

GP Connect

Keeping GPs informed in the changing primary health landscape



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Optimising eczema in children

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This article was originally published in June 2022, and has been revised and updated with new resources.

Atopic dermatitis, commonly referred to as eczema or atopic eczema, is a common chronic disease, and the leading cause of the global burden from skin disease.¹ While not life-threatening, eczema can have a significant psychosocial impact on the affected child and their family and can adversely affect growth and development, school performance, mental health, social life and general quality of life.^{2,3} Eczema is also associated with increased risk of other atopic diseases such as food allergy, asthma and allergic rhinitis.⁴ Clinical experience in Australia indicates management of eczema may be more difficult in certain populations, including in children with darker skin.

Recent research shows the altered skin barrier in people with eczema has a key role in the development of food allergies and suggests sensitisation to food allergens may occur through this impaired skin barrier.⁵ Current research also suggests introduction of common food allergens in the first year of life, including to infants considered at high risk (infants with moderate to severe eczema), may reduce the risk of food allergy development.⁷ Therefore, an urgency also exists to effectively manage eczema to potentially reduce the risk of food allergy development.



A [paediatric eczema algorithm](#) was developed by Perth Children's Hospital (PCH) to support GPs and other clinicians in optimising timely eczema management for children along with an [eczema pre-referral guideline](#). Other recent new and updated resources include a [toolkit for assessing and managing children with skin of colour](#), and [A Practical Guide to Eczema Care](#), which helps health professionals provide consistent eczema education to parents of children with eczema. Key points from these resources are summarised below:

Key points when prescribing topical corticosteroids (TCS) for children with eczema:

- Ensure the appropriate TCS is used depending on skin site and eczema severity (e.g. may need Methylprednisolone aceponate 0.1% fatty ointment for face and Mometasone 0.1% ointment for body).
- For children of colour, advise parents that treatment induced hypopigmentation is common when using potent TCS, and self-resolves over weeks to months. Postinflammatory dyspigmentation may also be seen as the eczema resolves.

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Optimising eczema in children (cont)

- Ensure the correct quantity of TCS is used for the specific surface area of eczema treated based on the fingertip unit measurement. For example, to cover total body surface area:
 - A two year old would require 7.5g (half a 15g tube) per application.
 - A child would require 15g (1 x 15g tube) per application.
 - An adult would require 30g (2 x 15g tubes) per application.
- It is therefore important to prescribe multiple 15g tubes on streamlined authority scripts as clinically appropriate.
- Apply liberal amounts of TCS to cover all affected areas (not just the worst areas) every day until the eczema completely clears and skin feels smooth. For most children, acute eczema should clear within one-two weeks and chronic eczema should clear within four-six weeks.
- Re-start TCS as soon as the eczema flares again.

Key points for managing eczema well:

- Short daily bath with dispersible bath oil or soap-free wash or shower with soap-free wash.
- Apply TCS liberally once to twice daily as clinically indicated to all areas of active eczema until the eczema completely clears and skin feels smooth.
- Moisturise head to toe every day to improve and maintain the skin barrier, regardless of whether active eczema is present. Moisturising creams and ointments are preferred as they are more effective and longer lasting than lotions.
- Moisturisers and skin products containing food derived proteins such as nut oils or cow or goat milks, may play a role in the development of food allergies in babies and children with eczema, hence are not recommended.

Special considerations and second line treatment options for children with eczema:

- Topical calcineurin inhibitors are typically used for children requiring frequent and prolonged application of Methylprednisolone aceponate on the face. Consider specialist dermatology review if prescribing these treatments.

- Pimecrolimus 1% cream is recommended for children \geq 3 months with mild to moderate facial eczema and is applied twice daily.
- Tacrolimus 0.03% ointment (not available commercially, must be compounded), is recommended for children \geq 2 years with moderate to severe facial eczema and is applied to affected areas once to twice daily as directed.
- Persisting troublesome eczema despite optimal management with an appropriate moderate to potent TCS warrants dermatology specialist review. Consider immunology review if there is a history suspecting food allergy is contributing to eczema flares or a history of anaphylaxis.
- Second line treatment options including systemic immunosuppressant agents, narrowband UVB phototherapy or biologic agents may be considered where appropriate after dermatology specialist review. Clinical immunology/allergy specialists can also treat with biologic agents.

