Responses to regional and rural outbreaks – TB in Central QLD

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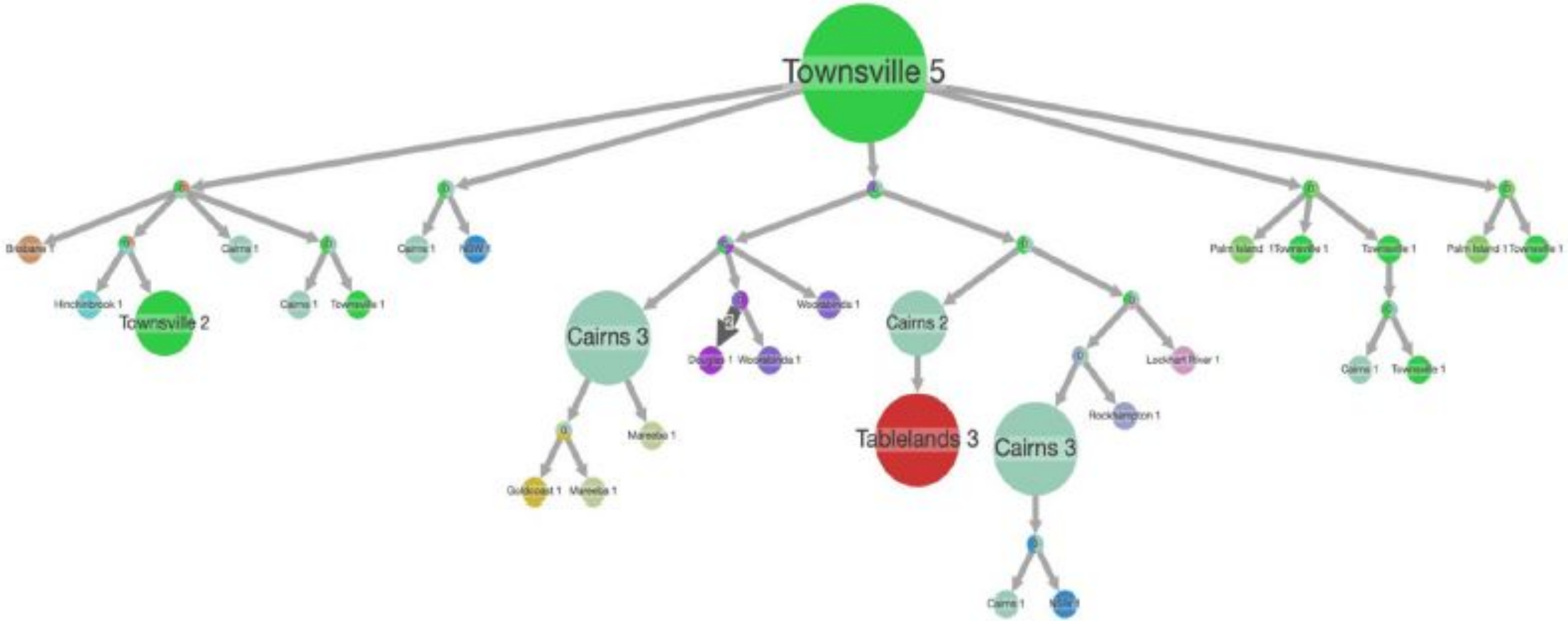
Woorabinda Aboriginal Shire

- Woorabinda – *'kangaroo sit down'*
- Community of forced relocation (1927 – 1970) from across QLD, NT and NSW
- 52 clans represented
- Population 1020 (2021 census)

Woorabinda Aboriginal Shire Council

TB in Woorabinda

- Sporadic cases
  - 15/09/2011 (Woorabinda)
  - 24/04/2012 (Woorabinda)
  - 1/11/2015 (Rockhampton)
  - 1/07/2023 (Woorabinda)
- All genetically linked – MPT 64 negative cluster

