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Zoonoses and Australian Aboriginal and Torres Strait Islander populations Implications for One Health

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Aboriginal and Torres Strait Islander Australia

Approx. 3.8% of the population is Aboriginal and Torres Strait Islander Over 250 language groups Disproportionately high rates of disease and health disparities 20% Aboriginal and Torres Strait Islander people live in remote areas with poorer access to health care \rightarrow health risks

One Health and Indigenous communities

Outline

Indigenous One Health research program
Studies and results

Recommendations

Acknowledgements

Background

Risk factors for many health risks at the interface between human, animal and environmental health

Aligned with Indigenous views of health and wellbeing Limited Australian and Indigenous examples – large gaps in the evidence base

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Walu-win mayiny balugan mawang (well people and animals all together): Indigenous One Health Research program

International, national and community studies Indigenous-led, interdisciplinary and One Health approaches Research aims:

- 1. Explore and understand evidence on One Health and Indigenous populations
- 2. Investigate the epidemiology of zoonoses among Aboriginal and Torres Strait Islander populations.
- Develop an Indigenous community One Health data framework

Connection to animals

'They reckon they're mans best friend and I believe that' (Ma 2020)

Preventable disease Population management Risk of exotic zoonotic disease Interaction with wild and feral animals

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Zoonoses and Aboriginal and Torres Strait Islander populations: A One Health scoping review

To understand the evidence base on zoonoses within Aboriginal and Torres Strait Islander populations Assessed studies using a One Health framework and Indigenous viewpoint Analysis of 18 studies that detected a zoonotic pathogen in animals, people or the environment



Results



Detected 22 zoonotic pathogens – Helminths, bacteria, protozoa most common

North of Australia (Queensland, Northern Territory, Western Australia) Remote communities 20% of studies had an Indigenous

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viewpoint

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Implications

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Gaps in environmental exposures, impact on human health and Indigenous viewpoint Limitation in defining organisms as zoonotic between health sectors Need for interdisciplinary research on prevalence and impact of zoonoses to inform policy and practice Promote Indigenous engagement and leadership https://doi.org/10.1371/journal.pgph.0000921



Data analysis of Zoonoses Notifications in Aboriginal and Torres Strait Islander populations: Implications for One Health

Australia's health systems managed separately with limited capacity for One Health approaches National Notifiable Diseases Surveillance System – Department of Health and Aged care with oversight from Communicable Diseases Network Australia Analysing notifiable zoonoses in Aboriginal and Torres Strait Islander populations from 1996-2021



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Results

3.1% of all zoonotic notifications Salmonellosis, campylobacteriosis and cryptosporidiosis had the highest annual notification rates North Australia (Queensland, Northern Territory and Western Australia) Remote and outer regional areas Young children (0-4 years of age)





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Recommendations

Strong conceptual foundations of One Health, yet evidence is lacking Promote Indigenous leadership and engagement One Health approaches needed at local, state and national levels Future research: • Strengthen evidence base

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 Community-informed disease management
- Data completeness and capability
- Integrated health systems



Community partnerships and reciprocity

AMRRIC and Indigenous Local Government Authorities community animal health programs improve animal health and welfare

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