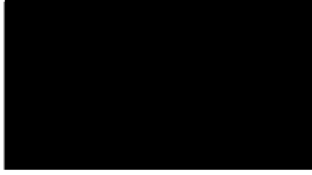


REF: FOI17/46



Dear 

I refer to your application under the *ACT Freedom of Information Act 1989* (the Act), received by ACT Health on 24 July 2017, in which you requested access to documents that relate to cases of Tuberculosis on the campus of the Australian National University in 2016.

As Deputy Director-General, Canberra Hospital and Health Services, I am an officer authorised to make a decision in respect of a request for information, under Section 22 of the Act.

After conducting a search of all relevant records, ACT Health has identified 356 pages of documents in its possession that meet the scope of your request. I have decided that a full release of these records, in accordance with provisions under the Act, as outlined in the Schedule of Documents.

My decision is appealable under the Act. This means that if you are dissatisfied with this outcome you have a right to seek a review under Section 59 of the Act. If you wish to seek a review you should write to:

The Principal Officer
c/- FOI Coordinator
Executive Coordination
Health Directorate
GPO Box 825
CANBERRA ACT 2601

You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer permits.

Under Section 54 of the Act, if you are concerned about the processing of your request or related administrative matters, you may complain to the Ombudsman, who may conduct an independent investigation into your complaint. There is no fee for this, and the contact details are as follows:

The Ombudsman
GPO Box 442
CANBERRA ACT 2601

If you have any queries concerning this Directorate's processing of your request, or would like further information, please contact the Freedom of Information Coordinator on 6205 1340 or via email at: HealthFOI@act.gov.au

Yours sincerely

A handwritten signature in black ink, appearing to be 'Chris Bone', written in a cursive style.

Chris Bone
Acting Executive Director
Canberra Hospital and Health Services

16 August 2017

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication – YES/NO – if no, why not
1	Email – from Marelana Kaczmarek – New TB case	22/08/2016	Partial Release	Personal Information – Section 41	No
2	Email – from Nadine White (ANU) – Recent Incident on Campus – Tuberculosis	23/8/2016	Full Release		No
3	Email – from Michelle Hine – Info found on website	06/10/2016	Full Release		No
4-7	Attachment – Tuberculosis screening ANU	25/8/2016	Full Release		No
8	Email – from Rebecca Hundy – Info found on website	06/10/2016	Full Release		No
9-10	Email – from Gerard Patron (ANU) – FSES Student and Staff Data – TB incident	17/10/2016	Partial Release	Personal Information – Section 41	No
11-20	Attachment – FSES_WHS data request_20161013.xlsx		Exempt	Personal Information – Section 41	No
21	Attachment – FSES_WHS data request_Geor1.19.xlsx		Exempt	Personal Information – Section 41	No
22-28	Attachment – FSES_WHS data request_ENVS8003.xlsx		Exempt	Personal Information – Section 41	No
29	Attachment – FSES_WHS data request_20161013.xlsx		Exempt	Personal Information – Section 41	No
30-31	Email – from Wendy Mossman – FSES Student and Staff Data – TB incident	18/10/2016	Partial Release	Personal Information – Section 41	No
32-34	Email from Wendy Mossman – FSES Student and Staff Data – TB Incident	18/10/2016	Partial Release	Personal Information – Section 41	No

35	Email from Wendy Mossman – ANU screening	18/10/2016	Full Release		No
36-39	Email from Rosemary O'Donnell – FSES Student and Staff Data – TB Incident	18/10/2016	Partial Release	Personal Information – Section 41	No
40	Meeting request – ANU TB contact tracing planning meeting	18/10/2016	Full Release		No
41	Email from Wendy Mossman – 2016 ANU First contact letter	19/10/2016	Full Release		No
42	Attachment – ACT Health Tuberculosis exposure letter	19/10/2016	Full Release		Yes
43	Email from Wendy Mossman – 2016 ANU first contact letter	20/10/2016	Full Release		Yes
44-45	Email from Wendy Mossman – FSES Student and Staff Data – TB Incident – IN 204745	20/10/2016	Partial Release	Personal Information – Section 41	No
46-48	Email from Gerard Patron ANU – FSES Student and Staff Data – TB Incident – IN 204745	20/10/2016	Partial Release	Personal Information – Section 41	No
49-50	Email from Gerard Patron - FSES Student and Staff Data – TB Incident – IN 204745	21/10/2016	Partial Release	Personal Information – Section 41	No
51	Email from Wendy Mossman – FSES Student and Staff Data – TB Incident – IN 204745	21/10/2016	Full Release		No
52	Attachment - Media Statement by ACT Health Chief Health Officer		Full Release		Yes
53-54	Attachment – ACT Health Minute – TB contact screening at ANU	21/10/2016	Partial Release	Personal Information – Section 41	No
55-56	Attachment – Tuberculosis factsheet		Full Release		Yes