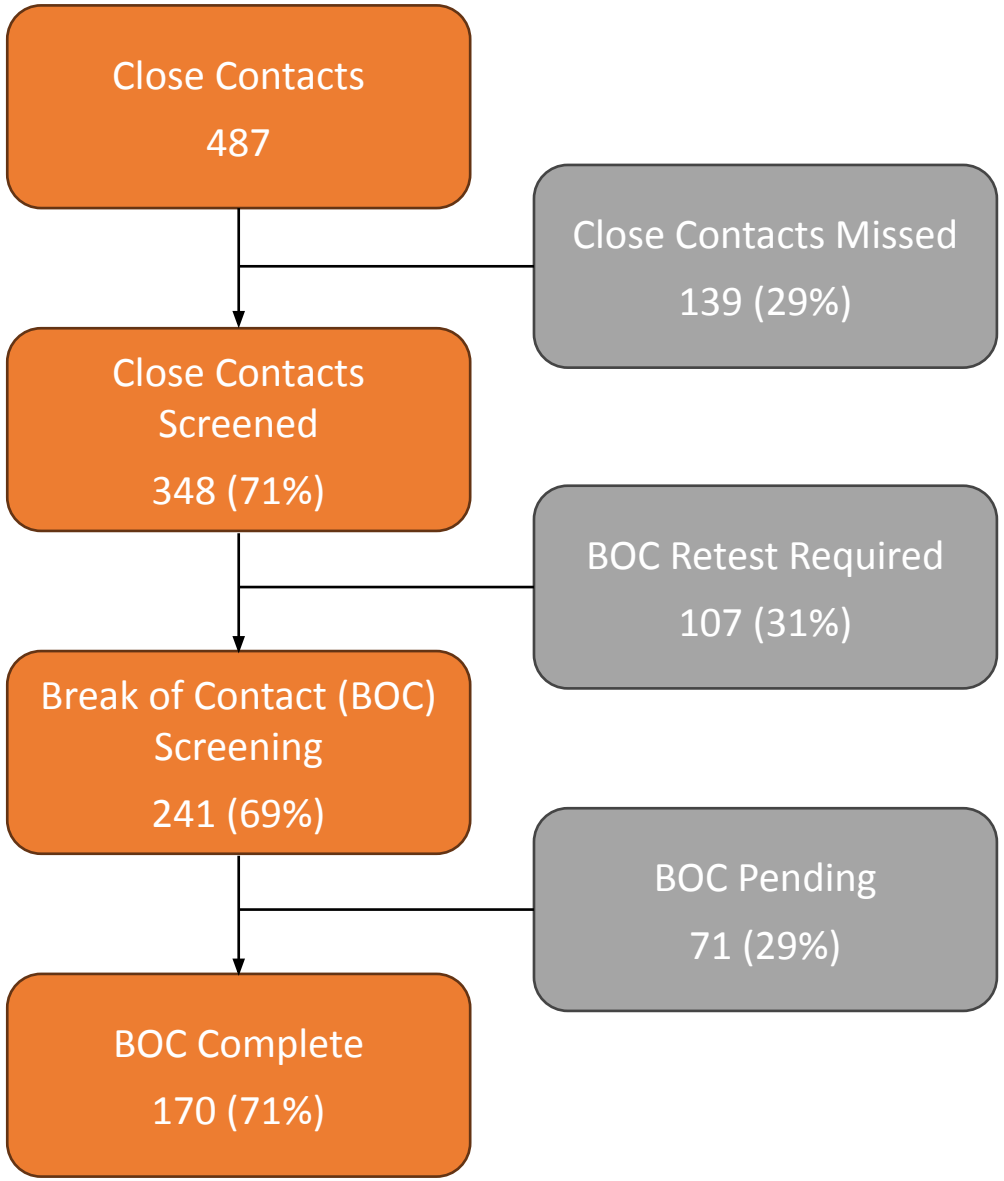


Issues

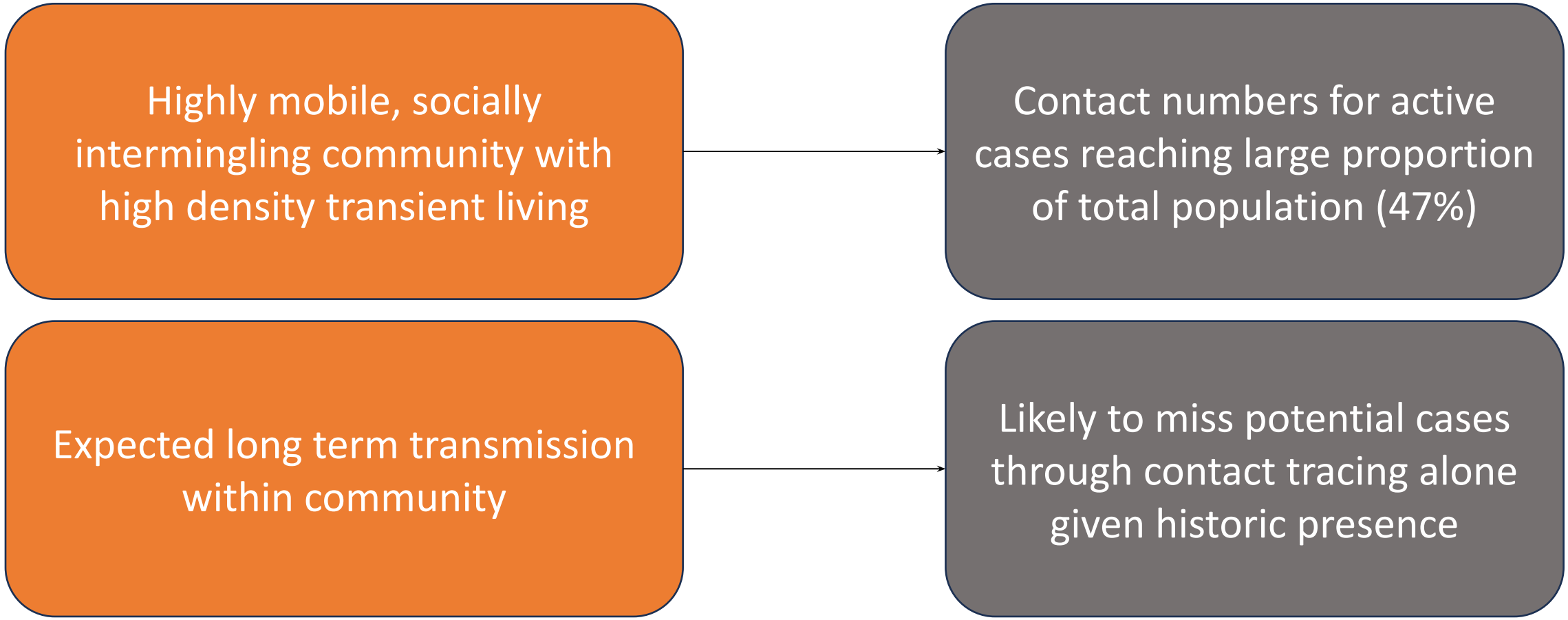
- A remote Aboriginal community with a history of forced relocation and high social mobility.
- Sporadic but genetically linked TB cases have occurred over the past decade, indicating ongoing community transmission.
- Traditional contact tracing is challenging due to large, interconnected households and frequent movement of residents.
- TB rates remain higher in First Nations communities, reflecting broader health inequities and social determinants.
- Stigma, historical mistrust, and limited local health resources further complicate TB control efforts.

Woorabinda TB response

- From case onset 1/07/23 (notified 3/11/23)
- Contact tracing and screening
- Testing and treatment of latent and active cases
- Increased TB workforce



Transition to Community Wide Screening



Community Screening Workforce Involvement

- Began 11/03/2025
- Engagement with Woorabinda MPHS, local GPs and Yoonthalla to encourage testing
- Screening onsite at Woorabinda MPHS and Yoonthalla
- TB team actively engaging with community members requiring retesting and contact screening

Come get tested for TB

Get a quick blood test to see if you've got tuberculosis (TB).

Who's it for?

Everyone that lives or works in Woorabinda.

When and where

- Every Wednesday at Mimosa Clinic from 11am to 2pm.
- Every Thursday at Nana Mats from 11am to 2pm.

No clinics on the week after Easter.

