5 January 2016

New Torres and Cape TB Control Unit is operational

The Torres and Cape Hospital and Health Service’s new, locally controlled Tuberculosis (TB) Control Unit has started operations and is managing its first patient.

Responsibility for the management of TB in the Torres and Cape HHS was transferred to the health service from the Cairns and Hinterland HHS from 1 January.

Thursday Island Hospital Director of Medical Services Dr Tony Brown said the new TB Control Unit, based at the hospital, was well-placed to deal with its first case of TB.

He said a Papua New Guinea resident who arrived in the Torres Strait over Christmas had been diagnosed with tuberculosis (TB) and was being treated in isolation at Thursday Island Hospital.

Dr Brown said the PNG man had presented to a Torres Strait island healthcare centre on 28 December complaining of a pre-existing condition, four days after arriving on the island.

“The patient was airlifted to Thursday Island Hospital and put into isolation because TB was suspected,” he said.

“His tests came back yesterday (4 January) and were positive for drug-sensitive TB. He was started on a normal course of treatment today at Thursday Island Hospital.

“He will be treated here for the next couple of weeks until he is no longer considered infectious and then will be referred back to clinicians at Daru Hospital in PNG for continued treatment and management.

“In the meantime, our new Torres and Cape TB Control Unit will manage his case.

“The new Torres and Cape TB Control Unit also will undertake contact tracing on the island where the patient arrived to identify people who may have been in contact with him while he was on the island and to test them for TB depending on their level of contact with him.

“Our healthcare centre staff on the island took all proper precautions when dealing with this case because TB is always a possibility in cases involving PNG residents who are ill and present to health services in the Torres Strait.

“We believe the risk to the general public is very low as the patient had only been on the island for a short period before presenting to the local clinic.

“To become exposed to TB usually requires close and sustained contact with infected individuals.
A short-term exposure is not generally sufficient to result in infection.

“Nevertheless, normal contact tracing will be undertaken as a precaution.”

Dr Brown said the risk to the general public in Queensland of developing any kind of TB was very low, with around 3.5 cases of TB diagnosed per 100,000 people each year.

This is lower than the current rate for Australia as a whole of around 5.7 cases per 100,000.

Dr Brown said more than 80 per cent of TB notifications in Queensland involved those born overseas in countries where TB was prevalent, or people who had resided for a significant time in such countries.

“Public health control of TB in Queensland – as throughout Australia – depends on early diagnosis of disease, isolation while infectious and successful treatment,” he said.

“TB is a legally notifiable condition in Queensland – and Australia as a whole.

“This allows for quick and timely intervention by health authorities.”

Dr Brown said the transfer of responsibility for the delivery of TB services on the ground to the Torres and Cape HHS gave Torres Strait and Cape York communities a greater sense of local control.

A modular building adjacent to the southern side of Thursday Island Hospital has been refurbished with a consultation room, waiting area, offices and staff facilities as the home of the new TB Control Unit.

Cairns would continue to provide tertiary hospital support for acutely ill TB patients from the Torres Strait and Cape York, Dr Brown said.

He said the PNG patient was the first case of TB identified in the Torres Strait this year.

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