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A developed country approach to eliminating blinding trachoma

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2. 6 Australia (Dr Donna Mak)

A developed country approach to eliminating blinding trachoma

In Australia trachoma is endemic, only in pockets among aboriginal people. The TF prevalence in school-age children in 2002−2003 ranged from 0−27% (district) and 0−60% (community).(4) Trichiasis in indigenous adults in highly disease-endemic communities over the age of 40 years is approximately 10%. There are limited data on face-washing, but a survey of three schools in 2004 gave rates of 55%. The rate of latrine use and access to water is almost universal (96%).

The challenges for Australia include the fact that, as a federation, Australia has no national trachoma control programme, relying on collaboration with state health departments, primary health care services, and aboriginal community-controlled health organizations. Each state has a different health act, none of which mention trachoma as a notifiable disease. There is a currently a lack of consensus among public health and specialist eye health professionals regarding the severity and importance of trachoma as a public health issue. Similarly, there is no consensus on the best practice in surveillance and control activities. There are several trachoma control programmes at district level, only one of which addresses trichiasis. The multiplicity of control programmes has produced non-standardized data (and very little data at all on trichiasis). Those primarily affected by trachoma are in small numbers, highly marginalized and mobile, living in remote, sparsely populated areas. It is estimated that, countrywide, fewer than 5000 have active trachoma, and less than 100 have trichiasis. Blinding trachoma has a very low profile, and is generally not recognized as existing until surveys provide evidence; it cannot compete with life-threatening disease priorities; and there is reluctance to have the condition treated. Access may be difficult, given the distances involved, and there may be language barriers to treatment. High turnover in health staff is a problem in areas where trachoma is endemic, resulting in low awareness and skill levels. Cultural practices and norms can mean that rubbish collection, water use and environmental cleanliness are poor and behavioural change is difficult, even contentious, given the existence of ritual practices associated with water use, for example. The Federal Government or Ministry of Health has no mandate to change or implement trachoma control programmes as they are state-run programmes.

(4) Unlike in developing countries, in Australian indigenous populations, “community” denotes groups of 50−100 people, Similarly, in indigenous populations, the population in a “district” may be 10 000.

Successes: Trachoma control programmes have been successfully and consistently implemented by district health units in four disease-endemic areas of Western Australia and one in the Northern territories. Primary health care services, local schools and environment health staff have been closely involved. Active trachoma has decreased in the Kimberly District from 40% (1976−1979) to 11% in 2002. As prevalence decreases below 5%, schools and communities are no longer surveyed, so overall prevalence is less than 11%. National funding for health care provision for indigenous people has doubled since 1996, potentially leading to better access.

Opportunities: Australia has a communicable disease network, which in 2004 recognized trachoma as a public health issue for the first time. Draft national guidelines for public health management of trachoma have been drafted and are undergoing consultation.

This will present an opportunity to create national consensus on best practice, better coordination between districts and provinces, and implementation of control programmes in all areas where trachoma is known to be endemic with inclusion of trichiasis. An opportunity to increase detection of trichiasis is presented by the indigenous health check, in which there is now a special item number under the Medicare health insurance scheme. A proposal has been made on the creation of a national uniform data set with reporting to the Australian Government.

From a national perspective, for Australia's 20 million population, blinding trachoma is not a public health problem and has virtually been eliminated. However, it is still a problem for small groups of marginalized people and requires a more collaborative and unified approach.

Discussion

Health status of indigenous peoples: Although it has improved, life expectancy and health status for aboriginal people in Australia is still 20 years less than for non-indigenous peoples. The infant mortality rate among the indigenous population has plateaued but is still much higher than for non-indigenous Australians, Trachoma is not a priority at national level, but at district level, where it is endemic, there are some very active control programmes. Historically governments have been neglectful of indigenous populations and there is still a great deal to be done to balance the equation, reflected in the present health outcomes.

Laboratory testing for infection: Although the rates of HIV/AIDS are not high, there are very high rates of sexually transmitted chlamydia in many areas where trachoma is endemic. Genotyping of ocular trachoma isolates has been done, and has verified the identification of ocular, not genital types in children.

In view of the many infectious disease affecting the aboriginal population, mass distribution of antibiotics might be seen to be useful, to cure several diseases at once. Mass distribution of azithromycin is being done under WHO guidelines as part of the trachoma control programmes, although not yet under a national policy. It has not been possible, given political, cultural and ethical constraints, to make a mass distribution of antibiotics to adults to counter sexually transmitted infections (STI).

Desegregation of data: It is important in making public health decisions, to look at disaggregated data, so as to distinguish where the pockets of disease still exist, and allocate priorities according to those. This applies to Australia, and also to other countries.

Elimination date: No date has yet been announced by the Government of Australia for elimination of blinding trachoma.