



Health Operations Centre August 2009

Blood Tests for Health Care Workers

All temporary visa applicants intending to work as, or study to be a doctor, nurse, paramedic or dentist now require testing for the presence of Hepatitis B surface antigen and Hepatitis C antibody.

If an applicant is either Hepatitis B surface antigen or Hepatitis C antibody seropositive, the panel doctor should test for the alternative hepatitis strain not already tested for, in addition to performing liver function tests and HIV tests. In hospital and healthcare workers only, (see above), if HepB sAg is positive then applicants should have HepB eAg status investigated. Only if this is positive should DNA studies be undertaken to look for viral load.

In regard to HepC, if this is positive in health care workers then RNA studies are required (as well as the usual LFT's +/- liver USS). The report(s) should be attached to, and the results entered on, form 26 before it is returned to the office processing the application. All members of a Hepatitis B carrier's family, whose own Hepatitis B surface antigen tests are negative, should be advised of the desirability of Hepatitis B vaccination.

A Reminder!

1. Please refer to 'Where to send results' on the Panel Doctor website to determine where to send medical results.
2. Please remind clinic staff to check that forms are complete before forwarding to the Department of Immigration and Citizenship.
3. The most common reason medicals cannot be assessed is lack of confirmation of passport ID.

eHealth Update

Since February 2009, the eHealth2 system has been expanded to selected clinics in the Philippines, Thailand, Vietnam, Indonesia and India - where it has been enthusiastically received.

Feedback from doctors and clinic staff continues to be positive following the successful delivery of system training, which incorporates on-site assistance to process several pre-arranged client medical appointments in eHealth2.

eHealth2 offers significant benefits to both the applicant and the department, and is proving to be successful in reducing application processing times – in most cases health is finalised in as little as 24 - 48 hours after the clinic has submitted their recommendations to DIAC.

eHealth2 is currently being expanded in China, with further rollouts to Saudia Arabia, the UK and Canada planned for the near future.

HIV Counselling

Before an HIV test is performed, pre-test counselling should be provided. In some circumstances, an individual other than the panel doctor, such as a HIV/AIDS worker employed by the panel doctor in his/her clinic, will order the test and should provide pre-test counselling. Regardless of who provides basic pre-test counselling, the panel doctor should also explain:

- that the HIV-test is required as a part of the health examination
- the nature of HIV infection and the acquired immunodeficiency syndrome
- that the results of the test will be provided to Australian Government health agencies, and
- the concept of a false positive screening test.

To download a PDF file of the IOM Guide for HIV Counsellors: Counselling in the context of Migration Health Assessment, IOM, May 2006, see: www.iom.int/

If an applicant's blood gives a HIV positive result, on the initial and/or confirmatory tests, the panel doctor should arrange for a second consultation and then refer the applicant to his or her own doctor for follow-up counselling and management. The panel doctor must record on form 26 that the applicant has been counselled.

In this issue

Blood tests for healthcare workers	1
eHealth Update	1
HIV counselling	1
Asymptomatic applicants - TB	2
Onsite audit program	2
International Panel Physicians Association	2

The following points should be covered in such counselling:

- information about the tests
- implications and possible prognosis
- ways of protecting others from infection with HIV
- ways in which the applicant can minimise opportunistic infections
- referral for continuing counselling and support, and
- referral for early medical intervention.

If asked about the effect a positive result may have on an applicant's likelihood of meeting the health requirement, the panel doctor should state that this is a matter for a MOC to consider. Any further inquiries by applicants should be referred to the post.

Please refer to p41 of the Instructions.

Inactive tuberculosis – asymptomatic TB

Inactive (or latent) TB is asymptomatic infection of healthy persons with incidental signs of past TB exposure (e.g. x-ray scarring, or positive Mantoux) and/or a history of previous TB treatment. If the applicant is asymptomatic, HIV-negative and without radiological signs of active TB, form 26 should be graded B and submitted to the relevant post.

The MOC may request further information if concerned about disease activity. However in most cases the applicant will be cleared for travel, possibly with a Health

Undertaking (which requires attendance at a chest clinic in Australia for surveillance). This surveillance is necessary due to the significant (less than 10%) chance of relapse in untreated persons with inactive TB. Relapse also occurs in treated persons but at a much lower rate.

Any symptomatic and/or HIV-positive applicant with signs of TB should be assumed to have active disease until proven otherwise. The case should be graded B.

If you believe HOC has requested sputum collection in an asymptomatic applicant without suspicious x-ray features, and in whom collection of sputum may be of low value or warrant invasive procedures, please send an email (to Health.Operation.Centre@immi.gov.au) and advise whether serial x-rays may present a better option in this case.

The International Panel Physicians Association (IPPA) is a global communication network of panel physicians and health experts. Their website also provides members access to research and publications on issues relating to health and immigration.

Their web address is:
<http://panelphysicians.org>

HOC Onsite Audit Program

In 2008-09 HOC conducted 721 clinic visits, including visits to appointed panel clinics, potential panel clinics, affiliated pathology labs, chest clinics and associated radiology clinics. As a result of the ongoing review of the panel network, 11 new combined clinics have been appointed to ensure panel coverage accommodates client demand. In addition, panel consolidation has resulted in a reduction of the panel by approx 100 clinics in areas where panel coverage was greater than that required to meet the changing and evolving migration and visitor program.

Thank you to panel members and clinic staff who welcomed both medical officers of the Commonwealth and HOC administrative officers to your clinics and we look forward to continuing the program of onsite visits in 2009-10.

The map below highlights the 71 countries that were visited in 2008-09.

