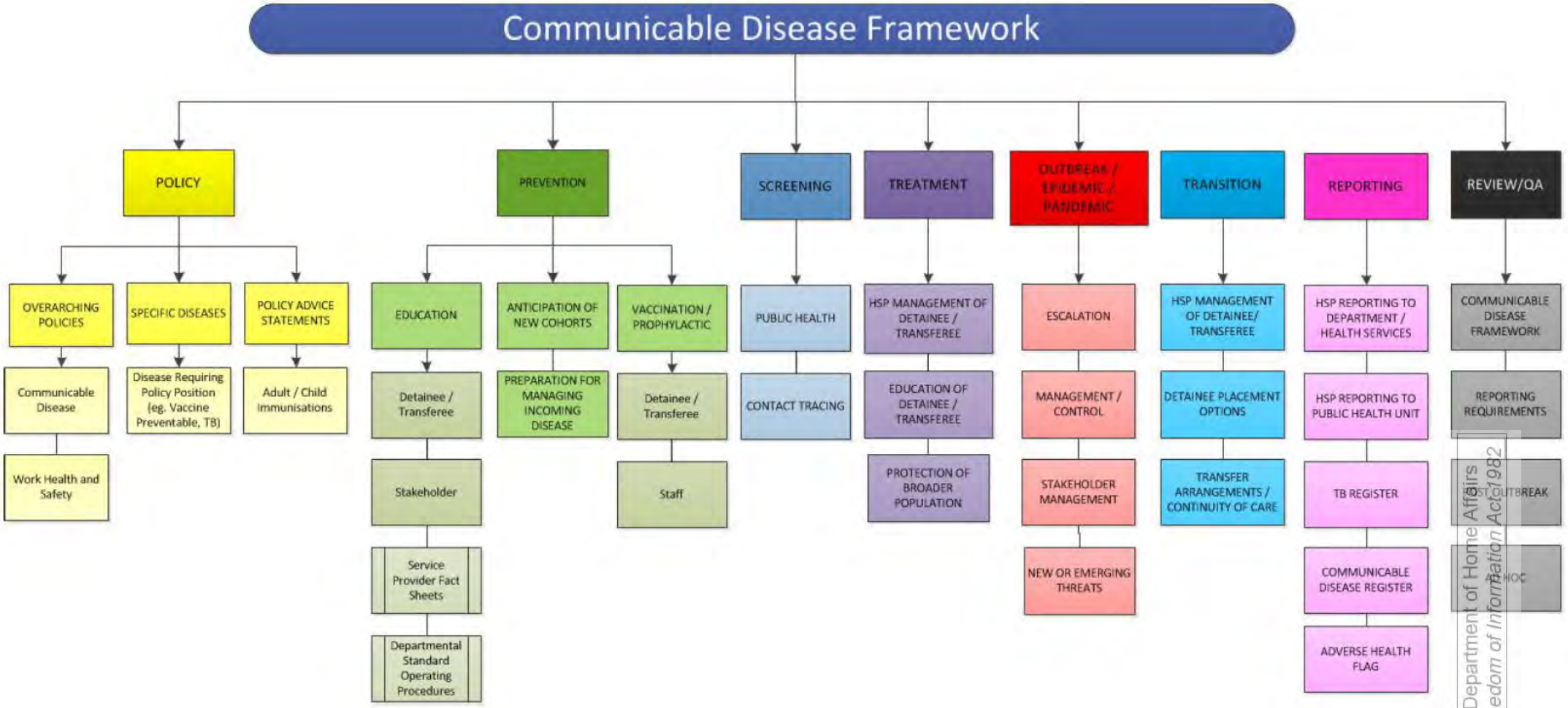

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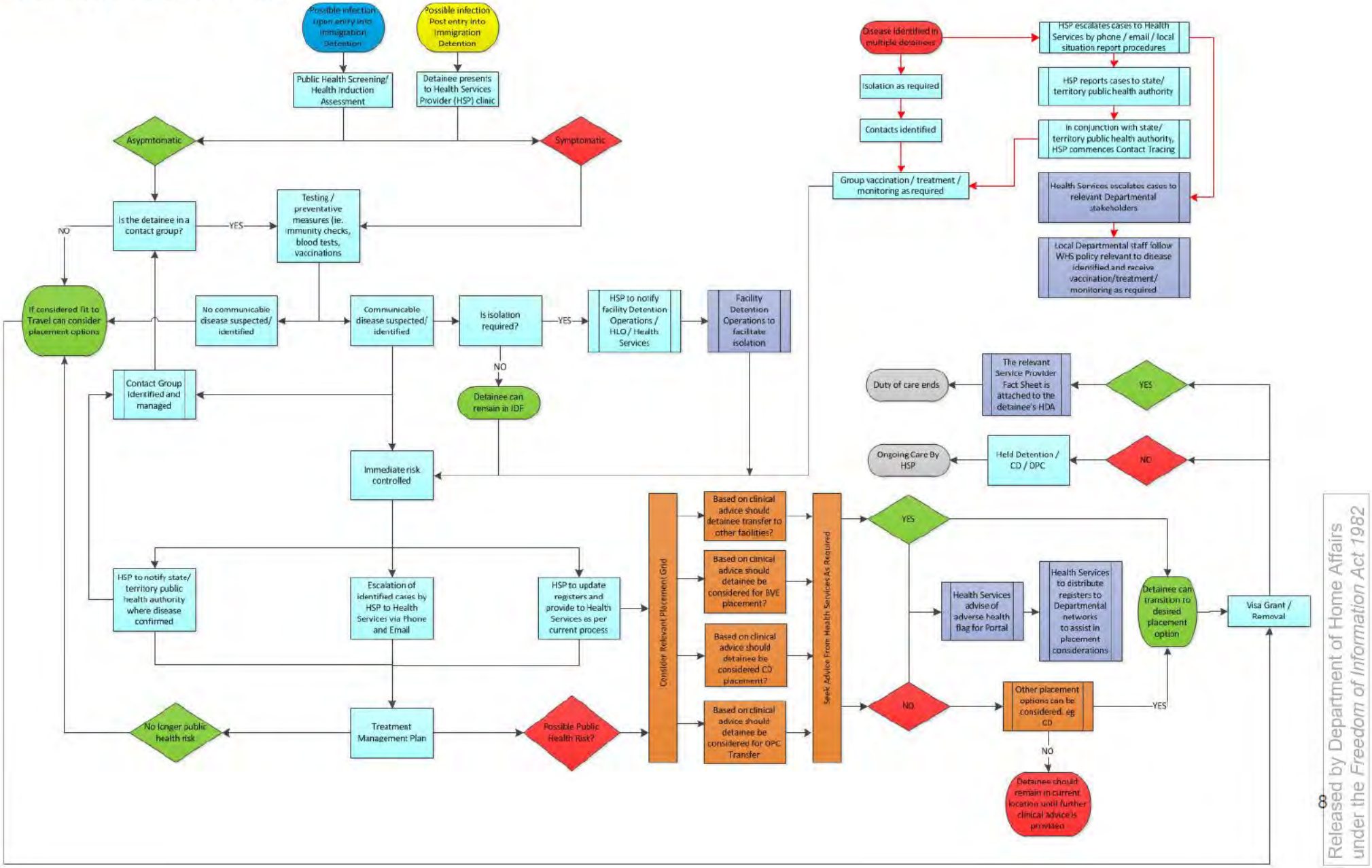
Diagram 2 – Detainee Pathway



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Policy

Detention Health Framework

The Detention Health Framework, developed in 2007, articulates a set of principles and practical arrangements that underpin the Department's approach to health care for immigration detainees. The Framework aims to understand and anticipate issues of health and wellbeing that may be experienced by the different groups of people who enter immigration detention.

