# TRACHOMA MASS DRUG ADMINISTRATION AND HEALTH PROMOTION IN THE WESTERN AUSTRALIAN GOLDFIELDS

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Trachoma is a contagious eye infection caused by *Chlamydia trachomatis* and is the leading cause of preventable blindness worldwide. Given that Australia is the only trachoma-endemic developed nation, eliminating this disease nationwide is an important public health priority.

In 2015 I spent two weeks with the WACHS-Goldfields Population Health Trachoma team. Their aim is to eliminate trachoma in the WA Goldfields by 2020, and their program forms part of a larger state-wide initiative that follows the *Communicable Diseases Network Australi*a guidelines (1). This conference presentation will cover two elements of my placement:

*Mass Drug Administration*

Undertaking Mass Drug Administration (MDA) reinforced my knowledge of MDA logistics and allowed me to explore the requirements for effective MDA (especially in Aboriginal communities). This includes having Aboriginal Health Workers available, having a system of identifying the treated houses and individuals, having lists of those with azithromycin allergies, and ensuring that MDA does not clash with other community activities. Improvements for future trachoma MDAs include using oranges instead of biscuits to prevent nausea, and indelible stamps to further minimise the risk of double / missed treatment.

MDA ethical dilemmas include treating unaffected individuals with medications that may cause side effects and drug resistance stemming from widespread antibiotic use. Implementing MDA in a culturally sensitive manner to people who may not see trachoma as an immediate priority also posed a challenge.

*Health Promotion*

WACHS-Goldfields is considering providing free soap, soap holders and hand hygiene messages to trachoma endemic communities. This could reduce the incidence of common preventable childhood infections (including trachoma), and is based on the finding that education and hand washing with soap significantly reduces the incidence of childhood diarrhoeal illness (2).

During my placement I developed a data collection tool to assess the acceptability of this program. I then obtained data by directly engaging adults in each of the houses visited during the MDA, and provided them with free soap. Given the overwhelmingly positive response to this program, I believe that if implemented it will be an important adjunct to current health promotion strategies.

A reason the program is likely to succeed is because it addresses the Ottowa Charter for Health Promotion (3). The provision of hygiene messages will enable community members to ‘Develop Personal Skills’. ‘Creating Supportive Environments’ will occur by providing free soap every three months, as well as by installing soap holders to improve soap utility and longevity. ‘Strengthening Community Action’ will take place as the community takes ownership of the program. Finally, the level of engagement from the clinics and schools will influence ‘Building Healthy Public Policy’ and ‘Reorienting Health Services’.

1. Communicable Diseases Network Australia. CDNA National Guidelines for the Public Health Management of Trachoma. Canberra: 2014.
2. McDonald E, Bailie R, Brewster D, Morris P. Are hygiene and public health interventions likely to improve outcomes for Australian Aboriginal children living in remote communities? A systematic review of the literature. BMC Public Health. 2008;8(153).
3. World Health Organization. Ottowa Charter for Health Promotion. Health Promotion International. 1986;1:3-5.