57	Attachment – ACT Health Tuberculosis exposure letter	19/10/2016	Full Release		Yes
58-60	Email from Wendy Mossman – FSES Student and Staff Data – TB Incident – IN 204745	21/10/2016	Partial Release	Personal Information – Section 41	No
61-64	Email from Gerard Patron – TB Incident – IN 204745	24/10/2016	Partial Release	Personal Information – Section 41	No
65	Email from Ranil Appuhamy – Meeting to discuss Tuberculosis contact tracing at ANU	25/10/2016	Full Release		No
66-67	Attachment – Tuberculosis factsheet		Full Release		Yes
68	Email from Marlena Kaczmarek - ? ANU Intensive English Class	25/10/2016	Full Release		No
69-72	Email from Marlena Kaczmarek – FSES Student and Staff Data – TB Incident – IN 204745	25/10/2016	Partial Release	Personal Information – Section 41	No
73-77	Email from Gerard Patron - FSES Student and Staff Data – TB Incident – IN 204745	26/10/2016	Partial Release	Personal Information – Section 41	No
78-82	Email from Ranil Appuhamy – FSES Student and Staff Data – TB Incident – IN 204745	26/10/2016	Partial Release	Personal Information – Section 41	No
83-87	Email from Marlena Kaczmarek – FSES Student and Staff Data – TB Incident – IN 204745	26/10/2016	Partial Release	Personal Information – Section 41	No
88	Email from Marlena Kaczmarek – Student/Staff list – Field Trip	26/10/2017	Full Release		No
89-92	Email from Marlena Kaczmarek – TB Contact Tracing	27/10/2016	Partial Release	Identifiable information	No
93	Email from Marlena Kaczmarek – ANU Contact Screening	27/10/2017	Partial Release	Personal Information – Section 41	No

94-98	Attachment – Compiled list of ANU contacts		Exempt	Personal Information – Section 41	No
99-101	Attachment – ACT Health Minute – TB contact screening at ANU	27/10/2016	Partial Release	Personal Information – Section 41	No
102	Attachment - Media Statement by ACT Health Chief Health Officer		Full Release		Yes
103-104	Attachment – ACT Health Tuberculosis exposure letter	27/10/2016	Full Release		Yes
105	Email from Gerard Patron - FSES Student and Staff Data – TB Incident – IN 204745 Course names	27/10/2016	Partial Release	Personal Information – Section 41	No
106-107	Email from Michelle Hine – ANU Contact screening	27/10/2016	Partial Release	Personal Information – Section 41	No
108-110	ACT Health Minute – TB contact screening at ANU	28/10/2016	Partial Release	Personal Information – Section 41	No
111-112	Email from Andrew Pengilley – For information: Followup of TB contacts at ANU	28/10/2016	Partial Release	Personal Information – Section 41	No
113-118	Email from Gerard Patron - FSES Student and Staff Data – TB Incident – IN 204745	28/10/2016	Partial Release	Personal Information – Section 41	No
119-125	Email from Mariena Kaczmarek – FSES Student and Staff Data – TB Incident – IN 204745	28/10/2016	Partial Release	Personal Information – Section 41	No
126-133	Email from Mariena Kaczmarek – ANU Contact Screening	31/10/2016	Partial Release	Personal Information – Section 41	No
134-136	Attachment – ACT Health Minute – TB contact screening at ANU	28/10/2016	Partial Release	Personal Information – Section 41	No
137	Attachment - Media Statement by ACT Health Chief Health Officer		Full Release		Yes

Case Of Tuberculosis At Australian National University FOI17-46

138-139	Attachment – Tuberculosis factsheet			Full Release		Yes
140	Attachment – ACT Health Tuberculosis exposure letter	31/10/2016		Full Release		Yes
141-149	Email from Wendy Mossman – ANU contact screening	31/10/2017		Partial Release	Personal Information – Section 41	No
150	Email from Wendy Mossman – 2016 ANU first contact letter	31/10/2017		Full Release		No
151-159	Email from Marlena Kaczmarek – ANU Contact Screening	31/10/2010		Partial Release	Personal Information – Section 41	No
160	Attachment – ANU shared office contacts			Exempt		No
161-169	Email from Wendy Mossman – ANU contact screening	1/11/2016		Partial Release	Personal Information – Section 41	No
170-177	Email from Marlena Kaczmarek – TB Contact Tracing	1/11/2016		Partial Release	Personal Information – Section 41	No
178-185	Email from Wendy Mossman – TB Contact Tracing – DFAT trip	1/11/2016		Partial Release	Personal Information – Section 41	No
186	Email from Wendy Mossman – contact screening RI AN 2016 – ANU students	1/11/2016		Partial Release	Personal Information – Section 41	No
187-193	Email from Gerard Patron - FSES Student and Staff Data – TB Incident – IN 204745	3/11/20016		Partial Release	Personal Information – Section 41	No
194-200	Email from Gerard Patron - FSES Student and Staff Data – TB Incident – IN 204745	4/11/2016		Partial Release	Personal Information – Section 41	No
201	Email from Mark Brokloff – TB contact screening	4/11/2016		Full Release		No
202-209	Email from Marlena Kaczmarek – FSES Student and Staff Data – TB Incident – IN 204745	4/11/2016		Partial Release	Personal Information – Section 41	No

Case Of Tuberculosis At Australian National University FOI17-46

210-217	Email from Wendy Mossman – FSES Student and Staff Data – TB Incident – IN 204745	4/11/2016	Partial Release	Personal Information – Section 41	No
218	Email from Marlena Kaczmarek – Intensive English Course	7/11/2016	Partial Release	Personal Information – Section 41	No
219	Email from Wendy Mossman – Intensive English Course	7/11/2016	Partial Release	Personal Information – Section 41	No
220-221	Email from Marlena Kaczmarek – Intensive English Course	7/11/2016	Partial Release	Personal Information – Section 41	No
222-223	Email from Wendy Mossman – Intensive English Course	8/11/2016	Partial Release	Personal Information – Section 41	No
224-225	Email from Marlena Kaczmarek – TB Contact Tracing – Bus Driver	9/11/2016	Partial Release	Personal Information – Section 41	No
226-227	Email from Gerard Patron – List of staff/students in Intro Academic Program course	11/11/2016	Partial Release	Personal Information – Section 41	No
228-229	Email from Marlena Kaczmarek – List of staff/students in Intro Academic Program course	11/11/2016	Partial Release	Personal Information – Section 41	No
230-231	Email from Mark Brokloff – Request for additional staff and student contact details	11/11/2016	Full Release		No
232-233	Email from Marlena Kaczmarek – FYI – ANU TB screening	11/11/2016	Full Release		No
234-236	Email from Michelle Hine - List of staff/students in Intro Academic Program course	11/11/2016	Partial Release	Personal Information – Section 41	No
237-238	Email from Stephen Milnes – Actions following out meeting yesterday	11/11/2016	Partial Release	Personal Information – Section 41	No