Get tested to protect your community

At your test we can yarn about TB, answer your questions and talk about what happens if you've got TB.

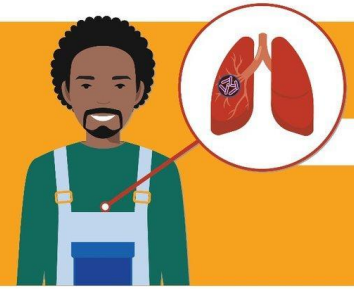
Great Care for Central Queenslanders

Queensland Government

STOP TB

Tuberculosis (TB) **spreads through the air** from one person to another.

- TB germs spread when a person with infectious TB disease **coughs, speaks, or sings.**
- TB germs usually **attack the lungs** but can also move to any part of the body.



TB germs can live in the body **without making you sick.**

This is called **latent TB infection** or **inactive TB.**

- TB germs can live in your body for years without causing symptoms. Without treatment, **inactive TB can develop into active TB disease and make you sick.**
- If you have inactive TB, you can take TB medicine to **prevent the development of active TB disease** even if you do not feel sick.

If your body cannot stop TB germs from growing, **you develop active TB disease.**

- You may **feel sick** and **spread TB germs** to your family, friends, and others around you.
- You need to **take and finish all your TB medicine** to help you feel better and prevent other people from getting sick.

Symptoms of active TB disease:

