Ten years of trachoma elimination: Lessons from the Field

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Background

- Trachoma: an eye infection caused by *Chlamydia trachomatis*
- Repeated infections →
  - Scarred eyelids and trichiasis
  - Scarred corneas and blindness
- Leading cause of preventable blindness worldwide.
Background

- WHO Alliance for the Global Elimination of Trachoma by 2020 (GET2020)

- WHO recommended SAFE Strategy
  - S: Surgery
  - A: Antibiotics
  - F: Facial cleanliness
  - E: Environmental health improvements
Trachoma in WA

- Documented since the 1970s

- Endemic trachoma is limited to about 50 communities in four country health regions
  - Kimberley
  - Pilbara
  - Midwest
  - Goldfields
Healthier country communities through partnerships and innovation.

Values:
- Community
- Compassion
- Quality
- Integrity
- Justice
The WA Trachoma Program

- Early efforts in individual communities
- By late 1980s /early 1990s trachoma programs in the four regions
  - Similar but independent
- WA Trachoma Program formed in WACHS in 2006
  - Coordinated, state-wide program
  - State-wide Reference Group
Look back method

- The WA Trachoma Reference Group reflected on the program and reviewed program data from 2006 to 2015.
  - National trachoma reports
  - Trachoma & trichiasis screening data
  - Reported environmental health and health promotion activities
  - Program records

- Reflections from WA Trachoma Reference Group

- Trachoma prevalence
  - Decreased from 23% in 2006 to 2.6% in 2015.
- The number of ‘at risk’ communities screened
  - Increased from 75% to 100%
- Screening coverage of at risk children (4-9yrs)
  - increased from 39% to 89%.
Trichiasis screening & prevalence (2010 - 2015) & facial cleanliness

- Trichiasis (between 2010 and 2015 in people over 40)
  - Screening varied from 6% to 52%
  - Prevalence consistently less than 1%.

- Facial cleanliness
  - Screening between 2006 and 2015 range from 74% to 82%\(^{12-21}\)
Enablers for program success

- Financial support
- Clearly identified program KPIs
- Coordinated approach
- Local collaboration with stakeholders
- Governance arrangements
- Excellent relationships with Aboriginal Communities
- Innovative workforce solutions
Challenges of eradication programs

- Hopkins (2013): “disease eradication is difficult and risky and will probably require more effort, time and money than initially expected, even when it is successful.”
  - Need to intervene everywhere
  - Monitor program progress closely
  - Flexibility and urgency in response to monitoring
  - Operational research
  - Continue to focus on the goal of elimination
Our Challenges

- Aboriginal Communities, some are very remote – maintaining relationships founded on trust
- Program monitoring & interpreting data
- Financial support and cost of treating one case
- Program and community fatigue
- High mobility of Aboriginal populations
- Screening for a ‘needle in a haystack’
Strategies for Success

- Screening all areas in the same short period
- Additional workforce from students
- Screening wider age groups
- Screening issues:
  - Use of expert screeners
  - Training our screeners
  - Consider use of photo/video ophthalmology
A key finding: sustaining trachoma elimination (F and E)

It is likely that WA will reach the elimination target set for 2020, but to sustain elimination and avoid resurgence, a greater investment in health promotion and environmental health will need to be made.
For further information and questions

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