239-240	Attachment – Email from Nadine White – Recent Incident on Campus – Tuberculosis	23/8/2016	Full Release		No
241-242	Attachment – NSW Health Government – Tuberculosis factsheet		Full Release		Yes
243	Email from Michelle Hine – Anu contact letter	11/11/2016	Full Release		No
244	Email from Michelle Hine – Actions following our meeting yesterday	14/11/2016	Full Release		No
245-246	Email from Mark Brokloff – Request for additional staff and student contact details	14/11/2016	Partial Release	Personal Information – Section 41	No
247-249	Email from Joanne McIntyre – List of staff/students in Intro Academic Program course	15/11/2016	Partial Release	Personal Information – Section 41	No
250-251	Email from Gerard Patron - Request for additional staff and student contact details	16/11/2016	Full Release		No
252-253	Email from Marlena Kaczmarek – TB contact details	17/11/2016	Partial Release	Personal Information – Section 41	No
254-255	Email from Gerard Patron – TB contact details	18/11/2016	Partial Release	Personal Information – Section 41	No
256-258	Email from Gerard Patron – TB contact details	21/11/2016	Partial Release	Personal Information – Section 41	No
259-263	Email from Michelle Hine – TB contact details	21/11/2016	Partial Release	Personal Information – Section 41	No
264-271	Email from Marlena Kaczmarek – TB contact details	29/11/2016	Partial Release	Personal Information – Section 41	No
272-274	Email from Marlena Kaczmarek – Request for additional staff and student contact details	29/11/2016	Full Release		No

Case Of Tuberculosis At Australian National University FO117-46

275	Attachment – Compiled list of ANU student contacts for ACT Health1.pdf		Exempt	Personal Information – Section 41	No
276-279	Email from Michelle Hine – TB contact details	1/12/2016	Partial Release	Personal Information – Section 41	No
280	Document – Students involved in SAMUDRA program delivered from 15-18 August 2016		Exempt	Personal Information – Section 41	No
281-282	Document – Final TB contacts ANU and others		Exempt	Personal Information – Section 41	No
283	Letter – ACT Health Tuberculosis exposure letter		Full Release		No



Department of Respiratory and Sleep Medicine

The Canberra Hospital, Yamba Drive Garran ACT 2605
PO Box 11, Woden, ACT 2606
Phone: 02 6244 2066 Fax: 02 6244 2604
Website: www.health.act.gov.au
ABN: 82 049 056 234

19/10/2016

To whom it may concern,

According to records provided by ACT Health, you may have had exposure to a person who has been diagnosed with Tuberculosis. While there is no cause for alarm, it is recommended that you be tested to determine possible exposure. A previous vaccination will not necessarily afford you any protection.

TB disease is found in every country of the world. Australia has approximately 1,000 cases each year. In Australia, there is excellent antibiotic treatment for Tuberculosis and complete recovery is expected.

TB SCREENING

For Australian born possibly exposed persons:

Tuberculosis screening involves a Tuberculin Skin Testing and a chest x-ray, depending on an individual's previous screening results and health history. The skin test (also known as a Mantoux test) involves injecting a small amount of fluid into the outer layer of the skin of the forearm. The reaction, which is examined **3 days later**, can vary from no reaction at all to a raised red lump similar to a large insect bite. If there is a reaction, this does not indicate that you have Tuberculosis disease. It does indicate that the Tuberculosis germ may be present and that further tests or a doctor's appointment may be advised.

Time and location for test

TB screening is available Monday, Tuesday and Friday 1-3:30pm and Tuesday and Friday 10-12:00pm at the Department of Respiratory and Sleep Medicine which is located on Level 2 of the main building at Canberra Hospital, in the Outpatients corridor. Phone: 62442066.

For Overseas born possibly exposed persons:

Tuberculosis screening involves a CXR and a Quantiferon blood test. The Quantiferon blood test looks for the Tuberculosis germ and disregards the BCG vaccination. It can take a few weeks for the results to be back however once known you'll be contacted and advised of the result and if any further follow up is required.

Time and location for test

TB screening is available Monday, Tuesday, Wednesday and Thursday 1-3:30pm and Tuesday 10-12:00pm at the Department of Respiratory and Sleep Medicine which is located on Level 2 of the main building at Canberra Hospital, in the Outpatients corridor. Phone: 62442066.

Also if you have had a recent chest x-ray please bring this to the screening.

Please note that this is a free service. It is in your interest that we recommend you attend for screening. If you have any questions please ask to speak with a member of the nursing staff on **6244 2066**.