Resources for parents:

- [Nip Allergies in the Bub - Eczema](#)
- [Allergy 250K for teens and young adults](#) - website for young people living with severe allergies
- [Australasian Society of Clinical Immunology and Allergy \(ASCI\)](#)
- [Allergy and Anaphylaxis Australia](#)
 - Trained health educators answer 1300 728 000
 - People can be emailed an Eczema Starter Kit and placed on an eczema learning journey
- [Operation Itch - Eczema video](#) - Fiona Stanley Hospital Clinical Immunology
- PCH Eczema information sheets for Aboriginal families:
 - [Eczema](#) – Keeping our mob healthy
 - [Caring for Eczema](#) – Keeping our mob healthy

Resources for GPs:

- HealthPathways WA – [Eczema in Children](#)
- PCH:
 - [Managing eczema in children: a guide for clinicians](#)
 - [Pre-referral guidelines: Eczema](#)
 - [Atopic dermatitis skin of colour clinician toolkit](#)

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- Nip allergies in the bub – [Eczema training, plans and guides](#):
 - [A health professionals guide to moisturisers and corticosteroids](#)
 - [A practical guide to eczema care](#) - Email Jemma.Weidinger@health.wa.gov.au to request copies for your practice.
- ASCIA:
 - [Paediatric atopic dermatitis \(eczema\) e-training for health professionals](#)
 - [ASCIA Stepwise Management Plan for Eczema](#)
- [Rural Health West RACGP webinars](#) presented by Dr Roland Brand, PCH Consultant Dermatologist, PCH Immunologist, A/Prof Richard Loh and Senior Allergy Dietitian, Ingrid Roche
 - Part 1: Atopic dermatitis in children.
 - Part 2 Common conditions mistaken for atopic dermatitis and second line treatments for eczema.

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References:

1. Langan SM, Irvine AD, Weidinger S, 2020, 'Atopic dermatitis'. *Lancet*, vol 396(10247), pp. 345-360. [https://doi.org/10.1016/S0140-6736\(20\)31286-1](https://doi.org/10.1016/S0140-6736(20)31286-1). Erratum in: *Lancet*. 2020 Sep 12;396(10253):758. PMID: 32738956.
2. Carvalho D, Aguiar P, Mendes-Bastos P, Palma-Carlos A, Freitas J, Ferrinho P. 2020. Quality of life and characterization of patients with atopic dermatitis in Portugal: The QUADep Study. *J Investig Allergol Clin Immunol*. 2020; 30(6):430-438. PMID: 31530518.
3. Lewis-Jones S. Quality of life and childhood atopic dermatitis: the misery of living with childhood eczema. *International Journal of Clinical Practice*. Jul 2006; 60(8):984-992.
4. Martin PE, Koplin JJ, Eckert JK et al, 2013, 'The prevalence and socio-demographic risk factors of clinical eczema in infancy: a population-based observational study. *Clin. Exp. Allergy*, vol 43(6), pp. 642-51. <https://doi.org/10.1111/cea.12092>.
5. Sugita k, Akdis CA, 2020, 'Recent developments and advances in atopic dermatitis and food allergy'. *Allergology International*, vol 69(2), pp. 204-214. <https://doi.org/10.1016/j.alit.2019.08.013>.
6. Lack, G, 2011, 'Early exposure hypothesis: where are we now?' *Clinical and Translational Allergy*, vol. 1(S1), pp. S71-n/a. <https://doi.org/10.1186/2045-7022-1-S1-S71>.
7. Fleischer DM, Chan ES, Venter C et al, 2021, 'A Consensus Approach to the Primary Prevention of Food Allergy Through Nutrition: Guidance from the American Academy of Allergy, Asthma, and Immunology; American College of Allergy, Asthma, and Immunology; and the Canadian Society for Allergy and Clinical Immunology'. *J Allergy Clin Immunol: In Practice*, vol 9(1), pp. 22-43.e4. <https://doi.org/10.1016/j.jaip.2020.11.002>.

Clinical Updates

State Government funded Infant RSV Immunisation Program launches April 2024

The Therapeutic Goods Administration (TGA) has approved nirsevimab, a monoclonal antibody that protects infants from respiratory syncytial virus (RSV) disease, for use in Australia.

