

# Evaluation of One Disease Elimination Program - Part II

July 2020

Karen Gardner and Miriam Glennie  
UNSW Canberra

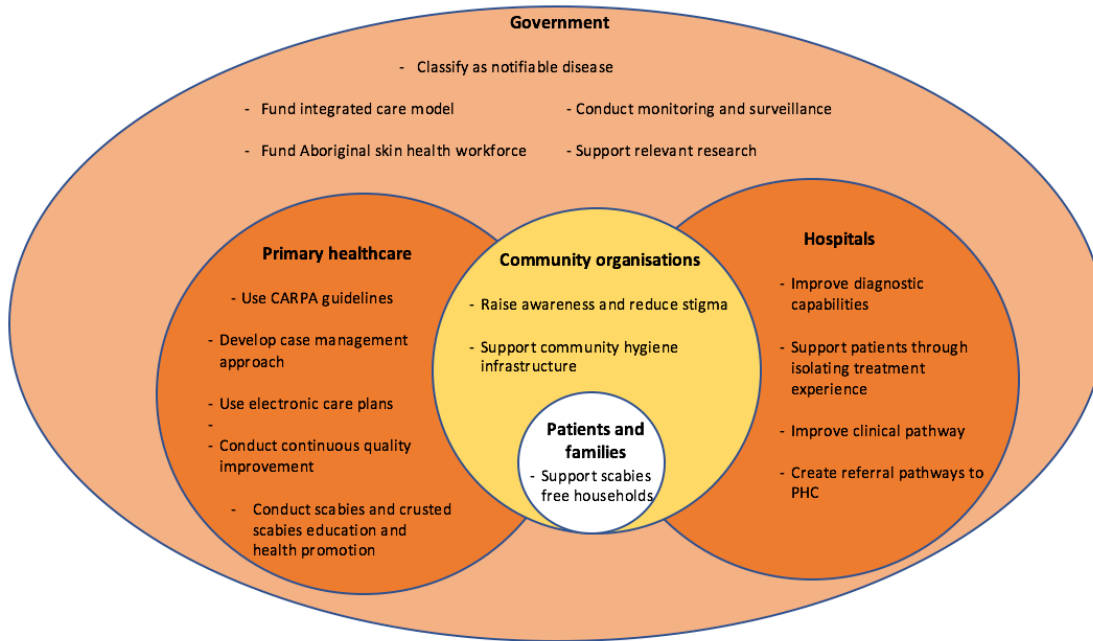
## Small grants program

In 2018, *One Disease* established a small grants program to improve the engagement of local health and community workers in the promotion of scabies free zones. The program was part of the organisation's overarching strategy to improve local systems for crusted scabies prevention and support workforce capacity building. It contributes to the organisation's elimination plan goals 2 and 3 – to support scabies free zones and the destigmatisation of crusted scabies. The program engaged participants from a wide range of provider types, including healthcare and childcare providers, Aboriginal corporations, non-profit women's groups, emergency accommodation providers, and a community arts organisation. It funded 28 providers to attend capacity building workshops and implement a community-based project. Survey data show improvements in participants' engagement – evidenced through increases in knowledge, confidence and motivation. Over 80% of grant recipients successfully completed their projects, which resulted in the implementation of a diverse set of initiatives including hygiene infrastructure and supplies, information sessions, the production and distribution of tailored health promotion materials, as well as scabies treatment and skin checks. The majority of projects were completed in partnership with one or more community partner, further enabling workforce engagement. Collectively, the projects reached hundreds of people in over 40 communities across the NT, WA and QLD.

## Systematic review of active case finding

Improving the detection and diagnosis of crusted scabies is the first goal of *One Disease's* Elimination Plan. The first evaluation of the *One Disease* program found that strategies to-date for achieving this goal had largely been implemented as expected. Further improvement in case detection for crusted scabies is hampered by the lack of evidence about best practice. To gauge alignment of *One Disease's* existing strategies with best practice in case finding, and enable program planning, a systematic review of active case finding for crusted scabies and leprosy was conducted. Leprosy shares many commonalities with crusted scabies, as another stigmatised, communicable, skin-related neglected tropical disease. Unlike crusted scabies, leprosy is widely researched. The systematic review identified 15 studies that met the inclusion criteria. All studied leprosy in developing countries. It is difficult to assess the transferability of findings to crusted scabies in the Australian context given differences in setting and disease. However, the findings suggest that both contact tracing and community wide surveys are likely to find crusted scabies cases missed by passive case detection in endemic and/or highly marginalised communities, such as remote Aboriginal communities. This reinforces *One Disease's* focus on enabling contact tracing for crusted scabies. The effectiveness of any active case finding campaign would be impacted by the skill levels of screeners and their acceptability to community members. *One Disease* has recognised this necessity, and supports capacity building in crusted scabies diagnosis, and engages local Aboriginal health workers in contact tracing. Further details about the review's findings, including barriers to and enablers of campaign implementation, and detailed discussion about findings' application to the NT can be found in the full review.

## INTEGRATED APPROACH TO PREVENTION AND CONTROL OF CRUSTED SCABIES



### Government

- Classify as a notifiable disease to support standardised disease definition and surveillance
- Fund integrated care model to ensure continuity of care is provided across disease lifecourse
- Conduct monitoring and surveillance to track transmission and prevalence
- Fund Aboriginal skin health workforce to support local diagnosis, treatment and prevention
- Support relevant research to advance knowledge of best practice

### Hospitals

- Support patients through treatment to reduce feelings of isolation and increase treatment completion
- Establish clinical pathway to facilitate care and discharge to the community
- Create referral pathways to PHC to ensure ongoing patient care

### Primary healthcare

- Use CARPA guidelines to follow best practice
- Improve diagnostic capabilities to ensure accurate diagnosis
- Develop case management approach to ensure routine treatment and support for patients
- Use electronic care plans to enable timely follow-up
- Conduct continuous quality improvement to capture accurate data and promote improvement in delivery of care in accordance with CARPA guidelines
- Conduct scabies and crusted scabies education and health promotion to increase awareness and encourage health-seeking behaviour

### Community organisations

- Raise awareness to reduce stigma
- Support community hygiene infrastructure to enable scabies free zones

### Patients and families

- Support scabies free households by treating the entire household for scabies