Yours sincerely,

Wendy Mossman CNC, Michelle Hine RN, Amor Seastres RN, Christine Kerr RN
Department of Respiratory and Sleep Medicine
Canberra Hospital and Health Services
02 6244 2066
Email: respsleep@act.gov.au

Lang, Samantha (Health)

From: Mossman, Wendy (Health)
Sent: Tuesday, 25 July 2017 4:00 PM
To: Seastres, Amor (Health)
Subject: FW: 2016 ANU FIRST CONTACT LETTER
Attachments: 2016 ANU FIRST CONTACT LETTER.docx

FYI

Wendy Mossman

Ag Assistant Director of Nursing, Ambulatory Services
Division of Medicine
Canberra Hospital B24/ L2
Phone: 02 61745164

E-mail: wendy.mossman@act.gov.au
Care ▲ Excellence ▲ Collaboration ▲ Integrity

From: Mossman, Wendy (Health)
Sent: Thursday, 20 October 2016 8:14 AM
To: Kaczmarek, Marlena (Health); Hurwitz, Mark (Health)
Subject: 2016 ANU FIRST CONTACT LETTER

Hi Mark & Marlena

I've completed a generic TB contact tracing lettering which I'm hoping the ANU can send to their students & staff. We can discuss this further tomorrow but I'll need assistance to get all the letter outs & so if we agree I can ask ANU to send out.

Please let me know of any changes to the letter.

Regards
Wendy

Media Statement

- ACT Health has recently been notified of a case of Tuberculosis (TB) diagnosed in a person who is a student at the Australian National University (ANU).
- It appears likely that this person was exposed to the disease while living overseas; it is not likely that the infection was acquired at ANU.
- The person has commenced on appropriate treatment and is not a risk to other individuals now.
- TB is caused by bacteria. The bacteria can attack any part of the body, but usually attacks the lungs. People with TB of the lungs may expel bacteria into the air when they cough or sneeze and other people may become infected if they are nearby and breathe in these bacteria after prolonged contact or multiple exposures.
- TB is treatable with appropriate antibiotics and people can make a complete recovery.
- As a preventive measure, people who have had prolonged contact with the case, including family, close friends, staff and students, have been identified and offered screening to determine whether they have been exposed to the disease.
- There is no outbreak of TB in the ACT or anywhere in Australia.
- If you require any further information please contact the Respiratory and Sleep Medicine Unit on 6244 2066.

Chief Health Officer
ACT Health

TUBERCULOSIS

What is Tuberculosis?

Tuberculosis (TB) is a curable disease caused by the bacteria (germ) *Mycobacterium Tuberculosis*. TB can damage a person's lungs or other parts of the body and cause serious illness. In Australia there are approximately 1000 cases of TB each year. There is excellent antibiotic treatment available and complete recovery is expected.

How is TB spread?

TB spreads through the air when a person with TB disease in the lungs or throat, coughs, sneezes or speaks, sending germs into the air. When other people breathe in these germs they may become infected. Most people get TB germs from someone they spend a lot of time within a confined indoor space. These are most likely to be family members or close friends. TB is not spread by household items such as crockery, drinking glasses, linen or clothes.

What is TB infection?

TB infection means that the germs are in the body but they are inactive. After TB germs enter the body, in most cases, the body's immune system controls the germ. These germs can stay alive in the body for many years in an inactive or dormant state. TB infection does not produce symptoms and does not cause damage to the body and cannot be spread to other people. The person may be infected but they are not sick.

TB infection can be determined with a positive Tuberculin Skin Test or a specific blood test.

When does 'infection' become disease?

It is possible, even after many years, for inactive TB germs to become active. This most commonly happens when the body's immune system is weakened. For example, by serious illness, advanced aged, a stressful event, drug and alcohol abuse, infection with HIV (this is the virus that

causes AIDS) or other chronic conditions. When inactive TB germs become active, TB disease can develop. 10% of people infected with TB may go on to develop TB disease. It is still treatable.

What are the signs of TB Disease?

TB can attack any part of the body. Lungs are the most common site. People with TB disease may have some or all of the following symptoms:

- A cough that lasts for more than 3 weeks.
- Unexplained weight loss.
- Tiredness.
- Fevers, night sweats.
- Loss of appetite.

Sometimes a person with TB disease can cough up blood stained sputum.

What are the common tests for TB?

1. The Tuberculin Skin Test (Mantoux test) and/or an IGRA (blood test) show whether or not the person is likely to have been infected.
2. A chest x-ray scan can show whether TB has affected the lungs
3. A sputum test shows if TB germs are present in phlegm coughed up from the lungs.
4. Biopsy taken from various sites in the body – lung tissue, lymph node tissue can also reveal if TB germs are present.

What should I do if I have contact with a person who has TB disease?

People who require screening are identified by contact tracing procedures and are notified individually. Other people who have concerns that are not answered by reading this fact sheet can call one of the nursing staff at the Department of Respiratory and Sleep Medicine for advice on **6244 2066** Monday - Friday 8.30-5pm, except on public holidays.

How is TB treated?

- TB infection: the doctor may prescribe a course of antibiotics or may advise chest x-ray screening for 3 years or more.
- TB disease: A combination of antibiotics is prescribed for a period of at least 6 months. An expert TB nurse will supervise the therapy, monitor possible side effects and ensure that treatment is completed.

Are people with TB disease always infectious?

People with TB disease of the lungs or throat can be infectious to others. In most cases, after two weeks of taking the prescribed antibiotics, they are no longer considered infectious and can resume normal activities such as school and work. People with TB in other parts of their body are not considered to be infectious.

Who do TB patients need to tell about their disease?

TB is a confidential matter between the patient and the treating doctor. Identified contacts are often family and household members who will be assessed by the expert TB nurses who will provide screening and ongoing follow-up. Sometimes close friends, work or school friends may need to be screened also. They will be contacted and assessed maintaining complete confidentiality.

The Department of Respiratory and Sleep Medicine at The Canberra Hospital provide:

- Care and management of patients with TB.
- Contact tracing and screening.

A referral from your doctor or a Medicare card is **not** needed.

Need more information?

For more information about TB contact the TB Nurses at The Department of Respiratory and Sleep Medicine at Canberra Hospital during business hours on **(02) 6244 2066**. After hours, please call the Health Protection Service, Communicable Disease Control Information Line on **(02) 6205 2155**.