The WA Department of Health (WA Health) has advised the WARSV Infant Immunisation Program will commence in April 2024, through to September 2024 at participating GP practices, WA Country Health Services (WACHS), metropolitan Child and Adolescent Community Health Clinics and Aboriginal Medical Services that provide childhood immunisations. Under this program:

- WA infants born on or after 1 October 2023 to 30 April 2024 will be eligible to receive a single dose of nirsevimab to protect them during their first RSV season.
- Nirsevimab will also be offered at birth to all babies born in WA between 1 May and 30 September 2024, the highest period of RSV transmission in WA.

Children entering their second RSV season (aged 8 to 19 months) who have a medical condition that places them at-risk for severe RSV disease will be eligible to receive nirsevimab. Details on qualifying at-risk conditions will be communicated to providers prior to the program roll-out.

Advice from WA Health on ordering and distribution:

- State Government-funded nirsevimab immunisation doses are planned to be available to order by early April 2024.
- Weekly ordering will be available for the first six weeks to help providers manage clinics and storage.
- Immunisation providers are advised to review their storage capacity and determine if additional storage is required to accommodate nirsevimab in accordance with the [National Vaccine Storage Guidelines 'Strive for 5'](#)

Providers are advised to begin planning to recall young infants in April so they can be offered protection prior to the start of RSV season.

WA Health will keep immunisation providers updated regarding when and how to order nirsevimab once arrangements are finalised.

WA Primary Health Alliance (WAPHA) will also provide further information as soon as it becomes available, including a link to the recording of yesterday's WA Health RSV information session.

Contact Practice Assist on 1800 2 Assist (1800 2 277 78 or 6278 7900) or email practiceassist@wapha.org.au for support with finding the latest information and resources.

2024 COVID-19 vaccination advice

As of 1 March 2024, ATAGI has released advice for immunisation providers regarding the administration of COVID-19 vaccines in 2024.

This includes:

- 2024 booster dose recommendations
- Updated primary course recommendations

Note that the [COVID-19 chapter](#) of the Australian Immunisation Handbook is in the process of being updated to reflect this advice.

Read the ATAGI statement [here](#)

Close to 200 medicines now available for a 60-day prescription

The DHAC has increased the number of medicines available for a 60-day prescription. An additional 94 medicines for stable, ongoing health conditions like diabetes, epilepsy, breast cancer and menopause are now eligible, bringing the total number of medicines available to 184.

The full list of medicines available for a 60-day prescription is available [here](#)

A further 100 medicines will become eligible on 1 September 2024.

Early advice on the 2024 National Immunisation Program influenza vaccination

Both the Australian Government Department of Health and Aged Care (DHAC) and Australian Technical Advisory Group on Immunisation (ATAGI) have released early advice on the administration of seasonal influenza vaccines in 2024.

This includes information on eligibility for influenza vaccines funded under the National Immunisation Program (NIP).

Access the DHAC 2024 influenza season advice and associated practice resources for health professionals [here](#)

Read the ATAGI statement on the administration of seasonal influenza vaccines in 2024 [here](#)

WA Influenza Immunisation Program information

The WA Department of Health Communicable Disease Control Directorate Immunisation Program is providing an Influenza Update on Tuesday 26 March 2024, 9.30am to 12.30pm.

WA immunisation providers from public and private sectors (including but not limited to community health, general practice, community pharmacy and Aboriginal Medical Services) are invited to attend.

Find out more and register [here](#)





Understanding the legal needs of people with sexually transmissible infections and blood borne viruses

A recent article published in Health+Law explores the unmet legal needs of people with blood borne viruses (BBV) and sexually transmissible infections in Australia, noting the important role of health workers in this context. Read more about the research and access the article in full, [here](#)

[Health+Law](#) is a research partnership to identify and eliminate legal barriers to testing and treatment for people living with Hepatitis B or HIV in Australia.

On demand learning now available from Australasian Society for HIV Medicine

To support GPs and other health care professionals to stay up to date with knowledge in HIV, blood borne viruses (BBVs) and sexual and reproductive health, the Australasian Society for HIV Medicine has launched a free online learning solution.

[ASHM On Demand](#) allows you to earn CPD hours across a variety of topics, and for a range of professions. You can filter the courses by topic and profession, meaning you can design your own learning journey at your own pace.

More information is available [here](#)

Information on proactive syphilis testing, treatment and prevention

As many GPs will be aware, there is currently a syphilis outbreak across Australia. The WA Syphilis Outbreak Response Group is responsible for coordinating a [statewide response](#) to the increased reports of syphilis that are being experienced in WA. Of particular concern is the increasing occurrence of congenital syphilis.