With regards to communicable disease, the Framework identifies that access to health care, education and initiatives that reduce harm is important for managing communicable diseases in immigration detention settings. Experience indicates that the prevalence of blood borne diseases, sexually transmissible infections and other communicable diseases is higher in some sections of the detained population than in the general population due to the conditions in the countries through which clients may have transited, and lack of access to health care.[5]

The Detention Health Framework is currently under review. This is due to be completed in June 2015.

Overarching Policies

The following overarching policies have been or are being developed to assist in the management of communicable diseases in immigration detention and at OPCs.

Table 1 – Overarching Policies Relating to Communicable Disease Management

Policy	Author	Purpose	Location
Communicable Disease	Health Services Branch	To provide advice on the prevention, identification, reporting and management of communicable diseases.	Due for completion by December 2014
s. 22(1)(a)(ii)			

[5] Department of Immigration and Citizenship. Detention Health Framework. A policy framework for health care for people in immigration detention. Commonwealth of Australia. 2007

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Communicable Diseases

The diseases listed in Table 2 have been identified by the Department and its HSP as potential risks to the immigration detention and transferee populations, and consequently, as potential risks to the Australian and RPC communities.

It must be noted that the occurrence, treatment and risk of transmission differs for each disease. When managed appropriately, the risk of transmission from the immigration detention and transferee network to the broader Australian and RPC populations is low.

Please refer to Attachment B for a correlation of actions and responsibilities for each disease.

Table 2 – Communicable Diseases

Communicable Disease	Australian National Notifiable Disease*
Blood Borne Diseases	
Hepatitis B	Y
Hepatitis C	Y
Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS)	Y
Gastrointestinal Diseases	
Amoebic Dysentery	N
Hepatitis A	Y
Norovirus (Gastro)	N
Rotavirus	N
Salmonellosis	Y
Shigellosis	Y
Typhoid	Y
Other (these diseases are of a relatively minor nature but in some states/territories may impact the ability of a child to attend school for a brief period)	
Hand, Foot and Mouth	N
Head Lice	N
Impetigo (skin infection)	N
Scabies	N
Slapped Cheek Disease	N
Strongyloidiasis (Strongyloides)	N
Other Bacterial Infections	
Active Tuberculosis (TB)	Y
Quarantinable Diseases	
Ebola Virus Disease	Y
Rabies	Y

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Communicable Disease	Australian National Notifiable Disease*
Sexually Transmitted Infections (STIs)	
Chlamydial Infection (Chlamydia)	Y
Gonococcal Infection (Gonorrhoea)	Y
Syphilis	Y
Vaccine Preventable Diseases	
Diphtheria	Y
Haemophilus Influenza	Y
Influenza	Y
Leprosy	Y
Measles	Y
Meningococcal	Y
Mumps	Y
Pertussis (Whooping Cough)	Y
Pneumococcal	Y
Poliomyelitis	Y
Rubella	Y
Tetanus	Y
Varicella (Chicken Pox)	Y
Vector Borne Diseases	
Chikungunya	N
Dengue Fever	Y
Filariasis	N
Japanese Encephalitis	Y
Malaria	Y
Ross River Virus	Y
Schistosomiasis	N
Zoonoses	
Anthrax	Y
Australian Bat Lyssavirus	Y
***In accordance with the Department of Health, noting that this varies between states/territories**	

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Prevention

Prevention is one of the fundamental principles of communicable disease control[6]. It is imperative that control measures are in place to identify risk factors, prevent and control communicable diseases across the immigration detention and OPC networks.

Prevention strategies may include disease specific measures, such as vaccination, prophylactic medication, vector control (particularly mosquito) and education, and will be prioritised based on risk factors, including prevalence of diseases in particular locations or cohorts.

Education

Health education is an important tool for disease prevention and health promotion. It includes any combination of learning experiences designed to help individuals and communities improve and minimise risk to their health, by increasing their knowledge or influencing their attitudes and changing behaviour.[7]

Health education in the immigration detention and OPC networks is targeted at detainees, transferees and all relevant service providers, and mirrors the general principles of health education[5]. It aims to:

- promote personal hygiene (including hand-washing);
- promote the use of vaccination campaigns, vaccination and chemoprophylaxis;
- improve recognition of communicable disease;
- promote the use of barrier contraception (condoms) to reduce risk of STIs;
- promote early and appropriate use of treatment;
- improve health-seeking behaviour;
- address cultural differences in relation to health issues and health care practices;
- ensure effective communication by using professional interpreters and translated material when required;
- promote the use of vector control programmes;
- promote environment management to prevent degradation and vector reproduction; and
- improve the understanding of outbreak control measures and investigation methods for finding active cases during an outbreak.

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[6] Connolly, MA. Editor. Communicable disease control in emergencies: A field manual. World Health Organisation. 2005

[7] Health topic: Health Education (21 Oct 2013). http://www.who.int/topics/health_education/en/

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Detainees and Transferees

Most detainees and transferees come from culturally and linguistically diverse backgrounds. Many have social, religious and cultural beliefs and practices, as well as expectations that require careful consideration when providing both health care[8] and education services.

The health education provided to detainees and transferees by the Department and its service providers must be culturally appropriate, respect and consider such diversity, and should utilise:

- audio-visual materials for general / common health information in multiple languages; and
- written multilingual information sheets that include a variety of communication methods, including pictures, drawings, diagrams and text.

Using interpreters and written material, as required, HSP and/or Departmental staff must provide detainees or transferees with:

- detailed general and health information during their initial Public Health Screen and Health Induction Assessment (HIA);
- a clear explanation of how their information may be used by the HSP and/or the Department (with informed consent);
- an opportunity to ask questions;
- information describing the health services within immigration detention and OPCs and how to access them;
- information on the general principles of health education; and
- appropriately placed signage in facilities and OPCs.

Service Provider Staff / Relevant Stakeholders

Service Provider staff includes all staff working with detainees, in both held detention and CD, and transferees in OPCs. To ensure that stakeholders have an understanding of communicable disease prevention and management, health education should:

- advise of obligations to ensure appropriate immunisation against vaccine preventable diseases prior to deployment;
- clarify the specific characteristics of a particular communicable disease (supplemented with pictures where necessary);

[8] Department of Immigration and Citizenship. Detention Health Framework. A policy framework for health care for people in immigration detention. Commonwealth of Australia. 2007

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- reiterate that Departmental or service provider staff must promptly notify the HSP or the Health Services Branch where they suspect a detainee/s or transferee/s may have a communicable disease;
- include relevant written information outlining the general principles of health education;
- clarify outbreak control measures and identify how Departmental staff/service providers can assist to facilitate management of an outbreak; and
- alleviate any concerns about the risks that communicable disease in the immigration and OPC networks may pose to staff.

