

# CONDUCTING RESEARCH IN A COUNTRY OTHER THAN AUSTRALIA



## *Dr Margot Whitfeld reports ...*

Conducting research in a country other than Australia requires a wide variety of skills and produces unexpected challenges as well as delights.

After assisting Dr Tony White to conduct a training programme for Pacific doctors and nurses on skin disease in 2003, at the request of Professor Ross Barnetson and with the financial backing of AusAID, Dr Margot Whitfeld's involvement with Fiji in skin disease management began.

Long lasting partnerships formed with earlier trials, led to the formation of an eclectic and experienced team from Fiji and Australia interested in resource poor and indigenous medicine. With Associate Professor Andrew Steer, with Infectious disease focused paediatrician from Murdoch Children's Research Institute in Melbourne overall lead role, and with the study coordinator Ms Lucia Romani (who has presented at our College Annual Scientific Meetings), a successful NHMRC grant was obtained at the end of 2012. Dr Sarah Hannam, one of our current registrars, was able to be part of the first island trial. Dr Meciusela Tuicakau who presented on filariasis at the ASM in Brisbane was one of the investigators and is now Permanent Secretary of Health in Fiji.

This grant funded a three island trial in Fiji comparing different treatment strategies for endemic scabies. The final results of this trial were published in The New England Journal of Dermatology in December 2015, entitled Mass Drug Administration for Scabies Control in a Population with Endemic Disease.

The research compared treating all those in the community with oral ivermectin, including a second dose for those with clinically diagnosed scabies, with treating all those in the community with permethrin (and a second dose for all

those with clinically diagnosed scabies) and comparing both to the national standard treatment regime of permethrin to only those with scabies and their families and contacts with scabies.

Permethrin cream was used in the under 5 year olds in the ivermectin arm.

2051 people were enrolled (85% of the resident populations). The results showed a prevalence of scabies of 32% (25% with impetigo) in the ivermectin mass drug administration – MDA group, 42% scabies (25% with impetigo) in the permethrin MDA group and 37% scabies (21% impetigo) in the standard care island. At 12 months, the rates had fallen to 2% scabies (8% impetigo) in the ivermectin MDA arm, 16% scabies (11% impetigo) in the permethrin MDA arm and 19% scabies (15% impetigo) in the standard care arm.

Ivermectin was the most successful producing a 94% risk reduction in scabies and 67% risk reduction in impetigo.

Only time will tell whether this research is able to influence Fiji national strategies and global approaches to scabies management in countries with endemic scabies.

The article and editorial can be freely accessed on [http://www.nejm.org/doi/full/10.1056/NEJMoa1500987?query=featured\\_home](http://www.nejm.org/doi/full/10.1056/NEJMoa1500987?query=featured_home)