In October 2023 the Communicable Disease Control Directorate issued an [Alert for Clinicians](#) highlighting two new congenital syphilis infections reported during July-August 2023 and urging doctors to offer opportunistic serologic syphilis testing to all of their sexually active patients.

Further resources for health professionals:

The Australasian Society for HIV, Viral Hepatitis and Sexual health Medicine (ASHM) has recently launched a dedicated [Syphilis Learning Hub](#) and hosts a free decision-making tool [syphilis decision-making tool](#) to guide clinicians through testing and treating syphilis.

WA Health provides a [notifiable infectious diseases dashboard](#), updated in real time, which reports all syphilis notifications for the state from 2019 to today.

The [‘Syphilis’ HealthPathway](#) includes additional region-specific testing information, links to best practice clinical guidelines and guidance on where to access specialist advice and further information.

WA Primary Health Alliance is presenting a Syphilis management within general practice webinar on Monday 21 March, 6pm - 7pm.

Find out more and register [here](#).



Identifying and supporting patients experiencing food insecurity

For some, accessing sufficient food to eat can be a daily or weekly struggle. In 2023, 36 per cent of Australian households experienced moderate to severe food insecurity. People who are food insecure may experience stress, skip meals, and consume nutritionally inadequate food.

GPs and other health professionals play an important role in identifying and treating the consequences of food insecurity which include physical, social and emotional ramifications, and increased risks for chronic diseases.

To access a range of resources on identifying food insecurity and the support options available to your patients, visit shape.wapha.org.au/food-insecurity/

New topics – Royal Australian College of General Practitioners First do no harm guide

The Royal Australian College of General Practitioners has released new topics as part of [First do no harm: a guide to choosing wisely in general practice](#). This living guide helps GPs and patients to make shared decisions on evidence-based health care, with QR codes for patients to access information during the consultation.

The new clinical topic provides information for both GPs and patients on:

- [Opioids to treat chronic non-cancer pain \(CNCP\)](#)

Three brand new associated topics have also been released, which provides further information on the causes of low-value care and how to overcome these challenges.

- [Managing uncertainty](#)
- [Overdiagnosis](#)
- [Overtesting](#)

New podcast about lived experience of voluntary assisted dying in WA

The [WA Voluntary Assisted Dying Statewide Care Navigator Service](#) provides outreach support for anyone involved with voluntary assisted dying in WA, including patients, the family and carers of patients, health professionals and service providers.

The service has developed a podcast series called *This is my stop* to support anyone wanting to learn more about the lived experience of voluntary assisted dying in WA. Listen to the latest episode on [Spotify](#) or [Apple](#).

If you have any questions about voluntary assisted dying, you can reach out to the Care Navigator Service on 9431 2755 or by email to VADcarenavigator@health.wa.gov.au, Monday to Friday 8.30am to 5.00pm.

More information is available in the [‘Voluntary Assisted Dying’ HealthPathway](#).

New palliative care resources to support planning, grief and loss

To support your patients with navigating the challenges that come with approaching end of life, WAPHA, through its Greater Choices for At Home Palliative Care initiative, has partnered with Palliative Care WA (PCWA) to produce two new booklets, [Palliative Caring](#) and [My Palliative Care](#).

Developed in consultation with a panel of palliative care professionals and endorsed by WAPHA's multicultural and LGBTIQ+ reference groups, the booklets cover a variety of topics including planning, decision making, rural and remote considerations, caring at home and grief.

The booklets launched on 6 March 2024, and are available to order as a hard copy or to download from the [PCWA website](#). For more information, contact info@palliativecarewa.asn.au or phone 1300 551 704.

Australian College of Rural and Remote Medicine Telehealth Clinical Skills Program 2024

This comprehensive online educational course is designed to equip GPs with the essential skills for best practice telehealth consultations. This includes clinical skills for assessment and physical examination, covering consultation setup, physical assessments, legal aspects, note-taking, and the use of adjunctive devices for previously challenging body parts in virtual care.

In addition to the comprehensive content, the program offers additional insights into virtual assessments, including telehealth cardiorespiratory examination, gastrointestinal examination, eye and ENT examinations, and more.