Anticipation and Preparedness

The immigration detention and OPC environments are constantly changing due to international external factors, including regional violence and conflict in source countries.[9] In order to effectively manage the risk of transmission of communicable disease, it is essential to be able to anticipate any new cohorts and any disease they may potentially carry with them.

The Department's Chief Medical Officer (CMO) represents the Department in domestic and international fora to help ensure Departmental preparedness for potential epidemics and pandemics (eg. ebola virus disease during 2014). Directions and advice from the CMO, informed by consultation with relevant health authorities, inform Departmental, detention and OPC service provider activities around managing emerging disease risk.

Departmental statistical data of recent arrivals can be used to identify trends in detainee/transferee countries of origin and, where relevant, transit countries prior to arriving in Australia. The HSP is responsible for regularly reporting and analysing communicable disease epidemiology within the cohort. The Department will use this information for further analysis and research of communicable disease information for relevant countries, including consideration of emerging trends of disease, to inform what disease (eg. Avian flu) may impact on the immigration detention network.

Such analysis allows for appropriate preparation by the Department and its service providers, including obtaining source materials and supplies, staff training and the development of a response plan and clinical standard treatment protocols.

[9] Department of Immigration and Citizenship. Detention Health Framework. A policy framework for health care for people in immigration detention. Commonwealth of Australia. 2007

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Surveillance System

Public health surveillance has been defined by the World Health Organization (WHO) as the continuous, systematic collection, analysis and interpretation of health related data needed for the planning, implementation, and evaluation of public health practice. It can serve as an early warning system for impending public health emergencies, document the impact of an intervention, or track progress towards specified goals.[10]

Communicable disease surveillance in Australia operates at the national, state and local levels. Each Australian state and territory and the Department of Health's Communicable Diseases Network Australia, which is the national co-ordinator of communicable diseases, undertakes communicable disease surveillance. This provides a nationwide collaboration to enable the sharing of health information to assist in the control and prevention of notifiable diseases. The national system is the Department of Health's National Notifiable Diseases Surveillance System.

In the immigration detention and OPC settings, the HSP is responsible for providing relevant communicable disease data in a timely fashion to the relevant Australian state/territory or RPC public health authority for incorporation into their surveillance system.

The HSP should consider the following factors when collecting information:

- country of origin and transit;
- detainee/transferee's personal profile;
- detainee/transferee's health status;
- date of arrival;
- movement within the immigration detention or OPC networks; and
- contacts.

The HSP must adopt and set an early warning system for an outbreak of communicable disease, with a zero tolerance approach. As soon as a communicable disease case is suspected in held detention or an OPC, the HSP must inform the Department and for notifiable diseases, the relevant Australian state/territory or RPC public health authority. The Department will collaborate with the HSP to monitor the risk and the potential of an outbreak within that location.

The Department receives weekly, monthly and quarterly communicable disease data and reports from the HSP, as well as weekly updates to the Department's TB register.

[10] World Health Organization 2014. http://www.who.int/topics/public_health_surveillance/en/

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Staff Training

The HSP is responsible for ensuring that HSP staff are appropriately trained to identify, treat and contain local or small scale outbreaks of communicable diseases as they arise. The Department may also request the HSP to provide training to the Department and its service providers on the identification and management of detainees or transferees with communicable diseases.

Response Plan / Standard Treatment Protocols

The HSP is responsible for the preparation and annual review of an Outbreak Response Plan and Standard Treatment Protocols relating to communicable diseases, which must be approved by the Department. The procedures and protocols should be made available to all clinical staff and relevant local Departmental and DSP staff at the local level.

Vaccination

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

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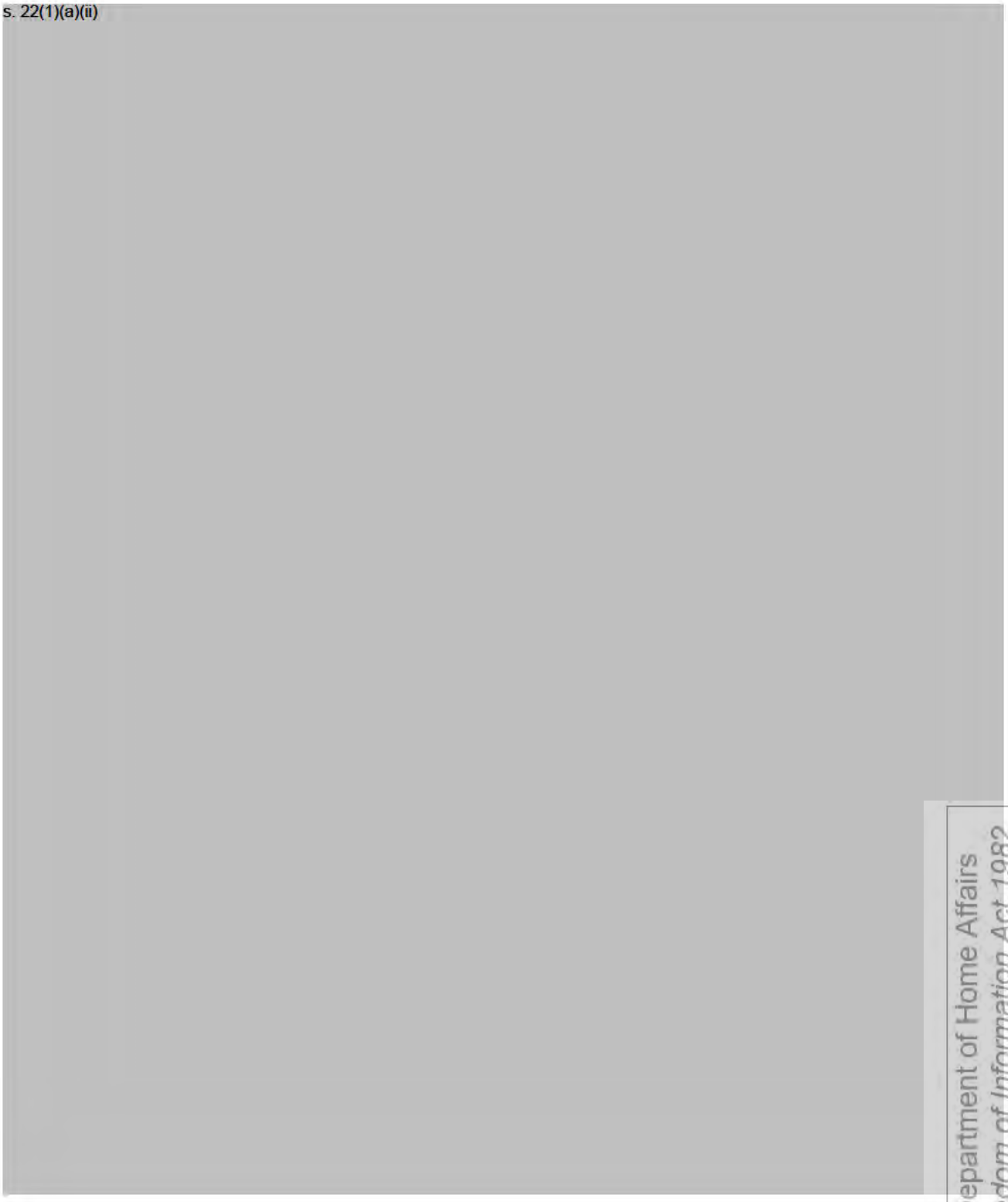
s. 22(1)(a)(ii)



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Screening

Public Health

During a detainee/transferee's immigration pathway, there are four stages at which a communicable disease may be detected:

- during the HIA;
- while in held detention or at an OPC;
- while in CD; and
- in the Australian community on a Bridging visa or temporary protection visa.