Tuberculosis is a notifiable disease. Cases notified to ACT Health are investigated by TB Nurses at The Department of Respiratory and Sleep Medicine.

**Medical Director and Registered Nurses
Department of Respiratory and Sleep
Medicine, The Canberra Hospital.
(02) 6244 2066**

Acknowledgement

NHMRC, 2013, *The Australian Immunisation Handbook*, 10th edition.

Accessibility

The ACT Government is committed to making its information, services, events and venues, accessible to as many people as possible.

- If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format—such as large print or audio—please telephone 13 2281 or email HealthACT@act.gov.au.
- If English is not your first language and you require the translating and interpreting service—please telephone 131 450.
- If you are deaf or hearing impaired and require the TTY typewriter service—please telephone (02) 13 3677, then ask for 13 2281.
- Speak and listen users—phone 1300 555 727 then ask for 13 2281.
- Internet Relay Users—connect to the NRS, then ask for 13 2281.

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Updated July 2015

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Enquiries about this publication should be directed to ACT Government Health Directorate, Communications and Marketing Unit, GPO Box 825 Canberra City ACT 2601 or email: HealthACT@act.gov.au

www.health.act.gov.au | www.act.gov.au

Enquiries: Canberra 13ACT1 or 132281



Department of Respiratory and Sleep Medicine

The Canberra Hospital, Yamba Drive Garran ACT 2605
PO Box 11, Woden, ACT 2606
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Website: www.health.act.gov.au
ABN: 82 049 056 234

19/10/2016

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Yours sincerely,

Wendy Mossman CNC, Michelle Hine RN, Amor Seastres RN, Christine Kerr RN
Department of Respiratory and Sleep Medicine
Canberra Hospital and Health Services
02 6244 2066
Email: respsleep@act.gov.au



TUBERCULOSIS

INFORMATION

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3. A sputum test shows if TB germs are present in phlegm coughed up from the lungs.
4. Biopsy taken from various sites in the body – lung tissue, lymph node tissue can also reveal if TB germs are present.

What should I do if I have contact with a person who has TB disease?

People who require screening are identified by contact tracing procedures and are notified individually. Other people who have concerns that are not answered by reading this fact sheet can call one of the nursing staff at the Department of Respiratory and Sleep Medicine for advice on **6244 2066** Monday - Friday 8.30-5pm, except on public holidays.

How is TB treated?

- TB infection: the doctor may prescribe a course of antibiotics or may advise chest x-ray screening for 3 years or more.
- TB disease: A combination of antibiotics is prescribed for a period of at least 6 months. An expert TB nurse will supervise the therapy, monitor possible side effects and ensure that treatment is completed.

Are people with TB disease always infectious?

People with TB disease of the lungs or throat can be infectious to others. In most cases, after two weeks of taking the prescribed antibiotics, they are no longer considered infectious and can resume normal activities such as school and work. People with TB in other parts of their body are not considered to be infectious.

Who do TB patients need to tell about their disease?

TB is a confidential matter between the patient and the treating doctor. Identified contacts are often family and household members who will be assessed by the expert TB nurses who will provide screening and ongoing follow-up. Sometimes close friends, work or school friends may need to be screened also. They will be contacted and assessed maintaining complete confidentiality.

The Department of Respiratory and Sleep Medicine at The Canberra Hospital provide:

- Care and management of patients with TB.
- Contact tracing and screening.

A referral from your doctor or a Medicare card is **not** needed.

Need more information?

For more information about TB contact the TB Nurses at The Department of Respiratory and Sleep Medicine at Canberra Hospital during business hours on **(02) 6244 2066**. After hours, please call the Health Protection Service, Communicable Disease Control Information Line on **(02) 6205 2155**.

Tuberculosis is a notifiable disease. Cases notified to ACT Health are investigated by TB Nurses at The Department of Respiratory and Sleep Medicine.

Medical Director and Registered Nurses Department of Respiratory and Sleep Medicine, The Canberra Hospital. (02) 6244 2066

Acknowledgement

NHMRC, 2013, *The Australian Immunisation Handbook*, 10th edition.

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www.health.act.gov.au | www.act.gov.au

Enquiries: Canberra 13ACT1 or 132281

Media Statement

- ACT Health has recently been notified of a case of Tuberculosis (TB) diagnosed in a person who is a student at the Australian National University (ANU).
- It appears likely that this person was exposed to the disease while living overseas; it is not likely that the infection was acquired at ANU.
- The person has commenced on appropriate treatment and is not a risk to other individuals now.
- TB is caused by bacteria. The bacteria can attack any part of the body, but usually attacks the lungs. People with TB of the lungs may expel bacteria into the air when they cough or sneeze and other people may become infected if they are nearby and breathe in these bacteria after prolonged contact or multiple exposures.
- TB is treatable with appropriate antibiotics and people can make a complete recovery.
- As a preventive measure, people who have had prolonged contact with the case, including family, close friends, staff and students, have been identified and offered screening to determine whether they have been exposed to the disease.
- If you require any further information please contact the Department of Respiratory and Sleep Medicine on 6244 2066.

Chief Health Officer
ACT Health



Department of Respiratory and Sleep Medicine

The Canberra Hospital, Yamba Drive Garran ACT 2605
PO Box 11, Woden, ACT 2606
Phone: 02 6244 2066 Fax: 02 6244 2604
Website: www.health.act.gov.au
ABN: 82 049 056 234

27/10/2016

To whom it may concern,

According to records provided by ACT Health, you may have had exposure to a person who has recently been diagnosed with Tuberculosis (TB). While there is no cause for alarm, it is recommended that you be tested to determine possible exposure. A previous BCG vaccination will not necessarily afford you any protection.

