

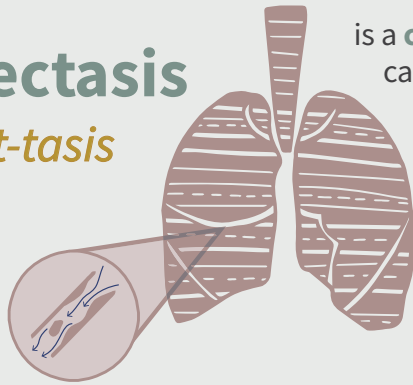


Bronchiectasis

among Aboriginal and Torres Strait Islander children and young people (0-18 years old)

Bronchiectasis

bron-key-ect-tasis



is a **chronic lung disease** where infection and inflammation cause **long-term damage to the breathing tubes** of the lungs. It can lead to a **poorer quality of life**.

Aboriginal and Torres Strait Islander **children are disproportionately affected**. Diagnosis can happen as early as 12 months old and increases with age.

The good news: Deaths related to bronchiectasis in Aboriginal and Torres Strait Islander children are now very rare.

Prevention is Key

Reducing bronchiectasis in Aboriginal and Torres Strait Islander communities can be achieved through an Indigenous-focused framework, emphasising:



Improved housing and healthy living environments.



Non-judgmental reduction of smoking, vaping, and secondhand smoke exposure.



Promotion of healthy diets from infancy.



Timely detection and optimal management of chronic wet cough in primary care.



Excellent, culturally secure, and equitable multidisciplinary specialist care.

Progress in Management

Clinical outcomes for children with bronchiectasis have significantly improved due to advances in public health, addressing social determinants of health, and enhanced management practices.



Australian initiatives focused on bronchiectasis:

- The Indigenous Respiratory Outreach Care Program
- AusBREATHE
- Lung Foundation Australia
- Bronchiectasis Toolbox
- Tackling Indigenous Smoking program
- MBS 715 Health Check
- National Immunisation Program

The Path Forward

Reducing the burden of bronchiectasis requires genuine partnerships between Aboriginal and Torres Strait Islander people, lung health experts who could also be Aboriginal and Torres Strait Islander people, and government/other institutions. **Aboriginal and Torres Strait Islander-led and administered health services and initiatives must be given priority.**