Health Induction Assessment

The HIA is a comprehensive health assessment undertaken for every detainee upon entry into immigration detention to establish their health status. Targeted communicable diseases screening occurs as part of this assessment, and includes a public health screening questionnaire, vaccination history, chest x-ray, blood tests and a physical examination conducted by a health clinician. Chest x-rays are not conducted on children less than 11 years of age and pregnant women, unless clinically indicated. Blood testing is standard for all detainees aged 15 and over, and undertaken for those under 15 if clinically indicated. (Minors not blood tested during the HIA will be blood tested within four weeks, while undertaking additional child health screening - including if they are transferred to an OPC).

The HSP specifically screens for:

- Hepatitis B;
- Hepatitis C;
- HIV;
- Strongyloides (for children);
- Syphilis;
- TB (active and latent); and
- Urinary Polymerase Chain Reaction for sexually transmitted infections.

Further screening may also be conducted where the HSP suspects the presence of other communicable diseases as a result of the HIA.

The HIA is contractually required to be completed within 72 hours of a detainee entering immigration, or within 48 hours for new IMA arrivals. As such, no detainee is transferred between immigration detention facilities, to an OPC, or discharged from a facility into the community (ie. CD or visa grant) without appropriate health screening. Where detainees or transferees enter the Australian or an RPC community, health information is passed from the HSP to the community general practitioner (GP) and community service provider to ensure continuity of care.

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Held Detention and Offshore Processing Centres

The HSP provides access to ongoing health care services for all detainees in held detention and transferees in OPCs for the duration of their time in immigration detention or an OPC. While a detainee or transferee may not have a communicable disease at the time of their HIA, their health condition may change with time. As such, it is important that the HSP is vigilant and trained to detect the symptoms and signs of any communicable diseases.

The HSP must ensure that appropriate continuity of care is in place for detainees or transferees with a communicable disease diagnosis who are transferring to another immigration detention facility or OPC, the Australian or relevant RPC community or being removed to another country, to minimise the risk of disruption to or cessation of treatment. This may be via direct provision of relevant health information to the detainee/transferee and/or to the receiving health care provider, as appropriate.

It is also important that Departmental, DSP and other services provider staff are aware to immediately report any suspected cases of communicable disease to the HSP and/or Health Services Branch. The HSP will liaise with the relevant state/territory or RPC public health authority for notifiable diseases, where necessary.

Community Detention

Community detainees have the same risk of contracting a communicable disease as those in the broader Australian community.

The HSP facilitates access to primary health care services through its network of GPs for community detainees. It is the responsibility of the community GP to manage the ongoing treatment and monitoring of a community detainee's health and report any incidences of communicable disease to the relevant state/territory public health authority, where required. Furthermore, the providers should also understand and follow the escalation arrangements between the HSP and the Department.

Visa Grants

Where detainees are in the Australian community on a Bridging visa or temporary protection visa, health services are provided by community health care providers. Should a previous detainee develop a communicable disease soon after their release, the relevant state/territory public health authority may contact the Department or HSP to determine the detainee's health status while in immigration detention. This information will be available in the detainee's Health Discharge Summary (HDS), which the HSP is contractually required to issue to each person upon their discharge from immigration detention. If the former detainee has misplaced their HDS, the HSP will assist the state/territory public health authority or the person's new health care provider by providing them a copy.

Prior to the granting of a visa, the Department has processes in place to ensure that where detainees have communicable diseases, appropriate arrangements are in place to monitor and treat their condition before the visa is granted.

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While there is no formal health requirement attached to a Bridging visa, the Department ensures that public health risks to the community are minimised for detainees being considered for a Bridging visa (eg. via a TB Register). Detainees granted a Bridging visa are also required to abide by a code of conduct, which may include the requirement to report to a community-based clinic for further treatment or review, as directed by the CMO.

Where detainees have applied for temporary protection, relevant information from the HIA (ie. medical examination, x-ray, HIV and Hepatitis B and C results, where applicable) or subsequent assessment results (if HIA information is no longer valid), should be provided to the Global Health Branch for processing. While a communicable disease will not prevent a visa from being granted, screening is required to enable health authorities to identify any potential risks to public health and to ensure that the arrangements for further treatment and health review are put in place, where required. In such cases, detainees may be required to sign a Health Undertaking agreeing to undertake the ongoing treatment or review.

Contact Tracing

Contact tracing is the process of identifying people who have been in contact with a person who has an infectious disease, and ensuring these contacts are aware of their exposure and appropriate follow-up options. It aims to stop the transmission of infection and is managed by the relevant state/territory public health authority.

In the immigration detention and OPC environments, contact tracing involves:

- the identification of individuals, including other detainees/transferees, Departmental and service provider staff and community members, who have had close and/or prolonged contact with the infected party;
    - in identifying contacts, consideration will be given to how the detainee/transferee travelled to Australia, who they shared a room with and interacted with in the relevant IDF/s or OPC; contact with the public on excursions, appointments or after discharge from a facility; and airplane contacts if they were transferred between states/territories or to an OPC (note that many Communicable Diseases require prolonged contact for transmission – a range of Fact Sheets are available (see Table 6));
- testing of identified contacts; and
- where appropriate, the isolation and treatment of identified contacts.

While the relevant state/territory public health authority is responsible for initiating the contact tracing process, advising the Department of any affected detainees or transferees, and making contact with affected individuals in the community, the Department assists in identifying relevant contacts in conjunction with the following stakeholders:

- HSP;
- community service provider/s; and
- where relevant, community health practitioners.

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Treatment

Management of Communicable Diseases within an IDF or OPC

The HSP manages the identification and treatment of detainees and transferees with communicable diseases. Management is in line with Australian clinical practice guidelines developed in consultation with the Department's CMO, the Department's and the HSP's communicable disease policies, and in line with the relevant state/territory or RPC health legislation and industry best practice.

Treatment will differ for each communicable disease, as will the timeframe for treatment. To ensure a detainee or transferee receives effective treatment, the HSP must ensure that detainees and transferees are aware of their condition, any risks and how to manage their disease.

In addition, the HSP will liaise with the relevant state/territory public health authority for any notifiable diseases, and follow any treatment advice provided by that health authority.

There will be some diseases which will require individuals or groups to be isolated from the general population in the facility or OPC, or to be placed under the care of the state/territory or RPC health authority. In such circumstances, the Department, HSP and DSP must participate in discussions at a local and national level to ensure the facility or OPC can continue to operate in a business as usual manner, as much as possible, during an outbreak. The group should also agree on a communication protocol to inform detainees or transferees of changes to their accommodation arrangements.

When detainees or transferees are discharged from immigration detention or OPC, the HSP is contractually required to issue a comprehensive Health Discharge Summary to ensure continuity of care. Where they have a condition, including a communicable disease, the HSP must ensure that appointments are in place in the Australian or receiving country's community to maximise compliance with follow up care, where necessary.