TB disease is found in every country of the world. Australia has approximately 1,000 cases each year. In Australia, there is excellent antibiotic treatment for Tuberculosis-TB and complete recovery is expected. For further information about TB, please read the enclosed Tuberculosis Fact Sheet.

TB SCREENING

For Australian-born possibly exposed persons:

Tuberculosis-TB screening involves a Tuberculin Skin Testing (also known as a Mantoux test) and a chest x-ray, depending on an individual's previous screening results and health history. The skin test (also known as a Mantoux test) involves injecting a small amount of fluid into the outer layer of the skin of the forearm. The reaction, which is examined **3 days later**, can vary from no reaction at all to a raised red lump similar to a large insect bite. If there is a reaction, this does not indicate that you have Tuberculosis disease-TB. It does indicate that the Tuberculosis germ you may have had exposure to TB be present and that further tests or a doctor's appointment may be advised required.

Time and location for test

TB screening is available **Monday, Tuesday and Friday 1:00pm-3:30pm and as well as Tuesday and Friday 10:00am-12:00pm noon** at the Department of Respiratory and Sleep Medicine which is located on Level 2 of the main building at Canberra Hospital, in the Outpatients corridor. Phone: 62442066.

For Overseas-born possibly exposed persons:

Tuberculosis-TB screening involves a health history, chest x-ray and a Quantiferon blood test. The Quantiferon blood test looks for the Tuberculosis germ and disregards the BCG vaccination. It can take a few weeks for the blood test results to be back, however once known, you will be contacted, and advised of the result and told if any further follow up is required.

Time and location for test

TB screening is available **Monday, Tuesday, Wednesday and Thursday 1:00pm-3:30pm and as well as Tuesday 10:00am-12:00pm noon** at the Department of Respiratory and Sleep Medicine which is located on Level 2 of the main building at Canberra Hospital, in the Outpatients corridor. Phone: 62442066.

Also if you have had a recent chest x-ray, please bring this to the screening.

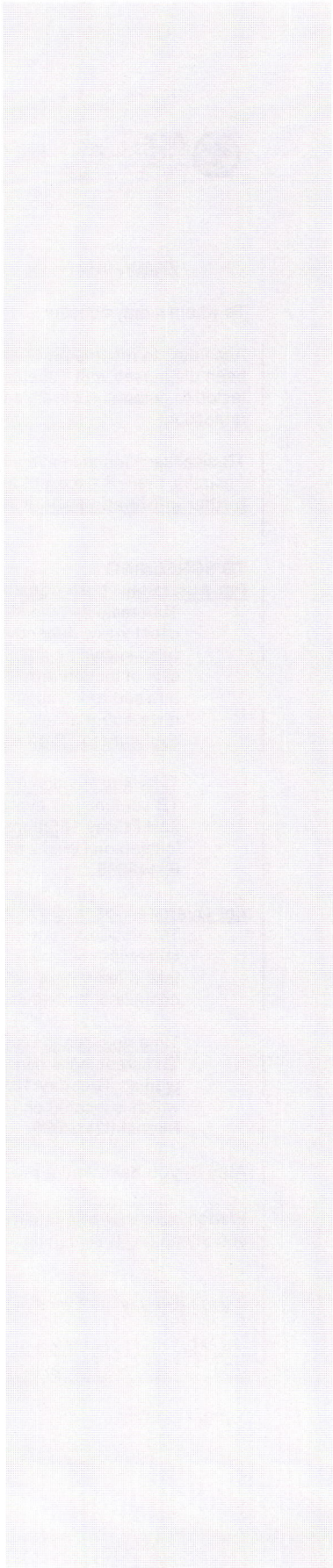
Please note that this is a free and confidential service. It is in your interest that we highly recommend you attend for TB screening.

If you have any questions please ask to speak with a member of the nursing staff on **6244 2066**.

It is important to get this screening done as soon as possible. If you are travelling or not currently living in the ACT, please take this letter to your healthcare provider.

Yours sincerely,

Wendy Mossman CNC, Michelle Hine RN, Amor Seastres RN, Christine Kerr RN
Department of Respiratory and Sleep Medicine
Canberra Hospital and Health Services
02 6244 2066
Email: respsleep@act.gov.au



Media Dot Points

- ACT Health has recently been notified of a case of tuberculosis (TB) diagnosed in a person who is a student at the Australian National University (ANU).
- It appears likely that this person was exposed to the disease while living overseas; it is not likely that the infection was acquired in Australia.
- The person has commenced on appropriate treatment and is not a risk to other individuals now.
- TB is caused by bacteria. The bacteria can attack any part of the body, but usually attacks the lungs. People with TB of the lungs may expel bacteria into the air when they cough or sneeze and other people may become infected if they are nearby and breathe in these bacteria after prolonged contact or multiple exposures.
- TB is treatable with appropriate antibiotics and people can make a complete recovery.
- In line with the national guidelines, as a preventive measure, people who have had prolonged contact with the case, including family, close friends, staff and students, have been identified and offered screening to determine whether they have been exposed to the disease.
- If you require any further information please contact the Department of Respiratory and Sleep Medicine on 6244 2066.

Operational details

- TB contact screening is done in stages, prioritising high risk contacts before medium risk and low risk contacts. Screening of high risk household contacts has now been completed.
- On Monday 31 October, the Department of Respiratory and Sleep Medicine at The Canberra Hospital will commence contacting the medium risk contacts regarding TB screening.
- Medium risk contacts include 68 ANU staff and students that have had close contact with the case in a classroom/tutorial or smaller group setting.
- Once screening medium risk contacts has been completed, if there is evidence of TB transmission to this group, screening would be further extended to low risk contacts.
- A total of 184 low risk contacts have been identified, and these are ANU staff and students who may have had exposure to the case in a large lecture theatre or similar larger group setting.
- The Department of Respiratory and Sleep Medicine at The Canberra Hospital will be contacting and screening all of the identified individuals.

