Scabies and impetigo in Timor-Leste

A school screening prevalence study

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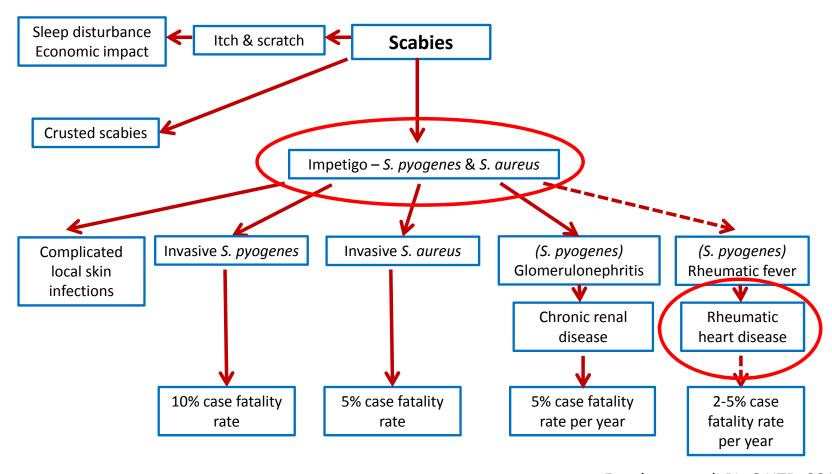


The scourge of scabies

- Common and important skin condition but often neglected
- Scabies affects more than 130 million people globally (WHO)
- Disease of poverty
 - Household crowding
 - Low socioeconomic groups
 - Poor access to healthcare
- Parasitic skin infection caused by Sarcoptes scabiei



The importance of impetigo



Engelman et al. PLoS NTD. 2013

What is known in Timor-Leste

- Bacterial sepsis common but poorly defined
- Acute glomerulonephritis occurs but etiology unknown
- Rheumatic heart disease is common and devastating

Table 1 Infections identified by age group and type, Timor-Leste, September 2007.

Age Group in years	Cases (%)					
	No infection identified	Fungal	Scabies	Pyoderma	Leprosy	Yaws
0 to 5 (n = 100)	18 (18.0)	24 (24.0)	58 (58.0)	30 (30.3)	0 (0.0)	0 (0.0)
6 to 10 (n = 145)	60 (41.3)	44 (30.3)	38 (26.0)	18 (12.3)	1 (0.7)	3 (2.0)
11 to 15 (n = 483)	223 (46.1)	195 (40.4)	71 (14.7)	34 (7.0)	5 (1.0)	3 (1.0)
16 to 20 (n = 486)	254 (52.2)	175 (36.0)	50 (10.3)	22 (4.5)	11 (2.3)	0 (0.0)
21 to 30 (n = 101)	40 (40.0)	49 (48.0)	11 (11.0)	4 (4.0)	4 (4.0)	0 (0.0)
31 to 50 (n = 153)	52 (34.0)	77 (50.3)	27 (18.0)	3 (2.0)	6 (4.0)	0 (0.0)
over 50 (n = 67)	27 (40.3)	29 (43.2)	11 (16.4)	1 (0.9)	2 (3.0)	0 (0.0)
Total (n = 1535)	674 (44.0)	593 (39.0)	266 (17.0)	112 (7.0)	29 (2.0)	6 (0.4)

Goals

- To determine the prevalence of scabies and impetigo in school children in urban and rural settings in Timor-Leste
- To investigate epidemiological associations of skin disease affecting this cohort of children
- Improved understanding of epidemiology is needed in order to design and implement appropriate treatment and prevention strategies at a community level

Methods

- Screening for school students aged 5-24
- 3 schools in 2 districts
 - Opt-out consent
 - Demographics
 - Anthropometry
 - Echocardiography
 - Skin examination



Study Sites



Study sites within Timor-Leste: Dili and Ermera

Skin examination





Demographic

	Dili	Ermera	Total
	(n=502)	(n=894)	(n=1396)
Gender			
Female	254	483	737
Male	248	411	659
Age			
5-9	233	179	412
10-14	266	349	615
15-19	3	290	293
20-24	0	76	76
Anthropometry			
(median z-score (range))			
Weight for age	-1.48 (-4.34 – 2.67)	-1.79 (-4.93 – 1.28)	-1.65 (-4.93 – 2.67)
Height for age	-0.66 (-3.46 – 3.97)	-1.67 (-5.39 – 2.70)	-1.35 (-5.39 – 3.97)
Body Mass Index for age	-1.78 (-4.91 – 2.89)	-1.19 (-4.17 – 1.65)	-1.39 (-4.91 – 2.89)
People per household	Median 6 (range 1-16)	Median 8 (range 2-16)	Median 7 (range 2-46)

Scabies

• Total: 312/1396 (22%)

• Dili: 26/502 (5%)

• Ermera: 286/894 (32%)

• aOR 8.1 (95% CI 5.2-12.4)

Males more likely than females

• aOR 1.4 (95% CI 1.0-1.8)

• 1 with crusted scabies



Impetigo

• Total: 136/1396 (10%)

• Dili: 41/502 (8%)

• Ermera: 95/894 (11%)

 No significant differences across gender, age, location

 68% had evidence of either active or healed impetigo



Treatment

- Students with active skin lesions were referred to the local clinic
- Limited resources were available to treat children with severe infections
- Anticipate that many would not have been able to access appropriate treatment.



Discussion

- Socially disadvantaged population
- High prevalence of scabies and impetigo
- Higher rates in a rural district
- Limited treatment options
- Community awareness and education
- Improved access to effective treatment
- Consideration for community-wide strategies



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