Management of Community Detainees

The HSP has a network of community GPs to provide health care services to community detainees. The assigned community GP is responsible for managing the treatment of community detainees with communicable diseases, in line with their practice guidelines and state/territory health legislation. The HSP maintains oversight of the health of community detainees, and reports to the Department on the health of individuals as required.

The Department does not manage the health care of former detainees who have been discharged from immigration detention on Bridging or Humanitarian Stay (Temporary) visas. The Department is deemed to have fulfilled its duty of care to these former detainees upon their discharge from immigration detention, if the Department has followed the documented processes that are based on expert medical opinion with regards to their health status. The visa holders' health becomes their own responsibility and the responsibility of their health care providers in the community. As noted above, the HSP is contractually

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required to issue a comprehensive Health Discharge Summary to each person upon their discharge from immigration detention and facilitate referrals to community health care providers as required, to ensure continuity of care.

Former detainees granted a Bridging visa are also required to abide by a code of conduct, which may include reporting requirements regarding health conditions of public health concern, as directed by the Department's CMO.

Outbreaks

A disease outbreak is the occurrence of cases of the disease in excess to what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area, or may extend over several countries.[11]

There are three classifications of outbreak, which are defined as follows:[12]

- **Endemic** - The constant presence and/or usual prevalence of a disease or infectious agent, which is the baseline level of the disease, in a population within a geographic area.
- **Epidemic** - An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. Outbreak carries the same definition as epidemic, but is often used for a more limited geographic area.
- **Pandemic** - An epidemic that has spread over several countries or continents, usually affecting a large number of people.

Additionally, a single case of a communicable disease long absent from a population, or caused by an agent (eg. bacterium or virus) not previously recognised in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.[10]

Occasionally, the increasing number of cases of a communicable disease is the result of a sudden influx of displaced individuals, for example IMAs. This is not an outbreak, strictly speaking, however, the management of this situation would be same as for an outbreak. In the immigration detention and OPC environments, small scale epidemics may result from a communicable disease that spreads among detainees/transferees and/or the local general population, such as through staff or visitors.

[11] World Health Organisation. Health topics: Disease outbreaks. 24 July 2013. http://www.who.int/topics/disease_outbreaks/en/

[12] Principles of Epidemiology in Public Health Practice, 3rd Edition. 21 Oct 2013. http://www.cdc.gov/osels/scientific_edu/ss1978/lesson1/section11.html

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A larger scale epidemic may include an outbreak of a communicable disease across more than one IDF or OPC and/or across states/territories and/or extended into the Australian or relevant RPC general population. This may result from an uncontrolled local outbreak [small scale epidemic], or through the importation of sporadic cases with new detainees.

Escalation

Onshore

Some communicable diseases must, by law, be reported to the relevant state/territory public health authority. The Department of Health has a national list of notifiable communicable diseases; however, the requirement to report on each of the communicable diseases also varies between the states and territories.

During an outbreak of a communicable disease in immigration detention, the HSP must promptly notify the relevant state/territory public health authority. The DSP and HSP must also notify the Department within contractual timeframes.

In the case of a larger scale epidemic, it is the responsibility of the state/territory public health authority to escalate the notification to the federal Department of Health. The HSP in co-ordination with the Department must make sure the authorities understand the scale and involvement of the epidemic in the immigration detention environment.

Where an external pandemic of communicable disease arises, Australian government agencies, including the Department, will be alerted by the WHO. The relevant Federal Government departments will implement any necessary procedures, as per their pandemic plans, in responding to the alert.

If a detainee has recently arrived at an IDF from a pandemic area and is identified with a confirmed case of a communicable disease, the HSP must escalate the case promptly to the relevant states/territory public health authority and notify the Department. The Department's Health Services Branch must also notify the Department's CMO.

Offshore

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

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

Management / Control

The objective in managing and controlling any outbreaks of communicable diseases is to interrupt the transmission of disease as quickly as possible, thereby preventing further cases and the spread of diseases of epidemic potential.

A lead organisation is required to manage each outbreak, in collaboration with other organisations, and depends on the level of outbreak as follows:

- **Global** - the WHO is responsible for managing global level outbreaks. Australia is an active member of the WHO and a signatory to the *International Health Regulations*. Australia is required to report certain disease outbreaks and public health events to the WHO.
- **National** - a whole-of-government approach is taken to manage outbreaks, with the Department of Health the lead agency.
- **State and Territory** - the individual state/territory public health authorities have primary leadership and responsibility for identifying, treating and controlling communicable diseases within their jurisdiction, under their own public health legislations.

A coordinated approach is required to manage and control any outbreaks of communicable disease in an IDF or OPC. While the relevant state/territory or offshore processing country's public health authority oversees the management and control of any outbreaks in the immigration detention or OPC networks, the Department, the HSP and the DSP form the team that actively manages the 'local level' response to detainees/transferees affected by an outbreak. The Department will be guided by advice from its CMO, HSP and the Department of Health.

There are four distinct phases of outbreak control: detection, confirmation, response and evaluation; however, there is considerable overlap between the phases.

Detection

Outbreak management begins with the timely detection of an outbreak. To be an outbreak, there must be an index (first) case, with other cases subsequently identified or detected.

Once a case has been detected, the HSP determines whether there is the potential of an outbreak occurring. Contact tracing is to be undertaken at the direction of the relevant public health unit (refer to section on Screening).

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Further, it is necessary to detect the patterns of epidemic spread, estimate the potential for further spread and determine the effectiveness of outbreak control measures.[13] The following criteria need to be assessed to determine if an outbreak has occurred:

- clinical features - determines the symptoms;
- place - describes a specific geographic location or facility associated with the outbreak;
- time - determines a period of time associated with onset of a communicable disease for the cases under investigation;
- how - determines the likely transmission routes (eg. human, animal, vector, environmental, food or other factors); and
- person - describes key characteristics the detainees share in common (eg. age, sex, race, occupation and exclusion criteria).

Confirmation

Once an 'outbreak' has been confirmed using the detection criteria above, a combination of epidemiological, laboratory and environmental investigation is required to identify additional cases that meet the case definition.[14]

Confirmation of cases requires a current or recent infection with definitive laboratory evidence of infection. However, an outbreak response may be initiated if there is a suspected outbreak. In order for an event to be classified as an 'outbreak', identified cases of communicable disease should meet the parameters of the case definition.

Response

To respond to an outbreak, the source and the modes of transmission need to be investigated by the state/territory or RPC public health authority in collaboration with the HSP, the Department, DSP and other relevant service providers. In the event of an outbreak, the Department may also exercise its contractual step-in rights and take over the management of the affected facilities from the DSP for an appropriate period.

Generally, basic epidemiological data on time, place, person and basic laboratory confirmation are sufficient for the design and implementation of effective control measures; however, the following six questions should be considered by the HSP and relevant public health authority: Who? What? When? Where? Why? How?

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[13] Connolly, MA. Editor. Communicable disease control in emergencies: A field manual. World Health Organisation. 2005

[14] Queensland Health. Guideline for the Management of Outbreaks of Communicable disease in Health Facilities. Document number #6. Version No. 2; Effective From 19/03/2012.

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A confirmed outbreak can be controlled and further cases prevented, by eliminating or reducing the source of infection, interrupting transmission and protecting persons at risk. Control and prevention measures may be directed at controlling the:[13]

- source by preventing exposure (eg. destroying contaminated foods); and
- spread by preventing infection (eg. isolation of cases or contacts; screening and monitoring of contacts; protection of contacts by immunisation; closure of compounds).