Take and finish all of your TB medicine to **kill TB germs** and **STOP TB!**

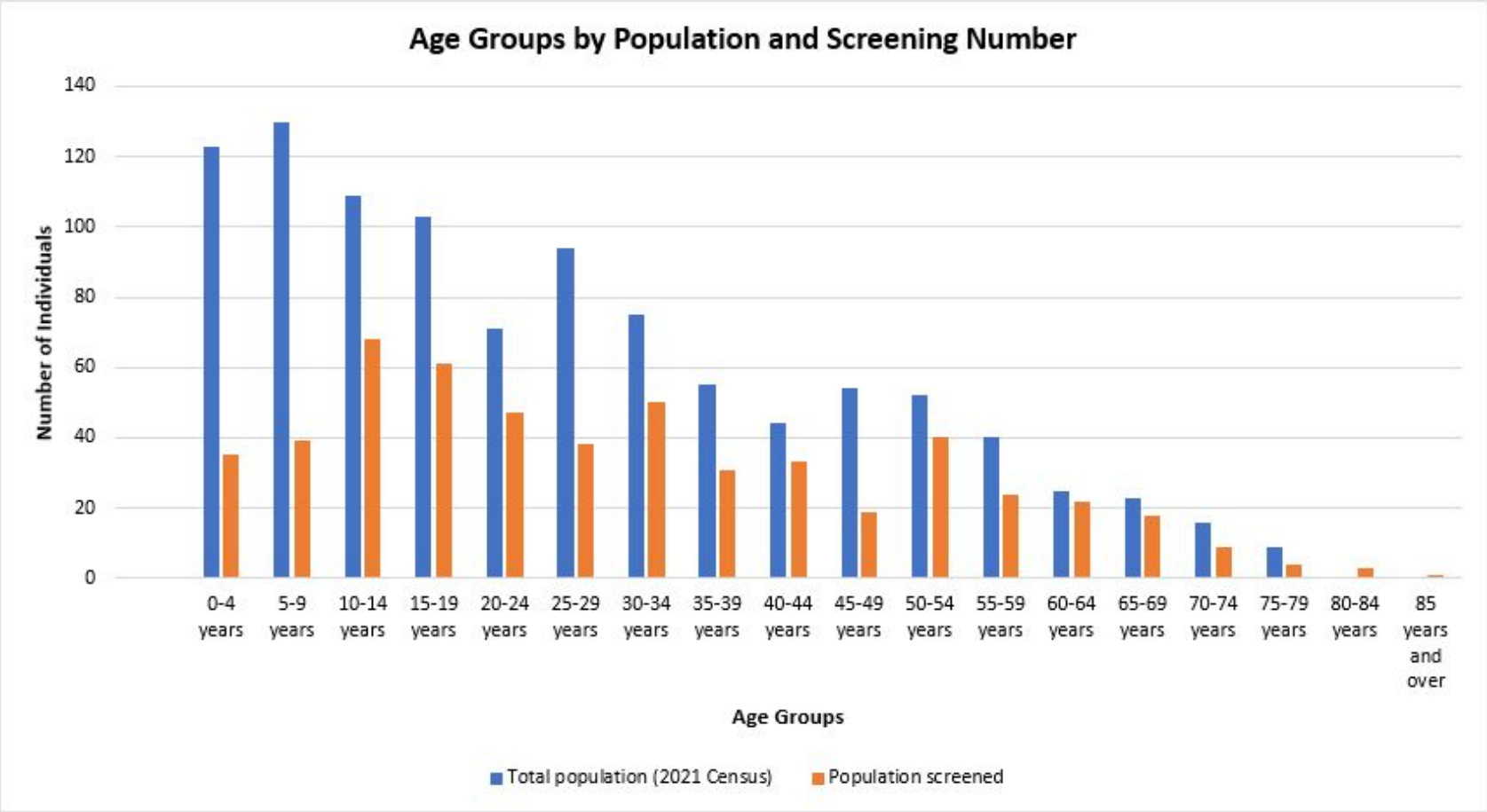
Publication Number: 6474

Centers for Disease Control and Prevention
National Center for HIV, Viral Hepatitis, STD, and TB Prevention

Current Screening Numbers

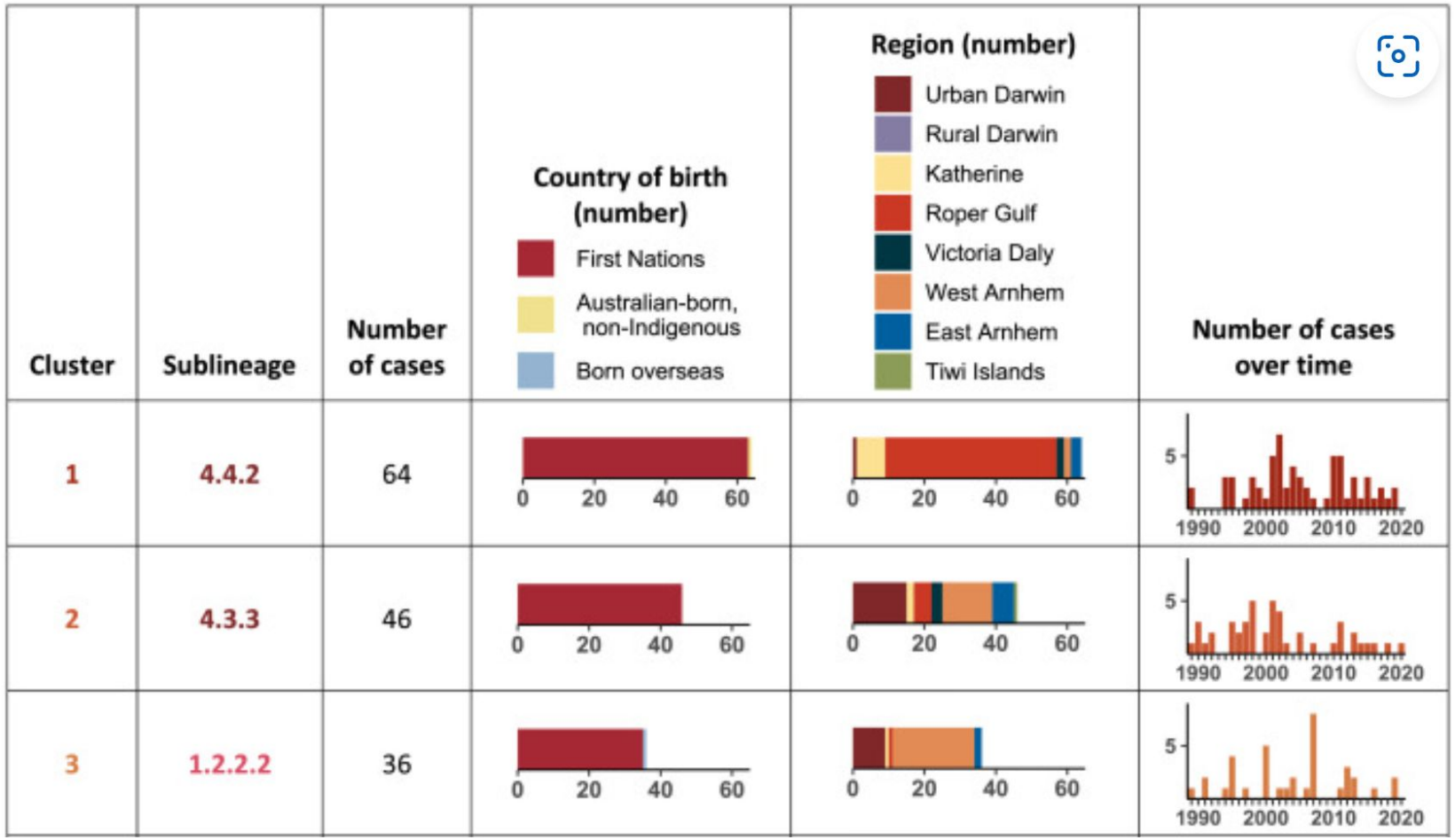
	Community Screening	Contact Tracing	Total
Screened	579 (57%)	348	927
No TB	528	314	842
Latent TB	21	27	48
Active TB	3	7	10

