

Education and Trachoma

**“Every child with a dirty face is a health hazard”
(Aboriginal health practitioner 2014)**

Purpose:

This paper explains the important link between trachoma elimination and education. It outlines some of the key definitions and provides some background information about the role of schools and early childhood settings as central to improving hygiene practices.

Background:

Australia is the only developed country in which trachoma is endemic. Trachoma is only found in rural and remote Aboriginal and Torres Strait Islander populations and is endemic in some parts of the NT, SA and WA. Trachoma occurs where personal and community hygiene is poor, and is associated with overcrowding and reduced access to or use of water (particularly for face washing).¹

Trachoma is a contagious infection of the eye by specific strains of the bacteria *Chlamydia trachomatis* that only infects humans and children. Pre-school aged children are the main reservoir. Active trachoma is usually seen in young children and adolescents. In contrast, trachomatous trichiasis (in-turned eyelashes) most commonly presents in adults, usually over the age of 40 years. Infected ocular and nasal secretions passed between young children predominantly spread trachoma.¹

World Health Organisation and the SAFE Strategy:

WHO recommends the SAFE strategy to eliminate trachoma; **S**urgery for trichiasis; **A**ntibiotics for infection; **F**acial cleanliness to stop transmission; and **E**nvironmental improvements for sanitation and hygiene. The Communicable Disease Network of Australia also recommends the SAFE Strategy.

Trachoma Screening and Treatment:

Under Health Minister Abbott Australia started monitoring trachoma. In 2009, the Australian Government committed to eliminate trachoma. With increased screening and treatment the prevalence of trachoma fell from 14% in 2009 to less than 4% in 2013.²

Improving Hygiene and Clean Faces:

Clean faces (the removal of eye and/or nose secretions) are the key to prevent trachoma. Improved hygiene will also reduce other childhood infections including; otitis media, respiratory infections, diarrhoeal disease, oral health, rheumatic heart disease, scabies, kidney disease that are major burdens on children and interfere with schooling.^{3,4}

Health promotion programs involve many groups including early childhood services, family services and centres, and schools. The key message “Clean Faces, Strong Eyes” becomes “Clean Faces, Safe Bathrooms” for the community.

The Role of Schools:

Schools are critical in promoting good hygiene and wellbeing and children can be change agents for their families and communities. Trachoma teaching material is linked to school curriculum in NT, SA & WA. Face washing and hygiene are included in the draft Australian Curriculum.⁵

A healthy and supportive school environment is vital school policy should reinforce new skills and good hygiene. When children arrive at school they need to blow their nose, wash their faces and hands and brush their teeth. This will have a huge impact on their health and wellbeing and their ability to learn.

Northern Territory: *A Leaning Links website* and a portal for teacher and student’s Health and Physical Education digital resources called a *Scoutle Community*⁶ help to share resources and up-skill teachers. Face washing is included in the *Assessment of Student Competencies*. Mirrors have been placed in 85 schools.

South Australia: In the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands remote schools have initiated regular hygiene routines on arrival. The Yamba and Milpa Roadshow visited many APY schools in 2014.

Western Australia: Schools in trachoma endemic regions have adapted the Trachoma Story Kit resources. Clean faces are encouraged with Good Hygiene Bags and hygiene products within health promotion activities.

The Role of Pre-schools:

In remote communities family wellbeing centres, playgroups, child-care and early childhood services are often situated within schools. They are culturally safe and support families through modelling, side-by-side engagement and discussion so that children are school ready. They are ideal places for developing good hygiene practices and reducing childhood infections.

Mirrors and Safe Bathrooms:

Children need safe and functioning washing facilities for washing their face and hands and have soap, paper towels, tissues, bins and mirrors are available. Schools must have properly maintained washing facilities or bathrooms for children. Children need large safety glass mirrors to see if their face is clean or dirty. Metal and plastic mirrors rapidly deteriorate or get scratched. It is estimated that each mirror and installation would cost \$250.00.

School Attendance Officers (SAOs):

In South Australia SAO have been trained so children are school ready with clean faces. This program has only just started and has been very well received.

Partnerships:

Schools and preschools in remote communities are the key setting to develop collaborative health promotion initiatives with early childhood centres, visiting health and education services, sports groups and arts-based NGOs.

Conclusion:

The sustained elimination of trachoma from Australia will only happen when clean faces become the social norm.

Schools, early education and family centres are vital settings to promote clean faces and provide safe bathrooms. This will also lower the burden of common infectious diseases.

Expanded Role for Education:

1. Establish clean faces as the new norm for children at school.
2. Ensure there are safe and functional washing facilities that are properly maintained with access to water, soap, paper towels, tissues, mirrors and bins.
3. Ensure face washing is part of the curriculum and is implemented in remote schools with encouragement and support for every day hygiene practices.
4. Utilise Trachoma Story Kit resources for schools to raise awareness of teachers and have activities for children about the importance of good hygiene for health and wellbeing.

References

¹ Commonwealth of Australia, 2014, National Guidelines For The Public Health Management Of Trachoma. Communicable Disease Network of Australia, pp 4-6. <http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-trachoma.htm>

² Commonwealth of Australia, 2014. Australian Trachoma Surveillance Report 2013. The Kirby Institute for infection and immunity in society, The University of New South Wales, NSW.

³ Carville KS, Lehmann D, Hall G, Moore H, Richmond P, et al. (2007) Infection is the major component of the disease burden in aboriginal and non-aboriginal Australian children: a population-based study. *Paediatr Infect Dis J* 26: 210–216.

⁴ Thérèse Kearns, Danielle Clucas, Christine Connors, Bart J. Currie, Jonathan R. Carapetis, Ross M. Andrews. *PLoS One*. 2013; 8(3): e58231. Published online 2013 March 1.

⁵ Australian Curriculum. Health and Physical Education across Foundation to Year 10 Identify actions that promote health, safety and wellbeing (ACPPS006). <http://www.australiancurriculum.edu.au/health-and-physical-education/curriculum/f-10?layout=1>

⁶ Australian Government Department of Education, 2015. Education Services Australia. Scootle. <http://scootle.edu.au/ec/p/home>