Cooperation and prompt exchange of information between all stakeholders is essential for the successful management of communicable disease outbreaks. The HSP has responsibility for notifying the Health Services Branch of the Department and the CMO of any outbreaks and the actions that have been put in place to effectively manage the outbreak. Once an outbreak has been effectively controlled, preventative measures are in place, existing cases are resolved and, after a period of time, no further cases are reported (noting that the timeframe will vary between different communicable diseases due to varying incubation periods), the outbreak can be declared as finished.

Evaluation

A thorough evaluation of an outbreak response assists to bring about continuous improvements in practice. While the relevant state/territory or RPC public health authority is responsible for evaluating the management of an outbreak at the state/territory level, the management of an outbreak within an IDF or OPC should also be evaluated by the Department, HSP and DSP. The evaluation should consider the:

- cause of the outbreak;
- surveillance and timeliness of detection of the outbreak;
- preparedness for the outbreak;
- response to and management of the outbreak;
- coordination of outbreak meetings and communication (including media management);
- effectiveness of the response and control measures;
- cost;
- lost opportunities;
- need for policy revision; and
- emerging trends.

Consideration must be given to the impact that control measures may have on the day to day operations of IDFs and OPCs, and the ability for the facilities and OPCs to continue to function in line with operational requirements.

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The results of the evaluation should feed back into preparedness activities for any future outbreaks.

Stakeholder Management

In managing communicable diseases it is imperative that all stakeholders are aware of their responsibilities, and equally, what does not fall within their area of responsibility. The following procedural documents and fact sheets highlight the Department's and the HSP's role in managing and reporting the disease.

The HSP also has policies relevant to its role in managing communicable disease.

Table 5 – Communicable Disease Standard Operating Procedures

Title	Purpose	Location
s. 22(1)(a)(ii)		

Table 6 – Communicable Disease Fact Sheets

Title	Diseases	Location
Fact Sheet: Blood Borne Diseases	HIV, Hepatitis B, Hepatitis C	ADD2014/1446703
s. 22(1)(a)(ii)		

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Detainee/Transferee Transition through the Network

HSP's Management of Detainees/Transferee's Health Care

The HSP is responsible for ensuring continuity of health care of detainees and transferees transferring through the immigration detention network or to, and from, OPCs.

The HSP is responsible for ensuring that detainees or transferees moving between IDFs, within the Australian community or to an OPC, do not pose a public health risk to the Australian community, other detainees or transferees, staff or the offshore processing countries' populations.

The HSP does this through adherence to Departmental health policy and processes, including, but not limited to, General Health Screening and Management, Fitness to Transfer and Fitness to Travel Assessments and the Health Discharge Assessment. The HSP must also adhere to relevant state/territory and RPC public health authority mandatory reporting and other requirements.

Detainee/Transferee Placement Options

The Department is responsible for making placement decisions for detainees and transferees, however, HSP advice must be taken into consideration. Detainees/transferees with communicable diseases requiring isolation, investigation, or those who remain infectious should remain in their current location if it is suitable and does not pose a risk to other detainees, transferees, staff or community.

Placement options for detainees/transferees with communicable diseases are dependent on:

- the confirmed diagnosis of disease, which will impact on:
  - the need for isolation;
  - the required treatment;
- advice or direction from the relevant state, territory or RPC public health authority;
- if the disease is being actively and effectively treated and managed;
- if the detainee/transferee has been deemed fit to travel/transfer;
- whether the detainee/transferee's health can be actively and effectively managed in the proposed transfer location, having regard for continuity of care.

While the HSP will provide advice on a detainee's suitability to travel and where necessary, the suitability of the proposed location, the Health Services Branch will seek further advice from the Department's CMO or a Medical Officer of the Commonwealth (MOC), where required.
Refer to the Tuberculosis Placement Matrix (Attachment C), and Placement Matrix for Communicable Diseases (Attachment D) for suitable placement options.

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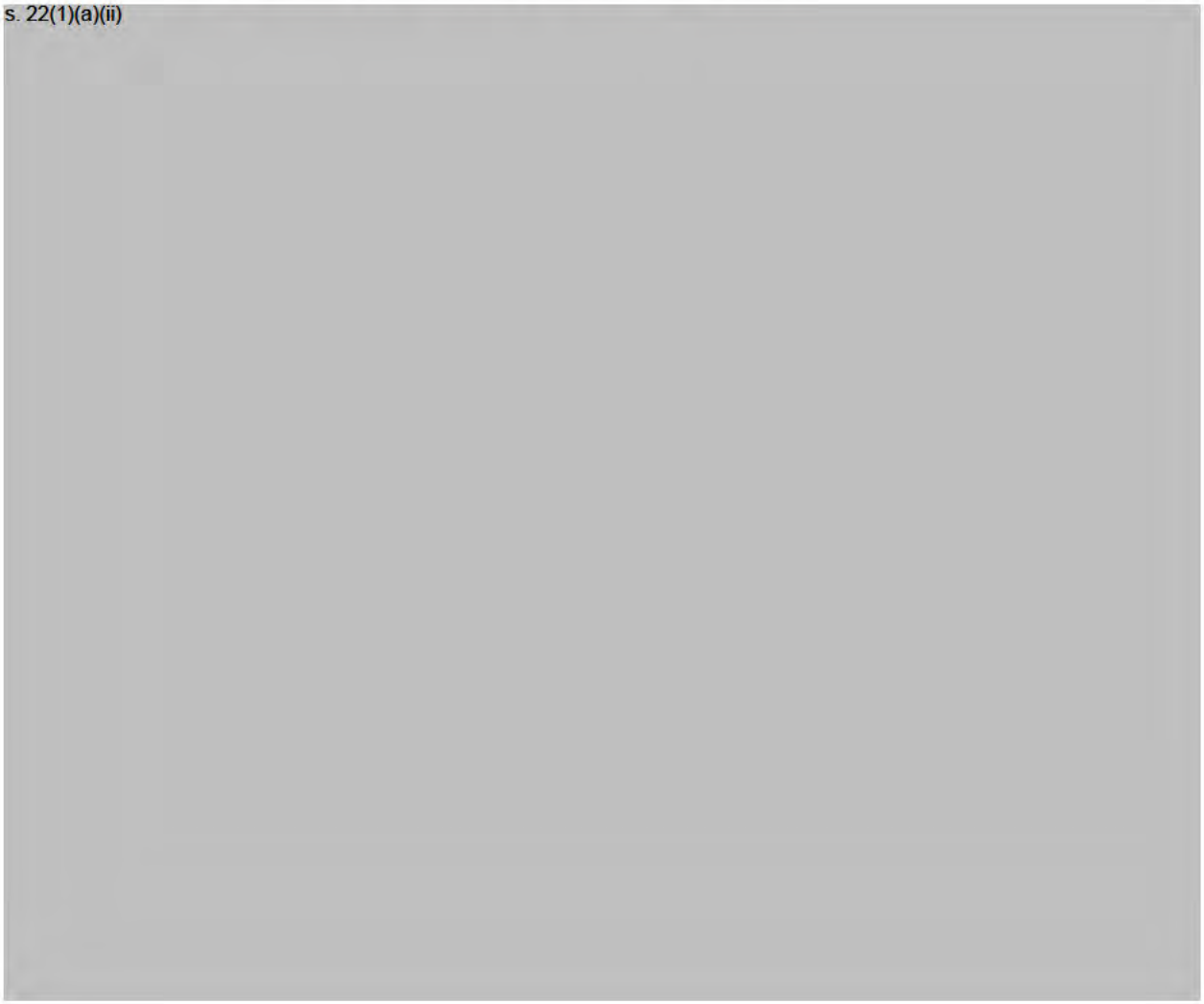
Transfer Arrangements to Offshore Processing Centres

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



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Reporting

HSP Reporting to State and Territory Public Health Authorities

As indicated above, the HSP is responsible for reporting new cases of any notifiable diseases to the relevant state/territory or offshore processing country's public health authority within the required timeframes. Refer to Table 2 – Communicable Diseases for current Australian notifiable diseases. If the HSP is unsure whether the disease is notifiable in their state/territory they should contact the public health authority for clarification.

