

“All we can indicate at this point is that there may be anything up to hundreds of thousands of polio survivors living with the late effects of polio in Australia today,” Ms Liethof said.

As the Australian Bureau of Statistics already conducts a number of surveys which examine the health of Australians, the committee has recommended the ABS introduce questions to estimate and report on the late effects of polio.

The committee said measures also need to be taken to improve the capacity of clinicians and other health professionals to recognise the condition and confirm clinical diagnosis.

“There is no simple or definitive test for the condition, and it often takes years of persistence and frustration before sufferers receive a diagnosis,” Mr Georganas said.

Some roundtable participants suggested with the eradication of polio in Australia, health professionals are less aware of polio as a problem and medical students were not being taught about it in their undergraduate training. As a result many health professionals may not even consider the late effects of polio as a possible diagnosis.

To help raise awareness of the condition the committee has recommended that the relevant national boards, in consultation with key stakeholders, ensure curricula for medical students includes information on the late effects of polio.

The committee has also called for communication strategies that go beyond just educating health professionals to raise awareness in the wider community as well.

Mr Georganas said increasing community awareness could help to identify polio survivors with late effects of polio symptoms who, being unaware of the condition, may not have mentioned a history of polio to their GPs or other health professionals providing treatment. •

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Epidemic defence starts overseas

Cross border collaboration vital for disease control.



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DISEASE CONTROL: Collaboration needed with regional neighbours

Infectious disease experts have called on the government to further develop international disease control protocols and maintain adequate drug stockpiles to limit the impact of future disease epidemics in Australia.

Adrian Sleight, professor of Epidemiology and Population Health at the Australian National University, told a parliamentary roundtable Australia is confronting new or re-emerging infectious diseases at a rate of 50 to 90 per decade, mainly through cross border transmission.

Professor Sleight presented *Epidemics in a changing world*, a report he co-authored with an expert committee, which recommended Australia maintain

its human capacity to combat epidemics, ensure its capability to collect, analyse and interpret disease information, and maintain vaccine stocks and production, particularly for influenza and niche vaccines.

Australia holds valuable influenza vaccine stockpiles which are effective in patient management and controlling disease outbreaks.

The report says stockpiling of antivirals is vital to ensure their availability during times of manufacturer supply shortage such as during epidemics.

Professor Sleight told the House of Representatives Health Committee Australia needs to collaborate with neighbouring states to contain the

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spread of infectious diseases, which become especially dangerous as they cross borders.

“We are dealing with the intersection of the environments and the lifelines of at least two different organisms,” Professor Sleight said. “The situation may be quite unstable and expansive, creating an explosive epidemic such as when we were confronted with SARS and avian influenza.”

The risk of transfer of infectious diseases to Australia is heightened by the lack of biomedical expertise in neighbouring states in the Asian region.

Professor Tania Sorrell of the Emerging Infections and Bio-security Institute said the key to protecting Australia may lie in capacity building beyond our borders.

“When we think about emerging infectious diseases within Australia, we are thinking about what we can do within our own borders – to detect them, to control them,” Professor Sorrell said.

“But we need to recognise that the Asia-Pacific region is quite an important incubator for emerging infectious diseases and for increasing antimicrobial resistance.

“Perhaps we should be looking to develop collaborative interactions with strategic partners in the region so that we can actually anticipate some of these problems and prevent them reaching our borders.”

The infectious diseases roundtable was the first in a series of roundtables looking at policy responses to health issues that cross international borders.

Committee chair Steve Georganas (Hindmarsh, SA) said the roundtables will provide an important insight into protecting national population health in a globalised world.

“Specifically, the committee will investigate how government and non-government agencies protect our country from exposure to imported infectious diseases, and the risk of epidemic and pandemic disease outbreaks,” he said. •

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Coordination vital on baby alcohol disorders

Complex issue needs whole-of-government approach.



DAMAGED BY DRINK: *Unborn at risk from alcohol during pregnancy*

Federal government departments have called for a national strategy to cover the diagnosis, treatment and prevention of Foetal Alcohol Spectrum Disorder (FASD).

In evidence to a parliamentary inquiry, representatives from three federal departments – Health and Ageing (DoHA); Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); and Education, Employment and Workplace Relations (DEEWR) – said while a number of programs and strategies focus on alcohol harm reduction, there is currently no Commonwealth policy strategy specifically dedicated to FASD prevention.

“Alcohol consumption during pregnancy can cause a range of abnormalities in the unborn child which are included under the umbrella term Foetal Alcohol Spectrum Disorder (FASD),” DoHA and FaHCSIA told the committee in a joint submission.

“People affected by FASD experience a range of difficulties including low IQ, learning difficulties, developmental delays and behavioural problems. Secondary outcomes may include: mental health problems; drug and alcohol issues; poor social, educational and employment outcomes; and a high

level of contact with the criminal justice system.”

The departments told the House of Representatives Social Policy and Legal Affairs Committee the primary and secondary impact of FASD on individuals, their families and the community is wide-ranging and crosses many portfolio areas such as physical and mental health, early childhood, education, disability, family and community services (including child protection), employment, housing and the criminal justice sector.

“Clearly, given the association with the potential harms of alcohol consumption for the developing foetus during pregnancy, prevention of FASD is a significant priority,” the departments said.

In planning for future activity, the departments consider FASD should be managed as a whole of population issue, with targeted approaches for at risk populations, and coordinated whole-of-government responses.

The departments said the prevalence of FASD often is concentrated in families and communities that have myriad risks and social challenges, all of which need to be accommodated in approaches to FASD prevention.

DEEWR branch manager Russell Ayers told the committee education is