Chief Health Officer
ACT Health



TUBERCULOSIS

INFORMATION

What is Tuberculosis?

Tuberculosis (TB) is a curable disease caused by the bacteria (germ) *Mycobacterium Tuberculosis*. TB can damage a person's lungs or other parts of the body and cause serious illness. In Australia there are approximately 1000 cases of TB each year. There is excellent antibiotic treatment available and complete recovery is expected.

How is TB spread?

TB spreads through the air when a person with TB disease in the lungs or throat, coughs, sneezes or speaks, sending germs into the air. When other people breathe in these germs they may become infected. Most people get TB germs from someone they spend a lot of time within a confined indoor space. These are most likely to be family members or close friends. TB is not spread by household items such as crockery, drinking glasses, linen or clothes.

What is TB infection?

TB infection means that the germs are in the body but they are inactive. After TB germs enter the body, in most cases, the body's immune system controls the germ. These germs can stay alive in the body for many years in an inactive or dormant state. TB infection does not produce symptoms and does not cause damage to the body and cannot be spread to other people. The person may be infected but they are not sick.

TB infection can be determined with a positive Tuberculin Skin Test or a specific blood test.

When does 'infection' become disease?

It is possible, even after many years, for inactive TB germs to become active. This most commonly happens when the body's immune system is weakened. For example, by serious illness, advanced aged, a stressful event, drug and alcohol abuse, infection with HIV (this is the virus that

causes AIDS) or other chronic conditions. When inactive TB germs become active, TB disease can develop. 10% of people infected with TB may go on to develop TB disease. It is still treatable.

What are the signs of TB Disease?

TB can attack any part of the body. Lungs are the most common site. People with TB disease may have some or all of the following symptoms:

- A cough that lasts for more than 3 weeks.
- Unexplained weight loss.
- Tiredness.
- Fevers, night sweats.
- Loss of appetite.

Sometimes a person with TB disease can cough up blood stained sputum.

What are the common tests for TB?

1. The Tuberculin Skin Test (Mantoux test) and/or an IGRA (blood test) show whether or not the person is likely to have been infected.
2. A chest x-ray scan can show whether TB has affected the lungs
3. A sputum test shows if TB germs are present in phlegm coughed up from the lungs.
4. Biopsy taken from various sites in the body – lung tissue, lymph node tissue can also reveal if TB germs are present.

What should I do if I have contact with a person who has TB disease?

People who require screening are identified by contact tracing procedures and are notified individually. Other people who have concerns that are not answered by reading this fact sheet can call one of the nursing staff at the Department of Respiratory and Sleep Medicine for advice on **6244 2066** Monday - Friday 8.30-5pm, except on public holidays.

How is TB treated?

- TB infection: the doctor may prescribe a course of antibiotics or may advise chest x-ray screening for 3 years or more.
- TB disease: A combination of antibiotics is prescribed for a period of at least 6 months. An expert TB nurse will supervise the therapy, monitor possible side effects and ensure that treatment is completed.

Are people with TB disease always infectious?

People with TB disease of the lungs or throat can be infectious to others. In most cases, after two weeks of taking the prescribed antibiotics, they are no longer considered infectious and can resume normal activities such as school and work. People with TB in other parts of their body are not considered to be infectious.

Who do TB patients need to tell about their disease?

TB is a confidential matter between the patient and the treating doctor. Identified contacts are often family and household members who will be assessed by the expert TB nurses who will provide screening and ongoing follow-up. Sometimes close friends, work or school friends may need to be screened also. They will be contacted and assessed maintaining complete confidentiality.

The Department of Respiratory and Sleep Medicine at The Canberra Hospital provide:

- Care and management of patients with TB.
- Contact tracing and screening.

A referral from your doctor or a Medicare card is **not** needed.

Need more information?

For more information about TB contact the TB Nurses at The Department of Respiratory and Sleep Medicine at Canberra Hospital during business hours on **(02) 6244 2066**. After hours, please call the Health Protection Service, Communicable Disease Control Information Line on **(02) 6205 2155**.

Tuberculosis is a notifiable disease. Cases notified to ACT Health are investigated by TB Nurses at The Department of Respiratory and Sleep Medicine.

**Medical Director and Registered Nurses
Department of Respiratory and Sleep
Medicine, The Canberra Hospital.
(02) 6244 2066**

Acknowledgement

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Website: www.health.act.gov.au
ABN: 82 049 056 234

31/10/2016

To whom it may concern,

According to records provided to ACT Health, you may have had exposure to a person who has recently been diagnosed with Tuberculosis (TB). While there is no cause for alarm, it is recommended that you be tested for TB. A previous BCG vaccination will not necessarily afford you any protection.

TB is found worldwide and Australia has approximately 1,000 cases each year. There is effective antibiotic treatment for TB and complete recovery is expected. **For further information about TB, please read the enclosed *Tuberculosis Fact Sheet*.**

TB SCREENING

For Australian-born persons:

TB screening involves a Tuberculin Skin Testing (also known as a Mantoux test) and a chest x-ray, depending on an individual's previous screening results and health history. The skin test involves injecting a small amount of fluid into the outer layer of the skin of the forearm. The reaction, which is examined **3 days later**, can vary from no reaction at all to a raised red lump similar to a large insect bite. If there is a reaction, this does not indicate that you have TB. It indicates that you may have had exposure to TB and that further tests or a doctor's appointment may be required.

