

# Letters

## Doing the right thing for tuberculosis control in the Torres Strait Islands

**TO THE EDITOR:** Recent articles in the Journal have noted the first case of extensively drug-resistant tuberculosis (TB) in New Zealand,<sup>1</sup> and emphasised the exponential increase in cost and complexity of managing drug-resistant TB.<sup>2</sup> We thus wish to caution against the proposed premature closure of TB treatment services for Papua New Guinea (PNG) citizens who access health care in the Torres Strait Islands.

A Protected Zone under the Torres Strait Island Treaty allows selected inhabitants from the South Fly District of Western Province, PNG, to conduct traditional practices in the outer Torres Strait Islands. Because access to health care in the South Fly District is difficult and local TB control is poor, many of these people use TB services in the Torres Strait Islands, which are under Australian jurisdiction. Around 60 PNG patients, 50 of whom have multidrug-resistant TB, currently receive treatment from Australian TB services for humanitarian and public health reasons — to limit the transmission of TB into Australia. This is especially important given the high rates of transmissible drug-resistant disease.<sup>3,4</sup>

We thus support the strategy of the Australian and Queensland governments, which aims to strengthen PNG TB control as the best long-term solution. However, establishing effective TB control in resource-poor settings such as PNG is complex and confounded by competing health priorities. We are very concerned by the assumption that care of all PNG patients with TB should be transferred back to PNG by February 2012. To avoid making TB control in this area even harder, and particularly to avert the emergence of extensively drug-resistant TB, with subsequent transmission to Australia, we believe that such transfer of care should be based on an objective assessment of the capacity of services

to manage the increasing number of patients and the complexity of their treatment.

The National Tuberculosis Advisory Committee — a subcommittee of the national Department of Health and Ageing's Communicable Disease Network Australia — and the International Union Against Tuberculosis and Lung Disease, endorse the World Health Organization Stop TB Strategy,<sup>5</sup> which places the responsibility for TB management on the jurisdiction where the case was diagnosed. This strategy should also be adopted by the federal and Queensland governments so that patients diagnosed within Australia are only transferred to places where they are likely to complete effective treatment, in accordance with *International standards for tuberculosis care*.<sup>6</sup> This is the situation for illegal immigrants who are diagnosed with TB at the United States–Mexico border.

We therefore recommend that:

- federal government funding to develop TB services in PNG should include operational research to identify the most cost-effective and pragmatic long-term solutions; and
- current Australian services within the Torres Strait be maintained to ensure cross-jurisdictional management of TB, with a gradual transfer only as capacity within PNG is increased.

This position is widely supported by Australian clinicians involved in TB control.<sup>7</sup>

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<sup>1</sup> Johnson PD. Extensively resistant tuberculosis in the lands Down Under. *Med J Aust* 2011; 194: 565-566.

<sup>2</sup> Goh TL, Towns CR, Jones KL, et al. Extensively drug-resistant tuberculosis: New Zealand's first case and the challenges of management in a

low-prevalence country. *Med J Aust* 2011; 194: 602-604.

<sup>3</sup> Gilpin CM, Simpson G, Vincent S, et al. Evidence of primary transmission of multidrug resistant tuberculosis in the Western Province of Papua New Guinea. *Med J Aust* 2008; 188: 148-152.

<sup>4</sup> Gandhi NR, Nunn P, Dheda K, et al. Multidrug-resistant and extensively drug-resistant tuberculosis: a threat to global control of tuberculosis. *Lancet* 2010; 375: 1830-1843.

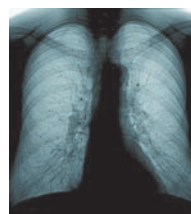
<sup>5</sup> World Health Organization. The Stop TB Strategy. Building on and enhancing DOTS to meet the TB-related Millennium Development Goals. Geneva: WHO, 2006. [http://whqlibdoc.who.int/hq/2006/WHO\\_HTM\\_STB\\_2006.368\\_eng.pdf](http://whqlibdoc.who.int/hq/2006/WHO_HTM_STB_2006.368_eng.pdf) (accessed Oct 2011).

<sup>6</sup> Tuberculosis Coalition for Technical Assistance. International standards for tuberculosis care. The Hague: TCTA, 2006 [http://www.stoptb.org/assets/documents/resources/publications/acsm/istc\\_report.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/istc_report.pdf) (accessed Oct 2011).

<sup>7</sup> Reynolds PN, Turnidge JD, Gottlieb T, Moore MJ. Cross-border patients with tuberculosis: position statement from the Thoracic Society of Australia and New Zealand, Australian Society for Microbiology, Australasian Society for Infectious Disease and the Public Health Association of Australia. *Med J Aust* 2011; 195: 523-524. □

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