

NEWS

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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www.aph.gov.au/haa
haa.reps@aph.gov.au
 (02) 6277 4145

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

an important factor in addressing the intergenerational prevalence of FASD.

“It is important to emphasise the role of education to break intergenerational trends and a whole range of negative social behaviours and outcomes, including alcohol and its impact,” Dr Ayers said.

While there is a range of programs and support for parents, children and students in various circumstances, DEEWR does not have a specific targeted set of programs around FASD.

Dr Ayers said with the major work around developing a national curriculum, DEEWR hopes to provide a national approach to the responsible consumption of alcohol during pregnancy.

But without national data that can reliably indicate the number of people with FASD, it is difficult to identify groups at risk.

Health department principal medical advisor Bernie Tower said the department is developing a diagnostic tool that will outline an agreed multidisciplinary approach to both the diagnosis and ongoing management of the condition.

Colleen Krestensen, health department assistant secretary, said the whole intent of getting better at diagnosis is to link the assessment to appropriate early intervention, to address the early trajectory of the condition, to minimise the secondary impact and also to link parents to the best services to support them.

“That is why we are trying to advance our knowledge collectively across government about the best form of intervention – both early and later – and how to link services to best meet the needs of these kids,” Ms Krestensen said.

While acknowledging there is a growing awareness about FASD in the community, the federal departments said it remains a complex issue which needs a concerted and coordinated effort with respect to research, prevention and services. •

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spla.reps@apf.gov.au
 (02) 6277 2358



DEFENCE DIGITAL MEDIA

BRINGING THEM BACK: *Injured soldiers need support in the field and at home*

Review of care for wounded Defence personnel

With 227 Australian Defence Force personnel wounded or injured in Afghanistan since 2002, a parliamentary inquiry will investigate how the ADF manages and supports these soldiers, sailors and air crew.

Personnel who are wounded on operations and suffer relatively minor injuries are treated and, once fit, return to service.

ADF personnel who are seriously wounded are transferred to the nearest military hospital and may be sent to a specialist facility for additional treatment. They may also be returned to Australia for additional treatment and rehabilitation.

ADF rehabilitation programs aim to reduce the impact of injury or illness through early clinical intervention and lessen any psychological effects of the injury.

Chair of federal parliament's Defence Sub-Committee Senator Mark Furner (Qld) said it was of paramount importance that the systems and processes to care for, repatriate, and

rehabilitate or transition ADF personnel wounded and injured on operations are efficient and effective.

“The inquiry will enable the committee to review current arrangements to ensure they are appropriate to support ADF personnel who have been wounded and injured while serving their country,” he said.

As well as examining care arrangements in operational areas, the inquiry will also look at repatriation arrangements to Australia and the care provided on return to Australia, including ongoing health, welfare and rehabilitation support arrangements.

Return to work arrangements and management of personnel who cannot return to ADF service will also be reviewed, along with the transition from ADF support to managed health care and support by the Department of Veterans' Affairs. •

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www.apf.gov.au/jfadt
jscfadt@apf.gov.au
 (02) 6277 2313