

area. Through this project ARC is able to provide funding for people experiencing financial hardship, which was particularly important this year as the impact of the COVID-19 pandemic was felt by many in the community.

In 2020, ARC was pleased to be able to provide eight grants to six people affected by TB. The financial support was used to contribute to the costs associated with accommodation, food and transport (to attend medical appointments). The grants recognise the benefits to individuals and community of caring for our most vulnerable during a difficult period in their life.



Homelessness in Australia is a significant social issue, that can have a long-term impact on individuals and families. Homelessness is complex issue, with each person having a different pathway into homelessness, it is often the end point of a series of life events and crisis. Homeless people often have a poor general health status, coexistent substance and mental health issues, limited financial resources and support networks in the community.

The initial management of the homeless with TB is through admission to hospital. For others, homelessness or housing difficulties may arise as a consequence of TB. Some individuals whose disease is considered infectious or who may be unwell, may also require hospitalisation for extended periods of time. This may have consequences for their employment and subsequently render them unemployed and homeless. Increases in the cost of living in Sydney and the casualisation of the workforce further contributes to this trend for people affected by TB.

Difficulties can also arise when the person is to be discharged from hospital to complete treatment in the community. The path to cure from TB is long and slow, people require treatment for six to twenty-four months. Discharging people to live in unstable settings is extremely problematic with many people defaulting from treatment and becoming lost to follow up. This poses a threat to the individual for reactivation of disease, development of drug resistant TB or death, and for the community this scenario can lead to ongoing transmission of TB. Providing ongoing care and support within this context is extremely challenging for both the individual and those that care for them, including the health care team.

The ARC is pleased to be able to continue to work in partnership with The Bowlers Club of NSW Ltd on this project as support for homeless and vulnerable people with TB is an important issue. It is planned in future years to extend the project nationally to provide much needed support for homeless and vulnerable people across Australia.

## IMPACT OF COVID ON ARC'S PROJECT ACTIVITIES

### Annual Pacific Island TB Controllers Association (PITCA)

**Annual Training Activity** - Due to travel restrictions between Australia and the Pacific the annual PITCA Training activity to be held in American Samoa in 2020 was cancelled. The ARC Nurse Consultants Group continued, however, to work with the CDC to support the National TB Programs of the northern Pacific through the monthly PITBNN meetings and activities. It is planned to resume the annual PITCA training activity in an online capacity in 2021.

### Active Case Finding in Chuuk, Federated States of Micronesia –

Chuuk, in the Federated States of Micronesia, has amongst the highest rates and burden of TB in the Pacific. It has been identified that current screening and management strategies within Chuuk are not effectively progressing the TB elimination agenda.

Based on the success of the Active Case Finding Project undertaken in the Marshall Islands in 2017-2019, a project team lead by Dr Richard Brostrom from the CDC Hawaii in collaboration with the Federated States of Micronesia, Ministry of Health planned to undertake an Active Case Finding activity for the island population of Chuuk. The ARC Nurse Consultant Group were to travel to Chuuk to work with the Ministry of Health and CDC to develop and deliver in-country training for the screening teams, work with the local teams to identify new TB cases and people with latent TB infection and implement case management practices. This work has been delayed due to the pandemic and travel restrictions within the Pacific. The project is rescheduled to commence in 2021 when travel restrictions cease.

**Cough and Premature Death in the Solomon Islands** – ARC awarded funding in 2020 to Dr Anthony Byrne, a Respiratory Physician from St Vincent's Hospital, Sydney to travel to Gizo, in the Solomon Islands to undertake a lung health project. The project aimed to increase case finding for people with TB and improve the quality of life of people in the Western province of the Solomon Islands through increased access to respiratory diagnostics and specialist medical treatment for coughing related illness.

Lower respiratory tract infections remain the single biggest cause of premature death in the Solomon Islands. The timely recognition of symptoms such as cough and fever by the patient (or caregiver), access to medical review followed by appropriate investigations and prompt treatment with antibiotics is critical to preventing these deaths. Unfortunately, cough is a common symptom and doctors are not available in many areas of the Solomon Islands. Diagnostic tests are often not available or are difficult to access in a timely manner. There are also non-infectious causes of cough such as asthma and COPD, which were also in the top eight conditions that caused the most disability in the Solomon Islands.

Dr Byrne and his team will travel to the Solomon Islands when the pandemic travel restrictions are lifted to undertake the project.