Demographics of Screened Population



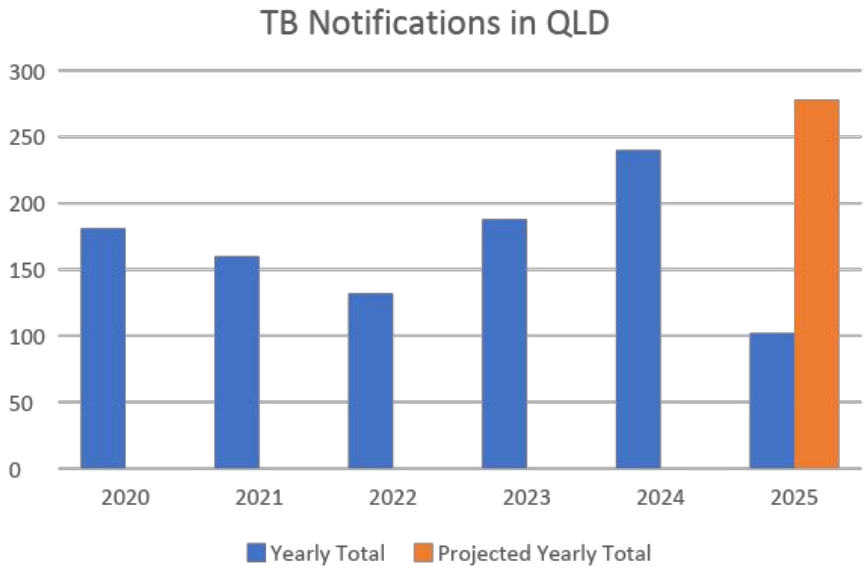
Current TB clusters in First Nations Communities

- Anangu Pitjantjatjara Yankunytjatjara (APY) lands (Mar 2023):
  - *13 cases, 700+ tested*
- Woorabinda (Nov 2023):
  - *10 cases, 48 latent*
  - *900+ tested*
- Murraylands (Apr 2023):
  - *5 cases, 9 latent*
- NT (multiple clusters) →