Time and location for test

TB screening is available **Monday, Tuesday and Friday 1:00pm-3:30pm as well as Tuesday and Friday 10:00am-12:00pm** at the Department of Respiratory and Sleep Medicine which is located on Level 2 of the main building at Canberra Hospital, in the Outpatients corridor.

For Overseas-born persons:

TB screening involves a health history, chest x-ray and a Quantiferon blood test. It can take a few weeks for the blood test results to be back. Once known, you will be contacted, advised of the result and told if any further follow up is required.

Time and location for test

TB screening is available **Monday, Tuesday, Wednesday and Thursday 1:00pm-3:30pm as well as Tuesday 10:00am-12:00pm** at the Department of Respiratory and Sleep Medicine which is located on Level 2 of the main building at Canberra Hospital, in the Outpatients corridor.

If you have had a recent chest x-ray, please bring this to the screening.

Please note that this is a free and confidential service. We highly recommend you attend TB screening.

If you have any questions please ask to speak with a member of the nursing staff on **6244 2066**.

It is important to get this screening done as soon as possible. If you are travelling or not currently living in the ACT, please take this letter to your healthcare provider.

Yours sincerely,

Wendy Mossman CNC, Michelle Hine RN, Amor Seastres RN, Christine Kerr RN
Department of Respiratory and Sleep Medicine
Canberra Hospital and Health Services
02 6244 2066
Email: respsleep@act.gov.au



Tuberculosis

Last updated: 25 June 2014

*Tuberculosis is a disease caused by infection with the bacteria *Mycobacterium tuberculosis*. Tuberculosis can damage a person's lungs or other parts of the body and cause serious illness. The disease can be treated with antibiotics.*

What is tuberculosis?

- Tuberculosis (TB) is a disease caused by infection with the bacteria (germ) *Mycobacterium Tuberculosis*
- TB can damage a person's lungs or other parts of the body and cause serious illness.

How is it spread?

- TB is spread through the air when a person with TB in the lungs or throat coughs, sneezes or speaks, sending germs into the air
- When other people breathe in these germs they can become infected
- Most people get TB germs from someone they spend a lot of time with, like a family member or friend
- TB is *NOT* spread by household items (for example by cutlery, crockery, drinking glasses, sheets, clothes or telephone) so it is not necessary to use separate household items.

What is the difference between TB Infection and TB Disease?

TB Infection: the TB germs are in the body but they are "**inactive**". In most cases, the body's defences control the germs. However, these germs can stay alive in an **inactive** state.

- While the TB germs are inactive, they cannot do any damage, or be spread to other people. The person is "**infected**", but not sick. For most (90 per cent of people) the germs will always be inactive. Infection can be detected by a positive result to a Tuberculin Skin Test.

TB Disease: it is possible, even after many years, for inactive TB germs to become active when the body's defences are weakened. This may be due to ageing, serious illness, stressful event, drug or alcohol misuse, HIV infection (the virus that causes AIDS) or other conditions.

- When inactive TB germs become active, TB disease can develop
- Only about 10 per cent of people who are infected with TB germs will get TB disease
- People with TB of the lungs or throat can be infectious to others
- In most cases, after two weeks of taking medication, people with TB disease will no longer spread TB germs
- People with TB in other parts of the body are *not* infectious.

What are the symptoms?

TB can attack any part of the body, but the lungs are the most common site. People with TB may have some or all of the following symptoms:

- A cough that lasts for more than three weeks
- Fevers
- Unexplained weight loss
- Night sweats
- Always feeling tired
- Loss of appetite
- Blood stained sputum
- Pain and / or swelling in the affected area when TB is outside the lungs.

Some people with active TB disease may have only mild symptoms.

Who is at risk?

People who spend long periods in close contact with a person with infectious TB of the lung or respiratory tract. People who:

- Have cancer, including lymphoma or Hodgkin's disease
- Take medication that affects the immune system (e.g. corticosteroids, cyclosporin or chemotherapy drugs)
- Have HIV/AIDS
- Have a chronic illness that affects their immune system.

How is it prevented?

- People with TB in their lungs are instructed to cover their nose and mouth when they cough or sneeze
- People with infectious TB in their lung are isolated until they are no longer infectious
- Some people diagnosed with TB infection are offered a course of preventive treatment
- BCG vaccination gives protection against life-threatening forms of TB to young children who travel to countries where TB is very common. BCG is not generally recommended in NSW.

How is it diagnosed?

For TB in the lungs:

- A chest x-ray can show whether TB disease has affected the lungs
- A sputum test shows if TB germs are present in coughed up sputum
- If the person cannot cough up sputum other tests may be needed.

For TB outside the lungs:

- Tests such as a fine needle biopsy, wound swab, surgical specimen or early morning urine sample can assist in diagnosing TB.

How is it treated?

- **TB Infection:** the doctor may prescribe a course of tablets (preventive therapy) or follow up with regular chest x-rays
- **TB Disease:** is treated with a combination of special antibiotics for at least six months. A chest clinic nurse will watch you take the TB antibiotics to check for any side effects and make sure treatment is completed
- People with TB can be cured if they complete treatment
- People with TB can return to normal activities, while on treatment, as long as they are no longer infectious
- If people with TB do not take their medication, they can become seriously ill, and may even die.

For more information

- Contact your local [Chest Clinic](#) or see your family doctor
- All TB investigations and treatment are provided free and confidentially at chest clinics
- A referral from a doctor is NOT needed to attend a chest clinic
- A medicare card is NOT needed.

For further information please call your local Public Health Unit on 1300 066 055 or visit the New South Wales Health website www.health.nsw.gov.au