

Skin health situational analysis to inform skin disease control programs for the Kimberley

TO THE EDITOR: The impetigo burden for Australian Aboriginal children living in remote areas is the highest in the world, affecting 45% at any one time.¹ This unacceptable public health crisis contributes to ongoing high rates of rheumatic fever and glomerulonephritis, both sequelae of *Streptococcus pyogenes* or group A streptococcus (GAS) infection.² GAS infection is the key immediate driver of impetigo.³ Colonisation, social determinants and inadequate housing are overarching drivers.⁴ To reduce the skin infection burden, the See, Treat, Prevent (SToP) Trial (registered with the Australian New Zealand Clinical Trials Registry, ACTRN12618000520235) was funded as a stepped wedge, cluster randomised trial in partnership with Aboriginal service providers and communities to see, treat and prevent skin infections.¹

Before commencing, a situational analysis⁵ was performed in 2017 to describe trends, driving forces and conditions related to skin infections. The situational analysis⁵ identified the complex, courageous yet under-resourced environmental health and health promotion activities in the Kimberley that could be included as prevention aspects in the SToP Trial¹ and found:

- a well established program of health advocacy and collaboration integrating public and environmental health which prioritises prevention;
- remote Aboriginal populations remain relatively stable with predictable mobility between communities, in contrast to the high turnover of the predominantly non-Aboriginal health workforce; and
- access to household maintenance throughout Kimberley communities, necessary to prevent skin infections, remains limited and frequently

under-resourced. Despite this need, the resourcing required for this sector to deliver on these services has not occurred.⁶

Before the SToP Trial, prior skin infection studies focused on biomedical treatments as short term solutions to improve skin health.¹ Integration of diagnosis, treatment and prevention activities in a single trial to inform skin disease control is novel and needful. Aboriginal communities and health care organisations highlighted the urgent need to incorporate prevention to reduce the inequitable burden of skin infections.

The key findings of the situational analysis are as follows:⁵

- services are working together to combat the high burden of skin infections in the Kimberley;
- the immediate environment continues to contribute to poor skin health and is an area for intervention;
- addressing the social determinants of health is critical to reducing skin infections;
- partnerships are required to appropriately achieve the healthy living practices; and
- the Kimberley has led the way with the development of the environmental health referral form.

The SToP Trial includes clinic and school staff training modules for the identification and treatment of skin infections. These include online options to overcome the logistic challenges limiting face-to-face professional development in isolated locations and to support continuous training of new staff. The stability of the community is a strength and community requests have led to the incorporation of family training packages. Partnerships between primary health care and environmental health service providers are allowing for the better integration of prevention measures within communities. Capitalising on the advocacy and collaboration demonstrated by Aboriginal leaders across the region

has aided SToP Trial initiatives, with results expected in 2023.

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