

Offshore Processing Centres Quarterly Health Trend Report

October – December 2013

1 PURPOSE OF THIS REPORT

This report analyses health trends amongst the Transferee population in Offshore Processing Centres (OPCs).

2 LIMITATIONS

This report is intended as a broad overview of trends identified in this reporting period. IHMS provides separate and more detailed information regarding these health trends through formal clinical updates to the Department of Immigration and Border Protection (DIBP) on a weekly basis. In addition a number of communications have been provided to the department this quarter including a hygiene and sanitation survey on Manus.

3 OVERVIEW

As the contracted health service provider for DIBP, IHMS provides primary care services and emergency health support to Transferees at OPCs. This includes the provision of clinically appropriate health care responses, including the assessment, treatment and monitoring of physical and mental health issues that may arise during a person's time in immigration detention. In formulating this report, IHMS has considered the key health issues to Transferees arising from the provision of health services at both sites with a focus on environmental factors.

4 HEALTH TRENDS

4.1 Manus OPC

Primary Health Care during this quarter has reflected the common medical ailments related to environmental conditions on Manus. Fungal infections are typical for this climate. Bacterial skin infections are common, due to the large skin surfaces exposed. The Transferee population has reported insect bites, cuts, scratches and abrasions that quickly become infected in the hot tropical environment and frequently require antibiotic treatment. There have been some difficulties treating asthmatic patients due to the climate and exposure to dust.

Many of the transferees continue to spend time socialising in the evening when it is cooler, and sleep during the day. Transferees are still experiencing headaches and fatigue as well as sleep disturbances. The loss of appetite and mild dehydration are common, despite encouragement to maintain regular food and fluid intake. There has been an increase in presentation of kidney stones this quarter, which may be associated with possible dehydration on the journey to Christmas Island.

There continues to be high demand for pain killers, often after-hours. This is often related to dental pain, with the access to local dental services limited. There remains a long waiting list for dental cases to be seen.

There have been large numbers of presentations with bony and muscular pain this quarter – often related to pre-existing injuries or injuries acquired due to uneven and rocky ground. Frequent requests for pain killers, including opiate based pain killers, have been made especially after hours. Uncovered walkways and frequent rainfall, with unstable muddy wet ground continue to result in continued damp feet and associated skin complaints.

There remains a general poor compliance with the use of insect repellent, the wearing of long trousers and long sleeve shirts as well as anti-malaria medications. Fans are provided to circulate air and reduce the high temperatures but also reduce compliance with sleeping under the mosquito nets. The rate of sleeping under nets is generally very low. Requests for sleeping pills due to anxiety and stress-induced insomnia are common, and prescription rates are reviewed regularly.

The risk of malaria remains a concern at this site however a significant number of measures continue to be followed to reduce this risk, including a robust vector control plan (including various environmental improvements to reduce larval growth around the site); reviews of compliance with prophylactic medication; and malaria education and information sessions to groups at planned sessions, orientation, induction and individually. This has continued. Very limited numbers of *Anopheles* mosquitoes (which transmit malaria) have been detected at the Lombrum site. The vector control studies will now commence around the Lorengau site and IHMS is due to commence a baseline survey of malaria prevalence in the area with a view to better targeting vector control and site-based malaria activities.

IHMS has been informed of a stakeholder case of Japanese encephalitis confirmed in an Australian laboratory. This reinforces the need for vaccination against this disease, and supports the assertion that the *Culex* mosquitos captured around the site remain a likely conduit for this disease.

Recurrent ear infections – often fungal, again typical for this climate – have been reported. Regular information and education is provided to Transferees on prevention of malaria, dehydration, sun care, hand washing and hydration. Significant number of upper and lower respiratory tract infections have been reported from transferees living in close proximity to each other. Often there is a need for oral or intravenous antibiotic treatment.

There are a number of insulin dependent patients, but it has been difficult managing their sugar levels due to the lack of proper exercise facilities and largely starch-based diet with limited options for diabetics.

The majority of cases have been managed medically at the clinic, with the Lorengau Hospital playing a limited role in allowing radiological investigation to be undertaken. The hospital has run out of reagent leading to a backlog of X-rays that need to be done. There remains a need to move patients for interventional work that it is not available at Lorengau, and a number of patients have been moved to Port Moresby for either critical care stabilisation, specialist assessment and investigations or surgical interventions unavailable on Manus.

There have been a significant number of presentations this quarter, with requests for more complex imaging and specialist procedures for injuries or conditions that occurred prior to arrival to Manus. There have been occasions to keep patients for overnight stay for monitoring and intravenous treatment, often longer than 24 hours. More space is required in order to establish formal inpatient or observation ward facilities, and to allow visiting specialists to attend and consult.

4.2 Nauru OPC

Over the past three months, the Nauru OPC has continued to see skin conditions, mainly fungal infections with a spattering of bacterial infection. Several of the Farsi female population report a history of polycystic ovarian disease and have presented with acne which is often associated with this condition.

The most significant environmental impacts relate to heat and humidity due to the hot conditions that persist. Many of the women are reporting vaginal thrush symptoms, and this is an ongoing problem. Many are experiencing repeat infections that require longer term treatment. Additional clothing and longer showers have been requested for these women to help assist with this problem.

IHMS has seen intermittent upper respiratory tract infections over the period mainly in the children. The children have presented with general malaise and fever. The condition lasts for a period of 24-48 hours. The phosphate concentrations around the site have contributed to continued follow-up presentations for asthma. It is expected that exposure will continue whilst the population remains in tented facilities.

A number of cases of eye irritation and conjunctivitis continue to present, which is associated with the dusty conditions and a number of transferees continue to be prescribed eye lubricants as a result.

There has been several burn injuries related to hot water from beverages. All of the burns have been treated on site with dressings and pain management. Transfield services were advised at the time of such injuries to review the beverage serveries. There have also been the occasional sporting injury, all have been treated conservatively.

The mental health team have had an increasing number of referrals for review and treatment of various conditions such as post-traumatic stress disorder, adjustment disorder and torture and trauma-related symptomology. IHMS will shortly be commencing full time psychiatry services on island. In addition, with the number of specialist referrals presently required, the involvement of visiting specialists to Nauru in general medicine (diabetes), ENT surgery, paediatrics and ophthalmology is recommended. A visiting IHMS dental team will also shortly be offering dental services at the RON Hospital after-hours.

The vast majority of medical cases have been managed entirely using IHMS resources and from time to time that of the Republic of Nauru Hospital for acute emergencies that would not allow for a medical movement. There has also been some simple procedural work that the surgeons have been happy to assist with. The arrival of a new Kiribati-trained general surgeon on Nauru remains untested and IHMS is engaging with him presently.

In December, a series of similar skin lesions in seven males was treated and investigated with no root cause elucidated. It is thought this may have been either self-induced chemical reaction, or as a result of a low level food-related histamine reaction. All cases have recovered and no further cases have presented.

There were no other significant medical health events that would indicate a trend holding unusual or high risk levels towards the safety of the Transferee population.