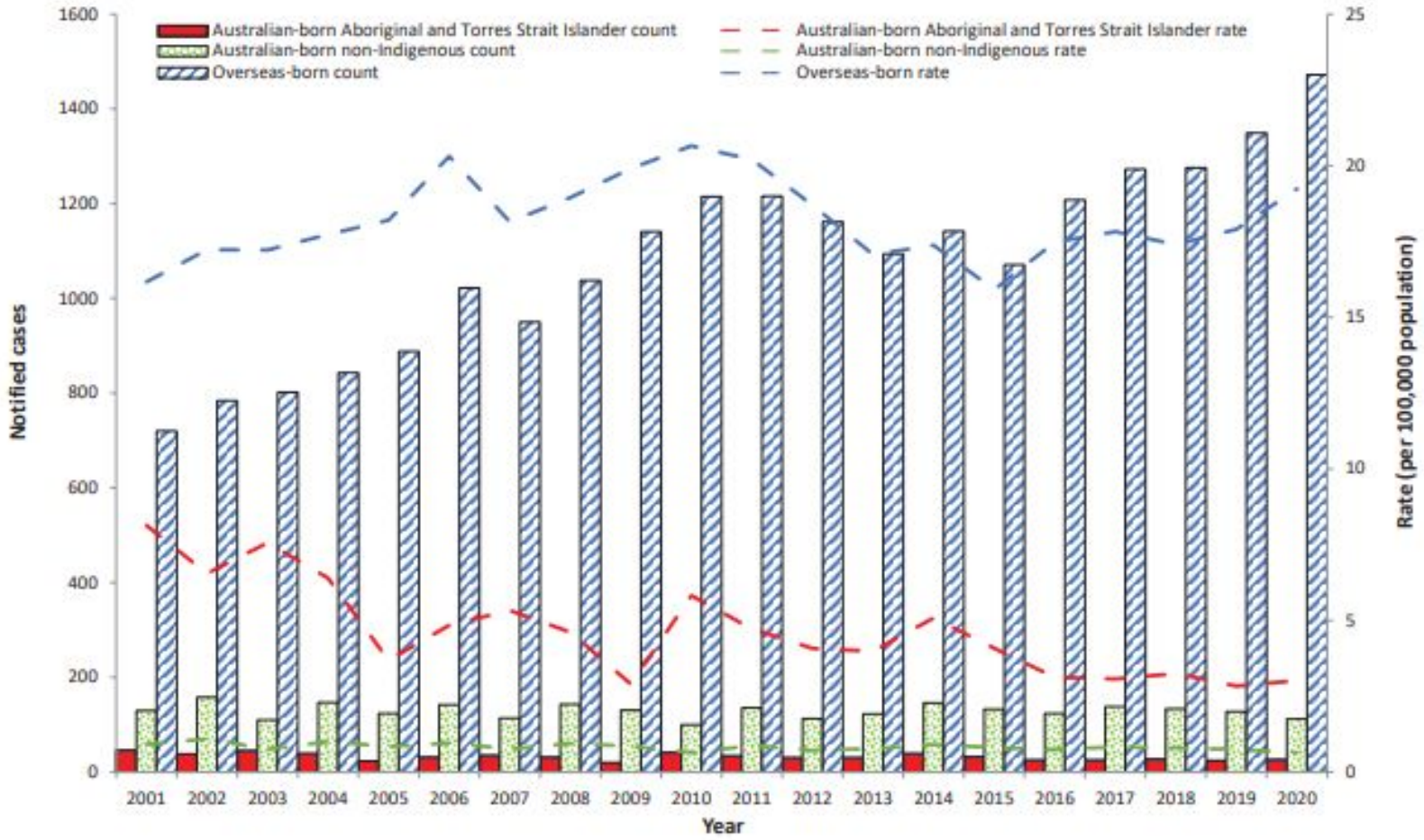


TB notification Trends

Notable increase in TB notifications for QLD over the last 2 years



Notified cases and rate of TB in Australia 2001 to 2020 by population subgroup



Discussions

Recent TB response included both contact tracing and community-wide screening.

Over 579 people (57% of the population) were screened; 10 active and 48 latent TB cases were found.

Screening missed some children, young adults, and men, so targeted outreach is planned.

Community-wide screening is more effective than contact tracing alone in this setting

Conclusion

TB control in discrete Indigenous communities are complex due to community mobility and social structure.

Community engagement and broad screening are key for finding and treating cases.

Ongoing local partnerships and targeted efforts are needed to reduce TB in similar communities.

Acknowledgements

Woorabinda Community

Yoonthalla Services, Woorabinda

Woorabinda Aboriginal Shire Council

Central QLD Public Health Unit