Program fees:

- ACRRM Members: Special rate of \$195
- Non-Members: Welcome rate of \$225

Find out more and [register here](#) or contact the ACRRM digital health team at ehhealth@acrrm.org.au

Quick how-to video on getting the best out of the HealthInfoNet WA Portal

HealthInfoNet has created a [short video](#) on how get the best use from the WA State Portal which is located on the Australian Indigenous HealthInfoNet website. It includes how to find information, refine searches and filter content by region using the interactive WA map.

Funded by the WA Department of Health, the Portal contains key facts about Aboriginal people in WA and covers topics such as chronic diseases, infectious conditions, social and emotional wellbeing, populations, health system and determinants.

Users can find publications, policies, resources, programs, organisations, as well as workforce information including courses, events, funding opportunities and job vacancies.

View the explanatory video [here](#)

General practices sought for pilot study to improve end of life decision-making

The [End of Life Law for Clinicians \(ELLC\)](#) training program is seeking expressions of interest from general practices for the ELLC Pilot Study. This Australian-first study will develop GPs' and practice nurses' confidence, skills and knowledge in the law on end of life decision-making, including the law on providing pain and symptom relief, through completion of online training modules.

Participants will also complete pre and post-training surveys and interviews to explore improvements in legal knowledge and confidence, and changes to practice. Gift cards and other benefits are available for participating.

Visit [End of Life Law in Australia](#) for further information and to apply.

Expressions of interest close Friday 5 April 2024.

GP Education Events

Syphilis management within general practice

GPs are at the forefront of diagnosing and managing many infectious diseases. In so doing, they also play a pivotal role in public health management.

Dr Grace Phua and Dr Caitlyn White from the Syphilis Response Team at Metropolitan Communicable Disease Control will address:

- Clinical presentations of syphilis
- Testing, including current protocols recommended during pregnancy
- Management, including principles of care when engaging with people from culturally and linguistically diverse communities.

Date: Monday 21 March 2024

Time: 6pm - 7pm - Online

Find out more and register [here](#)

GP Education Events

Enhancing the primary care response to family, domestic and sexual violence



WAPHA invites GPs working in the Armadale, Gosnells and Canning area to explore opportunities to integrate a social worker into the family, domestic and sexual violence (FDSV) response at your practice.

GPs are also welcome to attend with interested members of the practice team.

Presenters include:

- Dr Anna Chaney, GP, View Street Medical, RPH Sexual Health Clinic, Homeless Healthcare
- Carolyn Donovan, Manager, South East Metro Healing Service
- Rosie Logie, WAPHA FDSV Project Activity Lead

The purpose of this session is to:

- Provide information about the [FDSV Local Link service](#) commissioned by WAPHA to support practices in your region
- Highlight the experiences of general practices already participating across Australia
- Find out how your practice can express interest in this opportunity.

Date: Thursday 21 March 2024

Time: 7.30am to 9.00am (Breakfast provided)

Venue: Gosnells Golf Club, 95 Sandringham Promenade, Canning Vale 6155

Register [here](#).

Email fdsv@wapha.org.au for more information.

Paid GP training - The IAR-DST guide to mental health referrals

The online Initial Assessment and Referral Decision Support Tool (IAR-DST) is designed to be used alongside a comprehensive, holistic mental health assessment to gather information and guide referrals.

WAPHA is providing GPs in Western Australia with paid IAR-DST training covering Decision Support Tool Workshop One and Two in a single, two hour session.

GPs and GP registrars who attend the two workshops in the one online session will be remunerated \$300* and CPD hours are available. CPD hours and payment apply only upon successful completion of both workshops and the follow-up training outcome surveys.

Find out more [here](#) or register via the links below:

- [Tuesday 19 March 2024 – 10am](#)
- [Wednesday 20 March 2024 – 6pm](#)
- [Monday 25 March 2024 – 6pm](#)
- [Tuesday 26 March 2024 – 1pm](#)

*With the exception of GPs who are already being paid for their time by a Commonwealth funded service

Cancer screening and prevention in general practice

Educating and encouraging patients to take part in the national cancer screening programs can help them reduce their risk and improve health outcomes. Join us to hear from a panel of experts from the breast, bowel, cervical and national cancer screening programs as they discuss the latest updates and best practices.

Date: Monday 21 March 2024

Time: 6pm - 7pm - Online

Find out more and register [here](#)