Communicable Disease Reports

It is the HSP's responsibility to report all new cases of communicable disease to the Department according to specified timeframes, whether through incident reporting requirements for certain diseases, or through statistical reporting, or as otherwise in-place or agreed.

The HSP is required to provide regular statistical and other reporting on communicable disease to the Department, as follows:

Weekly TB Register

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

Communicable Disease Statistics

Regular communicable disease statistics are provided to the Department's Health Services Branch.

Communicable Disease Register

A Communicable Disease Register will be implemented and maintained by the HSP during 2015 to assist in the monitoring of detainees and transferees with certain communicable diseases, and to assist in identifying communicable disease trends across the immigration detention network. The Communicable Disease Register, with a placement grid (refer to Attachment D) will be distributed to the network at regular intervals.

Table 7 –Regular HSP Reports Provided to the Department

Report	Frequency	Location
s. 22(1)(a)(ii)		
Communicable Disease Register	TBC	TBC
Communicable Diseases Statistics	One report weekly Quarterly Data Set	Not for broader distribution

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Review

Review of the Communicable Disease Framework

The Communicable Disease Framework is to be reviewed every 12 months to ensure that it meets the needs of Department and its stakeholders, and that content remains current.

Review of Reporting Requirements

Reporting requirements are to be reviewed at least every six months to ensure that they remain effective.

Periodic Review

Periodic review may be required to ensure that the Framework encompasses:

- Changes in Government Policy;
- Change in immigration detention and transferee cohorts;
- Change in detainee and transferee numbers;
- Contract Changes;
- Change in HSP; and
- Change in global public health patterns as identified by WHO under the International Health Regulations.

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Attachment A – Key Stakeholders

Stakeholder		Operational Responsibilities
Internal (Department)	Case Management	• Escalate any concerns for detainee/transferees' health to the HSP and/or Health Services Branch. • Confirm detainee/transferees' health status with Health Services Branch prior to making transfer recommendations. • Communicate with detainees/transferees regarding transfers, in coordination with Detention Operations, Health Services Branch, DSP and/or HSP, as required.
	Chief Medical Officer	• Provide policy advice to Health Services Branch. • Portfolio ownership of communicable disease risk and engagement with national and international stakeholders. • Provide advice on outbreak management plans in collaboration with Health Services Branch, Detention Operations, HSP, DSP and/or state/territory or RPC public health authority, as required.
	Community Detention Ops/Referrals	• Liaise with Health Services Branch on an individual's or family's health status prior to CD referral. • Liaise with Health Services Branch and Community Service Providers (including CAS/ASAS) on individuals with communicable disease.
	Detention Operations	• Facilitate appropriate placement (including isolation, where required) for detainees/transferees with a communicable disease, upon advice from the local HSP and/or Health Services Branch. • Liaise with Health Services Branch prior to facilitating transfers of individuals or families with a communicable disease. • Assist with the development/implementation of, outbreak management plans in collaboration with Health Services Branch, Global Health, HSP, DSP and/or state/territory or RPC public health authority as required.
	Global Health (including MOC)	• Provide advice to Health Services Branch on individual cases of concern. • Assist with the development of outbreak management plans in collaboration with Health Services Branch, Detention Operations, HSP, DSP and/or state/territory or RPC public health authority, as required. • Manage health processing. • Manage health undertakings. • Process and follow up on individual cases.
	Health Services Branch (includes Health Liaison Officers)	• Liaise with HSP on individual detainees/transferees on communicable disease management. • Escalate health issues to the CMO/MOC for advice. • Liaise with and provide advice to Case Management, CD Operations/Referrals, Detention Operations, IMA BVE Team and Removals on the health status of individuals. • Drive the development/implementation of outbreak management plans in collaboration with Health Services Branch, Detention Operations, HSP and DSP, as required. • Assist state/territory public health authorities with Contact Tracing, as required. • Liaise with community providers on the health status of former detainees with newly confirmed diagnosis of communicable disease, where required.

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Stakeholder		Operational Responsibilities
	IMA BVE Team / Onshore Protection	• Liaise with Health Services Branch on individual detainees' health status and consider the recommendation prior to visa grant. • Liaise with Global Health in regards to individuals requiring a health undertaking.
	Removals	• Liaise with Health Services Branch on individual detainee/transferees' health status and consider the recommendation during removal planning.
External	Department of Health	• Provide advice to the Department and HSP on large scale outbreak management.
	Detention Service Provider	• Work with the Department and HSP to manage individuals or groups with a communicable disease in an IDF or OPC, including isolating compounds where required. • Assist with contact tracing, where required. • Produce a Centre Contingency Plan to maintain safety and security, in line with contractually requirements. • Assist with the development/implementation of, outbreak management plans in collaboration with Health Services Branch, Global Health, HSP and DSP, as required.
	Health Services Provider	• Identify, treat and monitor the health of individual detainees/transferees with a communicable disease. • Notify the Department of individual cases of communicable disease. • Notify and work with relevant state/territory and RPC public health authorities, where required. • Provide advice to, and work with the Department, DSP and other health providers, both at the local and national level, on management of individuals or groups with communicable disease. • Assist with the development/implementation of, outbreak management plans in collaboration with Health Services Branch, Global Health, HSP, DSP and/or state/territory or RPC public health authority, as required.
	Independent Health Advisor	• Provide and source specialist advice on communicable disease operational and policy matters, as requested by the Department.
	State/Territory Public Health Authorities	• Provide advice to the HSP and/or Department on the management of individuals or groups with a notifiable disease. • Manage contact tracing, where required, with the assistance of the Department, HSP and DSP. • Manage the response to communicable disease outbreaks, in collaboration with the Department and HSP.

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Attachment B – Lines of Responsibility

Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
Blood Borne Diseases Hepatitis B Hepatitis C HIV/AIDS	Detainees / transferees advised and educated on condition and behaviours.	HSP to report to Health Services Branch within contractual timeframes via phone or email (dependent on contractual 'incidents' reporting requirements). HSP to report notifiable diseases to the relevant state/territory public health authority within regulatory timeframes. HSP to notify DSP/local Departmental staff only where required. HSP to add detainee to Complex Client Case Register/ Communicable Disease Register, as appropriate. Health Services Branch to report to internal stakeholders, where required (ie. Case Management, CD, Detention Operations, IMA BVE). Adverse Health flag to be added to CCMDS Portal by relevant party, where appropriate.	Responsibility of HSP: Treatment plan to be developed at the time of diagnosis and commenced within appropriate timeframe.	HSP to monitor detainees in IDFs. Community GPs to monitor community detainees, with HSP to maintain oversight. Health Services Branch to monitor status of detainees, inform stakeholders and advise to amend Adverse Health flags as required. HSP to monitor exposed detainees for symptoms until the end of the incubation period following the last identified case. HSP to refer and communicate with relevant HSP or health care provider where a detainee that requires monitoring is transferred through the immigration detention network or removed from Australia.	**Network transfers and CD:** Detainees can transition into CD; no waiting period required. HSP must put clear transfer of care arrangements in place with receiving health care provider. **Bridging visa:** No health requirement, however, deferral of Bridging visa consideration recommended until detainee's condition is stable/continuity of care ensured. HSP must put clear transfer of care arrangements in place with receiving health care provider. **Transition to OPC:** Cannot transfer as these conditions cannot be managed in OPCs. Some exceptions may apply to **Hepatitis B.** **Stakeholder Awareness:** Special Needs Health Assessment and Health Discharge Summary to be provided to allow continuity of care; Health Provider Fact Sheets provided to detainees.	HSP to manage the detainee's and other family members conditions. HSP to report all incidents of communicable diseases to Health Services Branch and to local Departmental/DSP staff, where required. HSP to report to state/territory public health authority for notifiable diseases, within regulatory timeframes. HSP and state/territory public health authority is responsible for contact tracing, where required. Departmental staff, DSP and other relevant parties to assist where required. Health Services Branch to notify Detention Operations/ OPC/CD/ IMA BVE teams (and any other relevant stakeholders) of adverse health. Case Management/ Detention Operations/ OPC/CD/IMA BVE teams to hold back on detainee transfers/placements until health cleared to do so.	**Bridging visa** When a communicable disease diagnosis is available once a detainee is in the community, HSP is to notify the IMA BVE team and state/territory public health authority (where notifiable). Health Services Branch to notify relevant Community Service Provider to advise former detainee to visit GP. Health Services Branch to escalate to CMO/MOC for investigation. Where detainees are diagnosed by a community provider soon after discharge from immigration detention, CAS/ASAS provider is to notify the Department's CAS/ASAS area, who then notifies Health Services Branch. Health Services Branch is to follow up with the HSP. If required, HSP provides advice to CAS/ASAS or community health provider.

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Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
s. 22(1)(a)(ii)							

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Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
s. 22(1)(a)(ii)							

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Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
s. 22(1)(a)(ii)							

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Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
s. 22(1)(a)(ii)							

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Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
s. 22(1)(a)(ii)							

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Disease Identified	Immediate Risk Controlled	Reporting Lines	Treatment Planned/ Commenced	Monitoring	Transition	Responsibility / Accountability	Contingency Planning
s. 22(1)(a)(ii)							

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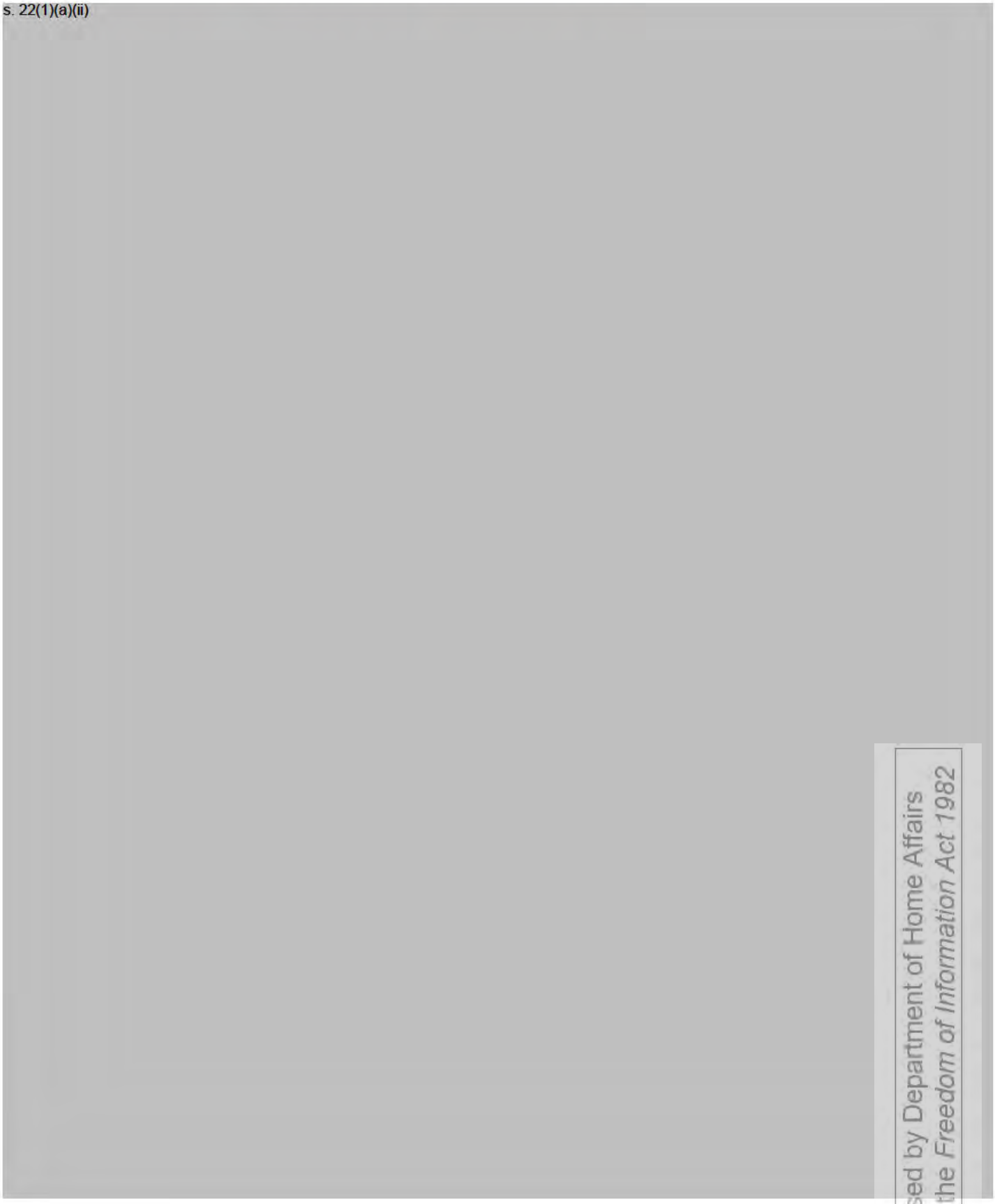
Attachment C – Tuberculosis Placement Matrix

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



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Attachment D – Placement Matrix for Communicable Diseases*

Health Status	OPC Transfer	Transfers in Held Detention	Community Detention	Bridging Visa / Humanitarian Stay Visa	Removal
Requires Isolation					
Under Investigation					
Receiving Treatment – remains infectious					
Receiving Treatment – No longer infectious					
Treatment Completed					

* Excludes TB

KEY:

Not suitable

Requires escalation

Suitable

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